

269.	Family member expressed concerns about loved one entering their incarceration while needing a surgery for a nerve condition in their arm. The individual was attacked and felt further damage done to their arm. They have requested medical assistance multiple times and is only being given ice which the family member feels is inadequate and a major violation of the individual's right to receive proper medical treatment. The family member requested the patient be released on GRE.	The patient has not filed a medical grievance or contacted this office after receiving a letter from the OCO. Because the patient has not reported a medical concern and the family member's request relates to the person being approved for GRE, the OCO has closed this case and will await a medical related request from the patient before pursuing a medical related review.	Administrative Remedies Not Pursued
270.	Incarcerated person reports several instances of retaliation by staff after filing medical emergency grievances. Person says this retaliation has cost him ten weeks of isolation and several infractions.	The OCO reactivated and staffed this case. After review, this office found the individual has not appealed the infractions. This office is reviewing the medical care in a separate case.	Administrative Remedies Not Pursued
271.	Incarcerated individual reports concerns regarding mistreatment with the sergeant and other officers, as they have been infringed and had their radio and points taken away. They also report concerns regarding food, commissary, and a cell search.	The incarcerated person has not pursued internal resolution of this concern. Per RCW 43.06C(2)(b), the OCO cannot investigate a complaint until the incarcerated person has reasonably attempted to resolve it through the DOC internal grievance process, administrative, or appellate process.	Administrative Remedies Not Pursued
272.	The incarcerated individual reports that he has been trying to get off the vegan diet (Mainline Alternative) because it is giving him heartburn and makes him sick. He wants to switch to the regular diet, and he reports that he filed a grievance two weeks ago but has not received a response. The person was told by the chaplain that his request was approved but his diet has not changed.	The OCO provided assistance. The OCO contacted the DOC religious coordinator who explained how an individual may request to change their diet. The OCO followed up the chaplain who re-submitted this person's diet change request. The next day the OCO determined that this person's diet had been modified to end their mainline alternative diet. The OCO arranged for a follow-up phone call with the incarcerated individual to ensure that the dietary changes had been made. The individual reported that they had made an appointment with the medical department who also changed their diet from the Mainline Alternative.	Assistance Provided
273.	Person reports dementia, terminal illness, and regular diaper use. He is concerned that the bar association refuses to represent him and the Governor refuses to respond. He said the clemency board said they will not accept any more petitions. He shared concerns about his family and says DOC does not give him proper medical attention. He has grieved this to level III and says DOC will not give him his medications.	The OCO substantiated a delayed follow up appointment and after OCO outreach, DOC agreed to schedule the patient with his provider. The OCO later confirmed the appointment had occurred and an additional follow up had been scheduled. DOC submitted DOC Form 13-420 in response to mental health concerns reported by the individual to headquarters and considering the reports about medical access from OCO. The patient was then seen by a mental health provider. This office	Assistance Provided

does not have jurisdiction over clemency or bar association concerns.

274.	Patient reports ongoing issue with toe fungus. DOC medical has removed toenails on all toes and has not prescribed anti-fungal medication. Person says that he has filed a grievance and has not gotten any relief since the removal of the toenails.	The OCO contacted health services and verified the patient had several toenails removed and was prescribed pain medication. No antifungal cream was given at that time as the treatment plan was to remove the toenails with the fungus and for the patient to return if the issues arise again. After OCO outreach, DOC health services agreed to prescribe oral medication (antifungal) as well as labs to check liver function now and in six weeks. If medically indicated, the medication will be considered for an additional six weeks.	Assistance Provided
275.	Incarcerated person reports he was air evacuated out of the facility. Patient says he was bleeding internally and had to have four blood transfusions at the hospital. Person reports they have been back at the facility for several days and are starting to spit up blood again.	The OCO contacted health services leadership at DOC headquarters to review the patient's medical records, history, and care plans. OCO review determined that the patient's care is being monitored by the Chief Medical Officer considering his complex medical and mental health conditions, ongoing concerns, and fear of DOC medical staff. The patient also requested information regarding Extraordinary Medical Placement (EMP), which the OCO provided via hotline.	Assistance Provided
276.	Incarcerated individual is housed in the Washington State Penitentiary Intensive Management Unit (WSP IMU) for non-disciplinary reasons and does not want to lose his food property. DOC staff have explained to him that per WSP Operational Memorandum (OM) 440.000, "consumables will not be held in long term storage." This means if an individual is held in the WSP IMU for more than 30 days, they will have to dispose of their food property. The individual has attempted to communicate via kite to DOC staff requesting they allow his food items to be held until he is transferred to another facility, but DOC was not responsive to his communications. The individual also tried to use the resolution process, appealing each response, but DOC resolutions staff insist this is a COVID-19 related issue and therefore are not willing to accept the resolution request.	The OCO provided assistance. The OCO spoke with WSP facility leadership, and they agreed to allow the individual to keep all unopened and non-expired food items. WSP staff agreed to review concerns similar to this on a case-by-case basis. The individual has since been transferred out of the IMU and into a housing assignment that allows people access to all of their property items.	Assistance Provided
277.	Person is concerned that this office is not receiving his concerns. Person cites several cases that were not listed in our database when reviewed with an OCO staff person while on the hotline.	The OCO reviewed and provided a status update on the person's current active cases via phone. This office verified receipt of the person's concerns and clarified the number of current active cases and topics covered in each case.	Assistance Provided

