



**District of Columbia
Corrections Information Council**

Inspection Report

USP Allenwood

Reverend Samuel W. Whittaker
Katharine A. Huffman

September 19, 2013

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 at facilities where inmates from the District of Columbia are incarcerated. This includes facilities operated by the Federal Bureau of Prisons (FBOP), the District of Columbia Department of Corrections (DOC), and private contractors.

The CIC reports its observations and recommendations to United States Congresswoman Eleanor Holmes Norton, the Mayor of the District of Columbia, the District of Columbia Deputy Mayor for Public Safety and Justice, the Council of the District of Columbia, the Director of the FBOP, the Director of the DOC, the District of Columbia community, and the broader public.

Reports, concerns, and general information from the public or incarcerated DC residents are very important to the CIC. All relevant information should be forwarded to the CIC. Individuals are encouraged to contact the CIC to discuss their experiences related to the mandate of the CIC. If you choose to contact the CIC, information you provide may be included in published inspection and annual reports, but names and identifying information will be kept anonymous. The CIC does not give out specific names or confidential information to any person, any agency, or the government without the express permission of the provider of the information.

The CIC does not handle individual complaints, and it does not act as a personal attorney or provide legal representation or advice.

DC Corrections Information Council

1350 Pennsylvania Avenue, NW

Suite 533

Washington, DC 20004

Phone: 202.478.9211

Email: dc.cic@dc.gov

Website: <http://cic.dc.gov/>

USP Allenwood

Allenwood, Pennsylvania

Date of Inspection: September 19, 2013

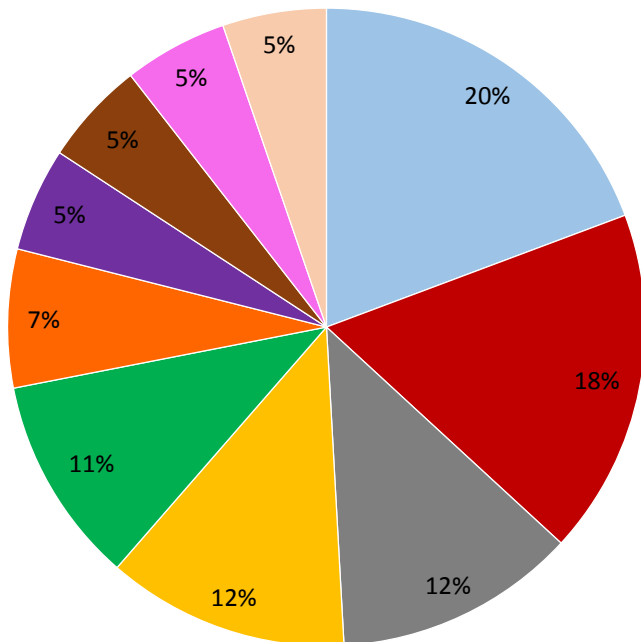
196 miles from downtown DC: 3.5 hours by car, 6.5 hours by Greyhound bus

Demographics

- Security Level: High
- Design Capacity: 1,174
- Occupancy (Sept. 2013): 1,018
- DC Inmates: 120
- Medical Care Level: III
- Mental Health Care Level: III

Inmate Concerns

The CIC interviewed 25 DC inmates and heard approximately 60 concerns from DC inmates on the inspection date. A summary of inmate concerns is below.



Medical (11)	DC Inmates Treated Differently (4)
Staff (10)	SHU (3)
Visitation (7)	Legal Mail (3)
Education & Reentry Services (7)	Food (3)
Sentence Designation & Computation (6)	Other (3)

Best Practices

Sentence Computation Open House

- On a weekly basis, Allenwood staff reviews inmates' sentence computation and designation information to ensure accuracy. This is a best practice and the CIC recommends that this practice be adopted across the Federal Bureau of Prisons (FBOP).

Mental Health Partnership with ULS

- Mental health staff works closely with University Legal Services to provide for the mental health needs of DC inmates. One aspect of this partnership is cooperation to ensure continuity of care for residents returning to DC.

UNICOR Factory at USP

- Inmates learn valuable job skills while producing items for various government agencies. UNICOR factories are more common at lower security level facilities. A factory at a USP provides valuable skills to inmates and is a best practice.

