District of Columbia
Corrections Information Council

Inspection Report

USP Lewisburg

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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 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 Council of the District of Columbia, the District of Columbia Deputy Mayor for Public Safety and Justice, 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.

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USP Lewisburg

Lewisburg, Pennsylvania
Date of Inspection: April 10, 2014
185 Miles from DC: 3.3 Hours by Car / Not Accessible by Bus or Public Transit

Demographics

- Security Level: High & Special Management Unit
- Medical Care Level: II
- Occupancy (Feb. 2014): 1,023
- DC Inmates: 123
- Racial Demographics: Black 51.8%, Hispanic 24.2%, White 18.6%, Other 5.4%
- Median Sentence Length: 168 months
- Median Age: 36

Areas of Concern

Assaultive Staff

- Inmates report excessive use of force on inmates by staff. Specifically, correctional officers assault inmates in locations without cameras, including the showers and back hallways.

General Mistreatment by Staff

Inmates report:

- Unprofessional, disrespectful, demeaning, and tortuous staff at Lewisburg.
- Staff misuse of restraints, including pain and permanent injuries resulting from application and overuse of restraints as well as the use of restraints for punitive purposes.
- Staff retaliation against inmates who file complaints, lawsuits, administrative remedies, and spoke with the CIC.
- Staff falsifying reports.

SMU Program

The SMU program is broken down into four levels and designed for completion in 18 to 24 months. Inmates in the SMU spend 23 to 24 hours per day in cells, programming via radio and packets.

- Inmates report the SMU programming is not effective or rehabilitative and there is no opportunity for productive use of time.
- Inmates report relatively high levels of program resets.[1] 37% of inmates report resets resulting in over 24 months in isolated confinement. Research demonstrates the detrimental effects of spending prolonged periods of time in isolated confinement.[i]

Returning to the Community from the SMU

- Several inmates will be released directly from the SMU, 23 hour lock down, directly to the community. This is a public safety concern for the DC community.
- Inmates report no reentry planning or programming at the SMU.

Lack of Mental Health Care

- Inmates report suicidal thoughts, suicide attempts, and unresponsive Psychology Services staff (not responding to cop-outs), as well as a denial of mental health services and necessary mental health medication.
- The lack of mental health care is particularly concerning with inmates in isolated confinement, which is a population with increased mental health care needs.

Failure of the Administrative Remedy Process

- The CIC reviewed FBOP information on administrative remedies submitted by inmates citing staff misconduct and staff assault.
  - 127 administrative remedies at the facility level, 242 at the Regional Office level, and 122 at the Central Office level were submitted citing staff misconduct.
  - 23 administrative remedies at the facility level, 23 at the Regional Office level, and 22 at the Central Office level were submitted citing staff assault.
- Inmates report lack of access to grievance forms and unanswered administrative remedies at the Regional Office level.

Communication Outside the Penitentiary

- Inmates report standard visitation difficulties involved with incarceration far from DC as well as multi-year denial of phone and visitation privileges resulting in very little communication with their family members, loved ones, the DC community, or individuals and organizations outside of the facility. These multi-year blanket denials privileges deny inmates which what is regarded as a crucial tool to successful reentry into their respective communities.
- Inmates report staff tampering with mail, including legal mail and administrative remedies, as well as staff monitoring legal phone calls.

Best Practices

Handling Separatees

- A significant percentage of SMU inmates have separatees[2] at Lewisburg. The calculated handling of separatees at Lewisburg is a best practice.

Cadre/General Population

- The general population has low numbers of significant incidents, and one inmate referred to the general population as "the best-kept secret in the BOP."

Radio Programming

- Lewisburg delivers programming to SMU inmates in their cells through radio programming. This is a creative response to the challenge of delivering programming to over 800 inmates in their cells for 23 to 24 hours per day.

Education

- Lewisburg has the highest GED passage rating in the region and the second highest in the nation.

Library

- The library staff at Lewisburg provides reading material to inmates in the SMU. Every two months, the library staff rotates up to 1,000 books in each unit.

Medical Care

- Lewisburg was one of only two facilities rated "Superior" for its medical care by the FBOP Program Review Division.

SMU Population Decreasing

- The SMU population has steadily decreased since its initiation.

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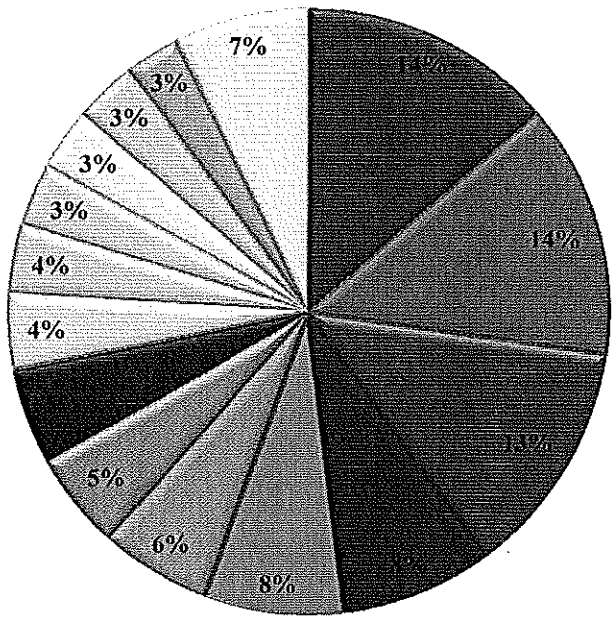
SMU Inmate Concerns

The CIC conducted 28 on-site interviews and received 42 letters from DC inmates at the SMU. The chart below outlines the 271 inmate concerns received from the 35 DC inmates who communicated with the CIC.



Assaultive Staff (37)	General Mistreatment by Staff (37)	Concerns with the SMU Program (34)
Overuse of Restraints (22)	Mental Health (21)	Mail, Legal Mail, and Legal Calls (16)
DHO Hearings/ Administrative Remedy Process (14)	Medical and Dental (14)	[illegible] (13)
Staff's Falsifying Reports (10)	Collusion on Other Inmates (9)	[illegible]
Attention and Communication (9)	Staff Retaliation (9)	[illegible]

Overview of Inmate Concerns

The CIC received information from 35 DC inmates in the SMU: Out of the 35 DC inmates in the SMU from whom the CIC received information:

Assaultive Staff

- 26 DC inmates reported excessive use of force by staff on inmates.
- 12 DC inmates informed the CIC that unprovoked staff assaults occur in areas where there were no cameras, including showers and back hallways.

Overuse of Restraints

- 17 DC inmates informed the CIC that staff at Lewisburg overuses restraints. Six DC inmates reported being in restraints for more than three consecutive days, while one reported being kept in restraints for 10 days.
- Out of the 17 DC inmates reporting overuse of restraints, 12 reported injuries resulting from overuse and application of restraints, including scars, swelling, and numbness.

Program Resets

- 13 DC inmates, 37% of the inmates who communicated with the CIC, reported being reset to Level 1.
- Out of the 13 DC inmates in the SMU who reported resets, 11 spent more than 24 months in the SMU, representing almost a third of the 35 inmates who communicated with the CIC. Seven of those inmates, 20% of the total inmates who communicated with the CIC, have spent more than three years in the SMU.

Phone/Visitation Denials

- 11 DC inmates informed the CIC that their phone privileges, visitation privileges, or both were taken, and six indicated multi-year denial of these privileges.

Psychology Services

- 10 DC inmates informed the CIC that they had contacted psychology to be seen and received no response.
- Eight DC inmates reported being taken off necessary medication for mental health needs at Lewisburg.

Racist Staff

- Seven DC inmates informed the CIC that the staff at Lewisburg is racist.

Release Dates

Out of the 117 DC inmates at Lewisburg:

- Three were scheduled for release within 12 months of the CIC inspection.
- Ten were scheduled for release within 24 months of the CIC inspection.

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Special Management Unit: General Information

United States Penitentiary (USP) Lewisburg was built in 1932 and opened its SMU program in 2009. Currently, the large majority of the inmates at the facility are housed in the Special Management Unit (SMU) as part of the FBOP Special Management Program. Around 200 inmates remain in the general population. The first part of this report details the information from the CIC inspection of the SMU and the FBOP response to the CIC report regarding the SMU, while the second part details the inspection of the two general population units at USP Lewisburg. The end of the report contains the facility information received from the Federal Bureau of Prisons (FBOP) concerning both the SMU and general population units.

As of February 2014, the facility incarcerated 1,023 SMU and general population inmates, including 123 DC inmates.[3] On April 10, 2014, the day of the CIC inspection, 821 inmates were in the SMU.

Subsequent to the CIC inspection, as a result of the declining population in SMU units, all existing SMUs were consolidated to USP Lewisburg. As of June 29, 2015, the SMU housed 1,159 inmates, including 124 DC inmates. The DC inmates at USP Lewisburg SMU represent 10.7% of the inmates at the SMU, although DC inmates only represent 2.5% of the total 208,598 inmates in the federal prison system as of June 2015. The following table provides a breakdown of the number of inmates in the four levels of the SMU program at USP Lewisburg in June 2015.

SMU Level	Total Inmates	DC Inmates	DC Percent
1	404	44	10.9%
2	418	47	11.2%
3	270	29	10.7%
4	67	4	6.0%

Out of the 124 DC inmates at the SMU in June 2015, four were scheduled for release in 2015. According to the FBOP, only one of those four was eligible for placement at a Residential Reentry Center (RRC, also known as a halfway house), while one was deemed inappropriate for placement and two will be released to detainers (pending charges) from the DC Department of Corrections. An additional eight inmates are scheduled for released in 2016, including three who will be released to detainers. The remaining five will be reviewed for RRC placement.

Special Management Program

The Special Management Program is a non-punitive[4] behavioral modification program for inmates with unique security and management concerns, including inmates in geographical groups or gangs and especially disruptive inmates. Inmates are referred to the program by the Unit Team at their current facility, and the referral is sent to the Warden and then the Regional Director for approval. Inmates are afforded a hearing to determine whether they meet the criteria for SMU designation. An inmate cannot call witnesses at the hearing, and the decision at the regional level can be appealed to the FBOP Central Office.

Inmates can be sent to an SMU for a number of reasons, as provided by FBOP policy.[5]

- Participated in disruptive geographical group/gang-related activity.
- Had a leadership role in disruptive geographical group/gang-related activity.
- Has a history of serious and/or disruptive disciplinary infractions.
- Committed any 100-level prohibited act, according to 28 CFR part 541, after being classified as a member of a Disruptive Group pursuant to 28 CFR part 524.
- Participated in, organized, or facilitated any group misconduct that adversely affected the orderly operation of a correctional facility.
- Otherwise participated in or was associated with activity such that greater management of the inmate's interaction with other persons is necessary to ensure the safety, security, or orderly operation of Bureau facilities, or protection of the public.

SMU inmates in Level 1 and Level 2 spend 23 to 24 hours a day in their cells,[6] with one hour of recreation each weekday, a phone call once per month, and video visitation on weekends. In the SMU, inmates progress through four levels of the program by reaching certain programming goals, earning more privileges at each level.[7] The four-level program is designed to be 18 to 24 months in length.[8] At the time of the CIC inspection, Level 3 and Level 4 were conducted at USP Allenwood. Inmates would complete Level 1 and Level 2 at Lewisburg and then transfer to USP Allenwood for the latter half of the program. However, as of the release of this report, the declining SMU population has resulted in the consolidation of all levels to USP Lewisburg.

Inmates participate in programming through the combination of radios in their cells and programming packets and workbooks. Staff has discretion to determine whether inmates should progress through the levels based on their programming and behavior. Additionally, if an inmate is found guilty of a disciplinary infraction, the inmate will "reset" in the SMU program and begin the program again at the start of Level 1.

The FBOP informed the CIC that the "SMU program is meeting the objectives of enhancing a safe and orderly environment at other institutions."[9] Two independent reports on segregated housing in the FBOP, however, stated that the FBOP does not maintain data and has not performed an assessment of the effect of segregated housing programs, including the SMU, on institutional safety.[10]

Separatees

Inmates who cannot cohabitate or have physical contact with each other due to safety concerns are called "separatees."[11] The process of ensuring separatees do not see or come into contact with each other can be difficult. On the day of the CIC inspection of Lewisburg's 821 SMU inmates, 372 had separatees. Individual SMU inmates have up to 14 separatees at the institution. Lewisburg staff manages this complexity with the assistance of a computer program called the Central Inmate Monitoring (CIM) System, which includes information on separatees and is constantly updated.

Debriefing

Inmates may take the opportunity to "debrief," or formally renounce their gang affiliation while incarcerated. Lewisburg had nine debriefs in 2013. At the time of the CIC inspection in March 2014, seven inmates had debriefed in that year.

Special Management Unit: Facility Inspection

Intake Procedure

Prior to an inmate's arrival, staff members at Lewisburg prepare for an initial meeting between the inmate and staff, also known as a "quay." Staff members first perform a detailed review of the inmate's history on TRUINTEL, the FBOP's central database, and check for any potential conflicts among the current inmates at Lewisburg.

When the inmate arrives, he meets with a panel of the executive staff, including the Warden and representatives from the Education Department, Psychology Services, Special Investigative Service, and the unit team. The staff members explain their expectations for the inmate and provide him with information on the SMU, including information related to programming, medical care, psychology, and other aspects of the facility.

Housing Units

In the SMU, inmates are housed with two persons in a cell. The CIC inspected a standard two-person cell at USP Lewisburg. The cell was approximately 6.5 feet by 9 feet, with a sink and toilet in the corner. The cell was heated by a steam pipe in the corner. The showers were in individual cages outside of the inmate cells. Inmates are transported to the showers in restraints and then have the restraints removed once in the shower cage. Inmates are also put in restraints for all other movement outside their cells.

The FBOP informed the CIC that the SMU includes five housing units with cells that average 8 feet by 11 feet 4 inches, including 200 SMU cells that are 9 feet by 12 feet 4 inches with a shower in the cell.

Medical Care

Lewisburg is designated for Medical Care Level I and II inmates.[12] Medical Care Level III inmates are transferred to USP Allenwood. The Health Services Department employs 31 full-time staff members and four contract employees. Paramedics are also on staff and some staff are ACLS (Advanced Cardiovascular Life Support) certified. At the time of the CIC inspection, Health Services had four vacancies.

