



PENNSYLVANIA INSTITUTIONAL LAW PROJECT

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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 concern over the inadequate medical care being provided to our client, Amanda Blair, OK-4930. Ms. Blair lives with Type I Diabetes, which SCI Muncy medical staff are not properly treating, causing her pain, fatigue, as well as increasing her risk of developing life-threatening complications. Over the years that Ms. Blair has been incarcerated at SCI Muncy, she has received insufficient testing and monitoring, allowing her condition to worsen. We urge you to intervene in Ms. Blair's treatment to ensure that she receives regular Chronic Care appointments, vision testing, footcare, blood sugar monitoring, and an appropriate diet.

Around 12% of Pennsylvanians live with diabetes.¹ To treat this common, chronic disease, the American Diabetes Association recommends robust testing and monitoring paired with tailored diet and exercise regimens.² However, incarcerated people with diabetes have little control over these lifestyle factors as much of their diabetic management is in the hands of the medical and security staff in the facilities where they are held. Few incarcerated people have access to important technologies in diabetic care, such as continuous glucose monitors and insulin pumps, already putting them at a great disadvantage in treating their condition. Without these tools, preventative care is even more essential to properly controlling diabetes and reducing the risk of developing complications. Denying an incarcerated person proper diabetic care can transform a treatable, livable condition into a dangerous, multifaceted illness that can damage major organs and become permanently debilitating or even deadly.

Ms. Blair is currently at risk of experiencing these severe negative outcomes. In the last year, Ms. Blair's diabetes has been poorly controlled. Her A1c tests results rose in late-2020 and

¹ *Diabetes in Pennsylvania: Prevention and Maintenance Programs*. Joint State Government Commission. March 2018. http://jsg.legis.state.pa.us/resources/documents/ftp/publications/2018-03-12%20FINAL%20REPORT_DIABETES%203.12.18.pdf (last visited October 6, 2021).

² American Diabetes Association, *Treatment and Care*, <https://www.diabetes.org/diabetes/treatment-care> (last visited October 6, 2021).

have been 8.8% or higher ever since, well above the 7% recommended for people with diabetes.³ A1c tests measure how well one's blood sugar levels are being maintained over several months and are crucial to determining how well one's diabetes is being managed in the long-term. In June 2021, her A1c test result was 9.1%, showing a dramatic and dangerous increase over a relatively short time. To the best of her recollection, her most recent reading, taken in August 2021, was 11.1%. Her blood sugar readings are regularly higher than the normal range and she often experiences physical fatigue, painful headaches, and blurred vision, all common side effects of hyperglycemia.⁴

These symptoms and concerning test results are the predictable consequence of SCI Muncy staff's failure to properly monitor and treat Ms. Blair's condition. In September 2021, Dr. Shafik recommended that Ms. Blair see an endocrinologist because her diabetes is so out of control, however the consult was not approved by the Regional Medical Director. It is our understanding that medical staff at SCI Muncy primarily monitor the condition of individuals with diabetes through regularly scheduled "chronic care clinics." Chronic care visits are necessary to not only to monitor one's diabetes and screen for complications but also to screen for comorbidities such as obesity, sleep apnea, heart failure and chronic kidney disease to prevent and minimize complications. Despite consistently higher than normal A1c results, Ms. Blair has only had five Chronic Care Clinic appointments in about three years, sometimes going as long as 10 months in between visits without seeing medical staff to discuss her diabetes management. This lack of consistent, frequent opportunities to discuss her care with a provider who can evaluate her test results and adjust her diet, exercise, or medication regimens accordingly is extremely dangerous to Ms. Blair's health.

In addition to more long-term monitoring, Ms. Blair does not have the means to check her blood sugar on her own, greatly limiting her ability to monitor her own condition and evaluate the cause of her symptoms. Despite recommendations from her providers, Ms. Blair currently receives only two blood sugar tests per day, when she receives her insulin. She cannot test her glucose levels before each meal and before going to sleep, as the American Diabetes Association advises.⁵ In a November 2020 progress note, Dr. Shafik recommended that her blood sugars be tested three times per day "if approved by admin," however Ms. Blair continues to receive only twice-daily checks. Ms. Blair does not have access to a glucometer to test her own blood sugar before meals or when she feels symptoms of hyperglycemia or hypoglycemia.

Diabetes cannot be properly controlled through medication alone. There are lifestyle factors that greatly affect diabetes management, including diet and exercise. In particular,

³ *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.

⁴ Mayo Clinic, *Hyperglycemia in Diabetes*, <https://www.mayoclinic.org/diseases-conditions/hyperglycemia/symptoms-causes/syc-20373631> (last visited September 21, 2021).

