Albert Landry finally got his knee operated on last month, 12 years after he began complaining to officials about the injury.

Medical-care system ailing at Angola

Federal report lists problems

By FRED KALMBACH
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Medical care at the state prison at Angola — long marked by an absence of qualified staff, excessive delays in delivering medicine and debilitating isolation of the mentally ill — has violated the civil rights of prisoners, according to a recently released federal report.

The U.S. Department of Justice report, delivered to Gov. Buddy Roemer last May after a four-year investigation, is a relentless catalog of poor health care. State officials made the report public last week.

The unacceptable medical practices that were cited ranged from holding “sick call” for prisoners from midnight to 3 a.m. to staffing wards for chronically ill inmates with prison guards instead of medical personnel.

Since investigators inspected the prison, many changes have been made to improve health care. Treatment programs for mentally ill and retarded inmates and for inmates infected with the AIDS virus have won praise from civil rights lawyers, and the practice of holding sick call while most inmates are asleep was ended.

But Angola Warden John Whitley readily admits that aging equipment, an undersized prison hospital and — most importantly — a critical shortage of medical workers still plague the facility’s health-care system.

“Anything that has to do with being short-staffed, as far as doctors and nurses, is the same,” Whitley said Friday.

Five of the 16 slots for doctors at the prison are empty, and have been for more than a year. Of the 13 positions for registered nurses, only six are filled. Two of the six
CARE NURSES will retire early next year, and another is scheduled to undergo surgery soon.

The problem with medical care at Angola has long been recognized by federal judges here. In 1975, U.S. District Judge E. Gordon West ordered far-reaching changes in prison conditions, including medical treatment.

This year's Department of Justice report listed several civil rights violations aside from medical and psychiatric care. Many of those criticisms have been addressed since investigators began their probe according to prison officials and lawyers representing inmates.

Criticism of Angola's medical and psychiatric care included:

- Untrained nursing assistants conducted early morning sick calls, spending less than a minute with each inmate. Sick prisoners asked during the rounds made from midnight to 3 a.m.
- Inmates determined to be in need of an examination by a doctor often had to wait three to five days, and sometimes were seen by nurses instead of physicians.
- Diabetics weren't given special diets, and their blood-sugar levels weren't monitored properly. Inmates taking medication for high-blood pressure weren't seen by doctors "for years," meaning no effort was made to determine whether changes in treatment were needed.
- Inmates recovering from surgery who needed physical therapy often weren't receiving it. The limited physical therapy equipment available was often obsolete or "beyond repair."
- Angola medical staff didn't receive the results of diagnostic tests performed on prisoners sent to outside hospitals for treatment. Lack of such information hampered follow-up care.
- Inmates sometimes had to wait up to two weeks to receive medicine ordered for them. No procedures were in place to monitor the side effects or effectiveness of medicine prescribed to prisoners.

Inmates with serious mental illnesses were kept in "locked down" — generally held in cells 24 hours per day and shackled when let out — even when they weren't determined to be violent. No psychiatric treatment was provided for those inmates, which, together with the isolation, worsened their mental conditions.

Whitley said some of those problems have been addressed. Sick call — when personnel make rounds throughout the cellblocks and dormitories to field medical complaints — is now held in the afternoon.

But Whitley noted that sick call, the important first step for prisoners seeking non-emergency care, is still carried out by nursing assistants with minimal medical training.

The lag time in delivering medicine to inmates has been cut, according to Ella Fletcher, who was hired by Whitley eight months ago as the prison's first hospital administrator.

Medicine is delivered by 5 p.m. following afternoon sick call. But if medicine is needed during the weekend, inmates must wait until the following Monday because the pharmacy is open only on weekdays, Fletcher said.

The prison now employs an expert on diet and nutrition to help ensure that inmates needing special meals for medical reasons receive them.

A 180-bed mental health unit, staffed with newly hired psychiatric nurses and social workers, has helped alleviate the conditions noted in the report. Guards working in the unit are trained to work with the mentally ill. Inmates with serious psychiatric problems are allowed to work, go to church and receive regular therapy — while before they "really just sat in their cells for long periods of time," Whitley said.

Despite the progress, Whitley and Fletcher acknowledge that many shortcomings in their health care system persist.

Equipment for physical therapy is still obsolete or missing, though efforts are being made to determine what is needed. Medical personnel at Angola still don't promptly receive diagnostic test results for inmates sent to outside hospitals or clinics for treatment.

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