

1 DONALD SPECTER (SBN 83925)  
2 dspecter@prisonlaw.com  
3 SARA NORMAN (SBN 189536)  
4 snorman@prisonlaw.com  
5 PRISON LAW OFFICE  
6 1917 Fifth Street  
7 Berkeley, California 94710  
8 Telephone: (510) 280-2621  
9 Fax: (510) 280-2704

10 SHAWN HANSON (SBN 109321)  
11 shanson@akingump.com  
12 AMIT KURLEKAR (SBN 244230)  
13 akurlekar@akingump.com  
14 ANYA FREEDMAN (SBN 275213)  
15 afreedman@akingump.com  
16 AKIN GUMP STRAUSS HAUER  
17 & FELD LLP  
18 580 California Street, Suite 1500  
19 San Francisco, CA 94104-1036  
20 Telephone: (415) 765-9500  
21 Fax: (415) 765-9501

22 Attorneys for Plaintiffs Quinton Gray,  
23 Angela Patterson, and Stanley Kujansky

24 UNITED STATES DISTRICT COURT  
25 FOR THE CENTRAL DISTRICT OF CALIFORNIA

26 QUINTON GRAY, ANGELA  
27 PATTERSON, and STANLEY  
28 KUJANSKY, on behalf of themselves  
and all others similarly situated,  
Plaintiffs,  
v.  
COUNTY OF RIVERSIDE,  
Defendant.

EDCV 13-0444 VAP (OPx)  
Case No.

CLASS ACTION

CLASS ACTION COMPLAINT FOR  
INJUNCTIVE AND  
DECLARATORY RELIEF

13 MAR - 8 PM 3:51  
CLERK OF DISTRICT COURT  
CENTRAL DISTRICT OF CALIF.  
LOS ANGELES  
BY: \_\_\_\_\_

FILED

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

**NATURE OF THE ACTION**

1. Riverside County has one of the largest jail systems in California, with nearly 4,000 men and women held in five detention facilities (“Riverside jails”). This population consists of both pretrial detainees and people serving sentences in local custody (collectively referred to herein as “prisoners”).

2. The thousands of men and women locked up in Riverside’s jails face cruel and inhumane deficits in medical and mental health care. Defendant has known for years that its inadequate health care delivery system places prisoners entering the jails at a serious risk of harm but has failed to take the necessary steps to mitigate the risk. As a result, prisoners in the Riverside jails are subjected to policies and practices that systematically deprive them of their constitutional right to basic life-saving care.

**JURISDICTION**

3. The jurisdiction of this Court is invoked pursuant to 28 U.S.C. §§ 1331, 1343, and 1367. Plaintiffs seek declaratory and injunctive relief under 28 U.S.C. §§ 1343, 2201, and 2202; and 42 U.S.C. § 1983.

**VENUE**

4. Venue is proper in the Central District of California under 28 U.S.C. § 1391(b) because Plaintiffs’ claims for relief arose in this district and Defendant is located in the district.

**PARTIES**

**Plaintiffs**

5. Plaintiff Quinton Gray is a prisoner in the Riverside jails in custody of Defendant Riverside County. He has multiple chronic medical and mental health conditions, including seizures, high blood pressure, severe arthritis, and visual and auditory hallucinations and depression. He has experienced and continues to experience repeated treatment failures, including delays in adjusting medication

1 regimens, lack of appropriate laboratory monitoring and frequent missed doses. His  
2 initial intake form, similar to other Riverside files, documented “no” to all questions  
3 (including history of seizures and high blood pressure)—demonstrating inadequate  
4 intake procedures. Even when Mr. Gray has been seen, he has not received adequate  
5 basic primary care: for example, he was not screened for high cholesterol or  
6 diabetes, despite his chronic high blood pressure.

7       6. Further, Mr. Gray was placed on potent psychotropic medication  
8 without appropriate evaluation by a mental health professional with an utter failure  
9 to monitor serious and possibly life-threatening side effects. Medications were  
10 either suddenly discontinued or multiple doses missed, placing him at serious risk of  
11 serious side effects and psychiatric decompensation. He in fact experienced and  
12 continues to experience significant, injurious side effects from his medication  
13 mismanagement and treatment failures. Mr. Gray has exhausted his administrative  
14 remedies.

15       7. Plaintiff Angela Patterson is a prisoner in the Riverside jails in custody  
16 of Defendant Riverside County. After sustaining severe injuries in a car accident in  
17 June 2009, Ms. Patterson had a temporary filter placed in her inferior vena cava  
18 (IVC), the blood vessel supplying the heart, to prevent blood clots. She was booked  
19 into the Riverside jails shortly thereafter, where she was subjected to multiple  
20 delays, cancellations, appointment mix-ups, and failures to provide appropriate  
21 follow-up regarding safe removal of the temporary filter. Nearly a year later, when  
22 she was finally taken for surgery, it was found that the filter could not be removed  
23 due to the build-up of scar tissue. As a result, Ms. Patterson is now condemned to a  
24 lifetime of daily anticoagulation medications and frequent laboratory monitoring,  
25 with significant risk of fatal bleeds and other complications. She is 26 years old. If  
26 physicians had appropriately obtained and reviewed her records, and made efforts to

1 refer her for IVC filter removal in a timely fashion, it is likely that the filter could  
2 have been removed and Ms. Patterson would need no further treatment.

3       **8.** In addition, she has experienced multiple delays in follow-up with the  
4 orthopedic and vascular surgery clinics as well as in the work-up of a scalp mass.  
5 She has also not had timely and effective medication monitoring and administration,  
6 resulting in frequent stretches of time where her anticoagulation levels are too low  
7 or too high, placing her at risk for further complications. Ms. Patterson has  
8 exhausted her administrative remedies.

9       **9.** Plaintiff Stanley Kujansky<sup>1</sup> is a prisoner in the Riverside jails in  
10 custody of Defendant Riverside County. He has been subjected to substandard care  
11 while in Defendant's custody, with inadequate medication administration and  
12 treatment of his blood pressure and multiple delays in the work-up and diagnosis of  
13 his chronic neck pain. As a result, he has suffered and continues to suffer  
14 unnecessary pain and Defendant's treatment has endangered his cardiovascular  
15 health. Mr. Kujansky has exhausted his administrative remedies.

16 **Defendant**

17       **10.** Defendant County of Riverside operates five jails -- the Robert Presley  
18 Detention Facility, the Smith Correctional Facility, the Indio Jail, the Southwest  
19 Detention Center, and the Blythe Jail -- that incarcerate nearly 4,000 prisoners. The  
20 County is responsible for providing a constitutional level of health care for those in  
21 its custody, including the funding, oversight, and corrective action to ensure  
22 adequate conditions.

23

24

25

---

26 <sup>1</sup> Due to a clerical error, Mr. Kujansky is referred to as Stanley Kwawsky or  
27 Kujawsky in the Riverside jail records.

28

1 **FACTUAL ALLEGATIONS**

2 **I. Riverside County exhibits systemic failures in the provision of basic**  
3 **health care to prisoners in its jails.**

4 **11.** Defendant, by policy and practice, maintains and runs a health care  
5 system that lacks basic elements necessary to provide constitutional care: it  
6 systematically fails to identify and diagnose serious conditions, to provide timely  
7 care, to administer appropriate medications, to employ adequate staff to meet  
8 prisoners' basic needs, to maintain records that allow informed treatment decisions,  
9 to establish legally required confidentiality, and to identify and correct its own  
10 failings.

11 **12.** Prisoners' access to health care is so inadequate at all the Riverside  
12 jails as to constitute deliberate indifference to their serious medical and mental  
13 health needs. Further, Defendant is deliberately indifferent to the fact that these  
14 systemic failures result in significant injury and a substantial risk of serious harm.

15 **A. Delays in and denial of access to care**

16 **13.** Defendant has a policy and practice of failing to provide timely access  
17 to necessary health care and is deliberately indifferent to the risk of harm and injury  
18 to prisoners that results from this systemic failure. Care is often delayed or denied  
19 entirely, causing unnecessary pain and suffering as well as physical injury to the  
20 patients. The two basic mechanisms to alert health care staff to prisoners' needs --  
21 intake screening and sick call -- are inadequate in both policy and practice.

22 **1. Intake screening**

23 **14.** Riverside's jail screening and intake process fails to adequately identify  
24 and treat the medical and mental health care problems of newly arriving prisoners.

25 **15.** Insufficient numbers of nursing staff are available to identify and  
26 evaluate medical conditions on intake, resulting in dangerous delays in treatment.  
27 Prisoners are rarely assessed for communicable diseases when they arrive at the  
28

1 jails, and medically high-risk prisoners do not have histories taken, physical  
2 assessments, or treatment plans.

3       **16.** Plaintiff Quinton Gray arrived at the Riverside jails with a chronic  
4 seizure disorder and high blood pressure. His initial intake form nonetheless has  
5 “no” marked for every question about health care needs, including those that should  
6 clearly be marked “yes.” Numerous other prisoners with longstanding chronic  
7 conditions have intake forms with the same deficiencies, demonstrating an  
8 inadequate intake screening process.

9       **17.** As a result, prisoners are placed at serious risk of harm. For example,  
10 one woman who regularly takes medication for her chronic severe high blood  
11 pressure entered the Riverside jails on September 9, 2011. She received no  
12 medication or, indeed, any recorded medical screening or attention until she suffered  
13 chest pain and hypertensive emergency nearly three weeks later. At that time, she  
14 was sent to the emergency room at Riverside County Regional Medical Center  
15 (RCRMC) and found to have blood pressure of 230/140 -- high enough to cause a  
16 stroke, vision loss, or a heart attack.

17       **18.** Another woman with multiple serious medical conditions, including  
18 hypothyroidism, diabetes, and a recent history of gastric bypass surgery, had no  
19 record of any of these crucial health factors on her booking form, in which every  
20 question regarding the presence of health care needs was marked “no.” Treatment  
21 for her serious chronic conditions was delayed, resulting in significant health risks.

22       **19.** Another patient who arrived in the Riverside jails with multiple  
23 longstanding chronic conditions -- a seizure disorder, asthma, psoriasis, and  
24 Hepatitis C -- had “no” marked for every question on his booking form regarding  
25 medical history. As a result, he did not receive all of his necessary medications for  
26 several weeks.

27  
28

1           **20.** Initial mental health screening at the jails is faulty because it is  
2 performed by untrained custody staff, a practice that Riverside Sheriff Stanley Sniff  
3 knows is inadequate and dangerous because, as he states, “correctional officers may  
4 not recognize hidden medical and/or mental health problems that could be best  
5 observed by a medical/mental health expert. This could result in delaying needed  
6 treatment.” Appropriate screening is particularly important since, according to the  
7 Sheriff, “the time period immediately following admission to a jail is the most  
8 dangerous time for an inmate, and over half of in-custody deaths occurred within  
9 one month of admissions, with 24% of deaths occurring within two days of  
10 admission.”

11           **21.** One man admitted to the Smith Jail had no recorded intake or screening  
12 at all. He was eventually placed in a suicide watch “safety cell” and given  
13 psychotropic medications (Zoloft and Trazodone). His medical records contain no  
14 diagnosis, medical administration records, review of symptoms, psychiatric history,  
15 social history, review of current medications, allergies, mental status examinations,  
16 vital signs, risk assessments or treatment goals.

