

# OFFICE OF THE CORRECTIONS OMBUDS

## Monthly Outcome Report: February 2021

The Office of the Corrections Ombuds (OCO) investigates complaints regarding any Department of Corrections' (DOC) actions or inactions that adversely affect the health, safety, welfare, and rights of incarcerated individuals (RCW 43.06C.040). Per RCW 43.06C.040(2)(k), at the conclusion of an investigation of a complaint, the ombuds must render a public decision on the merits of each complaint.

Starting September 1, 2020, all cases open at the time and all cases opened since by OCO are considered "investigations" for the purposes of the statute. The following pages serve as the "public decision" required by RCW 43.06C.040(2)(k). Although an individual case report with recommendations for systemic reform is not being produced for the cases herein, the cases will still inform and may be included in a future systemic issue report.

In providing an anonymous summary of each complaint, OCO staff have worked to limit as much identifying information as possible while still providing a substantive explanation of the concern so as to protect the complainant's confidentiality while also providing transparency into the office's work.

Note: The following case summaries also include OCO's closed case reviews, in which a complainant whose case was closed requests a review by the supervisor. These are marked in the summaries as such. OCO is still evaluating how to best portray these cases.

All published monthly reports are available on <https://oco.wa.gov/reports-publications>

Case Status	Explanation
<b>Assistance Provided</b>	OCO, through outreach to DOC staff, was able to achieve full or partial resolution of the person's complaint.
<b>DOC Resolved</b>	Case resolved by action of DOC staff prior to OCO action.
<b>Lack Jurisdiction</b>	Complaint does not meet OCO's jurisdictional requirements (not about an incarcerated individual, not about a DOC action, or person did not reasonably pursue grievance/appellate procedure)
<b>No Violation of Policy</b>	After reviewing all relevant documents and DOC policy, OCO staff determine that DOC policy was not violated.
<b>Unable to Substantiate</b>	Insufficient evidence exists to support the complainant's allegation.
<b>Information Provided</b>	OCO provides self-advocacy information.
<b>Substantiated</b>	OCO substantiates the concern/allegation and it is neither resolved by DOC nor can OCO assist with impacting change.
<b>Decline/Other</b>	Some other reason exists for the closure of the case, generally release.

# February 2021

## Monthly Outcome Report

Institution of Incident	Complaint/Concern	Outcome Summary	Case Closure Reason
<b>Not specified</b>			
1.	They are moving men into the female facility just because they are identifying as female	DOC policy 460.700 allows for the transfer of a transgender individual to a facility that matches their gender expression or identity. There is a DOC committee that approves transfers. Advised her to contact staff if her safety is in danger.	No Violation of Policy
2.	Complainant says that he is currently being housed in Maryland on an out of state transfer but wants to be transferred back to Washington DOC because his release date is approaching. He says that DOC headquarters is not responding to him. He is trying to go home with an ankle monitor as soon as he is eligible.	DOC HQ stated that they have already approved his release.	DOC Resolved
<b>Airway Heights Corrections Center</b>			
3.	DOC violated complainant's right to keep his medical status private by posting a sign on his door stating his medical status publicly to the entire unit. This is in violation of HIPAA and complainant's right to keep medical information private.	Uplifted this case to the Assistant Ombuds.	Assistance Provided
4.	Complainant has served 32 years so far and is scheduled for release in three years. Would like to be able to access life/computer skills programming to better prepare him for reentry. AHCC staff all recommended him for transfer to another prison to be able to accomplish his programming goals, but HQ instead decided to maintain him at AHCC.	DOC is not violating a policy by not transferring him; they chose not to due to his safe harbor status. Staff relayed to me that they agree that this programming is being considered for 2021.	No Violation of Policy
5.	Family member submitted complaint on behalf of incarcerated relative. Two weeks ago he said he had a Covid screening done and waited for the results. Five days later, he was notified he had Covid-19. He was moved from his unit to an isolation unit. He has been there for a few weeks. He felt well at first, but more recently he has been feeling symptoms. He has requested a nurse but nobody has come to	DOC sent provider to meet with patient. OCO reviewed encounter report. Provided info for patient if issues continue.	Assistance Provided

	see him. He has an autoimmune disease. Symptoms: headache, fatigue, chills, whole body pain, dizziness. Requested he be seen by medical provider immediately.		
6.	In the last month complainant has been diagnosed with dementia and he worries that before he can serve the extra 18 months he won't know anything. He says he doesn't know how he can finish SOTP if he can't remember anything.	Will be closing this case until complainant is back in SOTP. Once in programming, if still not receiving ADA assistance, I asked that he follow up with us for further assistance at that time.	Assistance Provided
7.	DOC is not allowing complainant to make copies for court at the law library. He believes they are discriminating against incarcerated individuals who are indigent.	Has not received response to grievance yet.	Lack Jurisdiction
8.	Complainant had to file emergency grievances in order to receive medical attention for severe inflammation and pain in his right foot. He suffered in pain for hours before being seen. Medical issue has now been resolved and he is interested in pursuing litigation against AHCC and DOC. He also requested more thorough investigations, specifically interviews with incarcerated individuals because he states "staff cover for each other." He states that he is tired of having to resort to filing a grievance for emergency medical issues.	OCO does not have power to litigate. Provided referral information for CLS and local options. Provided next steps if issue happens again and he needs assistance with individual resolution. Documented concern in database.	Information Provided
9.	Complainant has been placed into multiple programs for drug treatment after being revoked from an ISRB release. DOC and the ISRB wanted him to take another treatment program that he's already taken that DOC failed to enter in the system that would lower his needs score from about 3.5 to 1.4. Because of this the ISRB has added 18 months to this revocation that has already been 4 years.	ISRB decisions can be appealed by filing a Personal Restraint Petition (PRP) to the Court of Appeals. Printed out and mailed a PRP form in the event he wants to pursue that. Clarified that this should not be construed as legal advice.	Information Provided
10.	Family member reports inadequate medical care for relative's multiple medical problems since 2017. Medical problems have worsened over time, but complainant states that he is not being properly treated for all of his issues.	Specialty consultation and diagnostic study obtained after OCO outreach.	Investigation Substantiated
11.	Complainant is having ongoing problems with their foot. It is still broken (fractured) and causes him constant pain. The orthopedic surgeon is saying that because his ERD is coming up they won't fix his foot, even though his release isn't certain. He has also only had five days of pain meds for a foot that has been broken for over four months. He had been denied any type of pain management outside of Tylenol and ibuprofen and was denied the surgical procedure that	DOC held Care Conference. Outcomes: trial compression wrap at night; in-patient RLS study; updated x-ray; updated treatment plan consult; CRC consult for updated pain management; PT consult; follow up.	Assistance Provided

	would alleviate his pain and allow him the ability to work upon release.		
12.	Complainant says his completed hobby craft item took over 30 days to be mailed out. DOC lacks policy/procedure for documenting and/or protecting outgoing hobby craft items. He also says our flyers from K-Unit have been removed, and says he assumes we have already received complaints on how AHCC is treating K-Unit individuals as a result of Covid-19.	Uplifted K-unit concerns to appropriate DOC staff. Reviewed the hobby craft issue; it appears that there was an issue with the shipping paperwork and the item was brought back to the unit then re-processed. It did take 30 days and there is currently no separate policy for mailing out hobby craft items.	Investigation Substantiated
13.	Complainant would like to be able to communicate with the four people on his keep separate list. They were separated because the complainant had some of their legal mail (because they are suing DOC together). Needs to be able to contact them because of ongoing litigation.	Explained that DOC has the keep separates in place in compliance with policy 320.180.	No Violation of Policy
14.	Complainant moved to AHCC about two weeks ago and has not received C-PAP machine and also has not received his eye medication. He also has not received all of his property since transferring.	Confirmed individual received his medications and C-PAP, and that additional property was shipped from prior facility to AHCC.	Assistance Provided
15.	Complainant has had a sore throat for months and was transferred after complaints about smoke inhalation at WCC. He was seen by the AHCC doctor, who was concerned about "marks on vocal cords." He was scheduled for surgery, tested positive for Covid in November, and hasn't received the surgery or any follow up appointments since that positive test. He is afraid this could develop into cancer. Requested his surgery be scheduled and/or follow up appointment.	First surgery appointment was cancelled due to positive Covid-19 diagnosis. DOC rescheduled and surgery occurred January 2021.	DOC Resolved
16.	Complainant says he is under the ISRB and was found not releasable and 24 months were added to his sentence. Says that ISRB Decisions & Reasons states that he has not refused treatment, but was deemed non-amendable so was denied treatment. It also states the DOC changed his risk level from low to high risk without any reason. He has detainers in another state, He doesn't know why he was sent from AHCC to CRCC.	Contacted DOC staff. Someone will be reaching out to him for a re-assessment so that he can enter into the programming the ISRB wants him to complete.	Assistance Provided
17.	Complainant says since January 2020 he has been trying to get his prescription from the optical provider at AHCC. He has been seen three separate times and each time they have reserved a different prescription and given a different reason why it has changed. He was	Records show several eye exams and prescription adjustment and resulting 20/20 VA. Patient does not qualify for DOC covered	No Violation of Policy

