



**PENNSYLVANIA INSTITUTIONAL LAW PROJECT**

718 Arch Street, Suite 304S

Philadelphia, PA 19106

T: 215-925-2966

F: 215-925-5337

[www.pailp.org](http://www.pailp.org)

August 26, 2021

**Via Email**

Commissioner Blanche Carney, [commpdp@prisons.phila.gov](mailto:commpdp@prisons.phila.gov)  
Chief of Medical Operations Bruce Herdman, [bruce.herdman@prisons.phila.gov](mailto:bruce.herdman@prisons.phila.gov)  
Dr. Lalitha Trivikram, [lalitha.trivikram@corizonhealth.com](mailto:lalitha.trivikram@corizonhealth.com)  
c/o Chief of Staff Greg Vrato, [greg.vrato@prisons.phila.gov](mailto:greg.vrato@prisons.phila.gov)  
Philadelphia Department of Prisons  
7901 State Road  
Philadelphia, PA 19136

**Re: Thomas Walkden PP# 1116876**

Dear Commissioner Carney, Dr. Herdman, Dr. Trivikram, and Mr. Vrato,

I am writing on behalf of the Pennsylvania Institutional Law Project to express serious concern over the inadequate medical care being provided to Thomas Walkden, PP# 1116876. Mr. Walkden was diagnosed with Type II Diabetes in September 2019 while incarcerated at Curran-Fromhold Correctional Facility (CFCF). Mr. Walkden's health has been steadily worsening for the three years that he has been held in Philadelphia Department of Prisons (PDP).

The PDP has consistently failed to provide Mr. Walkden with proper medical care, a diabetic diet, and regular exercise opportunities, resulting in dramatic and dangerous weight gain and uncontrolled diabetes. He currently lives in constant fear of his condition deteriorating further and becoming life-threatening. We urge you to intervene in Mr. Walkden's medical care and ensure that he receives a suitable diet and exercise regime, as well as access to outside consultations and timely provision of his life-sustaining medication.

The PDP has neglected to reliably provide Mr. Walkden with medication to treat his diabetes, with detrimental consequences. In the two years since his diabetes diagnosis, Mr. Walkden has been prescribed increasingly high doses of insulin in addition to Metformin. However, contrary to established clinical standards, he often does not receive his medication on time so that it is appropriately timed around his meals.<sup>1</sup> On some occasions, his doses have been skipped altogether. With recent staff shortages, these occasions have increased in frequency.

---

<sup>1</sup> See American Diabetes Association, *Insulin Routines*, <https://www.diabetes.org/healthy-living/medication-treatments/insulin-other-injectables/insulin-routines> (“[I]nsulin works best if you take it 30 minutes before you eat.”) (last visited August 10, 2021).

Going without insulin is incredibly dangerous for insulin-dependent diabetics and can lead to diabetic ketoacidosis and even death.<sup>2</sup>

Furthermore, Mr. Walkden is not being provided with adequate diet or exercise opportunities that are critical in treating his condition. His Hemoglobin A1C results, which measure how well one's diabetes is being maintained in the long term, have dangerously risen from 8.0% in September 2019 to 12.9% in April 2021. The goal for diabetics is 7%.<sup>3</sup> Mr. Walkden's blood sugar readings have been consistently high, often reaching hazardous levels in the 300-400mg/dL range. The normal range for blood sugar is 70-140mg/dL.<sup>4</sup> Mr. Walkden has also gained around 100 pounds since he was incarcerated in September 2018, affecting his diabetes care and overall health.

Each of Mr. Walkden's treatment providers at the PDP has stressed the importance of diet and exercise in treating and controlling diabetes, yet the PDP itself fails to provide Mr. Walkden with a medically appropriate diet or adequate out-of-cell time to exercise. He is served meals comprised primarily of processed, carbohydrate-heavy food. After having several teeth removed in PDP custody, he struggles to chew apples, which are often the only fresh produce item on his food trays.

In response to his repeated requests for a diabetic diet, Mr. Walkden has been told that there is no low-carbohydrate diet available in the PDP facilities, and that he does not qualify for the medical diets that are available, such as the renal diet. According to his medical records, instead of providing Mr. Walkden with healthy food options, medical providers have told him to "eat about half of his portions to allow his body to feed off his extra fat." This offensive and medically dubious advice does not constitute an adequate diabetic diet.

Throughout the COVID-19 pandemic, incarcerated people in PDP custody have had no access to athletic equipment and out-of-cell time has been extremely limited such that even daily walks are often impossible. Mr. Walkden's healthcare providers have prescribed "at least 30 minutes daily brisk walking." However, he is often unable to comply with the recommendation given how little recreation time he receives.