17           **22.** Another prisoner’s intake note is extremely brief and illegible. It does  
18 not contain an adequate diagnosis, review of symptoms, social and psychiatric  
19 history, allergies, mental status examination, vital signs, risk assessment, or  
20 treatment goals. The patient was given multiple psychotropic medications,  
21 including antipsychotics, with no subsequent recorded clinical notes describing  
22 symptoms, ongoing examinations, or diagnoses. The inadequate screening and  
23 diagnostic process placed him at risk for dangerous unmonitored side effects,  
24 contraindicated medications, and untreated mental illness.

25           **23.** Another patient was prescribed Trazodone, Risperdal and Zoloft  
26 without any associated documentation indicating he was first assessed by a mental  
27 health professional and provided a treatment plan outlining a rationale for these  
28

1 medications. There was no documentation of informed consent, which in his case is  
2 particularly important since he had a pre-existing seizure disorder and type-II  
3 diabetes. Risperdal lowers the seizure threshold and can worsen type-II diabetes.  
4 On the day he was prescribed Risperdal, Trazodone and Zoloft, he submitted a  
5 health needs request stating he had a seizure in his cell. Risperdal should be  
6 attempted to be lowered or discontinued if patients are having uncontrolled seizures  
7 prior to starting or on the medication. There is no documentation of screening for  
8 active seizures prior to initiating Risperdal and no documentation addressing co-  
9 management of his seizure disorder and use of Risperdal with a neurology specialist.

10 **2. Sick call and access to care**

11 **24.** Even if their serious medical concerns are flagged at intake, patients are  
12 often unable to obtain care because the sick call system is inadequate. Outside  
13 monitors have repeatedly found the Riverside jails incapable of providing the daily  
14 sick call that state law requires. These conditions harm prisoners, who experience  
15 extreme difficulty in obtaining necessary medical and mental health appointments.  
16 In the absence of a functioning sick call system they must either obtain a court order  
17 from the criminal court or file repeated blue slips (health needs requests, or HNRs)  
18 and grievances. Plaintiff Quinton Gray has never seen a Riverside jail doctor  
19 without an order from the Superior Court for care. He has received three orders: in  
20 late 2011, in June 2012, and in September 2012. Plaintiff Stanley Kujansky  
21 similarly has had to obtain court orders to see a doctor in the Riverside jails.

22 **25.** Court orders, blue slips, and grievances regarding health care are  
23 routinely ignored. The County maintains an extensive computerized list of court-  
24 ordered appointments that notes how long the prisoners have been waiting; delays of  
25 one, two, or three months are common. One prisoner obtained a court order on  
26 November 21, 2011, that orders her “to see medical doctor within 48 hours to be  
27 evaluated for severe pain due to hernia on back. Court recommends medication  
28



1 treatment to control pain.” After waiting several weeks, the prisoner filed a  
2 grievance asking that the order be honored. The response, dated December 23,  
3 2011, acknowledged the court order and the month-long delay and stated that  
4 “nurses confirmed they are waiting for the doctor to show up to see the court  
5 orders.” Plaintiff Stanley Kujansky was prescribed pain medication without ever  
6 seeing a doctor in the jails; he received a court order on November 22, 2011, to see a  
7 doctor for his pain, but was not actually seen until January 25, 2012.

8 **26.** Some prisoners who request medical attention are told that doctors are  
9 only seeing patients with court orders for care.

10 **27.** Prisoners also file repeated blue slips without any result except a \$3  
11 charge exacted for each request. As a result, they are placed at serious risk of harm.  
12 For example, one patient filed numerous blue slips complaining of serious stomach  
13 pain but was never seen by a doctor. After three months of such complaints, he  
14 submitted a blue slip stating that he was vomiting blood, a symptom that can  
15 indicate an emergency leading to death and which is at minimum is concerning for  
16 gastric disease such as peptic ulcers or cancer. The patient should have seen a  
17 physician immediately, had his vital signs and blood counts checked, and possibly  
18 even have been referred to an emergency room or gastroenterologist for further  
19 evaluation. None of this was done. He was not even referred to see a doctor for  
20 another month.

21 **28.** Compounding the problem, prisoners often have extreme difficulty  
22 grieving inadequate access to care since they must request grievance forms from  
23 sheriffs’ deputies, who often refuse to provide them. Plaintiff Quinton Gray filed a  
24 grievance in September 2012 noting serious ongoing problems with access to  
25 medical and mental health care, and stating that he had to get a grievance form from  
26 “an outside agency” because of custody staff’s refusal to provide him with a form  
27 and their interference with access to adequate health care.

28

1           **29.** As a result of these policies and procedures, prisoners experience  
2 dangerous delays in access to both primary and specialty care.

3           **30.** One woman entered the Presley jail with Stage Four colon cancer in  
4 late July 2011. In early August, she was seen for abdominal pain, nausea and  
5 vomiting, similar to the colon cancer symptoms she had experienced on first  
6 diagnosis. Her outside medical records, obtained at that time by the County,  
7 documented chemotherapy in 2009 for colon and ovarian cancer and a recent CT  
8 scan showing possible recurrence. With these strong indicators that her cancer had  
9 returned, she should have received a colonoscopy and referral to an oncologist  
10 within a very few weeks. Although both referrals were made on August 3, neither  
11 was completed by the time she was released from custody in December 2011. For  
12 more than four months, County medical providers demonstrated gross incompetence  
13 and negligence, with unexplained delays, apparently lost referrals, and a botched  
14 attempt at a colonoscopy, for which she was not given a basic bowel preparatory  
15 procedure – an elementary mistake. Throughout this time, the patient repeatedly  
16 complained of abdominal pain and rectal and vaginal pressure. The lack of care for  
17 her malignancy possibly allowed it to progress to a point where she was no longer a  
18 candidate for further treatment, shortening her life expectancy. The inadequate  
19 treatment for her symptoms forced her to endure unnecessary pain and suffering.

20           **31.** Another woman with a breast tumor suffered significant delays in care:  
21 she was denied timely appointments with a physician; multiple specialty  
22 appointments were not scheduled or were skipped, despite physician referrals; and  
23 she was frequently not notified of important test results such as biopsies, when  
24 standard practice is to notify patients of results within one to two weeks. Nearly  
25 every time her complaints were addressed by medical staff was in response to a  
26 court order. Her tumor was found to be benign; had it been malignant, these  
27 cumulative delays could have been life-threatening. Although she received some  
28

1 medications to treat her ovarian cyst-related pain, she continued to have pain and  
2 physicians failed to order a repeat vaginal ultrasound or refer her to gynecology for  
3 further evaluation and management, as the standard of care requires.

4       **32.** Plaintiff Angela Patterson arrived at the Riverside jails following  
5 surgery to place a temporary filter in a major blood vessel supplying her heart. She  
6 was discharged directly from the RCRMC hospital to the jail. Despite the fact that  
7 such filters should be removed within three months, there was no acknowledgment  
8 of the existence of the filter in her jail medical records for over a month. Ms.  
9 Patterson then endured many months of delays, cancellations, and scheduling mix-  
10 ups in specialty care, as well as repeated medication administration failures. For  
11 nearly six months, medical staff documented confusion over whether the IVC filter  
12 was temporary or permanent; they did not resolve the matter until March 2010, nine  
13 months after the filter was placed in her body. She was not seen in surgery until  
14 June 25, 2010, at which point it was discovered that the filter could not be safely  
15 removed because of the accumulation of scar tissue.

16       **33.** Following the surgery, a Riverside jail doctor discontinued Ms.  
17 Patterson's anticoagulation medication because of "filter removal," despite the fact  
18 that it was still in her body and there was a note in her medical records from two  
19 days earlier reporting that the filter had not been removed. In August 2010, she was  
20 placed on life-long anticoagulation therapy. Anticoagulation therapy has significant  
21 risks, including the risk of fatal bleeds, and requires daily medication and frequent  
22 laboratory monitoring -- a weighty burden, particularly for Ms. Patterson, who is 26  
23 years old. If physicians had appropriately obtained and reviewed her records and  
24 made efforts to refer her for IVC filter removal in a timely fashion (within a few  
25 months of placement), it is likely that the filter could have been removed and Ms.  
26 Patterson would need no further anticoagulant therapy, with all the risks that entails.

1           **34.** A patient with chronic high blood pressure was inadequately screened  
2 on intake, as described above, which resulted in an emergency room visit and  
3 dangerously high blood pressure. Subsequent months in custody saw no  
4 improvement in her care, as Riverside County medical staff failed utterly to monitor  
5 her chronic condition. Her care was repeatedly delayed, prescribed medications  
6 repeatedly not offered, and the sub-par care led to multiple episodes of uncontrolled  
7 hypertension and preventable emergency room visits.

8           **35.** A patient experiencing uncontrolled seizures and multiple emergency  
9 room visits was not given a neurology referral for more than three months after his  
10 arrival in the Riverside jails. After the referral was made, he waited for two more  
11 months to actually see a neurologist, although he was having seizures two to three  
12 times per week, often sustaining head trauma and other injuries, and although  
13 managing his condition was clearly beyond the scope of a general medicine  
14 practitioner. The neurologist recommended an EEG, which was never performed.  
15 The patient continued to have uncontrolled seizures and emergency room visits; he  
16 had another neurologist appointment two months later, at which point the EEG was  
17 re-ordered. The patient was never referred to an epilepsy specialist, despite the clear  
18 indication that his medication regime was ineffective and such a consultation was  
19 needed. Continued, untreated generalized seizures place patients at high risk for  
20 immediate injury (such as he repeatedly sustained) as well as worsening long-term  
21 cognitive impairment, decreased function, and diminished quality of life.

22           **36.** Another patient arrived in jail with a lap-band that had been surgically  
23 inserted into his stomach for weight loss. He soon began to demonstrate symptoms  
24 of a esophageal obstruction (a known complication of such surgery), including  
25 significant weight loss, nausea, vomiting, and extreme hunger. Despite numerous  
26 requests for help, he experienced unnecessary delays in diagnosis and treatment and  
27 failure to respond to his multiple health complaints. For example, after two  
28

1 episodes of loss of consciousness, a documented 17-pound weight loss in 30 days,  
2 complaints of inability to tolerate any food or liquid intake, and a blood pressure of  
3 90/60, he was merely referred for a medical appointment more than a week in the  
4 future. The delays in diagnosis of his obstruction put him at risk for serious health  
5 complications due to rapid weight loss and deprivation of essential nutrients.

6 **37.** Access to mental health care is no better. Defendant's deficient system  
7 forces mentally ill prisoners to wait weeks or months for mental health assessment  
8 and evaluation by clinical staff, during which time they are denied essential  
9 psychotropic medications and other treatment. The Sheriff admitted this problem in  
10 July 2011, acknowledging that "such delays may impact an inmate's mental  
11 stability." As with medical care, many mental health patients must file repeated  
12 blue slips or grievances to get seen; others are only seen by clinicians after the  
13 judges in their criminal cases have ordered care. Patients experience a range of  
14 symptoms, from auditory hallucinations to severe depression, while enduring these  
15 lengthy delays.

16 **38.** Patients with serious dental care needs suffer from the same pattern and  
17 practice of injurious delays. Patients in severe pain wait for months to see a dentist  
18 and face significant pain and suffering as a result. For example, one patient with  
19 only two functioning teeth lost more than 20 pounds in the six months he has been  
20 incarcerated because he is unable to eat much of the food he is served and he cannot  
21 afford to buy his own. He has submitted blue slips to see a dentist to get dentures  
22 without success.

