

# **FMC Carswell Federal Medical Center Inspection Report**



*Source: bop.gov*

**District of Columbia  
Corrections Information Council**

July 6, 2018



## **District of Columbia Corrections Information Council (CIC)**

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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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## II. Executive Summary

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### FMC Carswell

**Dates of Inspection:** September 7-8, 2017

**Location:** Fort Worth, Texas

**Distance from DC:** 2,271 Miles from DC

**Transportation:** 33 Hours by Car /  
3 Hours 23 Minutes by Plane

### INSTITUTION PROFILE

**Security Level:** High

**Design Capacity:** Main: 926 & Camp: 314

**Occupancy:** Main: 916 (99% capacity) & Camp: 277  
(88% capacity)

**DC Inmates:** 17 (1.43 % of total population)

**Average Age of DC Inmates:** 46 years old

**Average Sentence of DC Inmates:** 103 months

**Inmate-to-Staff Ratio:** 4.39: 1 (FMC Carswell)

*Source: Federal Bureau of Prisons.*

### FINDINGS

- **Facility:** FMC Carswell is the only federal women's medical center operated by the BOP.
- **Distance:** Overwhelmingly, DC women expressed their desire to move closer to home, if given the opportunity.
- **Feminine Hygiene:** Women received three pair of underwear every six months. Some women were not receiving adequate amounts of pads or tampons, with some still paying for feminine hygiene products.
- **Reentry:** The facility did not participate in the quarterly CSOSA reentry videoconferences at time of the inspection. Now it does provide this resource to DC women.
- **Food:** The quantity of food given was a concern for inmates: women were not receiving adequate amounts and were frequently hungry.
- **Deaths in custody:** The BOP reported that there were 12 deaths in custody in a 12-month period between September 2016 and August 2017, all from natural causes.
- **Medical Care:** At the time of the inspection, the facility had 21 vacancies in Health Services.
- **Video Visitation:** Inmates can visit with loved ones via TRULINCS Video Service, at \$6 per 25-minute session.
- **Sexual Assault Conviction:** A case manager was prosecuted for sexual abuse of woman incarcerated at the facility in 2016. He pled guilty and was sentenced to 12 months incarceration.
- **Cosmetology Training:** The facility has a cosmetology training room, in a salon setting, where inmates can earn their certification and receive salon services.
- **Staff:** Staff members at FMC Carswell were observed to be diverse in gender, race, and ethnicity. The majority of DC inmates reported being insulted by staff at the facility.



## **RECOMMENDATIONS**

- 1. The BOP should reduce maximum penalties for disciplinary segregation and impose a sanction of disciplinary segregation only as necessary and only after determining that other available sanctions are insufficient to serve the purpose of punishment.*
- 2. The facility should increase minimum out-of-cell time from one hour per day to two or more, pursuant to Executive Guidelines and DOJ recommendations.*
- 3. The facility should address the high vacancy rate of staff in health services to address and reduce the delays in the delivery of services.*
- 4. The facility should evaluate the prohibition on use of restraints on pregnant women beyond transport to delivery and during labor,.*
- 5. The BOP should evaluate the eligibility requirements for RDAP for disparate impact prohibiting eligibility and participation by DC incarcerated persons.*
- 6. The facility should review the food portions provided to inmates to examine whether the portions are sufficient for women in custody.*
- 7. The BOP should evaluate the 30% markup, particularly on feminine hygiene products.*
- 8. The facility should further educate staff and inmates on the administrative remedy process.*
- 9. The facility should explore actively implementing additional educational programs for inmates who already have a GED.*
- 10. The facility should explore more affordable vocational programming or making cosmetology and culinary arts more affordable for those willing to participate.*
- 11. The BOP Trust Fund should consider reducing the price of video visitation to be more in line with price telephone calls.*
- 12. The BOP should endeavor to move DC inmates to facilities within 250 miles of DC within at least two years of their release.*
- 13. The facility should implement a yearly cultural diversity and implicit bias training program for all staff.*
- 14. The facility should consider increasing the 3 pair of underwear provided every 6 months, in amount, frequency of replacement, or both.*
- 15. The facility should evaluate or change provisions as needed while implementing the 2017 mandate regarding free feminine hygiene products.*
- 16. The agency should implement a standardized curriculum for the Release Preparation Program (RPP) across all BOP facilities.*
- 17. At the inspection, the CIC recommended that the facility participate in the quarterly CSOSA reentry videoconference and create a reentry protocol to improve the transition of inmates back to the community. Now the facility does participate.*

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## I. Facility Profile

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Federal Medical Center Carswell (FMC Carswell) is the only federal medical center for female offenders operated by the Federal Bureau of Prisons (BOP). In the BOP system, inmates and facilities are classified according to Medical Care Levels and Mental Health Care Levels.<sup>1</sup> FMC Carswell is a Care Level 3 and 4 administrative facility that houses all security and custody levels, and provides specialized medical care (Care Levels 3 and 4), and mental health service (Care Levels 3 and 4) for adult female offenders diagnosed with a variety of medical and mental health conditions.<sup>2</sup> Female inmates who are involved in forensic studies, undergoing competency restoration, and those who are civilly committed, are also housed at the facility. FMC Carswell has a design capacity of 1,240 inmates: 926 at the medical center and 314 at the satellite camp. At the time of the CIC inspection, the inmate population was 1,193, with 916 at the medical center and 277 at the satellite camp. There were 17 DC residents housed at the institution.

FMC Carswell is located in the northeast corner of the Naval Air Station Joint Reserve Base (NAS-JRB), in Fort Worth, Texas. The BOP acquired the former Air Force hospital in 1994, after the military hospital was officially closed on September 30, 1993.<sup>3</sup> The site included a six-story hospital covering 360,000 square feet.<sup>4</sup> The BOP added nine new buildings, totaling 717,185 square feet. At the time of the CIC inspection, FMC Carswell main building (the converted hospital building) consisted of 16 housing units with multiple occupancy cells, and one open bay/dormitory housing unit. While there were no single-cell housing units, there were a total of three administrative and disciplinary cells in the facility. Separate from the three administrative and disciplinary cells, there was an Administrative Housing Unit consisting of 43 beds, which was activated in May 1998 to house offenders who require increased security. The CIC inspection focused on FMC Carswell's main building.

Located adjacent to the facility's main building is a minimum-security camp. At the time of the inspection there were no DC inmates residing in the camp. Comprised of 67 acres, the camp consisted of two housing units and a multi-purpose building that housed food services, health/dental services, laboratory, laundry/commissary, the chapel, cosmetology, the mailroom, and a visiting room that also had a children's center. Additionally, the camp had a building adapted from former military use, which served as the education/recreation, social work, and psychology area. Inmates assigned to the camp provided labor to support the operation of FMC

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<sup>1</sup> Fed. Bureau Of Prisons, U.S. Dep't Of Justice, Legal Resource Guide To The Federal Bureau Of Prisons (2014), available at [http://www.bop.gov/resources/pdfs/legal\\_guide.pdf](http://www.bop.gov/resources/pdfs/legal_guide.pdf).

<sup>2</sup> The BOP has Care Levels 1-4 for medical care and mental health care, with Care Level 1 for those who are generally healthy with minimal treatment needs, and Care Level 4 for those who are severely impaired and may require daily care. For more information on Medical Care Levels and Mental Health Care Levels, see DC Corrections Information Council, CIC Info Sheets, <https://cic.dc.gov/page/cic-info-sheets>.

<sup>3</sup> FMC Carswell, U.S. Dep't of Justice, PREA Report, May 2016; The Nakamoto Group Inc.

<sup>4</sup> *Id.*

Carswell, in areas such as grounds keeping, maintaining the institution reservation, housekeeping, and recycling at the NAS-JRB.

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## II. 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 of its request to inspect FMC Carswell, including a tour of all areas inmates access, discussions with staff, and confidential interviews with DC inmates. Prior to the onsite inspection, the CIC communicated with DC inmates at FMC Carswell informing them of the upcoming inspection and offering them the opportunity for a confidential interview with a CIC staff member.<sup>5</sup>

Prior to the inspection, CIC staff requested documents from FMC Carswell and was able to review documents including the DC inmate roster, inmate demographics, administrative remedies tracking data, facility education enrollments, disciplinary record tracking data, incident tracking data, staffing information sheet, the American Correctional Association (ACA) accreditation report, the Prison Rape Elimination Act (PREA) report, the inmate handbook, institutional supplements, and the National BOP dining menu.

The CIC conducted an on-site inspection of FMC Carswell over September 7 and 8, 2017. The inspection included an opening session with executive staff, tour of the facility, on-site document review, and confidential interviews with DC inmates. Surveys completed by inmates were collected, and inmates were able to elaborate and report additional information during confidential interviews while CIC staff was on-site. There were a total of 17 DC inmates residing at FMC Carswell, and CIC staff interviewed 13 out of 17 women.

During the inspection, the Executive Assistant and additional leadership staff escorted the CIC through the facility. The units toured included general population housing units, various medical and mental health units, the Special Housing Unit, the Administrative Housing Unit, the outpatient medical unit, the law library, the cosmetology center, the indoor recreation area, and the Residential Drug Abuse Program (RDAP) unit.

Following the on-site inspection of the facility, the CIC compiled data from completed inmate surveys. The total number of respondents for a particular question is noted above each chart. Extended responses from the surveys were compiled along with comments from other forms of communication with DC inmates at the facility, and were used to inform analysis and provide context in applicable sections of the report.

In addition to the documents received pre-inspection, CIC staff reviewed a sample of BOP documents at the facility including health services progress notes, medication lists, mental health

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<sup>5</sup> Interviews with the CIC are voluntary and at the inmate's request.

evaluations from the past three months pertaining to DC inmates, medical documents, and disciplinary files. The CIC also reviewed applicable BOP Program Statements.

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

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### III. Housing

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According to the pre-inspection documents that were sent to the CIC from FMC Carswell in July 2017, the satellite camp had a total of 277 inmates, the Administrative Housing Unit<sup>6</sup> had 10, the chronic care unit had 97, the low security unit had 915, the medical/surgical unit had 55, the mental health unit had 64, and the RDAP unit had a total of 57 inmates.<sup>7</sup> Each unit in the facility has access to its own laundry room, library, as well as indoor and outdoor recreation areas.

The CIC conducted an on-site inspection of the following areas: Housing Unit 1 North, 1 South RDAP, the Secure Housing Unit (SHU), the Administrative Unit, various medical units (medical/surgical, acute medical unit, medical SHU, hospice), outpatient medical clinic, cosmetology, religious services, indoor recreation building, and mental health units M1, M2, and M3, which are discussed in more detail in the respective sections of the report.

At the time of the inspection there were nine women residing in the Administrative Unit, and one woman on death row.<sup>8</sup> There was one DC resident located in the Administrative Housing Unit, and the Warden of the facility reported to CIC staff during the opening meeting that she was being housed in that unit due to chronic issues with behavior.

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### IV. Secure Housing Unit (SHU)

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The secure housing unit, or “SHU,” is designed to securely separate inmates from the general inmate population. In the BOP, inmates placed in the SHU are housed in two-person cells. The

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<sup>6</sup> The Administrative Housing Unit differs from the administrative cells in other units because it houses inmates who require increased security throughout their incarceration. This unit is in lieu of administrative facilities such as USP Lewisburg Special Management Unit or Florence Administrative Maximum Security prisons, since women do not have the numbers in administrative security to require a separate facility.

<sup>7</sup> Please note population numbers from pre-inspection documents may differ from population numbers obtained from the on-site inspection.

<sup>8</sup> The population of the Administrative Housing Unit includes inmates on death row, or inmates who have escaped or attempted escape, exhibited predatory/assaultive behavior, have chronic behavioral problems, are national security risks, are high danger (terroristic threats), and high profile inmates.

two categories of secure, segregated housing are administrative detention<sup>9</sup> and disciplinary segregation.<sup>10</sup> According to BOP policy, an inmate may be placed in administrative detention for the following reasons:

- a) Pending classification or reclassification of custody level;
- b) Holdover status while awaiting re-designation to another facility;
- c) Investigation of alleged violation of agency regulation or criminal law;
- d) Awaiting transfer to another facility;
- e) Administrative detention for the inmate's own protection; or
- f) Post-disciplinary detention.

The SHU at FMC Carswell has the capacity to hold 43 inmates. At the time of the inspection, there were 30 women on the unit with Medical Care Levels of 1 or 2. Staff reported that inmates with mental health diagnoses above Care Level 2 are not placed in the SHU, and inmates with Mental Health Care Levels 3 or 4 are to be housed in the mental health seclusion area. CIC staff witnessed one inmate with a reported mental health diagnosis placed in the SHU at the time of the inspection; but her Care Level was not ascertained at the time of this report.

Overall, there were four women in disciplinary segregation who were sanctioned by a disciplinary officer, 26 women in administrative detention who were pending investigation, and one woman in protective custody by request whom staff reported had been in the SHU for six days. Staff reported that the average length of stay in the SHU is 30 days. Facility staff also reported that no one had been in the SHU for more than 90 days, post-discipline, in the past year.

Facility staff reported that medical services makes rounds three times daily in the SHU for the pill line (6am, 12pm, 5pm), and psychology staff makes rounds once daily, or as needed. The chaplain is slated to go to the SHU at least once per week, but SHU staff reported that sometimes the chaplain visits the SHU two to three times per week based on the needs of inmates. Inmates in the SHU are not allowed to attend educational classes, but self-study booklets are available for topics such as psychology and substance use. If an inmate needs to speak with a psychologist, they are able to do so in a private room in the SHU.

CIC staff witnessed two separate areas that make up the SHU, with five cells on one side and six cells on the other side of the unit, with most of the rooms designed to hold four people. The handicapped cell on the unit is designed to hold three people. Each cell in the SHU has a shower.

SHU staff reported that women in the SHU are supposed to have one hour per day of out-of-cell time. There is no indoor recreation area in the SHU, so the designated one-hour of recreation time takes place outside. BOP policy requires inmates to have a minimum of five hours per week (Monday through Friday) of out-of-cell time. If an hour is missed during the week, it is supposed to be made up on the weekends. Inmates in the SHU also have separate hours for the law library.

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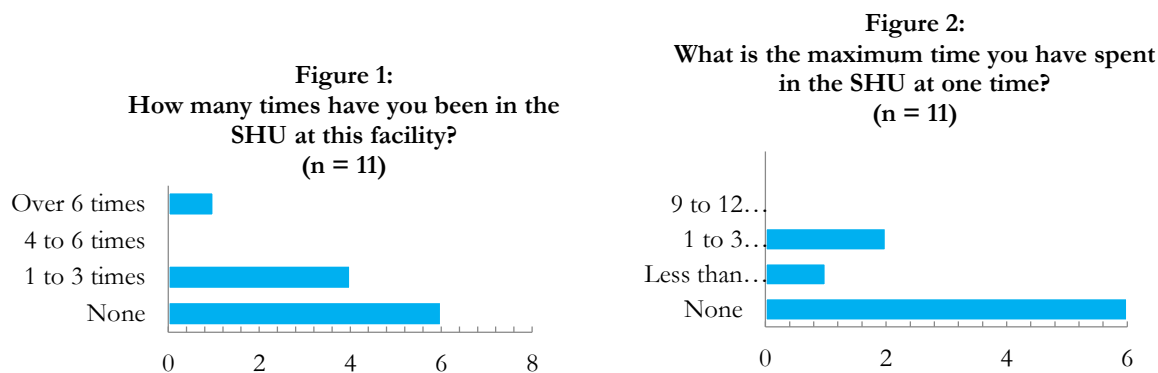
<sup>9</sup> Fed. Bureau Of Prisons, U.S. Dep't Of Justice, Program Statement No. 5270.10, Special Housing Units (Nov. 23, 2016).

<sup>10</sup> Disciplinary segregation is imposed as a sanction for violations of BOP rules and regulations.

Depending on the availability and need, inmates can request to spend several hours in the law library researching information pertaining to their criminal case or other legal information.

Inmates who do not have any restrictions in the SHU are able to non-contact video visitation on Saturdays and Sundays during regular visiting hours. There are two video monitors in the SHU for visits. If inmates are caught abusing video visitation rules, as a consequence their family members may be removed from their video visitation list. According to staff, there have been no reported scheduling conflicts regarding video visitation. The cost for 25 minutes of video visitation is \$6, but the Bureau reports that there is no charge for non-contact video visitation for those in the SHU. Video visitation is discussed in further detail under the section titled “Visitation,” as it is offered to all inmates in the facility who do not have any visitation restrictions.