Lewisburg has an urgent care room, which can cast simple fractures and perform wound care on-site. Lewisburg also has fully digital X-ray equipment, allowing staff to access images within 20 minutes. Specialists come to the facility to treat more complex cases. For emergency cases, inmates are transported to Evangelical Community Hospital, which is less than a mile from the prison.

The Health Services Department is required to conduct rounds twice a day, and usually conducts rounds three times per day. Rounds are a cell-to-cell check, with a medical staff member asking each individual how he is doing.

Physician assistants and nurses handle daily sick call, which is usually about 100 inmates per day. Inmates wait an average of 24 to 48 hours for a sick call. As of April 2, 2014, 429 inmates were on chronic care status. Medical doctors handle chronic care cases and generally see 30 chronic care inmates per week. SMU inmates wait in cages in a secure waiting room to be seen by medical staff.

The medical staff indicated that almost all inmates are on some kind of medication.[13] Pill distribution takes place at 6:00 AM each day, and medical staff members go to individual cells to distribute medication.

Lewisburg has comparatively low rates of MRSA and TB infections.[14] The CIC was informed that 15 inmates were diagnosed with HIV at the time of the inspection, 13 of whom were receiving medication for treatment. Lewisburg treats more people for Hepatitis C than any other FBOP institution. On the day of the CIC inspection, eight inmates were on active treatment for Hepatitis C. Medical staff was awaiting the release of a new drug to treat Hepatitis C, due to reach the market in the next 60 days after the inspection. In June 2015, the FBOP reported to the CIC that five patients had received treatments from the drug Harvoni[15].

The Health Services Department at Lewisburg was rated "Superior" by the FBOP Program Review Division in March 2014. Lewisburg was one of only two FBOP institutions that received the "Superior" rating for Health Services at the time.

Dental Care

Lewisburg has two full-time dentists, two dental assistants, and a dental hygienist. Urgent dental needs are treated promptly.

Mental Health Care

Lewisburg is designated for Mental Health Care Level I and II inmates.[16] Psychology Services staff includes four psychologists and 14 treatment specialists, for a total of 18 mental health staff. Treatment specialists conduct rounds on each unit twice per week, and a psychologist conducts rounds once per week. Psychology Services delivers the majority of mental health services directly on the cellblock. Interactions take place through the cell doors and vary according to inmates' requests.

Psychology programming at Lewisburg is based on cognitive behavioral therapy.[17] Lewisburg recently developed a new anger management program for inmates to complete in their cells. The program is recorded and plays over the radio several times each day. Inmates have homework and exercises and can share comments with other class members via hard copy.

Lewisburg also provides opportunities for individual counseling. Inmates can put in a cop-out (an inmate request form) to request a confidential session. With their current level of resources, Psychology Services cannot accommodate all inmate requests for confidential sessions.

Lewisburg has a Suicide Watch program, which include Suicide Watch cells with continuous video monitoring. Inmates who report suicidal thoughts are evaluated using the Jail Suicide Assessment Tool (JSAT), a standard assessment method. The risk assessment is conducted in a private setting. While an inmate is on Suicide Watch, staff evaluates the inmate using JSAT once per day. After an inmate is removed from Suicide Watch, a JSAT is conducted once per month.

Lewisburg also has a suicide companion program, where trained inmates observe other inmates on suicide watch. Inmate companions receive an initial eight hours of training, with a four-hour refresher course twice per year and a one-hour refresher course once per quarter. Suicide companions observe inmates on Suicide Watch in four-hour shifts. Lewisburg had six inmates on Suicide Watch over the nine months prior to the CIC inspection.

Meals

The Food Service Department employs 20 inmates from the general population along with 25 staff members. Lewisburg spends approximately $4.27 per day per inmate on food. All food is pre-packaged in hermetic seal and heated up at the facility. Certified religious diets are available as per FBOP policy.

Education

The Education Department administers classes through the SMU radio stations. Radio programming includes GED, English as a Second Language (ESL), and literacy classes, as well as vocational classes that focus on business information and business literacy. Inmates must participate in educational programming to qualify for transfer out of the Special Management Program.

The number of GED completions at Lewisburg is relatively high. Lewisburg is first in the region for GED completions and second overall in the FBOP. As of April 10, 2014, the day of the CIC inspection, 49 inmates had received their GEDs in 2014. The FBOP Northeast Region target for each facility for the year was 52 completions.

Religious Services

Among SMU inmates, 17 different religious groups are represented. Chaplains make rounds in the SMU two to three times per week. A volunteer priest goes cell to cell monthly and is available for confession and Eucharist. Inmates receive the Eucharist in recreation cages.

Religious Services staff coordinates the Prison Visitation Support program (PVS) volunteers at Lewisburg. PVS is an interfaith coalition that provides visitation services to persons confined in the FBOP. Sessions between SMU inmates and PVS volunteers are conducted through video visitation, which is described on page 6.

Accommodations for Inmates with Disabilities

Lewisburg has one wheelchair accessible cell with an in-cell shower equipped for wheelchair access. Staff informed the CIC that inmates with disabilities are rarely sent to Lewisburg and there were none in the facility at the time of the CIC inspection.

Phone, Mail, Email, and Visitation

Inmates are permitted to make one phone call per month in Level 1, which increases with successive levels. Inmates in the SMU do not have access to the FBOP email system, CorrLinks.

Pursuant to federal regulation, ordinary mail may be opened and inspected for contraband and content outside of an inmate's presence.[18] Special mail, including legal mail, must be opened in the recipient inmate's presence and inspected only for contraband.[19] For outgoing special mail, an inmate may seal the envelope prior to giving it to staff and the mail is not subject to inspection.[20]

Visitation is conducted through video visitation and is only available to immediate family members of the incarcerated individual. Visitors sit in a visiting booth and use a phone receiver to talk to their family member, and both parties can see each other on a video monitor. Visits are limited to one hour.

Recreation

Inmates are offered recreation time for one hour each weekday in outside recreation cages. Each cage can accommodate up to three inmates. During inclement weather, indoor recreation and a gymnasium are available. Staff spends significant time to ensure separatees are not placed in the same recreation cage or transported in the sight of their other separatees.

Administrative Remedy Program

The Administrative Remedy Program allows inmates to seek formal review of any issue related to their own confinement.[21] 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.[22] 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.[23] Information on the administrative remedy filings at the Lewisburg facility is contained on page 37 of this report, while recommendations for addressing the failures of the administrative remedy process are discussed on page 15.

Special Management Unit: Document Review

The CIC obtained consent from five DC inmates to conduct a review of their records. For the three inmates who had been at Lewisburg for at least a month, the CIC reviewed their BP-A0396 form (Hearing Administrator's Report on Referral for Designation to a Special Management Unit), two of their BP-A0951 forms (Special Management Unit 30-Day Conditions Review), and two of their BP-A0949 forms (Special Management Review Report). Two of the inmates reviewed were relatively new to Lewisburg, with less than one month at the facility, and did not have records available.

The Designation and Sentence Computation Center (DSCC) files Form BP-A0396 when an inmate is designated to the SMU.[24] It includes details on why the inmate has been sent to the SMU and a report on the evidentiary hearing conducted to make the determination. Of the three inmates with available records, one did not have his BP-A0396 available; another had a BP-A0396 that appeared to be for a different stay in the SMU and the final inmate had a BP-A0396, but it did not contain comments from the facility's psychology staff.

Form BP-A0951 is filed every thirty days by the facility during an inmate's stay in a SMU.[25] They are checklists regarding conditions of confinement, including:

Was the inmate interviewed?
Were daily health checks conducted?
Was a 30-day psychological review conducted?
Was the inmate allowed recreation, shower, and phone privileges?

BP-A0951 forms were present for the last two months for the three inmates who had records.

Form BP-A0949 is filed initially within 28 days of arrival, after the programming assessment, and then every 90 days during an inmate's time in a SMU.[26] The form evaluates an inmate's progress through the program. Of the three inmates with records available: one inmate's most recent BP-A0949 was up to date and complete; the second inmate's form indicated he had been promoted to Level 2; the third inmate had his last BP-A0949 filed six months before the inspection, and it was not complete (it did not note why the inmate had been reset to Level 1, although a previous form had noted that he was on Level 3 and was progressing toward Level 4).

The Government Accountability Office has also noted deficiencies in the documentation practices for SHUs and SMUs within FBOP facilities.[27]

Special Management Unit: Summary of 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.

On the day of the on-site inspection, the CIC interviewed 28 DC inmates in the SMU and 6 DC inmates in general population.[28] Additionally, before and after the inspection, the CIC received 42 letters from 22 inmates. Overall, the CIC received information about conditions of confinement at the Lewisburg SMU program from 35 inmates in the program. A summary of the information received from inmates is below, and all of the information reported to the CIC is provided in the table beginning on page 21 of this report.

Overall, the CIC interviews and communication with DC inmates at the SMU at Lewisburg indicated an ongoing pattern of violence and mistreatment by staff as well as multi-year confinement in isolated confinement. Additional details are provided below.

Assaultive Staff

- Out of the 35 DC inmates in the SMU from whom the CIC received information:
  - 26 reported unprovoked staff-on-inmate assaults at Lewisburg.
  - 12 reported unprovoked staff-on-inmate assaults in areas where there are no cameras, including showers and back hallways.
- Out of the 28 DC inmates in the SMU whom the CIC interviewed on-site, 21 reported unprovoked staff-on-inmate assaults.

Overuse of Restraints

- Out of the 35 DC inmates in the SMU from whom the CIC received information, 17 informed the CIC that staff at Lewisburg abuse restraints. Six DC inmates reported being in restraints for more than three consecutive days, and one DC inmate reported being kept in restraints for 10 days.
- Out of the 17 DC inmates in the SMU reporting staff abuse of restraints, 12 reported injuries resulting from overuse and application of restraints, including scars, swelling, and numbness.

SMU Resets

- Out of the 35 DC inmates in the SMU from whom the CIC received information, 13 (37%) reported being reset to Level 1.
- Out of the 13 DC inmates reporting resets, 11 spent more than 24 months in the SMU and seven reported being at the SMU for more than three years.

Phone/Visitation Denials

- Out of the 35 DC inmates from whom the CIC received information, 11 informed the CIC that their phone privileges, visitation privileges, or both were taken.
- Six DC inmates reported multi-year denial of these privileges.

Racial Actions and Comments by Staff

- Out of the 35 DC inmates in the SMU program from whom the CIC received information, seven informed the CIC that the staff at Lewisburg is racist.

Administrative Remedies

- Out of the 35 DC inmates from whom the CIC received information, six informed the CIC that their administrative remedy requests were not answered.
- The administrative remedy data from the FBOP citing staff misconduct overall and staff assaults at USP Lewisburg is provided below. Additional administrative remedy filings are provided on page 37 of this report. The level of staff assaults submitted by Lewisburg inmates through the administrative remedy process is the highest of any other penitentiary the CIC has inspected by a significant margin.[29]

Facility Level Requests (BP-9s) for Staff Overall				
Submitted	**Rejected**	**Filed**	**Answered**	**Granted**
127	40	87	1	1
Regional Office Appeals (BP-10s) for Staff Overall				
Submitted	**Rejected**	**Filed**	**Answered**	**Granted**
242	182	60	0	0
Central Office Appeals (BP-11s) for Staff Overall				
Submitted	**Rejected**	**Filed**	**Answered**	**Granted**
122	70	52	0	0
Facility Level Requests (BP-9s) for Staff Assaults				
Submitted	**Rejected**	**Filed**	**Answered**	**Granted**
23	10	13	13	1
Regional Office Appeals (BP-10s) for Staff Assaults				
Submitted	**Rejected**	**Filed**	**Answered**	**Granted**
23	12	11	0	0
Central Office Appeals (BP-11s) for Staff Assaults				
Submitted	**Rejected**	**Filed**	**Answered**	**Granted**
22	11	11	9	0

Lack of Mental Health Care

- Out of the 35 DC inmates from whom the CIC received information:
  - 10 informed the CIC that they contacted Psychology Services to be seen but received no response.
  - Eight reported being taken off mental health medication while in the SMU at Lewisburg.
  - Five reported suicidal thoughts. Three of these five inmates had attempted suicide while at Lewisburg.

Release Within 12 Months

- Out of the 123 DC inmates at Lewisburg at the time of inspection, three were scheduled for release within 12 months of the CIC inspection.
- Out of the 843 inmates at Lewisburg at the time of inspection, 70 were scheduled for release within 12 months of the CIC inspection.

Release Within 24 Months

- Out of the 123 DC inmates at Lewisburg at the time of inspection, ten were scheduled for release within 24 months of the CIC inspection.
- Out of the 843 inmates at Lewisburg at the time of inspection, 152 were scheduled for release within 24 months of the CIC inspection.

Special Management Unit: Recommendations

Investigate and Eliminate Abusive Staff Use of Force

The FBOP program statement entitled *Use of Force and Application of Restraints*, dictates the policy and procedures for staff use of force incidents, including the application and use of restraints.[30] This program statement is, in most cases, sound, effective, and promotes the safety and security of both staff and inmates. A summary of this program statement is below:
Use of Force. The FBOP authorizes staff to use force only as a last alternative after all other reasonable efforts to resolve a situation have failed.[31] When authorized, staff must use only that amount of force necessary to gain control of the inmate, to protect and ensure the safety of inmates, staff, and others, to prevent serious property damage, and to ensure institution security and good order. Importantly, force may not be used to punish an inmate.[32]
Use of Restraints. The program statement also outlines the proper use and application of restraints. Staff is authorized to apply physical restraints necessary to gain control of an inmate who appears to be dangerous because the inmate: assaults another individual, destroys government property, attempts suicide, inflicts injury upon self, or becomes violent or displays signs of imminent violence.[33] Restraints may not be used as a method of punishment or in a manner that causes unnecessary physical pain or extreme discomfort.[34]

Importantly, there are strict documentation and staff review requirements for all use of force incidents, including use of restraints.[35]

Based on the CIC inspection, Lewisburg SMU is not in compliance with this program statement. Out of all the DC SMU inmates the CIC was in communication with, 74% reported unprovoked staff-on-inmate assaults, 34% reported unprovoked staff on inmate assaults in showers, back hallways, and other areas where there are no cameras, and 49% reported misuse of restraints by staff.