CSOSA Community Resource Day

- Allenwood participates in quarterly videoconferencing with CSOSA, which provides inmates with DC-specific reentry information.

RDAP and Challenge Programs

- These programs provide intensive, residential treatment for inmates with substance abuse or mental health needs.

Responsiveness of Executive Staff

- The executive staff at Allenwood responded promptly and thoroughly to CIC questions, including responding to inmate concerns.

Recommendations

Visitation

- Seven inmates expressed concerns about a lack of or difficulty with visitation, primarily due to the distance from DC. The CIC recommends Allenwood initiate video visitation or a bus program similar to that at Rivers CI.

Staff

- Several inmates report retaliation by correction officers for filing administrative remedies.
- The CIC heard three accounts of staff opening legal mail outside of the presence of the inmates.

Medical Care

- Two inmates reported serious medical emergencies that were not properly cared for by medical staff at Allenwood. The CIC recommends Allenwood ensure proper care for all medical needs, especially inmates' immediate and urgent medical needs.

District of Columbia Corrections Information Council (CIC)

Reverend Samuel W. Whittaker • Katharine A. Huffman
 1350 Pennsylvania Avenue, NW • Suite 533 • Washington, DC 20004
 Phone: 202.478.9211 • Email: dc.cic@dc.gov • Website: <http://cic.dc.gov/>

Inspection Report: USP Allenwood

Publication Date: November 3, 2014

Facility Overview

The CIC inspected United States Penitentiary (USP) Allenwood on September 19, 2013. The inspection consisted of a facility tour, discussions with staff, interviews with 25 DC inmates, and document review. On the date of the CIC inspection, USP Allenwood had 1,018 inmates, including 120 inmates from DC.

General Information

USP Allenwood has four housing units, with two pods per unit. There are 256 inmates per unit. The USP is a Medical Care Level III facility¹ and a Mental Health Care Level III facility.²

Special Management Unit (SMU)

The CIC requested, but was not permitted to inspect the SMU at USP Allenwood.

Special Housing Unit (SHU)

The Warden and her executive staff conduct weekly rounds of the SHU; certain departments conduct daily rounds. On the date of the CIC inspection, inmates were not able to continue educational or other programming while in the SHU. As of September 2014, however, the Allenwood complex had initiated educational programs for inmates in the SHU. Continuing programming in the SHU is a best practice.

Medical Care

USP Allenwood is a Medical Care Level III facility. Allenwood has a doctor, physician assistants, a pharmacist, a dentist, and dental hygienists on staff. Allenwood contracts out its specialty medical work or work that involves specific machinery, such as X-rays, lab work, and surgeries.

Mental Health Care

USP Allenwood is a Mental Health Care Level III facility. The facility has a relatively high number of inmates with high levels of mental health needs. Accordingly, Allenwood has more psychological staff than most facilities the CIC has inspected, including six psychologists.

At the time of the onsite CIC inspection, 30 inmates were receiving weekly mental health care services, and between 30 and 40 inmates were on anti-psychotic medication. The facility had plans to expand the weekly services from 30 inmates to between 80 and 100 inmates. In August 2014, 23 inmates were receiving weekly mental health care services. USP Allenwood also conducts a weekly tele-psychiatric clinic.

USP Allenwood has monitored suicide watch rooms. These rooms have a bed, mattress, and shower. Allenwood also has a trauma suicide companion program. Allenwood has plans to convert the 128-bed SMU into a 30-bed Mental Health Unit.

Facility practitioners are in communication and work in partnership with the DC Department of Behavioral Health (DBH) and the Court Services and Offender Supervision Agency of Washington, DC (CSOSA). They also work closely with University Legal Services (ULS), a DC

nonprofit organization that advocates for incarcerated DC residents with mental health needs and works to ensure continuity of care upon return to the District.

Residential Drug Abuse Program (RDAP)

RDAP is a voluntary residential treatment program available to inmates with a documented alcohol or substance abuse problem. RDAP uses cognitive behavioral therapy to teach improved decision-making and broad-based lifestyle change. RDAP includes a two-month Orientation Phase, a five-month Core Treatment Phase, and a two-month Transition Phase. Inmates may qualify for up to a year of sentence reduction through completion of the program.