Out of 11 DC inmates who responded to the SHU survey questions, five reported being in the SHU at FMC Carswell (Figure 1), and two of the five reported spending over 30 days in the SHU at one time (Figure 2).



The majority of DC inmates who have experienced the SHU reported that staff members from medical, mental health, and education, and do not conduct regular rounds in the SHU. All five DC inmates who reported being in the SHU expressed having access to showers. The majority of DC inmates reported having access to telephones, recreation, writing materials, grievance forms, sick call slips, and reading materials while they were in the SHU.

DC inmates commented that certain officers in the SHU were not helpful, and also reported being bullied while in the SHU. One inmate in particular mentioned that she has the status of Mental Health Care Level 3, and requested psychiatry and mental health assistance due to reoccurring mental health symptoms while in the SHU, but did not receive any help until she overdosed on pills.

## Recommendations

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1. Pursuant to Executive guidelines and Department of Justice recommendations,<sup>11</sup> the facility should reduce maximum penalties for disciplinary segregation and impose a sanction of disciplinary segregation only as necessary and only after determining and documenting, in writing, that other available sanctions are insufficient to serve the purpose of punishment.

2. The facility should increase minimum out-of-cell time from one hour per day to two or more, pursuant to Executive Guidelines and DOJ recommendations.<sup>12</sup>

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## V. Health Services

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Health services typically includes episodic visits for new or recurring medical or dental symptoms through a sick call system; chronic care management for chronic and infectious diseases through enrollment in chronic care clinics for regular care; routine dental care; medical and dental emergency care for injuries and sudden illness; age appropriate preventive care to promote optimal health and functional status; restorative care to promote achievable functional status; long-term care; and end-of-life care.<sup>3</sup> Inmates who request and receive health services are charged a \$2.00 co-payment fee, unless staff determine them to be indigent or unless care is part of regularly recurring chronic care treatment. Generally, if an inmate has less than \$6.00 for a 30-day period in their inmate trust fund, they are classified as indigent.<sup>13</sup>

The CIC asked DC inmates to rate their satisfaction with both the quality of health services (medical, dental, and mental health) at the facility and wait times for each. Approximately 50% of DC inmates reported being “very satisfied” or “satisfied” with medical care, 27.3% of inmates reported being “very satisfied” or “satisfied” with the quality of mental health care, and 25% of inmates reported being “very satisfied” or “satisfied” with dental care (Figure 3).

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<sup>11</sup> See, <https://www.whitehouse.gov/the-press-office/2016/01/26/fact-sheet-department-justice-review-solitary-confinement>. See also,

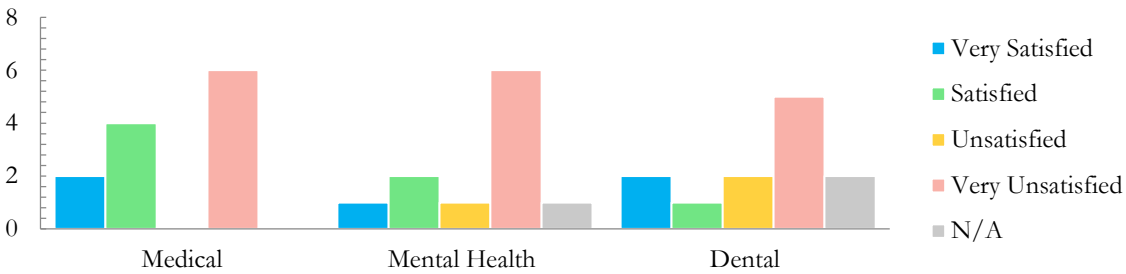
<sup>11</sup> U.S. Dep’t of Justice, *Executive Summary, Report and Recommendations Concerning the Use of Restrictive Housing* (Jan. 2016)(“After extensive study, we have concluded that there are occasions when correctional officials have no choice but to segregate inmates from the general population, typically when it is the only way to ensure the safety of inmates, staff, and the public. But as a matter of policy, we believe strongly this practice should be used rarely, applied fairly, and subjected to reasonable constraints.”).

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

<sup>13</sup> Indigent inmates are determined according to BOP policy, which defines indigence as a balance of less than \$6.00 in an inmate’s commissary account for the last 30 days. See Fed. Bureau of Prisons, U.S. Dep’t of Justice, Program Statement No. 6031.02, Inmate Copayment Program (Aug. 15, 2005), available at [http://www.bop.gov/policy/progstat/6031\\_002.pdf](http://www.bop.gov/policy/progstat/6031_002.pdf). Wardens may impose restrictions on an inmate to prevent abuse of the exemption for indigence.



**Figure 3:  
Quality of Care  
(n = 12)**



In response to questions about whether facility staff answers sick call slips for medical, dental, and mental health services within 48 hours, 33.3% of DC respondents answered “rarely,” 16.7% responded “sometimes,” and 50% answered “usually.” The remaining respondents had not filed sick call slips. As for wait times by department, 58% of DC respondents reported being “very unsatisfied” with medical wait times, 50% of survey respondents reported being “very unsatisfied” with mental health wait times, and 33.3% reported being “very unsatisfied” for dental wait times.

### A. Medical Care

FMC Carswell is the only federal medical center for women in the United States operated by the BOP. The facility assigns inmates Medical Care Levels ranging from 1 through 4 depending on the severity of inmates’ medical needs, and provides an array of medical services including emergency medical treatment, medication administration, on the job injury care, treatment for dental emergencies, and scheduled appointments based on need. BOP staff indicated the health services department’s chronic care clinic includes almost 40% of the total facility population. There are no surgeries or procedures performed in the medical units at FMC Carswell; although, care is provided after patients come back from undergoing medical procedures at a local hospital. The medical units provide intravenous (IV) fluids, IV medications, and 24-hour nursing care. Over the past 12 months there were a total of 12 reported deaths at the facility, which were all recorded as natural deaths.

Outside of nursing and support staff, the facility reported having one full-time gynecologist, one nurse practitioner, and one medical director at the time of the inspection. Staff reported 21 vacant positions across all of health services. Vacancies included six clinical nurses, three nurse practitioners, and other unspecified health service positions. Medical unit staff reported having their own social work staff.

The medical units at FMC Carswell utilize some of the women inmates as Inmate Nursing Assistants (INAs). INAs are certified through a nursing assistant program, which is accredited through the Department of Labor. After completing 800 hours, women earn their Certified Nursing Assistant (CNA) license, which allows them to work as a CNA or a medical assistant, post-release. Staff reported that the certification program is available to everyone. INAs are used in the acute medical unit. Care on the acute medical unit is provided to patients who come back

from the local hospital after surgery, patients with post-partum depression, patients diagnosed with cancer, and patients diagnosed with diabetes. Patients diagnosed with osteomyelitis, congestive heart failure, and uncontrolled hypertension are also cared for in the acute unit.

CIC staff witnessed a special area called a negative airflow room on the acute unit for patients who have airdrop precautions, or are at risk for air borne infections such as Tuberculosis. This type of airflow room prevents the spread of infection from patient to staff, or anyone else who enters the room.

For patients on the medical units who need to make calls, there are portable phones that roll into the rooms, and if an inmate has no restrictions, they can access the phone daily. Additional medical units are listed and described briefly below.

#### *Medical/Surgical Unit*

The medical/surgical unit (acute side) for Medical Care Levels 3 or 4 is located on Unit CC5, and has a capacity of 33 patients, with 22 beds designated for patients who require long-term care similar to nursing home care. The patient census reported by medical staff at the time of the inspection was 19 to 22.

#### *Acute Medical Unit*

The acute medical unit houses women in need of rehabilitation, vacuum-assisted closure (VAC) for wounds, and some women who are pregnant. Patients on the unit can be transferred from acute care to hospice, their homes, or long-term care depending on their individual medical needs. Medical staff reported to the CIC that about 30% of patients on the unit are transferred to FMC Carswell from other facilities.

#### *Medical SHU*

The medical segregated housing unit houses inmates who are on suicide watch and inmates who require medical care but are combative towards other inmates or staff.

#### *Long-Term Medical Care Unit*

The long-term medical care unit is for patients who need more than basic medical assistance. Patients from the unit may be transferred to the nursing care unit. The unit has elevators and provides inmates with more intensive medical care, as they need more support. There are two beds per room on the long-term unit.

#### *Nursing Care Centers 1 and 2*

The Bureau reports that Nursing Care Center 1 (NCC1) has capacity for 27 patients who need close monitoring (such as post-operative care, high risk pregnancy). The NCC2 is for those needing long term care assistance for daily living activities or hospice care. Inmate hospice companions are available.

### **B. Pregnancy**

At the time of the on-site inspection, four women were pregnant at the facility. Staff reported this being the lowest census for pregnant inmates at the facility in the past year. A medical doctor on staff reported typically seeing a pregnant patient about once per week. The average number of

inmates who are pregnant per year is generally 13 to 19 according to the medical staff. In the past there have been as many as 19 babies born in one year. Every woman who is pregnant works with the Social Work Services Department to create a post-delivery plan. FMC Carswell also participates in the Mothers and Infants Nurturing Together (MINT) program, which allows women who are at least three months pregnant at the time of commitment to spend a total of three months bonding with her child (30 days before giving birth and 60 days after giving birth) in participating Residential Reentry Centers (RRCs).

When mothers give birth, they do so at a community hospital since births do not take place at FMC Carswell. The facility reports that inmates who are pregnant are not put in any type of restraints during transport to and from the hospital, or during labor and birth. The Bureau reports that the only exception to this is “if the inmate is deemed to pose a security risk to the public or themselves.” A BOP staffer or contractor will automatically be in attendance at the hospital for additional security. None of the DC inmates interviewed by the CIC reported being pregnant while incarcerated at FMC Carswell.

Medical staff reported that the facility manages with the most complicated and high-risk pregnancies. Additionally, staff stated there have been no issues with having family members commute to the local hospital when an inmate’s baby is born in order to obtain custody of the baby, while the mother finishes her sentence at the facility.

### *Inmate Medical Surveys*

Incarcerated DC women spoke of delays in receiving medical care. One DC inmate diagnosed with multiple sclerosis reported that she was able to walk without any assistance when she was transferred to FMC Carswell from another facility. She described being at the facility for nine months, and that she was not given any medication for her condition until two days prior to the CIC arriving to the facility for the inspection. At the time of the interview with CIC staff, the inmate was in a wheelchair and was not able to walk because she had not received proper treatment or medication since arriving to the facility. During the interview, CIC staff observed delayed motor movements, twitching, and the inability for the inmate to walk. Another inmate pushed her wheelchair through the facility so that she could participate in the interview.

CIC staff also asked DC inmates about their chronic care caseload statuses.<sup>14</sup> According to the survey responses, a total of two DC inmates reported being a Medical Care Level (MCL) 1; two inmates reported being MCL 2; three inmates reported being MCL 3; one inmate reported being on MCL 4; and one inmate did not know what Medical Care Level she was assigned. Seven DC inmates reported being on a chronic care caseload, and one was unsure. Of the seven who reported being on a chronic caseload, four DC inmates reported receiving timely follow-ups.

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<sup>14</sup> Fed. Bureau of Prisons: Chronic Care Clinics/Caseloads (CCCs) are a means for inmates with ongoing medical needs to be tracked and seen by a health care provider at clinically appropriate intervals. A physician sees all inmates assigned to a CCC every 12 months, or more often if clinically indicated. The frequency of CCC follow-up care is determined based on clinical need and communicated to the inmate’s primary MLP, who provides this care. Available at [https://www.bop.gov/policy/progstat/6031\\_004.pdf](https://www.bop.gov/policy/progstat/6031_004.pdf)

When asked about medication, 50% of DC inmates felt they receive medications in a timely manner, and 81.8% reported having access to sick call slips.

Survey respondents reported complaints such as having waited for more than one year to undergo fibroid surgery and still not having received the surgery; the submission of several sick call forms for medications, and not being seen by a doctor; having chronic seizures from a prescribed medication, but waiting four days to be seen by a physician's assistant; waiting two weeks to be seen after submitting a sick call form; not having money to continue paying a \$2 co-pay to be seen by medical staff; and severe body pain being reported to staff, with no follow-up care provided. One inmate stated, "no one wants to go to sick call, they do absolutely nothing." Another inmate reported in September 2017 that she had pain from a previous injury since February 2017, but had not been seen by any medical staff.

### **C. Dental Care**

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FMC Carswell has normal business hours for dental care Monday through Friday, 7:30am to 4:00pm. Inmates are encouraged to sign up for dental services by completing a sick-call request form. The facility is also equipped to address dental emergencies, which include conditions involving acute pain, infection, swelling, or bleeding. Inmates who develop acute dental issues outside of normal dental sick call sign-up are instructed to report the problem to their work supervisor, a member of their unit team, or unit officer. The staff member receiving the report is supposed to call dental staff, who has the authority to determine next steps.

Approximately 25% of inmates interviewed reported being "very satisfied" or "satisfied" with dental care, and 58.3% of DC inmates being interviewed reported being "very unsatisfied" or "unsatisfied" with the wait times for dental care. The CIC received feedback from inmates regarding dental care overall. One inmate stated her "teeth hurt badly and dental staff is not doing anything about it." Another inmate reported, "The dental staff are extremely unprofessional and rude. They make you put your hands in your pocket during the time you are receiving care as if a person will sexually assault them. They also refuse inmates dental care." Another inmate reported not feeling comfortable in the room with the dentist, and still waiting to receive dental care that she requested two weeks prior to interviewing with CIC staff.

### **D. Mental Health Care**

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In the BOP system, inmates and facilities are classified according to Mental Health Care Levels.<sup>15</sup> Inmate classifications are based on the history and health condition of the inmate, while facility classifications are based on the inmate care level that the facility is staffed and equipped to provide. FMC Carswell is classified as a Mental Health Care Level 4 facility, which means that inmates can be classified as Mental Health Care Levels 1 through 4 depending on their needs. Psychology Services provides a wide variety of evaluative, treatment, and self-improvement services to the inmate population and when clinically indicated, refers appropriate cases to Psychiatry.

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<sup>15</sup> Office of the Inspector Gen., U.S. Dep't of Justice, The Federal Bureau of Prison's Efforts to Manage Inmate Healthcare (Feb. 2008), available at <http://www.justice.gov/oig/reports/BOP/a0808/final.pdf>

The facility has three main psychiatric units called Unit M1, Unit M2, and Unit M3. Although the needs for each unit differ by patient type, psychiatric services for all units address treatment, substance use, trauma, and forensics. There is also a residential dual diagnosis and a Spanish substance use program for eligible inmates, regardless of which mental health unit they reside on. Even without a mental health diagnosis, there are general mental health groups that inmates can participate in, which take place daily and run for 45 to 60 minutes.

At the time of the inspection, between all three mental health units, staff reported there being 24 nurses, 14 psychologists, two staff psychiatrists, one contract psychiatrist, six social workers, and a chief of psychiatry. Across all units, there are two to four nurses who provide continuing nursing care 24 hours per day, seven days per week. There are also 15 mental health nurses who work 12-hour shifts. According to staff, there was one Registered Nurse (RN) vacancy, as someone recently retired; therefore, 15 out of 16 RN staff positions were filled at the time of the inspection. There were also reported vacancies for three psychologists.

Psychology services staff discussed that there were approximately 40 inmates who were trained to and assist with suicide watch. The inmates who assist with suicide watch are supervised by psychologists, and more serious mental health cases are assigned to staff rather than trained inmates. Staff determines the suicide watch assignments.

Overall, staff reported that 80% of people respond to medication, but that there will always be some people who just do not respond to any medication.

CIC staff toured all three mental health units, and also observed an ongoing mental health group. One inmate stated that she likes the fact that everyone has a role in the community group meetings whether it is related to activities, news, weather, or food.

### *Unit M1*

Unit M1 is a locked inpatient area that can hold up to 55 people, with most of the rooms having the ability to hold two inmates. At the time of the inspection, there were a total of 15 inmates on the unit. Staff indicated that medications on the unit are voluntary, and involuntary medications are only given in emergency situations. This unit also houses many forensic cases where medications are closely monitored, as the purpose of a forensic case is to determine whether a person is mentally competent to stand trial in their criminal case.