Overall, the CIC recommends Lewisburg SMU staff stop the abuse reported above and conform their actions to be in compliance with the Use of Force Program Statement and this compliance be monitored by executive level staff at the facility, Regional Office, and Central Office levels. Specifically, the CIC recommends:

- **Lewisburg SMU staff stop the excessive use of force by staff on inmates, misuse and misapplication of restrains, and the culture of violence.** The FBOP should guarantee the safety of the inmates at Lewisburg and impose facility-wide clarity that use of force not in accordance with the applicable program statement is unacceptable and will lead to termination. The CIC recommends compliance with the applicable program statement be implemented and monitored at the facility, Regional Office, and Central Office levels.
- **The FBOP install cameras in all areas of the facility, including back hallways and showers.** Cameras in showers would be consistent with the requirements of the Prison Rape Elimination Act (PREA).[36] The CIC recommends FBOP staff outside of Lewisburg monitor the cameras. As the issue was raised in inmate interviews, FBOP staff should review recordings and monitor staff members who have covered cameras. In instances

where a camera was covered by a staff member, disciplinary action should be taken against that staff member.

- **Monitor the safety and well-being of DC inmates after the release of this report.** The FBOP should ensure the safety of all DC inmates upon release of this report, especially those who spoke with the CIC onsite, as many reported fear of staff retaliation for communicating with the CIC.
- **Conduct FBOP and DOJ investigations.** The FBOP and Department of Justice (DOJ) should investigate individual use of force claims submitted through the administrative remedy process and terminate all staff found to violate FBOP policy, applicable laws, and the US Constitution.

Assess the Effectiveness of the Special Management Unit

In the SMU, inmates participate in programming through the combination of radios in their cells and programming packets. SMU inmates are offered one hour of recreation each weekday, a phone call once per month, and video visitation on weekends. The four-level Special Management Program is designed to be 18 to 24 months in length. If inmates are convicted of a disciplinary infraction, they "reset" and begin the program again on day one of Level 1. The SMU results in a minimum of 18 months in isolated confinement.

Research has indicated that prolonged periods in isolated confinement, 23 to 24 hours a day in a prison cell, results in negative medical and mental health conditions, including headaches, heart palpitations, increased pulse, oversensitivity to stimuli, anxiety, nervousness, chronic depression, hallucinations, severe psychological stress, emotional instability, and perceptual distortions.[37] Isolation can also cause shrinkage in parts of the brain, resulting in loss of memory and spatial orientation as well as problems regulating emotions.[38] In addition, inmates in isolated confinement are over six times more likely to try to hurt or kill themselves than general population inmates.[39]

Out of the 117 DC inmates at Lewisburg, three were scheduled for release within 12 months of the CIC inspection and ten were scheduled for release within 24 months of the CIC inspection. Research demonstrates that release directly from isolated confinement into the community contributes to higher community crime rates. Specifically, inmates released directly from isolated confinement tend to commit new crimes sooner than inmates who had been transferred from segregation into the general prison population.[40]

Of the 35 DC inmates with whom the CIC was in communication, 37% reported projected or actual time spent in the SMU as greater than 24 months, resulting in isolated confinement for two years or more. Additionally, inmates in the SMU reported ineffective and non-rehabilitative radio and packet programming and no productive use of their 23 to 24 in-cell hours each day.

There are several recent reports and an official FBOP response addressing segregated housing in the FBOP, including a May 2013 U.S. Government Accountability Office (GAO) report,[41] a December 2014 FBOP commissioned report by CNA Analysis and Solution,[42] and the FBOP response to the CNA report.[43] There are several issues that remain unresolved in the CNA report and FBOP response, including the impact of FBOP segregated housing policies on prison safety and the effect of long-term segregated housing on inmates.[44]

Based on the nature of the SMU, research on the effects of isolated confinement, communication with inmates in the SMU, and conversation with staff at Lewisburg, the CIC recommends that the FBOP:

- **Alter the content and structure of the Special Management Unit.** The SMU should be redesigned to significantly decrease the length of the program. The short term medical and mental health effects of isolated confinement are detrimental to inmates and do not contribute to successful rehabilitation or reintegration.

- **Decrease the amount of time spent in isolated confinement each day.** The SMU program at Lewisburg should be redesigned to provide additional hours of out-of-cell programming, exercise, and recreation each day.
- **Address the underlying mental health needs of inmates.** The SMU programming should include evidence-based psychology programming proven to be rehabilitative, including trauma-based cognitive behavioral therapy and increased out-of-cell educational and program opportunities.
- **Provide inmates further communication opportunities with family members, loved ones, reentry resources, and other individuals and organizations outside of USP Lewisburg.** Multi-year denial of phone and visitation privileges, in addition to staff tampering with mail, limits and may prohibit necessary communication outside the facility. The communication is essential for reentry and community safety upon release, mental well-being, and the will to succeed during and after incarceration. Six inmates informed the CIC that their phone and/or visitation privileges had been revoked for continuous periods of up to 15 years. American Bar Association guidelines state that any restrictions on an inmate's personal visitation, mail, and opportunities to speak with other persons should never constitute such a lengthy, complete denial.[45] The CIC highlights this as an area of special concern given the gravity of the harm to inmates and relative ease with which issue could be remedied.
- **Avoid releasing inmates directly from the SMU to the community.** Inmates released directly from isolated confinement are more likely to commit a new crime than inmates released from the general population. Release from isolated confinement to the community is a public safety issue, and one about which DC is particularly concerned.
- **Investigate staff falsification of incident reports resulting in program resets for inmates, and remedy inmates program status upon finding false reporting.**

Address the Failure of the Administrative Remedy Process

The Administrative Remedy Program enables inmates to redress concerns about their conditions of confinement and is a precursor to filing a lawsuit seeking to redress related issues.[46] The program statement on this topic, entitled *Administrative Remedy Program,* has four objectives for the program:

- Serve as a procedure by which inmates will be able to have any issue related to their incarceration formally reviewed by high-level FBOP officials;
- Ensure each request will be responded to within the allotted time frames;
- Provide a record of Administrative Remedy Requests and Appeals; and
- Ensure FBOP policies will be more correctly interpreted and applied by staff.

The Warden, Regional Director, and Central Office General Counsel are responsible for the implementation and operation of the Administrative Remedy Program. Specifically, these individuals shall put a process in place to receive, record, review, investigate, and respond to Administrative Remedy requests and appeals. Importantly, a thorough investigation should be conducted into each request or appeal. Notably, if the request is an emergency that threatens the inmate's immediate health or welfare, the Warden shall respond no later than the third calendar day after filing.

The Administrative Remedy Request process includes four steps and levels: an informal complaint at the facility level, an Administrative Remedy request at the facility level through a BP-9 form, an appeal to the Regional Director through a BP-10 form, and an appeal to the General Counsel through a BP-11 form.[47] 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. In certain situations, where the issue is sensitive and an inmate's safety is in jeopardy, the inmate may file a grievance directly to the Regional Director, avoiding facility communication on this topic.

Through the CIC inspection, the CIC found two deficiencies in the Administrative Remedy process—first, a lack of response to Administrative Remedy requests and appeals, and second, a lack of thorough investigation of Administrative Remedy requests and appeals.

Receiving and Responding to Administrative Remedy Requests. Six inmates reported receiving no response after submitting an Administrative Remedy request.

Thorough Investigation of Administrative Remedy Requests and Appeals. Inmates reported no action taken by the FBOP to remedy the grievances submitted through the Administrative Remedy process. Record review indicates that inmates are submitting Administrative Remedy requests and appeals at the facility, Regional Office, and Central Office level citing staff misconduct and staff assault, but the grievances are not being remedied.

Specifically, at the facility level for the 12 month period prior to the CIC inspection:

- 127 Administrative Remedy requests were submitted citing staff misconduct;
  - Out of this 127, 40 were rejected for technical reasons, 87 were filed, one was answered, and one was granted.
- 23 Administrative Remedy requests were submitted citing staff assault,
  - Out of this 23, 10 were rejected for technical reasons, 13 were filed, 13 were answered, and one was granted.

At the Regional Office level for the 12 month period prior to the CIC inspection:

- 242 Administrative Remedy appeals were submitted citing staff misconduct;
  - Out of this 242, 182 were rejected for technical reasons, 60 were filed, zero were answered, and zero were granted.
- 23 Administrative Remedy appeals were submitted citing staff assaults;
  - Out of this 23, 12 were rejected for technical reasons, 11 were filed, 11 were answered, and zero were granted.

At the Central Office level for the 12 month period prior to the CIC inspection:

- 122 Administrative Remedy appeals were submitted citing staff misconduct;
  - Out of this 122, 70 were rejected for technical reasons, 52 were filed, zero were answered, and zero were granted.
- 22 Administrative Remedy appeals were submitted citing staff assaults;
  - Out of this 22, 11 were rejected for technical reasons, 11 were filed, 9 were answered, and zero were granted.

In addition to the document review, the inmate reports at Lewisburg demonstrate a failure of the Administrative Remedy process. Inmates submitted administrative remedy forms at all levels, and the process failed to redress serious inmate grievances.

Based on the communication with inmates in the SMU and the review of FBOP documents reporting Administrative Remedy filings by topic, the CIC recommends:

- **The FBOP and DOJ investigate the failure of the Administrative Remedy process at Lewisburg SMU.** The FBOP and the DOJ should launch an investigation to determine why the Administrative Remedy process has failed to detect or remedy the unprovoked excessive use of force by staff on inmates at the Lewisburg SMU. Additionally, the FBOP and the DOJ should determine how similar failures of the Administrative Remedy process can be prevented.
- **Monitor inmate Administrative Remedy submissions.** Lewisburg executive staff should ensure all grievances handed to staff by inmates are submitted to the Administrative Remedy process. Staff at the Regional Office should monitor the submission of Administrative Remedy requests and appeals to ensure submission of the forms at the facility. The actual submission of Administrative Remedy forms is an imperative precursor to an effective administrative remedy process.
- **Staff conduct thorough investigations into submitted Administrative Remedy requests and appeals, and take remedial action when necessary.** In particular, the CIC recommends that staff review camera footage and other physical evidence as part of routine investigations, allow for review of excessive use of force claims by a qualified use of force and medical specialists, and ensure all information is contained in the response to the inmate.

- **Provide inmates a contact outside of the facility for sexual and physical abuse complaints.** Provide inmates with a contact outside of the facility for submitting a grievance citing sexual assault or harassment and physical assault. It is also imperative this contact be made known to all inmates upon initial admission and orientation, and the information should be readily available in the Inmate Admissions and Orientation Handbook for the facility.
- **Investigate and develop alternative methods for dealing with disciplinary infractions that do not simply reset the offending inmate at Level 1, Day One of the SMU program.** An objective behavioral management system must contain appropriate sanctions that result from prohibited behavior, but this punishment alone does not prevent the future reoccurrence of such behavior. Across-the-board resetting as a consequence for any and all misbehavior reinforces a highly negative dynamic between inmates and staff, prevents the inmates from learning in a positive way from mistakes, and is not supported by behavioral modification models.[48]
- **The FBOP review policies that allow for the rejection of grievances on technical reasons, especially for potentially substantial claims, and allow for substantive grievances to be remedied.**

Provide Necessary Mental Health Care and Medication

The FBOP program statement entitled *Treatment and Care of Inmates with Mental Illness*[49] provides policies and procedures for delivering mental health services to inmates with mental health needs, including inmates in the SMU. Overall, institutions are required to provide mental health services to inmates with mental illness, and the Psychology Services staff is to identify the needs of inmates with mental illness and provide treatment.

In accordance with FBOP policy, the mental health status of each inmate is evaluated prior to and during SMU placement. Certain inmates cannot be placed in the SMU. An inmate is excluded when:

- Placement would interfere with the inmate's participation in necessary mental health treatment interventions;
- The inmate's mental health makes it unlikely he could successfully progress through the phases of the SMU; or
- Placement in the SMU is likely to exacerbate an inmate's mental health condition.

Prior to SMU designation, inmates classified as Mental Health Care Level II, III, or IV, as well as inmates receiving psychiatric medication, are reevaluated by Psychology Services staff to review the appropriateness of SMU placement based on the mental health status of the inmate. Additionally, the FBOP reviews inmates for possible removal from the SMU if the inmate has significant mental health issues or cognitive limitations that makes placement inappropriate, or the inmate begins to experience symptoms of a serious mental illness following placement in a SMU.

With respect to the SMU and other restrictive housing units, the FBOP recognizes that an inmate's mental health may deteriorate during a restrictive housing placement and the program statement addresses safe guards and guarantees through periods of restrictive housing. Inmates are to be removed from their cells for private or extended interviews with Psychology staff as a standard procedure. Additionally, all inmates with mental illness in the SMU are required to receive, at a minimum, face-to-face mental health contacts consistent with the type and frequency indicated by their care level, to the extent feasible.

Notably, one objective of this program statement is to reduce the proportion of inmates in the SMU and other restrictive housing "through informed disciplinary processes, initial screening procedures, enhanced treatment in these settings, and strategies for successful reintegration into the general population." Staff is to evaluate whether the inmate is competent or responsible for prohibited acts and whether sanctions are inappropriate based on the inmate's mental health status. Sanctions that limit social support, including loss of visitation or phone privileges, may not be appropriate for inmates with mental illness who use these privileges as part of their treatment or recovery.

Based on the CIC inspection, particularly conversations with Psychology Services staff and communication with inmates, Lewisburg SMU is not complying with and implementing all the provisions in the program statement. During the CIC inspection, Psychology Services staff indicated that their department is not staffed adequately enough to respond to all requests for

services from inmates, and that staff must decipher between inmates that have true mental health needs and those that have ulterior motives. The lack of adequate Psychology staff is particularly concerning with inmates in isolated confinement, which is a population with increased levels of mental health care needs, as the FBOP recognizes.

Out of the 35 DC inmates from whom the CIC received information: 10 informed the CIC that they contacted psychology to be seen but received no response, eight reported being taken off mental health medication while in the SMU at Lewisburg, and five reported suicidal thoughts, with three of those five having attempted suicide while at Lewisburg.

