UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

INMATES OF THREE LORTON FACILITIES, including

INMATES OF THE MEDIUM SECURITY FACILITY
JANE DOE I
JOHN DOE I
Medium Security Facility
D.C. Department of Corrections
Post Office Box 99
Lorton, VA 22199,

INMATES OF THE MINIMUM SECURITY FACILITY
JANE DOE II
JOHN DOE II
Minimum Security Facility
D.C. Department of Corrections
Post Office Box 5000
Lorton, VA 22199,

INMATES OF THE YOUTH CENTER
JOHN DOE III
Youth Center
D.C. Department of Corrections
Post Office Box 98
Lorton, VA 22199

Individually and on behalf of all other persons similarly situated,

Plaintiffs,

v.

DISTRICT OF COLUMBIA,

SHARON PRATT KELLY, Mayor,
The District Building
1350 Pennsylvania Avenue, N.W.
Washington, D.C. 20004

WALTER B. RIDLEY, Director,
Department of Corrections
1923 Vermont Avenue, N.W.
Suite N-203
Washington, D.C. 20001

Civil Action
No. _____

WILLIAM HALL, M.D.
Assistant Director for Health Services
P.O. Box 25
Lorton, Virginia 22079

GWEN H. WASHINGTON
Associate Director for Programs
P.O. Box 25
Lorton, Virginia 22079

THOMAS P. GAYDOS, Administrator,
Medium Security Facility
Post Office Box 99
Lorton, VA 22199

PAUL KRULL, Administrator,
Minimum Security Facility
Post Office Box 5000
Lorton, VA 22199

ANGELA BROWN, Acting Administrator,
Youth Center
Post Office Box 98
Lorton, VA 22199

D.C. GENERAL HOSPITAL
COMMISSION, an independent agency
of the District of Columbia,
19th & Massachusetts Ave., S.E.
Washington, D.C. 20003

MARK J. CHASTING,
Executive Director,
District of Columbia General Hospital
19th & Massachusetts Ave., S.E.
Washington, D.C. 20003

Defendants.

COMPLAINT FOR DECLARATORY AND INJUNCTIVE RELIEF

I. NATURE OF THE COMPLAINT

1. This is a class action brought by inmates at three facilities of the District of Columbia Department of

Corrections located at Lorton, Virginia: the Medium Security Facility, the Minimum Security Facility and the Youth Center (collectively, the "Three Lorton Facilities"). Defendants, the District of Columbia, the District of Columbia Hospital Commission and named officials with responsibility for the District's prisons and its medical care system, have repeatedly displayed and continue to display a deliberate indifference to the serious medical needs of the plaintiffs. Specifically, defendants provide grossly inadequate medical care and often fail to provide any medical care at all. Defendants' actions and inactions cause the plaintiffs pain and suffering that is significant and avoidable. Defendants' actions and inactions violate plaintiffs' rights under the United States Constitution and the laws of the District of Columbia.

II. JURISDICTION

2. This is a civil action for declaratory and injunctive relief, arising under the Eighth Amendment to the United States Constitution and 42 U.S.C. § 1983. Pendant claims are based on District of Columbia Code §§ 24-106, 24-302, 24-442, 24-802, 24-902 and regulations promulgated thereunder.

3. This Court has jurisdiction under 28 U.S.C. §§ 1331, 1343(3), and 1361. Declaratory relief is sought pursuant to 28 U.S.C. §§ 2201 and 2202.

III. VENUE

4. Venue is proper in this judicial district pursuant to 28 U.S.C. §§ 1391(b), (c) and (e).

IV. CLASS ACTION

5. This action is brought, pursuant to Rules 23(a), 23(b)(1) and 23(b)(2) of the Federal Rules of Civil Procedure, by the named plaintiffs on behalf of the class of all inmates who are now or who will later be incarcerated in the Three Lorton Facilities.

6. Members of the class on behalf of whom plaintiffs sue are so numerous that joinder of all members is impracticable. The class members currently incarcerated in the Medium Security Facility number over 800. The class members currently incarcerated in the Minimum Security Facility number over 950. The class members currently incarcerated in the Youth Center number over 550.

7. There are common questions of law and fact affecting the rights of inmates to receive adequate medical care. Common legal issues include the standards of medical care required by the United States Constitution and the D.C. Code. Common issues of fact include defendants' deliberate indifference to the serious medical needs of plaintiffs. Such deliberate indifference includes defendants' uniform failure to provide adequate infirmaries, medical staff, equipment, supplies and medication. Defendants' consistent refusal to

provide proper treatment and their denial of access by plaintiffs to medical care are also common factual issues that go to the question of defendants' deliberate indifference to plaintiffs' serious medical needs.