### *Unit M2*

Unit M2 is an open area and less restrictive than Unit M1. At the time of the inspection, the census was 36 inmates. Staff reported this unit is considered a step-down for inmates coming from unit M1.

### *Unit M3*

Unit M3 is the most restrictive unit with the goal of having inmates ultimately step down to M1 or M2. This unit contains 13 cells, with a total of 25 beds. All but one cell have two beds, and the room with one bed is used for inmates on suicide watch. Cameras are used for continuous observation of someone on suicide watch, which look over a single row of cells. Staff reported that if there is enough bed space, they try to put most people in their own cells. Staff also

reported that if someone is experiencing active psychosis and refusing medication, they could remain on this unit for several months. This unit houses mostly patients who are diagnosed with schizoaffective disorder, severe bipolar disorder, or schizophrenia.

Additionally, there are different restraint levels used on this unit. Staff reported restraints typically being used for less than two hours, and utilizing health services and custody staff for continuous restraint checks. When asked about the last time four point restraints were used, staff reported this method of restraint was last used a few months prior to the CIC inspection.

### **DC Inmate Mental Health**

At the time of the inspection, inmates diagnosed with mental health disorders reported having diagnoses of Posttraumatic Stress Disorder (PTSD), Bipolar Disorder, Schizophrenia, Manic Depression, and Borderline Personality Disorder coupled with anxiety.

Out of all DC inmates who were surveyed, 75% reported being diagnosed with a mental illness at FMC Carswell or another institution. When asked about whether they were given a mental health evaluation upon arrival to the facility, 58.3% of respondents reported never receiving an evaluation, with one inmate unsure of whether or not she received an evaluation upon arrival to FMC Carswell. Additionally, 33.3% of DC inmates reported their diagnosis changing upon arrival to the facility, with one being unsure about whether or not her diagnosis had changed. When surveyed about receiving psychotropic medication, 54.6% of DC inmates affirmed being on medication. Overall, 63.6% of DC inmates reported being “unsatisfied” or “very unsatisfied” with the quality of mental health care they receive at the facility, and 58.3% of DC inmates reported being “unsatisfied” or “very unsatisfied” with the wait times to receive mental health services.

Of the 13 DC inmates interviewed who reported requiring mental health services, half of the respondents felt they had adequate access to these services, and half felt they did not. One DC inmate reported, “Everything here is taken from evaluations done at previous facilities.” Another inmate stated that between February and May 2017 she asked to be re-evaluated by a psychiatrist but at the time of the CIC inspection, had not yet received an evaluation.

### **Recommendations**

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***3. The facility should address the high vacancy rate of staff in health services to address and reduce the delays in the delivery of services.***

***4. The facility should evaluate the use of restraints on pregnant women outside of transport to delivery and during labor, to include restrictions of use of restraints on pregnant women pursuant to the DOJ Bureau of Justice Assistance report, “Best Practices in the Use of Restraints with Pregnant Women and Girls Under Correctional Custody,” 2012.***



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## VI. Residential Drug Abuse Program (RDAP)

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FMC Carswell offers the Residential Drug Abuse Program (RDAP), and also offers the only Spanish RDAP program for women in the BOP. Located in Unit 1 South, RDAP offers a modified therapeutic community to inmates who express interest and are eligible to participate. Inmates have to request the dual diagnosis (mental health diagnosis and substance abuse issue) program at FMC Carswell, and if transferred to the facility for this program, they are assessed and interviewed for eligibility. During the inspection, CIC staff observed that the Spanish RDAP was located on the upstairs tier of the unit, and the dual diagnosis portion of the program on the bottom tier. Each program lasts nine to twelve months. The Bureau reports that, in each RDAP, there are three to four hours of intensive groups every day. Groups are held on the unit and in other community spaces throughout the facility. At the time of the inspection, Spanish RDAP had more than 30 participants, a waitlist of two people from FMC Carswell, and eight people waitlisted at other institution. At the time of the inspection there were 33 participants in dual diagnosis RDAP, although the program had a capacity of only 32. The dual diagnosis program was one person over capacity. There were 12 people on the waitlist, and 100 people waiting to be interviewed. Although there were no DC inmates participating in RDAP, there was one DC inmate waiting to be interviewed for program eligibility. At the time of the inspection there were five treatment specialists working in the dual diagnosis program and three treatment specialists working in Spanish RDAP. It was reported to the CIC by the RDAP staff that many inmates have been known to give up their camp status in order to participate in the dual diagnosis program, which is only offered at the main building of the facility.

As part of the observations from CIC staff, Unit 1 South had no doors on any of the cells and the unit was more of an open, dormitory style. A therapeutic community, this RDAP unit, like most in the BOP, has walls decorated with murals and inspirational sayings, as well as a large area for unit-wide group exercises.

### Recommendations

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#### ***5. The BOP should evaluate the eligibility requirements for RDAP for disparate impact prohibiting eligibility and participation by DC incarcerated persons.***

- As of September 2017, 62 inmates were enrolled in RDAP at FMC Carswell, with zero DC inmates in the program and one on the waiting list to be interviewed. The CIC recommends that the BOP and FMC Carswell evaluate the eligibility requirements and application process for any potential disparate impact,<sup>16</sup> and modify eligibility requirements accordingly to include incarcerated DC men and women who might benefit from the program.

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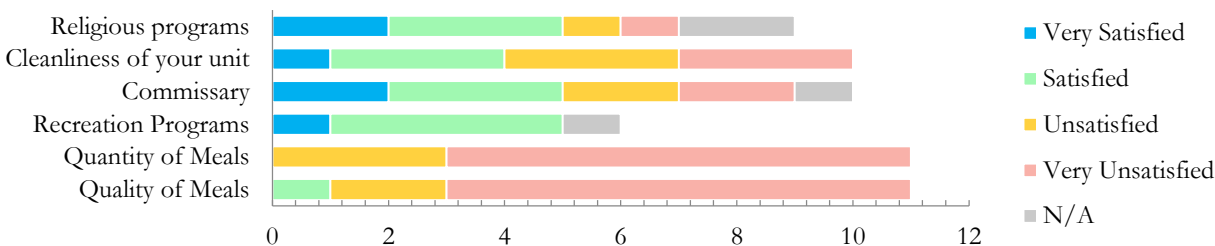
<sup>16</sup> Inmates convicted under DC Code and housed at BOP facilities tend to be found ineligible for programming such as RDAP because they were convicted of violent crimes as defined by the BOP. Essentially state prisoners, DC incarcerated persons are more likely to be in prison for local, interpersonal crimes than their federal inmate counterparts. This should be taken into account for DC inmates. The Bureau reports that violent crimes may make DC Code offenders ineligible for early release, but many DC inmates experience being told they are ineligible to participate in RDAP altogether or are perpetually placed on the waiting list.



## VII. Daily Life

The CIC asked DC inmates to rate their satisfaction regarding the quality of meals, recreation, and religious services at FMC Carswell, on a scale of 1 to 4 (“1” being “very unsatisfied” and “4” being “very satisfied”) (Figure 4). Religious programs were ranked the highest at 2.4. The quantity of meals was ranked lowest at 1.3.

Figure 4:  
Inmate Satisfaction  
(n = 11)



### A. Meals

FMC Carswell follows standardized national BOP menu guidelines<sup>17</sup> and offers regular, heart healthy, and no-flesh dietary options. According to the Carswell Admission & Orientation Handbook, at the warden’s discretion, items may be added to the menu such as a salad bar or hot bar. Medical diets are provided by self-selection from the items available on the national menu for that meal, unless those items fail to meet the medical requirements.<sup>18</sup> Although menu item replacements may not always be provided, a dietician can determine that a special diet is required to ensure that inmates get adequate nutrition. The facility also offers a religious diet program (Alternative Diet Program), which includes a no-flesh option, or the religiously certified processed food option. Inmates are provided with one serving of the main entrée, one serving of starches, one serving of dessert (when served), and one piece of fruit (when served). Breakfast is served at 6:30am, lunch is served at 11:00am, and dinner is served at 5:00pm.

DC inmates reported that meals are not healthy enough, and the facility does not provide adequate healthy options. Reports included, “too many carbs for diabetics,” and “not enough access to salad.” One DC inmate noted, “The quantity of food (such as one small hotdog for dinner) is very insufficient for one’s diet and causes inmates to buy huge amounts of commissary food that is very unhealthy. It also causes indigent people to go hungry and sell their pills in exchange for food. They need a salad bar here. Salad is only available to staff.” Two other inmates reported “not being fed enough,” and “they act like they don’t want to feed us; they put a spoonful of food on the plate, put food back, and then throw it away instead of just giving us extra.”

<sup>17</sup> Fed. Bureau of Prisons, U.S. Dep’t of Justice, National Menu FY 2016.

<sup>18</sup> FMC Carswell, Admission & Orientation Handbook (October 2016).

## **B. Hygiene**

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All inmates who were interviewed reported normally being able to shower five days a week; 63.6% of interviewees reported normally having enough clean clothes for the week, and normally having the opportunity to receive cleaning chemicals every week; 54.6% of interviewees reported normally having the opportunity to exchange sheets every week, and normally having the opportunity to receive haircuts. In response to the cleanliness of inmates' units, there were mixed answers: 60% of survey respondents reported being "unsatisfied" or "very unsatisfied" with the cleanliness of their unit, and 40% of survey respondents reported being "very satisfied" or "satisfied." Although the survey provided space for additional comments, there were not many open-ended responses on the topic of hygiene. One inmate reported that her "unit is not clean enough."

## **C. Religious Services**

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The BOP offers religious programming led by agency chaplains and trained religious staff. Inmates also have the right to observe religious holidays, wear religious items, and have religious materials. The Life Connections Program (LCP) and Threshold Program<sup>19</sup> offer inmates the opportunity to improve critical life areas within the context of their personal faith or value system. The LCP is 18 months long and inmates have a mentor, individual work, and bookwork throughout the months. The program is offered to women in both the main building, and takes place in the afternoon for two hours per day. Topics worked on include victim impact, relationships, boundaries, and money management. Mentors visit the facility once a week to meet with the inmate they are paired with, for six to eight months. At the time of the inspection, there were three LCP classes taking place with a total of 75 participants and a waitlist of 10 people. Each class starts with 35 people and religious services staff reported that there is generally a drop in participation over the course of the class. Staff also reported that people on the waitlist are generally enrolled in the next offered class, with an orientation every two months and 10 to 12 people per orientation class. At the time of the inspection, there was one DC inmate participating in LCP and no DC inmates were on the waiting list.

The Threshold Program is offered to inmates who are not eligible for LCP. It is a non-residential, condensed version of LCP along with reentry preparation that is active in institutions throughout the agency. Although this program is similar to LCP, it is not as intensive, does not require the LCP eligibility requirements, and is six months long.

During the inspection, the religious services department was operating with 130 volunteers and six BOP staff (three staff Chaplains, one LPC Chaplain, one mentor coordinator, and one religious services coordinator). Responsibilities of the chaplains include conducting weekly rounds through the prison and notifying inmates of deaths and serious illnesses of family members.

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<sup>19</sup> Fed. Bureau of Prisons, U.S. Dep't of Justice, Custody and Care: Religious Services available at: [www.bop.gov/inmates/custody\\_and\\_care/religious\\_programs.jsp](http://www.bop.gov/inmates/custody_and_care/religious_programs.jsp)

## **D. Commissary**

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Each inmate is able to make purchases at the facility commissary. Women in the SHU have access to a limited version of the standard commissary list at the facility, and inmates with disciplinary sanctions may lose the ability to purchase commissary for a certain amount of time depending on the outcome of their disciplinary hearing. As per BOP policy, the prices of all standard items are marked-up 30% except for religious items (excluding edible items), postage, self-improvement textbooks, correspondence courses, legal materials, tools and materials for educational/vocational training, Smoking Cessation Program materials, and Passover meals during Passover.<sup>20</sup> The maximum spending limit is \$360 per month.

CIC staff obtained and reviewed the facility commissary list, the administrative segregation commissary list, and a disciplinary segregation commissary list. The commissary lists were observed to be in Spanish and English. The administrative and disciplinary commissary lists were restricted, and inmates housed in these units can only purchase certain medications, certain hygiene, and feminine hygiene products. Based on the sample of commissary lists the CIC viewed, some examples of pricing include: Crest toothpaste for \$4.10, Degree deodorant for \$3.40, vaginal cream for \$11.00, Pantene shampoo for \$6.70, cocoa butter lotion for \$4.95, tampons for \$5.65, and unscented Dove soap for \$1.95 per soap bar. Other items that can be purchased from the commissary list, if inmates have no restrictions, include playing cards, headphones, pastries, ice cream, condiments, candy, watches, battery operated fans, and soups.

All DC inmates who were interviewed reported not having money to purchase commissary items when they are still hungry from the food provided throughout the day. DC inmates also reported not being able to afford additional feminine hygiene products on a consistent basis, if at all. Additionally, nearly all DC residents interviewed classified themselves as “indigent,” and interviewees reported feeling as though the commissary prices at FMC Carswell are “biased against indigent people.” One DC inmate reported commissary at the facility being overpriced when compared to other prisons, and another inmate reported the commissary food options being unhealthy.

## **E. Recreation**

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FMC Carswell’s Recreation Department hosts a variety of leisure, art & hobby craft, and wellness programs that include, but are not limited to, organized and informal sports, physical fitness, painting, knitting, and papier-mâché. CIC staff observed the main recreation area and spoke with the supervisor for indoor recreation. The supervisor reported that the space was first taken over between 2012 and 2013 after UNICOR<sup>21</sup> closed. At the time of the inspection, as reported by the indoor recreation supervisor, seven recreation specialists and one supervisor comprised the recreation department staff. Staff reported that indoor leisure recreation time occurs seven days per week between 7:30am and 9pm, with the indoor recreation room being open for at least 10 hours Monday through Friday, and 12 hours on Saturday and Sunday.

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<sup>20</sup> Fed. Bureau of Prisons, U.S. Dep’t of Justice, Program Statement No. 4500.11, CN-1, Trust Fund/Deposit Fund Manual (Dec. 16, 2016).

<sup>21</sup> UNICOR is the trade name for Federal Prison Industries (FPI), a wholly owned, self-sustaining Government corporation that sells market-priced services and quality goods made by inmates.

Inmates can participate in wellness exercise classes such as yoga, spin, and aerobics. Inmates can sign-up for these classes through the cop-out/request method in paper form. When classes are completed, certifications of completion are given to the women. Staff reported spin class being the most popular among inmates; there are 20 bikes available for each class; and inmate instructors are certified to teach exercise classes. CIC staff toured the area and there were no inmates utilizing the room at the time of the tour. The CIC also observed modern exercise equipment such as curve treadmills, regular treadmills, stationary bikes, bocce balls, aerobic steps, and a large open area to utilize free hand equipment or yoga mats.

During the inspection, CIC staff viewed the crafting room, as well as crafts (papier-mâché, knitting, painting, drawings) completed by the inmates. Carswell staff reported going to the Administrative Housing Unit and the camp twice daily, at 1:00pm and 6:00pm, so that inmates in those areas can complete crafts. Inmate instructors also help lead crafting.

## Recommendations

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***6. The facility should review the food portions provided to inmates to examine whether the portions are sufficient for women in custody.***

The CIC understands the budget constraints a correctional facility faces in ensuring that all inmates are provided with nutritionally adequate meals that meet the objectives of the BOP's Program Statement.<sup>22</sup> The CIC encourages FMC Carswell to review the food portions provided to inmates, in order to evaluate whether the portions are sufficient.

***7. The BOP should evaluate the 30% markup, particularly on feminine hygiene products, to avoid the "pink tax" with female-only products in particular, as well as to re-evaluate the exorbitant markup on all products generally, given the relative meager amount of prison pay.***

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## VIII. Discipline

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Violations of BOP rules and regulations are handled by the Unit Discipline Committee (UDC) for lower level offenses and a Discipline Hearing Officer (DHO) for more serious, high level violations. An incident report is made if a staff member observes or believes an inmate has breached a prison rule. Avenues for resolutions of incident reports include informal resolution (as determined by BOP staff), initial hearings with the UDC for low or moderate offenses, or disciplinary hearings with the DHO for high severity offenses. The Bureau reports that inmates may also appeal UDC or DHO decisions through the administrative remedies (grievance) process.