23 **39.** Another patient experienced serious delays in care: her complaints of  
24 tooth pain were first documented in her health records in December 2011. On  
25 March 17, 2012, a progress note in her file simply reads "Back upper Rt tooth broke  
26 and gum swollen." This one-line progress note, with no medical history, duration of  
27 symptoms, or full exam, is inconsistent with accepted medical standards of care. In  
28

1 addition, the patient was prescribed penicillin and motrin for her symptoms without  
2 any mention of a dental referral or evaluation.

3 **40.** Another patient filed a request complaining of a broken tooth and  
4 requesting a dental referral on September 21, 2011. He submitted a repeat request a  
5 month later also requesting a dental referral. He was not seen for these complaints  
6 until November 1, 2011, at which time medical staff noted that he had decayed teeth  
7 and referred him to dental staff without any mention of his ability to eat or whether  
8 the tooth looked infected. In the many months he has been waiting, he has  
9 experienced intermittent severe pain in his teeth that makes him unable to eat  
10 several times a week.

11 **3. Specialty referrals**

12 **41.** The Riverside jails lack adequate policies and procedures to provide  
13 patients with needed referrals for specialty medical consultations and procedures.  
14 For example, a patient with colon cancer was referred for a colonoscopy and to an  
15 oncologist on August 3, 2011, but neither was completed by the time she was  
16 released from custody in December 2011. Given that her cancer was Stage IV, she  
17 should have been seen in a very few weeks.

18 **42.** As discussed above, Plaintiff Angela Patterson experienced numerous  
19 delays and cancellations in specialty referrals, which likely led to build-up of scar  
20 tissue on a temporary filter in a blood vessel near her heart. As a result, she will live  
21 the rest of her life with this filter in her chest and suffer a lifetime of serious  
22 anticoagulation medication with related health risks and the burden of frequent  
23 monitoring.

24 **43.** Another man with uncontrolled seizures and multiple emergency room  
25 visits was not given a neurology referral for more than three months after his arrival  
26 in the Riverside jails. After the referral was made, he waited for two more months  
27  
28

1 to actually see a neurologist, although he was having seizures two to three times per  
2 week.

3 **44.** A man who had experienced severe recent head injuries was ordered an  
4 ENT consultation by a Riverside jail doctor but it did not take place and had to be  
5 re-ordered one month later. When the ENT consultation finally took place, he was  
6 not sent with his crucial records and the appointment was of limited use. He was  
7 referred for surgery on September 30, 2011, but did not receive it, and despite  
8 repeated complaints of pain and two more court orders for care, he was not seen  
9 again until November 8, 2011, when the surgery was re-ordered "ASAP."

10 **45.** A patient with multiple chronic conditions -- a seizure disorder, asthma,  
11 psoriasis, and Hepatitis C -- experienced multiple delays in obtaining timely  
12 referrals, even after ordered by physicians, as well as follow-up, resulting in sub-  
13 standard care.

14 **4. Denials of care**

15 **46.** Some prisoners face outright denials of basic and necessary medical  
16 care. Plaintiff Quinton Gray was prescribed Dilantin on his arrival at the jail, but  
17 even after two emergency room readings taken over the next few days showed that  
18 the Dilantin level in his blood was far below the therapeutic level, jail medical staff  
19 did nothing for well over a year.

20 **47.** A prisoner with thyroid disease was denied medication for nearly three  
21 months. Although her initial screening form missed the condition, it was noted  
22 repeatedly on her charts for several months by medical staff before she was finally  
23 prescribed medication. Missed doses of thyroid medication for a prolonged period  
24 put patients at risk for severe fatigue, slow heart rates, weight gain, constipation,  
25 hair loss, edema, and eventually coma. The same patient also has a history of  
26 gastric bypass surgery; the jail doctor refused her any dietary supplements to ensure  
27 proper nutrition throughout her jail stay, despite repeated requests. Patients are at

28

1 risk for malnutrition following bypass surgery and require life-long vitamin  
2 supplementation. In addition, no tests were ordered to assess any nutritional  
3 deficiencies, another violation of the standard of care.

4       **48.** Another prisoner fell and hurt his back at Presley in November 2010  
5 and again in March 2011. He was provided inadequate neurologic exams after his  
6 falls, several-month delays for scheduling of x-rays and consultations (even when  
7 ordered “as soon as possible”), and inadequate trial of physical therapy; his back  
8 pain went essentially untreated. Two clinic appointments were cancelled due to  
9 “too many ad-segs” and one was cancelled because a wheelchair van was not  
10 available.

11       **B. Substandard medication management and administration**

12       **49.** Reliable and systematic medication delivery is an essential element to a  
13 constitutional health care system. Defendant has a policy and practice of failing to  
14 prescribe, provide, and properly manage medication, and of providing incorrect,  
15 interrupted, or incomplete dosages. As a result, prisoners with serious health care  
16 conditions are placed at substantial risk of harm and are in fact harmed.

17       **50.** Many patients are provided substandard care because there is  
18 inadequate staff to distribute medications. (Staffing deficiencies are described in  
19 more detail in the following section.) Medication deliveries are often skipped  
20 entirely, leaving patients without essential treatment. Plaintiffs Quinton Gray,  
21 Angela Patterson, and Stanley Kujansky have experienced numerous skipped  
22 medication dosages at various Riverside jail facilities, placing Mr. Gray at serious  
23 risk for heart attack, stroke, and seizures; exposing Ms. Patterson to an increased  
24 risk of recurrent thrombus; and endangering Mr. Kujansky’s cardiovascular health.

25       **51.** Other prisoners face the same problems. One patient who is prescribed  
26 medications for his chronic high blood pressure has experienced a dangerous  
27 number of missed doses: for example, in April 2011 he was not given nine doses of  
28



1 both of his medications, and in September 2011 staff did not administer 14 doses of  
2 one and eight doses of the other medication. Another patient who has been  
3 prescribed medications for his diabetes has experienced numerous missed  
4 medication doses – 21 missed doses in one month alone.

5 **52.** In practice, medication distribution in the jails takes place only once or  
6 at most twice daily, leaving patients who require multiple daily dosages, or bedtime  
7 delivery, unserved. Since the Smith facility is so large, nurses start evening pill call  
8 at approximately 2 p.m. to allow them to deliver medications throughout the  
9 institution. This includes sleep medications: some patients receive their pills in the  
10 middle of the afternoon and fall asleep within a few hours. Pill call is erratic for  
11 many prisoners, and evening pills might arrive any time from 3 to 10 p.m., if at all,  
12 which is particularly dangerous for diabetics, many of whom must receive  
13 medications at regular intervals, coordinated with meal times. Plaintiff Angela  
14 Patterson has had her medications switched by jail staff from morning to evening,  
15 despite the fact that the medication should be taken at the same time daily, likely  
16 affecting her treatment stability.

17 **53.** Defendant's policy and practice is to require patients to alert staff when  
18 their medications run out. As a result, some prisoners' prescriptions are not  
19 renewed until they file multiple health care requests or grievances, resulting in  
20 significant treatment interruptions with resulting, predictable harm to the patients.  
21 For example, a patient at Southwest Detention Center has experienced several one-  
22 month gaps between refills of his psychiatric medications, including Paxil. Paxil  
23 has a well-documented discontinuation syndrome: the lengthy lapses in medication  
24 delivery place him at serious risk for severe discontinuation symptoms including  
25 flu-like symptoms, nausea, vomiting, and headaches. A Presley patient prescribed  
26 pain medications for his severe back pain is frequently deprived of the medications  
27  
28

1 when the prescriptions run out and refills are not provided; doctors also renew his  
2 medications without assessing their efficacy.

3 **54.** Another man held in the Presley facility experienced significant lapses,  
4 without explanation, in receiving medication for his bipolar disorder: his Zoloft was  
5 not renewed for nearly one month, and his Topomax was not renewed for nearly  
6 three months. Further, neither medication was appropriately titrated on being  
7 restarted. Sudden discontinuation of these medications can cause manic episodes  
8 and seizures as well as physical symptoms such as nausea, vomiting, and headaches;  
9 sudden resumption after a significant gap in time can also cause damaging side  
10 effects. The patient in fact experienced depression and severe mood swings due to  
11 the medication mismanagement.

12 **55.** Plaintiff Stanley Kujansky has been denied medications on the days he  
13 goes to court for hearings in his criminal case as well as on the days he goes to see  
14 outside specialists for medical care. These deprivations are pursuant to policy and  
15 practice: numerous other prisoners are denied medications altogether when they  
16 attend court hearings or are transported to outside appointments. Some prisoners  
17 regularly miss medications in the morning because they are asleep and staff  
18 routinely fail to announce medication delivery effectively.

19 **56.** Riverside also has a policy and practice of failing to monitor the effects  
20 of medication to determine whether dosages are correct or medications should be  
21 changed. Plaintiffs Quinton Gray, Angela Patterson, and Stanley Kujansky have  
22 suffered from inadequately monitored medication regimens which have serious  
23 endangered their health and forced them to endure unnecessary pain and suffering.  
24 Their problems are typical of those experienced by medical and mental health  
25 patients in the Riverside jails. For example, one man with high blood pressure has  
26 been given two medications to treat his condition, but on occasion, without  
27 explanation, he has been abruptly discontinued from one of the medications. No  
28

1 monitoring of his condition is documented in his medical records, suggesting that  
2 either such documentation is missing or it was never charted -- either way, lack of  
3 proper documentation can be dangerous for patient care and signifies a concerning  
4 level of disorganization within the medical department.

5       **57.** The same patient's file lacks any progress notes documenting any  
6 blood pressure, history, physical exam or lab tests during the duration of treatment.  
7 In general, when starting or changing blood pressure regimens, patients' blood  
8 pressures should be checked to ensure that they are not over-medicated or given low  
9 blood pressure, which can be dangerous. In addition, without monitoring blood  
10 pressure, there is no way to know if the patient was actually adequately controlled --  
11 high blood pressure could put him at risk for strokes, brain bleeds and heart attacks.  
12 Further, because one of his medications can be associated with electrolyte  
13 abnormalities, the standard of care requires physicians to check basic blood tests for  
14 sodium, potassium and kidney function levels either prior to or shortly after starting  
15 such agents. None of this was done.

16       **58.** A diabetic man who entered the Riverside jails with an elevated blood  
17 sugar count was prescribed medications and ordered glucose checks twice daily for  
18 two weeks and then weekly thereafter, as well as various blood work. These orders  
19 were apparently ignored, however, along with two subsequent orders for weekly  
20 blood sugar checks: his health records show only two glucose checks over the next  
21 several months and no evidence that he ever had the blood work performed. This  
22 failure to monitor his condition placed him at serious risk of harm, particularly since  
23 one of the medications he was prescribed, Glipizide, can make patients  
24 hypoglycemic.

25       **59.** Psychotropic medications also are not monitored to determine whether  
26 they are effective or whether they cause severe side effects.

27  
28

1           **60.** Patients face serious consequences from the denial of appropriate  
2 medications. For example, one man experienced uncontrolled seizures resulting in  
3 serious injuries. His medication regimen was clearly ineffective, but he was merely  
4 prescribed increases in his existing medication, contrary to the standard of care. He  
5 continued to suffer from frequent seizures and resulting physical injuries.

6           **61.** Another patient fell in his cell and hurt his hand (he uses a cane due to  
7 leg injuries, but is only allowed it to ambulate longer distances). He was sent to the  
8 emergency room one day later with increasing pain in his hand. He was found to  
9 have suffered a fracture and prescribed Vicodin and Ibuprofen for the pain. He was  
10 never given these medications on his return to the jail, and suffered unnecessary  
11 pain as a result.

