

# USP Pollock Inspection Report



*USP Pollock*

*(photo by Federal Bureau of Prisons)*

**District of Columbia  
Corrections Information Council**

**July 11, 2019**



## District of Columbia Corrections Information Council

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### *About the District of Columbia Corrections Information Council*

The District of Columbia Corrections Information Council (CIC) is an independent oversight body mandated by the United States Congress and the Council of the District of Columbia to inspect, monitor, and report on the conditions of confinement in correctional facilities where inmates from the District of Columbia are incarcerated. This includes facilities operated by the Federal Bureau of Prisons (BOP), the District of Columbia Department of Corrections (DOC), and private contractors.

The CIC reports its observations and recommendations to the District of Columbia Representative in the United States Congress, the Mayor of the District of Columbia, the Council of the District of Columbia, the District of Columbia Deputy Mayor for Public Safety and Justice, the Director of the BOP, the Director of the DOC, and the community.

Although the CIC does not handle individual complaints or provide legal representation or advice, individuals are still encouraged to contact the CIC. Reports, concerns, and general information from incarcerated DC residents and the public are very important to the CIC, and they greatly inform our inspection schedule, recommendations, and reports. However, unless expressly permitted by the individuals or required by law, names and identifying information of inmates, corrections staff not in leadership, and members of the general public will be kept anonymous and confidential.

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## Executive Summary

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### USP POLLOCK FACILITY

**Dates of Inspection:** December 14-15, 2017

**Location:** Pollock, Louisiana

**Distance from DC:** 1,161 miles

**Security Level:** High

**Rated Capacity:** 1,300

### PROFILE

#### POLLOCK Total Population -

**Population:** 907

**Inmate-to-Staff Ratio:** 4.16 : 1

#### Pollock DC Population

**DC Population:** 48 (0.05% of total population)

**Average Age:** 38.1 years old

**Average Sentence:** 342 months

### Major Findings

**Water Quality:** Evidence revealed possible issues with the water quality at the facility. The water inside of an inmate's cell turned the color of both a Q-tip and an inmate's toilet bowl to blue and green.

**Problems with Mail:** The CIC received reports of delayed mail. Inmates reported delays of up to four months. CIC also experienced issues with mail sent to the facility using the Special Mail process. As of March 2018, inmates reported not receiving any mail from the CIC, which was sent to the facility in December 2017.

**SHU GED Education:** The CIC received unanimous reports from inmates in the SHU that being able to participate in GED programming while in the SHU has been a positive experience for them. No BOP facilities offer GED programming in the SHU.

**Frequent Lockdowns:** The CIC received ongoing reports of frequent facility lockdowns. Inmates were in their cells during the inspection process. Evidence showed the facility reported 16 lockdowns in a 12 month period between November 2016 and October 2017.

**Lack of Programming:** Evidenced showed the facility does not offer a variety of programs outside of GED programming.

**Health Services:** Evidence from the inspection revealed that the facility's Health Services department provides exceptional care to their patients. Health Services staff is also well trained. The Health Services department uses innovative ways to improve both patient care and emergency medical care, and to prevent overdoses.

## Facility Highlights: Promising Practices and Accomplishments

Based on the inspection of USP Pollock, CIC staff notes the following promising practices and accomplishments of the facility:

1. Challenge Program and Challenge Program incentives.
2. GED programming offered in the SHU (Facility won an award).
3. Art room and leather making class for inmate participation.
4. Knowledgeable and well trained staff, particularly in the Challenge Program, education department, and medical department.
5. Overall delivery of medical care and health services procedures, including Utilization Review Team weekly meetings to discuss current medical cases and review treatment options.
6. In order to increase efficiency when providing emergency care, emergency medical kits were developed; medical gurneys are placed in hallways and outside of housing units; and timed, monthly drills are completed.
7. The chapel is used for outside programs and partnerships with universities in order to host events for inmates, such as poetry slams.

## Facility Highlights: CIC Concerns

Based on the inspection of USP Pollock, CIC staff notes the following major facility concerns:

1. Concerns regarding the water quality at the facility.
2. Frequent facility lockdowns.
3. The excessive use of chemicals during use of force for inmate discipline.
4. Overall operation of the segregated housing unit (SHU):
  - Some inmates are shackled while standing for several hours as a tactic for intimidation or punishment.
  - The temperature in the SHU is extremely cold as compared to the rest of the facility.
5. Delayed mail.
6. Food on the hot bar is served cold.

## CIC Recommendations

Based on the inspection of USP Pollock, the CIC makes the following recommendations:

1. Provide staff training at least once per year on interpersonal interactions and cultural competence, and forward training materials to the CIC for the next two years. Additionally, have all staff sign an acknowledgement form after receiving the comprehensive training.
2. Have medical staff provide an orientation for inmates to explain their medical care level, their diagnoses, and course of treatment. An orientation will ensure inmates have the ability to understand their medical needs during their incarceration. Additionally, have all inmates sign an acknowledgement form after receiving the training.
3. Have mental health staff members provide an orientation for inmates to explain their medical care level, diagnoses, and course(s) of treatment. An orientation will ensure inmates have the ability to understand their mental health needs and course(s) of treatment during their incarceration.
4. Identify ways to offer additional programming or opportunities for inmates to learn while in the SHU. Providing additional educational or programming opportunities leads to increased safety and less violence in the facility for both staff and inmates.
5. Identify the feasibility of increasing the number of structured recreational opportunities and programs. Providing additional educational or programming opportunities leads to increased safety and less violence in the facility for both staff and inmates.
6. Conduct a survey for inmates at least once per year regarding additional programs desired by inmates in order to increase their participation in productive activities.
7. Work with the local college to evaluate the feasibility of adding additional programming options for inmates within facility budget constraints. Additionally, attempt outreach for volunteers to instruct programming at the facility to give inmates more options to be productive during their incarceration.
8. Collaborate with the CIC to review the process for considering DC inmates for the Challenge Program, and report the number of DC inmate participants in the program. This will ensure that DC inmates have an equal opportunity to participate in the Challenge Program.
9. Improve the SHU temperature to mirror the rest of the facility, because keeping cold temperatures in the SHU is viewed by experts as an intimidation tactic.
10. Ensure food is served at the proper temperature for inmates in the SHU and throughout the facility.
11. Review mail policies to identify and evaluate causes for delays, and provide staff training on proper mail handling procedures for legal mail and other special mail.
12. Collaborate with the CIC and CSOSA in Washington, DC to explore the possibility of obtaining an electronic version of a resource list with updated DC specific reentry resources to be uploaded from BOP headquarters to computers in the law library. Providing an updated resource list in electronic format increases access for inmates to

reentry resources and is essential to reentry planning.

13. Identify all individuals within two years of release, and begin to streamline the process of inmate accessibility to the reentry affairs coordinator and Release Preparation Programming. Inmates who have access to such services have better preparation upon returning to their community.
14. Evaluate the quality and quantity of meals to ensure proper nutrition and serving sizes for all inmates.
15. Explore the feasibility of providing at least one vegetarian option for individuals who do not qualify for the certified religious diet, but also do not eat meat.
16. Provide a four-hour or half-day staff training on stress management at least once per year. Additionally, have all staff sign an acknowledgement form after receiving the comprehensive training.
17. Provide a one hour, yearly training to both staff and inmates on ways to prevent, detect, and report sexual abuse or sexual harassment. Under the Prison Rape Elimination Act (PREA) legislation, all staff and inmates should be educated on all ways to report sexual abuse or sexual harassment.
18. Make grievance forms (BP-8 1/2 through BP-11) available in housing units at all times without inmates having to request the form through staff, and also allow for grievance submissions through the electronic TRULINCS system.
19. Prepare and implement training and practices around staff retaliation. Train staff at least once per year comprehensively on staff retaliation and have all staff sign an acknowledgement form after receiving the training.
20. Identify and contract with an outside entity to perform comprehensive water testing on the facility water source to ensure adequate water quality. The type and frequency of the water testing should only be determined by an outside testing entity.

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## I. Introduction

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United States Penitentiary (USP) Pollock was built in 1997 and activated as a high security male facility in 2001. The facility has a rated capacity of 1,300 inmates, a total population of 907, and an inmate to staff ratio of 4.16 to 1. At the time of the on-site inspection, the DC inmate population was 48 men. In addition to the USP, Federal Correctional Complex (FCC) Pollock contains an FCI institution, which has a capacity of 1,400 inmates, as well as a low security camp. This report reflects information gathered from an inspection conducted solely on the USP facility.

Generally on inspections, CIC staff members spend the first day assessing the facility, inspecting all areas where inmates have access, and beginning confidential interviews with inmates after the tour. While confidential interviews with staff are not part of the process, informal interviews with staff take place throughout the entire inspection. The CIC generally eats lunch inside of the facility. On day two of all inspections, confidential interviews are continued, and document review is conducted. CIC staff remains at the facility on all inspection days from 7:30 A.M. to 5:00 P.M.

### A. Inspection Details

USP Pollock was inspected by the CIC on December 14-15, 2017. The inspection of the facility included an opening session with the warden and executive staff, a full facility assessment, confidential interviews with inmates, informal interviews with staff, document review, and a closeout session with the warden and executive staff. For the duration of the inspection, CIC staff members were escorted by USP staff consisting of two lieutenants and two unit team supervisors. Facility staff wore safety vests throughout the institution, and all CIC staff was mandated to wear vests at all times throughout the institution. Since transparency is an important part of facility inspections, CIC staff members asked whether it was mandatory to wear vests. The facility warden informed all CIC staff members that wearing vests was “the law,” so vests were worn at all times for the duration of the two day inspection.

Upon arrival to the facility, the CIC did not observe any inmates out of their cells, out of their units, nor in any type of programming throughout the majority of the inspection. By the end of the inspection, the CIC only witnessed a small number of inmates working in the facility kitchen, and a small number of inmates returning to their housing unit from an unknown location. It was determined through informal interviews with staff that the facility had been on lockdown for the past two weeks. Additionally, it was reported that there was limited staff during the inspection due to holiday events occurring for staff.

Overall, the CIC faced challenges with the facility, and it was difficult to complete a thorough inspection of USP Pollock. Prior to being on-site, the CIC and facility staff agreed on the details of the inspection process. Once the CIC arrived to USP Pollock, the facility staff attempted to deter from the original inspection process agreement. CIC staff members were not allowed to have lunch at the facility, and were forced to leave on both inspection days at 3:30 P.M. instead of 5:00 P.M. per instruction of the facility executive assistant. The executive assistant informed the CIC that there were no facility staff assigned to CIC staff members past 3:30 P.M. In an effort to comply with the the executive assistant’s impromptu requirement, CIC staff members requested to spend time after 3:30 P.M. in order to review documentation in the facility’s front office, since multiple staff escorts are not necessary for the document review process. The facility did not grant the CIC’s request, and CIC staff members departed the facility both days at 3:30 P.M.

While many of the facility staff members were helpful, there were things that occurred with the goal of hindering the CIC from performing a thorough facility inspection. Examples included, limiting CIC time inside of the facility instead of honoring designated inspection times; not allowing the CIC to interact with all DC inmates as intended; and not allowing all DC inmates the opportunity to speak with the CIC during the inspection. Post-inspection, the CIC obtained an email sent by the executive assistant to staff in the SHU confirming possible intimidation upon the inmates by staff. Prior to the inspection, it was agreed upon by the facility that the CIC would begin confidential interviews with DC inmates in the Segregated Housing Unit (SHU) after 12:00 P.M. on day one of the inspection. At 6:00 A.M. on day one of the inspection, the executive assistant required SHU staff to have DC inmates in the SHU put into indoor cages, standing with their hands and feet shackled for over six hours while waiting to be interviewed by CIC staff.

Lastly, the Memorandum of Understanding (MOU) between the CIC and the BOP allows for the CIC to have confidential inmate interviews with audio privacy. The warden and executive assistant attempted to not honor this agreement by insisting that facility staff sit in on interviews with inmates. Although the interview challenges were eventually resolved, and audio privacy was afforded, navigating this problem as well as others ultimately took time away from the overall inspection process.