⁵ Jamie Wood and Anne Peters, *The Type 1 Diabetes Self-Care Manual*, American Diabetes Association, 29 (2018).

monitoring one's carbohydrate consumption is essential to controlling diabetes.⁶ However, Ms. Blair has been informed that there is no diabetic diet available at SCI Muncy. She has no choice but to rely on the standard dietary options available to all incarcerated people, which are primarily carbohydrate-based. She is routinely served meals with pasta or potatoes as the primary component. SCI Muncy does not provide a carbohydrate count for its meals, so Ms. Blair cannot keep track of her carbohydrate intake. Ms. Blair previously received a diabetic snack to eat between meals, but it was discontinued several months ago and has not been renewed.

When diabetes is poorly controlled, several complications can develop, including diabetic retinopathy, foot infections, periodontal disease, and diabetic neuropathy. Ms. Blair has already been diagnosed with peripheral neuropathy, or nerve damage, and requires pain medication for her symptoms. She is not currently receiving adequate testing and monitoring to ensure that she does not develop any other complications. People with diabetes should receive a dilated eye exam annually to prevent the development of diabetic retinopathy⁷ as well as an annual dental exam to prevent periodontal disease, which is associated with high A1c results.⁸ Diabetics should also receive foot exams each year to protect against dangerous lesions, callouses and infections that can lead to amputation if not treated.⁹

SCI Muncy has ignored the recommendations of its own medical staff and in doing so has failed to prevent Ms. Blair from developing avoidable complications, causing her unnecessary pain. Dr. Shafik noted in November 2020 that Ms. Blair “should have a[n] eye exam and foot exam annually.” However, this recommendation has not been followed. Ms. Blair was not seen by an eye doctor for over two years and when she finally was, her eyes were not dilated, severely limiting the usefulness of the exam. She has been recommended for a foot clinic on multiple occasions, but has never been seen. In May 2019, a foot clinic appointment was scheduled, but after waiting for over an hour and a half, Ms. Blair was not able to actually see a provider. In January 2020, she had developed a thick callus on her right foot that had to be surgically removed.

As we are sure you are aware, the Pennsylvania Department of Corrections is constitutionally required to provide Ms. Blair with adequate medical care. Prison officials “have an obligation to provide medical care for those whom it is punishing by incarceration.”¹⁰ Ms. Blair's rights are violated when prison officials are “deliberately indifferent: to her “serious

⁶ American Diabetes Association, *Carb Counting and Diabetes*, <https://www.diabetes.org/healthy-living/recipes-nutrition/understanding-carbs/carb-counting-and-diabetes> (last visited September 21, 2021).

⁷ National Diabetes Education Program, Centers for Disease Control and Prevention, *Diabetes and You: Healthy Eyes Matter!* <https://www.cdc.gov/diabetes/ndep/pdfs/149-healthy-eyes-matter.pdf> (last visited September 21, 2021).

⁸ *Supra* note 5.

⁹ *Preventative Foot Care in Diabetes*. American Diabetes Association *Diabetes Care* 2004; 27 (Suppl. 1); S63-S64 – January 2004.

¹⁰ *Estelle v. Gamble*, 429 U.S. 97, 103 (1976)

medical needs.”¹¹ Prison officials are deliberately indifferent when they have “knowledge of the need for medical care” but respond with “intentional refusal to provide that care.”¹²

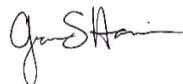
Diabetes is irrefutably a serious medical need.¹³ Denying an incarcerated person living with diabetes access to a diabetic diet may itself amount to deliberate indifference.¹⁴ Even if an incarcerated person has been seen by medical professionals, prison officials can still be found to be deliberately indifferent if proper treatment is not prescribed or the prescribed treatment was not provided.¹⁵ Similarly, just because prison staff provide some medical care, does not mean they are not deliberately indifferent if the incarcerated person’s condition continues to deteriorate.¹⁶

Medical staff at SCI Muncy are aware of a serious risk of substantial harm to Ms. Blair’s health. Ms. Blair’s test results and symptoms indicate that her diabetes is poorly controlled, which has been acknowledged by medical staff. She has already developed at least one diabetes complication and may be at risk for others. However, SCI Muncy staff have neither made the necessary adjustments in her care to improve her health nor taken the steps to appropriately monitor her diabetes to prevent her condition from worsening further. This inadequate care likely violates the Eighth Amendment.

We request that you immediately provide Ms. Blair with more frequent glucose monitoring, Chronic Care Clinic appointments, fundoscopic eye exams, dental exams, foot clinics, and access to an appropriate diabetic diet. If you are unable to do so, we ask that you offer us with a clear explanation as to why you will not provide Ms. Blair with adequate medical care. Please respond by November 19, 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

¹¹ *Id.* at 106.

¹² *Spruill v. Gillis*, 372 F.3d 218, 235 (3d Cir. 2004).

¹³ *Rouse v. Plantier*, 182 F.3d 192, 197 (3d Cir. 1999).

¹⁴ *Sellers v. Henman*, 41 F.3d 1100, 1103 (7th Cir. 1994).

¹⁵ *Hunt v. Uphoff*, 199 F.3d 1220, 1224 (10th Cir. 1999).

¹⁶ *Carswell v. Bay Cty.*, 854, F.2d 454, 457 (11th Cir. 1988).

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