For the vast majority of the day, every day, Mr. Walkden is confined to a small, shared cell where exercise options are limited if not nonexistent. He has been given no accommodations or alternative means to exercise. Given how crucial lifestyle factors are to controlling diabetes and how little control Mr. Walkden has over his environment while incarcerated, PDP has a duty to ensure that he has access to adequate food and exercise necessary to maintain his health.

---

<sup>2</sup> See Cleveland Clinic, *Hyperglycemia (High Blood Sugar)*, <https://my.clevelandclinic.org/health/diseases/9815-hyperglycemia-high-blood-sugar> (last visited August 10, 2021).

<sup>3</sup> *Glycemic Targets. Sec. 6.* In *Standards of Medical Care in Diabetes-2017*. *Diabetes Care* 2017; 40 (Suppl. 1); S48-S56 - July 01, 2017.

<sup>4</sup> Jamie Wood and Anne Peters, *The Type 1 Diabetes Self-Care Manual*, American Diabetes Association, 45 (2018).

In response to Mr. Walkden's diabetes continuing to worsen despite the increase in his medication dosage, his Corizon medical provider recommended a consult with an endocrinologist on May 14, 2021. An appointment was scheduled for June 6, 2021, but it never took place. On July 8, 2021, a different Corizon medical provider acknowledged that the referral had been made but noted that she was "unable to find documentation of such a visit." Mr. Walkden has yet to see an endocrinologist.

Mr. Walkden has a constitutional right to adequate medical care.<sup>5</sup> The Fourteenth Amendment prohibits jail officials from being "deliberately indifferent" to an individual's "serious medical needs."<sup>6</sup> Diabetes is irrefutably a serious medical need.<sup>7</sup> Prison officials are deliberately indifferent when they have "knowledge of the need for medical care" but respond with "intentional refusal to provide that care."<sup>8</sup> Persistence in a course of treatment "in the face of resultant pain and risk of permanent injury" has been found to constitute deliberate indifference.<sup>9</sup> It is also deliberate indifference when medical care is delayed for non-medical reasons<sup>10</sup> or when access to a specialist is unnecessarily delayed in the face of a serious medical need.<sup>11</sup> Denying an incarcerated person living with diabetes access to a diabetic diet may itself amount to deliberate indifference.<sup>12</sup> Courts have also found deliberate indifference when jail staff fails to provide an insulin-dependent diabetic with insulin.<sup>13</sup>

PDP and Corizon staff are aware of the serious risk to Mr. Walkden's health being posed by his uncontrolled diabetes. His condition has worsened significantly during his three years in custody, due to the failure to provide adequate medical care, including appropriate diet and exercise options, consistent delivery of medication, and access to an outside specialist.

We request that you immediately provide Mr. Walkden with comprehensive diabetes care, including timely and consistent insulin provision, access to a diabetic diet and exercise regime, and an appointment with an endocrinologist as recommended by multiple PDP medical providers. 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 Mr. Walkden with adequate medical care.

We urge you to treat this matter with the urgency it calls for, as Mr. Walkden is at risk of developing irreversible complications and experiencing severe, life-threatening consequences of uncontrolled blood sugar levels. We would appreciate a response by September 13, 2021. If we do not receive a response, we may take legal action.

---

<sup>5</sup> See *Estelle v. Gamble*, 429 U.S. 97, 103 (1976), *Natale v. Camden Cty Corr. Facility*, 318 F.3d 575, 581 (3d Cir. 2003).

<sup>6</sup> *Id.* at 106.

<sup>7</sup> *Rouse v. Plantier*, 182 F.3d 192, 197 (3d Cir. 1999).

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

<sup>9</sup> *Rouse*, 182 F.3d at 197 (quoting *White v. Napoleon*, 897 F.2d 103, 109-11 (3d Cir.1990)).

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

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

<sup>12</sup> *Sellers v. Henman*, 41 F.3d 1100, 1103 (7th Cir. 1994).

<sup>13</sup> *Natale v. Camden Cty Corr. Facility*, 318 F.3d 575, 582 (3d Cir. 2003)

If you have any questions or concerns, you may contact me at [gharris@pailp.org](mailto:gharris@pailp.org) or (215) 925-2966. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Grace Harris". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Grace Harris, Esq.  
Legal Fellow

cc: Anne Taylor ([anne.taylor@phila.gov](mailto:anne.taylor@phila.gov)), Craig Straw ([craig.straw@phila.gov](mailto:craig.straw@phila.gov))