8. Plaintiffs' claims are typical of the claims of the class, and plaintiffs fairly and adequately represent and protect the interests of the class.

9. Separate actions maintained by individual members of the class would create a risk of varying adjudications with respect to individual members of the class. Inconsistent adjudications would establish incompatible standards of conduct for the parties opposing the class, and adjudication regarding individual class members would, as a practical matter, be dispositive of, or impair the interests of, other class members not parties to the adjudication.

10. Defendants have acted and/or refused to act on grounds generally applicable to the class that plaintiffs represent, thereby making appropriate final injunctive and/or corresponding declaratory relief with respect to the class as a whole.

11. Accordingly, plaintiffs bring this action for injunctive and declaratory relief on behalf of themselves and other individuals similarly situated.

V. PARTIES

A. Plaintiffs[1]

12. Jane Doe I is a female prisoner of the District of Columbia Department of Corrections presently confined in the Medium Security Facility. Jane Doe I, who is HIV positive, suffers from repeated swelling in her neck caused by a broken needle which is lodged inside. At a recent appointment at District of Columbia General Hospital, she was told by a doctor that nothing could be done for this condition.

13. John Doe I is a male prisoner of the District of Columbia Department of Corrections presently confined in the Medium Security Facility. John Doe I, who is HIV positive, suffers from a constantly painful shingles condition that extends from his right buttock to his groin and from other problems, including blood in his urine. These conditions developed after medical personnel discontinued his AZT treatment. In lieu of medical treatment, John Doe I signs up for sick call repeatedly, receives a day or two's supply of Motrin, and takes the pills simultaneously.

14. Jane Doe II is a female prisoner of the District of Columbia Department of Corrections presently confined in

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[1] The plaintiffs seek to maintain their confidentiality and have filed this lawsuit under pseudonyms. The plaintiffs' names have been submitted to the Court along with a motion requesting that their names be maintained under seal. A list of their names will be served on Richard Love, Esquire, Chief of the Correctional Litigation Unit, Office of the District of Columbia Corporation Counsel along with a copy of this complaint.

Women's Annex at the Minimum Security Facility. Jane Doe II is HIV-positive and suffers the concomitant illnesses associated with her poor health status. She also experiences regular breaches of confidentiality regarding her HIV condition and cannot obtain the special diet prescribed for her.

15. John Doe II is a male prisoner of the District of Columbia Department of Corrections presently confined in the Minimum Security Facility. John Doe II suffers from constant headaches and swelling of his extremities. Despite his condition, he has not been able to obtain an appointment with a neurologist. In addition, he has been told by medical personnel that he does not have a medical problem, and he has been berated for seeking medical attention.

16. John Doe III is a male prisoner of the District of Columbia Department of Corrections presently confined in the Youth Facility. John Doe III is HIV-positive and experiences regular breaches of confidentiality with respect to his HIV status. He suffers from a variety of health problems, including a kidney problem that causes him to pass blood in his urine and for which he has received inadequate treatment.

17. Each plaintiff currently suffers from serious medical problems despite repeated efforts to obtain treatment from the medical staff at the Three Lorton Facilities.

18. Each plaintiff currently suffers from systemic failures in the medical care system at the Three Lorton Facilities, including, as more fully described below, problems

associated with the medical facilities, the medical staff, the training and qualifications of medical personnel, access to medical care and the quality of medical care.

B. Defendants

19. Defendant District of Columbia is a municipal corporation that maintains the Department of Corrections as an agency of government. The Department of Corrections is responsible for the safekeeping, care and protection of all D.C. prisoners.

20. Defendant Sharon Pratt Kelly is the Mayor of the District of Columbia and is responsible for the direction and control of the District of Columbia Department of Corrections.

21. Defendant Walter B. Ridley is the Director of the District of Columbia Department of Corrections. He is responsible for the operation of the District of Columbia Department of Corrections and each institution under its control, including the Three Lorton Facilities.

22. Defendant William Hall, M.D. is the Department of Corrections' Assistant Director for Health Services. Defendant Hall is responsible for the management and supervision of the Department of Correction's health care delivery system.

23. Defendant Gwen H. Washington is the Associate Director of Programs. Defendant Washington is responsible for the management and supervision of the system for the delivery of mental health care.

24. Defendant Thomas P. Gaydos is the Administrator of the Medium Security Facility and is responsible for its operation.

25. Defendant Paul Krull is the Administrator of the Minimum Security Facility and is responsible for its operation.

26. Defendant Angela Brown is the Acting Administrator of the Youth Center and is responsible for its operation.

27. Defendant D.C. General Hospital Commission is responsible for the direction and control of the District of Columbia General Hospital ("D.C. General Hospital"). By written agreement, the D.C. General Hospital is responsible for providing inmates incarcerated in Department of Corrections facilities with certain categories of medical care, including, but not limited to, emergency treatment, treatment by medical specialists and inpatient hospital care.