	told his glasses were ordered but he has not received the correct prescription. Headaches and eye pain daily. Would like a second opinion by optometrist.	glasses or specialist appointment. Updated prescription for CI Optical provided.	
18.	Individual was not allowed to shower for 11 days. Was moved from quarantine to general population then moved back on the same days, did not have time to shower. DOC is not dealing with Covid-19 well.	This person was not able to shower for 11 days. DOC's protocols for hygiene while in isolation had not been implemented at the time, however this is still a concerning incident.	Investigation Substantiated
19.	Says that he is being racially discriminated against due to denial of CI food factory job based on DOC not being able to find evidence of his high school diploma. Says he graduated in 1970 and his high school diploma burned up in the WSP riot in 1979. On prior incarcerations, he had been certified as having a high school diploma and had been given an override to work in CI.	OCO located diploma. Explained actions taken and asked that he follow up if any other concerns persist. Elevated concern of discrimination to OCO Equity Specialist.	Assistance Provided
20.	Complainant says he filed two grievances about the misuse of medical kites. There are three copies, white, yellow, and pink. He was asking for a rescheduling of a hearing test he was made to miss by a guard. His complaint is of staff misconduct by the nurse. Complainant had scheduled a hearing test and was denied going by the unit officer. He sent a kite to medical, but it must not have reached them. Instead it went to the unit officer who had not let him go in. Feels like he is being retaliated against. DOC staff called him to the office and, in a threatening manner, told him that he (staff) can do whatever he wants in this unit, even refusing medical. Complainant felt humiliated and hopeless when he heard this. He is in K unit.	Reviewed evidence. There is not enough to give clues as to what happened. Incarcerated person says the CO knew about the kite; the CO states that he did not see the kite.	Unable to Substantiate
21.	He tested positive for Covid-19 and was discharged four days ago, but DOC still has him in the hospital because they don't have beds available. Since his discharge, he has only been given food, no medical care. His nose has been bleeding since he took the Covid test. DOC hasn't been following Covid protocols. 200 people and only two showers in the gym area. New tents put up.	Patient transferred back to AHCC. Ombuds phone call completed. Systemic issues documented/uplifted.	DOC Resolved
22.	Complainant says he was punched by cellmate several months ago when he returned from the shower. Says that cellmate then ran out of the cell and into the sergeant office, where he told the sergeant he spit on him, which isn't true. The sergeant took a picture of his	Reviewed all evidence. Sufficient evidence for 505; cannot substantiate that other individual spit on himself.	Unable to Substantiate

	cellmate with spit on his face. The sergeant who gave him an infraction didn't do a full investigation.		
23.	Complainant alleges that named DOC staff lied and refused to provide him access to the appeals process to gain access to his legal CDs and property.	No violation of DOC 590.500 or 440.000; confirmed overflow legal property held at WSP; case currently in litigation and OCO unable to mandate outcome.	No Violation of Policy
24.	Complainant has kidney stones and DOC is not providing him access to pain management while the kidney stones pass. He has been told by DOC that they believe he is drug-seeking. He is allergic to many over the counter pain relievers. Requested pain management plan.	Patient has received testing, updated treatment plans, and pain management options. No health plan violation. OCO reviewing pain management concerns in a systemic report.	No Violation of Policy
25.	Complainant has significant difficulty kiting or grieving because of disability. Does not have an accessibility aide for writing kites/grievances. Has reached out to ADA coordinator multiple times at multiple facilities and they have not followed up. He is also supposed to have a pusher for the dayroom but hasn't been provided one. Currently has HSR on file but the staff are not complying.	Notified ADA coordinator that complainant needed assistance with scribe; meeting is arranged to discuss. Will close as having provided assistance on that matter. Separately, notified DOC staff at facility that complainant had an HSR that was not being enforced (pusher for dayroom). After their review, the matter was sent to DOC medical for review by another provider. DOC provider deleted the HSR in question. The portion of this case dealing with the HSR was transferred for further review and resolution by OCO health/medical ERO specialist, as well as concerns about retaliation.	Assistance Provided
<b>Bishop Lewis - King County</b>			
26.	Covid testing was delayed for symptomatic residents at Bishop Lewis. Now 19 people have tested positive.	DOC stated that they would launch a critical incident review of Covid-19 outbreak.	Assistance Provided
<b>Brownstone - Spokane County</b>			
27.	Person interacted with his girlfriend who is an approved visitor. Person has served 13 years and is now at work release. Person was sent back for a possible violation, but it was put in pending while under investigation. Person now has only 39 days left to ERD but CCO at the work release has told him she will be violating him. He tried to	His infraction was dismissed and he was approved to live with his girlfriend upon release.	DOC Resolved

put the address of release of the girlfriend but CCO in community denied it because they say she has a felony on her record.

**Cedar Creek Corrections Center**

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| 28. | Complainant is diagnosed with severe sleep apnea. While at SCCC, they took the power cord to his CPAP. When he transferred to CCCC staff told him they don't issue cords. He was called up to medical and told they weren't aware how high his numbers were. They told him they ordered the machine. This was more than three months ago. He still has not received the CPAP. High risk for Covid-19. Filed emergency grievance. Requested CPAP machine. | DOC provided new CPAP machine, supplies, and issued appropriate Durable Medical Equipment (DME) and Health Services Report (HSR).            | DOC Resolved                   |
| 29. | Complainant was set to release for work release in October when DOC added months of extra time to his sentence pertaining to two causes.                                                                                                                                                                                                                                                                                                                 | I forwarded this concern to HQ time calculations to flag it for their review, specifically asking for a response to the incarcerated person. | Lack Jurisdiction <sup>1</sup> |

**Clallam Bay Corrections Center**

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| 30. | Japanese anime book rejections due to sexually explicit content and other mail rejection issues.                                                                                                                                                                                        | Publications are reviewed by a Publications Review Committee (PRC); mail rejections are not grievable. Mail rejections are appealed to the mailroom sergeant.               | Lack Jurisdiction <sup>2</sup> |
| 31. | Reporter says the initial grievance he filed was accepted at level 1 but then when he tried to appeal the grievance to level 2, the grievance came back as non-grievable. The reporter wants to know why the grievance is now non-grievable when the level 1 was accepted as grievable. | Appears that the grievance was appealed to the grievance program manager twice. First the decision of the level 1 was upheld, then the 2nd appeal was deemed non grievable. | Assistance Provided            |

**Coyote Ridge Corrections Center**

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| 32. | Complainant says he sent out letters that contained excerpts from a book in the library and was censored and rejected. Subsequently complainant received his first infraction in several years for possessing sexually explicit materials. | Upon examining the infraction and appeal, the correspondence was sent by complainant to see if policy and law can be challenged as policy seems contradictory. Headquarters' response was that DOC has no plans to suggest or request changes to the current WAC relied | No Violation of Policy |
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<sup>1</sup> Note: OCO does have jurisdiction over time calculations. The outcome here is the same in terms of providing assistance via sending the concern to the appropriate DOC staff and asking for further review and action.

<sup>2</sup> Similar to above, OCO does have jurisdiction over Publication Review Committee decisions; the better classification for this would be No Violation of Policy.

		upon to make determinations on what is, and is not, sexually explicit. DOC is acting within the guidelines for rejecting such communications and issuing the resulting infraction and corresponding sanctions.	
33.	Complainant has been in pain for over six months and has sent several kites to get cortisone shots for his hips. He tolerates pain well, so he put in a grievance instead of a medical emergency. There has been a delay in DOC responding to his medical grievance, which was filed several months ago; DOC granted an extension and never responded within the extension deadline. The pain he is going through affects his walking, putting strain on his back, legs, and feet and is not getting any better. He was told he can only have the cortisone shot every three months but when he had asked, his last one had been six months prior. Requested cortisone shots and change in policy.	Records indicate two appointment no shows. DOC agreed to reschedule shot.	Assistance Provided
34.	Caller states that he was brought up to the CRCC main facility pending an infraction that was dismissed. He is now being told that he will not be placed back at CRCC camp. His custody has not changed, do he doesn't understand why he needs to be housed at the main facility.	This person is being held at medium awaiting transfer to a new camp after a keep separate was placed at CRCC camp. He can't go back to CRCC camp because of the active separatee.	No Violation of Policy
35.	Complainant has been trying to file and receive the Economic Impact Payment since October and it never arrived so he was told to refile. Complainant refiled and used his home address in Missouri to his power of attorney who sent the check to him in DOC. The mailroom rejected the check stating he is attempting to defraud the IRS by seeming to appear like he is not incarcerated.	His mail rejection was overturned.	DOC Resolved
36.	Complainant says that he is continuously being denied medical care for a tumor-like mass that is imbedded in his trapezius muscle, at the base of his neck which causes severe pain, headaches, and cramping and impacts his activities of daily living (ADLs). As a result of this pain, he is taking medicine, which is causing him stomach issues. He would like to change his medication and to switch his diet to something different. He has filed multiple grievances and has not gotten any response. Requested change in medication and diet, and to remove mass if medically indicated.	Confirmed MRI provided, results show lipoma, removal level III "not medically necessary." DOC agreed to discuss medication and diet options with patient; info provided for next steps.	Lack Jurisdiction <sup>3</sup>

<sup>3</sup> Similar to the above, OCO does have jurisdiction over DOC staff actions impacting the health of incarcerated individuals. This would have been better classified as No Violation of Policy.