## II. Treatment of DC Population

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While on-site, individuals convicted of DC Code offenses were surveyed regarding treatment by staff and other inmates during their incarceration at USP Pollock. Open ended responses included two inmates reporting feeling unsafe at the facility. One inmate reported having good time credit<sup>1</sup>, but the credit was not added to his parole date due to his DC status<sup>2</sup>. Other inmates reported being scrutinized or discriminated against by staff due to their DC status, and being presumptuously treated in a negative manner as “just another DC inmate.” Additional inmates reported that the history of DC inmates subjects them to worse treatment and retaliation by facility staff, due to their unique circumstances as an inmate from DC in the federal system.

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“DC prisoners are always scrutinized and discriminated against more by the staff just because of where we’re from.”

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Out of 13 inmates interviewed about treatment at the facility, all inmates reported being treated worse by staff at the facility. In regards to treatment by other inmates, six inmates reported being treated worse by other inmates, five inmates reported being treated the same by other inmates, and two inmates reported being treated better by other inmates.

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“We are treated worse because we are from DC. We don’t get to know the stuff we need to.”

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<sup>1</sup> For additional information on federal good time credit, please visit the FAQ at <http://famm.org/wp-content/uploads/2013/08/FAQ-Federal-Good-Time-6.7.pdf>.

<sup>2</sup> In 1997, the United States Congress enacted the National Capital Revitalization and Self-Government Improvement act of 1997. To read more about this legislation and DC Status, please visit <https://scdc.dc.gov/page/revitalization-act>.

## Recommendations

Provide staff training at least once per year on interpersonal interactions and cultural competence, and forward training materials to the CIC for the next two years. Additionally, have all staff sign an acknowledgement form after receiving the comprehensive training.

## III. Health Services

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### A. Health Services

USP Pollock is a designated Medical Care Level 1 facility<sup>3</sup>. Care Level 1 facilities are equipped to offer general care and minimal general surgery. In an informal interview, the health services administrator reported that every inmate at the facility is assigned a patient care provider for maintaining continuity of care throughout their incarceration. While inmates have the ability to request health services through the sick call process, they are still assigned to their consistent patient care provider. Several medical procedures, including X-rays, ultrasounds, and general surgeries such as colonoscopies,<sup>4</sup> are performed on-site or through a contract company. For example, if an inmate is in need of a colonoscopy, the facility schedules the procedure with a contract company that provides the medical service, and the inmate will have the procedure done at the contract company, and return to the facility afterwards. Health Services staff reported that generally X-rays and radiology needs are done on the same day at the facility. When X-ray reports are sent out to a contract company to be read, the contractor has 72 hours to send the results back to USP Pollock. Radiology staff reported that X-ray results are commonly returned to the facility in less than 12 hours. Staff also reported an average completion rate of 10 X-rays per day at the facility.

Additional health services offered at the facility include optometry, orthopedic, prosthetics, and orthotics. Glasses and hearing aids are provided if needed by inmates. If an inmate requires orthopedic surgery, the procedure is performed at one of the local hospitals. Health services staff reported 90% of inmates in need of hospital care are sent to *St. Francis Cabrini Hospital*, and the other 10% of inmates are taken to *Rapides Hospital Medical Center*, because it has more specialized physicians on board for specialties like neurology. Chronic Care Clinics<sup>5</sup>, used interchangeably with the term Chronic Care Caseloads, include patients with diagnoses such as asthma, diabetes, and glaucoma. These caseloads are normally handled by nurse practitioners and physician assistants at USP Pollock. All chronic care patients are reportedly seen twice a year by a nurse practitioner or physician, and once a year by a medical doctor.

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<sup>3</sup> In the BOP system, facilities are classified according to Medical Care Levels. Facility classifications are based on the inmate care level that the facility is staffed and equipped to handle. Additional information pertaining to Medical Care Levels can be at

[https://cic.dc.gov/sites/default/files/dc/sites/cic/page\\_content/attachments/BOP%20Medical%20Care%20Levels%2005.17.17.pdf](https://cic.dc.gov/sites/default/files/dc/sites/cic/page_content/attachments/BOP%20Medical%20Care%20Levels%2005.17.17.pdf).

<sup>4</sup> A colonoscopy is a procedure where a doctor uses a scope to look inside the rectum and colon for irregularities. More information about colonoscopies can be found at <https://www.niddk.nih.gov/health-information/diagnostic-tests/colonoscopy>.

<sup>5</sup> Chronic Care Clinics (CCCs) are a means for inmates with ongoing medical needs to be tracked and seen by a health care provider at clinically appropriate intervals. For additional information regarding the BOP policy and CCCs, see section 15 of BOP Program Statement P6031.04 at [https://www.bop.gov/policy/progstat/6031\\_004.pdf](https://www.bop.gov/policy/progstat/6031_004.pdf).

## **B. Health Services Staffing**

At the time of the on-site inspection, Health Services staffing included both full-time employees and contract staff. The facility staff spoke with the Health Services administrator, who reported that his staff included a clinical director, two full time pharmacists, and two full time dentists employed by the BOP. The Pollock complex itself is staffed with three nurse practitioners and three physician's assistants who go between the USP, the FCI, and the camp. Additionally, two physicians rotate weekly between the USP and FCI to manage the Chronic Care Clinic. In regards to the nursing staff, it was reported that there were 11 total nursing positions, comprised of 10 full-time registered nurses, and one licensed practical nurse (LPN), whose role is assisting with inmates designated as chronic care patients. Health services staff reported three contract pharmacists and two contract optometrists who come to the facility twice per month to assess inmates. Additional consultants who provide medical services to the facility also come to the USP twice per month to assess inmates' needs. Furthermore, the facility reported having seven public health service officers on staff. The total number of full-time BOP staff members in the health services department at the time of the inspection was 41, comprised of 18 full-time medical contractors, including X-ray and pharmacy technicians. According to facility staff during the inspection, health services vacancies at USP Pollock included an assistant health services administrator, clinical director (physician), staff dentist, staff pharmacist, health services assistant, one registered nurse, and one physician.

Based on informal interviews with the health services administrator and his staff, it was evident to the CIC that staff members were well trained and well versed in the care they provide throughout the institution. The Health Services administrator discussed the importance of utilizing hired staff with a clinical background and appropriate education in order to provide quality patient care at the facility. CIC staff also noted that the health services department was visibly clean, and contained modern medical equipment throughout the department.

Since USP Pollock is a Medical Care Level 1 facility, CIC staff inquired as to whether the facility currently housed any inmates who were designated at a higher medical care level. During the inspection, the health services administrator reported between 20 and 25 inmates who were designated as a Medical Care Level 2, and one inmate who was designated as a Medical Care Level 4 due to a pending knee surgery. Further discussion included questions about how Polluck handles inmates with higher medical care levels, and the Health Services administrator explained that "the facility tries to transfer inmates with higher medical care levels to a facility that is designated for managing that care level and providing appropriate care." However, it was also reported that medical care levels increase when inmates are waiting for procedures and surgeries, and their care level will most likely be lowered after the procedure and after physical therapy is completed.

## **C. Health Utilization Review**

Per BOP policy, FCC Pollock has a team known as the *Utilization Review Committee (URC)*<sup>6</sup> where all patient courses of treatment are reviewed weekly. The committee is made up of the clinical director, health services administrator, the medical clerk (liaison), and the treatment providers. The health services administrator reported that the role of the committee is to discuss each individual who is provided care, and whether or not changes are needed for their medications, treatment, or continuing care.

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<sup>6</sup> U.S. Department of Justice Federal Bureau of Prisons Patient Care Program Statement 6031.04 (2014) available at [https://www.bop.gov/policy/progstat/6031\\_004.pdf](https://www.bop.gov/policy/progstat/6031_004.pdf).

## **D. Medications**

Inmates who receive medications at the facility are able to acquire them from the “Pill Line,” which happens twice per day. Staff reported that the Pill Line generally takes between one and a half to two and a half hours. If inmates need medications dispensed more than twice per day, arrangements can be made by Health Services staff to accommodate them. FCC Pollock has the ability to only provide pain medication approved by the BOP central office. Central office approves the use of only certain types of medications; therefore, BOP facilities receive an updated list of pain medication types that health services have the ability to use for treatment. If health service evaluations determine that an inmate needs medication that is not on the list provided by the BOP central office, staff must submit a *non-formulary request* to central office, which must be approved by them.

In general, the facility provides antibiotics for infections, and Tylenol 3 with codeine for surgeries. Most mental health or psychotropic medications are also administered during the Pill Line. If a patient requires pain management, the facility tends to prescribe Non-Steroidal Anti-inflammatory Drugs (NSAIDs), such as Naproxen or Ibuprofen. A seven or 30 day supply of medications can be given to patients, and if the pain continues, Health Services staff will re-evaluate on an ongoing basis, and may transition the patient to a chronic care clinic.

## **E. Specialized Medical Treatment**

Although USP Pollock is a Medical Care Level 1 facility, they have provided treatment for patients diagnosed with Human Immuno-Deficiency Virus (HIV), Hepatitis C, and those in need of detoxing from substances. Although facility staff reported less than one percent of inmates in the BOP being diagnosed with HIV, treatment is provided through medication and viral load testing to ensure continuity of care during incarceration. In prior years, staff reported that the health services department appropriated some of their budget funds as a pilot initiative to provide treatment to those who were diagnosed with severe cases of Hepatitis C. If an inmate tested high for liver enzymes, they were determined eligible to receive treatment. Through their previous pilot for Hepatitis C treatment, the Health Services administrator reported that the facility treated nine patients diagnosed with Hepatitis C over a three month period. The nine patients were reportedly cured due to the treatment they received at USP Pollock. For the public, a full three month treatment regimen for Hepatitis C generally costs approximately \$90,000; however, since USP Pollock has an agreement with a supplier, it is able to provide the three month treatment for approximately \$15,000.

If an inmate arrives at FCC Pollock and needs to detox from substances, the clinical director consults with the regional medical director and develops an individual detox treatment plan for the inmate. Staff reported that the last detox occurred about seven years ago, and the facility does not offer medication assisted treatment<sup>7</sup> (MAT) options for inmates who may be diagnosed with a substance use disorder.

## **F. Emergency Medical Care**

CIC staff observed gurneys and spine boards located outside of each housing unit and in the facility’s main hallways for medical emergencies. Health services staff reported a need to be prepared as best as possible while working with the inmate population, which was described as “younger and

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<sup>7</sup> Medication Assisted Treatment (MAT) is the use of medication in addition to counseling and behavioral therapies to effectively treat substance use disorders. Additional information on MAT can be found at <https://www.integration.samhsa.gov/clinical-practice/mat/mat-overview>.

more aggressive, with more trauma and injuries happening.” To stay prepared, staff reported practicing timed monthly drills with the gurneys to ensure that inmates are able to receive efficient emergency care. Protocol in an emergency situation is to stabilize inmates housed in the facility’s urgent care room, then the ambulance meets the medical staff in the urgent care room in order to provide further medical assistance and transportation to the hospital.

CIC staff observed the urgent care room, which contained an automated medication dispensing machine known as a Pyxis Med Station, automated external defibrillators (AEDs),<sup>8</sup> cervical collars, and spine boards. The Pyxis machine commonly takes several minutes for staff to obtain medications because it requires approval, so the facility also assembles emergency access kits for easier access to commonly-used medical equipment and medications. For example, an emergency situation caused by an opioid overdose requires an opioid antagonist, such as Naloxone or Narcan, which help block the effects of opioids. At the time of the inspection, USP Pollock staff reported that eight staff members were trained on how to administer Narcan through injection. Additionally, staff reported that only mid-level staff and medical doctors have the authority to administer Narcan, and at the time of this inspection, it was last used in an overdose incident occurring in May 2017. If an emergency situation arises involving an opioid overdose, but the staff members at the scene are not authorized to administer Narcan, they are required to call the on-call physician or mid-level practitioner to administer the medication.

