



PENNSYLVANIA INSTITUTIONAL LAW PROJECT

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September 22, 2021

Via First Class Mail and Fax (570) 546-2745

Superintendent Wendy K. Nicholas
P.O. Box 180
Route 405
Muncy, PA 17756

Dear Superintendent Nicholas:

I am writing on behalf of the Pennsylvania Institutional Law Project to express serious concern over the lack of proper medical care being provided to our client, Lucinda Andrews, OR-8812. Ms. Andrews has suffered from serious ulcers and fluid build-up in her legs for several years due to untreated diabetic neuropathy and poorly controlled diabetes. Even after failing to effectively manage her diabetes and causing her to develop unnecessary complications, SCI Muncy staff have provided little medical care to treat the ulcers or prevent amputation until recently. As a result of the delays in care, Ms. Andrews now lives in extreme pain and requires the care of outside specialists and pain management. I ask that you intervene in Ms. Andrews' medical care and ensure that she receives comprehensive and timely treatment for her neuropathy, leg ulcers, and resulting pain.

Over the years, Ms. Andrews has been given minimal treatment for her neuropathy and increasingly severe leg ulcers. As a result, she has been forced to live in acute pain for a treatable, preventable condition. She has only inconsistently received Neurontin and over-the-counter Tylenol for her ensuing pain. For example, in January 2021, medical records indicate that Neurontin was ordered for Ms. Andrews, but was not approved. She has never received a stronger pain medication, despite living in pain so severe that it has affected her ability to sleep, walk, stand, and has negatively impacted her mental health. Ms. Andrews now lives with ulcers throughout her legs that require daily wound-dressing. Despite having a conference with Dr. Shaffik and Ms. Blair-Morrison in early-September, 2021, the plan they discussed—to provide twice-daily wound care—has already been suspended. Ms. Andrews still has difficulty getting daily care from the nursing staff, who often change her bandages late and sometimes not at all on the weekends.

Ms. Andrews previously saw a dermatologist who prescribed effective topical treatments, which greatly reduced her discomfort. However, she has not had access to a dermatologist or the effective products since 2018. Ms. Andrews has been informed that she is on a list to see a dermatologist, but she has been waiting for several years. Without access to these topical products, the condition of Ms. Andrews's skin has continued to decline, causing her to develop infections and experience severe pain on a daily basis. Because she has had no access to a dermatologist, she

has been forced to rely on expensive and ineffective products from commissary while her symptoms and discomfort continued to worsen.

Although Ms. Andrews was diagnosed with Diabetes on intake at SCI Muncy in 2011, she was not informed of her diagnosis or given insulin until after she was hospitalized in 2013. Infections had already begun to develop in her legs. She was taken off of insulin around 2017 and it was not until earlier this year that SCI Muncy staff began to provide Ms. Andrews with an effective medication regime to properly control her blood sugar levels and begin the process of healing her leg infections. Her most recent documented Hemoglobin A1C test result was 8.1% on March 12, 2021, which is still concerningly higher than the recommended 7% for people living with diabetes.¹ Ms. Andrews was recently told that her latest test results showed elevated kidney concerns and that eventually she will have to go on dialysis if her condition does not improve.

Skin infections, high A1C results, and kidney damage are all common consequences of poorly controlled diabetes.² Left untreated, diabetic infections and nerve damage can lead to limb amputation.³ In fact, over 80 percent of amputations begin with unhealed ulcers.⁴ If DOC had appropriately treated and controlled Ms. Andrews's diabetes, it is very possible that she would never have developed these potentially life-threatening complications. Going forward, appropriate and consistent diabetes care will be essential to mitigating further harm.

Ms. Andrews is in severe pain, often limiting her ability to sleep and walk. She currently uses a wheelchair for longer distances within the facility, including going to the infirmary, and she receives her meal trays on her unit because she cannot stand in the food line. In addition to her physical pain, she is also in constant fear of her condition worsening further and resulting in limb amputation. Earlier this year, Ms. Andrews had two virtual visits with an outside doctor who recommended that she see a vascular specialist and be prescribed a narcotic medication to treat her pain. It took over a month for Ms. Andrews to see a vascular specialist and she has still not received an effective pain medication.

As you are undoubtedly aware, Ms. Andrews has a clear constitutional right to proper medical care.⁵ Prison officials "have an obligation to provide medical care for those whom it is punishing by incarceration."⁶ This obligation precludes prison officials from being "deliberately indifferent" to an individual's "serious medical needs."⁷ Prison officials are deliberately indifferent when they "know[] of the need for medical care" but they "intentional[ly] refus[e] to

¹ *Glycemic Targets. Sec. 6.* In Standards of Medical Care in Diabetes-2017. American Diabetes Association Diabetes Care 2017; 40 (Suppl. 1); S48-S56 - July 01, 2017.

² American Diabetes Association, *Complications*, <https://www.diabetes.org/diabetes/complications> (last visited July 19, 2021).

³ Mayo Clinic, *Amputation and diabetes*, <https://www.mayoclinic.org/diseases-conditions/diabetes/in-depth/amputation-and-diabetes/art-20048262> (last visited July 19, 2021).

⁴ *Id.*

⁵ See *Estelle v. Gamble*, 429 U.S. 97, 103 (1976) ("[E]lementary principles establish the government's obligation to provide medical care for those whom it is punishing by incarceration.").

⁶ *Id.*

⁷ *Id.* at 106.

provide that care.”⁸ Persistence in a course of treatment “in the face of resultant pain and risk of permanent injury” has been found to constitute deliberate indifference.⁹ It is also deliberate indifference when medical care is delayed for non-medical reasons¹⁰ or when access to a specialist is unnecessarily delayed in the face of a serious medical need.¹¹

Medical staff at SCI Muncy are currently aware of a serious risk of substantial harm to Ms. Andrew’s health. Ms. Andrews’s condition has already deteriorated to the point of causing her extreme pain on a regular basis. However, SCI Muncy staff continue to fail to provide comprehensive treatment for her neuropathy, ulcers, and subsequent pain. These actions likely violate the Eighth Amendment. We request that you immediately provide Ms. Andrews with comprehensive care for her conditions to prevent potential future amputation and relieve her current suffering, including all recommended consultations with specialists and effective medications. If you are unable to do so, we ask that you provide us with a clear explanation as to why you are refusing to provide Ms. Andrews with comprehensive medical care.

We urge you to take our concerns seriously, as Ms. Andrews is in serious pain and at risk of developing further life altering complications. We would appreciate a response by October 22, 2021 with an explanation. If we do not receive a response, we may take further action.

If you have any questions or concerns, you may contact Grace Harris (gharris@pailp.org, (215) 925-2966) or Alexandra Morgan-Kurtz (amorgan-kurtz@pailp.org). Thank you.

Sincerely,



Grace Harris, Esq.
Legal Fellow

/s/ Alexandra Morgan-Kurtz

Alexandra Morgan-Kurtz, Esq.
Managing Attorney

cc: Timothy Holmes, Chief Counsel, Pennsylvania Department of Corrections
(via email tholmes@pa.gov).

⁸ *Spruill v. Gillis*, 372 F.3d 218, 235 (3d Cir. 2004).

⁹ *Rouse v. Plantier*, 182 F.3d 192, 197 (3d Cir. 1999) (quoting *White v. Napoleon*, 897 F.2d 103, 109-11 (3d Cir.1990)).

¹⁰ *Pearson v. Prison Health Serv.*, 850 F.3d 526, 537 (3d Cir. 2017).

¹¹ *Greeno v. Daley*, 414 F.3d 645, 655 (7th Cir. 2005).