28. Defendant Mark J. Chasting is the Executive Director of D.C. General Hospital and is responsible for its operation.

29. Defendants Sharon Pratt Kelly, Walter B. Ridley, William Hall, Gwen H. Washington, Thomas P. Gaydos, Paul Krull, Angela Brown and Mark J. Chasting are sued solely in their official capacity. In all of their actions complained of herein, defendants are acting and have acted under color of state law for purposes of 42 U.S.C. § 1983.

VI. THE PRISONER POPULATION AT THE THREE LORTON FACILITIES

30. The Medium Security Facility houses approximately 850 male prisoners. It also houses approximately 20 female prisoners who are participating in the Pilot Substance Abuse Treatment Program.

31. The Minimum Security Facility is divided into two sections: the main facility for men and the Annex for women. Approximately 850 men are incarcerated in the main facility and approximately 175 women are incarcerated in the Annex.

32. The Youth Center consists of two separate sections. One section houses approximately 450 male inmates sentenced pursuant to the Youth Rehabilitation Act, D.C. Code § 24-801 et seq. The other section houses approximately 130 misdemeanants.

33. A significant percentage of prisoners incarcerated at the Three Lorton Facilities suffer from serious chronic health problems requiring ongoing medical care. The most common problems include: infection with the Human Immunodeficiency Virus ("HIV"), known to cause Acquired Immune Deficiency Syndrome ("AIDS"), as well as tuberculosis, diabetes, hypertension and seizure disorder.

34. Prisoners at the Three Lorton Facilities frequently experience acute health crises requiring immediate emergency medical treatment. These problems include traumatic injury, heart attack and asthma.

35. Many of the prisoners at the Three Lorton Facilities require occasional medical treatment for other

health problems including the treatment of influenza and other communicable illnesses. Prisoners often go for days or weeks without receiving any medical attention whatsoever for these conditions.

36. Many prisoners at the Three Lorton Facilities suffer from eye infections, eye injuries or impaired vision. Prisoners often receive no care for these problems for weeks or months.

37. Many of the prisoners confined to the Three Lorton Facilities suffer from serious and painful dental problems. These problems include decaying or broken teeth, gum disease and infections of the mouth. A number of prisoners in these facilities are missing so many teeth that they cannot properly chew their food without dentures, yet dentures, or, alternatively, special meals, are not properly provided to them.

38. A significant number of the prisoners at the Three Lorton Facilities suffer from serious mental illness requiring treatment. These problems include schizophrenia, depression, and disorders related to long-term drug use. Many prisoners suffering from these illnesses go undiagnosed or receive inadequate medical or psychiatric attention.

VII. THE PRISON INFIRMARIES

39. Each of the Three Lorton Facilities purports to have an infirmary to meet the medical needs of its inmates. These "infirmaries" are grossly inadequate and display the defendants' deliberate indifference to the serious medical needs of the plaintiffs. These "infirmaries" are also designed and used in ways that breach the confidentiality of inmates.

A. The Medium Security Facility

40. The "infirmary" at the Medium Security Facility is too small, is poorly designed for its function and is poorly maintained. Among the problems at the facility are:

a) The "infirmary" at the Medium Security Facility provides medical services from a trailer at the rear of the facility. The trailer is plagued with maintenance problems, including inadequate heat, water leaks, and sporadic interruptions in electricity.

b) The Medium Security Facility "infirmary" trailer has insufficient examination space. Inmates must therefore frequently discuss their medical problems with medical personnel in the waiting room while other inmates are present. Furthermore, the examination rooms are separated only by movable partitions or by curtains so that inmates' medical consultations and examinations are easily audible to other inmates.

c) At the Medium Security Facility "infirmary," inmate medical records are frequently maintained by other inmates. This practice deprives inmates of confidentiality with regard to their medical conditions. The records are stored in the waiting room. This also results in breaches of confidentiality because the records are accessible to any inmates who enter the medical trailer.

B. The Minimum Security Facility

41. There are two infirmaries at the Minimum Security Facility: one in the main facility for men and one in the Annex for women. Neither is properly designed, equipped or maintained for its function. The problems at these facilities include:

a) The infirmary in the main facility for men consists of four small rooms: two examination rooms, an office and a pharmacy. There is no sink in one of the examination rooms. Consequently, medical practitioners frequently do not wash their hands between examinations.

b) One of the two examination rooms at the main facility for men also serves as a file storage area. This arrangement prevents the maintenance of confidentiality of the medical records and requires medical staff to travel through that examination room to

retrieve and replace records, often while examinations are in progress.

c) The "infirmary" in the Annex for women at the Minimum Security Facility has insufficient space. Female inmates often receive pelvic examinations while other prisoners or correctional staff are in the room. The rooms do not contain sinks. This makes it virtually impossible for medical personnel to wash their hands between examinations of patients.