## **G. Medical Care Data**

DC inmates were surveyed about their medical care level, access to sick call slips, and physical evaluations. Most DC survey respondents reported their designated medical care level to be a one. Eight respondents reported their medical care level being a one or two, and four respondents reported not knowing their designated medical care level. Additionally, out of 14 individuals surveyed, four reported being on a Chronic Care Caseload, and four reported not knowing whether or not they were on a Chronic Care Caseload.

When DC survey respondents were asked whether or not they had access to sick call slips in order to request health services, nine respondents reported having access to sick call slips, two respondents reported not having access to sick call slips, and three respondents reported not knowing whether or not they have access to sick call slips at the facility.

Lastly, DC survey respondents were asked about physical evaluations upon arrival to the institution. Nine respondents reported having a physical evaluation upon arrival to the facility, and five respondents reported they did not have a physical evaluation upon arrival to the facility. When surveyed about supportive aids, such as glasses, wheelchairs, canes or walkers, or hearing aids, eight out of 14 respondents reported using glasses, and no respondents reported needing other types of supportive aids.

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<sup>8</sup> An automated external defibrillator (AED) is a portable device that checks the heart rhythm and can send an electric shock to the heart in order to try to restore a normal rhythm. AEDs are used to treat sudden cardiac arrest where the heart suddenly stops beating. Additional information regarding AEDs can be found at <https://www.nhlbi.nih.gov/health-topics/automated-external-defibrillator>.

## Recommendations

Medical staff should be required to provide an orientation for inmates in order to explain their medical care level, diagnoses, and course(s) of treatment. An orientation will ensure that inmates have the ability to understand their medical needs during their incarceration. Additionally, all inmates should sign an acknowledgement form after completing the training.

### **H. Mental Health Care**

The psychology services department at USP Pollock oversees mental health care for inmates during their incarceration. The department is run by the same doctor of psychology who oversees the facility's Challenge Program. The department staff includes one non-residential drug abuse program coordinator, one non-residential drug treatment specialist, and two psychologists (one of whom is needed for the SHU). At the time of the inspection, the psychology services department had two staff vacancies, a chief psychologist and a SHU psychologist.

Staff reported that the facility provides both one-on-one counseling and psychotherapy groups with the main focus of solution-oriented therapy. Psychotherapy groups and individual therapy are prioritized and conducted in the conference room or the chapel. To abide by laws of confidentiality, groups are afforded audio and visual privacy; therefore, correctional officers are not staffed outside of the psychotherapy groups. Psychology services staff reported that the department previously used tele-psychiatry services, but have instead recently chosen to consult with the BOP chief psychiatrist as necessary.

From information obtained during informal interviews, psychology staff reported that their rounds and programming are completed in the SHU each week on Tuesdays. SHU programming offered by psychology services includes topics and classes that address coping, stress management, and anger management. The psychologist also reported that a new criminal thinking class would be implemented at the facility beginning January 2018. During the informal interviews, CIC staff observed that the psychology staff offices were closed, and the staff was confined to a limited number of offices in another area. Executive staff reported that the temporary office closure was due to flooding, which occurred one week prior to the inspection.

While most mental health medications are given in the Pill Line, since USP Pollock is a designated care level 1, antipsychotic medications<sup>9</sup> are generally not provided. If an inmate is determined to need antipsychotic medication, psychology service staff reported that they will increase the inmate's care level and work to transfer them to a facility that is better equipped for more intensive treatment needs. Informal interviews with staff revealed eight inmates designated as a Mental Health Care Level 2 in October, 2017, and as of December 15, 2017, there were no inmates with a Mental Health Care Level 2 designation. At the time of the inspection, eight inmates at the FCI facility were designated as Mental Health Care Level 2. CIC staff surveyed DC inmates about mental health services at the facility. Out of the 13 people who responded to the survey, five DC survey respondents reported being a Mental Health Care Level 1; one DC survey respondent reported being a Mental Health Care Level 2; and seven DC survey respondents reported not knowing their designated medical care level.

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<sup>9</sup> Antipsychotic medications are used to treat psychosis or severe symptoms associated with disorders such as schizophrenia or severe bipolar disorder.



Out of 13 DC survey respondents five reported having a mental health diagnosis at USP Pollock or elsewhere; five reported not having a mental health diagnosis at USP Pollock or elsewhere; and three DC survey respondents reported not knowing if they have ever had a mental health diagnosis at USP Pollock or elsewhere.

Four DC survey respondents reported having a mental health evaluation upon arrival to the facility; four reported not having an evaluation upon arrival to the facility; and five reported that they did not know whether they had an evaluation upon arrival. One of the DC inmates who reported having a mental health evaluation upon arrival to the facility described the process as, “I filled out a sheet when I got off the bus and I saw the doctor a week later for a few minutes.” One DC inmate reported receiving mental health medication, while another was unsure whether he did. Three DC inmates reported experiencing suicidal thoughts during their incarceration at the facility. One inmate reported that his mental health diagnosis had changed upon arrival to the facility, and three others were unsure if their diagnosis had changed.

One DC inmate reported that mental health care at the facility was “minimal and just for show.” Another inmate reported that he requested an additional mental health evaluation because he had been incarcerated for over 10 years, and he was told by facility staff that no additional mental health evaluations are performed unless the parole commission requires it.

### **Recommendations**

Have mental health staff members provide an orientation for inmates in order to explain their medical care level, diagnoses, and course of treatment. An orientation will ensure that inmates understand their mental health needs and treatment(s) during their incarceration.

## **I. Dental Care**

Per BOP policy, FCC Pollock is supposed to provide each staffed dentist with a dental assistant.<sup>10</sup> At the time of the inspection, the facility reported having two full-time staff dentists, four dental assistants, and one dental hygienist, as well as an additional dental hygienist who was returning to the facility for employment in the next several months.

Upon arrival to the facility, a dental intake is performed. Inmates must be seen within 30 days of arrival in order to have a dental treatment plan developed. Inmates are then put on a waiting list for necessary services recommended by the staff member who developed the treatment plan. Facility staff reported that dental departments were short-staffed BOP-wide, and inmates averaged a wait time of seven to eight months for dental cleanings. At the time of the inspection, the highest need and longest waiting list was for complete and partial dentures. Staff reported that each process takes between eight and twelve weeks from start to finish. For inmates to be eligible for any type of dentures, they must have missing teeth, or their ability to eat must be diminished. For more routine care or dental issues that may arise, inmates are able to request dental services during a sick call. If they need fillings or temporary teeth replacements, these services have a shorter wait time and can be provided easily.

Since no dental staff was on-site during the time of the inspection, all interviews regarding the dental department were completed with the Health Services administrator. CIC staff toured the dental area,

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<sup>10</sup> U.S. Department of Justice, Federal Bureau of Prisons, Dental Services Program Statement available at [https://www.bop.gov/policy/progstat/6400\\_003.pdf](https://www.bop.gov/policy/progstat/6400_003.pdf).



and observed a large space to accommodate six patients at one time. The dental area was also equipped with modern supplies and equipment. There were no inmates in the area while CIC staff members were on-site.

## **J. Additional Medical, Mental Health, and Dental Services Survey Data**

13 DC inmates were surveyed about having the necessary access to medical, mental health, and dental services. Eleven of those individuals reported having necessary access to medical services; eight reported having necessary access to mental health services; and seven reported having necessary access to dental services.

In regards to quality of overall medical, mental health, and dental care, four respondents reported being “neutral” when it comes to medical care quality; five respondents reported being “very unsatisfied” with mental health services; and seven respondents reported being “very unsatisfied” with dental services.

Additionally, DC inmates were surveyed about wait times at the facility for medical, mental health, and dental services. The majority of respondents reported being “neutral” about wait times for medical services; “neutral” about wait times for mental health services; and “very unsatisfied” with wait times for dental services.

Open ended responses included one inmate stating that a particular staff member in the medical department “really cares for inmates under her care whereas dental is just the opposite.” Another inmate reported, “I rarely use the medical facility unless I have an urgent need, which can and is normally attended to in a reasonable time.” Other information included reports from inmates included the following: wait times can extend to eight months for dental cleanings, which is too long; understaffing throughout the facility results in delays for the annual dental cleaning schedule.

## **IV. Housing and Hygiene**

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### **A. General Housing**

USP Pollock has a total of four buildings consisting of 12 housing units. Eight units were operational at the time of the inspection. Each building is comprised of four housing units. Buildings A and C were in use at the time of the inspection; building B was not. CIC staff toured the housing units located in the C building. The C building consisted of four housing units (C1 through C4) with a total population at the time of the inspection of 432 inmates. Each unit, or “pod”, generally has two officers on duty, 64 total cells, and a capacity of 128 inmates. All 48 DC inmates were reportedly housed in Units C4 and A4 at the time of the inspection.

The C1 pod had 111 inmates at the time of inspection. When the CIC toured this pod, the facility was preparing for count and all inmates were in their cells. CIC staff observed two officers staffing the unit. Pod C1 had two tiers of cells and two handicapped cells. There were five showers on each tier of the pod, and each shower had curtains with clear tops and open bottoms so staff could see inmates’ heads and feet while simultaneously affording privacy during showers. There were five televisions on the first tier of the pod along with a hot water dispenser, four phones, and four computers for inmate use. There were four activity rooms on the pod, and the main tier had five

game tables with games, such as checkers and chess. Additionally, CIC observed four empty tables, an ice machine, and charging stations for the DVD players purchased from commissary by inmates. Inmates could also listen to the FM radio station inside of their cells using headphones. During facility count time, or when the facility is on lockdown, inmates are not allowed to watch or listen to the television.

The outdoor recreation area for the general housing units is a split yard between units A and C. Staff reported that both A and C units rotate an every other day schedule in order to use the outdoor compound. While touring the C1 unit and during informal interviews, an inmate reported that the facility does not provide DC inmates education or good time credits towards their sentence.

## **B. Hygiene Data**

DC inmates were surveyed about overall hygiene at the facility and in their cells. 11 DC survey respondents reported generally having enough clean clothes for the week; 13 DC survey respondents reported normally being able to shower five days a week; 10 DC survey respondents indicated normally having the opportunity to exchange clean sheets every week; eight DC survey respondents reported normally having the opportunity to receive cleaning chemicals every week; and eight DC survey respondents reported normally having the opportunity to receive haircuts at the facility.

Out of 14 responses regarding unit cleanliness, four inmates reported being “neutral” about the cleanliness of their units, and seven inmates reported being “unsatisfied” or “very unsatisfied” about the cleanliness with their units.

## **C. Special Housing Unit (SHU)**

The Special Housing Unit<sup>11</sup> (SHU) at USP Pollock has a capacity of 147 inmates. At the time of the on-site inspection, there were a total of 138 inmates being housed in the SHU. Of the 138 inmates, seven were DC Code offenders, and five were under Disciplinary Segregation<sup>12</sup> (none from DC). There were 114 inmates in Administrative Detention not awaiting disciplinary action, two of which were DC Code offenders. While CIC was on-site, there was a total of 37 inmates in protective custody,<sup>13</sup> one of whom was a DC Code offender. There were 33 total inmates pending transfer, and out of the 33, two were from DC.

Staff reported that there were six inmates in the SHU with a mental illness diagnosis, none of whom were from DC.. The facility is considered a care level 1 for overall care, and staff did not report any inmates with a higher mental health care level in the SHU at the time of the inspection. Based on informal staff interviews, the facility tries its best to transfer all inmates who have a care level designation of 2 or 3, since the facility is not equipped to handle more than a care level 1.