12           **62.** Medication lapses can be particularly devastating in the mental health  
13 realm. According to Sheriff Sniff, “continuity in delivery of mental health  
14 medications may affect the stability of an inmate’s mental health and is critical to  
15 inmate care.” More specifically, delays in administering psychotropic medications  
16 to mental health patients can result in serious harm. Such harm is occurring in the  
17 Riverside jails: prisoners experience frequent gaps in medication delivery, as the  
18 Sheriff has admitted. Sometimes psychotropic medications are not distributed at all  
19 in entire housing units, since nurses are simply overwhelmed. At other times,  
20 patients’ medications are abruptly changed with no examination and no explanation.  
21 These interruptions harm prisoners. Over many months in the Indio, Presley, and  
22 Smith jails, Plaintiff Quinton Gray had his powerful psychotropic medications either  
23 suddenly discontinued or multiple doses missed. Similarly, a patient at Smith had  
24 his psychotropic medications and dosages changed repeatedly over two years,  
25 including the abrupt and unexplained cessation of his antipsychotic medications. A  
26 Presley patient also had psychotropic medications abruptly started, stopped, and  
27 renewed over several years with little or no evaluation or assessment. This pattern  
28

1 and practice of medication mismanagement places these patients at serious risk for  
2 decompensation, untreated mental illness, and severe side effects.

3 **C. Severe staffing deficits**

4 **63.** Many of the deficits described herein stem from the inadequate health  
5 care staffing levels maintained by Defendant in the jails. There are simply not  
6 enough doctors, nurses, mental health providers, pharmacists, or medical records  
7 staff to meet the needs of the population.

8 **64.** Defendant's policy and practice of severely understaffing health care  
9 positions in the jails is long standing and has been repeatedly censured by the county  
10 Grand Jury. In 2010, the Grand Jury found that "[m]ental health staff is not  
11 available in any county jail facility in sufficient numbers to identify and treat in an  
12 individualized manner those treatable inmates suffering from serious mental  
13 disorders." The Grand Jury Report released on June 14, 2012, states the problem in  
14 clear terms:

15 In July, 2011, DMH was advised. . . that the medical/mental health  
16 staffing levels in county jails needed to be restored to 2007 levels, in  
17 order to be in compliance with [state law]. As of this writing, the  
18 Grand Jury learned through sworn testimony that during the eight  
19 months following the 2010-2011 Grand Jury report, DMH staffing  
20 levels were allowed to decrease even further.

21 **65.** Medical care is no better: according to the independent Inmate Medical  
22 Quality evaluators, invited by Sheriff Sniff to identify deficiencies in jail health  
23 care, "[t]he request for medical care exceeds the capability of the staff to meet the  
24 demands." The Detention Health Services administrator agreed, admitting that "the  
25 demand exceeds the resources available to provide the requested services."

26 **66.** Long-term medical vacancies are endemic, particularly given the  
27 competition with the higher salaries offered by the state prison system. For  
28

1 example, at the beginning of 2011, there were only three physicians for well over  
2 3,000 prisoners in the five jails. Two doctors subsequently resigned and for at least  
3 several months, there was not a single physician, physician assistant, or nurse  
4 practitioner working in the Riverside jails – only a “Chief of Medical Specialty”  
5 who rarely saw patients. Only two of the five full-time physician positions in the  
6 jails were filled as of May 31, 2012.

7 **67.** Other medical staffing is also deficient. As of May 2012, the county  
8 had multiple vacancies for nurses and nurse supervisors, and only 65 of 101 total  
9 Detention Health Services positions were filled. Further, according to the CSA,  
10 “there is no budget for overtime and no staff available to provide services in the  
11 event of illness, injury, or vacation.”

12 **68.** Defendant lacks the staff necessary to provide minimally adequate  
13 dental care. By the County’s own assessment, two full-time dentists and two full-  
14 time dental assistants are required to offer basic dental care to the nearly 4,000  
15 prisoners. As of May 2011, only one dentist and one dental assistant were working  
16 in the jails.

17 **69.** A patient at the Smith Jail with chronic high blood pressure filed a  
18 grievance complaining that although the doctor had ordered blood pressure checks  
19 every three days, he had only received them twice in the preceding 23 days. The  
20 grievance response from Senior Corporal Diaz confirms that the patient “is still not  
21 having his blood pressure checked. When he asked the nursing staff they stated they  
22 do not have the time.”

23 **D. Violations of patients’ confidentiality rights**

24 **70.** According to the Grand Jury, Riverside “has no confidential self-  
25 referral system by which inmates can request mental health care without revealing  
26 the nature of their request to correctional officers,” as required by federal and state  
27 law. *See* 45 C.F.R. §§ 164.500 *et seq.*; Cal. Civil Code §§ 56.10 *et seq.* Requests  
28

1 for medical care are also not confidential, since they too are delivered to medical  
2 staff by custody staff. Prisoners are directed to give blue slips requesting health  
3 care directly to custody staff; many believe that they must provide as much detail as  
4 possible about their health care needs in order to increase their chances to be seen.  
5 Many prisoners, including Plaintiffs Gray and Kujansky, also must file grievances in  
6 order to be seen by clinicians. To get grievance forms, they must persuade custody  
7 staff that their concerns are significant. The grievances are then heard by custody  
8 staff, who make the determination whether to involve health care staff.

9       **71.** Examination space at Southwest Detention Center is not confidential:  
10 patients can overhear other patients' examinations through an open door, as they  
11 wait in the hallway for their own treatment.

12       **E. Poor records administration**

13       **72.** Adequate health care cannot be provided in the absence of adequate  
14 health records: clinicians must know their patients' medical histories, past diagnoses  
15 and treatment, and for psychiatric patients, a history of suicidal thinking or attempts.

16       **73.** Riverside's medical records system is profoundly disorganized and  
17 incomplete. Some psychiatric patients have no diagnosis recorded, despite the  
18 prescription of psychotropic medications. Some patients are prescribed medications  
19 but lack any record of medication administration in their file, or any record that the  
20 effects of the medication were tracked and reviewed. All three Plaintiffs' health  
21 care records demonstrate Riverside's failures in this area.

22       **74.** It is not surprising that record-keeping is inadequate: as of December 6,  
23 2011, the entire medical records staff for five jails and well over three thousand  
24 prisoners was three medical records technicians and no medical clerks.

25       **75.** The record-keeping gaps impact patient care. One psychiatric patient  
26 had no legible diagnosis, review of symptoms, psychiatric history, mental status  
27 examination, or risk assessment. He was nonetheless prescribed antipsychotics with  
28

1 no reference to any ongoing mental status exams or data on symptoms, even when  
2 doses or medications are changed, as was done repeatedly over a two-year period.  
3 At one point, the patient's antipsychotics were stopped abruptly with no explanation  
4 in the records.

5       **76.** Another patient was placed in a safety cell on suicide watch with no  
6 recorded reason. The order to discontinue the watch is similarly bereft of any  
7 explanation as to why he is no longer a danger to himself, or any risk assessment.

8       **F. Inadequate quality assurance**

9       **77.** Not surprisingly, given the paucity of records and severe staffing  
10 shortages, Riverside officials lack the ability to identify and correct the problems  
11 described herein. Health care staff do not systematically correct identified  
12 deficiencies, and there is inadequate staff for oversight and review of care.

13 **II. Even If Prisoners See Health Care Providers, They Do Not Receive**  
14 **Constitutionally Adequate Medical or Mental Health Care**

15       **78.** As detailed in the previous section, Riverside's lack of the basic  
16 elements of a health care delivery system -- policies and procedures to ensure timely  
17 access to appropriate care, medication management, adequate staffing, patient  
18 confidentiality, medical records, and quality assurance -- harms Plaintiffs and  
19 members of the plaintiff class. Even when they are able to see health care providers,  
20 prisoners are by policy and practice denied adequate medical and mental health care  
21 in the Riverside jails: they experience gross treatment failures, inadequate  
22 examinations, and the failure to provide necessary specialty appointments and  
23 diagnostic tests.

24  
25       **A. Substandard medical care**

26       **79.** Plaintiffs Gray, Patterson, and Kujansky, on behalf of themselves, the  
27 plaintiff class, and the medical subclass, assert the following.

28



1           **80.** Prisoners – even those with serious medical conditions -- rarely see  
2 physicians, and health care records demonstrate a paucity of appropriate follow-up,  
3 monitoring, and specialty referrals, as well as improper care.

4           **81.** Plaintiff Quinton Gray has chronic high blood pressure that has been  
5 inadequately monitored and controlled by Riverside jail medical staff. He has  
6 experienced multiple elevated blood pressure measurements without any assessment  
7 of the efficacy of his medications and dosages. He has twice gone without blood  
8 pressure check for more than four months, despite his history of elevated readings  
9 and despite the fact that regular readings had been ordered by physicians. In  
10 addition, he is frequently not provided his medications at all, thus increasing his risk  
11 of poorly controlled blood pressure. Uncontrolled blood pressure can cause heart  
12 attacks, heart failure and strokes.

13           **82.** Mr. Gray's seizure disorder has also been inadequately treated. He was  
14 prescribed Dilantin on his arrival at the jail, but two emergency room readings taken  
15 over the next few days showed that the Dilantin level in his blood was far below the  
16 therapeutic level. Jail medical staff did nothing for well over a year, at which point  
17 a Dilantin level check was ordered, then re-ordered after it was not performed.  
18 Moreover, Mr. Gray is frequently not provided his Dilantin at all, placing him at  
19 serious risk for seizures, which he has experienced in the jails.

20           **83.** Plaintiff Angela Patterson has experienced significant and damaging  
21 sub-standard health care, as described above, which has likely caused her permanent  
22 injury.

23           **84.** Plaintiff Stanley Kujansky has chronic high blood pressure. Sub-  
24 standard care in the Riverside jails has endangered his cardiovascular health. First,  
25 multiple dosages of his blood pressure medication have not been administered as  
26 prescribed. In particular, he is denied medications on the days he appears in court as  
27 well as the days he has specialty care appointments in the Riverside county hospital,  
28

1 in part because there are no medical staff on duty at the Presley jail who could  
2 deliver the medications on his return, after 6 p.m. As a result of these missed  
3 dosages of blood pressure medication, Mr. Kujansky has suffered from abrupt and  
4 repeated fluctuation in blood pressure.

5 **85.** Mr. Kujansky has filed repeated grievances on this denial of  
6 medications, notably on June 15, 2012; July 15, 2012; and August 15, 2012. These  
7 grievances have either been granted or ignored, but the problem has not been solved.

8 **86.** Further, the blood pressure medication Mr. Kujansky has been  
9 prescribed in the jails -- Clonidine -- is usually a last-resort drug to control blood  
10 pressure since it can cause severe dizziness and low blood pressure and in particular  
11 can cause rebound tachycardia (an elevated heart rate) if doses are missed. It should  
12 not be prescribed unless a patient can take it consistently and reliably, which is  
13 clearly not the case in the Riverside jails, as medical staff should well know and as  
14 is amply demonstrated by the medication administration record showing repeated  
15 missed doses of his medications. Moreover, the frequent use of Ibuprofen, as  
16 prescribed to Mr. Kujansky, can also elevate blood pressure, which likely  
17 contributed to some of his high readings.

