

“Cadillac Health Care” for Women Prisoners?
Case Studies From Inside

Diabetes

Lois* suffered from diabetes. During a routine blood test, it was discovered that her glucose level was 385 (a normal glucose level is less than 115). Eleven days later her lab results were reviewed and more tests ordered. After waiting for a month, Lois still received no notification of the test results. She began experiencing symptoms of chest pains, persistent thirst and dizziness. For three days she attempted to get medical attention from staff but these requests were ignored. On the third day she fell into a coma lasting six days and nearly died.

Cervical Cancer

Luanda received results of an abnormal pap smear. Three months later she underwent laser surgery, but doctors failed to remove all of the abnormal tissues. She received no follow-up care for the next two and a half years. When she finally went in for a GYN visit, tests revealed the presence of cervical cancer. Eight months later Luanda was forced to undergo a total hysterectomy for cancer of the cervix as a last resort treatment strategy.

Hepatitis

Evelyn had Hepatitis and began exhibiting signs of liver disease in February of 1998. She complained regularly to the medical staff of nose bleeds and swelling in her legs and feet. Repeatedly she requested medical care and permission to see a liver specialist. The medical staff ignored her requests for treatment and denied her access to a qualified specialist. Instead, doctors ordered that she be treated for tuberculosis which she did not have. Despite her rapidly increasing symptoms of liver failure - including severe and painful swelling in her abdomen, legs and feet - the prison did not provide her with treatment. In October of 1999, she lost consciousness and was rushed to the local community hospital where a liver specialist ordered immediate treatment for the Hepatitis. However, at that point her condition was terminal, and she died two weeks later. Up until less than twelve hours before she died, medical staff at the prison insisted that her care was under control, that she was not seriously ill, and that emergency family visits were not warranted. As a result, she died alone and shackled to a bed in the locked-down prison wing of the local hospital.

Breast Cancer

Trina first complained of painful breast lumps in 1991. She also told the prison doctor that there was a family history of breast cancer. In early 1993, she was finally given a mammogram. The radiologist noted the presence of “extremely dense breast parenchyma” and recommended a follow-up mammogram be done in one year. No follow-up was done until 1994, at which time the radiologist again noted, “dense breast parenchyma could easily obscure a mass mammographically.” The prison doctor refused to order any biopsy, ultrasound or FNA. Instead, he adhered to his diagnosis of “fibrocystic breast disease.” In July 1995, Trina was assigned to a different prison doctor who immediately ordered a biopsy which was performed on August 8, 1995. On August 23, 1995, Trina’s right breast and four cancerous lymph nodes were removed. Trina continued to complain about pain and lumps in her left breast and on January 8, 1997, her left breast was removed. In August 2000, after complaining for several months about a painful lump in her neck, Trina learned that the lump was metastasized breast cancer.

* These case studies are based on client interviews and medical record reviews of California state women prisoners conducted as part of a statewide lawsuit between 1995 and 2000. All names have been changed to protect the confidentiality of the individual.