CIC staff was able to obtain a small sample of inmate disciplinary records from the facility. Reviewed records indicated that DHO hearings occurred anywhere from 19 to 62 days after the date of the reported incident. Records also indicated the DHO reporting their decision at an average of 22 days after the hearing occurred. Oftentimes inmates are held administratively in

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<sup>22</sup> Fed. Bureau of Prisons, U.S. Dep't of Justice, Program Statement No. 4700.06, Food Service Manual (Sept. 13, 2011).

the SHU during this time, awaiting hearings and dispositions of incident reports.<sup>23</sup> Additionally, CIC staff received disciplinary report data for the months of August 2016 through July 2017. Based on the records, the most frequent disciplinary incidents where inmates were found guilty included: drugs and alcohol, fighting, refusal to obey an order, unauthorized possession, and being in an unauthorized area.

The CIC asked DC inmates about the fairness of disciplinary decisions by the DHO and the UDC. In many cases, disciplinary actions are first handled by the UDC before referral to the DHO. Out of surveyed DC inmates, one inmate reported the UDC's decisions being fair, five reported them being unfair, and four reported being unsure about fairness. When surveyed about the DHO, one DC inmate reported the DHO's decisions being fair, six reported them being unfair, and five reported being unsure about the fairness.

One DC inmate reported that staff members "call you a liar no matter what really happened," and another reported that staff "automatically put you as guilty to give you time whether you explained that you are not guilty." Another DC inmate reported that the SHU is fair but the additional lengthy restrictions of no phone calls, no emails, no commissary purchases, no educational programming, and no visits are extreme. Another inmate reported that she lost commissary, phone, and email privileges in July 2017, and did not get them back until November 2017 for a "312" sanction of "disrespecting a staff member."<sup>24</sup> Other complaints included investigations not being handled properly, and UDC hearings not happening in a timely manner.

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## **IX. Administrative Remedy Program**

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The Administrative Remedy Program, also known as the grievance process, allows inmates to seek redress of complaints related to their confinement. The process provides for one level of informal review by staff in the facility (BP-8) and three levels of review with corresponding filing forms: Facility (Warden) Level (BP-9), Regional Office Level (BP-10), and BOP Central Office Level (BP-11). At each level an inmate submits a request or appeal, which is reviewed by BOP officials and either rejected or filed. All requests or appeals that are filed must be answered within specific time frames, and remedy of an issue may be granted at any level.

The table below provides an overview of the categories with the most numerous administrative remedy filings submitted at each level of review at FMC Carswell, between August 2016 and July 2017.

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<sup>23</sup> See page 9, *supra*, on administrative detention.

<sup>24</sup> Fed. Bureau of Prisons recognizes a 312 sanction as disrespecting a staff member.

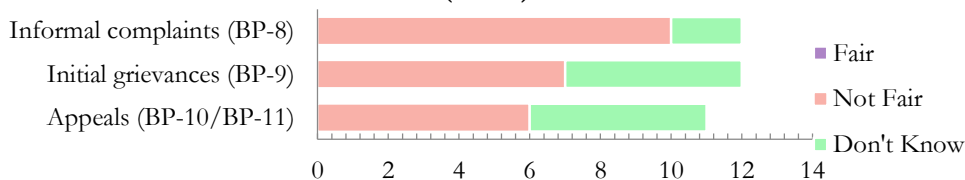
**Figure 5**  
**Administrative Remedy Filings**

Facility Level (BP-9)					
Category	Submitted	Rejected	Filed	Answered	Granted
DHO Appeals	4	0	4	4	0
Medical (Excl. Forced Treatment)	93	38	55	53	0
Staff/Others - Complaints	52	20	32	32	1
Regional Office (BP-10)					
Category	Submitted	Rejected	Filed	Answered	Granted
DHO Appeals	56	27	29	29	0
Medical (Excl. Forced Treatment)	40	27	13	13	0
Staff/Others - Complaints	38	33	5	5	0
Central Office (BP-11)					
Category	Submitted	Rejected	Filed	Answered	Granted
DHO Appeals	6	4	2	2	0
Medical (Excl. Forced Treatment)	14	7	7	7	0
Staff/Others - Complaints	9	3	6	5	0

Approximately 37.5% of DC inmates interviewed reported using the administrative remedy process at FMC Carswell. Among respondents who reported why they have not used the process, reasons included staff retaliation, forms not being available, not being satisfied with the outcome of a previously filed grievance, the grievance process not working, and no reason to use the process. Among all DC inmates surveyed about the fairness of informal complaints, administrative remedies, and remedy appeals, zero inmates reported any of the above-mentioned levels being dealt with fairly. Figure 6, below, provides a breakdown of specific answers regarding the fairness of the administrative remedy process. When asked why they feel that complaints, administrative remedies, and remedy appeals are unfair, responses included: the processes being unfair, nothing being done about filed grievances, bias towards inmates, lack of response to grievances, staff saying grievance forms do not exist, and DC inmates (“007”) being treated unfairly.

Additional information shared by inmates regarding the administrative remedy process included the belief that they have no rights as inmates. One inmate reported, “You don’t need anymore problems by filing because you have it hard enough as an inmate.” Another inmate stated, “the process is not fair towards inmates, and staff don’t care when you use the remedy process.” One inmate reported not having any problems using the process.

**Figure 6:**  
**Fairness of Administrative Remedy Process**  
**(n = 12)**

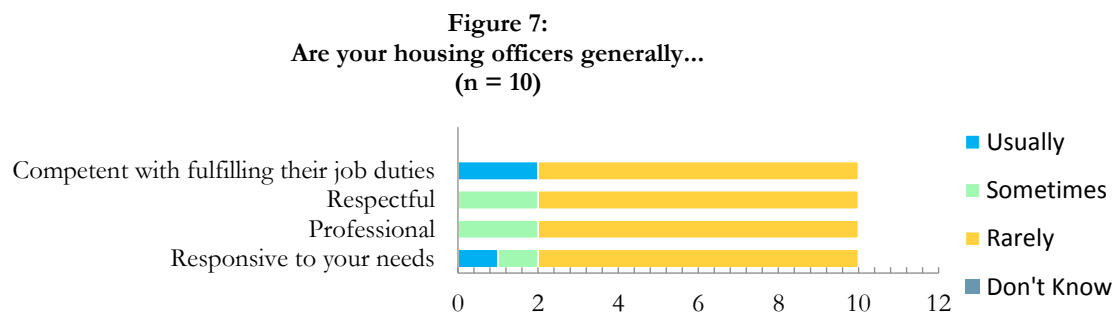


## Recommendations

8. *The facility should further educate staff and inmates on the administrative remedy process.*

## X. Staff

The CIC received poor feedback from DC inmates about the staff at FMC Carswell (Figure 7). Eight of respondents indicated that housing unit officers are “rarely” competent, respectful, or professional.



DC inmates were also asked how often their unit managers, case managers, and unit counselors are helpful. Unit counselors received the most positive feedback, followed by case managers, and then unit managers, however, not by much. The majority of respondents said that unit staff were “rarely” helpful. .

## XI. Institutional Safety

### Harassment, Threats, & Abuse by Staff

Of 12 inmates who responded to questions regarding safety at FMC Carswell, 9 reported being harassed, threatened, or abused by staff at the facility, and 6 reported being harassed, threatened, or abused by other inmates.

Eight of the women reported being insulted by staff. Insulting remarks regarding DC residency status and race or ethnic origin were reported as being the most common forms of staff harassment. Other types of staff harassment reported by DC inmates included harassment pertaining to religion/religious beliefs and harassment pertaining to their criminal convictions. Of those who reported being harassed, threatened, or abused by staff, six inmates admitted reporting the incidents to the facility. Of these six, four inmates were not satisfied with how the situations were handled by facility staff.



In November 2017, a former male case manager was sentenced to 12 months incarceration and two years supervised release for sexually abusing a woman incarcerated at FMC Carswell in November 2016.<sup>25</sup> While there is no indication that the victim was from DC, it is encouraging to know that the BOP have reported a staff sexual abuser for prosecution.

### *Harassment, Threats, & Abuse by Other Inmates*

When asked about harassment, threats, and abuse from other inmates, 50% of inmates reported their DC residency status being the reason for being harassed, threatened, and abused by other inmates. Overall, DC inmates reported DC residency status, physical abuse, and race or ethnic origin as the top three types of discrimination they have faced. Other reported types of discrimination included insulting remarks, sexual abuse, and religion/religious beliefs; 3 of interviewed inmates reported not being harassed, threatened, or abused by other inmates. Of those who reported being harassed, threatened, or abused by other inmates, 4 inmates reported the incidents to the facility. Of those who reported the incidents, 2 inmates were not satisfied with how the situations were handled by facility staff.

### *Reporting Sexual Abuse and Sexual Harassment*

The CIC interviewed DC inmates regarding their right to be free from sexual abuse, sexual harassment, and their awareness of reporting methods. Pertaining to methods of reporting sexual safety incidents, 72.7% of inmates reported being aware of how to inform staff, 27.3% reported being aware of how to inform outside agencies, 27.3% reported being aware of how to report through hotlines, and 18.2% reported being aware of the ability to report anonymously. None reported knowing that they could report sexual abuse and sexual harassment to a third party source (family members or friends).

### *Additional Safety Information*

One inmate reported not feeling safe due to being from DC and being Muslim. Another inmate reported feeling that staff could treat inmates better. An inmate reported wanting staff investigators to respond more promptly when dealing with staff who harass and verbally disrespect inmates. Another inmate reported witnessing someone harassing three DC inmates, while staff took a long time to intervene.

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## **XII. Employment, Education & Programming**

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### **A. Education**

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FMC Carswell offers General Education Diploma (GED) classes, Adult Basic Education (ABE) classes, English as a Second Language (ESL) classes, Adult Continuing Education (ACE)

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<sup>25</sup> See, “Worker at Medical Unit in Texas Gets Prison for Inmate Abuse,” Associated Press, US News and World Reports Best States, November 7, 2017. <https://www.usnews.com/news/best-states/arkansas/articles/2017-11-07/worker-at-medical-unit-in-texas-gets-prison-for-inmate-abuse>

classes, apprenticeships, mail correspondence college courses, and vocational tech classes. Inmates must either participate in 240 instructional hours or participate in courses until they have obtained the GED credential.<sup>3</sup> Post-secondary courses are available through correspondence courses and instructional television at the expense of the inmate.

Inmate tutors are used to teach the GED and ACE classes, which are offered four times each year. There are two inmate tutors for every one staff person, and ACE classes are taught in the evenings. The inmate tutors assist with the administrative responsibilities of the ACE classes, and they receive one hour of training.

At the time of the inspection, the education department reported having six staff members and four vacancies for a teacher, special education teacher, vocational training instructor, and an education technician. While inspecting the area, the CIC observed two instructors teaching.

At the time of inspection, the facility offered ESL classes with 12 participants, and Spanish GED classes with 20 participants. The ESL and Spanish GED classes occur Monday through Friday for 90 to 120 minutes per day, and are staffed by three teachers (two in the main building, and one in the camp).

At the time of the inspection, there were two DC women enrolled in GED class, two who had already completed this class, two on GED waitlist, and one who dropped out or refused participation in the GED program.

## **B. Vocational Training**

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The facility reported offering a culinary program that is accredited through El Centro College in Texas. The program requires 1,000 hours of program time, and takes eight to 10 months to complete. Staff reported that there is no cost to inmates who participate in the program, and the last class offered had 15 people enrolled. Staff was unable to say if inmates were enrolled in the program or if, at the time of the inspection, the class was in session.

Additionally, in the past the facility has offered a four-month horticulture class through Texas A&M University. Staff also mentioned the ability for participants to obtain a National Federation of Personal Trainers (NFPT) certification. However, staff reported that at the time of the inspection no inmates were enrolled in the horticulture program, and there were no instructors for the fitness certification courses; therefore, the courses were not being offered at the time of the inspection.

The cosmetology program offered at the facility focuses on hair, skin, and nail care. Women can receive a Texas cosmetology license through the Texas Department of Licensing & Registration (TDLR). The cosmetology operator program is 12 to 15 months long, and the cosmetology instructor program is six months long. Women must pass an exam to obtain their licenses, and graduates of the program can obtain positions after their release. Starting salaries for operators and instructors generally range between \$20,000 and \$45,000 per year.

At the time of the inspection, there were 10 women enrolled in the cosmetology program, which had a capacity of 25 women. There were no DC women enrolled in the program. Eligibility for the program included an inmate's release date (women must have at least 12 to 24 months left on their sentence), having a GED or high school diploma, being a U.S. Citizen, and having a clean disciplinary record for one year. Additionally, the Bureau reported a fee of \$315 per person to participate in the program, which covers the cost of the head mannequin. Staff also reported that the fee is considered affordable since the program can cost as much as \$25,000 outside of BOP facilities.

Facility staff reported the cosmetology school offering a hair clinic, open to inmates two times every week. To obtain this service, inmates must submit a cop-out (request form).

The Bureau reports that FMC Carswell does not offer vocational training courses such as basic computer skills, key boarding, and computer knowledge. Keyboarding is offered as an ACE course. Staff reported that parenting classes are also offered.

When asked about participation in any type of education, employment, and programming, only six DC inmates reported that they were enrolled and participating in such programming. A total of nine DC inmates reported it was most difficult to get into education, employment, and programming at the facility, and five inmates reported it was easy to enroll in some type of program. In regards to being satisfied with the education, employment, and programming options, seven inmates reported being "very satisfied" "satisfied."

CIC staff asked DC inmates to report any additional information regarding education, employment, and programming. Some responses included not having any programming in the Administrative Housing Unit, no educational programming being available for indigent inmates, and "having to pay \$315.00 for the cosmetology and culinary programs." One DC inmate reported, "they have nothing here to do; the only way you get signed up is if you have a friend working there." Another inmate stated, "if not a good friend, not getting a job. If you got a GED, nothing here for you. Got to know somebody to get a job, then be on job ninety days to get apprenticeship."

### **C. Employment**

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All medically cleared inmates must maintain a regular job at FMC Carswell.<sup>26</sup> As of September 2017, a total of six DC inmates were employed at the facility. Institutional jobs in areas such as food service, unit detail, or maintenance shop duties are generally the first work assignments that inmates receive.<sup>27</sup> Inmates typically spend 90 days in a particular job position, before being considered for a different job. Work performance also plays a role in the daily life of inmates. Supervisors prepare work evaluations every 30 days, and unsatisfactory work reports may result in restriction from community programs.<sup>28</sup> Facility staff reported that even when women do not have medical conditions, they may be incarcerated at FMC Carswell since inmates are needed to perform work around the institution on a daily basis.

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<sup>26</sup> *Id.*

<sup>27</sup> *Id.*

<sup>28</sup> *Id.*

## Recommendations

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**9. The facility should explore actively implementing additional educational programs for inmates who already have a GED. Filling vacancies in this arena may help with additional offerings.**

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### **XIII. 10. The facility should explore more affordable vocational programming or making cosmetology and culinary arts more affordable for those willing to participate. Communication & Visitation**

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#### **A. Communication**

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Cost of Sending and Receiving Email	\$0.05/Minute
Cost of a 15-Minute Phone Call to DC	\$3.15
Number of DC Inmates Who Require Interpreters	1

*Source: FMC Carswell data received September 2017*

#### **General Mail**

At FMC Carswell, mail is distributed in the housing units Monday through Friday (excluding holidays), after the 4:00pm count clears and again at 9:30pm. With the exception of legal or special mail, inmates must leave mail unsealed so that it can be inspected before leaving the institution. All incoming mail is opened and searched for contraband before being distributed to inmates.

#### **Legal and Special Mail**

Legal and special mail is searched in the presence of the inmate if it contains the attorney's name, "Attorney at Law", and the mail is marked, "open only in the presence of the inmate." Inmates can drop off outgoing legal and special mail in the mailroom during posted open-hours, Monday through Friday, excluding holidays and the day after holidays.

#### **Telephones**

At FMC Carswell, inmates in general population do not have a specific limit on the number of phone calls they can make. However, telephone calls are restricted to 15 minutes in duration and each inmate is allowed 300 minutes of calling time per month, unless on telephone restriction.<sup>29</sup>

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<sup>29</sup> *Id.*

Inmates are allowed to add or delete phone contacts, and a maximum of 30 active telephone numbers can be on an inmate's approved contact list at one time.

