

# Solitary Watch

## Criminal Justice Issues and Prisoners' Rights

<https://solitarywatch.org/2015/09/23/at-louisianas-angola-prison-lawsuit-claims-the-sick-face-neglect-isolation-and-death/>

## Campaign and Advocacy

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by [Mark Megalli](#) | September 23, 2015

Men incarcerated at the Louisiana State Penitentiary, commonly known as Angola, [are suing](#) prison officials and the Louisiana Department of Corrections for failing to provide adequate healthcare to the more than 6,000 people currently held there.

In a scathing, [63-page complaint](#), lawyers representing Angolas prison population allege that men are routinely denied appropriate medical care, resulting in unnecessary pain and suffering, exacerbation of existing conditions, permanent disability, disfigurement, and even death. The class-action suit, *Lewis v. Cain*, was filed in the United States District Court in the Middle District of Louisiana and alleges violations of the Eighth Amendment protection against cruel and unusual punishment as well as violations of the Americans with Disabilities Act, which requires that disabled prisoners receive reasonable access to programs, services, and activities.

The complaint was filed in May by the Promise of Justice Initiative, the Advocacy Center, the ACLU of Louisiana, and the law firm Cohen Milstein. It details dozens of examples of inadequate care culled from the experiences of over 200 people, painting a picture of callousness, neglect, and even cruelty. According to the complaint:

The complaint goes on to describe, in its words, horror story after horror story a paralysis that could have been prevented, a torn knee ligament that was identified then ignored, a softball-sized hernia that required but did not receive surgery, a degenerative joint condition that has awaited surgery for a decade, endlessly delayed biopsies, and even a 16-year wait for a cane for a blind man.

This is not the first time that Angola has been accused of having inadequate health care. In the early 1990s, the Department of Justice intervened as a plaintiff in a class action lawsuit called *Lynn v. Williams* that accused prison officials of many of the same deficiencies that are currently at issue. The DOJ summarized its findings as follows: The medical care at LSP is grossly deficient. The medical care delivery system at LSP fails to recognize, diagnose, treat, or monitor the serious medical needs of LSP inmates, including serious chronic illnesses and dangerous infectious and contagious diseases. As a result of inadequate medical care at LSP, inmates have suffered and continue to suffer serious harm and even death.

One of the areas of particular concern to the DOJ was the use of solitary confinement to house sick prisoners. As they noted at the time, Defendants use of isolation rooms in the infirmary is improper and dangerous. Defendants place seriously ill patients in locked rooms that may adversely affect their medical conditions. Nurses in the nursing station are unable to see or hear inmates in the locked isolation rooms and infrequently check on the inmates in these rooms.

Michael Puissis, who served as the plaintiffs medical expert in that lawsuit, observed that sick prisoners were often kept in locked cells unnecessarily. These rooms have heavy gauge steel doors with a small (approximately 6 inch) viewing panel. Patients must gain the attention of nursing staff by screaming and banging on the door. Nurses sit behind an enclosed viewing area, which muffles sound from the ward. There is no nursing call button in these rooms. On the day of my visit, an infirm AIDS patient, who had difficulty walking, was locked up in one of these rooms because he was described as an escape risk.

Fast-forward 23 years later, and it would appear that little has changed. The current warden, Burl Cain, is the same warden who ran the prison in 1998, when a consent decree was temporarily issued to resolve some of the problems enumerated by the DOJ. According to the *Lewis* plaintiffs, medical assistance is constantly delayed or denied, or offered only after individuals bring in attorneys and threaten litigation. Prescriptions go unfilled. Medical devices are virtually nonexistent. Record-keeping is inadequate. Men are threatened with disciplinary action for seeking medical care if they are deemed to be malingering. Untrained staff and prisoners are doing the work of doctors. And the list goes on.

The lawsuit even points out that one of the Defendants, Stephanie Lamartiniere, who is responsible for oversight and supervision of the entire medical staff at Angola, has no medical background. Her previous job? Warden Cains secretary.

What the complaint does not mention is the fact that many doctors working in state prisons have had histories of disciplinary actions that preclude them from practicing medicine in non-institutional settings. The problem is particularly prevalent in Louisiana, according to a 2012 investigative journalism piece by the [Times-Picayune](#). The newspaper uncovered that 60 percent of the doctors practicing in Louisiana state prisons had been disciplined by the state medical board for violations ranging from possession of child pornography to

dealing methamphetamine to sexually abusing patients. This compares to 2 percent of the states non-prison physicians. Four of the doctors named in the article were working at Angola at the time of publication.

The plaintiffs in *Lewis* are seeking to force Angola to beef up their medical staff, provide patients access to needed surgeries, offer timely and competent responses to emergencies, improve sanitary conditions, and better accommodate the disabled, among other objectives. If successful, the suit could catalyze improvements at other correctional facilities seeking to avoid similar litigation.

Mark Megalli is an attorney and financial analyst.

Accurate information and authentic storytelling can serve as powerful antidotes to ignorance and injustice. We have helped generate public awareness, mainstream media attention, and informed policymaking on what was once an invisible domestic human rights crisis.

Only with your support can we continue this groundbreaking work, shining light into the darkest corners of the U.S. criminal punishment system.

by [Juan Moreno Haines](#)

October 25, 2022

by [Solitary Watch Guest Author](#)

October 13, 2022

by [Vaidya Gullapalli](#)

September 29, 2022

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You might be interested to read the comment on his situation with erratic insulin doses written by Ricky Silva, a diabetic man of 36 years, six of them spent in SHU. [BLOG; CONCRETE CAGE](#) He will, no doubt, be interested to read the feedback of others on this subject. \*note: Mr. Silva's blog was updated recently, +edited.

