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## Justice blasts jail conditions

**Inadequate diagnosis, inordinate delay in care led to death, report says**

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**By GREGORY ROBERTS**  
P-I REPORTER

Medical bungling by health care staff at the King County jail likely contributed to the recent death of an inmate, the U.S. Department of Justice says in a strongly worded report that maintains the downtown Seattle jail falls short of legal standards for medical treatment, suicide prevention and safeguards against physical and sexual abuse of prisoners by jailers.

The director of the county Department of Adult and Juvenile Detention, Reed Holtgeerts, rejected the federal allegations of constitutional shortcomings.

"We don't believe that any of the issues identified in the report reach the level of civil rights violations," he said Wednesday.

Director David Fleming of Public Health -- Seattle & King County, the agency that provides medical care at the jail, acknowledged errors in treatment: "We're the first to say that we're not perfect, by any means," he said Wednesday.

But Fleming said he doesn't think there's a systematic breakdown in health care at the jail.

Among the report's findings:

- "Inmates at (King County Correctional Facility) are routinely subjected to unnecessary uses of serious force." The report singled out the use of pepper spray and the "hair-hold technique," in which guards grab an inmate's hair to exert control. The report cited several instances in which, investigators concluded, the level of force used was unreasonable, including cases in which pepper spray or hair holds were used against inmates who were not resisting or were handcuffed.
- Incident reports and criminal charges "reflect a pattern of sex-related staff misconduct by an alarming number of security staff."
- "Three inmates committed suicide in the past three years under circumstances that indicate that KCCF fails to take reasonable measures to prevent and manage these risks."

In all three areas, training and procedures are not up to par, the report says.

Both Holtgeerts and Fleming said they were ready to work with federal officials on addressing the issues raised in the report. They expect the Department of Justice to contact them by the end of the year to begin planning corrective measures. Some steps have been taken already to improve staff training and medical recordkeeping, they said.

The jail opened in 1986 with a capacity of 1,700 and holds inmates awaiting trial or serving sentences of up to one year. The average daily population in January, the report says, was 1,368. More than 50,000 inmates are incarcerated in the jail over the course of a year, with most staying fewer than 72 hours, Holtgeerts said.

Following media accounts of inmate suicides and criminal charges of sexual misconduct against jail guards, the Civil Rights Division of the Justice Department notified the county in October 2006 that it would look into conditions at the jail. Over the next year, investigators reviewed files and also conducted two on-site visits that were announced in advance.

"We conclude that certain conditions at KCCF violate the constitutional rights of inmates," the report says. Specifically, the report says, inmates do not receive adequate medical care, adequate protection from physical harm and sexual abuse by staff members or adequate help to keep from harming themselves.

"The most egregious example of KCCF's systematic failure to adequately assess and treat inmates (medically) -- and the grave harm that can result -- is a recent inmate death, which we found was likely preventable," the report says.

As described in the report, the incident involved an inmate with a history of alcohol withdrawal seizures and with skin infections on his legs who was admitted to the jail and sent the same day to the emergency room at Harborview Medical Center, where he was diagnosed with multiple abscesses, anemia and either cellulitis (a potentially serious bacterial infection) or deep vein thrombosis.

"Although arguably the hospital should have admitted him, it did not do so," the report says. Instead, the inmate was returned to the jail, where he was not examined by a doctor "even though he should have been" and was forced to wait more than 30 hours for his first dose of the antibiotics prescribed for his skin infections, the report says.

When the inmate requested care and finally was checked by a doctor, the examination detected abdominal tenderness, indications of intestinal distress and "highly abnormal and unstable vital signs," the report says. But the doctor did not send him back to the hospital.

The following day, his third at the jail, the inmate experienced severe abdominal pain and was sweating and doubled over. Still, it was seven hours before he was re-examined by a doctor, who sent him to the hospital, where the inmate died -- "apparently of a perforated gastric ulcer," the report says.

"KCCF's inadequate diagnosis and inordinate delays in providing treatment likely contributed to this inmate's death," the report says.

Public Health spokesman James Apa said Wednesday that jail inmate Lynndale Iszley died July 19 from acute peritonitis due to a perforated duodenal ulcer. He was 47.

But Apa said privacy regulations prevented him from confirming that Iszley is the inmate whose death is described in the federal report.

"That particular death was an example where, after the death, the diagnosis was one that was not expected beforehand," Fleming said.

Other problems with health care cited in the report include delays in summoning emergency treatment;

symptoms and conditions that go unexamined; and slipshod administration of needed medications.

The report also says the jail does a substandard job of guarding against the spread of infectious diseases, including applying disinfectants improperly and failing to provide laundry service for inmates' underwear.

In a written response to the report, county officials said they have moved to make sure cleaning products are used properly and are developing a plan for changing or cleaning underwear.

With such a heavy caseload at the jail, involving many inmates who are sick before they are admitted, doctors and nurses practice triage, attending to the most serious cases first and assigning the others a lower priority, Fleming said.

The threat of a contagious, antibiotic-resistant bacterial infection known as MRSA has been a particular focus of the American Civil Liberties Union of Washington, which monitors jail conditions for compliance with a settlement agreement resulting from a 1989 lawsuit, state ACLU spokesman Doug Honig said Wednesday.

"This report from the Justice Department reinforces what we've been saying about the concerns about hygiene at the jail and the need for officials to address those concerns," Honig said.

A 2006 report from the county ombudsman included criticism of inmate medical care expressed both by inmates and some nurses. Those findings led the County Council to commission an examination of jail health by the county auditor, who looked especially at nurse staffing and pharmacy services and reported in October that medication errors are less frequent at the jail than in the medical community at large and that inmates are rarely put at risk by the errors that occur.

A jail health official also told the council in October that the death rate at the jail is relatively low, compared with other large county jails.

In 2007, five downtown jail inmates have died, although one suffered a fatal seizure during his booking and another was hospitalized immediately after his booking, only to die two weeks later from a MRSA infection.

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