### *Electronic Mail*

The facility uses the Trust Fund Limited Inmate Computer System (TRULINCS), which is an inmate computer network that allows inmates to update their telephone lists, mailing lists, and email addresses. Email contacts must be approved by the facility, and communication must be accepted by the contact prior to an ongoing exchange of electronic messages between the inmate and the contact. Inmates have access to computers for email within their housing units.

### *Attorney-Client Communication*

Inmates at FMC Carswell are permitted to have unmonitored phone calls with an attorney, but the inmate must demonstrate to their unit team a valid reason why the phone call should be unmonitored, such as an imminent court deadline. In order to visit, attorneys should make an appointment in advance. Meetings with an attorney are visually monitored, but not audio monitored. Although the transfer of legal material from an attorney to an inmate is permitted during an attorney visit, it is subject to a search for contraband.

## **B. Visitation**

FMC Carswell offers visitation on Saturdays, Sundays, and federal holidays from 8am until 3pm.<sup>3</sup> All inmates from general population or who are in the SHU without any restrictions, are able to have video visitation on Saturdays and Sundays for several hours. Staff reported the amount of hours for video visitations are not restricted.

According to one of the facility staff, the facility implemented a video visitation pilot program 14 months prior to the CIC inspection. Family members and friends of inmates are now able to sign up to utilize the program online, or may download the video visitation mobile app. Inside the facility, the women avail themselves of the TRULINCS Video Service, the same service that runs the email program. Like the inmate emails, the video visits are monitored. Each video visit lasts 30 minutes and four visits can be scheduled at one time. As long as the family member or friend has at least Windows 7 computer software, the app can be used on phones, tablets, and computers. The app is not available for Macintosh users. During the inspection, facility staff reported to the CIC that the BOP previously had a rule in which only one person could talk or appear on the video visitation screen when communicating with inmates; however, the BOP stopped enforcing this rule after realizing it was not realistic. Inmates have reported that they like to see their pets on the video as well. Video visits can be monitored in either real time or after the visit, and BOP staff has the capacity to utilize both options. In FMC Carswell, there are two video monitors in the SHU and two monitors in each general population unit. If inmates are caught abusing video visitation rules, as a consequence their contacts may be removed from their video visiting lists. Staff also mentioned there have been no reported scheduling conflicts regarding video visitation, and the cost is \$6 for 25 minutes.

### *Inmate Comments on Communication*

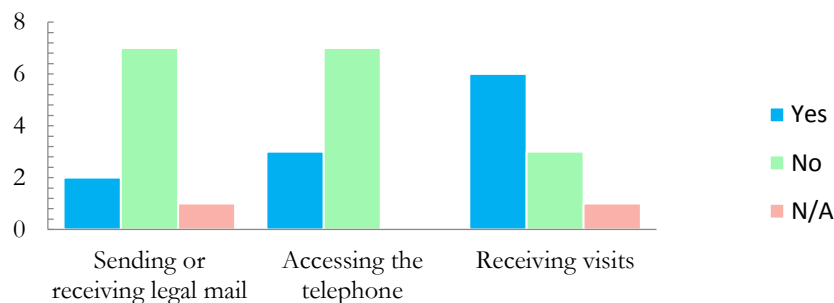
DC inmates were surveyed regarding problems sending or receiving legal mail, accessing the telephone, and receiving visits (Figure 8). Seventy percent of DC inmates reported experiencing no problems with sending or receiving legal mail or accessing the telephone, while 60% of

inmates reported having difficulty receiving visits. Regarding the reasons for which they have had trouble sending or receiving legal mail and accessing the telephone, three out of the five inmates who responded, reported not being able to afford phone calls, and two reported not having phone privileges. One inmate reported that she has not had phone privileges since May 2017, and another inmate reported not having phone privileges since 2014.

Out of the 60% of inmates who reported having difficulty receiving visits, 100% of those inmates reported that the distance their visitors must travel to see them was the reason for that difficulty. One inmate also reported being without visitation privileges since 2011.

When asked about additional information regarding overall communication and visitation that DC inmates wanted to share, there were various responses. One inmate reported, “I have no money, and not on indigent status. I asked for a call or stamps, got no response. Haven’t seen my unit team; only saw someone to sign request for payment form. Another inmate reported that they could talk to someone for 15 minutes at a time; \$6 for a video visitation, and \$3 for a 15 minute call. “I use it often; every week.”

**Figure 8:**  
Problems with Visitation and Communication  
(n = 11)



## Recommendations

**11. The BOP Trust Fund should consider reducing the price of video visitation to be more in line with price telephone calls, to enable those incarcerated far away to at least see their loved ones via screen.**

**12. The BOP should endeavor to move DC inmates to facilities within 250 miles of DC within at least two years of their release.**

## XIV. Treatment of DC Inmates

DC inmates were surveyed about general treatment by both inmates and staff at the facility.

When survey respondents were asked about how they are treated by staff when compared to other inmates, ten of 11 reported being treated worse by staff and one reported being treated equally. When asked whether DC inmates are treated better or worse by other inmates, 8 inmates reported being treated worse by other inmates and 3 reported being treated equally.

With respect to overall treatment of DC inmates by staff and other inmates, one respondent reflected that people “think all DC inmates are bad and we don’t have rights because the warden said that.” Another inmate reported that she heard an officer refer to DC inmates as looking “like crack heads,” and that DC inmates are seen as violent murderers. Other reports included DC inmates being treated like outcasts (especially by investigative staff), stereotyping DC inmates as having “bad attitudes”, and staff making comments about how “bad DC inmates are; automatically assume they lack intelligence, and have mental issues.” Another inmate reported that staff told her, “Whether I’m right or wrong, the officer is always right.” One inmate reported, “we all get treated the same as far as I can see.”

Additional examples regarding disparate treatment of DC inmates by staff focused on the provision of services. One DC inmate stated that she had still not received medical treatment after waiting for months. Another inmate reported being threatened by facility staff for wanting to talk with CIC staff during the inspection. Other complaints included women feeling like they are treated worse because of their DC statuses and convictions.

### **Recommendations**

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***13. The facility should implement a yearly cultural diversity and implicit bias training program for all staff.***

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## **XV. Women Specific Feedback**

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Twelve women interviewed reported having children ranging from ages seven to 39 years old. The women who were incarcerated reported that many of their children were being taken care of by grandparents, some residing in foster care, and others staying with other family members. When asked about their children visiting, eleven of them reported their children have never visited them. One inmate stated that since being incarcerated at FMC Carswell for six years, her children had visited the facility one time. When asked about the communication with their children, five of the eleven reported rarely or never communicating with them, and nine reported that their children rarely or never write to them.

When asked about access to gynecological services at FMC Carswell, most women reported having access. Two inmates, who were incarcerated at the facility for less than nine months at the time of the inspection, reported that they were still waiting to see a gynecologist. All other surveyed women reported seeing a gynecologist within the past six months.



When surveyed about medical issues, the top reported issues from DC inmates were gynecological issues, including problems with menstruation; vaginal itching, discharge, burning and/or yeast infection; bladder infections or urinary tract infections; and sexually transmitted infections.

Regarding access to feminine hygiene products, half of women reported not getting enough feminine hygiene products per month (pads, tampons, panty liners). Additionally, seven women reported that in order to maintain adequate hygiene, they have to pay for feminine hygiene products each month. One inmate reported paying \$50 per month toward feminine hygiene products, and another inmate reported spending \$15 to \$20 per month on feminine hygiene products. Some women reported not getting any free feminine hygiene products from FMC Carswell staff: “I never got products;” “have to buy all pads; not given any; not allowed to have soap, has been like this for several months.” Another inmate reported, “The prison does not provide sufficient feminine hygiene products to protect undergarments for indigent inmates since they only provide three pair of underwear every six months.” Other reports from DC inmates included not having money to purchase feminine hygiene products, and “if you do not work, you don’t get paid, and can’t buy.” Additionally, women reported staff giving them some pads every two weeks, “but not worth nothing,” and “the prison does not provide sufficient feminine hygiene products (tampons/panty liners).” One woman reported the feminine hygiene products “being ok,” while another reported, “can’t really get the hygiene items that you need because staff too busy around here or they would tell you to go to commissary.”

The CIC notes that effective September 1, 2017, a new BOP policy to provide feminine hygiene products for free at all BOP facilities was issued to all facilities (Appendix A). The CIC hopes that, since this new policy has been implemented, it has been easier for women to obtain the feminine hygiene products they need.

## **Recommendations**

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***14. The facility should consider increasing the 3 pair of underwear provided every 6 months, in amount, frequency of replacement, or both.***

***15. The facility should evaluate or change provisions as needed while implementing the 2017 mandate regarding free feminine hygiene products.***

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## **XVI. Reentry**

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BOP facilities offer a Release Preparation Program (RPP) that is intended to prepare inmates for community reentry upon release.<sup>30</sup> At FMC Carswell, inmates with sentences of two years or less, or inmates within two years of release, are encouraged to participate in the groups and

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<sup>30</sup> Fed. Bureau of Prisons, U.S. Dep’t of Justice, Program Statement No. 5325.07, Release Preparation Program (Dec, 31, 2007).

classes that are offered on a voluntary basis.<sup>31</sup> The RPP is divided into six areas: each area contains one or more classes/groups. In order to complete the entire program, inmates must complete at least one class or group from each of the six areas.<sup>32</sup> Class schedules are available in each unit. To participate in the RPP classes or groups, inmates must sign-up for each individual class through their case manager. Inmates are responsible for checking the call-out sheet and attending the classes, which are generally held in the facility's visiting room.<sup>33</sup>

The BOP also has a nationwide Memorandum of Understanding (MOU) with the Social Security Administration to facilitate the process of inmates obtaining Social Security Number (SSN) cards prior to release.<sup>34</sup> Although inmates are not eligible to receive Social Security benefits while incarcerated, the SSN card is considered a vital record, critical to successful reentry.

At the time of the inspection, CIC staff interviewed one of the social workers who reported assisting inmates with the overall reentry process. The social worker reported that the inmate's unit team provides comprehensive support services to assist the inmate with their transition back into the community, based on individual need. Additionally, staff reported their role includes helping inmates begin the process of applying for Social Security benefits and Medicaid insurance coverage 30 to 60 days prior to an inmates' release date. Social work staff reported sending all necessary documentation from the facility to the closest servicing social security field office. Since there is no DC Medicaid office in Texas, DC women do not receive this assistance for medical coverage upon release.

The DC Court Services and Offender Supervision Agency (CSOSA) provides a quarterly Community Resource Day Videoconference for DC inmates in BOP facilities across the country. Through this videoconferencing, CSOSA staff and representatives from other organizations provide information on housing, healthcare, employment, education, and other resources in the DC area, to DC inmates who are within 90 days of release. Inmates can also receive an informational package with the contact information of providers who participate in the event. The CIC learned during the facility inspection that FMC Carswell does not participate in this videoconference.

### DC Release Data

As of September 2017, approximately six DC inmates were scheduled to be released within the next 18 months. Three inmates reported taking programs to prepare for release, two inmates reported having interactions with the facility Reentry Affairs Coordinator, one inmate reported getting her birth certificate in her personal file, four inmates reported getting their social security cards in their personal file (institutional jacket), and two inmates reported getting information about reentry resources in the DC community.

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<sup>31</sup> *Id.*

<sup>32</sup> *Id.*

<sup>33</sup> *Id.*

<sup>34</sup> See Memorandum of Understanding Between the Social Security Administration and the United States Department of Justice Federal Bureau of Prisons to Process Certain Inmate Requests for Replacement Social Security Number Cards (Jan. 28, 2008), available at [http://reentry.mplp.org/reentry/images/9/95/SSA-BOP\\_agreement.pdf](http://reentry.mplp.org/reentry/images/9/95/SSA-BOP_agreement.pdf).

Six of eleven DC inmates reported knowing how to access education, employment, government I.D, food, medical, therapy, social security/disability benefits, and drug treatment services after being released from FMC Carswell. The same number also reported knowing how to access housing after release. Inmates were also asked to share any additional information pertaining to reentry services at the facility. One DC inmate reported that there should be more reentry programs available for DC inmates because there are none, and the programs that are available are only for Texas residents. One inmate reported that she participated in a CSOSA videoconference in 2015 (at another facility), and wanted to follow-up with CSOSA about transitioning. Another inmate reported feeling like the reentry program is good and she is able to get the proper help. One inmate reported the staff “messing with the halfway house packet,” (formal request for halfway house placement) and putting the wrong information in the packet to delay her release.

## **Recommendations**

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***16. The agency should implement a standardized curriculum for the Release Preparation Program (RPP) across all BOP facilities.***

***17. At the inspection, the CIC recommended that the facility participate in the quarterly CSOSA reentry videoconference and create a reentry protocol to improve the transition of inmates back to the community. Note, by time of this report’s publication, the facility does participate in this reentry support.***

## Appendix A:

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Department of Justice  
Federal Bureau of Prisons

### OPERATIONS MEMORANDUM

OPI: RSD/FOB  
NUMBER: 001-2017  
DATE: August 1, 2017  
EXPIRATION DATE: August 1, 2018

## Provision of Feminine Hygiene Products

/s/

*Approved:* Hugh J. Hurwitz  
Acting Assistant Director, Reentry Services Division

### 1. PURPOSE AND SCOPE

This Operations Memorandum (OM) provides guidance on specific feminine hygiene products to be provided to female inmates under the Program Statement **Grooming**. This guidance applies to all facilities or units housing female inmates.

### 2. PROGRAM OBJECTIVES

This OM ensures that female inmates have access to a range of feminine hygiene products related to menstruation.

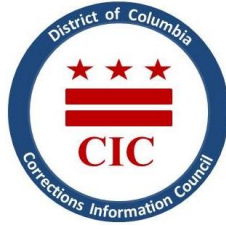
### 3. RESPONSIBILITIES

The Trust Fund will continue to include at least one type of tampon, maxi pad, and panty liner as part of the minimum standardized commissary list requirement. This requirement is referenced in the Program Statement **Female Offender Manual**.

Wardens will ensure inmates are provided the following products (at no cost to the inmates):

- Tampons, regular and super size;
- Maxi Pads with wings, regular and super size; and
- Panty liners, regular.

Institutions will purchase the products in accordance with National Acquisitions guidance, and should not significantly increase overall expenditures for female hygiene products beyond current levels.



District of Columbia  
Corrections Information Council

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



U.S. Department of Justice

Federal Bureau of Prisons

Washington, DC 20534

JUL 05 2018

Michelle R. Bonner, Esq.  
Executive Director  
DC Corrections Information Council  
2901 14<sup>th</sup> Street, NW  
Washington, DC 20009

Dear Ms. Bonner,

This letter is in response to the draft inspection report received on May 23, 2018, regarding the September 7-8, 2017, visit to FMC Carswell. The Bureau of Prisons (Bureau) recognizes the value of the Corrections Information Council (CIC) inspections of its facilities and the voice it provides the D.C. Superior Court inmates. We hope to continue working closely to improve the Bureau facilities and raise awareness with regard to those inmates' needs. I offer the following response to the questions and/or statements in the report:

Throughout the report, unsubstantiated allegations are made without direct observation by the CIC or supported by facts that can be corroborated. The Administrative and Supervisory Staff at FMC Carswell ensure all staff conduct themselves in a professional manner and in accordance with all laws and policies which govern the Bureau. The Bureau takes allegations of misconduct seriously. If provided with specific case information, the Bureau will assist in any assessment and investigate.

**Clarifications to Statements:**

**The draft report states:** *"in the BOP system, inmates and facilities are classified according to Medical Care Levels and Mental Health (MH) Care Levels. FMC Carswell is a Care Level 4 administrative facility that houses all security and custody levels, and provides specialized medical care (Care Level 3),*



and mental health service (Care Level 4) for adult female offenders diagnosed with a variety of medical and mental health conditions."

**Response:** FMC Carswell is a Care Level 3 and 4 institution for both medical and mental health.

**The draft report states:** "CIC staff witnessed two separate areas which make up SHU, with five cells on each side of the unit, with most of the rooms designed to hold four people. The handicapped cell on the unit is designed to hold three people."