CIC staff observed two handicapped accessible cells in the SHU, as well as several observation cells for those who need additional monitoring. Staff reported that inmates in observation cells are released every three days to shower in the receiving and discharge (R&D) unit adjacent to the SHU. SHU staff reported that all inmates in observation cells are supposed to be single celled, and this was the case during the on-site inspection as observed by CIC staff. Additionally, the CIC observed three

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<sup>11</sup> U.S. Department of Justice, Federal Bureau of Prisons, Special Housing Units Program Statement available at <https://www.bop.gov/policy/progstat/5270.11.pdf>.

<sup>12</sup> *Id.*

<sup>13</sup> *Id.*

inmates shackled and standing in cages waiting for their confidential interviews, which were not scheduled until the afternoon.

Through informal interviews, staff reported that there were no inmates housed in the SHU for more than one year. Additionally, it was reported that if an inmate in the SHU refuses to return to general population due to fear, the facility attempts to verify a viable threat to the inmate. If facility staff cannot verify a threat, BOP policy requires that the inmate stay in the SHU for an additional six months, after which a reassessment occurs. Staff advised that they do not force inmates to leave the SHU.

Further informal interviews determined that the most recent use of ambulatory restraints on an inmate occurred one week prior to the inspection due to a cell fire, which was set by that individual. Four point restraints are generally not used in the SHU. Inmates in the SHU are reported to receive pat searches and visual searches by custody staff when necessary.

CIC staff also interviewed SHU staff about staffing and shifts. Officers reported conducting rounds in the SHU twice per hour, and staff indicated that medical services makes rounds twice daily. Religious and psychology services make their rounds at least once a week or as needed. Staff members from psychology services have their own office in the SHU to conduct therapy with SHU inmates. Staff also indicated that medical services generally picks up sick call slips in the mornings from the SHU, and then returns later that day to see inmates who have requested services. Additionally, there is a separate meeting room for inmates who request to meet privately with religious or psychology services. The facility also reported having a new SHU psychologist, who was not on-site at the time of the inspection.

Staff reported that inmates in the SHU are served the same types of meals as those served to the general population. They also receive enough clothing to last for two days. Hygiene products for inmates are passed out once per week and there is a restricted commissary list that inmates may access once per week. If they have no disciplinary restrictions, inmates are able to make one phone call per month and receive weekly visits on Fridays, Saturdays, and Sundays. The facility does not have video visitation, so all visits for inmates in the SHU are non-contact visits, which occur in a separate room attached to the main visiting room with a glass window between the inmate and their visitor. Staff reported limited information about the law library, but SHU inmates who request time in the law library are designated a time based on their needs.

Inmates housed in the SHU are supposed to receive five hours of out of cell time (also referred to as recreation) per week. Recreation occurs for 1 hour per day on Monday through Friday. If the facility is on lockdown or other exigent circumstances occur at the facility, recreation time is not made up if missed. CIC staff members toured and observed the outdoor recreation area, which had six cages surrounded by high brick walls. For inmates to be eligible for SHU recreation, they must have no disciplinary issues; be awake and dressed; have their cell cleaned; and have nothing hanging inside their cell before SHU recreation begins at 6:30A.M. To participate in outdoor SHU recreation, inmates are first placed inside of a small cage with their restraints. Restraints are then removed, and the inmate can then move to the larger recreation cage with one other inmate for one hour.

USP Pollock is one of a small number of facilities that continues to provide GED education to inmates while they are in the SHU. Through informal interviews with staff, the CIC learned that inmates in the SHU reportedly receive 7.5 hours of GED instruction per week (1.5 hours per day);

three at a time are put inside of the indoor recreation cages with no shackles while participating in their GED programming. CIC staff witnessed the special room designated for programming. Staff reported that even inmates in the SHU for disciplinary reasons never lose educational privileges, no matter what the disciplinary sanction. There is no other programming outside of GED classes offered in the SHU. CIC inquired about the possibility of additional educational programming in the SHU, and facility staff reported previously offering the *Seven Habits* classes. Due to a lack of resources and lack of interest, the class ended over a year ago. During formal and informal interviews with inmates in the SHU, the majority of them reported that they appreciated the ability to have access to GED programming. The formal process for the facility to provide GED education in the SHU was reported to have started about one year ago, and the facility was nationally recognized by the BOP for their efforts in SHU Educational Programming. GED in the SHU is offered in the morning and afternoon, and ACE is offered in the evening. At the time of the inspection, SHU staff indicated that two to three inmates had recently passed their GED exam.

DC inmates were surveyed about their time residing in the SHU. Out of 14 survey responses, 10 DC survey respondents reported being in the SHU one to three times; one DC survey respondent reported being in the SHU four to six times; and three DC survey respondents reported never being in the SHU at the facility. DC inmates were also asked about the amount of time they have spent in the SHU while at USP Pollock. Out of 12 responses, four DC survey respondents reported spending less than one month in the SHU, three DC survey respondents reported spending one to three months in the SHU, three DC survey respondents reported spending four to eight months in the SHU, and two DC survey respondents reported never being in the SHU.

Most of the inmates interviewed also reported that medical and mental health staff made weekly rounds in SHU, and that education staff and the chaplain also made regular rounds.

Most inmates surveyed reported having access to the telephone, recreation, shower, writing materials, sick call slips, and grievance forms. Six of 11 DC inmates reported not having access to reading materials while in the SHU; six of nine DC inmates reported not having access to visitation while in the SHU; and four of 11 DC inmates reported not having access to writing materials while in the SHU.

DC inmates also reported inhumane conditions within the unit, limited activities for inmates, and disorganized authority. One inmate reported that he had pre-paid for newspaper subscriptions, but the facility prohibited newspapers while in the SHU. Ultimately, the inmate reported missing months of his subscription and losing his money.

The most frequent issue raised by individuals in the open ended survey comments was the lack of cleanliness within the SHU. Several DC inmates also discussed disrespectful and retaliatory staff. In addition, a few inmates commented on the lack of medical care and medication; reportedly, the nurse was not stopping at cells during medical rounds for individuals who needed help. Several people also reported that when an individual was sent to the SHU, staff members were automatically throwing away inmates' personal and commissary items as well as their cellmates' property.

During informal interviews, inmates reported food being cold, not getting clean laundry, and the excessively cold temperature in the SHU. During the tour of the SHU, CIC staff noticed a vast temperature difference in the unit as compared to the rest of the facility.

### **Recommendations**

Identify ways to offer additional programming or opportunities for inmates to learn while in the SHU. Providing additional educational or programming opportunities leads to increased safety and less violence in the facility for both staff and inmates.

Improve the SHU temperature to mirror the rest of the facility, since keeping colder temperatures in the SHU is viewed by experts as an intimidation tactic.

Ensure that food is being served at the proper temperature for inmates in the SHU and throughout the facility.

## **V. Challenge Program**

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The Challenge Program at USP Pollock is a substance use and mental health program located on Unit A1. The program lasts nine to twelve months and consists of daily programming on the unit from 7:30 A.M. to 10:30 A.M. Inmates spend the rest of their day participating in GED programming, other educational classes or programming, or institutional work. Generally, inmates remain on the Challenge unit between 12 and 18 months. Challenge staff reported that daily programming focuses on holding inmates accountable for their actions, working on criminal thinking patterns, and giving inmates the opportunity to apply learned skills. Staff members also reported starting each day with an “attitude check” amongst Challenge participants. The programming is considered rigorous, and medical reasons are the only excused absences.

Challenge participants interact with the rest of the A building, and are able to eat and participate in outdoor recreation with inmates from other units. Participants wear colored silicone wrist bands for identifying purposes on the compound, with a different color wristband for each level of the program. Staff reported that Challenge has a capacity of 60 participants. At the time of the inspection, 47 inmates were participating in the program, and staff expected the number of participants to increase to 60 soon. Seven inmates were serving as program mentors.

During informal interviews, Challenge staff reported that the program was open to everyone, but most DC inmates who were interviewed by the CIC reported being told they would not be admitted into the program due to their conviction and their DC status. One DC inmate reported that he was able to participate in the Challenge program. CIC staff members inquired about possible discrimination against DC inmates who wanted to participate in the program, and Challenge staff members reported that two DC inmates were recently screened for the program and were scheduled to move onto the unit within the next couple of days. The CIC has contacted the facility by phone on three occasions post-inspection to verify if any DC inmates were participating in the Challenge program, but there was no response from facility staff.

CIC staff discussed program eligibility with Challenge staff during interviews. Inmates interested in the program cannot have a staff assault on their record for a minimum of six months. Additionally, there is a requirement to complete GED programming or enroll in GED programming. Inmates interested in the program generally have to have been at the facility for at least one month. When screening inmates for Challenge eligibility, staff also reported that disciplinary history is taken into consideration. Even if an inmate has not assaulted staff in the past six months, all sexual or physical assault to staff is considered. In cases where inmates may be unsure about their readiness to participate in the program, they can be granted a trial period, which permits them to move to the

Challenge unit for a short amount of time. During this time, Challenge staff assesses whether the inmate is ready to fully participate in the program. Sometimes inmates who complete the full program are not ready to return to the general population unit, and are able to remain on the unit. Staff reported that they “try not to push inmates out if they are not ready, so open communication is built on the unit between inmates and staff.”

At the time of the inspection, the Challenge Program was operating with three clinical treatment specialists (CTS), and one doctor of psychology who is also the clinical administrator. Each CTS reported having about 20 inmates on their caseload, and a new CTS is reported to start with the facility within the next month, which will bring the program to staff capacity. Every 60 days all Challenge staff members meet as a team and conduct a program review for every participant in the program. In addition to team meetings, the Challenge Program model includes progressive discipline which can range from warnings to expulsions. For example, if an inmate has not exhibited any growth, or has ongoing disciplinary problems, they may be expelled from the program. Nevertheless, staff reported that inmates have the ability to return to the program later, even after expulsion.

The Challenge Program operates in three phases at USP Pollock. Staff reported that inmates are rewarded with an incentive each time they complete a phase of the program. For example, phase one is known as the *orientation phase*, and inmates can receive stress balls upon completion. The program is reported to have many incentives, which help participants stay on track during the program. CIC staff was able to tour several Challenge incentive closets, large storage closets on the unit filled with snack foods, exercise equipment, board games, a karaoke machine, and a ping pong table, only accessible to Challenge participants. Other incentives for program participants include the ability to participate in recreation on a daily basis, increased out of cell time, a fully stocked library that is not available on any other unit, and the option to have the *Seven Habits* class tailored for them. If a participant wants to be a mentor, they are able to gain mentor status, which includes the privilege of living in single celled housing on the unit. After completing the Challenge Program, inmates have the ability to receive a two point reduction from their public safety score, which helps them in scoring low enough to move from a high security facility (USP) to a medium security facility (FCI), or a low security camp possibly closer to home.

CIC staff observed that the pillars on the Challenge unit were painted with several bright colors and words representing the program values. Examples of words included *responsibility, respect, and empowerment*. The stairs going from the first tier to the second were also painted with colors symbolizing different Challenge values. CIC staff also saw a separate room used for crafts. Since the inspection took place during the holiday months, the room was being used as a holiday room. Challenge staff reported that the room is converted into a holiday room each year, and Challenge participants will partake in a gift exchange this year. Additionally, the facility provided the Challenge Program with holiday cards, and participants are able to decorate the room, take photos, and send them home to their families.

CIC staff obtained additional information regarding a suicide that occurred within the Challenge unit in January 2017. Staff reported that the loss was still difficult for people on the unit, and participants were still discussing and processing it. The suicide is the reason why BOP has enforced that Challenge Program staff must possess a clinical background with at least a bachelor’s degree with 40 credit hours in counseling, and no inmate on the Challenge unit is allowed to live in a cell alone unless they are a mentor.

## Recommendations

Collaborate with the CIC to review the process for considering DC inmates for the Challenge Program, and report the number of DC inmate participants in the program. This task will start the process of ensuring that DC inmates have an equal opportunity to participate in the Challenge Program.