37.	Complainant says he was sanctioned to 180 days of no phone use and must communicate with family via mail, however, his mother cannot read or write, therefore can only communicate via telephone.	We reached out to DOC Hearings Department and were referred to policy 460.050 (Disciplinary Sanctions). This policy stipulates that anyone found guilty of a 603 violation will be subject to mandatory administrative actions and lose mandatory good conduct time and specified privileges. It is important to note that mandatory sanctions cannot be reduced or modified downwards.	No Violation of Policy
38.	While moving from MSU to the main camp at CRCC, \$125 in property went missing, including food items/store that nephew ordered from Union Supply totaling approximately \$100, plus \$25 that the person had bought himself. Staff failed to inventory property on inventory sheet and also left his property out for others to steal. Complainant tried to file a tort claim and DES told him that he needed a receipt. Complainant says his nephew has it, but uncertain if DES has reached out to the nephew to get it.	Reached out to DES to ensure that they had this information for their investigation. Confirmed this information was received.	Assistance Provided
39.	Complainant says on several occasions the mail room has rejected outgoing messages alleging violation of WAC #40 for third party contacts. Complainant lists several examples (see notes section) of rejections and in one circumstance, how this conflicts with a specific solicitation by JPay for a contest.	We reached out to the facility mailroom Sergeant who directed us to DOC policy 450.100 (Unauthorized Mail), Attachment 1. This policy attachment stipulates that mail to or from incarcerated individuals, including publications and eMessages/attachments, may be rejected when it “contains correspondence/property for or from a third party.” It was verified by the mailroom sergeant that the communications were in violation.	No Violation of Policy
40.	Complainant reports they had a meeting with the ISRB with their counselor. The meeting went well until the two interviewers started asking them aggressively about their childhood (family, ex-wives, children). The interviewers asked if they were a transgender woman and they said yes, and started asking more questions and said they didn't believe that complainant was transgender. The interviewers said that the religious-based program they applied to for release does not accept homosexual or transgender people.	Expressed concern regarding the treatment by ISRB staff but explained that I cannot substantiate what happened. However, this person was able to have another hearing and has been deemed eligible for release.	Investigation Unsubstantiated or Unfounded

41.	Complainant says his counselor requested work release on his behalf, but the work release center denied his request stating that they will not allow him since he is not fully enrolled in a sex offender treatment program. However, he was not ordered by the court to participate in the program, and the doctor who interviewed him during intake, after hearing his side of the case stated he obviously did not need treatment. He sent an appeal to classification at HQ and they said they will not hear the appeal because the action was not made by their department.	DOC is following policy 300.380. This policy allows DOC staff to decide on classification promotions based on incomplete programming.	No Violation of Policy
42.	Complainant says her medical provider is discriminating against her by not prescribing HRT laid out in the "Guidelines for Healthcare for Transgender Individuals." She first requested in January to start the process and was told someone would meet with her, but no meeting occurred. In June she was made aware, after several medical visits and no meeting, that the psych associate had started the process. In October she was told of a new policy stating the medical provider could prescribe hormones following an evaluation to determine transgender identification. There were multiple failed attempts from both herself and the psych associate at getting the doctor to follow guidelines. The doctor says the guidelines have yet to be implemented. Requested HRT access.	Records show prescription for HRT provided in December 2020.	DOC Resolved
43.	Complainant says that sometime in June 2020 his laundry bag became unusable and had a lot of holes in it, so he would lose his laundry. He requested a new laundry bag but this request was denied. Complainant then found a less worn down laundry bag, but it still had holes in it. Without a proper laundry bag, complainant is unable to properly clean his clothes.	Laundry bags issued to CRCC were melting in the dryer. CRCC ordered bags and they have since been distributed.	DOC Resolved
44.	Caller states that DOC is wrongly charging him for work release room and board that he already paid for. He'd like to get reimbursed for the money being deducted fraudulently.	Explained that the amount owed to DOC is correct, but it is confusing because his account was split into two separate accounts by DOC's accounting system.	Unable to Substantiate
45.	Complainant says he would like to be respected and referred to by his legal name Muslim name. His name was changed in the state of New Jersey in 1997, before being committed to DOC. DOC says the court must send the amended J&S.	DOC policy 400.280 requires a legal name change by adding it to the electronic file as an alias and affix a label to the back of ID. J&S subsequently amended after commitment.	No Violation of Policy

46.	Mail was rejected due to contraband. Caller wants to know what was in the incoming mail and believes that DOC is trying to slander the person that mailed in the rejected mail. Also wants to know why this isn't being investigated by law enforcement.	Appears the mail was rejected because there was yellow paper in the mail, which is not allowed. I explained that there was nothing illegal found, just items not allowed into WSP.	No Violation of Policy
47.	A situation occurred where DOC did a group investigation. The investigation was dismissed and complainant has been in IMU since July. Person is STG-affiliated and does feel like DOC is targeting him because of the label. They did put a prohibited placement.	Appears this person was held in IMU for an extended period of time due to a prohibited placement. He was held in IMU awaiting transfer to another facility.	No Violation of Policy
48.	Complainant has been sitting in IMU since July. He was the victim of an assault, not a disciplinary issue. Waiting on a transfer. Would like to have a TV or better access to commissary since it will be a long time.	Complainant received television.	DOC Resolved
49.	Complainant says that he is being denied a winter coat and hat, so he freezes as he walks from the mainline meals and facility callouts. He has been told that he has to wait till mid-December to receive a winter coat and hat. No real reason has been given as to why he cannot receive his winter clothing earlier than mid-December.	Winter clothing was issued by DOC.	DOC Resolved

**Larch Corrections Center**

50.	Reporter states that there was retaliation by DOC staff that resulted in a WAC 558 serious infraction (staff interference). Asks that we review the infraction and its validity because he stated that he was not aware that the letter he wrote to the Grievance Program Manager would count as a grievance.	Reached out to Disciplinary Program Manager, who overturned the infraction as the letter to the GPM should not have counted as a grievance against the five total limit.	Assistance Provided
51.	Complainant said he was terminated from Therapeutic Community (TC) unfairly. He did not believe he should have been in the class since he did not have it in his J&S. He received an infraction and was sent back to Airway. He said they are now going to put him back in TC after he gains more custody points and the length of the program will make him ineligible for work release and graduated reentry.	He was terminated from TC. Now due to a new infraction, he does not have the points for TC. His re-entry plan is unclear until March.	No Violation of Policy

**Mission Creek Corrections Center for Women**

52.	Caller says that nothing has been done about the sexual harassment she reported. She reports that she has been repeatedly placed around the woman who harasses her. This has been ongoing from county jail to MCCCW. She has reported the harassment but DOC staff have not investigated. She's now housed with this person at MCCCW.	Caller has reported harassment to DOC but will not identify the person who is harassing her. She did not identify to our office either. I closed this case until she can give more information.	Unable to Substantiate
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**Monroe Correctional Complex**