**Response:** The Special Housing Unit has five cells on the left and six cells on the right side. All cells are designed to house four inmates, with the exception of one cell designed for handicapped persons, which house three.

**The draft report states:** "Inmates who do not have any restrictions within SHU are able to have video visitation on Saturdays and Sundays for several hours, as staff reported the amount of hours for video visitation is not restricted. There are two video monitors in the SHU for visits. If inmates are caught abusing video visitation rules, as a consequence their family members may be removed from their video visitation list. According to staff, there have been no reported scheduling conflicts regarding video visitation. The cost for 25 minutes of video visitation is \$6. Video visitation is discussed in further detail under the section titled "Visitation," as it is offered to all inmates in the facility who do not have any visitation restrictions."

**Response:** Video visiting within SHU is different than the referenced, video messaging. Inmates housed in SHU are permitted non-contact visitation via video on Saturdays and Sundays, during regular visiting hours. Video visiting is available to SHU inmates, if visiting restrictions do not apply. This is at no cost to the inmate. Inmates housed in SHU do not have access to the video messaging system. Family members are not removed from an inmate's visiting list as a result of a sanction.

**The draft report states:** "Inmates in SHU are not allowed to attend educational classes, but self-study booklets are available for topics such as psychology and substance use."

**Response:** Formal education programs are not offered in SHU due to the relatively short stays in SHU compared to the length of



time required to complete formal education programs. SHU inmates have leisure library materials available to them each week and are rotated every six weeks. Educational packets are also available for SHU inmates on any educational topics requested. Generally, inmates requesting educational packets are enrolled in the literacy program prior to their placement in SHU and wish to continue honing their skills used in the classroom.

**The draft reports states:** *"The majority of DC inmates who have experienced SHU reported that staff members from medical, mental health, and education, and do not conduct regular rounds in the SHU."*

**Response:** Medical staff make daily rounds in SHU. Education and Psychology make weekly rounds in SHU. Additionally, Psychology staff visit SHU to assess inmates for emergency mental health care, as well as, upon request.

**The draft report states:** *"DC inmates commented, certain officers in the SHU were not helpful, and also reported being bullied while in SHU. One inmate in particular mentioned that she has the status of Mental Health Care Level 3, and requested psychiatry and mental health assistance due to reoccurring mental health symptoms while in SHU, but did not receive any help until she overdosed on pills."*

**Response:** All allegations of staff misconduct are taken seriously. If provided with specific case information, the Bureau will assist in any assessment and investigate. Mental Health Care Level 3 inmates are seen at least weekly by Psychology Services for individual mental health intervention. In addition, a psychologist makes rounds in SHU at least once per week.

**The draft report states:** *"CIC staff witnessed a special area called a negative airflow room on the acute unit for patients who have airdrop precautions, or are at risk for air borne infections such as Tuberculosis. This type of airflow room prevents the spread of infection from patient to staff, or anyone else who enters the room."*

**Response:** The room you reference is called a negative pressure room. It is an isolation technique used to prevent airborne pathogens from being circulated throughout the institution. It includes a ventilation system which generates negative pressure to allow air to flow into the isolation room, but not to be

recirculated.

**The draft report states:** "Additional medical units are listed and described briefly below.

Medical/Surgical Unit

The medical/surgical unit (acute side) for Medical Care Levels 3 or 4 is located on Unit CC5, and has a capacity of 33 patients, with 22 beds designated for patients who require long-term care similar to nursing home care. The patient census reported by medical staff at the time of the inspection was 19 to 22.

Acute Medical Unit

The acute medical unit houses women in need of rehabilitation, vacuum-assisted closure (VAC) for wounds, and some women who are pregnant. Patients on the unit can be transferred from acute care to hospice, their homes, or long-term care depending on their individual medical needs. Medical staff reported to the CIC that about 30% of patients on the unit are transferred to FMC Carswell from other facilities.

Medical SHU

The medical segregated housing unit houses inmates who are on suicide watch and inmates who require medical care but are combative towards other inmates or staff.

Long-Term Medical Care Unit

The long-term medical care unit is for patients who need more than basic medical assistance. Patients from the unit may be transferred to the nursing care unit. The unit has elevators and provides inmates with more intensive medical care, as they need more support. There are two beds per room on the long-term unit.

Hospice

The hospice unit contains single occupant rooms. Bedside visitation is available for inmates in hospice care, including on weekends. Some INAs assist in the unit as hospice providers, and they are trained to provide this specialty care."

**Response:** The facility also has a Nursing Care Center (NCC) 1 unit for Acute Care. This unit has the capacity to house 27 patients. Some of the indications include; post-operative, active chemotherapy, wound care involving vacuum-assisted closure (VAC), high risk pregnancy, and any other patients with labile conditions requiring close monitoring. There is one room on NCC1 which is designated as the Medical Special Housing Unit (SHU) bed. This room is utilized for patients requiring medical



attention beyond what is offered in the regular SHU. The NCC2 unit has 22 beds and is for patients requiring Long Term Care assistance with their activities of daily living (ADL). Rooms contain beds for single, double or quadruple occupancy. Inmates requiring intensive medical care are transferred to NCC1. Hospice patients are housed on NCC1, in a single room, with the availability of an inmate Hospice Companion. Hospice Companion services are offered to inmates, with the option of choosing a specific companion.

**The draft report states:** *"The facility reports that inmates who are pregnant are not put in any type of restraints during transport to and from the hospital, or during labor and birth. Pregnant women can request a BOP contract staff person to be with them at the hospital, and depending on the custody level of the inmate, a BOP contractor may automatically be in attendance at the hospital for additional security."*

**Response:** Pregnant inmates are not restrained during their pregnancy within or outside the institution. The only exception to this practice, is if the inmate is deemed to pose a security risk to the public or themselves. Dependent on the security level of the inmate, BOP and/or contract staff will be assigned to an inmate on any outside medical trip, including delivery.

**The draft report states:** *"Every woman who is pregnant works with her unit team to create a post-delivery plan."*

**Response:** The Social Work Services Department creates a post-delivery plan, not the unit team.

**The draft report states:** *"FMC Carswell also participates in the Mothers and Infants Nurturing Together (MINT) program, which allows women who are at least three months pregnant at the time of commitment to spend a total of three months bonding with her child (30 days before giving birth and 60 days after giving birth)."*

**Response:** The Bureau offers interested, eligible women the opportunity to participate in the Mothers and Infants Together (MINT) Program. These programs are not located in a federal prison, but, based in Residential Reentry Centers (also known as halfway houses) in five locations (Phoenix, Arizona; Tallahassee, Florida; Springfield, Illinois; Fort Worth, Texas; and Hillsboro, West Virginia). In addition, FMC Carswell has transferred inmates to a 30-month Residential Parenting Program (which is different than MINT).

**The draft report states:** "Incarcerated DC women spoke of delays in receiving medical care. One DC inmate diagnosed with multiple sclerosis reported that she was able to walk without any assistance when she was transferred to FMC Carswell from another facility. She described being at the facility for nine months, and that she was not given any medication for her condition until two days prior to the CIC arriving to the facility for the inspection. At the time of the interview with CIC staff, the inmate was in a wheelchair and was not able to walk because she had not received proper treatment or medication since arriving to the facility."

**Response:** Every inmate is assessed upon arrival to the institution. This assessment includes functional ability and a medication reconciliation. Patients requiring specialty care are followed by their Primary Care Provider (PCP), as well as the consultant, for their condition. Recommendations by the consultants are followed as medically indicated. The Bureau can't address this issue without specific information regarding the unnamed inmate.

**The draft reports states:** "Survey respondents reported complaints such as having waited for more than one year to undergo fibroid surgery and still not having received the surgery; the submission of several sick call forms for medications, and not being seen by a doctor; having chronic seizures from a prescribed medication, but waiting four days to be seen by a physician's assistant; waiting two weeks to be seen after submitting a sick call form; not having money to continue paying a \$2 co-pay to be seen by medical staff; and severe body pain being reported to staff, with no follow-up care provided. One inmate stated, "no one wants to go to sick call, they do absolutely nothing." Another inmate reported in September 2017 that she had pain from a previous injury since February 2017, but had not been seen by any medical staff."

**Response:** All consult requests are submitted through the Utilization Review Process for approval or denial. This includes, Clinical Director review, Utilization Review Committee review, and Regional or Central Office review (for Medically Acceptable, Limited Medical Value, or Extraordinary cases). The consult can be approved or denied during any phase of the process. Medical care can be categorized in 5 different levels:

Medically Necessary - Non-emergent

Medically Necessary - Acute or Urgent



Medically Acceptable - Not always necessary  
Limited Medical Value  
Extraordinary

Sick Call is available four days per week and is performed based on a triage system. The patient fills out the request form; the form is screened by medical staff, who then speaks with the patients. Patients are then scheduled based on their acuity with the mid-level provider or referred to their primary care physician. Inmates are not denied medical care based on their ability to make the co-payment. The Bureau can't specifically address this issue without additional information.

**The draft report states:** *"Even without a mental health diagnosis, there are general psychiatric groups that inmates can participate in, which take place daily and run for 45 to 60 minutes."*

**Response:** Psychology Services, not Psychiatry Services, facilitates general mental health groups in which inmates can participate. The groups are not considered psychiatric groups.

**The draft report states:** *"Psychology services staff discussed that there were approximately 40 inmates who were trained to and assist with suicide watch between the three mental health units. The inmates who assist with suicide watch are supervised by psychologists, and more serious mental health cases are assigned to staff rather than trained inmates. Staff determines the suicide watch assignments."*

**Response:** Trained inmate suicide watch companions do not assist with suicide watch between the three mental health units. Suicide watch takes place on the M-3 Unit. In addition, there is an overflow suicide watch cell in the Admin. Unit, utilized only for Admin. Unit inmates, should no space be available in the M-3 Unit, for suicide watch. The suicide companion program and suicide watch is utilized for all inmates in the institution, not just those on the mental health units. A psychologist (the Suicide Prevention Coordinator) is responsible for the initial selection and ongoing training for inmate suicide watch companions. The Suicide Prevention Coordinator determines the suicide watch assignments for the inmate companions. Staff members are assigned to suicide watch in certain circumstances.

**The draft report states:** *"Unit M1 is a locked inpatient area that can hold up to 55 people, with most of the rooms having the*

ability to hold two inmates."

**Response:** Most of the rooms have the ability to house two to eight inmates.

**The draft report states:** *"Staff reported that if there is enough bed space, they try to put most people in their own cells (in regards to Unit M3)."*

**Response:** To the greatest extent possible, staff try not to single cell individuals unless it is clinically and/or correctionally indicated for safety and security reasons.

**The draft report states:** *"Out of all DC inmates who were surveyed, 75% reported being diagnosed with a mental illness at FMC Carswell or another institution. When asked about whether they were given a mental health evaluation upon arrival to the facility, 58.3% of respondents reported never receiving an evaluation, with one inmate unsure of whether or not she received an evaluation upon arrival to FMC Carswell. Additionally, 33.3% of DC inmates reported their diagnosis changing upon arrival to the facility, with one being unsure about whether or not her diagnosis had changed."*

**Response:** It is normal and expected that mental health diagnoses change over time. With regard to evaluations upon arrival, all inmates entering a Bureau institution are screened by Health Services and Unit Management staff within 24 hours. As a part of the Health Services screening, inmates are interviewed and observed for indicators of mental illness and adjustment issues. When such concerns are noted, inmates are referred to Psychology Services for prompt follow-up. Newly committed inmates are all seen for an in-person comprehensive intake screening within 14 calendar days of their arrival at the institution.

**The draft report states:** *"Overall, 63.6% of DC inmates reported being "unsatisfied" or "very unsatisfied" with the quality of mental health care they receive at the facility, and 58.3% of DC inmates reported being "unsatisfied" or "very unsatisfied" with the wait times to receive mental health services."*

**Response:** Inmates have access to triage services through the Psychology Services Department during regular business hours. Inmates are also able to submit requests, written or electronically, to specific providers within Psychology Services for routine services. Inmates are able to speak with a



representative from Psychology Services during mainline. In addition, the Psychology Services Department has routine open house hours for inmates who wish to utilize them.

**The draft report states:** *"Of the 13 DC inmates interviewed who reported requiring mental health services, half of the respondents felt they had adequate access to these services, and half felt they did not. One DC inmate reported, "Everything here is taken from evaluations done at previous facilities." Another inmate stated that between February and May 2017 she asked to be re-evaluated by a psychiatrist but at the time of the CIC inspection, had not yet received an evaluation."*

**Response:** Inmates have access to triage services through the Psychology Services Department during regular business hours. Inmates are also able to submit requests, written or electronically, to specific providers within Psychology Services for routine services. Inmates are able to speak with a representative from Psychology Services during mainline. In addition, the Psychology Services Department has routine open house hours for inmates who wish to utilize them.

**The draft report states:** *"FMC Carswell offers the Residential Drug Abuse Program (RDAP), and also offers the only Spanish RDAP program for women in the BOP."*

**Response:** FMC Carswell offers both the Dual Diagnosis English and Spanish Residential Drug Abuse Programs for women in the Bureau. Both programs are the only available for female offenders within the Bureau.

**The draft report states:** *"Inmates have to request the dual diagnosis (mental health diagnosis and substance abuse issue) program at FMC Carswell, and if transferred to the facility for this program, they are assessed and interviewed for eligibility."*

**Response:** Inmates do not have to request the Dual Diagnosis Program. Inmates may make the request to participate in RDAP, while housed in any BOP institution. Inmates do not have to wait to be transferred to FMC Carswell to be considered or interviewed for the Dual Diagnosis Program. Once interviewed, the Drug Abuse Program Coordinator (DAPC), will determine if the inmate is appropriate for the program. Recommendations for the Dual Diagnosis Program are made based on the inmate's clinical needs.



**The draft report states:** *"In each RDAP, there are eight to eleven hours of intensive groups every day."*

**Response:** RDAP participants at FMC Carswell receive three to four hours of intensive group and/or individual treatment per day, and at least 15 hours of treatment per week.

**The draft report states:** *"The dual diagnosis program was one person over capacity. There were 12 people on the waitlist, and 100 people waiting to be interviewed."*

**Response:** During the CIC visit, there were approximately 12 inmates waiting to start the Dual Diagnosis Program and approximately 100 inmates waiting to be interviewed. However, these inmates were waiting to be interviewed for either program, RDAP or Dual Diagnosis Program.

**The draft report states:** *"It was reported to the CIC by the RDAP staff that many inmates have been known to give up their camp status in order to participate in the dual diagnosis program, which is only offered at the main building of the facility."*

**Response:** Most inmates at the camp do not meet the criteria for the Dual Diagnosis Program, and are typically referred to other institutions with the RDAP. The Spanish RDAP is only offered at FMC Carswell at the main institution. Female inmates who are camp eligible, volunteer to participate in the program. If an inmate from a camp is eligible and chooses to participate, upon completion of the program, they are typically returned to the camp.

**The draft report states:** *"Although there were no DC inmates participating in RDAP, there was one DC inmate waiting to be interviewed for program eligibility."*

**Response:** During the CIC visit, there were no DC inmates in a program, one was on the waitlist to be interviewed, and one was on the waitlist to participate in RDAP at another institution.

**The draft report states:** *"The footnote included at the bottom of page 18 regarding the eligibility and participation of DC incarcerated inmates states, "Inmates convicted under DC Code and housed at BOP facilities tend to be found ineligible for programming such as RDAP because they were convicted of violent crimes as defined by the BOP."*

**Response:** Inmates convicted under the DC code and housed at BOP institutions are eligible for programming; however, if their offense included a conviction for a violent offense, it could preclude them from receiving early release benefits, under 3621(e). This also applies to any inmate with conviction for a violent offense.

**The draft report states:** "All inmates who were interviewed reported normally being able to shower five days a week."

**Response:** Inmates have access to showers seven days a week.

**The draft report states:** "In response to the cleanliness of inmates' units, there were mixed answers: 60% of survey respondents reported being "unsatisfied" or "very unsatisfied" with the cleanliness of their unit, and 40% of survey respondents reported being "very satisfied" or "satisfied." Although the survey provided space for additional comments, there were not many open-ended responses on the topic of hygiene. One inmate reported that her "unit is not clean enough."

**Response:** The Unit Manager is responsible for ensuring the overall sanitation of the unit. The institution duty officer inspects units weekly and provides a report to the Executive Staff. However, inmates are responsible for cleaning their own living areas and common areas. Inmates are assigned as orderlies to clean common areas and restrooms, for which they are compensated.