## VI. Visitation and Communication

### **A. Visitation**

Visits at USP Pollock take place weekly on Fridays, Saturdays, and Sundays. Inmates in general population housing units are able to receive contact visits in the main visitation room, which has a capacity of 249 people along with assigned inmate seating. Inmates housed in the SHU receive no contact visits in a designated room attached to the general population visitation area, with glass between the inmate and the visitor. CIC staff observed the visiting room for inmates in the SHU, which consisted of four small stalls, one of which was handicapped accessible.

The main visitation room for inmates in general population had vending machines and a microwave. CIC staff also observed two attorney rooms with video screens for tele-visits between inmates and attorneys, and a play room for inmates with children who are enrolled in or have completed the prison parenting program. The parenting play room consisted of two kid sized chairs, one adult chair, several books, and games. Staff reported that if an inmate wants to use the play room, they must sign up prior to their visit. Interviews with inmates revealed complaints that the play room was inaccessible during visits even when requested beforehand, because staff keeps the room locked on a consistent basis.

CIC staff inquired about the type of contact allowed for those in general population receiving visits. Facility staff reported that a brief hug or handshake at the beginning and the end of a visit are allowed, but kissing or long hugs during visits are not allowed. CIC staff also observed an outdoor visitation area, but facility staff reported that the area was no longer being utilized because outdoor visits are prohibited.

When surveyed about the ability to receive visits, 11 out of 13 DC survey respondents reported not being able to receive visits over the past 12 months. The most common reason for not being able to receive visits was the distance for visitors (See Figure 1).

**Figure 1:**  
**Reasons for Problems Receiving Visits**  
(n = 14)



## **B. Mail Correspondence**

Although the majority of DC survey respondents reported having the ability to send and receive mail in the past 12 months, CIC staff received various complaints about mail correspondence while on-site. Informal and formal interviews with inmates revealed concerns of severely delayed mail. Although inmates ultimately reported the ability to send and receive mail, many inmates reported not receiving mail until about four months after it was sent to the facility. During the inspection, CIC staff members were not allowed to enter the mail room. Facility staff reported that only one staff person has the key and the authority to enter. The CIC suggested that a single staff member running the mail room might contribute to the reported delays.

CIC staff experienced delays with sending mail to this facility. Inmates reported never receiving the CIC inspection and interview notice sent out November 7, 2017. Also, CIC staff mailed over 30 post-inspection letters to inmates on December 18, 2017. As of March 2018, no inmates reported having received the letters. Inmates also reported that they were not receiving pictures, magazines, or newspapers in the mail. CIC staff contacted the facility executive assistant about the mail delays, and she reported that the facility staff processes and distributes mail on a daily basis, ultimately stating that there are no delays. Due to ongoing issues with mail correspondence at USP Pollock, the CIC continues to follow-up with inmates via electronic mail as the facility and BOP central office work to resolve the matter.

### **Recommendations**

Review mail policies to identify and evaluate causes for delays, and provide staff training on proper mail handling procedures for legal mail and other special mail.

## **C. Telephone Usage**

13 out of 17 individuals who responded to the survey reported not having problems accessing the telephone. However, one inmate stated, “As regular mail becomes obsolete, email and phone use should become rights. These rights should only be temporarily suspended if an inmate actively uses them for criminal activities.” Another inmate reported concerns after his family paid for travel costs only to discover upon their arrival that the facility was on lockdown. Several inmates also expressed interest in using Facetime or other video visitation.

## **VII. Wellness, Fitness, and Recreation**

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The recreation department is reported to be open for 14 hours on weekdays and 12 hours on weekends. At the time of the inspection, recreation department staff included eight recreation specialists. The department offers classes in fitness, health and wellness, diabetes, nutrition, exercise, yoga, and hobby craft. Inmates assist in teaching the hobby craft classes, and they sometimes lead them. At the time of the inspection, classes at the facility included ceramics, drawing, leather, and painting.

CIC staff toured the indoor wellness and fitness area. There were 13 elliptical machines, five cycling bikes, two curve treadmills, aerobic steppers, bosu balls, floor mats, jump ropes, and three weight benches for inmate use. Fitness staff reported that exercise classes are led by inmates; there were a total of six inmate instructors at the time of the inspection.



Additionally, in the indoor recreation area, CIC staff observed five pool tables, a ping pong table, and a foosball table. There were over 50 lockers for inmate belongings, and a photo backdrop of clouds in the sky in order for inmates to take pictures and send home to their family. There was a music room, connected to the main indoor area, with five acoustic guitars, two electric guitars, a drum set, one set of bongos, and two pianos for music classes. Staff reported that outside bands come to the facility for concerts, and play music for graduations or quarterly meetings.

Lastly, CIC staff toured the hobby craft room where the art classes are located. Inmates have the ability to make leather bags and send them home to their families. The art room holds 10 to 15 people in a class, and the capacity for any class is 15 people. The requirements for art classes include clear conduct and a minimum of two years left on a sentence. When asked about current operations, facility staff reported that the waitlist for the leather making class was approximately one year behind.

CIC staff toured the outdoor recreation areas for the general population units. There were several softball and baseball fields, a football field, six handball courts, and six basketball courts on the outdoor compound surrounded by high security fencing. Staff reported that the outdoor recreation area and sports fields did not have high security fences prior to 2000. Each side of the compound also had one toilet.

Each unit is allowed to participate in outdoor recreation for one hour, five days a week, unless on restriction. Staff reported that the basketball and flag football leagues are the most popular among inmates. At the time of the inspection, there were no inmates on the outdoor compound. Staff reported that when the weather gets cold, many inmates choose not to participate in outdoor recreation. Informal and formal interviews with inmates confirmed that the facility was on lockdown at the time of the inspection, and no recreational activities were allowed during this time.

### **Recommendations**

Identify the feasibility of increasing the number of structured recreational opportunities and programs. Providing additional educational or programming opportunities leads to increased safety and less violence in the facility for both staff and inmates.

## **VIII. Law and Leisure Library**

CIC staff members toured the facility library and the connected work room. The library was designated as both the law and leisure library. Staff reported that the library is open seven days a week from 7:30 – 10:00 A.M. , 1:30 – 3:00 P.M., and 5:00 – 8:00 P.M. If approved, inmates are able to skip meal time and remain in the library until the next designated inmate move time.

Through informal interviews, staff reported that the facility gives inmates a survey once per year asking what types of reading materials, magazines, and newspapers they would like to have available. The facility allows inmates to participate in inter-library loans with the local parish (county) library, and every inmate is allowed two books at a time in their cells. CIC staff observed that the library had fully stocked shelves. The work room connected to the library has 25 computers for inmate use.

Staff reported that inmates have to submit a formal request for information that may be specific to their state if needed for their legal case or reentry affairs. If approved, this information can then be offered in an online format. Staff reported that the facility has a CD provided from DC Court Services and Offender Supervision (CSOSA) that contains some DC specific resources, but evidence from the inspection showed that the CD is very out of date. Inmates have the ability to act as legal clerks for others during times when the library is open. Printing costs 15 cents per page.

### Recommendations

Collaborate with the CIC and CSOSA in Washington, DC in order to explore the possibility of obtaining an electronic version of updated DC specific reentry resources to be uploaded by BOP headquarters to computers in the law library. Providing an updated resource list in electronic format increases access to reentry resources for inmates, and it is essential to reentry planning.

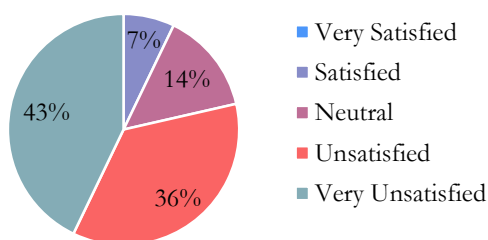
## IX. Meals and Commissary

### **A. Meals**

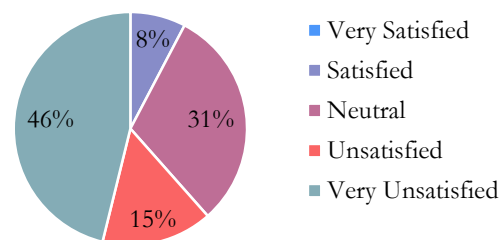
Informal staff interviews revealed that the food services department spends \$3.05 per day on meals for each inmate. At the time of the inspection, the kitchen staff included 19 BOP employees and 245 inmate employees. Nine of the inmates working in the kitchen were convicted of DC code offenses. During meal times, if inmates have questions or concerns, the warden and other staff stand next to the main serving line (aka the “mainline”) during every meal in order to provide answers to questions.

In response to the survey, a majority of individuals reported being either “unsatisfied” or “very unsatisfied” with the quality and quantity of meals (Figure 2 and Figure 3). Most people reported the food as served cold and the portion sizes of meals as too small. Some inmates reported that the meals were undercooked most of the time, and other inmates reported it as below an acceptable human standard. One inmate stated that commissary purchases are limited, so some inmates experience hunger as a result of not being able to supplement their meals with commissary items.

**Figure 2:**  
**Quality of Meals**  
(n = 14)



**Figure 3:**  
**Quantity of Meals**  
(n = 13)



### Recommendations

Evaluate the quality and quantity of meals in order to ensure proper nutrition and serving sizes for all inmates. Also, explore the feasibility of providing at least one vegetarian option for individuals who do not qualify for the certified religious diet, but also do not eat meat.

## B. Commissary

Each inmate in general population has the ability to make purchases at the commissary once per week, with a maximum spending limit of \$340 per month. Inmates in the SHU have access to a limited version of the standard commissary list at the facility. Per BOP policy, all products are marked up 30%, except for religious items. Inmates may email inquiries to staff regarding what the commissary sells.

Staff reported that since it was during the holidays at the time of the inspection, all inmates would be receiving their own holiday commissary bag. Each bag was scheduled to be delivered to inmates on December 19, 2017, and would include cookies, chips, and hot chocolate. Facility staff reported that holiday commissary bags are distributed each year at the discretion of the facility.

## X. Religious Services

USP Pollock has two chapels designated for religious services, two chaplain offices, and a video room for inmates to use. CIC staff observed both a small and large chapel at the facility, which are used for a variety of things. At the time of the inspection, the small chapel had 10 small televisions with VCR's for videos, and one large television for events. The small chapel was also housing a small psychology office, due to flooding the week prior to the CIC inspection.

Inmates practice their faiths in the large chapel. The large chapel has occupancy of 275 people. Facility staff reported that religious services staff determines what days each faith has access to the large chapel, and posts a daily schedule. This was confirmed during interviews with DC inmates. CIC staff also witnessed a large storage closet inside of the large chapel, which housed a piano and special equipment for all faiths. Informal staff interviews revealed that the facility has a partnership with the University of Lafayette to exhibit a poetry slam event with inmates and students from the university. Staff also reported that smaller events are held in the large chapel throughout the year.

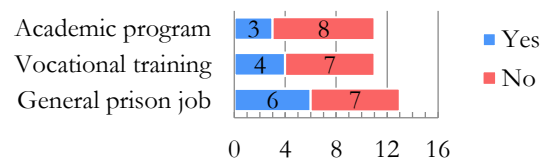
## XI. Education, Programming, and Employment

### A. Education

The BOP requires all inmates who enter BOP custody without a General Equivalency Diploma (GED) or high school diploma to enroll in education classes.<sup>14</sup> All facilities are required to offer three education curriculum levels (K-5, pre-GED, and GED), as well as English as a Second

<sup>14</sup> Federal Bureau of Prisons, U.S. Department of Justice, Program Standard) (Dec. 1, 2003), <https://www.bop.gov/policy/progstat>, 240 hours of instruction towards their GED before they are per exempt from the GED requirement, an inmate must demonstrate within 60 days of arrival that he has a high school diploma or GED. Inmates who are not exempt are tested using the Tests of Adult Basic Education (TABE), which allows for placement in an appropriate class level.