C. The Youth Center

42. The medical facilities at the Youth Center consist of three examination rooms, a doctor's office, a records room, and a dental office. Problems at this facility include:

a) The dental office is improperly designed, so proper infection control cannot be maintained. The dentist must close the dental office for the rest of the day to be cleaned each time an HIV-infected patient is treated.

b) There is no separate waiting area for misdemeanants and Youth Act prisoners. This restricts access to the infirmary for adult misdemeanants who, by law, must be separated from the Youth Act inmates.

c) One of the examination rooms contains two examining tables, which are frequently used simultaneously. There are no dividers or curtains

between the two tables so inmates can both see and hear the examinations and consultations of other inmates.

d) None of the examination rooms at the Youth Center infirmary contain sinks, so medical personnel frequently do not wash their hands between examinations of different inmates.

e) Inmates perform medical record filing duties at the Youth Center and, in doing so, frequently breach the confidentiality of other inmates' medical records.

f) Confidentiality is further breached as a result of the practice of leaving the files for all inmates with appointments on a given day unattended and easily accessible in the infirmary waiting area.

VIII. THE LACK OF ADEQUATE MEDICAL STAFF AND SUPPLIES

43. The staffing levels for medical personnel at the Three Lorton Facilities are grossly inadequate to provide proper, basic health care for the inmates and to address the inmates' dental, ophthalmologic and psychiatric problems. Moreover, the limited care that is available is frequently dispensed by persons who are unqualified to provide the care, are not licensed as medical practitioners and are inadequately supervised. The medical staff's capabilities are further restricted by a chronic shortage of essential medical supplies.

A. Size of Medical Staff

44. The medical staffs at the Three Lorton Facilities are too small to provide adequate medical care for the inmates at each facility.

45. The Medium Security Facility infirmary is staffed by one physician and two physician assistants who are unable to serve adequately the medical needs of the over 800 inmates incarcerated there.

46. The Minimum Security Facility men's infirmary is staffed with one full-time and one half-time physician, two physician assistants and a pharmacist. The infirmary in the women's Annex at the Minimum Security Facility is staffed by one physician and two physician assistants. This skeletal staff is unable to serve adequately the medical needs of the over 950 inmates in the Minimum Security Facility.

47. The Youth Center infirmary is staffed by three physicians and two physician assistants. This staff is unable to provide adequate medical care to the more than 550 inmates incarcerated in the Youth Center.

48. No medical records clerk is assigned to the Medium Security Facility. With assistance from inmates working as records clerks, a clerk working on an overtime basis from another facility performs the function of part-time records clerk. As a result, confidentiality of medical records is frequently breached and records are regularly lost.

49. There is no ophthalmological care provided on location at any of the Three Lorton Facilities.

50. There is no psychiatric or psychological care for misdemeanants at the Youth Center. There are two "psychologists" at the Medium Security Facility, and one "psychologist" at the Minimum Security Facility. Neither of the "psychologists" at the Medium Security Facility is trained or licensed to practice psychology. These individuals, even if they were properly trained and licensed, which they are not, are too few in number to provide adequate psychological/psychiatric care for inmates at the Three Lorton Facilities.

51. In addition to the small medical staff at the Three Lorton Facilities, the medical personnel at the Three Lorton Facilities are often changed or rotated, thereby depriving inmates of continuity of care -- even for relatively brief illnesses.

B. Competency, Qualifications and Training of Medical Staff

52. Many unqualified and unlicensed personnel serve on the medical staffs at the Three Lorton Facilities.

53. Members of the medical staff at the Three Lorton Facilities are insufficiently trained or supervised. Many staff have limited formal training for their position. Moreover, there is little or no continuing medical education available to medical staff.

54. Most, if not all, of the physician assistants working at the Three Lorton Facilities are unlicensed and, as such, are not properly qualified to administer many of the clinical services they currently attempt to provide. They receive little supervision in their work from qualified and licensed medical staff.

55. Psychiatric care is often administered by unqualified practitioners. The person occupying the "chief psychologist" position at the Medium Security Facility holds only a Bachelor's degree in psychology.

C. Supplies, Equipment and Medication

56. There frequently are inadequate supplies of even the most basic commodities in the "infirmaries" and clinics responsible for treating inmates at the Three Lorton Facilities. The "infirmaries" are often out of stock of the sanitary paper used to cover examination room tables, the bulbs used in ophthalmoscopes and other basic supplies. Replacement supplies often do not arrive for months.