The CIC, therefore, recommends the FBOP:

- **Increase the number of mental health staff in Psychology Services.** All additional staff members should have degrees in psychology, social work, or a related mental health field. Additionally, they should have prior experience providing mental health services to individuals. The staffing increase should result in the provision of appropriate levels of mental health care and medication to Lewisburg inmates, especially inmates with suicidal thoughts.
- **Transform the culture of Psychology Services.** The Psychology Services staff should analyze each request for services individually and treat each request with concern. Additionally, staff should receive training on the symptoms of mental illness to ensure symptoms are not misinterpreted as disciplinary issues or a form of manipulation.
- **Decrease the number of inmates with mental illness in the SMU.** Remove all Mental Health Care Level III and IV inmates, as well as inmates with symptoms of serious mental illness, including suicide attempts and suicidal thoughts.
- **Investigate the inmates taken off psychiatric medication while at the Lewisburg SMU.**

Increase Staff Diversity and Facility Transparency

Staff Diversity. Lewisburg executive staff reported that, although Lewisburg was a sought-after post within the FBOP, the geographical area of the country makes staff diversity a problem.
The CIC recommends that the FBOP hire or relocate more diverse staff members to Lewisburg.

Facility Transparency. Importantly, there is a lack of transparency at Lewisburg, especially with multi-year denial of visitation and phone privileges, unauthorized monitoring of legal mail and non-legal mail by staff, unsent and unanswered inmate grievances, and the isolated nature of the SMU Program.
The CIC recommends the FBOP:

- **Implement twice a year monitoring by FBOP staff outside of Lewisburg;**
- **Implement regular independent monitoring of the SMU;**
- **Begin monitoring SMU staff compliance with legal mail provisions; and**
- **Increase facility transparency by decreasing the use of the multi-year denial of visitation and phone privileges, and inviting more volunteers into the SMU to offer additional opportunities for general and faith-based programming.**

Additionally, the CIC will conduct a follow-up visit to monitor the SMU compliance with FBOP program statements and the implementation of recommendations contained in this report.

Special Management Unit: Inmate Concerns

Total Concerns Reported: 271

Assaultive Staff (37)

- Staff is abusive. [x3]
- Staff beat inmates.
- "They torture us here."
- COs assault people daily.
- Staff physically and sexually assault inmates.
- Staff assault and harass inmates and use unnecessary force.
- COs put inmates in stretchers.
- Staff assaulted inmate.
- Staff at the SMU has assaulted inmate.
- Staff has assaulted one inmate several times since his arrival at Lewisburg.
- One inmate observed staff "bust" another inmate's head open.
- Inmates are shackled and then punched with fists by staff.
- Staff stomps on inmates while they are handcuffed.
- Inmate was assaulted by staff while in ambulatory restraints.
- Inmate was handcuffed behind his back and beaten by COs, who called him "n****r" during the attack.
- Inmate was physically assaulted by correctional officers and then placed in hard restraints just after sustaining injuries from the assault.
- Staff slam and beat inmates while inmates are in restraints. Staff tries to break you, literally.
- Staff will put people in the shower and mess their faces up.
- Officers get inmates in the showers where there are no cameras and beat them.
- There are safety concerns around camera placement.
- One inmate saw a CO slam the head of a handcuffed inmate where there are no cameras.
- One inmate reports that the COs at Lewisburg are "famous for" pushing inmates down the stairs where there are no cameras.
- One inmate was out of view of cameras with his hands cuffed behind his back, and staff slammed his face against the wall and beat the inmate with their fists and feet. Other COs falsely claimed the inmate assaulted staff as a precursor to the staff assault.
- Staff put inmates in the showers and beat them.
- Staff takes the inmates into the showers and beat them while they are handcuffed.
- One inmate was beat up by staff. COs threw him face-first into the shower, and he still is injured from the assault.
- One inmate has scars on his side, legs, ankle, and wrists from being beaten in the shower. [The inmate showed these scars to the CIC during the interview.]
- Inmates are beaten up in the showers because there are no cameras there. They need to install cameras in the showers.
- Staff take inmates into the showers where there are no cameras, then beat them.
- COs f*** you up here where there are no cameras, like on the back steps. Staff later said the inmate "slipped" down the stairs.

- There are blind spots where cameras do not exist; this is where staff beat inmates up.
- There are no cameras in the stairways.
- COs will do bodily harm to inmates. They get people in the showers and hallways, and put cups and bags over the cameras.
- Staff falsely accused inmate of assaulting staff to justify assaulting the inmate.
- One inmate was assaulted by a CO and reported this to both the FBOB Regional Office and Central Office.

General Mistreatment by Staff (37)

- Staff is unprofessional.
- Staff is unprofessional; their morals and ethics are atrocious.
- Inmate is disrespected every day by officers.
- The culture here is bad.
- Dealing with staff is hard.
- Staff hates inmates.
- Great discrimination and discomfort against sex offenders and homosexual inmates.
- Staff pushes inmates to fight.
- Inmates have been tortured, threatened, and humiliated for months, including being denied showers, recreation, and legal counsel.
- One inmate is traumatized by staff treatment at Lewisburg.
- One inmate feels the staff is out to destroy him.
- Staff is racist.
- COs use racial slurs.
- One inmate was called "n****r" by COs.
- Staff verbally abuse inmates, call them "n****r."
- There is racial discrimination at Lewisburg.
- DC inmates have it bad.
- DC inmates are targeted and automatically deemed violent.
- DC inmates are labeled as a gang.
- There are cruel and harsh conditions for DC inmates. DC inmates are being tortured psychologically, physically, and emotionally.
- Staff maces inmates.
- One inmate was having a seizure and staff sprayed him with mace because they thought he was faking.
- Staff maced someone with asthma and they died.
- Recreation is taken away for having an apple in one's cell, or really for anything.
- Inmate stands at door for 45 minutes waiting for recreation, but if he sits or turns his back for even a second, staff will say he denied recreation.
- Inmate is denied recreation, visitation, access to telephone, and cannot speak to family, including his mother who is elderly and sick.
- Staff takes inmates' bedding and forces inmates to sleep on the metal bed.
- One inmate had his radio taken for two months because of a 300-level offense.
- Staff found a knife in a recreation cage and gave an inmate a knife shot even though it was not his knife; the inmate was reset to Level 1.
- While searching an inmate, one staff stated, "I want to see the pink of your a**, bend over

and spread them."

- One inmate didn't want to go to his cell because he feared his life was in danger. The case manager told him that if he didn't go, they would "beat his ass" and put him in restraints.
- Staff set up inmate three times. On one occasion, he was attacked by another inmate, was bleeding, and pushed the stress button. COs came to his cell, saw him bleeding, walked off, and said "F*** inmate up."
- If no one in your cell is up to take your food tray, staff will shake down your cell.
- Inmate was attacked by dogs.
- Inmate filed claims against COs, staff, and the Warden for misconduct, retaliation, discrimination, sexual assault, physical assault, destroying legal documents, and singling out individuals for certain acts.
- Inmate is pursuing criminal and civil charges against the Warden due to mistreatment at Lewisburg.

Concerns with the SMU (34)

- This place is hell.
- This place is bad.
- Locked down 23 hours for the five days during the week and 24 hours the other two days.
- Inmate is held in his cell all but two hours per week. He is denied visitation, library access, and programming.
- Being on lockdown status longer than three years is considered cruel and unusual.
- SMU program is unconstitutional and infringes on inmates' rights.
- Key concerns with the SMU program are retaliation, humiliation, mental anguish, psychological damage, segregation, disgusting conditions, and deprivation of privileges.
- All we do at Lewisburg is sit in the cell all day and look at the walls.
- No reading books are available.
- The SMU program has no incentives, and no recreation classes or exercise at all.
- Programs are not therapeutic and lack rehabilitation.
- There is no pre-release planning.
- There is no rehabilitation at Lewisburg.
- One inmate will be released to DC directly from SMU.
- The institution is not safe and inmate is in fear every day of his life.
- Transformation is hard here. Communication and disposition of inmates and staff is very different. Body language is misinterpreted – inmate is seen as threat and aggressor.
- Guys do want to change, but the program does not help them.
- Inmate has been at Lewisburg for two years and was recently reset to Level 1.
- Inmate has been at Lewisburg for 60 months, was reset, and is now on Level 1.
- Inmate has been at Lewisburg for 13 months and is now at Level 2.
- Inmate has been at Lewisburg since 2010; he was reset and is now at Level 1.
- Inmate has been at Lewisburg for three years and is now on Level 1.
- Inmate has been in SMU for 4.5 years.
- Inmate has been housed in the SMU for 53 months. He has received numerous extensions to be kept at Lewisburg.
- Inmate has been at Lewisburg since 2013 and is now at Level 2.
- Inmate has been at Lewisburg for a year and was just reset to Level 1. He will likely be

released directly from the SMU program without RRC time.

- Inmate has been housed in the SMU for the last 54 months.
- Inmate has been held in the SMU for over two years.
- Inmate has been in SMU since 2012.
- Inmate was reset from Level 3 to Level 1 after staff put a razor in his call and placed the inmate in paper cloths.
- Inmate recently discovered that he is not supposed to be in the SMU, but no one will assist him.
- Inmate is at Lewisburg because he filed lawsuits.
- Inmate has been incarcerated since 16; he will be released directly from the SMU.
- Inmate requests that someone "get him the hell out" of Lewisburg and put him in a better facility.

Overuse of Restraints (22)

- Inmate was kept in restraints for three days.
- Inmate was shackled for three days. The shackles were put on too tight.
- Inmate was put in restraints for four days.
- Inmate was left in restraints for ten days.
- Inmate has been put in restraints more than five times.
- Staff makes restraints "bone tight."
- Inmates have bruises from restraints.
- Inmate was beaten by an officer and put in restraints for three days without any medical care. Inmate still has marks and scars from the chains that burned through his skin.
- Inmate was in restraints for three days. The restraints were "very tight." It was "the most agonizing experience of my life." The inmate has scars from this application. [The CIC observed the scars on the inmate during the interview.]
- Inmate's hands were swollen and bruised from restraint application.
- Inmate was put in restraints that cause swelling and bruising.
- Inmate has nerve damage to his hands and legs as a result of restraints.
- A belly chain was applied so tight that the inmate has scars around his stomach.
- Inmates are put in steel ambulatory restraints (i.e. belly chain, ankle chains, and extremely tight handcuffs), and the restraints are used to intimidate, torture, and punish any inmate who rebels against the cruel conditions.
- Inmate has been placed in restraints so tight he feels they have permanently injured his wrists.
- Inmate has scars from being in restraints. [The inmate showed the scars to the CIC during the interview.]
- Staff puts inmates in restraint for anything. Inmates have gashes from restraints.
- Staff accuses inmates of being "threats" as a pretext to put them in restraints.
- Inmate was put in restraints and assaulted by staff for refusing a cellmate. He now suffers nerve damage to both hands, has lost feeling, and has numbness. The restraints caused wounds on wrists, stomach, and ankles. Inmate was also forced to defecate and urinate in his pants because the restraints were so tight that he could not remove his pants.
- Inmate was placed in ambulatory restraints for more than 60 hours (after a staff assault). As a result of their application, he has damage to his wrists and fingers. Medical has not assisted with any of his medical issues concerning his wrist.

- Inmate was put in restraints for a day because he cut himself. After this incident, staff took his property and he was also denied medical care for the injury from the suicide attempt.
- Inmate has a medical diagnosis that requires he be single-celled, which has been denied. At times, he's been forced to sleep in restraints, during which time he has fallen and injured himself.

Mental Health (21)

- Psychology does rounds two times per month. During rounds, they walk by and look in the cell.
- Psychology comes around and passes out books and slips. Inmate has not had a screening or evaluation by psychology.

Lack of Medication

- Inmate has been denied necessary mental health care.
- Inmate diagnosed with bipolar disorder and depression was taken off his medications due to allegations that his cellmate was taking them.
- Inmate was on depression medication and was taken off for misuse. The misuse infraction was dismissed, but the medication was not restored.
- Inmate, with a history of mental illness, has written to Psychology Services on several different occasions about his mental health symptoms, but he has not been receiving his psychotropic medication. He says he is hopeless and experiences suicidal thoughts, loss of sleep, an inability to concentrate, sadness, and extreme frustration.
- Inmate with depression and a history of mental illness received prior mental health treatment in the FBOP system but was taken off of psychotropic medications at Lewisburg.
- Inmate suffers from several mental illnesses, but he has been taken off of his psychotropic medication and is not receiving any mental health treatment.
- Inmate was diagnosed with bipolar disorder, schizophrenia, ADHD, and depression. He was taken off medication and not put on anything else.
- A nurse said that the inmate refused to take his mental health medication, when he had not. This resulted in the inmate being taken off mental health medication. His mental state has become worse. He has exhausted the administrative remedy process to get back on his medication and still is not.

Suicide Attempts

- Inmate has attempted suicide before and if he doesn't get out of the SMU soon, he will commit suicide. He has contacted Psychology, but hasn't received any response.
- Inmate's mood fluctuates and he thinks of death, but he cannot access mental health services. He does not have suicidal thoughts while on mental health medication, but Psychology will not place him on medication at Lewisburg.
- Inmate attempted suicide while at Lewisburg.
- Inmate can't get psychological help, despite a history of mental illness and a previous suicide attempt at Lewisburg; "everything is self-help." There is no telepsych available.
- Inmate wrote to Psychology because he was feeling down after a family member died. He felt he might hurt himself. Staff did nothing about it.

Lack of Treatment

- Inmate had panic attacks. Psychology staff did nothing.
- Inmate is depressed and Psychology will not see him despite reaching out to the department.

- Inmate submitted numerous cop-outs for Psychology, but they were not answered. The last time he saw Psychology was nine months ago. He attempts to talk to Psychology on rounds, but it doesn't work.
- Inmate hears voices and Psychology only provides self-help books on depression.
- After a staff assault and use of iron ambulatory restraints, inmate was denied appropriate psychology services.
- Inmate has mental and physical illnesses, including PTSD and bipolar disorder. He has been in the SMU at Lewisburg for four years.

Mail, Legal Mail, and Legal Phone Calls (16)

- Staff exposes letter contents to other inmates.
- Staff rips up pictures and does not deliver mail.
- Staff tampers with inmate mail. The family member of an inmate received an empty envelope.
- Staff switches inmate letters that are intended for different recipients, and the intended recipients do not receive their letters.
- Inmate's mail is being messed with.
- Inmate cannot get stamps.
- Inmate's mail is not going out or coming in. He did not receive the CIC mail.
- Mail is sent out by inmates but never reaches its destination. Mail is discarded and thrown away.
- Inmate is not receiving his legal mail.
- Inmate fears for his life when he sends out legal mail.
- Staff throws away legal mail and refuses to give legal calls.
- Legal mail is monitored.
- Legal phone calls are monitored.
- Inmate missed a legal deadline because his mail did not go out.
- Inmate's legal mail was torn up. Staff wrote on inmate's letter.
- Outgoing correspondence cannot be sealed. It can be read and analyzed by staff.