**Figure 4:**  
**Participation in Education and Programming**  
(n = 13)



Language (ESL) classes. Adult Continuing Education (ACE) classes are available with fellow inmates as teachers. At the time of the inspection, USP Pollock had 200 inmates enrolled in GED classes. Data received by the facility in November 2017 indicated that over the past 12 months there were four DC inmates enrolled in the GED program, six DC inmates on the waiting list, and six DC inmates who refused or dropped out of the GED program. Pre-inspection data indicated that no DC inmate had completed the GED program; however, on-site the CIC learned that one DC inmate had completed the program. Staff reported that all inmates in need of a GED are interviewed and put into a class within 90 days of intake. All GED classes are offered in the morning and in the afternoon, and the exam is computer-based. Additional interviews with staff revealed that USP Pollock has vocational and correspondence classes through a partnership with the local Louisiana Technical Community College. Instructors from the college come to the facility to teach classes. Since UNICOR at USP Pollock closed in 2008, the two rooms which used to be designated to UNICOR are used as vocational instruction rooms.

CIC staff members toured the classrooms, computer labs, GED testing room and practice lab, and the vocational rooms used for educational purposes. In the educational department, there was a total of four classrooms with 20 seats per class. The general computer lab had 25 computers with one handicapped work station, while both the GED practice lab and the GED testing room had 13 computers each. All computers had software programs, such as Microsoft Word and Word Perfect, installed on them. Additionally, all signs and door placards for each room were in English and Spanish throughout the department. Facility staff reported that there were four GED teachers, one special education teacher for the FCC complex, and three vocational instructors for the facility education department.

Out of 12 survey responses, eight DC inmates reported having a high school diploma or a GED. Five DC inmates reported receiving their GED while incarcerated, and one DC inmate reported having a college degree. Five DC inmates reported that the process of getting into GED programming was easy while nine DC inmates reported the process to be neutral, difficult, or very difficult.

### **Recommendations**

Conduct a survey for inmates at least once per year regarding possible additional programming in order to increase inmate participation in productive activities.

### **B. Programming**

At the time of the inspection, staff reported that the facility has a contract with the Louisiana Technical Community College to offer four main vocational training programs: *Micro Computer Applications*, *Culinary Arts*, *Business Management*, and *Building Trades*. Staff additionally reported that all vocational classes are offered 5 days a week for 1.5 hours per day. Inmates have the ability to earn college credits along with a program certificate. Further interviews with staff indicated no sentencing restrictions for eligibility; however, men with shorter sentences are prioritized for enrollment if there is a waiting list for a vocational class. Staff in the educational department stated that graduations occur once annually, and a maximum of 15 inmates participate at one time in each class. At the time of the inspection, it was reported that no DC inmates were enrolled in any vocational tech classes at the facility.

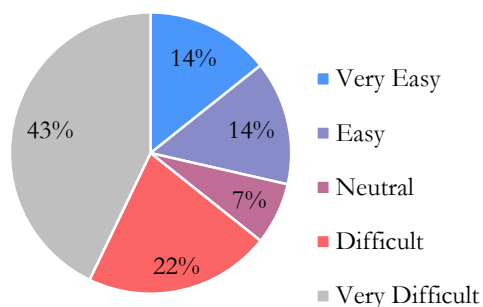
To gather additional information post-inspection, the CIC contacted the Louisiana Technical Community College via phone and interviewed the Vice Chancellor of Academic and Institutional Effectiveness about the classes offered at USP Pollock through their contract with the BOP. Reportedly, the only two courses being offered at USP Pollock at the time of the inspection were *Building Technology* and *Outdoor Power Equipment*. The courses are accredited through the Council on Occupational Education, which is the national accreditor that authorizes programs on associate degrees. The Vice Chancellor reported previously offering a Business Management class and wanting to add additional programs at the facility, but six months ago, BOP budget cuts and a federal freeze reduced the educational opportunities. The two programs offered are credit bearing programs, which earn a certificate upon completion equivalent to one year of college. The programs range from six to eight months, the inmate is responsible for the full cost of the program. The Vice Chancellor reported having two employees from the college employed at the facility full-time. Since the Building Technology class requires the use of tools, discipline is taken into consideration in determining inmate eligibility.

Only BOP staff has the authority to choose inmates for the courses being offered. As of February 28, 2018, the college confirmed 14 inmates participating in the building technology class, and 11 inmates participating in the outdoor power equipment class. Upon completion of the classes, the inmates do not receive a graduation. The number of DC inmates participating in the courses was unknown at the time of the interview with the Vice Chancellor of Academic and Institutional Effectiveness.

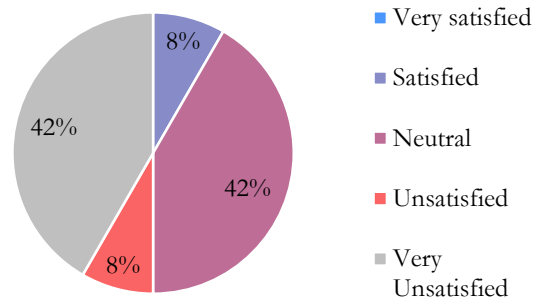
### C. Employment

In response to the CIC survey, most individuals indicated having a general prison job at the time of the inspection. Staff informed the CIC that 59 DC inmates were employed. DC inmates were surveyed about the difficulty of getting into a general prison job and their satisfaction with a general prison job. Out of 14 DC survey respondents, five people reported it being “very easy”, “easy”, or “neutral” to get a prison job and nine DC survey respondents reported it being “difficult” or “very difficult”. (Figure 5). Additionally, out of 12 DC survey respondents, six reported being “unsatisfied” or “very unsatisfied” about their general prison job (Figure 6).

**Figure 5:**  
**Difficulty Getting into Prison Job**  
(n = 14)



**Figure 6:**  
**Satisfaction with Prison Job**  
(n = 12)



### Recommendations

Work with the local college to evaluate the feasibility of adding additional programming options for inmates within facility budget constraints. Additionally, attempt outreach for volunteers to

instruct programming at the facility in order to allow inmates more options for productivity during their incarceration.

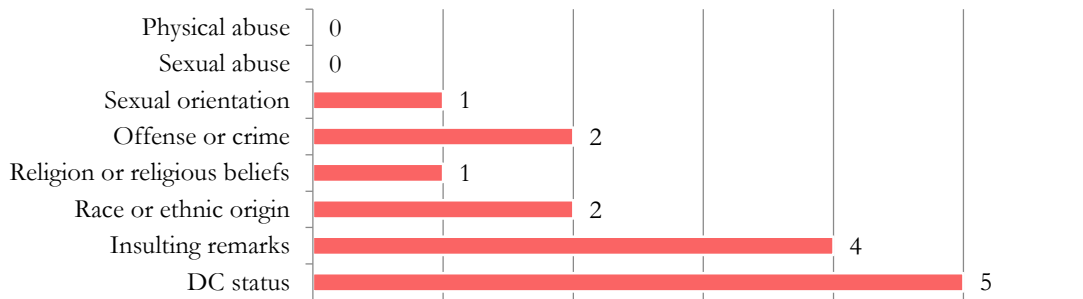
## XII. Institutional Safety

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### A. Harassment, Threats, or Abuse

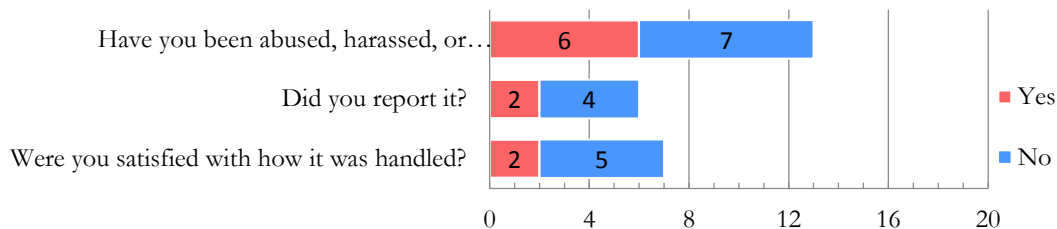
Out of 13 inmates surveyed, six DC survey respondents reported being harassed, threatened, or abused by staff at the facility. Figure 7 illustrates the reasons inmates gave for their harassment.

**Figure 7:**  
**Types of Abuse, Harassment, or Threats by Staff**  
(n = 6)



Of the six DC survey respondents who reported being harassed, threatened, and assaulted by staff, two of them disclosed reporting the incident to the facility, and four did not. Five inmates reported being unsatisfied with how the facility handled their complaints of abuse, harassment, or threats (Figure 8).

**Figure 8:**  
**Abuse, Harassment, or Threats by Staff**  
(n = 13)

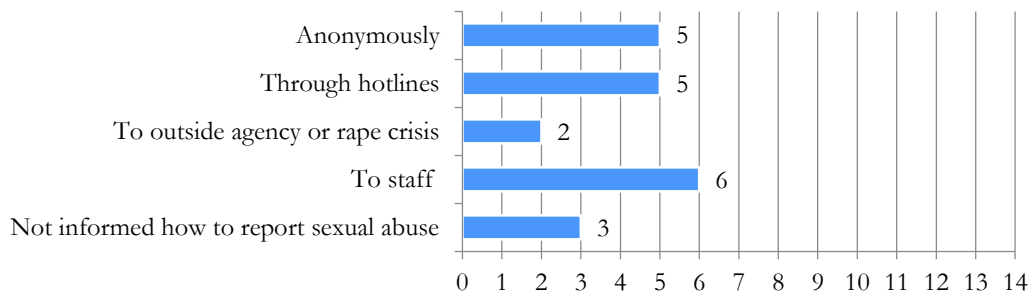


Out of 13 inmates surveyed, one DC survey respondent reported being harassed, threatened, or abused by other inmates at the facility. This inmate reported the reasons as due to his DC status and gang-related issues. He reported the incident to the facility, but was not satisfied with how it was resolved.

## B. Sexual Abuse and Sexual Harassment

DC inmates were surveyed about ways to report sexual abuse or sexual harassment. Out of nine inmates, three reported not knowing how to report sexual abuse or sexual harassment; six DC survey respondents reported being told they can report sexual abuse or sexual harassment to staff; two DC survey respondents reported being told they can report sexual abuse or sexual harassment to an outside service agency or rape crisis center; five DC survey respondents indicated being told they can report sexual abuse or sexual harassment through hotlines; and five DC survey respondents disclosed being told they can report sexual abuse or sexual harassment anonymously. When asked if any DC inmates reported sexual abuse or sexual harassment while at the facility, 11 out of 13 people indicated not reporting any sexual abuse or sexual harassment, while two people viewed the question as inapplicable to them.

**Figure 9:**  
**How Individuals Were Informed on Reporting Sexual Abuse**  
(n = 14)



### Recommendations

Provide a one hour, yearly training to both staff and inmates on ways to prevent, detect, and report sexual abuse or sexual harassment. Under the Prison Rape Elimination Act (PREA) legislation, all staff and inmates should be educated on all ways to report sexual abuse or sexual harassment.

## C. Use of Force and Restraints

The CIC obtained several complaints during confidential interviews of improper chemical use during situations requiring use of force procedures. Inmates described facility staff members using the entire can of chemical agents during the incidents. BOP policy states the use of chemical agents or non-lethal weapons may be used only when the situation is such that the inmate is armed or barricaded, cannot be approached without danger to themselves or others, and it is determined that a delay in bringing the situation under control would constitute a serious hazard to the inmate or others, or result in a major disturbance or serious property damage.<sup>15</sup> Documentation of significant incidents obtained from the facility revealed 50 instances of chemicals used on inmates, and 94 incidents requiring the use of force on inmates between November 2016 and October 2017.

<sup>15</sup> U.S. Department of Justice Federal Bureau of Prisons Use of Force and Application of Restraints Program Statement 5566.06 (2014) available at [https://www.bop.gov/policy/progstat/5566\\_006.pdf](https://www.bop.gov/policy/progstat/5566_006.pdf)

Inmates were surveyed about their experiences with four point and ambulatory restraints at the facility. Out of 13 inmates who responded to the survey question, no inmates reported having ever been placed in four point restraints. Out of the six inmates who reported being placed in ambulatory restraints, one inmate reported having injuries from the restraints; one inmate reported staff allowing him to use the toilet while in restraints; and one inmate reported staff not allowing him to use the toilet while in restraints.