53.	Friend states incarcerated individual has been in IMU since September 2020.	Incarcerated individual now out of IMU. Explanation forthcoming regarding length of time in IMU.	Problem Solved
54.	Complainant is diagnosed with Disc Degenerative Disease (DDD), sciatica, scoliosis and other health problems. DOC medical staff tested him and also found multiple hairline fractures in his vertebrae. He is in severe, daily pain that impacts his activities of daily living (ADLs). He has trialed physical therapy and medication plans through DOC but his symptoms are worsening. His case has been presented to the CRC multiple times for a more adequate pain management plan, however, the CRC has denied these requests.	DOC initially refused chronic pain management via CRC decision. Resubmitted based on OCO request and denied again. OCO cannot overturn CRC decision. May include in systemic report on chronic pain management. Complainant contacted OCO to report that he later received needed treatment (1-year prescription for Gabapentin).	Information Provided
55.	Complainant reports having something wrong with his lungs. Requested a CT scan. Initial diagnosis was COPD. He is having trouble getting in to see a doctor so that his medications can be changed.	Secured the specialty consult requested, but complainant is currently hospitalized so consult was cancelled. Has access to specialist care in hospital but asked him to reach out after discharge from hospital if he needs assistance from OCO again.	Assistance Provided
56.	Complainant appealed the Care Review Committee (CRC) decision to deny him for a medically needed mattress. DOC never responded to the appeal. In January 2020, he talked with physician and requested his case be re-submitted but it never was.	OCO cannot overturn CRC decision. May include in future for systemic reports on CRC and access to medically-indicated mattresses.	No Violation of Policy
57.	Complainant is having issues with staff and counselor. His mental health is suffering. He has written grievances but they are returned as non-grievable.	Complaint is too general to substantiate. Sent Ombuds Review Form with request for more details. Was able to clarify that, generally, denying a unit move for personal preference is not a violation of DOC policy.	Unable to Substantiate
58.	His community custody was revoked and he is claiming retaliation.	OCO does not have jurisdiction over community custody or revocations of community custody.	Lack Jurisdiction
59.	Complainant has been trying to get his hearing aid repaired since the for more than one year. He contacted our office previously to help resolve his complaint. In our response, he was to send in this form if the issue has not been resolved as DOC said they were scheduling him	Confirmed hearing aids provided during appointment for fitting/pick up.	DOC Resolved

	an appointment. His hearing aids have still not been repaired/replaced after the audiologist appointment.		
60.	Around the beginning of the Covid-19 pandemic, complainant found some bumps on the back of his head. He told DOC about the bumps at another appointment and wasn't really seen. He started feeling weird (memory issues, head pressure, dizzy, etc). Kited medical to see the provider and DOC stated that it will be awhile until he gets seen. Was told by the medical staff that he had to wait to see the provider. DOC staff are not taking this as a serious issue. Patient requested MRI & diagnostics by specialist.	DOC agreed to submit case for neurology consult and MRI to CRC for consideration.	Assistance Provided
61.	Complainant has several medical issues and needs a medical mattress. He also believes that Black prisoners get the worst health care at his facility. Requested mattress.	CRC has denied request for medical mattress twice. OCO cannot overturn CRC decision. May include in future systemic report on medically-indicated mattresses.	No Violation of Policy
62.	The underlying issue are a series of infractions that the complainant received for contraband found in his cell during a cell search, failure to provide urine sample, and then a positive UA a month later. He also raised the concern that Black people are targeted at Monroe for multiple searches and that they are more likely than not to be transferred out of MCC after being guilty of a 607 (failure to provide urine sample).	Reviewed all materials. Infraction for contraband found in cell is within policy. Monthly UAs permitted by policy. Reviewed data related to race but could not identify targeting. Will continue to monitor.	No Violation of Policy
63.	Approximately 2-3 weeks ago, complainant was sent for procedure. When he was being prepped for the procedure, the specialist discovered that DOC had not stopped one of his medications as they had been instructed to do. The procedure had to be cancelled.	DOC agreed to reschedule procedure but also mentioned that GI appointments and colonoscopies are delayed due to Covid-19.	Assistance Provided
64.	Medical misconduct concern. Complainant states that since he was moved to MCC he has had nothing but issues. He frequently runs out of his medication and has to file emergency grievances to get more. He wants his meds to be refilled correctly. Medications are important and he wants DOC to handle his prescriptions correctly. Wants to get his medication re-filled on time.	Records show medications were refilled from September through December 2020. Additional refill requested prior to refill availability.	Unable to Substantiate
65.	Update via family member re: previous case. Incarcerated relative missed one of his cancer treatments about a month ago and has not received a follow up since then.	Cancer treatment was confirmed as missed; treatment given 6-7 days later. Confirmed upcoming cancer care appointments.	Investigation Substantiated

66.	Wants to get on the suboxone program but he's in restrictive housing and has been told he cannot start the program while confined there. Wants to get moved to WSRU.	Moved from restrictive housing to WSRU.	DOC Resolved
67.	Delayed access to gender affirming surgery. CRC approved; DOC delayed in providing CRC documentation.	Confirmed up-to-date GD assessment with outside specialist scheduled. Once complete, will be forwarded to surgeon for consideration and scheduling.	Assistance Provided
68.	Applied for CPA and turned down due to a misdemeanor assault 4 domestic violence and a misdemeanor violation of a no-contact order that are both from 20 years ago.	DOC was following policy 390.585. He was denied based on policy.	No Violation of Policy
69.	This is an ongoing concern from earlier. He has filed several medical emergencies. He says he is suffering chest pains, very high blood pressure, headaches and thinks he's going to suffer a heart attack. Says he hasn't been seen by a medical provider since July. Says that he believes it's due to the technology on his unit (SOU); wants us to alert EPA.	Records show patient refuses all care offered and available within DOC including medical and mental health. OCO cannot request treatment outside of the OHP.	No Violation of Policy
70.	Individual says he needs protective custody. Relayed concerns of a confidential nature.	OCO inquiries into concerns appear to have been resolved by DOC not only at the local level, but DOC headquarters is also aware of his situation.	DOC Resolved
71.	Complainant is a foreign national who needs to be able to contact his consulate.	DOC fixed the issue to allow the consulate to be called via the regular GTL phones.	DOC Resolved
72.	Primary concern is that he is not receiving timely responses to his grievances (one has been extended six times) and that DOC is refusing to fix the problems that he is raising through the grievance procedure.	Conducted outreach to DOC staff regarding two grievances specified by the complainant. DOC staff acknowledged that these grievances have received significant extensions; stated that the issues involved complex records issues. Indicated that they had provided one response already and were working on providing the second. The specific issue in the first grievance related to accuracy of healthcare information; DOC acknowledged that there is inaccurate information in the person's healthcare record, stated that because it is a healthcare record, they cannot remove it, but have provided updated	Substantiated

		information that any current healthcare diagnoses or treatment should be based on.	
73.	Received a 203 infraction with a 709. 203 minor was dismissed but 709 major was not. They went together and complainant believes 709 should be dismissed based on the fact that 203 was dismissed.	Requested additional review from DOC staff. Elements for 709 are different than 203 and appear to be met. Provided information on self-advocacy steps (writing Disciplinary Program Manager).	Unable to Substantiate
74.	Complainant reports that he has been sitting in IMU since October due to a 505 infraction. HQ recommended him for release to medium at the same institution (MCC) in January, but he is still sitting in IMU.	Per DOC policy 320.200 individuals in administrative segregation will be housed for a maximum of 30 days, however policy also allows for extensions of that timeframe. He was moved back to GP. Our office is currently reviewing this policy systemically.	No Violation of Policy
75.	Complainant is a dialysis patient in complete kidney failure who has an HSR for a renal diet (double protein such as eggs). The kitchen keeps substituting his eggs with peanut butter. Peanut butter is worse for dialysis patients than eggs, but the kitchen just assumes protein is protein. To remedy the situation the kitchen altered the statewide dietician mandated protein requirements for a renal breakfast by replacing eggs with peanut butter. States that the longer it takes to remedy the situation it creates damage to the inmate's health and well-being.	Investigation complete and resolved, however, patient passed away.	Declined, Other
76.	Targeting and discriminatory behavior from unit sergeant. He takes a negative stance. Complainant feels it's an abuse of his authority.	Spoke with complainant and recent move has greatly improved their situation and case could be closed.	DOC Resolved
77.	Delay of over a year allowing her and fiancé to marry.	Chaplain informed me of the wedding date and time. Called fiancé with the news. She was overjoyed. She approved closing of case.	Assistance Provided
78.	Complainant says he believes two DOC staff lied about an incident that resulted in a staff assault (704) infraction. Complainant reports that he smoked "spice" (synthetic form of cannabis) in August and had an immediate adverse reaction the resulted in intensely painful seizures (at least 25) and hallucinations. He was restrained by staff after they entered his cell. In the beginning he was in psychosis and had no idea what was going on, but staff decided he needed to go to the hospital. During psychosis, he hit and vomited on staff.	Referred request to HQ to have special consideration for actions taken while under the influence of drugs. DOC declined to change or modify the infraction as they believe that he should be held responsible for his actions since he chose to take drugs, which are not allowed in the institution.	Unable to Substantiate