18 **87.** Other patients experience similarly inadequate and at times life-  
19 threatening medical care. For example, one patient arrived in the Riverside jails  
20 after having been assaulted with a crowbar just three weeks earlier. He had spent  
21 two of those weeks in the hospital and had undergone surgery to repair his jaw and  
22 implant hardware. Despite obvious facial injuries and blood noted in his ear on his  
23 arrival at the jail, he was not seen by a doctor for three weeks, and not until he  
24 received a court order for treatment. At that time, his severe recent head trauma was  
25 noted and the doctor ordered an ENT consultation. However, it did not take place,  
26 and the consultation had to be re-ordered one month later. Following a second  
27 court-ordered doctor's appointment, the patient's implanted hardware was found to

28

1 be coming out of his jaw. He was diagnosed in the emergency room with a  
2 fractured dental plate. He was again referred for an ENT consultation, which finally  
3 took place a week later. Because he was not sent with his crucial records, however,  
4 the appointment was of limited use. He was referred for surgery on September 30,  
5 2011, but did not receive it; despite repeated complaints of pain and two more court  
6 orders for care, he was not seen again until November 8, when the surgery was re-  
7 ordered "ASAP." Throughout, the patient was never seen except in response to a  
8 court order. Repeated warning signs – complaints of incontinence, evidence of  
9 memory loss and confusion – were ignored, and there are no documented attempts  
10 to determine whether he was experiencing brain trauma symptoms or displaying  
11 underlying dementia, psychiatric disease, or cognitive deficits. Had the patient  
12 been evaluated when he was first noted to have his injuries at the time of booking,  
13 with records requested sooner and a more timely evaluation and appointment in both  
14 the ENT clinic and the oral and maxillofacial surgery clinic, his serious  
15 complications could have been minimized and they certainly would have been  
16 treated earlier, likely reducing the unnecessary pain and suffering that he endured.

17 **88.** A patient at the Smith jail was seen by a nurse for ear pain on August 2,  
18 2011. The doctor did not examine him, but prescribed medication over the  
19 telephone. Five days later he was seen again by a nurse for worsening pain and  
20 redness of the ear; the doctor, again over the telephone, referred him to the  
21 emergency room at RCRMC. Following that visit, the same doctor prescribed  
22 antibiotics over the telephone, which he never received. Two weeks later, he had  
23 another emergency room visit and was again prescribed the same antibiotic by the  
24 same doctor by telephone. Three weeks after that, on September 15, the patient  
25 underwent tympanoplasty and mastoidectomy at RCRMC. On his return to the jail  
26 after the surgery, he was prescribed Vicodin and antibiotics over the telephone but  
27 never received them. On September 22, he reported blood coming from the ear but  
28

1 was only seen by the nurse and not a doctor; the doctor ordered medications over the  
2 telephone. He again reported bleeding on October 1 to the nurse but was not seen  
3 by a doctor. He was finally seen on October 5, 2011, by a specialist at RCRMC and  
4 was noted to have pus in his ear. Throughout the entire ordeal, he never once saw a  
5 doctor at the jail.

6       **89.** Another patient with a long history of seizures endured many months  
7 during which he was denied all seizure medications. Jail medical staff were aware  
8 of his seizure disorder on November 8, 2011, but despite multiple blue slips  
9 requesting care, he was not prescribed seizure medications until April 9, 2012. He  
10 suffered several seizures in custody which would likely have been prevented if he  
11 had been evaluated by a physician sooner and continued on his stable, home anti-  
12 seizure medication regimen.

13       **90.** Another patient was seen, pursuant to court order, for ovarian cyst-  
14 related pain. She was given some medication but continued to have pain. Jail  
15 physicians failed to order a repeat vaginal ultrasound or refer her to gynecology for  
16 further evaluation and management, as the standard of care requires.

17       **91.** Even when prisoners get to see the doctor, the examinations are often  
18 ludicrously inadequate. Patients at Presley are “examined” in the non-contact  
19 attorney visiting booth. However, instead of sitting on the well-lighted attorney side  
20 of the booth facing the patient behind glass, the doctor places himself outside of the  
21 booth, where the deputies ordinarily sit, visible only through a slot for passing  
22 documents. No meaningful physical examination is possible under such conditions.  
23 Without meaningful physical examinations, the standard of care cannot be met.

24  
25  
26  
27  
28

**B. Substandard mental health care**

1           **92.** Plaintiff Gray, on behalf of himself, the plaintiff class, and the mental  
2 health subclass, asserts the following.

3           **93.** Riverside County lacks an adequate system to provide a basic level of  
4 constitutional mental health care. In the absence of such a system, the County fails  
5 utterly to provide appropriate, informed diagnoses and treatment plans, ensure  
6 continuity of psychotropic medication, monitor prisoners prescribed such  
7 medication, make available medications that are effective in treating serious mental  
8 disorders, or provide necessary therapeutic treatment.

9           **94.** Many prisoners do not get the right medications, the right dosages, or  
10 appropriate ongoing care: the Grand Jury found that “[i]nmates with assessed  
11 moderate mental health problems such as neuroses, phobias, panic disorders, etc.,  
12 are not always offered appropriate mediation and counseling by qualified staff to get  
13 and maintain them in a stable condition.” As a result, they suffer severe side effects  
14 and decompensation.

15           **95.** Mentally ill prisoners are regularly started on powerful psychotropic  
16 medications with no record of any evaluation, diagnosis, or treatment plan. This  
17 practice is dangerous because it does not allow subsequent monitoring or review,  
18 and places patients at serious risk of harm through lack of treatment or inappropriate  
19 treatment for their mental illness.

20           **96.** Even prisoners prescribed appropriate medications face frequent  
21 disruptions in medication delivery, including abrupt cessation and missed pill  
22 deliveries, which cause serious suffering for these mentally ill patients, as described  
23 in more detail in the prior section on medication administration.

24           **97.** No tracking is done of patients’ symptoms and any reaction they might  
25 have to the medication, except for a cursory, non-confidential questioning at their  
26 cell doors. The monitoring of vital signs such as weight, cholesterol, and glucose  
27  
28

1 levels, which is essential to ensure the patients are not suffering adverse effects from  
2 psychotropic drugs, is absent. Dosages are changed abruptly, with no explanation.

3 **98.** On arrival in the Riverside jails, Plaintiff Quinton Gray was prescribed  
4 several powerful psychotropic medications with no evaluation, diagnosis, or  
5 assessment by a mental health professional, and no baseline laboratory test to  
6 monitor known risky side effects of the medications.

7 **99.** One of his medications, Geodon, must be taken with food or much of it  
8 is not absorbed. Mr. Gray was not ordered to be given his Geodon with food, which  
9 placed him at risk for varying blood levels and varying side effects and efficacy. He  
10 was also started on the maximum dose, which increases the risk of severe side  
11 effects such as acute muscle stiffness and tremors. Several months later, Mr. Gray's  
12 medications were discontinued suddenly without appropriate taper of maximum  
13 dose of Geodon, which placed him at risk for rebound tardive dyskinesia, seizures,  
14 discontinuation syndrome (flu-like illness) and decompensation of psychiatric  
15 symptoms (paranoia, hallucinations, and thought disorganization).

16 **100.** Months later, Mr. Gray was started on a second antipsychotic while  
17 also on Geodon, despite the lack of clinical evidence that treating schizophrenic  
18 patients with two antipsychotics provides better efficacy or treatment outcomes, and  
19 despite the increased risk of side effects and drug-drug interactions. When  
20 prescribed together, Mr. Gray's two medications increase the risk of tardive  
21 dyskinesia (such as tongue-biting), acute muscle stiffness and tremors, and cardiac  
22 events (arrhythmias). Both medications also lower the seizure threshold and when  
23 given together in a patient with a history of seizure disorder, could cause increased  
24 seizure events.

25 **101.** In July 2012, Mr. Gray was started on Benadryl and Cogentin at the  
26 same time, with no documented explanation in his health care records. There is  
27  
28

1 never a need to treat a patient with both of these medications at the same time, and  
2 they have multiple side effects including constipation and delirium.

3 **102.** Multiple doses of Mr. Grey's medications have not been administered  
4 to him during his stay in the jails. Missed doses can alter blood levels in a way that  
5 increases side effects (including worsening of tardive dyskinesia), variably changes  
6 seizure thresholds and can cause decompensation of psychiatric symptoms.

7 **103.** As a result of Defendant's failed mental health delivery system, Mr.  
8 Gray has in fact experienced twitching, tongue-biting, increased seizures and tongue  
9 swelling, all predictable side effects from taking near maximum dose of these two  
10 antipsychotic medications. He lives with racing thoughts, disorientation,  
11 depression, and chronic sleep loss. He has not been appropriately monitored or  
12 treated for these damaging side effects and signs of the inefficacy of his medication  
13 regimen.

14 **104.** These failures are typical of the policies and practices that produce  
15 substandard mental health care generally for patients in the Riverside jails. For  
16 example, one Southwest Detention Center patient has no noted psychiatric/mental  
17 health progress notes in his chart to indicate he was ever evaluated by a medical  
18 doctor regarding his psychiatric condition, treatment plan or consent to medication  
19 changes. He was maintained on Paxil, an antidepressant with an extremely short-  
20 half life that can lead to a severe discontinuation syndrome if the dose is missed  
21 even for 24 hours. He has experienced multiple incidences of missing days of  
22 medications as well as not having his medications renewed for one month periods,  
23 placing him at risk for severe discontinuation symptoms as well as decompensation.  
24 There are no medication monitoring standards set in place, particularly to monitor  
25 for weight gain on Paxil. His medications were repeatedly renewed without  
26 evidence of evaluation.

27  
28

1           **105.** Another patient housed in Presley was started on multiple  
2 antipsychotic, anti-depressant, and bipolar disorder medications without any record  
3 of an appropriate assessment of her mental illness, the indications for the  
4 medications, or informed consent. Most notes by the clinician in her file are  
5 illegible and they contain no assessment or plan regarding her treatment. Multiple  
6 times her medications were renewed, stopped, started or changed without any  
7 documentation or assessment: in particular, her medications were renewed  
8 repeatedly for more than two years without any indication of ever being evaluated  
9 by a medical doctor; during this period two new medications were started without a  
10 medical evaluation or documentation of informed consent; and once her medications  
11 were not renewed for an entire month. Sudden discontinuation of medications puts  
12 patients at risk for severe side effects and decompensation of psychiatric illnesses.  
13 She was also started on multiple medications at high doses without appropriate  
14 titration, resulting in severe side effects, and subjected to the abrupt discontinuation  
15 of medications that might have been helpful for her symptoms. Further, she was  
16 placed on safety-cell observation but was never evaluated by a medical doctor  
17 despite this being a psychiatric emergency.

18           **106.** Another Presley patient was prescribed multiple psychotropic  
19 medications with no documentation of ever being evaluated by a mental health  
20 professional for ongoing psychiatric care. This is of particular concern in her case,  
21 since two of her medications are relatively contraindicated and should have had  
22 clear documented psychiatric necessity for concomitant use including special  
23 monitoring for side effects.

24           **107.** Further, the patient was started and stopped on multiple medications  
25 and had doses changed without any documentation of evaluation for efficacy, side  
26 effects or informed consent. Such reviews were essential for this patient, since she  
27 was placed on Thioridazine, a drug used to treat psychosis, anxiety and insomnia,  
28



1 that with long-term use can cause tardive dyskinesia, a highly distressing and  
2 uncomfortable phenomenon consisting of involuntary movements. There is no  
3 documentation she was ever evaluated for such side effects.