### Recommendations

Evaluate the current practice of use of force procedures and use of chemical agents in order to identify if the current practice is in line with BOP policy. CIC will request documentation of significant incidents every six months for two years.

Provide a four-hour or half-day staff training on stress management at least once per year. Additionally, have all staff sign an acknowledgement form after receiving the comprehensive training.

### **D. Inmate Deaths**

During the on-site inspection, CIC staff obtained information about the death of a DC inmate, which occurred in May 2017. All DC inmates who were interviewed by CIC staff confirmed their knowledge that a fellow DC inmate was stabbed several times on the outdoor compound, taken to the hospital in a medevac, and pronounced dead. (Additional information obtained by the CIC can be found below in the section entitled *Close-Out Session and Issues Follow-up*.)

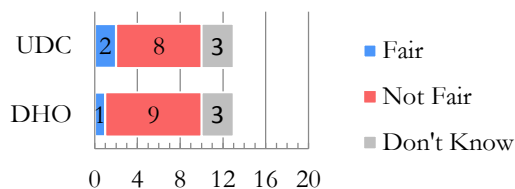
## **XIII. Disciplinary Process**

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Disciplinary violations in the BOP are initially written up as an incident report by a staff member. Violations considered low or moderate severity are referred to a Unit Disciplinary Committee (UDC), which is composed of staff members from an inmate’s housing unit. More severe violations are referred to the Disciplinary Hearing Officer (DHO), who ordinarily rotates between several facilities. UDC decisions may also be appealed to the DHO.

The vast majority of survey respondents who had disciplinary hearings reported that Unit Disciplinary Committee (UDC) and Disciplinary Hearing Officer (DHO) decisions were not fair (Figure 10). One individual described the disciplinary process as biased, while another person reported discrimination against black and DC inmates. Another person explained that staff members back other staff members whether they are right and wrong. Finally, one person reported the process not being fair due to losing privileges and being put in the SHU, and even when the disciplinary appeal is later won, inmates cannot get privileges or lost time back.

**Figure 10:  
Fairness of Disciplinary  
Decisions  
(n = 13)**



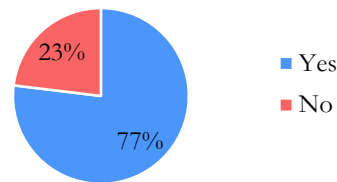


## XIV. Grievance Process

The Administrative Remedy Program, also known as the grievance process, allows inmates to seek formal review of issues related to their confinement.<sup>16</sup> Ordinarily, an inmate must first attempt to informally resolve the issue before filing a grievance. The process then provides for three levels of formal review with corresponding filing forms: Facility (BP-9), Regional Office (BP-10), and Central Office (BP-11). At each level, an inmate submits a request or appeal, which is reviewed by BOP officials and either rejected or filed. While all requests or appeals that are filed must be answered within specific time frames, remedy of the issue may be granted at any level. The number and types of administrative remedy submissions at USP Pollock in the 12 months prior to inspection are available in Appendix C.

Out of the 13 individual responses, 10 survey respondents reported normally having access to administrative remedy forms (BP-9, BP-10, and BP-11) (Figure 11).

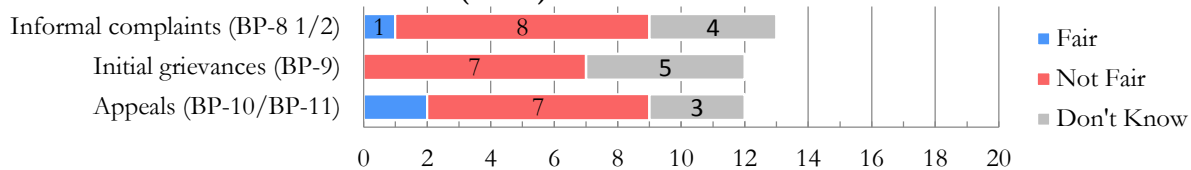
**Figure 11:**  
**Access to Grievance Forms**  
**(BP-9, BP-10, BP-11)**  
**(n = 13)**



Out of 14 individual responses, eight DC survey respondents reported having used the grievance process (submitted an administrative remedy form) at USP Pollock, while six DC survey respondents reported they have not. Of those who reported using the grievance process, six inmates reported the reason being staff; one inmate reported the reason as issues with medical care; one inmate reported the reason as issues with education or programs; four inmates reported the reason as relative to the disciplinary process; and one inmate categorized the reason as *other*.

Of the 13 DC inmates surveyed, eight people felt that informal complaints (BP-8½) are not fairly addressed at the institution; seven people felt that administrative remedy filings (BP-9) are not fairly addressed at the institution; and seven felt that administrative remedy appeals (BP-10, BP-11) are not fairly addressed by the institution (Figure 12).

**Figure 12:**  
**Fairness of Administrative Remedy Process**  
**(n = 13)**

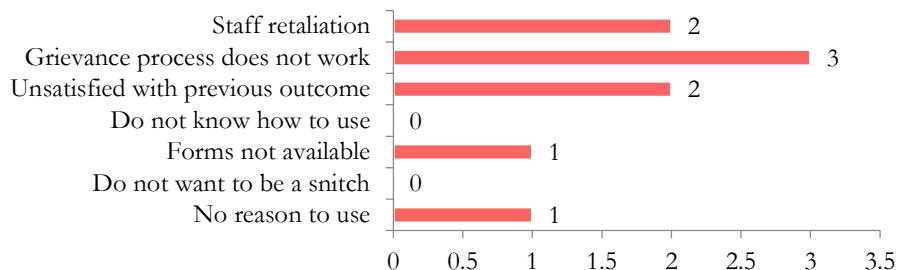


Of the nine inmates who reported not having used the grievance process at USP Pollock, one inmate reported there was no reason for him to use the grievance process; three inmates reported the grievance process not working; two inmates reported not being satisfied with the outcome of a

<sup>16</sup> Federal Bureau of Prisons, U.S. Department of Justice, Program Statement No. 1330.18, Administrative Remedy Program (Jan. 6, 2014), [https://www.bop.gov/policy/progstat/1330\\_018.pdf](https://www.bop.gov/policy/progstat/1330_018.pdf).

previously filed grievance; two inmates reported fear of staff retaliation when filing grievances; and one inmate reported not using the grievance process due to the unavailability of forms (Figure 13).

**Figure 13:**  
**Reasons for choosing not to use the grievance process**  
 (n = 7)



Open ended responses from DC inmates included reports of the grievance process outcome “always being the same,” and “every issue goes to the greater weight of what the staff write, say or do.” One inmate reported filing a BP-10, and reported, “I guess the process was cool.” Other inmates reported not getting a response back after filing their grievances, and described the process as unfair as a result of their 007 number and DC status. They indicated that “once staff feels that you’re guilty because of what an officer says on a report, you’re normally going to be found guilty regardless of what evidence you try to provide.” Inmates also reported that “facility staff don’t know how to answer the grievance,” “the process is not monitored closely enough,” and “it’s based on the buddy system.” One inmate reported being sent to the SHU for an act that he did not commit due to an officer’s report. He ended up having the disciplinary report ultimately expunged. He attempted to use to the grievance process in order to have the officer reprimanded, but reported being “given the run around” until he was out of remedies, and there was no other recourse.

In response to the CIC survey, individuals expressed serious concerns about staff retaliation, staff culture, and lack of follow-through for filed complaints. Individuals reported that staff “try not to go against each other, even when they know it is wrong”, and instead just “rubber stamp other staff doings” in order to cover for each other. One individual stated that staff members “[have] a buddy-buddy system here, and they will let you know that it will not go anywhere.” Other individuals also expressed that staff will not respond, and will refuse to distribute grievance forms. One person explained that the grievance forms must be requested through the unit counselor, and inmates must disclose their reason for filing. Additional inmates reported that in order for them to obtain a grievance form, the name of the staff member, who is also the subject of the complaint, must be disclosed. One person also reported situations where inmates are transferred to different facilities as retaliation for filing grievances.

### **Recommendations**

Make grievance forms (BP-8 1/2 through BP-11) available in housing units at all times without inmates having to request the forms through staff, and also allow for grievance submissions through the electronic TRULINCS system.

Prepare and implement training and practices around staff retaliation. Train staff at least once per year comprehensively on staff retaliation, and have all staff sign an acknowledgement form after receiving the training.

## XV. Release Preparation and Reentry Services

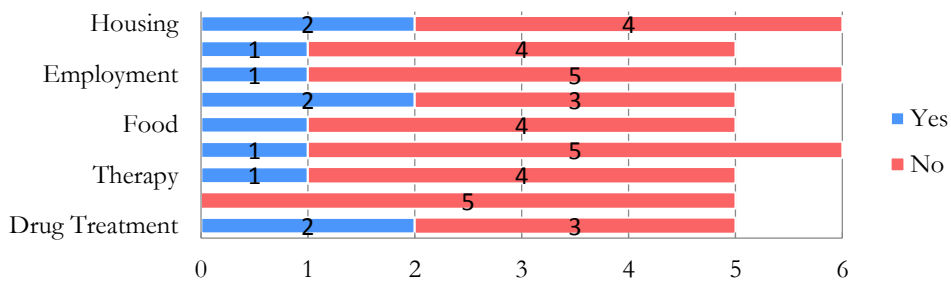
To prepare inmates for release, USP Pollock staff members reported offering Release Preparation Programming (RPP), job fairs with mock interviews, other events with outside volunteers, and reentry information packets.

Out of 14 inmates surveyed, three inmates reported being within 18 months of release. Out of four inmates who responded to the reentry survey, three reported not taking any programming at the facility to prepare for release; four inmates reported not having any interaction with the facility reentry affairs coordinator; and three inmates reported not discussing halfway house eligibility with their unit team. However, two DC survey respondents reported being able to obtain their birth certificate while at the facility; three inmates reported getting their social security number card while at the facility; and three inmates reported not receiving any information about reentry resources in the DC community.

In response to the survey, six individuals answered questions about topics and services for reentry. A majority of both the total respondents and those who were within 18 months of release reported they had not received information on most pre-release topics and services (Figure 14).

Open ended responses about reentry services included two inmates reporting that the facility needs more reentry resources overall. An inmate within 24 months of his release also reported not yet having access to any release services at the facility.

**Figure 14:**  
**Pre-Release Topics and Services Within 18 Months of Release**  
(n = 6)

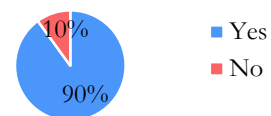


### *Distance from DC*

Nine out of 10 inmates who responded reported being interested in the opportunity to be closer to DC during the last 18 months of their incarceration, while one inmate reported not being interested (Figure 15).

Three inmates expressed the desire to be closer in order to reconnect with their families and acquire better opportunities to prepare for release. Two inmates reported wanting to be closer

**Figure 15:**  
**Moving Closer to DC**  
**Would Help Prepare for**  
**Reentry...**



in order to live at an institution with a lower security level, so they could feel safer during their incarceration.

### **Recommendations**

Identify all individuals within two years of release, and streamline access to the reentry affairs coordinator and Release Preparation Programming. Inmates who have access to such services are better prepared upon returning to their community.

## **XVI. Closeout Session and Issues Follow-Up**

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On the final day of the facility inspection, CIC staff met with the executive staff and the warden for a closeout session. Closeout sessions generally include final discussions with the warden, follow-up regarding issues that were revealed during the inspection process, and insight on the process of obtaining additional information from the facility post-inspection. The main topics included possible issues with water quality, and the death of a DC inmate in May 2017. Neither topic was initially disclosed by the facility staff prior to or during the inspection.