278.	Person is housed in the IMU and was approved for transfer five months ago but has not been finalized. Person says the administration is aware of this issue but have not taken action and this is against DOC policy.	The OCO contacted DOC HQ classifications regarding this concern. The OCO was able to confirm that the transfer has been finalized and he is scheduled to move. Due to COVID-19 outbreaks at numerous facilities, the transfer process has been delayed.	Assistance Provided
279.	Person had previous cases with the OCO and now has a lawsuit open with the DOJ Office for Civil Rights. Person wants the OCO to aid in the DOJ's investigation given this office's familiarity with DOC staff.	The OCO is not able to assist with this request. 43.06C.040(2)(j) states that "[t]he ombuds must remain neutral and impartial and may not act as an advocate for the complainant or for the department." Additionally, WAC-138-10-040 states the ombuds may decline to investigate any complaint or may close any investigation of any complaint for any of the following reasons: The requested resolution is not within the ombuds' statutory power and authority. The OCO does not have the statutory power or authority to assist with litigation.	Declined
280.	External complainant reports their loved one suffers from chronic back pain and recently injured his back again. He was in need of a cortisone shot related to sciatic nerve condition, but he was told that night he could only get the shot if he was able to walk to the health services building. He was unable to walk due to pain, the reason for needing the shot. He was then scheduled for his cortisone shot but that appointment has been canceled by WSP medical at least three times and the person has not been able to access their medication.	The OCO contacted health services and confirmed the patient had received recent appointments for injections after outreach from the incarcerated individual's loved one.	DOC Resolved
281.	The incarcerated individual reports that they will be transferred to another facility, and their safety is in danger. Right now, this person is supposed to be transferred to a facility's close custody, and they cannot be released to the general population because they are a security threat group (STG) dropout. This person has pursued every avenue possible by writing their concerns to their counselor, submitting a grievance, writing to classifications, and sending a letter to headquarters and the chief of classifications.	DOC staff resolved this concern prior to the OCO taking action on this complaint. The incarcerated individual has been transferred to the close custody facility he requested.	DOC Resolved
282.	The incarcerated individual reports being pepper sprayed during a suicide attempt and now has an eye infection. He said he has had two rounds of treatment for his eye but it is still infected.	The OCO contacted health services to discuss DOC's response to the suicide attempt and whether the patient had received treatment for eye irritation after being exposed to OC spray. This office substantiated DOC sprayed the patient with OC spray during a use of force response to a suicide attempt. The patient received a	DOC Resolved

medical assessment and a prescription for eye drops to help with the irritation. The OCO substantiated the prescription had been discontinued while the patient was in the Close Observation Area (COA). During a meeting with health services leadership at the facility, DOC confirmed the patient had a recent appointment to discuss eye issues and the prescription had been reactivated. DOC had resolved the prescription concern prior to OCO outreach.

