



Abolitionist Law Center
P.O. Box 8654
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abolitionistlawcenter.org

January 24, 2023

Warden Harper
C/O John Bacharach, Esq.

VIA EMAIL

Re: Denzelle Kendrick.

This letter is directed to your client, Warden Harper, regarding the inadequate medical care of Denzelle Kendrick (DOC 178273), currently incarcerated at Allegheny County Jail. Attorney Dolly Prabhu conducted a video visit with Mr. Kendrick on Sunday, January 22, 2023, and an in-person visit with Mr. Kendrick on Monday, January 23, 2023.

Mr. Kendrick was born with sickle cell disease, and in the past few years has also developed avascular necrosis of his right hip—a painful condition where the cells of the bone die. He was transferred from Cambria County Jail to Allegheny County Jail around July 2022, specifically for better access to medical treatment. Mr. Kendrick takes numerous medications for his multiple illnesses. Those medications include: Hydroxyurea, Oxycodone, MS Contin, Amitriptyline, Folic acid, Penicillin, Albuterol, Flovent, Miralax, and others. Hydroxyurea is a chemotherapy drug that is important in managing Mr. Kendrick's sickle cell symptoms. Oxycodone and MS Contin are, respectively, quick release and extended release medications Mr. Kendrick requires for his pain. He has been prescribed most of these medications for the majority of his life.

Sickle cell disease is a chronic illness where red blood cells are misshapen and can get stuck in small blood vessels throughout the body, causing severe pain. Such a pain episode is called a vaso-occlusive crisis or sickle cell pain crisis. These crises are extremely painful, with patients rating the pain in the range of delivering a baby or passing a kidney stone. Blockages can also develop in the lungs, this type of blockage is called acute chest syndrome and is life-threatening. Some patients rarely have pain crises, but others have multiple episodes per month. National guidelines for the management of sickle cell disease strongly recommend that patients who develop a pain crisis should be evaluated within one hour and given pain medication, typically opioids such as oxycodone or MS Contin. The guidelines recommend tailored plans based on the patient's prior episodes. Hematologists are doctors who specialize in treating sickle cell and are best equipped to develop such pain plans.

Mr. Kendrick reports that he did not receive his required medications until approximately two months after he arrived at ACJ. At that point, he was provided his Hydroxyurea, oxycodone, MC Contin, and Folic acid. Mr. Kendrick reports that, in August 2022, Dr. Ines Kananda discontinued his oxycodone, a medication he had been taking for most of his life. The reasoning provided to Mr. Kendrick for the discontinuation was that Dr. Kananda had family members with sickle cell disease who were doing fine without oxycodone. Mr. Kendrick also reports that the medications he does receive are often withheld for weeks without explanation, leading to severe and unaddressed pain. This is unacceptable and falls below the standard of care.

When Mr. Kendrick has flare-ups of his sickle cell disease, they can result in episodes of extreme pain, infection, seizures, stroke, and death if unaddressed immediately. In Mr. Kendrick's time at the jail, he estimates conservatively that on 30 different occasions, his reports of a flare-up to COs have not been immediately relayed to medical staff and/or medical staff have been slow to respond or non-responsive



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entirely, resulting in extreme pain, seizures, and/or loss of consciousness. He reports having 6 seizures to date while incarcerated at the ACJ. Mr. Kendrick often reminds COs after his initial request to call for medical, but his concerns are often not taken seriously by some correctional staff and often not followed up on by medical staff in a timely manner. After long periods of waiting to be seen by medical staff, Mr. Kendrick is often unable to move due to the pain and must inform his cellmate to watch over him and prevent him from hitting his head or biting his tongue if he begins seizing.

On or around December 4, 2022, Mr. Kendrick informed a correctional officer on the pod that he was having a flare-up. This was after 3-4 days of reporting to no avail that he was feeling on the verge of an intense sickle cell crisis and needed medical attention. The correctional officer waited approximately 30-40 minutes prior to calling medical staff, and when he did call, he informed Mr. Kendrick that medical staff were busy. After repeated attempts to contact medical staff lasting approximately an hour, the correctional officer eventually called a medical emergency to force medical staff to arrive on scene. Dr. Ines Kananda arrived and sat on the cell floor by Mr. Kendrick, who at this point was curled up in a ball in his cell and could not move. Dr. Kananda began to yell at Mr. Kendrick, to get up, to “cut this bullshit out.” He accused him of wasting staff’s time, and threatened to send him to the RHU. Dr. Kananda stated to Mr. Kendrick that he should be fine because he was given morphine in the morning, but morphine is Mr. Kendrick’s extended release medication, and his quick release medication—oxycodone—was discontinued by Dr. Kananda. At this point, Mr. Kendrick blacked out.