57. The Three Lorton Facilities also lack basic emergency equipment such as oxygen tanks and cardiac defibrillators.

58. The pharmacies at the Three Lorton Facilities are frequently out of stock of medications or have medications which have expired. Some inmates are made to wait weeks to receive, or are denied altogether, medication necessary for the

treatment of orthopedic injuries, hypertension, infection and HIV. Members of the medical staff occasionally fill one prisoner's prescription by removing pills from another prisoner's sealed prescription packet.

59. The chronic lack of adequate supplies adversely affects the health care available to the prisoners at the Three Lorton Facilities. Occasionally, prisoners are refused dental care due to a lack of surgical gloves, even though inmates have often waited several months for an appointment.

IX. THE LACK OF ADEQUATE ACCESS TO MEDICAL CARE

60. The prisoners at the Three Lorton Facilities regularly experience significant delays in gaining access to medical care to address their serious medical needs. Inmates often must wait for days or weeks to meet with a medical staff person about their ailments. Access to medical staff is often determined without regard to the degree of seriousness of the different inmates' conditions. Moreover, the medical staff who are accessible often lack basic qualifications, training and licensing. Access to medical personnel who provide dental and ophthalmological care is even more limited, often leading to waits of weeks or months for prisoners at the Three Lorton Facilities. In addition, access to specialty clinics at the District of Columbia General Hospital is severely limited, resulting in months-long waits by inmates in need of care from a specialist. The inaccessibility of health care provided by

the defendants constitutes deliberate indifference to serious medical needs of plaintiffs.

A. Hours of Operation of the Infirmaries

61. The infirmary at the Medium Security Facility is open from 7:30 a.m. to 4:00 p.m., Monday through Friday. Outside of these times, inmates requiring immediate medical attention must be transported to the Occoquan Facility or the Central Facility for treatment.

62. Both the men's and women's infirmaries at the Minimum Security Facility are open from 8:00 a.m. to 4:00 p.m., Monday through Friday only. During evenings and weekends, inmates must be transported to the Central Facility infirmary for medical treatment.

63. The Youth Center infirmary is open from 7:30 a.m. to 4:00 p.m., Monday through Friday only. Inmates in need of health care outside of these times must be transported to the Occoquan Facility or Central Facility infirmaries for treatment.

64. The facilities at Occoquan and Central where prisoners at the Three Lorton Facilities are sent during off-hours have been held to be constitutionally inadequate. Moreover, inadequate transportation and security concerns frequently cause lengthy delays and outright denials of care during the off-hours at the infirmaries at the Three Lorton Facilities.

B. Access to Medical Care at the Infirmaries

65. Access to the infirmaries at the Three Lorton Facilities during their hours of operation is severely limited.

66. At the Medium Security Facility, those inmates desiring access to sick call must sign up at midnight the night before they want to be seen. During the early morning, inmates are called for sick call by dormitory; there is no triage procedure to ensure that those with the most serious problems are seen first. After the time allotted for sick call has ended, any prisoners in dormitories that have not yet been called are simply not seen, regardless of the seriousness of their ailments. Inmates from those dormitories not seen receive no priority for the next day's sick call.

67. At the Minimum Security Facility, only twenty people are seen at each sick call. The infirmary operates on a first-come, first-served basis, without any priority based on the severity of prisoners' health problems. After it is announced that the morning count has been completed in the dormitories at Minimum, inmates literally race to the infirmary building in an effort to be among the twenty people permitted to see a medical staff person. Under this "system," the inmates who live in dormitories closest to the infirmary and those inmates who are best able to run have the greatest likelihood of being seen by medical personnel on any particular day. This arrangement works to the obvious disadvantage of the inmates who are in the most need of care. After the medical

staff at the Minimum Security has seen the allotted twenty patients, they often refuse to see any more inmates, regardless of how long it took to see the first twenty and how many serious conditions go untreated. Those inmates not in the first group of twenty have no alternative but to wait until the next race to sick call.

68. At the Youth Center, access to medical care for misdemeanants is a particularly acute problem. Because, by law, adult misdemeanants cannot be mingled with persons sentenced pursuant to the Youth Rehabilitation Act, misdemeanants can attend sick call only if escorted by a correctional officer. Frequently too few officers are on duty to perform this function and misdemeanants are denied access to medical care.

69. Inmates located in "lockdown," a high security confinement area, frequently have even greater difficulty obtaining access to medical care. In many instances, the medical staff ignores the medical condition of inmates in "lockdown" for several days.

C. Access to Dental, Ophthalmological, and Psychiatric Care

70. Inmates at the Three Lorton Facilities must frequently wait for many months to receive dental, ophthalmological, or psychiatric care, which is often administered by unqualified practitioners.

71. There are no dentists at the Medium or Minimum Security Facilities. Inmates must be transported to either the Central or Occoquan Facilities in the evening hours to receive dental care. It often takes prisoners months to obtain an appointment for such a transfer.