283.	<p>External person reports they have been unsuccessful in getting a clear explanation from the GRE team why her loved one is not eligible for the GRE program. Person says the GRE criteria and the initial reason for denial is conflicting and the answer given by the screening team seems to overlook the RCW establishment of how the earned release date is to be used.</p>	<p>The OCO was able to confirm through email evidence that the DOC GRE Program Supervisor reached out to this external person and scheduled a phone call to discuss her questions.</p>	DOC Resolved
284.	<p>Family member of an incarcerated individual reports that DOC did not complete the documents needed for DOC to prove a fair review of the decision to approve or deny an Extended Family Visit (EFV). The family member knows this because the requested all documentation related to their denial of visits and DOC reported the document does not exist.</p>	<p>DOC staff resolved this concern prior to the OCO taking action on this complaint. The OCO found DOC staff explained to the family member that at the time they requested the documentation, only the facility level review had been completed. The documentation was not required at the facility level determination, therefore the form did not exist at the time of the request. DOC did use the form once the EFV decision was appealed and DOC headquarters EFV Review Committee reviewed the appeal. DOC explained this information to the incarcerated individual's family member.</p>	DOC Resolved
285.	<p>External person reports incarcerated individual was beaten almost to death by other incarcerated individuals. He is now in a coma. They do not want him to go back to WSP.</p>	<p>The OCO substantiated that this incident did occur. The individual was hospitalized for an extended amount of time and has now been returned to the facility. He is in a vegetative state and is currently in the infirmary with 24-hour care. The DOC is currently working on an extraordinary medical placement.</p>	Information Provided
286.	<p>Person was on the MAT program since being incarcerated and allowed to maintain medication while in initial facility. Person was then transferred and removed from the MAT program, however, they will be releasing in less than six months and would like to be put back on the program to promote a successful transition.</p>	<p>The OCO provided information on how to be placed on the MAT program. Patients will need to request consideration for induction (the process to start the medication) from their healthcare provider. Not all facilities offer this part of the MAT program. If their facility is not one that offers the MAT induction process, they will be provided with resources prior to release to get support in the community.</p>	Information Provided

287.	<p>Incarcerated individual reports that class three wages have not increased since 1989 and have not kept up with today's inflation. Commissary prices have increased over the last month and the population was informed via kiosk message. The individual requests an increase in wages for incarcerated individuals.</p>	<p>The OCO provided information regarding the process by which DOC may increase compensation for incarcerated individuals. RCW Chapter 72.64 and DOC 700.100 Class III Work Programs govern incarcerated individuals' pay. Per 72.64.020, "[t]he secretary shall make the necessary rules and regulations governing the employment of prisoners, the conduct of all such operations, and the disposal of the products thereof, under such restrictions as provided by law." The OCO reviewed DOC 700.100 Class III Work Programs which states, "[w]orkers will be compensated for hours worked. Compensation must be supported within facility budgeted funds and will not exceed \$55 per month. Exceptions to compensation, including flat rate compensation assignments, require written, advance approval from the Assistant Secretary for Prisons/designee."</p>	<p>Information Provided</p>
288.	<p>Person followed up on previous OCO case to report he was in IMU during the missed appointments and staff did not make an effort to bring him in. He filed an emergency grievance today for pain and has not been seen for the emergency grievance. He has an enlarged spleen, is retaining water, and has serious gastrointestinal (GI) issues. Patient says he was supposed to have a specialist consult, that the specialist's email said to follow up after a few months if issues continued, and it has been longer than that. He is not healing small injuries normally, has abnormal bruising, and GI complications.</p>	<p>The OCO contacted health services and confirmed the patient had been seen for the reported concerns. Providers have discussed GI specialist options with the patient and he declined the appointment due to fears of it impacting his release date. The OCO provided the individual with self-advocacy information for contacting DOC if he changes his mind about this appointment after confirming it would not impact his release date. The individual filed multiple mental health and medical concerns and the OCO met with the Health Services Manager and mental health specialist to discuss monitoring of the patient's ongoing care needs.</p>	<p>Information Provided</p>
289.	<p>Person reports several medical and dental appointments have been cancelled. He reports suffering two heart attacks this week. He believes he is going blind in his left eye because of an infection. He is being harassed by another incarcerated person which he says is complicating his heart problems. He is having issues chewing his food because dental will not fix his teeth. He is requesting a Health Status Report (HSR) for a single person cell and that the OCO contact the Governor for clemency.</p>	<p>The OCO contacted health services and verified the patient had received a recent medical appointment with recommendation of follow up in six months. This office also verified the patient had been scheduled for dental treatment but refused the appointment. DOC dental has recommended tooth extraction related to infections and has attempted to discuss this treatment plan with the patient, including offering a referral for an outside dental specialist. The individual was screened for a single cell and was denied. The OCO could not provide the resolution requested as the office does not have jurisdiction over</p>	<p>Information Provided</p>

clemency. The OCO provided self-advocacy information regarding following up with dental if he chooses to move forward with treatment.