As evidenced by YouTube videos uploaded by incarcerated individual James Byrd, Dr. Kananda left Mr. Kendrick in his cell without administering medical care. A second and third medical emergency was called by staff to force Dr. Kananda on-site before Mr. Kendrick was eventually taken out on a stretcher. Based on the videos uploaded by Mr. Byrd, Mr. Kendrick was unresponsive for over an hour on the floor of his cell before he was put into the stretcher and taken to the hospital.

At the hospital, Mr. Kendrick was diagnosed with an upper respiratory lung infection and pneumonia, and was told he had had a mild stroke resulting in an enlarged blood vessel in his head. This was a grave, life-threatening situation and might have been prevented if he had been provided better treatment at ACJ. Mr. Kendrick’s hematologist, Dr. Laura De Castro, provides detailed instructions to the jail every two weeks about the treatment Mr. Kendrick requires. Mr. Kendrick reports that ACJ has not been adhering to Dr. De Castro’s recommendations, including failing to take him to scheduled appointments and failing to administer the medications Dr. De Castro specifically prescribes for his care.

Mr. Kendrick is currently in the Restricted Housing Unit, due to the aforementioned videos uploaded by Mr. Byrd. Mr. Kendrick is being held in RHU at ACJ, along with numerous others, while the video leak is being investigated. As of January 23, 2023, Mr. Kendrick was not told the reason he was placed in the RHU nor the reason new criminal charges for “weapons or implements of escape” were lodged against him on January 13, 2023. Mr. Kendrick reports that he was not involved with the recording or dissemination of these videos.



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To comply with constitutional standards for the provision of medical care to an incarcerated patient and to prevent further harm to Mr. Kendrick, please advise your client of their following obligations:

1. Mr. Kendrick is to receive **all** of the medication prescribed by Dr. Laura De Castro. None of these medications are optional for Mr. Kendrick. His oxycodone should be restarted and there should be no further gaps in his medication. Missing medication puts Mr. Kendrick at higher risk of complications and leads to unnecessary and avoidable suffering.
2. Correctional officers should be instructed to **immediately** contact medical staff when Mr. Kendrick informs them of a sickle cell pain crisis.
3. Medical staff should be instructed that an **immediate** response to reports of a sickle cell crisis is necessary, and anything less likely falls below the standard of care. Relatedly, extensive gaps in availability of medical staff during shift changes are unacceptable.
4. Medical staff should follow all other instructions provided by Dr. Laura De Castro in caring for Mr. Kendrick and should consult with her if necessary. Mr. Kendrick must be taken to all appointments scheduled by Dr. De Castro.
5. Mr. Kendrick should be evaluated and treated for his seizure activity if not previously evaluated by neurology.
6. Dr. Ines Kanandra's behavior during this incident should be fully investigated and appropriate corrective measures should be taken.

Please acknowledge receipt of this letter and have your client confirm at the earliest opportunity that these changes will be made. We will consider all necessary legal options for ensuring the protection of Mr. Kendrick's rights, his health, and his life in the event that the aforementioned medical requirements are not met.

Thank you,

Dolly Prabhu, Esq.
Staff Attorney
Abolitionist Law Center

I am a board-certified emergency physician on faculty at Harvard Medical School and currently practicing at Beth Israel Deaconess Medical Center. I have treated numerous individuals with sickle cell anemia, including hundreds who are having a sickle cell pain crisis. I am familiar with the standard of care for treatment of patients with sickle cell anemia. I reviewed this letter for accuracy regarding the treatment of sickle cell anemia and strongly support the recommended steps. The care reported by Mr. Kendrick is very concerning and should be investigated.

A handwritten signature in black ink, appearing to read 'William Weber'.

William Weber, MD, MPH