Problems with Administrative Remedy Process (14)

- Inmate cannot get administrative remedy forms. [x3]
- When inmates file grievances, they don't hear back.
- Inmate had two cop-outs disappear. The CO told him he was wasting his breath and his time.
- Inmate submitted an administrative remedy form and the form was never sent out.
- Inmate filed numerous administrative remedies, including one for staff assault, and never received anything back.
- Inmate has filed multiple regional-level grievances about Lewisburg and has not heard back.
- Gave administrative remedy form to counselor, but he did not receive a response, and he does not believe it was ever sent out.
- Inmate believes the Regional Office is aware of what goes on at Lewisburg as the Regional Office responded to an administrative remedy he filed about staff assault and responded with "take it up with the Warden."
- Regional Office does not assist.

- Inmate exhausted all remedies on a medical care and staff assault issue, and he still has not received any positive results.
- Inmate filed over 200 administrative remedies and has been transferred five times in 1.5 years.
- Inmates have no access to the Warden.

Medical and Dental (14)

- Inmate has been denied necessary mediation.
- Inmate is not receiving medical attention or treatment.
- Inmate's medical issues have gone untreated at Lewisburg.
- Inmate has been denied medical care.
- Inmate has serious medical issues that are not being addressed by the medical staff.
- Inmate has asthma and put in many cop-outs, but he didn't receive medical attention or an inhaler for more than three months.
- Inmate died by a spider bite because he did not receive treatment on time.
- Inmate wrote a cop-out for serious medical issues; the PA told him, "Oh, that's stress."
- Inmate has back problems and was given Tylenol.
- Inmate has severe pain. Medical has not seen him, but has fabricated and falsified medical records.
- Nurses are covering up inmate's injuries from assaults.
- Inmate has been waiting to receive repair a dental issue for several months.
- Inmate put in a dental cop-out six months ago and has not seen Dental yet.
- Inmate has been trying to get his teeth cleaned for three years.

Multi-Year Denial of Phone and Visitation (11)

- Inmate lost phone privileges for five years.
- Inmate lost phone privileges for six years.
- Inmate may not make phone calls until 2016.
- Inmate's phone privileges were suspended until 2020.
- Inmate's phone privileges were taken for 13 years.
- Inmate's phone privileges were taken for 15 years.
- Inmate lost phone for eight months. He tried to appeal this decision but doesn't know if it went out because never received a response.
- Inmate's visitation privileges were taken away. [x2]
- Inmate's visits were taken away.
- Inmate lost visitation privileges.

Staff Falsifying Reports (10)

- Staff claims that inmates assault staff to justify staff beating inmates. [x2]
- Staff files false reports.
- Staff falsifies incident reports.
- Inmate completed all of his assignments, and when he reached the end of the program, COs falsified reports against him so that he had to reset back to Level 1.
- Inmate has been written up with two false incident reports.
- Staff falsifies documents regarding use of restraints.
- Staff is setting inmates up by placing weapons and other contraband in their cells.
- Here, there's no such thing as clear conduct if they don't want you to be clear.

- COs will rip inmates' clothing and give them an infraction for it. They place razor blades in inmates' cells.

Visitation and Communication (9)

- Lewisburg is too far from DC. [x2]
- Inmate doesn't get visits.
- Inmate received no visitation.
- Inmate has not had visits since his arrival at Lewisburg over 18 months ago.
- Inmate does not want visitors to come to Lewisburg. [x2]
- Video visits aren't worth it here.
- Inmate does not want his family to travel for video visits; he wants to have human contact with visitors.

Problems with Cellmates/Other Inmates (9)

- Inmate was put in a cell with a hostile inmate.
- Inmate is concerned his cellmate will harm him.
- The only way you can get a change in cellmate is by fighting.
- There are fights in recreation.
- There are constant inmate-on-inmate assaults or fights, several of which have resulted in deaths.
- Inmate was put in a cell with "people that are not programmed."
- Staff puts cellmates together to "fuck with you." If an inmate refuses a cellmate, there are problems, and inmates are shackled and punched with fists, threatened, and cursed at by staff.
- Inmate was assaulted by his cellmate. After the assault, he did not receive emergency care but was told to put in a request for a sick call. He suffered extensive injuries, required surgery, and still has complications. This inmate only received care three months after the assault.
- DC inmates are forced to live with other violent and psychologically impaired inmates from other groups or gangs in cells that are extremely small and unsanitary. If inmates refuse to cell with another inmate, they are written up for refusing an order and threatened.

Problems with Facility and Housing (9)

- During the summer, in-cell temperatures reach 105. There is no air in the cells.
- There is no A/C or heat, and the cells exceed 100 degrees.
- Cells are too hot. There is no air conditioning or cooling system.
- There is no air in the cells during the summer.
- Cells are not ventilated.
- The prison is old and lacks air and heat.
- The rooms are too small.
- Cells are not properly cleaned, and proper cleaning supplies are not provided. Also, cells where pepper spray has been used aren't subsequently cleaned. Inmate isn't provided with cleaning supplies to clean cell.
- There is an insect and mouse problem.

Staff Retaliation (8)

- Inmate feels targeted because he files complaints.
- Inmate has an open civil action and experiences retaliatory acts by the staff.
- Staff retaliates against inmates for filing administrative remedies. Retaliation includes taking his mattress, taking recreation for six days, and setting him up for inmate assaults.
- Staff are going to retaliate against one inmate because he has exhausted all of his administrative remedies against the institution
- Inmate does not feel safe due to racist, corrupt, unprofessional COs and fears further misconduct, harassment and, retaliation.
- Staff will make a red mark on a specific inmate's cell; inmates with red marks are "targeted," resulting in COs kicking the door among other things.
- Inmate knew COs would retaliate against him for speaking to the CIC.
- Inmate says staff recorded his interview with the CIC, and COs are retaliating against him for speaking with the CIC.

Other Concerns (20)

DHO

- Inmates cannot defend themselves against complaints.
- The disciplinary process is one-sided; inmates do not get to defend themselves when accused of wrongdoing.
- Inmate asked the DHO to review a camera to show his innocence. The DHO refused and told the inmate to file an appeal.

Other

- Inmate has not received his 210 days of good time credit.
- Inmate cannot get his good time credit.
- Inmate found out his sentence is messed up and is trying to get that fixed.
- Inmate is mistakenly listed as having a life term, which prevents him from earning good time.
- FBOP fails to properly compute DC Superior Court inmates' parole eligibility dates.
- Inmate reported a legal error of parole guideline.
- Inmate can't get toothpaste.
- Inmates only received one shower three times per week. [x3]
- Staff does not use gloves for food service
- Food portions are slim to none.
- Inmate doesn't leave his cell because he wants to avoid problems.
- All COs are family members. [x2]
- There is a punitive block, with flaps on the windows of the cells.
- Inmate feels targeted because of his sexual orientation and does not feel safe. He does not feel staff protect him.

Special Management Unit: FBOP Response

After the CIC inspection process was complete, the CIC provided the FBOP with a draft version of the USP Lewisburg report for review of factual information and requested responses to several follow-up questions. The FBOP responses to the CIC requests are incorporated throughout the report when relevant, and the additional response regarding the inmate concerns and the CIC findings and recommendations is below.

FBOP Response

The Special Management Unit (SMU) Program

The SMU at USP Lewisburg began accepting inmates for the program in February 2009. The SMUs were created in response to violent, confrontational, and defiant inmates who were using their gang affiliations to control other inmates, threating the safe and orderly operations of many Bureau prisons. In addition to establishing SMUs a variety of other changes were made to operations at high security institutions. In the years that followed, as the rate of serious assaults and lockdowns declined so did the SMU populations. The development of SMU was part of an effective strategy for responding to challenges in managing the high security inmate population. Currently, there are 1159 inmates in the SMU at Lewisburg, of those 124 (11%) are D. C. Superior Court offenders.

Inmates who meet the following criteria may be referred to SMU:

- Participated in disruptive geographical group/gang-related activity.
- Had a leadership role in disruptive geographical group/gang -activity.
- Has a history of serious and/or disruptive disciplinary infractions.
- Committed any 100-level prohibited act, according to 28 CFR part 541, after being classified as a member of a Disruptive Group pursuant to 28 CFR part 524.
- Participated in, organized, or facilitated any group misconduct that adversely affected the orderly operation of a correctional facility.
- Otherwise participated in or was associated with activity such that greater management of the inmate's interaction with other persons is necessary to ensure the safety, security, or orderly operation of Bureau facilities, or protection of the public.

The program consists of four levels differentiated by the conditions of confinement and expected time frames for completion.

The expected time for completing Level One is four months. Interaction between inmates is minimal with the exception of a cellmate, and they are ordinarily restricted to their assigned cells. They are only permitted to be out of their cell to attend medical appointments, visits if appropriate, one hour of recreation five days a week and shower three days a week if there is no shower in the cell. All programming conducted at this level is in the cell via radio programing and workbooks or through assignments delivered to the inmate in his cell by Education and Psychology staff.

The expected completion time for Level Two is between six and eight months and the activities and conditions are very similar to Level One. In Level Two inmates are permitted more personal property and an additional phone call each month.

The expected completion time for Level Three is between six and eight months. In this level inmates are permitted to interact with each other in an open, but supervised setting, attend programming in small groups together, use the telephone more often, and they have 75 minutes out of their cells five days a week. They are also permitted to have more of their personal property.

The expected completion time for Level Four is between two and four months. At this level inmates must be able to demonstrate their sustained ability to coexist and interact appropriately with other individuals and groups in the unit. Inmates will continue to participate in counseling programs outlined in Level Three and may be considered for the same personal property privileges as general population inmates. Ordinarily, inmates who complete this level will be redesignated to the general population of another facility.

Inmates will not progress through the levels if they demonstrate a lack of responsibility in programing; are a disciplinary problem; or are unwilling to coexist and interact appropriately with other individuals and groups in the unit.

During the CIC inspection, Levels Three and Four of the program were conducted at other institutions. However, as the population of the SMUs has declined, the program is being consolidated and inmates are now participating in all levels at USP Lewisburg[.]

Inmates in SMU continue to be reviewed for Residential Reentry Center (RRC) placement. Inmates nearing release are initially reviewed for placement between 17 and 19 months from their release date. Within a year of release, if RRC placement has not yet been approved, they are subsequently reviewed every 90 day [sic]. All inmates are reviewed for placement based upon the five factors in the Second Change Act [sic].

At this time, there are four D. C. Superior Court offenders scheduled to release [sic] from the Bureau of Prisons in 2015. One has been approved for an RRC, one has been deemed inappropriate for RRC placement, and two will be released to detainers lodged by the D.C. Department of Corrections. Eight inmates are scheduled for release in 2016. Three are releasing to detainers, and the remaining five will be reviewed for RRC placement.

Current SMU Level Breakdown

Level One	=	404 inmates	44 are D.C. Superior Court offenders
Level Two	=	418 inmates	47 are D.C. Superior Court offenders
Level Three	=	270 inmates	29 are D.C. Superior Court offenders
Level Four	=	67 inmates	4 are D.C. Superior Court offenders

There are 1880 inmates (still incarcerated) that have completed the SMU program and are functioning appropriately in general populations. Of the completions, 360 (20%) of them are no longer in a high security facility.

The SMU program is meeting the objectives of enhancing a safe and orderly environment at other institutions and is appropriately redesignating inmates who complete SMU to general population.

Staff Use of Force

The CIC received information, via interview or letter, from 35 of the 124 DC inmates housed at USP Lewisburg. As a result of this communication, the CIC asserts USP Lewisburg SMU is not in compliance with the program statement, Staff Use of Force and Application of Restraints. All allegations of misconduct, including those regarding Use of Force, are taken seriously and thoroughly investigated.

There are two types of Use of Force, Calculated and Immediate. Calculated Use of Force occurs in situations where an inmate is in an area that can be isolated (e.g. a locked cell, a range) and where there is no immediate, direct threat to the inmate or others. When there is a calculated Use of Force, staff must first determine if the situation can be resolved without resorting to Use of Force. Calculated Use of Force permits the use of other staff (e.g., psychologists, counselors, etc) to attempt to resolve the situation non-confrontationally. All Calculated Uses of Force are conducted at the direction of a senior correctional supervisor (lieutenant) only with the prior approval of the Warden. Calculated Uses of Force are well documented; the entire process is videotaped and reviewed by Executive staff at the institution and the regional level.

Immediate Uses of Force may occur when the inmate's behavior constitutes an immediate, serious threat to himself, staff, or others, property, or to institution security and good order. Staff may respond with or without the presence or direction of the supervisor. Additionally, Immediate Uses of Force are not videotaped; however, surveillance cameras often capture these Uses of Force. Immediate Use of Force incidents are also reviewed at the institution level. After each instance of an Immediate Use of Force, an After Action Review Board consisting of the Warden, Associate Warden of Custody, Captain, and the Health Services Administrator review the circumstances surrounding the incident. The incident is also officially documented.

Inmates who communicated with the CIC claimed staff inappropriately applied and utilized restraints. All staff are trained in the application and use of restraints. In any Use of Force situation or forcible application of restraints, the inmate is examined by qualified health personnel and any injuries are noted and immediately treated. In addition, in the rare situation in which progressive restraints are required, inmates are checked every 15 minutes.

Use of the term "Solitary Confinement"

The Bureau does not have solitary confinement. Inmates in restrictive housing are typically confined in double occupancy cells. Additionally, inmates in every cell are checked on by staff every 30 minutes and visited throughout the day by staff from each department. While USP

Lewisburg does have two cells used to house inmates who temporarily need to be housed alone, at the time of the CIC inspection no inmate required such housing.

Denial of Phone Privileges and Social contact with outside organizations

The Bureau encourages communication and visiting by family, and friends, to maintain the morale of the inmate and to develop closer relationships between the inmate and family members or others in the community. Many SMU inmates had lost their telephone and visiting privileges as a result of disciplinary sanctions prior to arriving at USP Lewisburg. Despite disciplinary sanctions, all inmates are afforded the opportunity to maintain community ties via written correspondence. Upon the completion of disciplinary sanctions, inmates are offered the opportunity to communicate via phone, email, and visiting. Additionally, regardless of any sanctions imposed, inmates are encouraged to participate in the Prison Visitation Support program.