290.	The incarcerated individual reports that Union Supply is charging too much money for the items in their catalog.	The OCO provided information regarding inflation; it is not within DOC's control.	Information Provided
291.	The incarcerated individual reports that his dentures were thrown away by DOC staff and the DOC will not replace them. The individual was quarantined and staff packed up his property. He reports that his dentures were on the top bunk and staff threw away everything that was on the top bunk as trash.	The OCO provided information regarding how the individual can file a tort claim if his dentures were thrown out and are not located through his resolution request.	Information Provided
292.	A loved one of the incarcerated individual reports that staff at the individual's facility held a barbeque for DOC staff using funds from the Incarcerated Individual Betterment Fund (IIBF).	The OCO was unable to substantiate the concern due to insufficient evidence. This office confirmed that the barbeque was paid for using funds allotted from DOC Headquarters.	Insufficient Evidence to Substantiate
293.	Incarcerated person was infractioned for assaulting a medical staff member, however the person states they are legally blind and just bumped into the staff person.	The OCO reviewed the infraction and appeal packet for a 661 infraction for sexual harassment of a staff member and a 704 infraction for a staff assault. The individual was advised that the standard of evidence for guilt in prison infractions is very low and in a prison disciplinary hearing, only some evidence is needed which is often only a staff person's statement. Because there is no video evidence of this alleged incident, the OCO is unable to substantiate the individual's statement of events and the "some evidence" standard is what is used to substantiate the infraction.	Insufficient Evidence to Substantiate
294.	Incarcerated individual reports they were assaulted by DOC staff while being served their meal through the cuff port. Incarcerated individual was bent down to speak to the staff member through the cuff port and the staff member hit him in the face with the tray. The individual was not offered medical attention after the incident.	The OCO was unable to substantiate the concern due to insufficient evidence. The OCO reviewed video and investigative documentation that report the interaction occurred because a DOC staff was not engaging in a conversation with the individual about obtaining a new towel. The DOC staff continued with dinner distribution and did not engage in the conversation. The OCO verified DOC staff did place the foam dinner tray into the cuff port while the individual was bent down speaking through the opening. However, the DOC staff did not push the tray through with movement that would prove intent to harm. After the incident occurred, the incarcerated individual was able to speak with the unit sergeant and received access to medical	Insufficient Evidence to Substantiate

Abbreviations & Glossary

ADA: Americans with Disabilities Act

AHCC: Airway Heights Corrections Center

ASR: Accommodation Status Report

BOE: Behavioral Observation Entry

CBCC: Clallam Bay Corrections Center

CCCC: Cedar Creek Corrections Center

CI: Correctional Industries

Closed Case Review: These reviews may be conducted by the OCO when a complainant whose case was closed requests a review by the supervisor of the original case handler.

CO: Correctional Officer

CRC: Care Review Committee

CRCC: Coyote Ridge Corrections Center

CUS: Correctional Unit Supervisor

DES: Department of Enterprise Services

DOSA: Drug Offender Sentencing Alternative

EFV: Extended Family Visit

ERD: Earned Release Date

GRE: Graduated Reentry

HCSC: Headquarters Community Screening Committee

HSR: Health Status Report

IIU or I&I: DOC's Intelligence and Investigations Unit ("Intelligence & Investigations")

J&S: Judgment and Sentence

MCC: Monroe Correctional Complex

MCCCW: Mission Creek Corrections Center for Women

OCC: Olympic Corrections Center

Pruno: Alcoholic drink typically made by fermenting fruit and other ingredients.

PULHES-DXTR codes: Washington DOC assigns health services codes to every individual incarcerated in its system. These codes, known as PULHES or PULHES-DXTR codes, are meant to note the presence and severity of various health-related factors, such as medication delivery requirements, mobility limitations, developmental disability, and use of mental health services.

SCCC: Stafford Creek Corrections Center

SOTAP: Sex Offender Treatment and Assessment Program

SVP: Sexually Violent Predator

TC: Therapeutic Community

WaONE: Washington ONE ("Offender Needs Evaluation")

WCC: Washington Corrections Center

WCCW: Washington Corrections Center for Women

WSP: Washington State Penitentiary