Inmates who qualify begin with the residential treatment program. They live in the RDAP unit for a minimum of nine months and complete at least 500 hours of programming with staff, both individually and in groups. After successfully completing the residential portion of the program, inmates participate in follow-up treatment. FBOP guidelines state that follow-up treatment will primarily involve review of the concepts learned during residential treatment. At the time of the CIC visit, 27 DC inmates were in RDAP.

Challenge Program

The Challenge Program provides intensive, residential treatment for high-security inmates with substance abuse or mental health needs. Inmates with a history of drug abuse, mental illness, or both may qualify for the program. Depending on an inmate's diagnosis, the inmate may participate in the Drug Abuse Track or the Mental Illness Track. The Drug Abuse Track requires 500 treatment hours with staff over at least nine months of half-day programming. Programming does not take place on weekends or holidays. The Mental Illness Track calls for a specialized program, with programming hours based on the particularized need of the inmate.

Treatment proceeds in three phases: Orientation, Core Treatment, and Transition. Normally, the Orientation Phase lasts one month, Core Treatment lasts six months, and Transition lasts two months. Treatment progress reviews are conducted every 60 days and recorded in the Psychological Data System (PDS).

On the day of the CIC inspection, DC inmates constituted 25% of the Challenge Program. In August 2014, 60 inmates were participating in the Challenge Program at USP Allenwood.

Although, the Challenge Program is a residential treatment program similar to RDAP, it does not qualify inmates for reduced sentences. Instead, an inmate may receive a reduction in his security designation point total, which may qualify the inmate for transfer to an FCI. Inmates also earn \$120 upon completion of the program.

Computer, Email, and Phone

USP Allenwood has 66 computers available for use by inmates. The computers are secure and have no access to the Internet. Inmates use them mainly to access CorrLinks, the FBOP's secure email system, with two computers dedicated to email functions. They may also download music to MP3 players.

There is a computerized electronic law library in each unit, including the SHU. There are also seven additional law library computers at USP Allenwood.

Each inmate may pay for phone usage up to 300 minutes per month.

Meals

At the USP, Food Services employs 326 inmates in two shifts. A small preparation area is used for religious diet preparation. Allenwood has a high number of Muslim inmates, and this area is used to prepare Halal meals separate from other food. Staff stands mainline during the noon meal and is available to answer inmates' inquiries.

Religious Services

USP Allenwood has three chaplains and one assistant for Religious Services. The Religious Services Department, along with ten to 12 weekly volunteers, provides support for 18 different religious groups at the institution. In total, USP Allenwood has 99 badged volunteers.

Islam is the primary religious group at USP Allenwood. The facility has a religious library, a chapel, and an outdoor worship area. Religious groups have lockers to keep items for worship.

Educational Programs

Education at USP Allenwood is divided into three groups corresponding to grade levels: K-5, 6-8 (pre-GED), and 9-12 (GED). Monthly placement tests are available for inmates to advance. At the time of the CIC inspection, 37 inmates at USP Allenwood had completed their GED to date for 2013, including four inmates from DC. Additionally, 69 DC inmates were in the literacy program.

College correspondence courses are available as well. Six inmates, including one DC inmate, were taking correspondence courses at the time of the CIC inspection. USP Allenwood has 15 computers in the Vocational Training lab for inmate use.

Educational Indicators (FY 2012)

	Total Enrolled	Total Completed
GED Programs	318	38
ESL Programs	2	0
Parenting Programs	26	14
Post-Secondary Education	17	2
Occupational/Vocational Programs	47	15

UNICOR

UNICOR is a FBOP-wide program that employs inmates in the production of various items for government agencies and teaches skills necessary for employment and reentry. Employment in UNICOR reduces recidivism rates,³ and the program is highly regarded by inmates and staff.

USP Allenwood's UNICOR factory upholsters furniture used in various government offices. To be eligible for UNICOR, inmates must have a GED or high school diplomas. At the time of the CIC inspection, 17 DC inmates were employed at the UNICOR factory. A UNICOR factory at a USP is less common than at lower security level institutions, and this is a best practice.