79.	Complaint: person stated that during a random UA, he told the officer that he needed to relieve himself (BM). The CO proceeded to tell him that he didn't care. The complainant said he would "have to relieve myself while standing and on the floor." Complainant did this and then CO made him clean it up off the floor with no gloves. When he finally produced the UA they said it was two minutes too late.	Do not see an infraction for this time period in OMNI; either was not infringed or was found not guilty.	DOC Resolved
80.	Complainant states that he is having problems getting medication refills. This has been ongoing for months. He followed the med renewal process and states that although his meds were reportedly renewed last night, today he received only four instead of the eight or nine meds he needed. The nurses at pill line did not know why. He is concerned that he has not been getting his meds on time.	DOC agreed to reorder all missing medications, however, had not received a refill card from the patient. Suggested sending refill requests via kite for better tracking. Provided info to patient.	Assistance Provided
81.	Complainant says part of his deal with prosecutor was to remain on the appropriate medications that Western State Hospital prescribed him to be found competent at trial. The entire time of incarceration he is to remain on the meds signed by the judge in his J&S. On arrival to DOC he was taken off one of these daily medications. HQ has upheld the prescriber's decision to take him off the meds. Requested his medications.	OCO cannot overturn DOC clinical decision or medication restrictions. Provider offered alternative medications, which complainant denied. Provided self-advocacy information.	No Violation of Policy
82.	Complainant has a diagnosis of ulcerative colitis. He has been complaining of severe pain and other symptoms. Symptoms have worsened, he was sent out for an ER visit several months ago. ER suggested GI consult, approved by CRC. He messaged medical staff asking about the consult and informing them that he is releasing soon. So, they fast tracked it. He asked them to make sure all the tech would work for a video visit, because he has done those visits before and the microphone didn't work. At his appointment, he couldn't talk to the doctor because the mic didn't work. Nurses were rude and didn't help. He is currently having a UC flare up. GI specialist said they would reschedule. Throwing up blood; blood in stool. Also has been charged several times for chronic care appointments and would like refund.	GI specialist appointment rescheduled. Patient was released; OCO no longer has jurisdiction.	DOC Resolved
83.	Complainant says that he is not receiving proper medical treatment. He needs inhalers for chronic lung issues but never received a resolution for his complaint. He says that he was advised by the emergency room doctor to get an MRI, but DOC denied this request and he has not seen a medical doctor since then. Experiencing	Confirmed that inhalers were provided, CPAP and sleep study approved, physical therapy consult requested (although PT is delayed generally), and complainant has a chronic treatment plan in place. DOC denied MRI and neurology consult.	No Violation of Policy



	migraines and back pain. Requested CPAP, inhalers, MRI, neurology consult, treatment plan.		
84.	Complainant says that he has an ongoing eye problem in one of his eyes. He says that his eye makes it difficult for him to work, read, and perform other daily tasks. He saw the DOC optometrist and he prescribed him new glasses for distance vision. However, his problem is not with distance; it is that his eye cannot hold focus, which further causes strain. Requested an exam with a local optometrist and would like to obtain a reliable pair of eyeglasses.	Full eye exam provided by DOC optometrist, prescription for bifocals issued. Distance vision glasses were chosen but DOC agreed to fill bifocal prescription if patient has changed their mind. Next steps provided.	No Violation of Policy
85.	Complainant says that contrary to previous documents, he was not able to be present for his FRMT assessments because he is still being housed in IMU.	DOC reports complainant was not present by his choice.	Unable to Substantiate
86.	Complainant says he was placed on individual behavior management plan (IBMP). Staff took all his belongings, except for hygiene and bedding. He has been in the fourth floor infirmary for approximately three months. He was diagnosed with an eating disorder and gets two meals through NG tube a day. His IMBP uses measures to force him to eat, and until he is discharged he can't use the phone, write letters, or read books.	Alerted DOC MH to concerns related to IBMP limitations and requested Director's review. Individual was later transferred out of infirmary, back to SOU. Provided DRW referral information and sending release for him to complete and return to OCO in the event he'd like further assistance.	Information Provided
87.	Complainant says that his rights are being ignored. He had an infraction hearing and he requested witnesses to make a statement. His request to have witnesses at this hearing was denied. Complainant feels as if his rights are not being upheld and it is affecting his rehabilitation process.	Reviewed appeal and do not see any mention of witnesses or lack of witnesses; does not look like complainant raised this previously. Also, he admitted to the infraction, so unclear how this would help him.	No Violation of Policy
<b>Stafford Creek Corrections Center</b>			
88.	Officers excessively restrained complainant so that he could not walk while taking him to a hearing for another infraction. They said that they would have to drag him the rest of the way. They then used excessive force when he didn't/couldn't move, injuring him. They claimed afterwards that they had to use force because he had tried to spit on one of them and that he resisted going to the hearing.	Closed Case Review. This case was originally reviewed and closed by OCO and the person requested a closed case review, including that we review the video. OCO requested the video and received it, but has never been able to get the video to play properly. Unfortunately, the person has now been released and OCO cannot impact positive change for him in this situation. OCO access to DOC videos is an ongoing issue.	Declined, Other
89.	Complainant went in for medical procedures and did not receive adequate post-op care. He was released back to mainline with no	No grievance on file. DOC agreed to provide assessment for emergent concerns; results	Lack Jurisdiction

	<p>medication or post-surgery follow up. In days following surgery, pain kicked in, swelling, massive bleeding. Medical told him to drink more water. He declared a medical emergency. The surgeon had recommended five days of bedrest, prescription laxative, pain medication every four hours for five days. The pain got so bad that he couldn't walk. Medical gave him pain meds every eight hours upon request. Doctor took him off the medication. DOC had him on Metamucil. Was still bleeding on the pills and Metamucil. DOC took away the pills and kept him on Metamucil. They recently changed to an off-brand Metamucil option and it isn't effective. He has been trying to schedule an appointment. Concerned about a mass that is growing larger. The surgery was supposed to help with bleeding and pain, but since the surgery the symptoms have worsened. Requested follow up with the surgeon and treatment for current symptoms.</p>	<p>benign. Patient can kite medical and schedule appointment if issues continue. Medical appointments are delayed generally due to facility Covid-19 outbreak.</p>	
90.	<p>Complainant says their mail, including legal and time sensitive mail, has been read, blocked, and delayed despite grievances. It is a specific CO who is blocking the mail. He says that OCO should have taken action sooner.</p>	<p>DOC resolved the concerns they were aware of. Informed complainant to grieve the other concern. OCO is already looking into mail concerns systemically.</p>	<p>DOC Resolved</p>
91.	<p>Complainant says he has been on medications for 25 years and the psychiatrist is refusing to prescribe different medications for mental health. The meds DOC prescribed were not working and had side effects so he stopped going to pill line. He said he just got approved for SSI and he is supposed to be on meds for psychosis, major depression, anxiety, and PTSD. He has a court order to be on medication. He was on Wellbutrin for years with no side effects before being cut from it once entering DOC prison. DOC responses to related grievances are past due, multiple appeals submitted. He is being sent in circles and the issue hasn't been resolved. Requested Wellbutrin prescription.</p>	<p>OCO cannot force DOC to prescribe a specific medication. Mental health records show that his provider has discussed mental health treatment options and DOC-approved medication alternatives.</p>	<p>No Violation of Policy</p>
92.	<p>Complainant says that DOC is breaking Covid protocols. DOC conducted cell searches without PPE gowns, clean gloves, and would touch everything in the cell. Says he is concerned that Covid protocols are not being followed.</p>	<p>Provided information. OCO will uplift his concern to administration and we continue to monitor DOC's response to the CDC's Covid-19 recommended guidelines.</p>	<p>Information Provided</p>
93.	<p>A contact person was removed from complainant's JPay mail list for not having full name listed. He was never notified until about 20 days later. He doesn't feel this was done correctly according to the agreements with JPay.</p>	<p>OCO does not have jurisdiction over a JPay denial. The complainant can write a letter to his loved one and let them know to update the account with the appropriate information.</p>	<p>Lack Jurisdiction</p>

94.	Complainant says he sent a kiosk message to staff saying he produced a legal document to send to the associate superintendent regarding <i>Allen v. Louis</i> , relating to false arrest/imprisonment. Current lawsuit relates to false arrest. Complainant says the request should be made to the associate superintendent of programs, and a copy will be given to the counselor to deliver to you. The letter was sent out via USPS.	We need more information regarding the complaint and the need. DOC is unaware of this concern and OCO cannot find clarifying information. Requested clarification from the complainant.	Investigation Indeterminate
95.	Complainant says they grieved medical because they sent a medical kite in October asking for an appointment with their provider so they could get the HRT process started. Medical responded and gave them an appointment 60 days out. Complainant says they shouldn't have to wait 60 days to see their provider and their gender dysphoria is getting worse and it feels like DOC is making them wait on purpose.	DOC agreed to next steps for accessing HRT. Patient tested positive for Covid-19 and passed away while in DOC custody.	Assistance Provided
96.	Complainant says he has been striving to get treatment for the sciatic pain he has been suffering from. No response from DOC so far. DOC keeps granting extensions on grievance and he cannot get it beyond level II.	Confirmed that DOC is beyond response deadline. Uplifted to HQ Grievance Program Manager and provided contact info to complainant. Treatment plan is physical therapy, however, no PT occurring due to Covid-19 outbreaks.	Assistance Provided
97.	Infracted for allegedly threatening and inciting a riot. Complainant says that this infraction is absolutely false and is targeting by the staff against the incarcerated individual.	Reviewed packet and video of incident. Interviewed complainant and two incarcerated witnesses. Reviewed video with SCCC Investigator and DOC Assistant Secretary of Prisons Herzog. Raised concerns with Superintendent, who dropped the riot infraction down to inciting a disturbance. However, DOC has declined to take further action because the video does not have audio and so there is no incontrovertible evidence to say that the complainant did not make threats, yell, kick the door, or otherwise attempt to incite a disturbance.	Unable to Substantiate
98.	Complainant would like B vitamin supplements but CRC denied them. He does not believe he is getting enough nutrients from muffins, potatoes, bananas, apples, and oranges. He cannot purchase vitamins via commissary while in IMU so cannot access vitamins without a prescription. He also expressed that his thyroid is declining and DOC	OCO cannot overturn CRC decisions or influence transfer to Oregon. Substantiated that he cannot purchase commissary in IMU. Confirmed temporary prescription for vitamins offered and more recent prescription for Vitamin D and calcium.	DOC Resolved