**The draft report states:** "The LCP is 18 months long and inmates have a mentor, individual work, and bookwork throughout the months. The program is offered to women in both the main building and the camp, and takes place in the afternoon for two hours per day. Topics worked on include victim impact, relationships, boundaries, and money management. Mentors visit the facility twice a week to meet with the inmate they are paired with, for six to eight months."

**Response:** The Life Connections Program (LCP) is only offered at the main institution and not at the camp. Mentors visit the institution once a week.

**The draft report states:** "During the inspection, the religious services department was operating with 130 volunteers and six BOP staff (three staff Chaplains, one LCP Chaplain, one mentor coordinator, and one religious services coordinator).



*Responsibilities of the chaplains include conducting weekly rounds through the prison and notifying inmates of deaths and serious illnesses of family members."*

**Response:** During the inspection, the Religious Services Department had seven staff (one Supervisory Chaplain, three Staff Chaplains, one LCP Chaplain, one Mentor Coordinator, and one Religious Services Coordinator). Chaplain responsibilities include those listed in the report; however, chaplains also conduct faith group services, spiritual counseling, and instruct spiritual growth courses.

**The draft report states:** *"The maximum spending limit is \$320 per month."*

**Response:** The maximum spending limit is \$360.00 per month.

**The draft report states:** *"DC inmates also reported not being able to afford additional feminine hygiene products on a consistent basis, if at all."*

**Response:** Bureau Wardens have the responsibility to ensure feminine hygiene products such as tampons or pads are made available for free in sufficient frequency and number according to the needs of the inmate population. Female inmates may choose from a variety of feminine hygiene products, including two sizes of tampons, two sizes of pads, and panty liners. More information can be found in the Bureau's operation memorandum titled "Provision of Feminine Hygiene Products", found here: [https://www.bop.gov/policy/om/001\\_2017.pdf](https://www.bop.gov/policy/om/001_2017.pdf)

**The draft report states:** *"Staff reported spin class being the most popular among inmates; there are 20 bikes available for each class; and inmate instructors are certified to teach exercise classes. CIC staff toured the area and there were no inmates utilizing the room at the time of the tour."*

**Response:** Indoor recreation is not highly used on weekday mornings, due to the majority of inmates being scheduled for work, mandatory programs, medical callouts, etc. This is when the tour was conducted. Indoor recreation, to include the exercise bikes, is well attended in the afternoons, evenings, and weekends.

**The draft report states:** *"Avenues for resolutions of incident reports include informal resolution (as determined by BOP staff), initial hearings with the UDC for low or moderate*

*offenses, or disciplinary hearings with the DHO for high severity offenses."*

**Response:** Inmates may also appeal UDC or DHO outcomes through the Administrative Remedy Program.

**The draft report states:** *"The CIC asked DC inmates about the fairness of disciplinary decisions by the DHO and the UDC. In many cases, disciplinary actions are first handled by the UDC before referral to the DHO. Out of surveyed DC inmates, one inmate reported the UDC's decisions being fair, five reported them being unfair, and four reported being unsure about fairness. When surveyed about the DHO, one DC inmate reported the DHO's decisions being fair, six reported them being unfair, and five reported being unsure about the fairness."*

**Response:** All incident reports are processed by the UDC prior to the DHO. Greatest and High severity incident reports are referred by the UDC to the DHO for disposition and, if appropriate, sanctions. All disciplinary proceedings are conducted in accordance with Program Statement 5270.09, *Inmate Discipline Program*.

**The draft report states:** *"Approximately 37.5% of DC inmates interviewed reported using the administrative remedy process at FMC Carswell. Among respondents who reported why they have not used the process, reasons included staff retaliation, forms not being available, not being satisfied with the outcome of a previously filed grievance, the grievance process not working, and no reason to use the process. Among all DC inmates surveyed about the fairness of informal complaints, administrative remedies, and remedy appeals, zero inmates reported any of the above-mentioned levels being dealt with fairly. Figure 6, below, provides a breakdown of specific answers regarding the fairness of the administrative remedy process. When asked why they feel that complaints, administrative remedies, and remedy appeals are unfair, responses included: the processes being unfair, nothing being done about filed grievances, bias towards inmates, lack of response to grievances, staff saying grievance forms do not exist, and DC inmates ("007") being treated unfairly."*

**Response:** As indicated by the report, inmates filed a total of 312 Administrative Remedies between August 2016 and July 2017. This includes 150 filed at the institution (BP-9 level). Of those filed, approximately 60% were provided a response and 40% were rejected due to not meeting policy requirements. Administrative Remedies are rejected in accordance with Program



Statement 1330.18, *Administrative Remedy Program*. This does not account for instances where issues were informally resolved by staff. Forms are readily available to the inmate population from any member of unit team.

**The draft report states:** *"Inmate tutors are used to teach the GED and ACE classes, which are offered four times each year. There are two inmate tutors for every one staff person, and ACE classes are taught in the evenings. The inmate tutors assist with the administrative responsibilities of the ACE classes, and they receive one hour of training."*

**Response:** GED and ACE are two separate programs.

GED classes are held Monday - Friday, for 90 - 120 minutes between 7:30 a.m. and 4:00 p.m., Monday through Friday. FMC Carswell has three literacy teachers which instruct GED classes. There are up to 25 students enrolled in a literacy class at one time. Inmate tutors assist the teacher, as needed, with providing one-on-one tutoring to reinforce the teacher's lesson.

ACE classes are offered weekday evenings and are generally led by trained inmates. The Supervisor of Education approves all ACE curricula created by FMC Carswell staff. A yearly ACE schedule is created and posted for the staff and inmate population which is comprised of six ACE sessions throughout the calendar year. Each session has a list of available classes that meet once a week for six weeks. In between each ACE session, there is an enrollment period for the next ACE session. Carswell Education staff select inmates who instruct each ACE class. ACE instructors are trained on the utilization of the curriculum, public speaking, teaching strategies, etc. ACE instructors prepare materials and teach the class. As an ACE instructor, inmates are provided a learning experience where they practice and refine leadership skills, organization techniques, and manage increased responsibilities.

The Education Department has created a hiring process which mirrors those in the community. There is a position description for each position which include minimum requirements. Inmates interested in working in the Education Department can view Education hiring procedures on the Employment bulletin board located in the Education Department which detail the steps of the employment process. Inmates must meet requirements, complete a job application, and submit an updated resume. Candidates meeting requirements will be scheduled for a panel interview and given feedback from every step of the employment

process. The Education Department hires inmate tutors, clerks, and orderlies.

**The draft report states:** *"The facility reported offering a culinary program given through El Centro College in Texas. The program requires 1,000 hours of program time, and takes eight to 10 months to complete. Staff reported that there is no cost to inmates who participate in the program, and the last class offered had 15 people enrolled. Staff was unable to say if inmates were enrolled in the program or if, at the time of the inspection, the class was in session."*

**Response:** The facility offers a Culinary Arts Vocational Training Program each fiscal year and it is accredited through El Centro College in Texas. The program requires 1,000 hours of programming and takes eight to ten months to complete. There is no cost to inmates to participate in the program. At the time of the tour, FY 17's program had already completed for the year yielding 15 completions. No inmates were enrolled at the time of the tour. In addition, the Culinary Arts Vocational Training Program is funded with Advanced Occupational Education (AOE) funds allocated by the Central Office in Washington DC. Due to budgetary constraints during the time of the inspection, all vocational programs throughout the Bureau of Prisons were required to halt the continuation of AOE funded vocational training programs until a resolution was found for covering the expense of the programs. The programs are currently operating as before.

**The draft report states:** *"Additionally, in the past the facility has offered a four-month horticulture class through Texas A&M University. Staff also mentioned the ability for participants to obtain a National Federation of Personal Trainers (NFPT) certification. However, staff reported that at the time of the inspection no inmates were enrolled in the horticulture program, and there were no instructors for the fitness certification courses; therefore, the courses were not being offered at the time of the inspection."*

**Response:** FMC Carswell offers a Horticulture Vocational Training Program, accredited through Texas A&M University. It is a four-month program and is offered three times during the fiscal year. There is no cost for inmates to participate in the program. The Horticulture Vocational Training Program is funded with Advanced Occupational Education (AOE) funds allocated by the Central Office in Washington DC. Due to budgetary constraints during the time of the inspection, all vocational



programs throughout the Bureau of Prisons were required to halt the continuation of AOE funded vocational training programs until a resolution was found for covering the expense of the programs. The programs are currently operating as before. This prevented Carswell from offering the third Horticulture class for FY17.

The facility also offers a National Federation of Personal Trainers (NFPT) certification to the inmate population. The inmate incurs the entire cost of the program. During the tour, there were no inmates who elected to enroll in the NFPT program.

**The draft report states:** *"Eligibility for the program included an inmate's release date (women must have at least 12 to 24 months left on their sentence), having a GED or high school diploma, being a U.S. Citizen, and having a clean disciplinary record. Additionally, staff reported a fee of \$240 per person to participate in the program, which covers the cost of the head mannequin."*

**Response:** Eligibility requirements for the Cosmetology Program includes an inmate's release date (women must have at least 12 to 24 months remaining on their sentence), a GED or high school diploma, must be a U.S. Citizen, and one year of clear conduct. A fee of \$315.00 per person is required to participate in the program, which covers the cost of the practical exam, written exam, supplies, and the head mannequin.

**The draft report states:** *"Other vocational training courses consist of topics such as basic computer skills, key boarding, and computer knowledge."*

**Response:** FMC Carswell does not offer vocational training courses in basic computer skills, key boarding, and computer knowledge. However, keyboarding is offered as an ACE class, which instructs the user the proper hand placement to type, as well as provides exercises to type with accuracy and improve speed.

**The draft report states:** *"A total of nine DC inmates reported it was most difficult to get into education, employment, and programming at the facility, and five inmates reported it was easy to enroll in some type of program."*

**Response:** All Education programs (GED, ESL, Apprenticeship, Vocational Training, College Correspondence, and ACE) are available to DC inmates. There are eligibility requirements for



some of the programs. Enrollment information is disseminated on TRULINCS, Education bulletin boards, and Scala Box (electronic bulletin board found in various areas around the institution).

**The draft report states:** *"Some responses included not having any programming in the Administrative Housing Unit, no educational programming being available for indigent inmates, and "Having to pay \$315 for the cosmetology and culinary programs." One DC inmate reported, "they have nothing here to do; the only way you get signed up is if you have a friend working there." Another inmate stated, "if not a good friend, not getting a job. If you got a GED, nothing here for you. Got to know somebody to get a job, then be on job ninety days to get apprenticeship."*

**Response:** Inmates in the Administrative Housing Unit have GED, ESL, and ACE programs available to them.

The only educational programs provided at a cost to the inmate are the Cosmetology Vocational Training Program and College Correspondence Programs. All other programs are offered at no charge. Education programs are offered year round. Each program has enrollment procedures and inmates are informed of those enrollment procedures during Admission and Orientation (A&O), via TRULINCS, Education bulletin boards, and Scala Box (electronic bulletin board). Programs are available for inmates with and without a high school diploma or GED. Education programs requiring a GED or high school diploma are: Vocational Training Programs, College Correspondence Programs, and Apprenticeship Programs.

**The draft report states:** *"Supervisors prepare work evaluations every 90 days, and unsatisfactory work reports may result in restriction from community programs."*

**Response:** Inmates are evaluated on work performance every 30 days.

**The draft report states:** *"Inmates have access to computers for email purposes in the library."*

**Response:** Inmates have access to computers for electronic messaging in designated areas within their housing unit. Inmate computers in the law library are for accessing the Electronic Law Library (ELL).

**The draft report states:** *"Two inmates, who were incarcerated at*

*the facility for less than nine months at the time of the inspection, reported that they were still waiting to see a gynecologist."*

**Response:** Gynecological appointments are handled like consultations. Routine pap smears and female health components are handled by the mid-level providers and, if indicated, the staff Gynecologist is consulted. The staff Gynecologist schedules the most urgent cases first followed by follow-up and routine care.

Newly committed inmates are scheduled for a physical exam within 14 days of arrival. The female specific components include the pap, pelvic, and breast exam. The inmate can sign a refusal for the female specific components and they will be scheduled the following year or upon inmate request. If the inmate should request the exam prior to the one year mark, it is handled as a routine appointment with the mid-level provider.

**Recommendations by CIC:**

The BOP should reduce maximum penalties for disciplinary segregation and impose a sanction of disciplinary segregation only as necessary and only after determining that other available sanctions are insufficient to serve the purpose of punishment.

**The draft report states:** "One DC inmate reported that staff members "call you a liar no matter what really happened," and another reported that staff "automatically put you as guilty to give you time whether you explained that you are not guilty." Another DC inmate reported that the SHU is fair but the additional lengthy restrictions of no phone calls, no emails, no commissary purchases, no educational programming, and no visits are extreme. Another inmate reported that she lost commissary, phone, and email privileges in July 2017, and did not get them back until November 2017 for a "312" sanction of "disrespecting a staff member. Other complaints included investigations not being handled properly, and UDC hearings not happening in a timely manner."

**Response:** Sanctions imposed for prohibited acts serve a twofold purpose. First, as punishment for the prohibited act. Second, as a deterrent for both the offender to discourage re-offending and other inmates to dissuade them from committing similar prohibited acts.



The Bureau of Prisons instructs their DHOs to sanction "progressively" in accordance with nationally accepted standards taught during the Discipline Hearing Officer Certification Course conducted at the Management and Specialty Training Center. The concept of progressive sanctioning involves imposing a comparatively minimal sanction for a first-time offense using loss of a privilege, such as commissary, for a limited period of time.

In many cases, these sanctions are suspended for a first-time offender for a specific prohibited act, or for lower level prohibited acts. These suspended sanctions are only invoked if the inmate commits a subsequent prohibited act. In most cases, sanctions involving loss of visiting or telephone privileges are imposed only after other sanctions, such as loss of commissary, have proven ineffective with regard to deterring the inmate from committing the same prohibited act repetitively.

Exceptions to this practice would include cases where specifically egregious offenses have been committed, such as assaults with weapons in which serious injuries were inflicted upon the victim, or cases involving other misconduct which seriously jeopardizes the security of the institution, such as possession or (attempted) introduction of narcotics or other controlled substances.

Exceptions to this practice would also include cases where the misconduct was directly related to loss of that privilege. For instance, an inmate found to have committed a prohibited act involving abuse of telephone privileges would likely receive a sanction of loss of telephone privileges.

The practice of progressive sanctioning also involves increasing the length of sanctions imposed, as well as including sanctions involving loss of privileges not directly related to the misconduct, after other less restrictive sanctions have been deemed ineffective at deterring a given inmate from repetitively engaging in a specific prohibited act.

The facility should increase minimum out-of-cell time from one hour per day to two or more, pursuant to Executive Guidelines and DOJ recommendations.

**The draft report states:** "SHU staff reported that women in the

*SHU are supposed to have one hour per day of out-of-cell time."*

**Response:** The SHU is operated in accordance with Program Statement 5270.11, *Special Housing Units*. Inmates are offered a minimum of one hour of recreation time (or more if available) five days a week.

*The facility should address the high vacancy rate of staff in health services to address and reduce the delays in the delivery of services.*

**The draft report states:** "Staff reported 21 vacant positions across all of health services."

Response: Due to the location and competition for medical professionals in the Dallas/Fort Worth area, FMC Carswell has difficulty recruiting and retaining qualified applicants in various medical positions. During the time period, the BOP was experiencing a hiring freeze and FMC Carswell was unable to fill vacant positions. During the inspection, 25 Health Service positions were vacant. Currently, FMC Carswell has 18 vacant positions, which include a position left vacant due to promotion and two due to retirement. FMC Carswell conducts extensive recruitment efforts at local colleges and job fairs to recruit medical staff. Recruiters regularly attend these events in an attempt to recruit and hire qualified applicants looking for employment with the Federal Bureau of Prisons. In addition, a medical recruiter position has been created in the Regional Office to assist with this endeavor for the Bureau of Prisons. Although FMC Carswell has staff shortages in Health Services, there have been no delays in service provided to the inmate population.