Sentence Calculation Open House in Records Department

Both USP Allenwood and FCI Allenwood Low hold biweekly sessions with their Records Offices where inmates can review good time calculations, expected release dates, and other aspects of their sentences with a staff member. USP Allenwood offers inmates the opportunity to sit down with Records Office staff so that correct release dates can be established and incorrect dates can be addressed through an administrative remedy. These review sessions are a best practice, and the CIC recommends their adoption across the FBOP.

Reentry Services

The CIC recommends that USP inmates not be released directly to the community. Direct reentry may undermine rehabilitation efforts and increase risk of recidivism.

Although release directly from a USP is not ideal, USP Allenwood does have several best practices for reentry. The facility participates in quarterly Community Resource Day presented by the Court Services and Offender Supervision Agency of Washington, DC (CSOSA). Through videoconferencing, different government agencies and DC-based organizations provide information and resources for reentry in DC on topics that include housing, medical and mental health care, employment, training, education, and more. Participation is available to inmates with less than one year prior to release.

There are also a number of resources specifically tailored for DC inmates. USP Allenwood has a binder with DC job-search resources, and the Career Resource Center will make calls on behalf of inmates. Within 24 months of release, inmates may also attend an employment resource class.

Reentry staff at USP Allenwood noted problems with the Hope Village Residential Reentry Center located in DC. The CIC documented similar concerns in its May 2013 inspection report on Hope Village.

Administrative Remedies

The FBOP Administrative Remedy Program allows inmates to seek formal review of issues related to their own confinement.⁴ The process provides for three levels of review with corresponding filing forms: facility (BP-9), Regional Office (BP-10), and Central Office (BP-11). At each level, an inmate submits a request or appeal, which is reviewed by FBOP officials and either rejected or filed. All requests or appeals that are filed must be answered within specific time frames, and remedy of the issue may be granted at any level. The tables below provide an overview of the categories with the most numerous administrative remedy requests filed at each level, as well as requests filed by inmates relating to the SHU or DHO appeals.

Most Numerous Administrative Appeals: Facility Level (BP-9s)

Type of Appeal	Number Submitted	Number Rejected	Number Filed	Number Answered	Number Granted
Medical	57	11	46	2	2
Staff	34	6	28	0	0
Institutional Operation	26	8	18	23	0

Most Numerous Administrative Appeals: Regional Office Level (BP-10s)

Type of Appeal	Number Submitted	Number Rejected	Number Filed	Number Answered	Number Granted
DHO Appeals	107	51	56	10	7
Staff	37	29	8	0	0
Transfer	11	5	6	0	0

Most Numerous Administrative Appeals: Central Office Level (BP-11s)

Type of Appeal	Number Submitted	Number Rejected	Number Filed	Number Answered	Number Granted
DHO Appeals	20	5	15	1	0
Medical	15	7	8	0	0
UDC Actions	4	1	3	0	0

Administrative SHU/DHO Appeals Indicators

Administrative SHU/DHO Indicators	Number Submitted	Number Rejected	Number Filed	Number Answered	Number Granted
BP-9s (facility level) related to SHU	6	2	4	4	0
BP-10s (Regional Office) related to SHU	4	2	2	0	0
BP-11s (Central Office) related to SHU	2	0	2	0	0
BP-9s related to DHO appeals⁵	3	1	2	11	0
BP-10s related to DHO appeals	107	51	56	10	7
BP-11s related to DHO appeals	20	5	15	1	0

Inmate Concerns

The CIC collects inmate concerns and positive comments through a variety of sources, including phone conversations, mail and email correspondence, and inmate interviews during on-site inspections. The inmate concerns and comments delineated below are compiled from all of these sources. Efforts are made to reproduce concerns and comments in the words used by the inmate. However, information may be summarized or paraphrased when the concern or comment is too long or complex to report directly. All names, identifying information, and confidential information is removed from published concerns and comments.

The CIC conducted 25 inmate interviews on the date of the inspection. All the inmate concerns from the CIC interviews at USP Allenwood are included in the table below. The CIC also highlights the following inmate concerns and recommends the staff at USP Allenwood remedy as necessary.

Retaliatory Practices by Staff

Three inmates reported that correctional officers (COs) at Allenwood retaliate when inmates file administrative remedies. The CIC urges Allenwood staff to investigate these concerns and take necessary remedial steps.