Medication, Mental Health Care and Suicide

The draft report recommends the Bureau increase the number of mental health staff in Psychology Services; transform the culture of Psychology Services; decrease the number of inmates with mental illness in the SMU; and investigate the inmates taken off psychiatric medication while in the SMU.

All Bureau psychologists have advanced degrees in Psychology and are well versed in mental health treatment. The psychologists at USP Lewisburg work closely with the Clinical Director to determine which inmates are in need of medication to treat their mental health symptoms.

The Bureau has been reviewing the best manner in which to house inmates with serious mental illness who cannot function in general population and who may pose a serious danger to other inmates and staff. We will continue to develop additional quality programs for inmates with mental health issues.

The Bureau believes its Special Management Unit at USP Lewisburg is vital to the safety of the entire Bureau and its overall mission. We are reviewing the inmate concerns and are working toward making improvements as needed.

The Bureau recognizes the value of the CIC inspections of its facilities and the voice it provides the D.C. Superior Court offenders. We hope to continue working closely to improve the Bureau facilities and raise awareness with regard to these offender's needs.

General Population: Facility Inspection

The general population at Lewisburg is called "the cadre," and at the time of the CIC inspection consisted of both federal and DC Code offenders. Inmates in the cadre hold various jobs around the institution, including in Food Service, laundry, and janitorial services, as well as in other essential roles, assisting the much larger facility as a whole in day-to-day operations.

Education

Cadre inmates have full access to Lewisburg's educational staff. Inmates take classes in the morning and have access to a wide range of classes, including college courses. Health and wellness programming is available on computers in the library.

Recreation

Lewisburg has an indoor gym with a parquet floor that can be used for basketball, volleyball, or indoor soccer. Recreation areas also include racquetball courts, a bowling alley, outdoor fields for various sports, a music room, several TV rooms, and an area designated for a spinning class. Inmates can also participate in several intramural sports leagues.

Library

The Lewisburg library is large compared to other libraries the CIC has toured. It is decorated with mosaics and has 13,000 books. Cadre inmates have access to *USA Today* and the *Wall Street Journal.*

Religious Services

Eleven different religious groups are represented among cadre inmates and Lewisburg has space for all represented religious groups to hold religious services. The facility has lockers for each religious group to keep sacred items secure. Religious Services staff is available for the cadre inmates and a religious library is maintained with books and DVDs.

General Population: 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 six cadre inmate interviews on the date of the inspection. All the inmate concerns from the CIC cadre interviews at USP Lewisburg are included in the table below. Cadre inmates had positive reports for the CIC. One inmate called the Lewisburg general population "the best-kept secret in the FBOP."

All Concerns (11)
• One inmate wants DC to get a facility of its own.
• Stop scattering DC inmates across the country. This is a culture shock and family ties give people hope.
• One inmate wants to be closer to home.
• There is a lot of resistance by the FBOP when DC inmates work to get into lower security level facilities; there's a stigma associated with being a DC offender.
• Stigma on DC inmates.
• Case manager is not submitting one inmate's paperwork because of his sentence.
• One inmate is litigating his sentence calculation.
• Feds do not know how to compute DC Superior Court sentencing.
• Jailhouse lawyers are targeted.
• The GED teacher barely ever comes in; inmates tutor each other.
• One inmate was charged $140 for $50 worth of stuff in the commissary.

General Population: Inmate Positive Comments

All Positive Comments (4)
• It feels safer at Lewisburg in the general population.
• There is low racial tension.
• The general population at Lewisburg is the "best-kept secret" in the FBOP.
• One inmate just wants to stay at Lewisburg.

Facility Information: Demographic Data

Source: Federal Bureau of Prisons.

Total Inmates	1,023
DC Inmates	123 (12% of population)

Racial Breakdown (All Inmates)	**Total Number**	**Percentage of Population**
Black	530	51.8%
White	438	42.8%
Other	55	5.4%

Ethnic Breakdown (All Inmates)	**Total Number**	**Percentage of Population**
Hispanic	248	24.2%
Non-Hispanic	775	75.8%

Inmate Sentence Information	
Number of inmates with data available	1,020
Mean sentence (months)	214.8
Median sentence	168
Mean time remaining (new law/old law)	122.5/113.8
Median time remaining (new law/old law)	73/79.5

Months to Release	**Number of Inmates (843 with data)**	**Percentage of Population**
0-12 months remaining	70	8.3%
13-60 months remaining	294	34.8%
61-120 months remaining	218	25.9%
121 months or more remaining	261	31%

Offense Type	**Number of Inmates (1,020 with data)**	**Percentage of Population**
Violent offenders[50]	565	55.4%
Drug offenders	274	26.9%
Sex offenders	19	1.9%

Facility Information: Educational Indicators

FY 2013	**Enrollments**	**Completions**
GED Programs	304	59
ESL Programs	34	21
Parenting Programs	1,736	1,775
Post-Secondary Education	16	20

Facility Information: Administrative Remedy Program

Administrative Remedy Filings: Staff Indicators

	Number Submitted	Number Rejected	Number Filed	Number Answered	Number Granted
BP-9s (facility level): Total for Staff	127	40	87	87	1
BP-10s (Regional Office): Total for Staff	242	182	60	0	0
BP-11s (Central Office): Total for Staff	122	70	52	39	0
BP-9s (facility level): Assaults by Staff	23	10	13	13	1
BP-10s (Regional Office): Assaults by Staff	23	12	11	0	0
BP-11s (Central Office): Assaults by Staff	22	11	11	9	0

Other Administrative Remedy Filings: Facility Level (BP-9s)

Type of Appeal	Number Submitted	Number Rejected	Number Filed	Number Answered	Number Granted
Medical	168	40	128	10	3
Institutional Operation	69	33	36	63	0
Mail	43	19	24	2	0
UDC Actions[51]	43	13	30	7	1

Other Administrative Remedy Filings: Regional Office Level (BP-10s)

Type of Appeal	Number Submitted	Number Rejected	Number Filed	Number Answered	Number Granted
DHO Appeals[52]	490	300	190	32	25
Medical	126	58	68	6	1
Institutional Operation	44	22	22	67	1

Other Administrative Remedy Filings: Central Office Level (BP-11s)

Type of Appeal	Number Submitted	Number Rejected	Number Filed	Number Answered	Number Granted
DHO Appeals	200	93	107	8	0
Programming	66	32	34	7	0
Medical	50	19	31	2	0

Facility Information: Significant Incidents

Source: Federal Bureau of Prisons. Data for all of 2013.

Significant Incident History[53]	
Institution locked down	0
Inmate suicides	0
Inmate homicides	0
Inmate deaths from natural causes	0
Assault on inmate, with weapon	6
Assault on inmate, without weapon	71
Assault on staff, with weapon	0
Assault on staff, without weapon	80
Attempted assault on inmate, with weapon	0
Attempted assault on inmate, without weapon	3
Attempted assault on staff, with weapon	0
Attempted assault on staff, without weapon	31
Escape from secure facility	0
Escape from non-secure facility	3
Sexual act, non-consensual, on inmate	No data provided
Sexual assault on staff	No data provided
Sexual contact, abusive, on inmate	No data provided
Chemicals used	No data provided
Use of force	No data provided
Use of restraints	No data provided
Form 583 reports filed (reports to Central Office)[54]	No data provided

Facility Information: Medical Indicators

Source: ADA audit conducted August 7, 2011. Average daily inmate population for that period: 1,567.

Deaths	
Total deaths, 12-month period	4
Unexpected natural deaths	0
Deaths by suicide	0
Suicide attempts	0

Communicable Disease Indicators

HIV	
Highest number of HIV-positive inmates indicated in ACA audit	19
Inmates on antiretroviral treatment at a given point in time	15
Inmates at a given point in time who have been on antiretroviral treatment for at least 6 months with a viral load of less than 50 cps/ml	9
Inmates diagnosed with HIV at a given point in time in ACA audit	19
Tuberculosis	
Inmates who are new converters on a TB test, indicating new infection within last 12 months	37
Inmates tested for TB in the last 12 months	1,557
Inmates treated for latent TB in the last 12 months	12
Inmates who completed treatment for latent TB in the last 12 months	7
Hepatitis C	
Inmates diagnosed with Hepatitis C at a given point in time	252
MRSA	
Inmates diagnosed with MRSA within the last 12 months	4
Other Health Indicators	
Diabetic inmates reviewed	94
Diabetic inmates at a given point in time under treatment for at least six months with hemoglobin A1C level measuring less than 9%	3
Completed dental treatment plans during last 12 months	10
Inmate admissions to off-site hospitals	47
Inmates transported off-site for treatment of emergency health conditions	35
Specialty consults completed	1,325
Specialty consults ordered	1,657
Mental Health Indicators	
Number of offenders diagnosed with an Axis I disorder (excluding sole diagnosis of substance abuse)[55] at a given point in time	297

Endnotes

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[*] The CIC appreciates the work of all the legal interns who dedicated time to this report. The CIC thanks Georgetown University Law Center interns Chris Scott, Connor Curtin, Michelle Harrison, and Aaron Hesson, and American University Washington College of Law interns Brendan Valentine and John Kowalko. Subsequent to his internship, John Kowalko became our Legal Fellow.

[i] For the purpose of this report the term *isolated confinement* is defined as confinement of an inmate to a cell with one other inmate for 23 to 24 hours per day seven days a week. While in isolated confinement the inmate's activity, movement, and social interaction are restricted.

[1] The Special Management Program is a four level program designed to be 18 to 24 months in length. If an inmate is convicted of a disciplinary infraction, the Special Management Program is reset from the current level to day one of Level 1.

[2] Separatees are inmates who should not be confined to the same institution with each other because of credible threats to their safety, unless the institution has the ability to prevent physical contact between the inmates. The staff at Lewisburg also attempt to prevent visual contact between separatees.

[3] The phrase "DC inmates" refers to inmates at the facility who are sentenced under the DC Code.

[4] The FBOP describes the SMU as "non-punitive" in its policy statements.

[5] FED. BUREAU OF PRISONS, U.S. DEP'T OF JUSTICE, PROGRAM STATEMENT NO. 5217.01, SPECIAL MANAGEMENT UNITS (Nov. 19, 2008), *available at* http://www.bop.gov/policy/progstat/5217_001.pdf.

[6] The CIC uses the phrase "solitary confinement" to describe confinement of an individual to a cell for over 22 hours a day with minimal human contact. The FBOP maintains that it does not have solitary confinement at USP Lewisburg because "[i]nmates in restrictive housing are typically confined in double occupancy cells" and are checked on by staff throughout the day. The CIC use of the phrase "solitary confinement" refers to any segregated, restricted, or isolated housing where inmates are confined to a cell for over 22 hours a day with minimal human contact. The presence of a cellmate or routine checks by staff do not amount to a level of human contact to significantly change the qualitative nature or effects of the solitary confinement on the individual when confined to the cell for over 22 hours a day.

[7] In Level 1, inmates are provided one phone call per month and five hours of recreation time per week, and participate in all programming in their cells. In Level 2, inmates are permitted more personal property and an additional phone call each month. In Level 3, inmates are permitted additional personal property and phone use, attend programming in small groups outside their cells, and have 75 minutes out of their cells per week. In Level 4, may be permitted to have the same personal property as the general population and continue participation in small groups.

[8] Level 1 is expected to take four months, Level 2 is expected to take six to eight months, Level 3 is expected to take six to eight months, and Level 4 is expected to take between two to four months.

[9] For more information, see the FBOP response included at the end of the report, starting on page 30.

[10] *See* U.S. GOV'T ACCOUNTABILITY OFFICE, BUREAU OF PRISONS: IMPROVEMENTS NEEDED IN BUREAU OF PRISONS' MONITORING AND EVALUATION OF IMPACT OF SEGREGATED HOUSING, GAO-13-429 (May 2013), *available at* http://www.gao.gov/assets/660/654349.pdf ("BOP has not assessed the extent to which all three types of segregated housing units—SHUs, SMUs, and ADX—impact institutional safety for inmates and staff. . . [W]ithout an assessment of the impact of segregated housing, BOP cannot determine the extent to which placement of inmates in segregation contributes to institutional safety and security. Such an assessment is also important to inform DOJ and congressional decision making about the extent to which segregation meets BOP's key programmatic goals for institutional safety."); *see also* KENNETH MCGINNIS ET AL., CNA ANALYSIS & SOLUTIONS, FEDERAL BUREAU OF PRISONS: SPECIAL HOUSING UNIT REVIEW AND ASSESSMENT (Dec. 2014), *available at* http://www.bop.gov/resources/news/pdfs/CNA-SHUReportFinal_123014_2.pdf (reviewing currently available research and concluding, "it is not clear if there is a causal relationship between segregation policies and institutional safety").

[11] The FBOP defined "separatee" to the CIC as: "Inmates who should not be confined at the same institution or program site with other inmates because there is a creditable threat to their safety. Exceptions are allowed when the institution has the ability to prevent physical contact between the inmates."

[12] 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. While FBOP Program Statements do not define the classification levels, other FBOP and DOJ documents describe the four levels.

> Inmates with Care Level I 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.

[13] Prescription medication is the most common treatment for federal prison inmates. DORIS J. JAMES & LAUREN E. GLAZE, BUREAU OF JUSTICE STATISTICS, U.S. DEP'T OF JUSTICE, MENTAL HEALTH PROBLEMS OF PRISON AND JAIL INMATES (2006), *available at* http://www.bjs.gov/content/pub/pdf/mhppji.pdf (reporting that 19.5% of inmates in

federal prisons received medication for mental health needs, while 15.1% received professional mental health therapy).

[14] *See* Facility Information: Medical Indicators, *infra*.

[15] Manufactured by Gilead, Harvoni is the first combination pill approved by the FDA to treat and cure Hepatitis C in infected patients. It is relatively expensive, costing approximately $95,000 for the recommended 12-week regimen. FDA APPROVES FIRST COMBINATION PILL TO TREAT HEPATITIS C, *available at* http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm418365.htm (October 10, 2014).

[16] Definition of Mental Health Care Levels used in the FBOP system and treatment requirements for each level.

(1) **CARE1-MH: No Significant Mental Health Care.** An individual is considered to meet CARE1-MH criteria if he/she:

- Shows no significant level of functional impairment associated with a mental illness and demonstrates no need for regular mental health interventions; and
- Has no history of serious functional impairment due to mental illness or if a history of mental illness is present, the inmate has consistently demonstrated appropriate help-seeking behavior in response to any reemergence of symptoms.