	confused his diagnosis. Requested to be sent to Oregon State Penitentiary.		
99.	Placed in IMU after being infraacted. He was only supposed to be in IMU for 10 days. Now it has been three months and he's still in IMU.	Complainant is in IMU due to infraction for assault on another incarcerated individual. Transferred today out of IMU after six months.	No Violation of Policy
100.	He had complication from his hernia operation and he is not getting the medical attention needed for his hernia recovery. He has tried to grieve and is having a lot of issues with the grievance process. He has been in a lot of pain since the surgery.	Complainant called via hotline, stated: DOC has resolved the concern and the OCO case can be closed.	DOC Resolved
101.	Complainant says that DOC is putting Covid-recovered people who are still in contact with positive people into the general population.	Provided information to complainant. OCO continues to monitor DOC's response to the CDC recommended Covid-19 guidelines and will uplift his concern to administration.	Information Provided
102.	This case was presented to OCO as a use of force. However, the individual named in the complaint was not the subject of a use of force but was infraacted for his actions following a use of force against someone else.	No use of force against this individual. No appeal filed for infractions. Sent letter to individual involved with instructions on how to get our assistance if desired.	Lack Jurisdiction
103.	Complainant has sent two letters regarding the same issue. He originally grieved the clean room and the bus, which is the process he has to go through to get to and from work on the outside work crew. The problem is that, to maintain social distancing, there should only be eight people on the large bus and six on the small bus, but they put twelve on the bus. Only five people can be in the clean room which is twice the space of the bus. On the second letter he says DOC has said it is not possible for him to get to and from work carefully.	This issue was substantiated and resolved by DOC in both areas.	Investigation Substantiated
104.	He has an out of state case in Oregon. The law library sergeant has denied him access to case law and Oregon case rules.	Clarified that DOC was not denying him access. His request was out of policy yet they were going to assist with it. However, \$0.20 for copies has to be paid. Gave complainant clarification on that concern.	No Violation of Policy
105.	Complainant says that he is having multiple issues with the mailroom staff at SCCC. He has a number of mail rejections that he believes are unfounded. In the current case, his books from Amazon were returned to sender within five days and he was never notified.	Book was rejected due to a violation of policy DOC 450.100, Section IV.B. (All incoming mail must have a complete return address, to include an identifiable name, per USPS regulations.)	No Violation of Policy

106.	Complainant has been in the SBU program for four years. During this time he was transferred to SCCC and had to start over. There was no clear way to graduate the program.	There is no appeal to classification. Gave the next actions of recourse to get his concern reviewed by DOC. Let him know how to request OCO assistance if DOC does not decide in his favor.	Lack Jurisdiction
107.	Complainant was taken to a specialist and had a shoulder replacement procedure and the specialist put in a substandard part. He can't grieve DOC because it was the outside provider's action. He is now experiencing side effects/symptoms from the poor replacement part. Symptoms include whenever he tries to sleep, his shoulder presses on the replacement socket and causes pain. The replacement part they put in does not match the one the doctor told him they were going to add. Requested medical mattress and assessment and treatment plan for pain.	DOC agreed to provide up-to-date assessment at next chronic care appointment; confirmed that appointment is scheduled. OCO cannot impact change related to request for specialized mattress.	DOC Resolved
108.	Use of force on an individual not wearing his mask to the restroom.	After extensive investigation, OCO substantiated that the use of force occurred and should not have, or could have been avoided by DOC. See published individual investigation report.	Investigation Substantiated
109.	Complainant came out as transgender several years ago and tried to start Hormone Replacement Therapy (HRT) in 2019. The process was delayed so she filed a grievance. She was finally able to begin the process for accessing HRT in March 2020. She finished all the steps in June and hasn't heard anything since. Staff told her it would have to go in front of the board (in June) and she never heard back.	DOC agreed to submit case to CRC. Provided info to complainant about new HRT process through facility providers in case CRC denies access.	Assistance Provided
110.	For 15+ years he was prescribed pain medications for severe chronic back pain from Syringomyelia nerve disease and severe degenerative spine. He established this pain management plan prior to incarceration. He has complained of pain to DOC medical staff at two locations (WCC and SCCC), continuously since 2019, including via grievances. Spinal cord damage has been confirmed on three MRIs. Specific medication has been suggested several times by a neurosurgeon/neurologist. Requested prescription medication for pain management.	Case was sent to CRC in August but was voided. Facility medical director agreed to meet with provider and re-submit to CRC. Provided patient with copy of CRC appeal form in case denied. May include in future systemic reports on CRC and pain management concerns.	Assistance Provided

111.	Complainant's husband was housed in quarantine after testing positive for Covid-19. Due to the fact that quarantine was overpopulated he was made to sleep on the floor. In protest of their conditions and treatment other incarcerated individuals began flooding their cells. Complainant's husband and his cell mates, though they were not those protesting, suffered the brunt of consequences of this protest.	Spoke with the husband via telephone and is happy to close the case as submitted due to facility move. But would like an Ombuds Review Request form sent in case there are additional concerns which need to be addressed. Will send form in mail today.	Information Provided
112.	Complainant was put in the restraint chair at CBCC Close Observation Area (COA) and a lead staff member ordered his privacy towel to be removed. A female staff then stood in front of him and made jokes about him while he was completely naked. This was all caught on video.	OCO has partially substantiated this allegation. A use of force was executed against this person that OCO found to be inappropriate and excessive. The complainant was left unclothed in an emergency restraint chair for no reason that OCO could discover. OCO was unable to substantiate the allegation that a female staff member made jokes about the complainant. Public report completed.	Substantiated
113.	While fasting during Ramadan at WCC, staff argued and antagonized about whether he gets food. He broke his fast (part of fast is not arguing). Filed emergency grievance, went to grievance coordinator. Not fair that he wasn't able to get through his religious fast. Wants us to investigate the staff misconduct.	Unable to substantiate retaliatory behavior from staff.	Unable to Substantiate
114.	Complainant says that he was being housed in Larch CC but was moved because of Covid. He has been sleeping on the floor even though he repeatedly asked to be moved off the floor. He says he has been under 24-hour lockdown with no rec time or yard time.	Provided information. OCO continues to monitor DOC's response following CDC recommended guidelines and will make additional recommendations to DOC. Individual's concern will be uplifted to OCO Assistant Ombuds.	Information Provided
115.	Complainant says that the fourth floor at Reynold's Work Release was quarantined for two months because of a Covid-19 outbreak. They should not have been charged \$13.50 per day for rent during this period.	Contacted DOC and they stated that complainant was reimbursed for the full 56 days of the quarantine period (total of \$756).	DOC Resolved
116.	In DOC on a DOSA revoke. At the hearing, the paperwork said that he had to serve the remainder of 70 days, which was up in December. Now his ERD is in July.	Records Tolling Unit had not completed review of time in community custody. Records Return and Revoke Unit completed their calculations,	Information Provided

		time remaining to serve 189-days. Did receive credit for 242 days in community custody.	
117.	Complainant was placed in isolation and was given medication for emphysema. He was then moved into a cell with an individual who tested positive for Covid. He then was taken to the ER for Covid complications, but later moved to the infirmary where he was given high doses of steroids. He says that his normal medication was thrown away and the new medication made him aggressive and confused. This caused him to get placed back into isolation where he is no longer receiving any medication. Requested access to proper medications.	Confirmed active prescriptions for both inhalers. Provided info on pharmacy orders.	DOC Resolved
118.	DOC won't allow him to start Suboxone and the MAT program (he is six months to ERD, which should qualify him). He came in to DOC with a Suboxone prescription. DOC staff told him that there isn't Suboxone at WCC.	WCC does not offer MAT or Suboxone. Requested DOC discuss transfer options with patient in case he can access this at another facility prior to ERD.	Information Provided
119.	Complainant says he arrived at WCC and told medical that he has a fish allergy and they wrote it down. He told CRCC in 2015 he has a fish allergy. He told them his fish allergy is dangerous and they told him they serve fish 14 days out of a month, which means those are days he can't eat because of cross-contamination. He is scared to eat his food. He put in an HSR to try to resolve it and they told him to just not eat fish. Fish is not a recognized food allergy. Requested fish alternative, specialized medical diet.	Therapeutic Diets Policy 610.240 only recognizes peanut and tomato allergy diets. Medical staff cannot issue HSRs outside of that policy. Mainline Alternative (vegan) Diet is an option. Systemic issue.	No Violation of Policy
120.	Person was moved from WCC at WSP in September and put in IMU with no reasoning. He is finally in medium at WSP but would like his points back. He said no one gave him a reason why he was moved to WSP.	Reached out to Classification Counselor who assured us that complainant has engaged in multiple conversations with staff which satisfy the reason for the move and custody points will be addressed July 2021.	DOC Resolved
121.	Inquiring about DOC cost reduction strategies for reaching 15 percent cost savings target set by OFM.	As a courtesy follow up to face-to-face communication during a site visit, sent copy of DOC's 2021-23 Budget Reduction Strategy outlining proposals to meet 15 percent reduction targets.	Information Provided
122.	Complainant was told he was going to be moved from the gym. Did not want to go and was infracted. Is now in IMU beyond number of days sanctioned.	Reviewed concern, individual being moved from restrictive housing today.	DOC Resolved