Administrative Remedy Process

In addition to the serious concerns about retaliation, one inmate described the administrative remedy process as “a joke—lost paperwork, rejected grievances, high fees for filing in court.”

Medical Issues

Two inmates reported serious, life-threatening medical emergencies for which they did not receive appropriate medical care.

Problems with Case Manager

One inmate reported that “when he asks his counselor for assistance, the counselor acts like he is asking for too much, and does not want to help.” Inmates depend on case managers in many ways, and the assistance of this individual is integral to an inmate’s success.

Medical (11)

- | |
|---|
| <ul style="list-style-type: none">• Medical care is poor.• Medical is horrible. (2)• One inmate had a surgery. The doctor lost a stent inside of the inmate during the procedure. The inmate quoted a staff member who said “I wouldn’t let that doctor operate on my dog.” The doctor was subsequently fired.• One inmate had serious problems with subpar care for internal bleeding.• One inmate is in need of a physical and has not received one.• One inmate is not receiving necessary medical attention.• Medical care is focused on the financial ability of the inmate—if you put in a cop-out for sick call they will look at your account and if you have enough money then you will be seen. |
|---|

<ul style="list-style-type: none"> • \$2 charge to see the doctor. (2) <p>Psychology</p> <ul style="list-style-type: none"> • One inmate put in slip to see psychology about two weeks ago, and received no answer.
<p>Staff (10)</p> <ul style="list-style-type: none"> • The staff is racist. • Staff is known for taking property and not following regulations. • There is professional staff on during the day, while, at night, the guards are cruel and racist. • Night shift staff are very different from day shift. • One inmate was put in the hole for six months for telling a CO, “Don’t talk to me like a child.” • When one inmate asks his counselor for assistance, the counselor acts like he is asking for too much, and does not want to help. <p>Administrative Remedies</p> <ul style="list-style-type: none"> • One inmate reports that inmates are targeted if they file grievances. He filed a BP-9, and, after he did, his cell was ransacked and his trial transcript was in disarray. • Inmates are retaliated against for filing administrative remedy forms. • One inmate filed a grievance and immediately got a shakedown. Staff gets very aggressive when inmates file grievances. • Administrative remedy process is a joke—lost paperwork, rejected grievances, high fees for filing in court.
<p>Visitation (7)</p> <ul style="list-style-type: none"> • One inmate has had no visitation from family or loved ones while at USP Allenwood. • One inmate receives no visits from family and would like to be closer to home. • One inmate asks his family not to come to visit because the facility is so bad. • One inmate says the prison is too far for a visit from home. • One inmate says he has no communication with family, and that DC guys want to be close to home. • Allenwood is too far from DC. • One inmate would like video visitation.
<p>Education/Programming/Reentry (7)</p> <ul style="list-style-type: none"> • Education/programming does not continue in the SHU. • One inmate has had no programming since he entered. • One inmate has no access to trade programs. • Inmates are being warehoused, not being taught skills. • The education staff creates a psychologically uncomfortable environment. • There is nothing to rehabilitate inmates; there are programs, but they are no good. • One inmate will be released straight from the USP, with no halfway house time or time in a low-security institution.
<p>Sentence Computation/Transfer Issues (6)</p> <ul style="list-style-type: none"> • One inmate has sentence computation issues. • One inmate has 21 points, but has a Public Safety Factor (PSF) because of his sentence length and was denied a complex transfer.

<ul style="list-style-type: none"> • One inmate had problems with his points being inflated. • One inmate has had one infraction in eight years in the BOP, but he has never seen an FCI. • DC inmates have problems with the parole board, undetermined release dates, and do not receive the proper amount of good time credit. • One inmate is having problems getting his good time credit.
DC Inmates Treated Differently by Staff (4)
<ul style="list-style-type: none"> • There is stigma against DC inmates. They are not given the same opportunities as other inmates (e.g. programming opportunities). • Staff is biased against DC inmates. • Staff does not like DC inmates. • The DHO is prejudiced and racist, especially against DC guys.
SHU (3)
<ul style="list-style-type: none"> • Education/programming does not continue on the SHU. • If inmates are written up, they are sent to the SHU. (2)
Legal Mail (3)
<ul style="list-style-type: none"> • The facility is not following legal mail privileges. • Staff blocks mail from going out and open legal mail. • Staff opens legal mail.
Food (3)
<ul style="list-style-type: none"> • Inmate dropped from 180 to 130 pounds because the food is poor. • The food is horrible. • People get sick because of the food.
Other (4)
<ul style="list-style-type: none"> • One inmate does not feel human sometimes. • Canadian Geese—there are feces all over the yard affecting staff and inmates. • Geese feces in the yard are unsanitary. • Inmates can only shop in the commissary once a week.