72. The one dentist employed at the Youth Center cannot meet the dental care needs of over 550 inmates incarcerated there.

73. Inmates typically must wait many months to receive dental care, even in cases where emergency treatment is warranted.

74. Because the dentists rotate throughout the various Lorton facilities, follow-up treatment by the same dentist often does not occur.

75. Many inmates find it particularly difficult to obtain dentures, often waiting many months or even years. This problem is compounded by the unavailability of soft food diets for those inmates in need of dentures. As a result, inmates without teeth or appropriate dentures are forced to chop food into tiny pieces and swallow them whole.

76. Due to the absence of any ophthalmological care at the Three Lorton Facilities, prisoners often wait months to

obtain even the most rudimentary eye care, such as obtaining glasses.

D. Access to Specialty and Emergency Care at D.C. General Hospital

77. Inmates experience long delays before being seen by specialists at the D.C. General Hospital because it takes so long to secure an appointment. These delays occur where prompt -- or even emergency -- treatment is warranted.

78. Even after inmates have an appointment at D.C. General Hospital, staffs at the Three Lorton Facilities often fail to insure that inmates are transported to the hospital on the date of their appointment, thereby requiring the inmate to secure a new appointment and suffer yet another delay -- often of many weeks or months -- before receiving any treatment.

X. THE LACK OF ADEQUATE MEDICAL CARE

79. Prisoners at the Three Lorton Facilities who obtain access to treatment for their health problems often are subjected to grossly inadequate medical care. Prisoners often receive "treatment" that fails to correct or alleviate serious medical problems; in many cases, the "treatment" administered actually exacerbates the ailments. Grossly inadequate medical care is administered to the prisoners of the Three Lorton Facilities at the infirmaries, at the dental, ophthalmological and psychiatric units, and at D.C. General Hospital.

A. Sick Call

80. Prisoners able to obtain a sick call appointment at the infirmaries at the Three Lorton Facilities often do not receive any treatment for serious medical conditions. Frequently, prisoners suffering from serious maladies are sent away without receiving any therapy or medicine and without any arrangements having been made for a follow-up examination. Prisoners often are "diagnosed" as being healthy without any physical examination, testing or review of medical history. Medical personnel often refuse to conduct probing medical inquiries.

81. John Doe II, a prisoner at the Minimum Facility, has been experiencing continued dizziness, swelling and severe headaches for two months and still has not been seen by a neurologist. On one of John Doe II's recent trips to the infirmary in connection with his continuing symptoms, the doctor with whom he spoke told him that he "looked fine" to her and she did not see why he needed to see a neurologist.

82. John Doe III, an inmate at the Youth Center, went to the infirmary complaining of chest pains and difficulty breathing. He received only Motrin from the health care worker who saw him. Within four days, his illness, later diagnosed as pneumonia, had progressed to the point that he was unable to get out of bed. Because of the inadequate treatment John Doe III received at the Youth Center infirmary, his illness became

so severe that he was kept at D.C. General Hospital for five weeks before being released.

83. John Doe III also suffers from acute lower back pain and intermittently has blood in his urine. Staff members at the infirmary have taken a blood sample from him, but have never diagnosed or treated his condition. When he gave a urine sample that was free of blood, he was informed that there was probably nothing wrong.

84. Prisoners with a wide variety of serious medical conditions are given the identical, grossly inadequate treatment: a day or two's supply of Motrin. The medical staff at the Three Lorton Facilities dispenses Motrin to prisoners without conducting the medical examinations necessary to determine whether other medical treatment may be required. John Doe I, a prisoner at the Medium Facility, presently suffers from a severe and extremely painful case of shingles that extends from his right buttock around to his groin. He signs up for sick call every day, obtains a day's supply of Motrin and takes the entire supply of pills at once in attempt to staunch the pain. Prisoners with severely painful conditions are often given Motrin in lieu of therapy, examinations or X-rays.

85. Prisoners who return to sick call due to the continuation of serious medical problems often are subject to hostile, callous responses from medical personnel, and are frequently denied further medical treatment outright.

B. Dental, Ophthalmological and Psychiatric Care

86. The dental care administered to prisoners at the Three Lorton Facilities is grossly inadequate. One Medium Facility prisoner, who has only six teeth, has been fitted in prison with dentures that he cannot use to chew food because of the pain they cause to his gums; instead, he swallows small pieces of food and, as a result, suffers painful stomach and hemorrhoid problems. Repeated return visits to have the dentures adjusted have failed to correct his painful condition. Another inmate waited for over seven months to have a tooth removed; when the tooth was eventually removed, the dentist broke a neighboring tooth. The inmate had to wait another several weeks to have the broken tooth repaired.