123.	Complainant says that he has been placed in isolation/quarantine for over a month with limited movement. He feels as if DOC is inflicting cruel and unusual punishment and violating his civil liberties. He also says that he has eight months left of his sentence to serve but does not have access to tend to his legal affairs.	Since his transfer to WSP, he has not made outreach to staff about lacking access to the courts. Recommend that he file a grievance and follow up with OCO if there are further issues.	DOC Resolved
124.	Has been taking Cholestyramine for about 16 months (among other medications). He spoke with his provider to get refills on his medication and the prescriptions still have not been filled. He's been kiting frequently to be seen and is not getting care. He needs to have his medications refilled as some of them are very important to his health.	Prescription was expired and required appointment with provider (cannot renew via kite). Appointment with provider confirmed and renewal of prescriptions for one year (chronic care).	DOC Resolved
125.	Complainant says that when he arrived at WCC he was not in good health and since being at that facility his health has further declined. He says that he is a type 2 diabetic and has asthma, which makes him high risk for Covid. He says that he has cardiovascular disease in his ankles and calves which requires exercise and medication, but he is unable to exercise because of Covid restrictions.	Provided information to complainant: OCO continues to monitor DOC's response following CDC recommended guidelines. Uplifted concern to OCO assistant ombuds.	Information Provided
126.	Complainant says that he had a leak in his ceiling so he was moved to another cell but was told that once the leak was fixed, he could go back to his original cell. He also says that his unit has been in quarantine and are only allowed a 20-minute phone call every other day. He says that they do not have access to books, are not able to receive food packages, and their commissary is limited.	Letter outlined three separate complaints. Wrote back with Ombuds Review Request to identify most pressing issue. Stated the review form is the preferred method for filing complaints.	Information Provided
127.	Complainant says that he has been quarantined for 60 days with only an hour a week outside. He kited health services and said that he is "immune."	Provided information. OCO will continue to monitor DOC's response to the CDC's Covid-19 recommended guidelines and we will uplift his concern to administration.	Information Provided
128.	Complainant is gang dropout seeking safe harbor. Was assaulted and wants to pursue legal action against DOC.	Moved to safe harbor at AHCC, given self-advocacy info regarding tort claim.	DOC Resolved
Washington Corrections Center for Women			
129.	Complainant's incarcerated sister is high-risk for Covid-19 and should not be working. She has seen medical and applied for her medical records multiple times - to no avail. She complained and they told her to see medical and get her records but it's been almost two years she's been sending for her medical records.	She was issued five HSRs by medical.	DOC Resolved



130.	Complainant would like to appeal a 557 infraction because their 90 days were up. She filled out a job change and got a new job as a unit janitor and then she was served a major infraction for failure to program and three minor infractions. Her discipline hearing officer also reviewed her general infraction appeal decision which she believes is a conflict of interest.	She was infractioned for missing work; her job change was not approved until after she received the infraction.	No Violation of Policy
131.	DOC is telling her that she needs to get an HSR, but medical is not responding. Person was placed in the kitchen for work in January and she told them and it has been documented in her file that she has an eating disorder therefore she cannot be in the kitchen to work. She has tried to remedy with no resolve. Now they are telling her if she doesn't show up for work they will infract her.	Mental health declined to issue an HSR but offered mental health treatment.	Information Provided
132.	CO was walking behind complainant in the yard. The CO asked for her ID and had her stand for search. She went over complainant's breast and nipple. She was then infractioned for refusing a search. She filed a PREA.	Through video evidence, we could not substantiate that an inappropriate pat search occurred.	Unable to Substantiate
Washington State Penitentiary			
133.	Complainant hasn't received adequate medical care following an accident in the yard that resulted in multiple injuries, including to his foot, ankle, knee, and left hip. At first, he only received Tylenol for the injury. He finally received an x-ray that showed that he tore his ACL and he was given a wheelchair and cane. He was told to walk as much as he could handle, do light squats, toe touches. DOC focused on the knee and did not provide treatment for the foot and ankle. When he tried to stand up and put pressure on his knee, he felt and heard a loud pop in his foot, followed by extreme pain. He has written multiple kites and grievances and still has not received treatment. Requested proper medical treatment for all knee, ankle, foot, and hip injuries	DOC scheduled physical therapy and MRI. Reviewed results and confirmed updated treatment plan. Reviewed with OCO Director of Patient Safety.	Assistance Provided
134.	Complainant has filed four grievances in the past month, both at MCC and WSP, for medical negligence while in IMU. He is an insulin dependent diabetic. The procedure and timing of receiving his insulin and receiving his food within (at the very latest) 30 minutes is a consistent issue. The response to the medical emergency when called was ignored/delayed by custody. His feet are being denied care. As a	Patient transferred facilities and issue continued. DOC agreed to resolve insulin/meal timing. OCO followed up with complainant via phone and opened new medical cases for updated concerns.	Assistance Provided

	diabetic this is extremely concerning and he is having issues that are being dismissed by WSP medical.		
135.	The intercom button by the door frequently fails to signal the booth CO. Would like button fixed.	Closed Case Review. Person requested additional review because the issue had not been fixed. WSP stated that the issue had previously been a specific individual in a specific cell, but that the intercom issue was now systemwide. They stated that they would have staff fix it within the week.	DOC Resolved
136.	Complainant has not been able to properly access his inhaler which is putting him at dangerous O2 levels. Needs access to his inhaler at all times, WSP medical staff have said no. Also, recently had a sleep test and other tests related to asthma and breathing. Request access to inhalers and test results.	Complainant relayed via hotline that complaint was resolved. No closing letter provided.	DOC Resolved
137.	Person reports that he has not received his union supply order. Tried to grieve it and was told that he needs to appeal it to property. He's reached out to property and isn't getting answers. It's taking a really long time to get his order and no one is telling him what's going on with his stuff.	Substantiated that is did take over a month to have his order processed. WSP staff stated that this was delayed due to staffing issues. This person has received their property.	Investigation Substantiated
138.	Complainant says he was informed by his counselor he would be held beyond his ERD if he couldn't acquire an approved address.	DOC is following policy 350.200 that states that individuals will need an approved address to release to on their ERD unless they qualify for the stipulations of the policy. This person needs an approved address.	No Violation of Policy
139.	Complainant says he was convicted of 2nd degree rape of another incarcerated individual. He is fearful of his cellmates because two times people have tried to kill him. He would like a single cell and doesn't understand why he doesn't qualify.	Based on policy 300.380, DOC decided that he was not eligible for single cell placement because the victim was not his cellmate. The policy states that, to qualify, the victim needs to be the person's cellmate.	No Violation of Policy
140.	Complainant has been on single person cell since being found not guilty of WAC 637 around May 2019 and because he does not meet the criteria he was taken out of AHCC-Camp He has appealed five times, with the latest appeal being in September. The case manager erroneously indicated that complainant committed aggravated assault which is not correct. Complainant states that DOC 300.380 says that murder or documented rape of individual assigned to his cell dorm are	DOC has determined that a camp setting is not appropriate due to the reasons they have used to deem a single cell necessary. Single cell decision is compliant with policy 420.140	No Violation of Policy