Facility Responses to Inmate Concerns

<p>Medical</p> <p><i>Medical care at USP Allenwood is poor.</i></p> <ul style="list-style-type: none"> • Response: FCC Allenwood has the necessary in-house medical staff, expert community consultant staff and local medical facilities that can care for all types of medical issues. Additionally, FCC Allenwood is accredited by the Joint Commission on Accreditation of Health Care Organizations (JCAHO). The JCAHO is a nationally recognized organization that audits federal, state, county and private health care systems based on nationally accepted health care standards.
<p>Staff</p> <p><i>Several inmates reported that COs at Allenwood retaliate when inmates file administrative grievances. The CIC urges Allenwood staff to investigate these concerns and take necessary steps to ensure that COs are not punishing inmates for constitutionally-protected speech.</i></p> <ul style="list-style-type: none"> • Response: All misconduct allegations made against staff are thoroughly investigated. Staff are reminded yearly during annual refresher training of the consequences for their misconduct. Inmates are made aware of the Administrative Remedy Program during orientation and admission. Furthermore, inmates understand that they can appeal local decisions to the Regional Office, as well as the Central Office. <p><i>There is professional staff on during the day, while, at night, the guards are cruel and racist. Staff treat DC inmate differently.</i></p> <ul style="list-style-type: none"> • Response: BOP employees are to maintain a professional demeanor at all times. Any employee found in violations of Program Statement 3420, Standards of Employee Conduct is subject to prompt disciplinary action.
<p>Visitation</p> <p><i>One inmate would like video visitation.</i></p> <ul style="list-style-type: none"> • Response: Video visitation is an idea that is being explored by the BOP.
<p>SHU</p> <p><i>Education/programming does not continue on the SHU.</i></p> <ul style="list-style-type: none"> • Response: FCC Allenwood has initiated education programs for inmates quartered in the Special Housing Unit.
<p>Other</p> <p><i>Canadian Geese—there are feces all over the yard affecting staff and inmates.</i></p> <ul style="list-style-type: none"> • Response: FCC Allenwood is aware of the problems the Canadian Geese are causing. With the assistance of the Environmental Compliance Manager, Allenwood is currently exploring different ways to manage the problems caused by the Canadian Geese.

¹ Inmates and facilities are classified according to Medical Care Level. Inmate classifications are based on the medical 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 handle.

Inmates with Care Level 1 needs are generally healthy, under 70 years of age, and may have limited medical needs requiring clinician evaluation and monitoring. Examples of such conditions are mild asthma, diet-controlled diabetes, and patients with human immunodeficiency virus (HIV) who are stable and do not require medications.

Inmates with Care Level 2 needs are those who are stable outpatients, requiring at least quarterly clinician evaluation. Examples of such conditions are medication-controlled diabetes, epilepsy, and emphysema.

Inmates with Care Level 3 needs are fragile outpatients who require frequent clinical contacts, and/or who may require some assistance with activities of daily living, but do not require daily nursing supervision. This Care Level may include stabilization of medical or mental health conditions that may require periodic hospitalization. Other examples of this Care Level are patients with cancer in remission less than a year, advanced HIV disease, severe mental illness in remission on medication, severe congestive heart failure, and end-stage liver disease.

Inmates with Care Level 4 needs are severely impaired, and may require daily nursing care. Examples of such conditions are those with cancer in active treatment, dialysis, quadriplegia, stroke or head injury patients, major surgical patients, acute psychiatric illness requiring inpatient treatment, and high-risk pregnancy.

The DSCC designates those inmates with Care Levels 1 and 2. For those inmates with Care Levels 3 and 4, the designation decision will be made by the OMDT, as the medical need of the inmate is the primary factor in the designation decision.