(2) **CARE2-MH: Routine Outpatient Mental Health Care or Crisis-Oriented Mental Health Care.** An individual is considered to meet CARE2-MH criteria if he/she has a mental illness requiring:

- Routine outpatient mental health care on an ongoing basis; and/or
- Brief, crisis-oriented mental health care of significant intensity; e.g., placement on suicide watch or behavioral observation status.

(3) **CARE3-MH: Enhanced Outpatient Mental Health Care or Residential Mental Health Care.** An individual is considered to meet the criteria for CARE3-MH if he/she has a mental illness requiring:

- Enhanced outpatient mental health care (i.e., weekly mental health interventions); or P5310.16 5/1/2014 9
- Residential mental health care (i.e., placement in a residential Psychology Treatment Program).

(4) **CARE4-MH: Inpatient Psychiatric Care.** A mentally ill inmate may meet the criteria for CARE4-MH and require acute care in a psychiatric hospital if the inmate is gravely disabled and cannot function in general population in a CARE3-MH environment.

FED. BUREAU OF PRISONS, U.S. DEP'T OF JUSTICE, PROGRAM STATEMENT NO. 5310.16, TREATMENT AND CARE OF MENTAL ILLNESS (May 1, 2014), *available at* http://www.bop.gov/policy/progstat/5310_016.pdf.

(1) **Mental Health Care Level One.** Inmates classified as CARE1-MH are not required to receive any regular mental health services or to have a treatment plan. When mental health services are provided to these inmates, they are documented in PDS.

(2) **Mental Health Care Level Two.** Required services include, but are not limited to:

- A diagnosis and mental health care level for each inmate will be documented in a Diagnostic and Care Level Formulation note in PDS.
- A rationale for the diagnosis and assigned care level will also be documented in the Diagnostic and Care Level Formulation note in PDS.
- A collaborative, individualized treatment plan that describes the inmate's problems and goals, and the interventions planned to assist with goal attainment will be developed, reviewed, and updated at least every 12 months.
- Evidence-based psychosocial interventions on at least a monthly basis (if group treatment is offered, it should occur at least every other week, to provide continuity of care).

(3) **Mental Health Care Level Three.** Required services include, but are not limited to:

- A diagnosis and mental health care level for each inmate will be documented in a Diagnostic and Care Level Formulation note in PDS.
- A rationale for the diagnosis and assigned care level will also be documented in the Diagnostic and Care Level Formulation note in PDS.
- A collaborative, individualized treatment plan that describes the inmate's problems and goals, and the interventions planned to assist with goal attainment, will be developed, reviewed, and updated at least every 6 months.

■ Evidence-based psychosocial interventions on at least a weekly basis are provided via enhanced outpatient care or on a scheduled basis consistent with a residential Psychology Treatment Program.

(4) **Mental Health Care Level Four.** This treatment takes place only in a Medical Referral Center. Required services include, but are not limited to:

■ A diagnosis and mental health care level for each inmate will be documented in the Diagnostic and Care Level Formulation note in PDS.

■ A rationale for the diagnosis and assigned care level will also be documented in the Diagnostic and Care Level Formulation note in PDS.

■ A collaborative, individualized treatment plan that describes the inmate's problems and goals, and the interventions planned to assist with goal attainment will be developed, reviewed, and updated at least every 90 days.

■ Evidence-based psychosocial interventions and/or individual mental health contacts will occur on at least a weekly basis.

At CARE4-MH sites, for inmates too cognitively impaired to engage in traditional psychosocial interventions (i.e., severe neuro-cognitive disorders), supportive contacts from a broad variety of providers may be the most appropriate care plan. Frequency and type of care will be determined on an individual basis for these cases.

Id.

[17] According to the American Psychological Association, Cognitive Behavioral Therapy (CBT) helps people develop effective coping skills and emphasizes present responses to negative events and emotions. SOC'Y OF CLINICAL PSYCHOLOGY, AM. PSYCHOLOGICAL ASS'N, WHAT IS COGNITIVE BEHAVIORAL THERAPY?, *available at* http://www.div12.org/sites/default/files/WhatIsCognitiveBehaviorTherapy.pdf.

[18] General correspondence, 28 C.F.R. § 540.14 (2009), *available at* http://www.gpo.gov/fdsys/pkg/CFR-2012-title28-vol2/pdf/CFR-2012-title28-vol2-part540-subpartB.pdf; *see also* FED. BUREAU OF PRISONS, U.S. DEP'T OF JUSTICE, PROGRAM STATEMENT NO. 5800.16, MAIL MANAGEMENT MANUAL (Apr. 5, 2011), *available at* http://www.bop.gov/policy/progstat/5800_016.pdf; FED. BUREAU OF PRISONS, U.S. DEP'T OF JUSTICE, PROGRAM STATEMENT NO. 5265.14, CORRESPONDENCE (Apr. 5, 2011).

[19] The content and other material in the envelope of special mail correspondence may not be read or copied by prison staff if the sender is adequately identified on the envelope and the front of the envelope is appropriately marked as "Special Mail." Special mail, 28 C.F.R. § 540.18 (2009), *available at* http://www.gpo.gov/fdsys/pkg/CFR-2012-title28-vol2/pdf/CFR-2012-title28-vol2-part540-subpartB.pdf. The confidentiality of legal mail is protected by numerous court decisions as well as FBOP policy. *See, e.g.*, Lemon v. Dugger, 931 F.2d 1465 (11th Cir. 1991); Davidson v. Scully, 694 F.2d 50 (2d Cir. 1982); Jensen v. Klecker, 648 F.2d 1179 (8th Cir. 1981); Ramos v. Lamm, 639 F.2d 559 (10th Cir. 1980); Smith v. Shimp, 562 F.2d 423 (7th Cir. 1977); Taylor v. Sterrett, 532 F.2d 462 (5th Cir. 1976); Abu-Jamal v. Price, No. 95-618 1996 U.S. Dist. LEXIS 8570 (W.D. Pa. Jun. 6, 1996); Proudfoot v. Williams, 803 F. Supp. 1048 (E.D. Pa. 1992); *see also* FED. BUREAU OF PRISONS, U.S. DEP'T OF JUSTICE, PROGRAM STATEMENT NO. 5800.16, MAIL MANAGEMENT MANUAL (Apr. 5, 2011), *available at* http://www.bop.gov/policy/progstat/5800_016.pdf; FED. BUREAU OF PRISONS, U.S. DEP'T OF JUSTICE, PROGRAM STATEMENT NO. 5265.14, CORRESPONDENCE (Apr. 5, 2011). For legal mail to be processed under the special mail procedures, FBOP policy requires three forms of identification on the envelope: the attorney must be adequately identified on the envelope as an attorney by two means (e.g., use of "Esquire" after the attorney's name, the inclusion of "Attorney-At-Law" on the envelope, or having the attorney's name included in the return address of a law office), and markings must indicate that correspondence may only be opened in the presence of the inmate (e.g., "Special Mail — Open only in the presence of the inmate," "Attorney-Client — Open only in the presence of the inmate," "Legal Mail — Open only in the presence of the inmate," or similar markings). FED. BUREAU OF PRISONS, U.S. DEP'T OF JUSTICE, PROGRAM STATEMENT NO. 5800.16, MAIL MANAGEMENT MANUAL (Apr. 5, 2011), *available at* http://www.bop.gov/policy/progstat/5800_016.pdf.

[20]Special mail, 28 C.F.R. § 540.18 (2009), *available at* http://www.gpo.gov/fdsys/pkg/CFR-2012-title28-vol2/pdf/CFR-2012-title28-vol2-part540-subpartB.pdf; *see also* FED. BUREAU OF PRISONS, U.S. DEP'T OF JUSTICE, PROGRAM STATEMENT NO. 5800.16, MAIL MANAGEMENT MANUAL (Apr. 5, 2011), *available at* http://www.bop.gov/policy/progstat/5800_016.pdf; FED. BUREAU OF PRISONS, U.S. DEP'T OF JUSTICE, PROGRAM STATEMENT NO. 5265.14, CORRESPONDENCE (Apr. 5, 2011).

[21] 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. An inmate may only

submit a request or appeal on behalf of that inmate, although other inmates may assist the inmate with preparing a request or an appeal and former inmates may use the program to address their former issues during incarceration. *Id.* Certain issues have specific statutorily-mandated procedures, including sexual abuse, tort claims, Inmate Accident Compensation claims, and Freedom of Information Act (FOIA) requests. *Id.*

[22] Administrative remedy requests and appeals are also referred to as grievances. Unless an inmate is in a contract facility or has been granted an individual exception, inmates are first required to attempt informal resolution by presenting an issue of concern to staff. 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. Except for certain telephone-related issues, inmates have 20 days to complete the informal resolution and submit the initial request (BP-9) for formal review of the issue. *Id.* Requests can be rejected for incorrectly filling out the provided form, including multiple unrelated issues on the form, writing the request in obscene or abusive manner, or failing to meet any other requirement in the FBOP policies. *Id.* FBOP policy notes that facilities should be flexible in deciding whether to reject a submission, especially if it raises sensitive or problematic issues. *Id.* If an inmate's request is not rejected at the institution but the inmate is not satisfied with the Warden's response, the inmate may file an appeal to the Regional Office (BP-10) within 20 days of the date the Warden signed the response. *Id.* Inmates may submit initial requests directly to the Regional Office for DHO appeals or sensitive issues that the inmate believes would cause danger if known at the institution. *Id.* An inmate who is unsatisfied with the response from the Regional Director may file an appeal with the Central Office (BP-11) within 30 days of the date the Regional Director signed the response. *Id.* Inmates may be granted an extension for the filing times if they demonstrate a valid reason for the extension, including submission of a written verification from staff. *Id.* After a request or appeal is accepted and filed, the facility, Regional Office, and Central Office have specific time frames to answer the filing. *Id.*

[23] For most issues, inmates must exhaust their administrative remedy options prior to being able to pursue a complaint in court. 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; *see also* Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, tit. VIII, 110 Stat. 1321 (1996), *available at* http://www.gpo.gov/fdsys/pkg/PLAW-104publ134/pdf/PLAW-104publ134.pdf. With respect to the administrative remedy process, the Prison Litigation Reform Act provides that:

> No action shall be brought with respect to prison conditions under section 1979 of the Revised Statutes of the United States (42 U.S.C. 1983), or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted.

42 U.S.C. § 1997e(a) (2006).

[24] Upon referral and a SMU designation hearing, the report is prepared by the Hearing Administrator, who provides it to the Regional Director. The Regional Director includes a recommendation before filing the report with the DSCC. After consultation with Central Office, the DCSS makes a determination on the SMU referral, enters the decision in the inmate's record, and forwards the information to the applicable Regional Offices and facilities. *See* FED. BUREAU OF PRISONS, U.S. DEP'T OF JUSTICE, PROGRAM STATEMENT NO. 5217.01, SPECIAL MANAGEMENT UNITS (Nov. 19, 2008), *available at* http://www.bop.gov/policy/progstat/5217_001.pdf.

[25] *Id.*

[26] Inmates at Level 4 are reviewed and documented on Form BP-A0949 in the same manner every 30 days. *Id.*

[27] U.S. GOV'T ACCOUNTABILITY OFFICE, BUREAU OF PRISONS: IMPROVEMENTS NEEDED IN BUREAU OF PRISONS' MONITORING AND EVALUATION OF IMPACT OF SEGREGATED HOUSING, GAO-13-429 (May 2013), *available at* http://www.gao.gov/assets/660/654349.pdf ("[T]he extent of documentation concerns indicates a potential weakness with facilities' compliance with BOP policies.").

[28] Comments and concerns from inmates in general population are located on page 35 of this report.

[29] The appendix contains two charts comparing the administrative remedy appeals filed by inmates at the high security facilities inspected by the CIC. The first chart provides the number of appeals that cite staff misconduct overall, while the second chart provides the number of appeals specifically citing staff assaults. Data for FCC Hazelton is for the entire correctional complex, and not just the USP.

[30] FED. BUREAU OF PRISONS, U.S. DEP'T OF JUSTICE, PROGRAM STATEMENT NO. 5566.06, USE OF FORCE AND APPLICATION OF RESTRAINTS (Aug. 29, 2014), *available at* http://www.bop.gov/policy/progstat/5566_006.pdf.

[31] *Id.*

[32] *Id.*

[33] *Id.*

[34] *Id.* ("In general, when applying restraints, staff will use sound correctional judgment to ensure unnecessary pressure is not applied to the inmate. Although the proper application of restraints may result in some discomfort, prohibited uses of restraints include, but are not limited to: "hogtying", unnecessary tightness, or improperly applied restraints. All inmates placed in restraints should be closely monitored. When it is necessary to use continued restraints after any use of force incident, hard restraints (i.e., steel handcuffs and leg irons) are to be used only after soft restraints have proven ineffective, or a past history of ineffectiveness exists.").

[35] FBOP policy states, "Each use of force incident will be documented, reported, and reviewed." FED. BUREAU OF PRISONS, U.S. DEP'T OF JUSTICE, PROGRAM STATEMENT NO. 5566.06, USE OF FORCE AND APPLICATION OF RESTRAINTS (Aug. 29, 2014), *available at* http://www.bop.gov/policy/progstat/5566_006.pdf. All incidents involving the use of force or restraints (except general use of restraints, such as for routine movement) must be documented and a copy of the Use of Force Report (BP-E583) must be placed in the inmate's central file. In particular, the report "must provide a vivid, detailed description of the incident" and be submitted to the Warden at the end of the tour of duty. Within two working days, a copy must also be sent to the Regional Director and the Central Office. Calculated use of force, which is used when no immediate threat exists because the inmate is isolated and, for example, in a locked cell, must be videotaped, and a copy of the tape must be forwarded to the Regional Director within four working days of the incident. All medical examinations conducted after the application of restraints must be videotaped, whether the initial use was calculated or immediate.

For use of restraints (beyond routine, general use, such as movement and transfers), staff members are required to conduct scheduled checks at least every 15 minutes and document the check on the Fifteen-Minute Restraints Check Form (BP-S0717.055). A Lieutenant must review the use of four-point restraints every two hours and provide documentation on the Two-Hour Lieutenant Restraints Check Form (BP-S0718.055). The Warden must review these documents within 24 hours, and then document the review and fax a copy of the documented review to the Regional Director immediately upon completion. The Warden must also provide supporting evidence for permitting the use of restraints beyond 24 hours as well as the specific considerations made for mental health treatment. Subsequent to the initial review, the Warden must conduct and document a review within every 48-hour period. The Regional Office must be notified of all use of four-point restraints by the following business day as well as every eight hours for inmates who are in restraints longer than eight hours total.