4 **108.** In addition, she had significant periods of not receiving her medications  
5 as well as frequent missed delivery of individual doses, placing her at risk for  
6 discontinuation syndrome including intense anxiety, flu-like symptoms, headache,  
7 nausea/vomiting, and paresthesias as well as rapid decompensation of mental illness.  
8 Moreover, despite missing significant periods of medications, the medications were  
9 suddenly restarted or given again at their regular doses rather than appropriately re-  
10 titrated. One of her medications, Lamotrigine, can result in a life-threatening rash if  
11 it is suddenly started after stopping it for several days, as happened in her case.  
12 Sudden starting of Paroxetine, another of her medications, can lead to severe gastro-  
13 intestinal upset, sedation and anxiety.

14 **109.** A patient at Smith was started on numerous psychotropic medications  
15 without any documentation he was evaluated by a mental health professional, given  
16 informed consent prior to initiation, or monitored for efficacy or side effects. He  
17 experienced significant lapses in medication administration, placing him at risk for  
18 discontinuation syndrome associated with his medications, including severe  
19 headache, nausea, vomiting, flu-like symptoms, agitation and anxiety.

20 **110.** One reason for this inadequate care might be the abysmally poor  
21 communication with clinical staff that some prisoners experience. For example, one  
22 Smith prisoner described his interview as taking place in a non-contact attorney  
23 visiting booth, with glass separating doctor from patient. He answered some  
24 questions from the psychiatrist, who then held up a piece of paper on which he  
25 wrote words such as “mood swings” and “voices.” The patient nodded in response.  
26 No history was taken – he is a disabled veteran with severe anxiety and PTSD – and  
27 there was no discussion of medication side effects. The entire session lasted 15-20  
28

1 minutes. The psychiatrist then briefly held up a piece of paper with information  
2 about medications, but the patient did not have a chance to read it. The psychiatrist  
3 handed the paper to a deputy, who gave it to the patient and rushed him to sign it.  
4 When the patient asked, “can I read it?” the deputy responded: “just sign it.” The  
5 patient did not find out the names of the medications he was prescribed for three  
6 days after he started taking them. For the first two days, when he asked the nurses  
7 the names of the pills, they would respond but he could not understand. When he  
8 requested clarification, they would say “next person” and rush him through.

9       **111.** Another prisoner arrived at the Smith jail with a list of her prescribed  
10 psychotropic medications, which was placed in her property. She waited two weeks  
11 to see a psychiatrist, but could not recall for him which medications she had taken  
12 and did not have the list to consult. He told her he would prescribe medications and  
13 when she asked for her diagnosis, and he responded “That is not important right  
14 now, just go ahead and take your medications.” A week later, the pills arrived and  
15 she took them without knowing what they were. Within three days, she experienced  
16 a severe reduction in her ability to function and could not walk unassisted. She  
17 stopped taking the pills. A week later, her mother spoke to a sergeant and told him  
18 that the medication list should be retrieved from her property. He assured her it  
19 would be done and the proper pills would be dispensed. The following day, new  
20 pills arrived, which again made her feel “woozy” and “dizzy.” She again stopped  
21 taking them.

22       **112.** A crucial element of an adequate mental health care delivery system is  
23 an appropriate means to assess and monitor patients who exhibit or contemplate  
24 self-harming behavior. Here, too, Riverside’s practices fall far short of acceptable  
25 mental health care procedures. Prisoners believed to be suicidal or self-harming are  
26 placed in a barren cell with only a rough smock to wear and a hole in the ground to  
27 relieve themselves. The so-called “safety cells” are often filthy and stink of the  
28

1 urine and feces that is visible on the walls and floor. Patients are left in the cells for  
2 many days, with inadequate monitoring or supervision, under lights that are never  
3 turned off. Plaintiff Quinton Gray was forced to endure these conditions for 48  
4 hours simply because he told custody staff on entering the jail that he needed  
5 psychiatric medications. Another man was placed in a safety cell and removed more  
6 than a day later with no risk assessment, explanation, or criteria for removal – a  
7 gross departure from the standard of care.

8  
9 **III. Defendant has known for years of the significant risk of harm from its**  
10 **inadequate jail health care system and has failed to take reasonable steps**  
11 **to mitigate the risk to prisoners**

12 **113.** Defendant Riverside County has for many years woefully underfunded  
13 detention health care. The lack of infrastructure and staff to deliver life-saving care  
14 has resulted, as Sheriff Stanley Sniff has told the Board of Supervisors, in a “crisis  
15 in the jail system.”

16 **114.** The County’s own Grand Jury as well as several independent auditors  
17 have come to the same conclusion: dangerous deficits in health care services at the  
18 jails threaten the lives and health of the thousands of men and women they hold.

19 **115.** The severe deficiencies in health care services in Riverside’s jails are  
20 thus well established by admissions from Sheriff Sniff and reports from state and  
21 county watchdogs and independent auditors. Defendant has long been aware of the  
22 harm its deficient system causes to patients with serious health care needs through  
23 these reports as well as numerous grievances and health needs requests from  
24 prisoners. Defendant’s failure to take action to ameliorate the conditions constitutes  
25 deliberate indifference to Plaintiffs’ serious health care needs.

26 **116.** Several 2011 reports documented extensive health care violations in the  
27 jails. The 2010-11 Grand Jury Report: Riverside County Detention Health Care  
28 Administration found systemic failures in treatment, medication management,

1 record-keeping, and administration of forced medications, among other areas. On  
2 July 5, 2011, the Sheriff responded that he “generally concurs with the findings of  
3 the Grand Jury and has been outspoken on the need to remedy these issues over the  
4 last two years.”

5 **117.** The Grand Jury’s report on mental health care deficiencies, 2010-11  
6 Grand Jury Report: Mental Health Detention Services, noted serious health care  
7 staffing deficiencies. Again, the Sheriff agreed with this assessment. The Grand  
8 Jury released an updated report in June 2012, noting that mental health staffing has  
9 in fact decreased since its prior year’s report.

10 **118.** The Sheriff invited the state’s Corrections Standards Authority (CSA),  
11 a body with statutory duty to regularly inspect county facilities, to perform an  
12 additional inspection in January 2011. The CSA found numerous violations of state  
13 law, including a widespread failure to provide daily sick call and insufficient  
14 oversight of prisoners on suicide watch. They also found serious deficits in  
15 medication administration: missed pill calls, night-time medications administered  
16 between 4 and 6 p.m., and prisoners going to court denied medications entirely.

17 **119.** At the CSA’s recommendation, Sheriff Sniff contracted with the  
18 independent Inmate Medical Quality (IMQ) to identify deficits and make  
19 recommendations. IMQ performed their evaluation May 2-5, 2011, and reported  
20 significant and potentially harmful systemic deficiencies in staffing, screening, sick  
21 call, quality assurance, medical records, management of communicable diseases,  
22 medication management, and use of restraints and safety cells for suicidal or self-  
23 harming prisoners. As with both of the Grand Jury reports, the Sheriff accepted  
24 these findings as requiring immediate and drastic attention.

25 **120.** The health care deficiencies in the Riverside jails, and Defendant’s  
26 awareness of them, predate the 2011 reports and stem in part from years of drastic  
27 cost-cutting measures. As Sheriff Sniff has explained, the County made “deep cuts  
28

1 to medical personnel staffing levels” in fiscal year 2008-09, which “unacceptably  
2 impacted the delivery of medical services. . . and other jail operations.” Instead of  
3 correcting the problem, the County made another 20% reduction in medical and  
4 mental health care staff as of July 1, 2010.

5 **121.** On January 12, 2012, Plaintiffs’ counsel sent Defendant officials a  
6 sixteen-page letter detailing the systemic problems set forth in this Complaint.  
7 Defendant did not make any substantive response to the specific concerns described  
8 in the letter.

9 **122.** The County’s systemic failures, as outlined in this Complaint, in  
10 Plaintiffs’ January 2012 letter, and in the numerous reports of independent auditors,  
11 result in significant injury and the unnecessary and wanton infliction of pain in  
12 violation of the Eighth and Fourteenth Amendments. The injuries, as described  
13 above, include drastically inadequate cancer treatment that may have significantly  
14 decreased one patient’s life expectancy; severe and unnecessary pain;  
15 unconstitutional conditions on suicide watch; exacerbated mental illness from  
16 failure to provide appropriate screening and medications; and severe reactions from  
17 inadequate and frequently interrupted medication delivery.

18 **CLASS ACTION ALLEGATIONS**

19 **Plaintiff class**

20 **123.** Plaintiffs bring this action on their own behalf and, pursuant to Rule  
21 23(a), b(1), and (b)(2) of the Federal Rules of Civil Procedure, on behalf of all adult  
22 men and women who are now, or will be in the future, in the custody of Riverside  
23 County and who are now, or will be in the future, subject to an unreasonable risk of  
24 harm due to Defendant’s policies and practices of denying prisoners minimally  
25 adequate medical care and minimally adequate mental health care.

26 **124.** The class is so numerous that joinder of all members is impracticable.  
27 There are currently nearly 4,000 people incarcerated in the five Riverside jails, all of  
28

1 whom are entirely dependent on Defendant for medical and mental health care. All  
2 prisoners are at risk of developing serious medical and mental health conditions  
3 while in the Riverside jails. Due to Defendant's policies and practices, all Riverside  
4 jail prisoners receive or are at risk of receiving inadequate health care while in the  
5 Riverside jails.

6 **125.** There are questions of law and fact common to the class including  
7 whether the failure to provide minimally adequate medical and mental health care  
8 violates the Due Process Clause of the Fourteenth Amendment and the Cruel and  
9 Unusual Punishment Clause of the Eighth Amendment to the United States  
10 Constitution and whether Defendant has been deliberately indifferent to the serious  
11 health care needs of class members. Defendant is expected to raise common  
12 defenses to these claims.

13 **126.** Since there are several thousand class members, separate actions by  
14 individuals would in all likelihood result in inconsistent and varying decisions,  
15 which in turn would result in conflicting and incompatible standards of conduct for  
16 the defendants.

17 **127.** Defendant has acted and failed to act on grounds that apply generally to  
18 the class, so that final injunctive or corresponding declaratory relief is appropriate  
19 respecting the class as a whole.

20 **128.** The claims of the named Plaintiffs are typical of the claims of the class  
21 and subclasses, since their claims arise from the same policies, practices, and  
22 courses of conduct and their claims are based on the same theory of law as the  
23 class's claims.

24 **129.** The named Plaintiffs, through counsel, will fairly and adequately  
25 protect the interests of the class. Plaintiffs do not have any interests antagonistic to  
26 the plaintiff class. Plaintiffs, as well as the Plaintiff class members, seek to enjoin  
27 the unlawful acts and omissions of Defendant. Further, Plaintiffs are represented by  
28

1 counsel experienced in civil rights litigation, prisoners' rights litigation, and  
2 complex class action litigation.

3 **Medical Subclass**

4 **130.** Plaintiffs Gray, Patterson, and Kujansky bring this action on their own  
5 behalf and, pursuant to Rule 23(a), b(1), and (b)(2) of the Federal Rules of Civil  
6 Procedure, on behalf of a subclass of prisoners (hereinafter "Medical Subclass")  
7 who are now, or will in the future be, subjected to the medical care policies and  
8 practices of the Riverside jails.