*The facility should evaluate the prohibition on use of restraints on pregnant women beyond transport to delivery and during labor.*

**The draft report states:** "The facility reports that inmates who are pregnant are not put in any type of restraints during transport to and from the hospital, or during labor and birth."

**Response:** Pregnant inmates are not restrained during their pregnancy within or outside the institution. The only exception to this practice, is if the inmate is deemed to pose a security risk to the public or themselves.

*The BOP should evaluate the eligibility requirements for RDAP*



for disparate impact prohibiting eligibility and participation by DC incarcerated persons.

**The draft report states:** "As of September 2017, 62 inmates were enrolled in RDAP at FMC Carswell, with zero DC inmates in the program and one on the waiting list to be interviewed. The CIC recommends that the BOP and FMC Carswell evaluate the eligibility requirements and application process for any potential disparate impact and modify eligibility requirements accordingly to include incarcerated DC men and women who might benefit from the program."

**Response:** During the CIC visit, there were zero DC inmates in a program; however, one was on the waitlist to be interviewed and one was on the waitlist to participate in RDAP at another institution. DC inmates are given the same opportunity to be considered for RDAP as other non-DC inmates.

The facility should review the food portions provided to inmates to examine whether the portions are sufficient for women in custody.

**The draft report states:** "DC inmates reported that meals are not healthy enough, and the facility does not provide adequate healthy options. Reports included, "too many carbs for diabetics," and "not enough access to salad." One DC inmate noted, "The quantity of food (such as one small hotdog for dinner) is very insufficient for one's diet and causes inmates to buy huge amounts of commissary food that is very unhealthy. It also causes indigent people to go hungry and sell their pills in exchange for food. They need a salad bar here. Salad is only available to staff." Two other inmates reported "not being fed enough," and "they act like they don't want to feed us; they put a spoonful of food on the plate, put food back, and then throw it away instead of just giving us extra."

**Response:** FMC Carswell offers three meal options via the Self-Select line (Regular, Heart Healthy, and No Flesh Option) with a 5-week rotating menu created by Central Office. These menus are analyzed annually. A 5-week medical diet is available for patients needing medical diets.

The following are approved by the Central Office Dietician as daily averages for the following diets: Women's Regular diet - 2124 kcals, 101 g protein, 36 g dietary fiber, 2359 mg sodium; Women's Heart Healthy diet - 1850 kcals, 92.5 g protein, 41 g dietary fiber, 1857 mg sodium; and Women's No Flesh diet - 1956

kcal, 78 g protein, 43 g dietary fiber, 1998 mg sodium.

The women's 5-week cycle menu was created for female institutions based on their nutritional needs. Per the American Dietetic Association, women's dietary recommendations follow different calculations for their overall calorie and protein needs compared to their male counterparts. These differences are mainly due to a female's body composition of less muscle mass compared to males, leading to a lower need for overall daily calories and protein since muscle mass has direct correlation to metabolism, i.e. more muscle mass per body composition requires more calories and protein. However, overall calories provided via the Self-Select line is more than sufficient for most of the female inmate population, as mentioned above in the nutrition breakdowns.

If an inmate perceives they are not obtaining adequate nutrition, calories, protein, vitamins, minerals, fiber, fluids, etc., via FMC Carswell's meals, they have the opportunity to meet with the Dietician to analyze their dietary needs. Most patients' dietary needs can be assessed by their Body Mass Index (BMI) or their actual weight and height compared to what they should weigh per their height. These results can be analyzed along with their medical complications, medical history, blood work, and dietary goals.

"Too many carbs for diabetics" is a misunderstanding for patients who are not familiar with carbohydrates, carb counting and carb intake for best glucose control. FMC Carswell provides a 5-week carb counting menu that follows the American Diabetes Association and American Diabetic Association guidelines for their patient population.

The 5-week cycle menu provides more than sufficient nutrients for most of the inmate population. For medically compromised inmate patients, nutrition supplements are provided via medical and/or Food Service as needed (examples include multiple pregnancies, cancer patients, dialysis patients, etc).

Commissary is a privilege, if an inmate chooses to purchase food from the commissary, they can meet with the staff Dietician who can provide education on healthier commissary snack shopping or label reading.

The BOP should evaluate the 30% markup, particularly on feminine hygiene products.



**The draft report states:** "Regarding access to feminine hygiene products, half of women reported not getting enough feminine hygiene products per month (pads, tampons, panty liners). Additionally, seven women reported that in order to maintain adequate hygiene, they have to pay for feminine hygiene products each month. One inmate reported paying \$50 per month toward feminine hygiene products, and another inmate reported spending \$15 to \$20 per month on feminine hygiene products. Some women reported not getting any free feminine hygiene products from FMC Carswell staff: "I never got products;" "have to buy all pads; not given any; not allowed to have soap, has been like this for several months."

Response: Bureau Wardens have the responsibility to ensure feminine hygiene products such as tampons or pads are made available for free in sufficient frequency and number according to the needs of the inmate population. Female inmates may choose from a variety of feminine hygiene products, including two sizes of tampons, two sizes of pads, and panty liners. More information can be found in the Bureau's operation memorandum titled "Provision of Feminine Hygiene Products", found here: [https://www.bop.gov/policy/om/001\\_2017.pdf](https://www.bop.gov/policy/om/001_2017.pdf)

The facility should further educate staff and inmates on the administrative remedy process.

**The draft report states:** "Approximately 37.5% of DC inmates interviewed reported using the administrative remedy process at FMC Carswell. Among respondents who reported why they have not used the process, reasons included staff retaliation, forms not being available, not being satisfied with the outcome of a previously filed grievance, the grievance process not working, and no reason to use the process."

Response: Forms for the Administrative Remedy process are readily available to the inmate population through unit team members. Typically, it is the counselor who assists an inmate with initiating the Administrative Remedy process; however, any unit team member can assist. Inmates are informed about the Administrative Remedy process during the Admission and Orientation (A&O) Program; in the A&O Handbook; through Program Statement 1330.18, *Administrative Remedy Program*; and Institution Supplement, CRW 1330.18, *Administrative Remedy Program*. The Executive Assistant is responsible for the Administrative Remedy Program and is readily available to staff and inmates regarding any questions or issues that may arise. Training is provided to counselors as part of their on-the-job



training and updates are provided during quarterly staffing meetings.

The facility should explore actively implementing additional educational programs for inmates who already have a GED.

**The draft report states:** *"One DC inmate reported, "they have nothing here to do; the only way you get signed up is if you have a friend working there." Another inmate stated, "if not a good friend, not getting a job. If you got a GED, nothing here for you."*

Response: There are many educational programs offered to inmates who have earned their GED or high school diploma at FMC Carswell. Inmates are eligible to enroll in over 20 apprenticeship programs certified through the Department of Labor (auto mechanic, baker, building maintenance, carpenter, cook, dental assistant, electrician, housekeeper, HVAC, landscape, nursing assistant, office manager, painter, physical therapy assistant, plumber, powerhouse, sanitation technician, small engine repair, teacher's aide, and welding), as well as, enroll in vocational training programs (Cosmetology), and or in a variety of college correspondence programs.

The facility should explore more affordable vocational programming or making cosmetology and culinary arts more affordable for those willing to participate.

Response: The Culinary Arts and Horticulture Vocational Training Programs are offered at no cost for enrolled students. The Cosmetology Vocational Training Program is offered at a cost of \$315.00 per inmate to pay for their writing and practical exams with the Texas Department of Licensing and Regulation (TDLR). However, the cost of the Cosmetology Program is significantly less than comparable programs offered in the community.

The BOP Trust Fund should consider reducing the price of video visitation to be more in line with price telephone calls.

**The draft report states:** *"Another inmate reported that they could talk to someone for 15 minutes at a time; \$6 for a video visitation, and \$3 for a 15 minute call."*

Response: As indicated in the report, the cost of video messaging is \$6.00, which is \$0.24 per minute. A long distance telephone call is \$0.21 per minute.

The BOP should endeavor to move DC inmates to facilities within 250 miles of DC within at least two years of their release.

The draft report states: "Out of the 60% of inmates who reported having difficulty receiving visits, 100% of those inmates reported that the distance their visitors must travel to see them was the reason for that difficulty."

Response: As of June 13, 2018, there were 131 D.C. Superior Court female inmates designated to the Bureau or Bureau contracted facility. Of these, only 32 were not within 250 miles of Washington, D.C. The Bureau strives to initially designate inmates within 500 miles, or as close as possible to the area they originated. Disciplinary, medical care, programming limitations, and security concerns can affect the inmates placement.

Video visiting is available at FMC Carswell and the rest of the female facilities in the Bureau.

The facility should implement a yearly cultural diversity and implicit bias training program for all staff.

**The draft report states:** "With respect to overall treatment of DC inmates by staff and other inmates, one respondent reflected that people "think all DC inmates are bad and we don't have rights because the warden said that." Another inmate reported that she heard an officer refer to DC inmates as looking "like crack heads," and that DC inmates are seen as violent murderers. Other reports included DC inmates being treated like outcasts (especially by investigative staff), stereotyping DC inmates as having "bad attitudes", and staff making comments about how "bad DC inmates are; automatically assume they lack intelligence, and have mental issues." Another inmate reported that staff told her, "Whether I'm right or wrong, the officer is always right." One inmate reported, "we all get treated the same as far as I can see."

"Additional examples regarding disparate treatment of DC inmates by staff focused on the provision of services. One DC inmate stated that she had still not received medical treatment after waiting for months. Another inmate reported being threatened by facility staff for wanting to talk with CIC staff during the inspection. Other complaints included women feeling like they are treated worse because of their DC statuses and convictions."



Response: All staff are required to attend yearly Annual Training. The training is comprised of 40 hours of refresher training on aspects related to working in a correctional environment. During this yearly training, Diversity Management is taught by institution diversity instructors. Program Statement 3713.30, *Diversity Management and Affirmative Employment Programs*, outlines the requirements for Diversity Management instructors. These requirements include being Bureau-trained, and certified through the NCA Diversity Management Training-for-Trainers Program before assuming responsibilities for local training. Instructors conduct Diversity Management sessions during Annual Training, New Employee Orientation, and locally developed training. At the time of the tour, there were two Diversity Management Instructors at FMC Carswell who conducted Diversity Management Training during Annual Training and New Employee Orientation.

Annual Training also includes classes such as Ethics/Standards of Employee Conduct, Workplace Bullying, Communication Skills, Inmate Beliefs and Practices, Unique Needs of Dying Patients and Their Families, Female Offenders, Reentry Strategies, Mental Health, Suicide Prevention, and Discrimination which all address diversity and bias.

FMC Carswell conducts an annual Diversity Day. The last Diversity Day was held on Thursday, September 14, 2017. The theme was, "Recognizing the Culture of Carswell." Each department created a booth which displayed aspects of the cultural makeup of their department. Carswell staff were able to walk through the room and learn about each other while sampling cultural foods from the diverse population which make up FMC Carswell's staff.

FMC Carswell invites all staff to attend monthly Affirmative Employment Program (AEP) meetings. The AEP Committee works together to adopt best practices to promote diversity and inclusion and to identify and remove any barriers for achieving equal employment opportunity. These practices and education are applied when working with both staff and inmates. There are various programs within AEP and each have Program Managers and Alternate Program Managers who receive AEP training. Each of the following areas hold a program for all FMC Carswell staff to attend during the designated commemorative month, which is found below in parentheses. In addition to the commemorative month program, program managers provide educational information related to their Affirmative Employment Program, as well as local resources and events.

- Asian / Pacific Islander / Native American (APINA) (Asian Pacific Islander Heritage month in May and American Indian /Alaskan Native Heritage month in November).
- Black Affairs (commemorative month in February).
- Federal Women's Program (commemorative month in March).
- Hispanic Employment (commemorative month from September 15 - October 15).
- Lesbian, Gay, Bisexual, and Transgender (LGBT) (commemorative month in June).
- Disability Employment (commemorative month in October).

The facility should consider increasing the 3 pair of underwear provided every 6 months, in amount, frequency of replacement, or both.

**The draft report states:** *"Another inmate reported, "The prison does not provide sufficient feminine hygiene products to protect undergarments for indigent inmates since they only provide three pair of underwear every six months."*

Response: All inmates are initially issued seven pairs of underwear, then provided an additional three pairs every six months. This is a sufficient amount of underwear. In addition, inmates may purchase additional underwear from the Commissary, if they choose.

Bureau Wardens have the responsibility to ensure feminine hygiene products such as tampons or pads are made available for free in sufficient frequency and number according to the needs of the inmate population. Female inmates may choose from a variety of feminine hygiene products, including two sizes of tampons, two sizes of pads, and panty liners. More information can be found in the Bureau's operation memorandum titled "Provision of Feminine Hygiene Products", found here:

[https://www.bop.gov/policy/om/001\\_2017.pdf](https://www.bop.gov/policy/om/001_2017.pdf)

The facility should evaluate or change provisions as needed while implementing the 2017 mandate regarding free feminine hygiene products.

**The draft report states:** *"Regarding access to feminine hygiene products, half of women reported not getting enough feminine hygiene products per month (pads, tampons, panty liners). Additionally, seven women reported that in order to maintain adequate hygiene, they have to pay for feminine hygiene products each month. One inmate reported paying \$50 per month toward*



*feminine hygiene products, and another inmate reported spending \$15 to \$20 per month on feminine hygiene products. Some women reported not getting any free feminine hygiene products from FMC Carswell staff."*

Response: Bureau Wardens have the responsibility to ensure feminine hygiene products such as tampons or pads are made available for free in sufficient frequency and number according to the needs of the inmate population. Female inmates may choose from a variety of feminine hygiene products, including two sizes of tampons, two sizes of pads, and panty liners. More information can be found in the Bureau's operation memorandum titled "Provision of Feminine Hygiene Products", found here: [https://www.bop.gov/policy/om/001\\_2017.pdf](https://www.bop.gov/policy/om/001_2017.pdf)

Currently, FMC Carswell provides feminine hygiene items in compliance with the guidance. In addition, commissary offers hygiene items inmates may purchase, if they choose. Inmates have unlimited access to tampons (regular and supersize), maxi pads with wings (regular and supersize), and regular panty liners. In addition, commissary offers hygiene items inmates may purchase, if they choose.

The agency should implement a standardized curriculum for the Release Preparation Program (RPP) across all BOP facilities.

**The draft report states:** "BOP facilities offer a Release Preparation Program (RPP) that is intended to prepare inmates for community reentry upon release. At FMC Carswell, inmates with sentences of two years or less, or inmates within two years of release, are encouraged to participate in the groups and classes that are offered on a voluntary basis. The RPP is divided into six areas: each area contains one or more classes/groups. In order to complete the entire program, inmates must complete at least one class or group from each of the six areas. Class schedules are available in each unit. To participate in the RPP classes or groups, inmates must sign-up for each individual class through their case manager. Inmates are responsible for checking the call-out sheet and attending the classes, which are generally held in the facility's visiting room."

Response: We agree with this recommendation and are in the process of standardizing the curriculum of the Release Preparation Program (RPP).

At the inspection, the CIC recommended that the facility

participate in the quarterly CSOSA reentry videoconference and create a reentry protocol to improve the transition of inmates back to the community. Now the facility does participate.

**The draft report states:** *"The DC Court Services and Offender Supervision Agency (CSOSA) provides a quarterly Community Resource Day Videoconference for DC inmates in BOP facilities across the country. Through this videoconferencing, CSOSA staff and representatives from other organizations provide information on housing, healthcare, employment, education, and other resources in the DC area, to DC inmates who are within 90 days of release. Inmates can also receive an informational package with the contact information of providers who participate in the event. The CIC learned during the facility inspection that FMC Carswell does not participate in this videoconference."*

Response: On May 8, 2018, FMC Carswell participated in a CSOSA reentry VTC for women in BOP custody releasing to Washington DC. Two inmates participated in this event. The institution is not invited to participate in this event quarterly; however, when FMC Carswell is invited, inmates will be made aware and given the opportunity to participate, if they choose.

I appreciate the opportunity to review and provide comments on your inspection report of FMC Carswell. I hope to continue working closely with the CIC to improve the operations of Bureau facilities and ensure we are meeting the needs of the inmate population.

Please contact me at (202)353-3646, if I can be of further assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "David Brewer". The signature is fluid and cursive, with a large initial "D" and "B".

David Brewer, Administrator  
Correctional Programs Branch