PRIVATE PRISONS TO STATES: YOU'D BETTER START THROWING MORE PEOPLE IN PRISON OR WE'LL SUE

You know our country is on the wrong track when citizens' freedom becomes bad for business and the states are siding with businesses by locking up more citizens.

Several years ago I wrote about the plague that's called the private prison industry. A lot has changed since then, but not for the betterment of the American people. States aren't filling enough beds for the private prison companies, so now, taxpayers are being sued because there aren't enough criminals.

These aren't frivolous lawsuits, either. Several government agencies knowingly signed contracts with private prison companies that guarantee a minimum occupancy or quota. In fact, in the Public Interest has found that nearly 2/3 of the contracts have quota clauses. In California, for example, there is a guarantee of 70 percent occupancy and in Arizona, nearly 100 percent.

Where I live (outside the US), the cancer-treatment industry is thought, + widely claimed, to be second only in profit to the petrochemical industry. If we were to invite the same scum companies as U.S. to capitalize on the same (mis)management of our prisons, I can imagine them ranking highly amongst the examples above. It will happen; it's simply a matter of the slow process of steadily presenting the plan as socially acceptable.

Everyone remembers where they were at September 11, 2001 when the United States was attacked. My husband, who was fairly new to prison, remembers as well. A few days prior he was fighting for his life and was kicked in the groin causing a twisted testicle and open hernia. He ended up in emergency surgery that fateful day unaware of what was going on in the free world. It took five hours in a bus on a hard seat without painkillers, chained to another man to even get to the prison hospital for surgery. He remembers passing out from the pain and waking up with a mask on his face and thinking he was dying. Next thing he remembers is waking up from anesthesia and slowly feeling the pain again. They tried to get him to walk and he couldn't. After two hours and being in excruciating pain and taking a couple of

extra strength Tylenol, he was carried onto the same bus, chained to another inmate for the long five hour journey back to his prison, without a bathroom, without water, without pain medication. By the time he reached the prison his clothes were soaked in blood and he passed out again. His cell was on the third row of a cement block on the top bunk. He was dragged up on the stairs and his mattress put on the floor. He was unable to go to the chow hall to eat or walk the distance to the nurses station to get Tylenol. He remembers hardly moving for days until they had to make him a Johnny sack of a peanut butter sandwich and give it to him. The nurse also had to come and give him antibiotics because his site was infected. His recovery time was months.

That is a truly horrifying story. That would, in my opinion at least, fall under the heading of torture. And thats not considering l trauma and anguish.I will never, ever cease to be revolted and shocked, even after years, by accounts of legalized torture such as your husbands. My beloved bro will be severely disabled, and is constantly sick/in pain. Complaints lead to contempt,at best,and at worst, violence. I can relate to the frustration of not being allowed to help your loved one, bless you and family.

Let me start with the background story. Everyone remembers where they were at September 11, 2001 when the United States was attacked. My husband, who was fairly new to prison, remembers as well. A few days prior he was fighting for his life and was kicked in the groin causing a twisted testicle and open hernia. He ended up in emergency surgery that fateful day unaware of what was going on in the free world. It took five hours in a bus on a hard seat without painkillers, chained to another man to even get to the prison hospital for surgery. He remembers passing out from the pain and waking up with a mask on his face and thinking he was dying. Next thing he remembers is waking up from anesthesia and slowly feeling the pain again. They tried to get him to walk and he couldnt. After two hours and being in excruciating pain and taking a couple of extra strength Tylenol, he was carried onto the same bus, chained to another inmate for the long five hour journey back to his prison, without a bathroom, without water, without pain medication. By the time he reached the prison his clothes were soaked in blood and he passed out again. His cell was on the third row of a cement block on the top bunk. He was dragged up on the stairs and his mattress put on the floor. He was unable to go to the chow hall to eat or walk the distance to the nurses station to get Tylenol. He remembers hardly moving for days until they had to make him a Johnny sack of a peanut butter sandwich and give it to him. The nurse also had to come and give him antibiotics because his site was infected. His recovery time was months. People die in Texas prisons every year and many are deemed Natural deaths. Theres nothing natural about having an infection or stroke or heart attack and just left to lay there, especially in 100+ degree heat. The US bloated prison system is not only the largest in the world, but its extremely barbaric.

Thanks to the get tough on crime initiative enacted by then president Bill Clinton, we now have prisons filled to capacity and many beyond maximum capacity. With this comes the responsibility to care for these people in a humane way. Angola prison is not the only prison in the US that is providing sub standard care to the prisoners. There are many prisons, most of which are understaffed, underfunded, personnel undertrained and uncaring that fail to provide at least a minimum level of care for the people who are incarcerated there. It is infuriating to think that prisons treat human beings the way they do and yet if they were caught mistreating an animal in the same way, they would be put in prison. Pretty obvious to me that there needs to be an overhaul of the judicial system here in the US, from the very top down. Until then, prisoners are going to be mistreated, undertreated or not treated at all, all in the name of saving a few dollars. It seems that the states would rather take a chance on paying out large sums of money to settle lawsuits than to do the humane thing first.

Amen

The level of medical care in most prisons is a disgrace. The examples in just this one prison are true all over our nation. I join with others to call out for change.

Erratic doses of insulin given to my dear friend+penpal during his years of living in a concrete box will cost Ricky his sight,extremities,+life. He wasnt sentenced to this maltreatment;he did not, along with others, enter prison stripped of his constitutional rights. transfer to a prison with the hope of treating his crushing depression+addressing the diabetes has recently come, a little hope..fingers crossed..i wait tentatively.

Youre right. Psychiatric care is also terrible. Two of my friends committed suicide even after I notified the prisons of their serious psychiatric distress. They were ignored and nothing was done. I only received rude responses from the directors of psychiatric services.

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