9 **131.** The Medical Subclass is so numerous that joinder of all members is  
10 impracticable. There are currently nearly 4,000 people incarcerated in the five  
11 Riverside jails. All prisoners are at risk of developing serious medical conditions  
12 while in the Riverside jails. Due to Defendant's policies and practices, all Riverside  
13 jail prisoners receive or are at risk of receiving inadequate medical care while in the  
14 Riverside jails.

15 **132.** There are questions of law and fact common to the Medical Subclass  
16 including whether the failure to provide minimally adequate medical care violates  
17 the Due Process Clause of the Fourteenth Amendment and the Cruel and Unusual  
18 Punishment Clause of the Eighth Amendment to the United States Constitution and  
19 whether Defendant has been deliberately indifferent to the serious health care needs  
20 of Medical Subclass members. Defendant is expected to raise common defenses to  
21 these claims.

22 **133.** Since there are several thousand Medical Subclass members, separate  
23 actions by individuals would in all likelihood result in inconsistent and varying  
24 decisions, which in turn would result in conflicting and incompatible standards of  
25 conduct for the Defendant.

1           **134.** Defendant has acted and failed to act on grounds that apply generally to  
2 the Medical Subclass, so that final injunctive or corresponding declaratory relief is  
3 appropriate respecting the Medical Subclass as a whole.

4           **135.** The claims of the named Plaintiffs are typical of the claims of the  
5 Medical Subclass, since their claims arise from the same policies, practices, and  
6 courses of conduct and their claims are based on the same theory of law as the  
7 Medical Subclass's claims.

8           **136.** The named Plaintiffs, through counsel, will fairly and adequately  
9 protect the interests of the Medical Subclass. Plaintiffs do not have any interests  
10 antagonistic to the Medical Subclass. Plaintiffs, as well as the Plaintiff class  
11 members, seek to enjoin the unlawful acts and omissions of Defendant. Further,  
12 Plaintiffs are represented by counsel experienced in civil rights litigation, prisoners'  
13 rights litigation, and complex class action litigation.

14 **Mental Health Subclass**

15           **137.** Plaintiff Gray brings this action on his own behalf and, pursuant to  
16 Rule 23(a), b(1), and (b)(2) of the Federal Rules of Civil Procedure, on behalf of a  
17 subclass of prisoners (hereinafter "Mental Health Subclass") who are now, or will in  
18 the future be, subjected to the mental health care policies and practices of the  
19 Riverside jails.

20           **138.** The Mental Health Subclass is so numerous that joinder of all members  
21 is impracticable. There are currently nearly 4,000 people incarcerated in the five  
22 Riverside jails. All prisoners are at risk of developing serious mental health  
23 conditions while in the Riverside jails. Due to Defendant's policies and practices,  
24 all Riverside jail prisoners receive or are at risk of receiving inadequate mental  
25 health care while in the Riverside jails.

26           **139.** There are questions of law and fact common to the Mental Health  
27 Subclass including whether the failure to provide minimally adequate mental health  
28



1 care violates the Due Process Clause of the Fourteenth Amendment and the Cruel  
2 and Unusual Punishment Clause of the Eighth Amendment to the United States  
3 Constitution and whether Defendant has been deliberately indifferent to the serious  
4 health care needs of Mental Health Subclass members. Defendant is expected to  
5 raise common defenses to these claims.

6 **140.** Since there are several thousand Mental Health Subclass members,  
7 separate actions by individuals would in all likelihood result in inconsistent and  
8 varying decisions, which in turn would result in conflicting and incompatible  
9 standards of conduct for the Defendant.

10 **141.** Defendant has acted and failed to act on grounds that apply generally to  
11 the Mental Health Subclass, so that final injunctive or corresponding declaratory  
12 relief is appropriate respecting the Mental Health Subclass as a whole.

13 **142.** The claims of Plaintiff Gray are typical of the claims of the Mental  
14 Health Subclass, since his claims arise from the same policies, practices, and  
15 courses of conduct and his claims are based on the same theory of law as the Mental  
16 Health Subclass's claims.

17 **143.** Plaintiff Gray, through counsel, will fairly and adequately protect the  
18 interests of the Mental Health Subclass. Plaintiff does not have any interests  
19 antagonistic to the Mental Health Subclass. Plaintiff Gray, as well as the Mental  
20 Health Subclass members, seeks to enjoin the unlawful acts and omissions of  
21 Defendant. Further, Plaintiff is represented by counsel experienced in civil rights  
22 litigation, prisoners' rights litigation, and complex class action litigation.

23 **CLAIMS FOR RELIEF**

24 **First Cause of Action**

25 **(Plaintiffs Gray, Patterson, and Kujansky and the plaintiff class**

26 **v. Defendant County of Riverside)**

27 **(Eighth Amendment; 42 U.S.C. § 1983)**







1 Plaintiffs are granted the relief they request. The need for relief is critical because  
2 the rights at issue are paramount under the Constitution of the United States.

3 **157.** WHEREFORE, Plaintiffs, on behalf of themselves and the class they  
4 represent, request that this Court grant them the following relief:

5 A. Declare the suit is maintainable as a class action pursuant to Federal Rule  
6 of Civil procedure 23(a) and 23(b)(1) and (2);

7 B. Adjudge and declare that the conditions, acts, omissions, policies, and  
8 practices of Defendant and its agents, officials, and employees are in violation of the  
9 rights of Plaintiffs and the class they represent under the Eighth and Fourteenth  
10 Amendments to the U.S. Constitution;

11 C. Order Defendant, its agents, officials, employees, and all persons acting  
12 in concert with them under color of state law or otherwise, to develop and  
13 implement, as soon as practical, a plan to eliminate the substantial risk of serious  
14 harm that Plaintiffs and members of the Plaintiff class suffer due to Defendant's  
15 inadequate medical and mental health care. Defendant's plan shall include at a  
16 minimum the following:

17 1. Staffing: Staffing shall be sufficient to provide Plaintiffs and the Plaintiff  
18 class with timely access to qualified and competent clinicians who can provide  
19 routine, urgent, emergent, and specialty health care;

20 2. Access: Policies and practices that provide timely access to health care;

21 3. Screening: Policies and practices that reliably screen for medical and  
22 mental health conditions that need treatment;

23 4. Emergency response: Timely and competent responses to health care  
24 emergencies;

25 5. Medication and supplies: Timely prescription and distribution of  
26 medications and supplies necessary for medically adequate care;

1           6. Chronic care: Timely access to competent care for chronic illnesses;

2           7. Mental health treatment: Timely access to necessary treatment for serious  
3 mental illness, including medication, therapy, inpatient treatment, suicide  
4 prevention, and suicide watch; and

5           8. Quality assurance: A regular assessment of health care staff, services,  
6 procedures, and activities designed to improve outcomes, and to identify and correct  
7 errors or systemic deficiencies.

8           D. Enjoin Defendant, its agents, officials, employees, and all persons acting  
9 in concert with them under color of state law or otherwise, from continuing the  
10 unlawful acts, conditions, and practices described in this Complaint and from failing  
11 to provide minimally adequate health care;

12           E. Award Plaintiffs, pursuant to 42 U.S.C. § 1988, the costs of this suit and  
13 reasonable attorneys' fees and litigation expenses;

14           F. Retain jurisdiction of this case until Defendant has fully complied with the  
15 orders of this Court, and there is a reasonable assurance that Defendant will continue  
16 to comply in the future absent continuing jurisdiction; and  
17

18           G. Award such other and further relief as the Court deems just and proper.  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28


Dated:

March 8, 2013

PRISON LAW OFFICE

By: Donald Specter  
DONALD SPECTER  
SARA NORMAN  
Attorneys for Plaintiffs

AKIN GUMP STRAUSS HAUER  
& FELD LLP

By:   
SHAWN HANSON  
AMIT KURLEKAR  
ANYA FREEDMAN  
Attorneys for Plaintiffs

**UNITED STATES DISTRICT COURT, CENTRAL DISTRICT OF CALIFORNIA  
CIVIL COVER SHEET**

<b>I. (a) PLAINTIFFS</b> ( Check box if you are representing yourself <input type="checkbox"/> ) Quinton Gray, Angela Patterson, and Stanley Kujansky, individuals	<b>DEFENDANTS</b> ( Check box if you are representing yourself <input type="checkbox"/> ) County of Riverside
---	--

<b>(b) Attorneys (Firm Name, Address and Telephone Number. If you are representing yourself, provide same.)</b> Donald Specter & Sara Norman      Shawn Hanson, Amit Kurlekar, & Anya Freedman Prison Law Office                      Akin Gump Strauss Hauer & Feld LLP 1917 Fifth St. Berkeley, CA 94710      580 California St., Ste 1500 Tel: (510) 280-2621                      San Francisco, CA 94104 Tel: (415) 765-9500	<b>(b) Attorneys (Firm Name, Address and Telephone Number. If you are representing yourself, provide same.)</b>
---	---

<b>II. BASIS OF JURISDICTION</b> (Place an X in one box only.)  <input type="checkbox"/> 1. U.S. Government Plaintiff <input type="checkbox"/> 2. U.S. Government Defendant <input checked="" type="checkbox"/> 3. Federal Question (U.S. Government Not a Party) <input type="checkbox"/> 4. Diversity (Indicate Citizenship of Parties in Item III)	<b>III. CITIZENSHIP OF PRINCIPAL PARTIES-For Diversity Cases Only</b> (Place an X in one box for plaintiff and one for defendant) <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Citizen of This State</td> <td style="width:10%;"><input type="checkbox"/> 1</td> <td style="width:10%;"><input type="checkbox"/> 1</td> <td style="width:30%;">Incorporated or Principal Place of Business in this State</td> <td style="width:10%;"><input type="checkbox"/> 4</td> <td style="width:10%;"><input type="checkbox"/> 4</td> </tr> <tr> <td>Citizen of Another State</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 2</td> <td>Incorporated and Principal Place of Business in Another State</td> <td><input type="checkbox"/> 5</td> <td><input type="checkbox"/> 5</td> </tr> <tr> <td>Citizen or Subject of a Foreign Country</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 3</td> <td>Foreign Nation</td> <td><input type="checkbox"/> 6</td> <td><input type="checkbox"/> 6</td> </tr> </table>	Citizen of This State	<input type="checkbox"/> 1	<input type="checkbox"/> 1	Incorporated or Principal Place of Business in this State	<input type="checkbox"/> 4	<input type="checkbox"/> 4	Citizen of Another State	<input type="checkbox"/> 2	<input type="checkbox"/> 2	Incorporated and Principal Place of Business in Another State	<input type="checkbox"/> 5	<input type="checkbox"/> 5	Citizen or Subject of a Foreign Country	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Foreign Nation	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Citizen of This State	<input type="checkbox"/> 1	<input type="checkbox"/> 1	Incorporated or Principal Place of Business in this State	<input type="checkbox"/> 4	<input type="checkbox"/> 4														
Citizen of Another State	<input type="checkbox"/> 2	<input type="checkbox"/> 2	Incorporated and Principal Place of Business in Another State	<input type="checkbox"/> 5	<input type="checkbox"/> 5														
Citizen or Subject of a Foreign Country	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Foreign Nation	<input type="checkbox"/> 6	<input type="checkbox"/> 6														

**IV. ORIGIN** (Place an X in one box only.)

<input checked="" type="checkbox"/> 1. Original Proceeding	<input type="checkbox"/> 2. Removed from State Court	<input type="checkbox"/> 3. Remanded from Appellate Court	<input type="checkbox"/> 4. Reinstated or Reopened	<input type="checkbox"/> 5. Transferred from Another District (Specify)	<input type="checkbox"/> 6. Multi-District Litigation
--	--	---	--	---	---