87. The ophthalmological care provided to prisoners at the Three Lorton Facilities is seriously deficient. Frequently, prisoners with impaired vision are prescribed and fitted for glasses, but then do not receive them. Efforts to monitor and prevent the eye diseases to which HIV-infected prisoners are particularly susceptible are essentially nonexistent. For example, one woman confined to the Minimum Security Facility had an ulcer of the eye. She required daily medical treatment for this condition, but was frequently denied care.

88. Psychiatric care is seriously lacking for the prisoners at the Three Lorton Facilities. Problems with the quality of care are compounded by inadequate controls on

psychiatric prescriptions, which are distributed without imposition of any controls to ensure that medication is taken in the proper dosage and over the appropriate period of time.

C. Emergency and Specialty Care

89. Emergency care is severely deficient for the prisoners at the Three Lorton Facilities. When one inmate at the Youth Center received severe stab wounds to his torso, personnel at his facility made no attempt to stop his bleeding. It was only after he arrived at a hospital that someone provided even emergency treatment for his wounds. Also, while this inmate was being transported between hospitals, the medical technician improperly operated an oxygen mask, causing liquid to come through it while the inmate was attempting to breathe.

90. The specialty care provided at D.C. General Hospital is grossly inadequate. Prisoners from the Three Lorton Facilities often do not receive treatment and do not learn the results of tests in the event they are taken. One doctor at D.C. General Hospital recently examined Jane Doe I, a Medium Facility prisoner whose neck swells regularly due to a broken needle that is lodged there. Relying on months-old X-rays, the doctor informed the prisoner that she should simply endure the condition. Another prisoner, who went to the hospital for back X-rays after collapsing twice following withdrawal from Methadone, never learned of his diagnosis or

learned what, if anything, the X-rays indicated about his condition.

91. Treatment for prisoners with AIDS (or HIV positive status), tuberculosis or other infectious diseases is exceptionally inadequate, with these prisoners frequently being denied treatment because of their condition. Even where treatment for disease-infected prisoners is not completely denied, many such inmates experience longer delays than other inmates in obtaining medical care despite their more fragile health. Such delays or denials are particularly acute for those requiring dental care.

92. In instances where an inmate's medical condition requires ophthalmological care, such treatment is frequently not provided. One inmate, who had a severe case of shingles on his face, was in danger of losing his eyesight. The crisis was avoided following a last-minute emergency eye exam, but only after both a significant delay and an initial misdiagnosis by medical personnel at the inmate's prison infirmary.

D. Intake Testing, Disease Control and Record-Keeping

93. The grossly inadequate medical care administered to the prisoners at the Three Lorton Facilities is exacerbated by a seriously deficient system of testing, disease control and medical record-keeping that violates District of Columbia Department of Corrections regulations.

94. In contravention of District of Columbia Department of Corrections regulations, health care workers frequently fail to take an inmate's medical history when he or she enters the prison system. As a result, many inmates at the Three Lorton Facilities who have been transferred from the District of Columbia Jail (the institution through which most inmates enter the system) lack any documented medical histories. This systemic deficiency means that those inmates with existing medical problems frequently have their medical conditions ignored.

95. In contravention of District of Columbia Department of Corrections regulations, the medical records of many inmates at the Three Lorton Facilities also do not contain the results of the tests and medical examinations administered to the prisoners -- in those cases in which such tests are, in fact, performed. Moreover, inmates are typically not informed of the results of such tests.

96. In contravention of District of Columbia Department of Corrections regulations, tuberculosis or syphilis test results are frequently not read or placed in an inmate's file when he or she enters the District of Columbia prison system.

97. The Three Lorton Facilities do not maintain a medical follow-up system. Medical staffs fail to determine whether inmates have been taken to specialty clinics, whether prescriptions have been filled, whether medications that have been prescribed are available and whether inmates have been

allowed to return for follow-up visits. Deficiencies in record-keeping preclude inmates from receiving results and necessary follow-up care after being tested for, or diagnosed with, medical problems.

98. The Three Lorton Facilities also lack continuity of care. From visit to visit, inmates do not see the same practitioner. In addition, no mechanism is in place to insure that an inmate's care continues if she or he is transferred to a new facility. Frequently inmates are not taken to specialty appointments, cease to receive medication or are given no follow-up care if they are transferred.

99. Inmates who have tested positive for HIV infection often receive no counseling or education whatsoever about their condition.

100. The inadequate intake, testing and record-keeping procedures pose a health risk for all inmates, placing them at serious risk of having their health deteriorate significantly during incarceration.

XI. THE MEDICAL RESOURCE "SHELL GAME"

101. The District of Columbia also controls five other prison facilities: the District of Columbia Jail, the Maximum Security Facility, the Occoquan Facility, the Central Facility, and the Modular Facility (collectively, the "Other Facilities").