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.

Care Level 1 inmates are less than 70 years old and are generally healthy but may have limited medical needs that can be easily managed by clinician evaluations every 6 months. Sub-specialty care is limited in that it is not regularly required and is completed in less than 3 months. This care level includes inmates with stable mental-health conditions requiring chronic care appointments and individual psychology or health services contacts no more than once every 6 months. The acute services required, such as crisis intervention, are less than 3 months duration, occur no more than every 2 years, and can be resolved without hospitalization.

Care Level 2 inmates are stable outpatients with chronic illnesses requiring at least quarterly clinician evaluations. These inmates independently perform daily living activities. The care level includes inmates with mental health conditions that can be managed through chronic care clinics or individual psychology or health services contacts no more frequently than monthly to quarterly. The acute services required, such as crisis intervention, are less than 3 months duration, occur no more than every 2 years, and can be resolved without hospitalization.

Care Level 3 inmates are fragile outpatients with medical conditions that require daily to monthly clinical contact. These inmates may have chronic or recurrent mental illnesses or ongoing cognitive impairments that require daily to monthly psychiatric health services or psychology contacts to maintain outpatient status. These inmates may also require assistance in performing some activities of daily living, but do not require daily nursing care. Inmates in this care level may periodically require hospitalization to stabilize the inmate's medical or mental health condition.

Care Level 4 inmates have acute medical or chronic mental health conditions resulting in severe impairments to physical and cognitive functioning. These inmates require services at Medical Referral Centers (MRC), such as the BOP's Federal Medical Centers (FMC), and may require varying degrees of nursing care.

OFFICE OF THE INSPECTOR GEN., U.S. DEP'T OF JUSTICE, THE FEDERAL BUREAU OF PRISON'S EFFORTS TO MANAGE INMATE HEALTH CARE (Feb. 2008), *available at* <http://www.justice.gov/oig/reports/BOP/a0808/final.pdf>.

² Although limited descriptions of Medical Care Level classifications are available in several FBOP or DOJ documents, information describing the Mental Health Care Level classifications is not available.

³ UNICOR is considered “one of the Bureau’s most important correctional programs that has proven to reduce recidivism.” Charles E. Samuels, Jr., Director, Federal Bureau of Prisons, Testimony Before the Subcommittee on the Constitution, Civil Rights, and Human Rights, U.S. Senate Committee on the Judiciary, Regarding “Reassessing Solitary Confinement: The Human Rights, Fiscal, and Public Safety Consequences,” (June 19, 2012), *available at* <http://www.justice.gov/ola/testimony/112-2/06-19-12-bop-samuels.pdf>.

⁴ FED. BUREAU OF PRISONS, U.S. DEP’T OF JUSTICE, PROGRAM STATEMENT NO. 1330.18, ADMINISTRATIVE REMEDY PROGRAM (Jan. 6, 2014), *available at* http://www.bop.gov/policy/progstat/1330_018.pdf.

⁵ FBOP regulations direct inmates to submit initial appeals of DHO decisions to the Regional Office level (BP-10) instead of the facility level (BP-9). FED. BUREAU OF PRISONS, U.S. DEP’T OF JUSTICE, PROGRAM STATEMENT NO. 1330.18, ADMINISTRATIVE REMEDY PROGRAM (Jan. 6, 2014), *available at* http://www.bop.gov/policy/progstat/1330_018.pdf.

The District of Columbia Corrections Information Council is an independent oversight body mandated by the United States Congress and the Council of the District of Columbia to inspect, monitor, and report the conditions of confinement at facilities with inmates from the District of Columbia operated by the Federal Bureau of Prisons, the District of Columbia Department of Corrections, and their private contract facilities.

Reverend Samuel W. Whittaker
Katharine A. Huffman

DC Corrections Information Council
1350 Pennsylvania Avenue, NW
Suite 533
Washington, DC 20004
Phone: 202.478.9211
Email: dc.cic@dc.gov
Website: <http://cic.dc.gov/>



**District of Columbia
Corrections Information Council**

This report is available in portable
document format at the CIC World
Wide Web Internet site:
<http://www.cic.dc.gov/>