**V. REQUESTED IN COMPLAINT: JURY DEMAND:**  Yes  No (Check "Yes" only if demanded in complaint.)

**CLASS ACTION under F.R.Cv.P. 23:**  Yes  No      **MONEY DEMANDED IN COMPLAINT:** \$ declaratory/injunctive

**VI. CAUSE OF ACTION** (Cite the U.S. Civil Statute under which you are filing and write a brief statement of cause. Do not cite jurisdictional statutes unless diversity.)  
 Deprivation of rights under (1) Eighth Amendment of the U.S. Constitution; (2) Fourteenth Amendment of the U.S. Constitution; and (3) 42 U.S.C. § 1983

**VII. NATURE OF SUIT** (Place an X in one box only.)

OTHER STATUTES	CONTRACT	REAL PROPERTY CONT.	IMMIGRATION	PRISONER PETITIONS	PROPERTY RIGHTS
<input type="checkbox"/> 375 False Claims Act	<input type="checkbox"/> 110 Insurance	<input type="checkbox"/> 240 Torts to Land	<input type="checkbox"/> 462 Naturalization Application	<b>Habeas Corpus:</b> <input type="checkbox"/> 463 Alien Detainee	<input type="checkbox"/> 820 Copyrights
<input type="checkbox"/> 400 State Reapportionment	<input type="checkbox"/> 120 Marine	<input type="checkbox"/> 245 Tort Product Liability	<input type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 510 Motions to Vacate Sentence	<input type="checkbox"/> 830 Patent
<input type="checkbox"/> 410 Antitrust	<input type="checkbox"/> 130 Miller Act	<input type="checkbox"/> 290 All Other Real Property	<b>TORTS</b>	<input type="checkbox"/> 530 General	<input type="checkbox"/> 840 Trademark
<input type="checkbox"/> 430 Banks and Banking	<input type="checkbox"/> 140 Negotiable Instrument	<b>TORTS</b>	<b>PERSONAL PROPERTY</b>	<input type="checkbox"/> 535 Death Penalty	<b>SOCIAL SECURITY</b>
<input type="checkbox"/> 450 Commerce/ICC Rates/Etc.	<input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment	<b>PERSONAL INJURY</b>	<input type="checkbox"/> 370 Other Fraud	<b>Other:</b> <input checked="" type="checkbox"/> 550 Civil Rights	<input type="checkbox"/> 861 HIA (1395ff)
<input type="checkbox"/> 460 Deportation	<input type="checkbox"/> 151 Medicare Act	<input type="checkbox"/> 310 Airplane	<input type="checkbox"/> 371 Truth in Lending	<input type="checkbox"/> 540 Mandamus/Other	<input type="checkbox"/> 862 Black Lung (923)
<input type="checkbox"/> 470 Racketeer Influenced & Corrupt Org.	<input type="checkbox"/> 152 Recovery of Defaulted Student Loan (Excl. Vet.)	<input type="checkbox"/> 315 Airplane Product Liability	<input type="checkbox"/> 380 Other Personal Property Damage	<input type="checkbox"/> 555 Prison Condition	<input type="checkbox"/> 863 DIWC/DIWW (405 (g))
<input type="checkbox"/> 480 Consumer Credit	<input type="checkbox"/> 153 Recovery of Overpayment of Vet. Benefits	<input type="checkbox"/> 320 Assault, Libel & Slander	<input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 560 Civil Detainee Conditions of Confinement	<input type="checkbox"/> 864 SSID Title XVI
<input type="checkbox"/> 490 Cable/Sat TV	<input type="checkbox"/> 160 Stockholders' Suits	<input type="checkbox"/> 330 Fed. Employers' Liability	<b>BANKRUPTCY</b>	<b>FORFEITURE/PENALTY</b>	<input type="checkbox"/> 865 RSI (405 (g))
<input type="checkbox"/> 850 Securities/Commodities/Exchange	<input type="checkbox"/> 190 Other Contract	<input type="checkbox"/> 340 Marine	<input type="checkbox"/> 422 Appeal 28 USC 158	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881	<b>FEDERAL TAX SUITS</b>
<input type="checkbox"/> 890 Other Statutory Actions	<input type="checkbox"/> 195 Contract Product Liability	<input type="checkbox"/> 345 Marine Product Liability	<input type="checkbox"/> 423 Withdrawal 28 USC 157	<input type="checkbox"/> 690 Other	<input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant)
<input type="checkbox"/> 891 Agricultural Acts	<input type="checkbox"/> 196 Franchise	<input type="checkbox"/> 350 Motor Vehicle	<b>CIVIL RIGHTS</b>	<b>LABOR</b>	<input type="checkbox"/> 871 IRS-Third Party 26 USC 7609
<input type="checkbox"/> 893 Environmental Matters	<input type="checkbox"/> 210 Land	<input type="checkbox"/> 355 Motor Vehicle Product Liability	<input type="checkbox"/> 440 Other Civil Rights	<input type="checkbox"/> 710 Fair Labor Standards Act	
<input type="checkbox"/> 895 Freedom of Info. Act	<input type="checkbox"/> 220 Foreclosure	<input type="checkbox"/> 360 Other Personal Injury	<input type="checkbox"/> 441 Voting	<input type="checkbox"/> 720 Labor/Mgmt. Relations	
<input type="checkbox"/> 896 Arbitration	<input type="checkbox"/> 230 Rent Lease & Ejectment	<input type="checkbox"/> 362 Personal Injury-Med Malpractice	<input type="checkbox"/> 442 Employment	<input type="checkbox"/> 740 Railway Labor Act	
<input type="checkbox"/> 899 Admin. Procedures Act/Review of Appeal of Agency Decision		<input type="checkbox"/> 365 Personal Injury-Product Liability	<input type="checkbox"/> 443 Housing/Accommodations	<input type="checkbox"/> 751 Family and Medical Leave Act	
<input type="checkbox"/> 950 Constitutionality of State Statutes		<input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability	<input type="checkbox"/> 445 American with Disabilities-Employment	<input type="checkbox"/> 790 Other Labor Litigation	
		<input type="checkbox"/> 368 Asbestos Personal Injury Product Liability	<input type="checkbox"/> 446 American with Disabilities-Other	<input type="checkbox"/> 791 Employee Ret. Inc. Security Act	
		<input type="checkbox"/> 369 Personal Injury Product Liability	<input type="checkbox"/> 448 Education		

FOR OFFICE USE ONLY: Case Number: EDCV13-0444

AFTER COMPLETING PAGE 1 OF FORM CV-71, COMPLETE THE INFORMATION REQUESTED ON PAGE 2.



**UNITED STATES DISTRICT COURT, CENTRAL DISTRICT OF CALIFORNIA  
CIVIL COVER SHEET**

**VIII(a). IDENTICAL CASES:** Has this action been previously filed in this court and dismissed, remanded or closed?  NO  YES

If yes, list case number(s): \_\_\_\_\_

**VIII(b). RELATED CASES:** Have any cases been previously filed in this court that are related to the present case?  NO  YES

If yes, list case number(s): \_\_\_\_\_

**Civil cases are deemed related if a previously filed case and the present case:**

- (Check all boxes that apply)  A. Arise from the same or closely related transactions, happenings, or events; or  
 B. Call for determination of the same or substantially related or similar questions of law and fact; or  
 C. For other reasons would entail substantial duplication of labor if heard by different judges; or  
 D. Involve the same patent, trademark or copyright, and one of the factors identified above in a, b or c also is present.

**IX. VENUE:** (When completing the following information, use an additional sheet if necessary.)

(a) List the County in this District; California County outside of this District; State if other than California; or Foreign Country, in which **EACH** named plaintiff resides.

Check here if the government, its agencies or employees is a named plaintiff. If this box is checked, go to item (b).

<b>County in this District:*</b>	California County outside of this District; State, if other than California; or Foreign Country
Riverside County	

(b) List the County in this District; California County outside of this District; State if other than California; or Foreign Country, in which **EACH** named defendant resides.

Check here if the government, its agencies or employees is a named defendant. If this box is checked, go to item (c).

<b>County in this District:*</b>	California County outside of this District; State, if other than California; or Foreign Country
Riverside County	

(c) List the County in this District; California County outside of this District; State if other than California; or Foreign Country, in which **EACH** claim arose.  
**NOTE: In land condemnation cases, use the location of the tract of land involved.**

<b>County in this District:*</b>	California County outside of this District; State, if other than California; or Foreign Country
Riverside County	

**\*Los Angeles, Orange, San Bernardino, Riverside, Ventura, Santa Barbara, or San Luis Obispo Counties**

**Note:** In land condemnation cases, use the location of the tract of land involved

**X. SIGNATURE OF ATTORNEY (OR SELF-REPRESENTED LITIGANT):** Donald Specter DATE: March 8, 2013

**Notice to Counsel/Parties:** The CV-71 (JS-44) Civil Cover Sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law. This form, approved by the Judicial Conference of the United States in September 1974, is required pursuant to Local Rule 3-1 is not filed but is used by the Clerk of the Court for the purpose of statistics, venue and initiating the civil docket sheet. (For more detailed instructions, see separate instructions sheet).

Key to Statistical codes relating to Social Security Cases:

Nature of Suit Code	Abbreviation	Substantive Statement of Cause of Action
861	HIA	All claims for health insurance benefits (Medicare) under Title 18, Part A, of the Social Security Act, as amended. Also, include claims by hospitals, skilled nursing facilities, etc., for certification as providers of services under the program. (42 U.S.C. 1935FF(b))
862	BL	All claims for "Black Lung" benefits under Title 4, Part B, of the Federal Coal Mine Health and Safety Act of 1969. (30 U.S.C. 923)
863	DIWC	All claims filed by insured workers for disability insurance benefits under Title 2 of the Social Security Act, as amended; plus all claims filed for child's insurance benefits based on disability. (42 U.S.C. 405 (g))
863	DIWW	All claims filed for widows or widowers insurance benefits based on disability under Title 2 of the Social Security Act, as amended. (42 U.S.C. 405 (g))
864	SSID	All claims for supplemental security income payments based upon disability filed under Title 16 of the Social Security Act, as amended.
865	RSI	All claims for retirement (old age) and survivors benefits under Title 2 of the Social Security Act, as amended. (42 U.S.C. 405 (g))

**UNITED STATES DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA**

**NOTICE OF ASSIGNMENT TO UNITED STATES MAGISTRATE JUDGE FOR DISCOVERY**

This case has been assigned to District Judge Virginia A. Phillips and the assigned discovery Magistrate Judge is Oswald Parada.

The case number on all documents filed with the Court should read as follows:

**EDCV13- 444 VAP (OPx)**

Pursuant to General Order 05-07 of the United States District Court for the Central District of California, the Magistrate Judge has been designated to hear discovery related motions.

All discovery related motions should be noticed on the calendar of the Magistrate Judge

=====

**NOTICE TO COUNSEL**

*A copy of this notice must be served with the summons and complaint on all defendants (if a removal action is filed, a copy of this notice must be served on all plaintiffs).*

Subsequent documents must be filed at the following location:

**Western Division**  
312 N. Spring St., Rm. G-8  
Los Angeles, CA 90012

**Southern Division**  
411 West Fourth St., Rm. 1-053  
Santa Ana, CA 92701-4516

**Eastern Division**  
3470 Twelfth St., Rm. 134  
Riverside, CA 92501

Failure to file at the proper location will result in your documents being returned to you.