### **A. Water Quality**

During the inspection, CIC staff members were given a Q-tip, which turned blue and green after being run under the water source inside of an inmate's cell. CIC staff inquired about the water quality and water testing. The executive assistant stated that the facility water was tested by an outside source, and no problems were detected.

The CIC requested all documents pertaining to the January 26, 2018 water testing, and received the documentation on January 30, 2018. Documents revealed that an inmate submitted a request form to staff on November 28, 2018, expressing concerns regarding the smell of chlorine in his cell water, and blue and green water discoloration in his sink and toilet bowl. In response to the inmate's request, the documents show that the facility completed a chlorine residual report at entry point for the town of Pollock water supply for the months of June, July, August, October, and November 2017.

Based on a thorough review of the water testing documents, it is clear that proper water testing was not performed, and the proper source of water was not tested. While the executive assistant reported facility water testing, evidence obtained from the documentation shows that the testing was not comprehensive. The documents reveal that staff had a chlorine test conducted for five months on the town water supply, not the facility water supply.

### **Recommendations**

Identify and contract an outside entity to perform comprehensive water testing on the facility water source in order to ensure adequate water quality. The type and frequency of the water testing should only be determined by an outside testing entity.

### **B. Death of a DC Inmate**

During the on-site inspection, CIC staff obtained evidence of the death of a DC inmate, which occurred in May 2017. CIC staff inquired about this situation at the closeout session, and the warden

reported that he was unaware of the situation, because he had recently started his job at the facility two weeks prior to the inspection. CIC staff was able to obtain information from some of the executive staff about the incident. It was reported that the inmate was stabbed on the yard by another inmate, medevacked from the facility to the local hospital, and was pronounced dead. The facility staff did not report any additional information due to a pending investigation of the incident.

The CIC followed up with the executive assistant post-inspection and requested additional information and documentation pertaining to the death of the DC inmate. On January 30, 2018, the CIC was informed through email that an autopsy was performed on the DC inmate on May 22, 2017, and the cause of death was multiple stab wounds to the chest and abdomen. The body was shipped from the BOP to family members of the victim after the autopsy was completed. There were no further details pertaining to events leading up to the death.

### **Recommendations**

Implement a process to ensure that all significant incidents and deaths are forwarded to the CIC prior to inspections.

## Appendix A: Methodology

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In accordance with the Memorandum of Understanding (MOU) between the CIC and the BOP that requires at least 30 days' notice of an inspection, the CIC notified the BOP on November 7, 2017, of its request to inspect USP Pollock. The request included a tour of all areas to which inmates have access, discussions with staff, and confidential interviews with DC inmates. Prior to the on-site inspection, the CIC communicated with DC inmates at USP Pollock, informing them of the upcoming inspection and offering them the opportunity for a confidential interview with a member of the CIC.

The CIC conducted an on-site inspection of USP Pollock on December 14 and 15, 2017. The CIC was escorted by members of the executive staff during the tour. The CIC interviewed a total of 14 individuals from DC during the on-site inspection, all of whom at least partially completed a survey.

After the inspection, the survey responses were compiled using SurveyMonkey, a business intelligence tool, with unique identifiers instead of individual names in order to protect confidentiality. Data was exported to Microsoft Excel, and charts were created on Microsoft Word. Charts and other analyses do not include blank responses, and the total numbers of respondents for particular questions are noted on each chart. Extended responses from the surveys were compiled with comments from other forms of communications with DC inmates at the facility and were used to inform analyses and provide context in applicable sections.

In addition to the on-site inspection, survey data, and communication with individuals incarcerated at the facility, the CIC reviewed general inmate and facility data related to the inmate population and demographics, facility staffing, significant incidents, urine surveillance, and disciplinary records. The CIC also reviewed an education report, dining menus, commissary lists, the Admissions and Orientation Handbook, the most recent American Correctional Association (ACA) audit report, the most recent Prison Rape Elimination Act (PREA) audit report, and administrative remedy filings and responses at the facility, Regional Office, and Central Office levels.

The CIC provided the BOP with a draft version of the report for review of factual information and an opportunity to respond to follow-up questions and any other information in the report. The BOP response to the CIC draft report is included at the end of this report.

## Appendix B: Significant Incidents

The table below provides an overview of the significant incidents reported by USP Pollock into the TruIntel Data System between November 2016 and October 2017.

| <b>Significant Incident Reports</b>                              |     |
|--|-----|
| Institution locked down  | 16  |
| Inmate suicides  | 1   |
| Inmate homicides   | 1   |
| Inmate deaths from natural causes                                | 1   |
| Assault on inmate, with weapon                                   | 9   |
| Assault on inmate, without weapon                                | 24  |
| Assault on staff, with weapon                                    | 3   |
| Assault on staff, without weapon                                 | 28  |
| Attempted assault on inmate, with weapon                         | 1   |
| Attempted assault on inmate, without weapon                      | 1   |
| Attempted assault on staff, with weapon                          | 0   |
| Attempted assault on staff, without weapon                       | 8   |
| Escape from secure facility                                      | 0   |
| Escape from non-secure facility                                  | 5   |
| Sexual act, non-consensual, on inmate                            | 0   |
| Sexual assault on staff  | 0   |
| Sexual contact, abusive, on inmate                               | 1   |
| Uses of chemicals  | 50  |
| Uses of force  | 94  |
| Uses of restraints   | 8   |
| Form 583 reports filed (reports to Central Office) <sup>17</sup> | 161 |

*Source: Federal Bureau of Prisons*

## Appendix C: Administrative Remedy Filings

The table below provides an overview of the categories with administrative remedy filings (grievances) submitted at each level regarding USP Pollock between October 2016 and September 2017.

| <b>Facility Level (BP-9) Administrative Remedy Filings</b> |                  |                 |              |                 |                |
|--|------------------|-----------------|--------------|-----------------|----------------|
|  | <b>Submitted</b> | <b>Rejected</b> | <b>Filed</b> | <b>Answered</b> | <b>Granted</b> |
| UDC/RRC Actions  | 8                | 4               | 4            | 4               | 0              |
| Staff/Others - Complaints                                  | 53               | 22              | 31           | 31              | 0              |

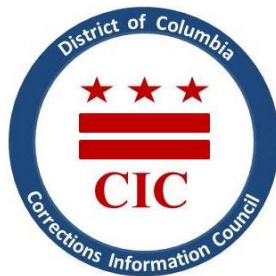
<sup>17</sup> Form 583 is used to report significant incidents to the FBOP Central Office. The form is an electronic version of the Report of Incident form. Issues reported to the Central Office generally include deaths, suicides, escapes, serious assaults, and other serious acts of misconduct by inmates, and uses of force, chemicals, or restraints by staff.

|  |                  |                 |              |                 |                |
|--|------------------|-----------------|--------------|-----------------|----------------|
| Medical-Exc. Forced Treatment                                | 14               | 7               | 7            | 7               | 0              |
| Programs, Institution  | 7                | 3               | 4            | 4               | 0              |
| Jail Time Credit   | 20               | 3               | 17           | 17              | 0              |
| Special Housing Units  | 11               | 7               | 4            | 4               | 0              |
| Community/Pre-Release Programs                               | 2                | 1               | 1            | 1               | 0              |
| DHO/CDC/Cont. Housing Appeals                                | 17               | 17              | 0            | 0               | 0              |
| Work Assignments   | 5                | 2               | 3            | 3               | 0              |
| Dental Care  | 1                | 0               | 1            | 1               | 0              |
| Legal Matters  | 11               | 5               | 6            | 6               | 0              |
| Classification Matters                                       | 10               | 4               | 6            | 6               | 0              |
| Mail Communication   | 7                | 3               | 4            | 4               | 0              |
| Transfer - Request/Objection                                 | 8                | 4               | 4            | 4               | 0              |
| Education, Recreation, Leisure                               | .                | .               | .            | .               | .              |
| Visiting   | 1                | 1               | 0            | 0               | 0              |
| Records Management   | 1                | 0               | 1            | 1               | 0              |
| Other Statutorily-Mandated Procedures                        | .                | .               | .            | .               | .              |
| Searches and Use of Restraints                               | 2                | 2               | 0            | 0               | 0              |
| Food   | 8                | 2               | 6            | 6               | 0              |
| Operations, Institution                                      | 38               | 21              | 17           | 17              | 0              |
| Mental Health Care   | 1                | 1               | 0            | 0               | 0              |
| Sentence Computation   | 9                | 3               | 6            | 6               | 0              |
| Disability-Physical or Mental                                | .                | .               | .            | .               | .              |
| PREA   | .                | .               | .            | .               | .              |
| <b>Regional Office (BP-10) Administrative Remedy Appeals</b> |                  |                 |              |                 |                |
|  | <b>Submitted</b> | <b>Rejected</b> | <b>Filed</b> | <b>Answered</b> | <b>Granted</b> |
| DHO/CDC/Cont. Housing Appeals                                | 152              | 89              | 63           | 63              | 3              |
| Staff/Others - Complaints                                    | 45               | 35              | 10           | 10              | 0              |
| UDC/RRC Actions  | 12               | 9               | 3            | 3               | 0              |
| Programs, Institution  | 1                | 1               | 0            | 0               | 0              |
| Jail Time Credit   | 17               | 9               | 8            | 8               | 0              |
| Medical-Exc. Forced Treatment                                | 6                | 5               | 1            | 1               | 0              |
| Classification Matters                                       | 6                | 5               | 1            | 1               | 0              |
| Transfer - Request/Objection                                 | 15               | 14              | 1            | 1               | 0              |
| Community/Pre-Release Programs                               | 3                | 1               | 2            | 2               | 0              |
| Work Assignments   | 1                | 1               | 0            | 0               | 0              |
| Special Housing Units  | 7                | 6               | 1            | 1               | 0              |
| Operations, Institution                                      | 18               | 10              | 8            | 8               | 0              |
| Dental Care  | .                | .               | .            | .               | .              |
| Education, Recreation, Leisure                               | .                | .               | .            | .               | .              |
| Visiting   | .                | .               | .            | .               | .              |



|   |                  |                 |              |                 |                |
|---|------------------|-----------------|--------------|-----------------|----------------|
| Food  | 7                | 3               | 5            | 3               | 0              |
| Legal Matters   | 7                | 5               | 2            | 2               | 0              |
| Disability-Physical or Mental                               | .                | .               | .            | .               | .              |
| Other Statutorily-Mandated Procedures                       | .                | .               | .            | .               | .              |
| <b>Central Office (BP-11) Administrative Remedy Appeals</b> |                  |                 |              |                 |                |
|   | <b>Submitted</b> | <b>Rejected</b> | <b>Filed</b> | <b>Answered</b> | <b>Granted</b> |
| DHO/CDC/Cont. Housing Appeals                               | 22               | 11              | 11           | 10              | 0              |
| Staff/Others - Complaints                                   | 10               | 4               | 6            | 6               | 0              |
| UDC/RRC Actions   | 1                | 1               | 0            | 0               | 0              |
| Jail Time Credit Programs, Institution                      | 6                | 0               | 6            | 5               | 0              |
| Medical-Exc. Forced Treatment                               | 1                | 1               | 0            | 0               | 0              |
| Work Assignments  | 3                | 2               | 1            | 1               | 0              |
| Classification Matters                                      | .                | .               | .            | .               | .              |
| Operations, Institution                                     | 2                | 1               | 1            | 1               | 0              |
| Education, Recreation, Leisure                              | 10               | 3               | 7            | 6               | 0              |
| Community/Pre-Release Programs                              | .                | .               | .            | .               | .              |
| Other Statutorily-Mandated Procedures                       | 1                | 0               | 1            | 1               | 0              |
|   | .                | .               | .            | .               | .              |

*Source: Federal Bureau of Prisons*



**District of Columbia  
Corrections Information Council**

The electronic version of this  
report is available on the CIC website:  
<https://www.cic.dc.gov/>