	reasons for single cells. None of that is found in complainant's OMNI and he is being robbed of minimum camp placement and work release.		
141.	Complainant says his grievance is about WSP intentionally and willfully spreading Covid-19 to incarcerated individuals. The level 1 response only reiterates/explains what is already known, there is no plan beyond infecting as many incarcerated individuals as possible. He appealed to level 2. DOC continues to bring prisoners and officers from its most infected prison (CRCC) to WSP. In August 2020, DOC nurses and officers told him at his cell that he and his cellmates tested positive for Covid-19, but the form used to record his information has not been given back to him. He sent in medical kites and he was then told he was tested negative.	Complainant was released.	Declined, Other
142.	Complainant says that when he tried to turn in his legal mail, an officer refused to accept it because a lieutenant instructed the staff not to accept outgoing legal mail. He is concerned that he is going to miss an administrative or procedural court deadline as a result of DOC refusing to accept and log outgoing legal mail.	Appears that legal mail was not sent out that Friday when this person requested due to staff furloughs.	Investigation Substantiated
143.	Complainant received false 603 major infraction. Appealed and was denied. DOC accused him of trying to bring drugs into the facility. The exchange of money they used to accuse him was not related in any way to the other incarcerated person's attempt to bring in drugs. The witness statement from the incarcerated person states that he had nothing to do with the drugs. He was involved in sending money for a radio but was not connected in any way to the drug situation. The witness statement even mentioned that the money was for the radio and he was not involved in the other incarcerated person bringing in the drugs.	Reviewed all evidence. Appears to be sufficient evidence to meet very low "some evidence" standard due to potentially coded language. No evidence to contradict DOC finding.	Unable to Substantiate
144.	Caller has a concern about his DOSA sentence and time calculation. He has also been held in IMU since coming back to prison, about four months.	Was able to get time calculated to the correct ERD, with all of his successful time adjusted. Also uplifted his IMU placement to HQ staff, and he was moved to general population shortly thereafter.	Assistance Provided
145.	Complaint states that IMU staff are not following DOC Policy #300.010 regarding Behavior Observations. Complaint states that unit staff are consistently touching his food with their hands during meal delivery,	CUS approved a modified meal delivery for this person to provide greater health protection. Verified by AO observation. Staff reminded of	Investigation Substantiated

	which is very concerning as he has a life-threatening illness and his meals are to be delivered sealed in plastic wrap. Complainant requests return of single-cell HSR and to be provided with a medical mask HSR based on documented life-threatening illness.	correct BOE policy. Unable to obtain requested HSRs.	
146.	Complainant says he was exposed to HIV through multiple people in the early 2000s. He also was exposed to Hepatitis-C. He could have spread HIV or Hep-C to 23 people. He says the doctors are hiding him having HIV. He says he is having mental health issues and voices are telling him people are hiding things. Requested an HIV test where he can see the results aren't tampered with.	Confirmed HIV test recently provided. DOC sends test off-site for processing, so cannot provide the resolution requested by complainant.	No Violation of Policy
147.	Complainant has not received the money from the stimulus payment. Believes that DOC is purposefully delaying so he cannot hire a lawyer to file a PRP.	The concern he filed with us and his grievance are different. I sent him a letter for clarification.	Unable to Substantiate
148.	Ongoing concern. Complainant states that he has symptoms of narcolepsy and is being denied treatment. He was told by a medical provider that DOC does not treat sleep disorders and will not prescribe a stimulant medication. Medical staff are minimizing a medical problem in order to avoid treating the person. They are using Covid as an excuse to delay the next step in treatment. He releases in less than a year.	After OCO involvement, testing to determine treatment needs was scheduled.	Assistance Provided
149.	He was brought to WSP as a violator and told he would be housed there because he would be able to access his medications. He has been on quarantine and unable to access all of his medications. He takes Ritalin regularly and hasn't received that prescription at all since he arrived at WSP. He is experiencing withdrawal symptoms, difficulty eating and sleeping. Originally, DOC said they needed his medical records, got an ROI, and now they are telling him that since he has been there for a week without it, it should be out of his system, so they aren't going to provide it now.	DOC does not provide Ritalin; not included in OHP. Person released to community.	No Violation of Policy
150.	Complainant is in IMU on a sanction for a 505 infraction and was supposed to be released from IMU in early January.	Substantiated that he was held in IMU 14 days longer than his sanction outlined, due to Covid-19 restrictions.	Investigation Substantiated
151.	Complainant requested safe harbor and DOC is not helping him get on the list. Person fears harm from STG group in any facility.	This person is now being housed in different location within WSP. Since he's been housed there, no concerns noted. Invited him to follow up if safety concerns are unresolved.	DOC Resolved

152.	Complainant currently throwing up blood and passing blood. He went to the surgery consult; provider said she cannot do the surgery until they do the endoscopy. They have yet to do that and have not given him any medications for the pain. The pain is the result of multiple hernias in intestines and abdomen. He has filed several medical emergencies and all they have done is blood draws. Even the sergeant who saw the blood he passed tried to get the nurse to do more.	Specialist appointment is pending. Medications offered but complainant refused. Encouraged to work with provider, take meds as prescribed, and contact OCO again if specialist appointment does not occur within four weeks.	Investigation Unsubstantiated or Unfounded
153.	Complainant is not receiving mailing supplies. He says it is his understanding that he is allocated a certain number of envelopes due to his "indigent" status. He is grieving this and his grievances are returned without admission of error.	Was unable to find evidence to support DOC withholding pre-franked envelopes. I explained how to access them. Recommended he follow-up with OCO if he's still having issues after requesting.	Information Provided
154.	Complainant has a follow up letter to the one received December regarding staff refusing to use PPE properly. About two weeks ago, a CO had a positive Covid-19 result and then a few days later so did two of his coworkers. Later, two units at WSP were put on quarantine and now 160 of 175 people have tested positive for Covid-19. Officers still refuse to wear masks or wear them below the nose. There are still staff with a plastic face shield and the mask below the nose. Individuals testing positive are no longer allowed to use the phone and cannot use the dayroom.	Provided information. OCO continues to monitor DOC's response following CDC recommended guidelines and will be making additional recommendations to DOC. Concerns uplifted to OCO assistant ombuds.	Information Provided
155.	For many months complainant has been trying to get adequate medical care-- he was authorized for weekly physical therapy but has only receive one session. He states that other unique cases have gone to UW Medical so he knows something more can be done. He needs help with the pain and does not want to lose another toe. Also mentioned being high risk for Covid because of chronic conditions. Requested to receive weekly PT, to be seen by qualified medical provider, reprimand of staff at WSP and apology letter.	PT included in delayed chronic care within DOC due to Covid-19. Substantiated patient not receiving PT. DOC continues to attempt to schedule neurologist and orthotic specialists, but appointment schedule is decided by outside providers. OCO does not have jurisdiction over outside providers.	Lack Jurisdiction
156.	Complainant has been held IMU for 10.5 months and is being harassed, treated poorly and being retaliated against. Wants to be transferred out of WSP IMU.	Based on a review there is insufficient evidence to support a violation. Uplifted this concern to OCO's race equity specialist for further systemic review.	Unable to Substantiate
157.	Complainant states that he has been sitting in IMU after being attacked. He was approved for WCC but his release date is	Complainant requested to close case as he has less than 20 days until release and it appears transfer from WSP to WCC is not possible.	Information Provided

	approaching and he doubts that he will transfer. Would prefer not to sit in IMU until release.		
158.	Complainant states that a staff member is withholding his property and is "going by his own rules". When complainant finally received his property, some of it was missing, so he questioned the staff member about it. The staff member became hostile and yelled/cursed at complainant. Complainant also states that on several different occasions this CO calls incarcerated individuals and others inappropriate names.	Video has no audio, therefore cannot substantiate what was said during this altercation. DOC staff contests claims and it appears that complainant was provided with property allowed while in IMU. Asked that he follow up with OCO if he is still missing property with more details about what is missing.	Unable to Substantiate
159.	Complainant says he is writing to lodge a formal complaint about practices by DOC staff, both here at WSP and at HQ, that violates DOC policy 450.100. The issues of primary interest are: 1. The routine flouting of DOC 450.100 1(E)(2) which requires mailroom staff to process and deliver to the housing units all incoming first class mail within two business days, and all electronic messages within five days. 2. The failure to process in a timely manner, or at all, appeals of decision to reject mail. 3. The failure to notify the sender of rejected correspondence that the mail was censored. 4. The arbitrary decision-making of poorly trained, disgruntled mailroom staff.	Explained that OCO is currently in the process of reviewing mailroom processes and procedures and will be publishing a report soon. Thanked him for providing us input.	Assistance Provided
160.	Complainant states that in November, after surgery, he was placed in an E-Tier cell that was extremely dirty with toothpaste spit in the sink, hair in the drain of the shower, massive feces in the toilet built up on the surface, and foot prints from soap scum leading to the bed.	Toured E-Tier and met with managers and porters; reviewed cleaning protocols; observed clean cells. Level I Grievance response includes an apology; provided information on how to file a tort claim.	Investigation Substantiated
161.	Complainant reports that DOC staff did not respond to his medical emergency. He wrote a time-sensitive grievance related to DOC staff not responding to his medical emergency. He is also having issues with the grievance procedure on this grievance.	OCO substantiated that this incident occurred and was not handled correctly. Uplifted this to the OCO Director of Patient Services to be uplifted to DOC HQ and for tracking.	Investigation Substantiated