102. Unlike the Three Lorton Facilities, the Other Facilities are all subject to Court orders, designed to eliminate unconstitutional conditions that have been the subject of previous class-action litigation. See Campbell v. McGruder, Civ. A. No. 1362-71 (D.D.C.) (regarding D.C. Jail); John Doe v. District of Columbia, Civ. A. No. 79-1726 (D.D.C) (regarding Maximum Security Facility); Twelve John Does v. District of Columbia, Civ. A. No. 80-2136 (D.D.C.) (regarding Central Facility); Inmates of Occoquan v. Barry, Civ. A. No. 86-2128 (D.D.C.); and Inmates of the Modular Facility v. District of Columbia, Civ. A. No. 90-727 (D.D.C.).

103. As a result of consent decrees and court orders at the Other Facilities, medical resources at the Three Lorton Facilities, which are not under Court order, have been transferred to the Other Facilities in an attempt to meet the requirements of Court orders. Medical and correctional personnel, supplies and necessary equipment are routinely rotated and often entirely dedicated to the facilities that are currently required to comply with existing court orders.

104. Inmates from the Three Lorton Facilities are also at a disadvantage in the competition for appointments at specialty clinics in D.C. General Hospital. Because of the court orders covering the Other Facilities, inmates at those facilities receive priority, making it even more difficult for inmates at the Three Lorton Facilities to secure specialty clinic appointments.

105. In transferring medical resources to meet existing court orders, defendants District of Columbia, Sharon Pratt Kelly and Walter B. Ridley are rotating and shifting inadequate medical resources to meet whichever court order is the most urgent, to the detriment of the health care of inmates in the Three Lorton Facilities. Defendants use this tactic to avoid providing an adequate health care program for the entire Department of Corrections system, as required by the United States Constitution and numerous provisions of the D.C. Code.

XII. DEFENDANTS' KNOWLEDGE OF THE GROSSLY INADEQUATE MEDICAL SYSTEM

106. Defendants are well aware of the grossly inadequate medical system at the Three Lorton Facilities and the District of Columbia General Hospital, described in paragraphs 1 through 105. Nevertheless, defendants have failed to remedy the gross inadequacies in the quality and access to medical care, specialty care, and emergency care. Nor have defendants improved the quality and availability of facilities, supplies and medications, or provided adequate intake and testing procedures. Such failure and refusal constitute deliberate indifference to the serious medical needs of the inmates at the Three Lorton Facilities.

FIRST CAUSE OF ACTION

107. Paragraphs 1 through 106 are incorporated herein by reference and realleged.

108. Defendants' deliberately indifferent failure to provide plaintiffs with basic medical care resulting in the wanton and unnecessary infliction of pain violates the rights of plaintiffs to be free from cruel and unusual punishment under the Eighth Amendment to the United States Constitution, and 42 U.S.C. § 1983.

SECOND CAUSE OF ACTION

109. Paragraphs 1 through 106 are incorporated herein by reference and realleged.

110. Defendants' failure to provide plaintiffs with basic medical care violates defendants' duties under the District of Columbia Code §§ 24-106, 24-302, 24-425, 24-442, 24-802 and 24-902, which require defendants to provide plaintiffs with a health care delivery system that meets their basic medical needs.

REQUEST FOR RELIEF

WHEREFORE, plaintiffs request this Court to grant the following relief:

a. Declare that the actions and inactions of the defendants described herein have violated and continue to violate the plaintiffs' rights under the Eighth Amendment to

the United States Constitution, 42 U.S.C. § 1983, and the District of Columbia Code §§ 24-106, 24-302, 24-425, 24-442, 24-802 and 24-902;

b. Enjoin the defendants from engaging in any action or conduct, or from failing to act in any way, that violates the plaintiffs' above-mentioned rights;

c. Order the defendants to take all action necessary to remedy the violations of the plaintiffs' above-mentioned rights;

d. Award plaintiffs the cost of this suit, and reasonable attorneys' fees; and

e. Award plaintiffs all further relief that this Court deems just and proper.

Respectfully submitted,

ROSS, DIXON & MASBACK

By: _____

John R. Gerstein (#913228)
Martin G. Hacala (#421312)
Jeffrey H. Dygert
Thomas H. Howlett
Seth D. Berlin

ROSS, DIXON & MASBACK
601 Pennsylvania Avenue, N.W
North Building
Washington, D.C. 20004-2688
(202) 662-2000

Attorneys for Plaintiffs

Of Counsel:

Jonathan M. Smith (#396598)
Laurie Hall (#420157)
D.C. Prisoners' Legal
Services Project, Inc.
1400 20th Street, N.W.
Suite 117
Washington, D.C. 20036
(202) 775-0323

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