For each incident involving the use of force or restraints, a review must be conducted the next working day following the incident by the After-Action Review Team. The After-Action Review Team consists of the Warden or Acting Warden, Associate Warden for Correctional Services, the Health Services Administrator or designee, and the Captain. "As the team reviews the use of force incident, care should be taken in making a determination whether sound correctional judgement [sic] was used in any calculated or immediate use of force given the circumstances at the time of the incident." The findings must be documented in writing on the After-Action Review Report (BP-E586) within two working days, which must be forwarded to the Regional Director and the Central Office. The review must also determine whether further investigation is required. All documentation must be maintained for a minimum of 2.5 years.

[36] Although cameras are most often utilized in common areas, PREA guidelines also address cameras for areas including showers and toilets. In accordance with PREA guidelines, cameras that monitor showers and other areas where inmates may be unclothed should be monitored by same-gender correctional staff. Cross-gender medical staff may also monitor these cameras. *See* Cross-Gender Supervision, NAT'L PREA RES. CTR., http://www.prearesourcecenter.org/node/1069.

[37] In a study of 100 randomly-selected inmates housed in the Special Housing Unit at Pelican Bay, 91% experienced anxiety and nervousness, 77% were in a state of chronic depression, and 70% felt on the verge of an emotional breakdown. Craig Haney, *Infamous Punishment: The Psychological Consequences of Isolation*, NAT'L PRISON PROJECT J., Spring 1993, at 3, *available at* http://www.probono.net/prisoners/stopsol-media/attachment.215356 (collecting data based on face-to-face interviews with each inmate). Additionally, 41% of these inmates experienced hallucinations while 44% experienced perceptual distortions. *Id.* Commonly reported medical problems included headaches, heart palpitations, increased pulse, and oversensitive to stimuli are commonly reported complaints of those housed in solitary conditions. *Id.*; Stuart Grassian, *Psychopathological Effects of Solitary Confinement*, 140 AM. J. OF PSYCHIATRY 1450 (1983), *available at* http://ajp.psychiatryonline.org/doi/pdf/10.1176/ajp.140.11.1450 (collecting data through interviews and observations); MICHAEL JACKSON, PRISONERS OF ISOLATION: SOLITARY CONFINEMENT IN CANADA (1983) (reporting on data collected from seven inmates in segregated housing in Canada who commonly reported severe headaches); Richard Korn, *The Effects of Confinement in the High Security Unit at Lexington*, 15 SOC. JUST. J. 8 (1988), *available at* http://www.jstor.org/discover/10.2307/29766384?sid=21106412706503; Richard Korn, *Follow-up Report on the*

Effects of Confinement in the High Security Unit at Lexington, 15 SOC. JUST. J. 20 (1988), *available at* http://www.jstor.org/discover/10.2307/29766385?sid=21106412706503 (reporting that inmates experienced heart palpitations and increased pulse, as well as problems with unwanted weight loss and an inability to gain or maintain weight).

[38] Further, studies on volunteers have shown that isolation can cause a decrease in electroencephalography (EEG) frequency. George Scott & Paul Gendreau, *Psychiatric Implications of Sensory Deprivation in a Maximum Security Prison*, 14 CANADIAN PSYCHIATRIC ASS'N J. 337 (1969). The study collected data from a Canadian prison and found that socially-isolated inmates showed a slower EEG alpha frequency, which was correlated with apathetic, lethargic behavior. *Id.*; *see also* Peter Scharff Smith, *The Effects of Solitary Confinement on Prison Inmates: A Brief History and Review of the Literature*, 34 CRIME & JUST. 441 (2006), *available at* http://www.jstor.org/stable/10.1086/500626. The drop in EEG activity can cause parts of the brain to shrink, including the hippocampus, which is responsible for memory, spatial orientation, and regulating emotions. Nadia Ramlagan, *Solitary Confinement Fundamentally Alters the Brain, Scientists Say*, AM. ASS'N FOR THE ADVANCEMENT OF SCIENCE (Feb. 15, 2014), http://www.aaas.org/news/solitary-confinement-fundamentally-alters-brain-scientists-say ("Solitary confinement appears to fundamentally alter the brain and induce numerous psychological and physical effects, researchers said at the 2014 AAAS Annual Meeting."). Researchers explained that social interaction boosts brain development and structure, while stress and isolation can alter the structure of the brain. *Id.* Individuals who experienced this type of stress can experience shrinking of the brain, including the hippocampus, which is responsible for memory, spatial orientation, and control of emotions. *Id.*

[39] Based on the analysis of 244,699 incarcerations in the New York City jail system and controlling for age, race, ethnicity, length of jail stay, and serious mental illness, researchers found that inmates in solitary confinement are approximately 6.9 times more likely to commit acts of self-harm and 6.3 times more likely to commit acts of potentially fatal self-harm. *See* Fatos Kaba et al., *Solitary Confinement and Risk of Self-Harm Among Jail Inmates*, 104 AM. J. PUB. HEALTH 442 (2014), *available at* http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3953781 ("In 1303 (0.05%) of these incarcerations, 2182 acts of self-harm were committed, (103 potentially fatal and 7 fatal). Although only 7.3% of admissions included any solitary confinement, 53.3% of acts of self-harm and 45.0% of acts of potentially fatal self-harm occurred within this group. After we controlled for gender, age, race/ethnicity, serious mental illness, and length of stay, we found self-harm to be associated significantly with being in solitary confinement at least once, serious mental illness, being aged 18 years or younger, and being Latino or White, regardless of gender."). Other research supports the findings of this recent study. *See* Peter Scharff Smith, *The Effects of Solitary Confinement on Prison Inmates: A Brief History and Review of the Literature*, 34 CRIME & JUST. 441 (2006), *available at* http://www.jstor.org/stable/10.1086/500626 (finding that rates of suicide and suicide attempts were higher for those housed in solitary confinement compared to inmates in the general population housing, and that inmates are more likely to commit or attempt suicide at the beginning of their time in isolation). Based on the research regarding suicide and impulsive actions, Smith concluded that "[t]he literature suggests that 'physical and social isolation appears strongly related to suicide'" and "[p]roblems with impulse control, violent reactions, and self-mutilation are reported with alarming frequency." *Id.*

[40] In 2007, researchers at the University of Washington reported that prisoners released directly from supermax prisons into the community committed new crimes sooner and at a higher rate than prisoners who had been transferred from segregation into the general prison population for several months before being released. David Lovell et al., *Recidivism of Supermax Prisoners in Washington State*, 53 CRIME & DELINQ. 633 (Oct. 2007), *available at* http://cad.sagepub.com/content/53/4/633.

[41] U.S. GOV'T ACCOUNTABILITY OFFICE, BUREAU OF PRISONS: IMPROVEMENTS NEEDED IN BUREAU OF PRISONS' MONITORING AND EVALUATION OF IMPACT OF SEGREGATED HOUSING, GAO-13-429 (May 2013), *available at* http://www.gao.gov/assets/660/654349.pdf.

[42] KENNETH MCGINNIS ET AL., CNA (CENTER FOR NAVAL ANALYSIS) ANALYSIS & SOLUTIONS, FEDERAL BUREAU OF PRISONS: SPECIAL HOUSING UNIT REVIEW AND ASSESSMENT (Dec. 2014), *available at* http://www.bop.gov/resources/news/pdfs/CNA-SHUReportFinal_123014_2.pdf.

[43] FED. BUREAU OF PRISONS, U.S. DEP'T OF JUSTICE, SPECIAL HOUSING UNIT REVIEW AND ASSESSMENT REPORT RESPONSE: RESPONSE TO REPORT BY CNA ANALYSIS AND SOLUTIONS (Feb. 2015), *available at* http://www.bop.gov/resources/news/pdfs/CNA_Response-V05a-saa.pdf.

[44] *Compare* U.S. GOV'T ACCOUNTABILITY OFFICE, BUREAU OF PRISONS: IMPROVEMENTS NEEDED IN BUREAU OF PRISONS' MONITORING AND EVALUATION OF IMPACT OF SEGREGATED HOUSING, GAO-13-429 (May 2013), *available at* http://www.gao.gov/assets/660/654349.pdf ("BOP has not assessed the extent to which all three types of segregated housing units—SHUs, SMUs, and ADX—impact institutional safety for inmates and staff."), *with*

KENNETH MCGINNIS ET AL., CNA ANALYSIS & SOLUTIONS, FEDERAL BUREAU OF PRISONS: SPECIAL HOUSING UNIT REVIEW AND ASSESSMENT (Dec. 2014), *available at* http://www.bop.gov/resources/news/pdfs/CNA-SHUReportFinal_123014_2.pdf (reviewing currently available research and concluding, "it is not clear if there is a causal relationship between segregation policies and institutional safety").
Compare U.S. GOV'T ACCOUNTABILITY OFFICE, BUREAU OF PRISONS: IMPROVEMENTS NEEDED IN BUREAU OF PRISONS' MONITORING AND EVALUATION OF IMPACT OF SEGREGATED HOUSING, GAO-13-429 (May 2013), *available at* http://www.gao.gov/assets/660/654349.pdf ("While BOP conducts regular assessments of mental health of inmates, BOP has not evaluated the impact of long-term segregation on inmates. . . . We reviewed several studies on the impact of segregated housing on inmate mental health, and several suggest that long-term segregation or solitary confinement can cause significant adverse impacts. . . . These reports describe possible adverse impacts of segregation, including exacerbation or recurrence of preexisting illnesses, illusions, oversensitivity to stimuli, and irrational anger, among other symptoms, although it is unclear how applicable the conditions studied are to BOP segregated housing."), *with* KENNETH MCGINNIS ET AL., CNA ANALYSIS & SOLUTIONS, FEDERAL BUREAU OF PRISONS: SPECIAL HOUSING UNIT REVIEW AND ASSESSMENT (Dec. 2014), *available at* http://www.bop.gov/resources/news/pdfs/CNA-SHUReportFinal_123014_2.pdf ("Although many researchers and experts agree that administrative detention is generally not a suitable placement option for inmates with SMI [serious mental illness], the evidence on whether such placement causes deterioration among mentally ill inmates is mixed."). The CNA report did not address the impact of segregated housing on any other inmates outside of those with serious mental illness. *Id.*

[45] *See* American Bar Association, Criminal Justice Section Standards: Standard on Treatment of Prisoners, 23.3-7, *available at* http://www.americanbar.org/publications/criminal_justice_section_archive/crimjust_standards_treatmentprisoners.html (October 30, 2014).

[46] For more information, see notes 15-17 and accompanying text on page 6.

[47] For more information, see notes 15-17 and accompanying text on page 6.

[48] *See* Michele Deitch et al., *Understanding and Addressing Youth Violence in the Texas Juvenile Justice Department*, Report to the Office of Independent Ombudsmen, Lyndon B. Johnson School of Public Affairs, University of Texas at Austin, *available at* https://www.utexas.edu/lbj/sites/default/files/file/faculty/DeitchUnderstandingandAddressingYouthViolenceinTJJDMay%202013FINAL.pdf (October 2015).

[49] *See* FED. BUREAU OF PRISONS, U.S. DEP'T OF JUSTICE, PROGRAM STATEMENT NO. 5310.13, TREATMENT AND CARE OF INMATES WITH MENTAL ILLNESS (MAY 1, 2014), *available at* *http://www.bop.gov/policy/progstat/5310_16.pdf.*

[50] For the purposes of violent offenders, inmates with the following offense categories are included: Weapons, Explosives, Arson, Homicide, Aggravated Assault, and Kidnapping.

[51] The Unit Disciplinary Committee (UDC) reviews incident reports after a staff investigation and can either impose sanctions on an inmate who committed a prohibited act or refer the incident to the DHO for further review. Unit Discipline Committee (UDC) review of the incident report, 28 C.F.R. § 541.7 (2011), *available at* http://www.gpo.gov/fdsys/pkg/CFR-2011-title28-vol2/pdf/CFR-2011-title28-vol2-sec541-7.pdf.

[52] 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.

[53] Information regarding significant incidents is provided directly by the FBOP.

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

[55] Under the fourth version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), Axis I disorders included all psychological diagnoses except personality disorders and intellectual disability. Common Axis I disorders included depression, bi-polar disorder, post-traumatic stress disorder, anxiety disorders, alcohol and substance abuse disorders, eating disorders, and schizophrenia. The DSM-5 removed the multi-axial system for diagnostic classification and combined all diagnoses from Axis I, Axis II, and Axis III into a single axis. For more information, see AM. PSYCHIATRIC ASS'N, PERSONALITY DISORDERS FACT SHEET (2013), *available at* http://www.dsm5.org/Documents/Personality%20Disorders%20Fact%20Sheet.pdf; AM. PSYCHIATRIC ASS'N, FREQUENTLY ASKED QUESTIONS ABOUT DSM-5 IMPLEMENTATION—FOR CLINICIANS (rev. Aug. 1, 2013), *available*

at http://www.dsm5.org/Documents/FAQ%20for%20Clinicians%208-1-13.pdf; and Espen Røysamb et al., *The Joint Structure of* DSM-IV *Axis I and Axis II Disorders*, 120 J. ABNORMAL PSYCHOL. 198 (2011), *available at* http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3081882.

Appendix: Administrative Remedy Filings Regarding Staff and Staff Assaults

Table 1: Administrative Remedies Filed for Staff Overall at High Security Facilities Inspected by the CIC

Facility Level Requests (BP-9s) for Staff Overall					
	Submitted	Rejected	Filed	Answered	Granted
USP Lewisburg	127	40	87	1	1
USP Victorville	73	21	52	1	1
USP McCreary	N/A	N/A	N/A	N/A	N/A
USP Canaan	138	87	51	1	0
FCC Hazelton*	94	23	71	0	0
Regional Office Appeals (BP-10s) for Staff Overall					
	Submitted	Rejected	Filed	Answered	Granted
USP Lewisburg	242	182	60	0	0
USP Victorville	83	61	22	1	0
USP McCreary	89	39	50	1	0
USP Canaan	54	36	18	0	0
FCC Hazelton*	100	77	23	0	0
Central Office Appeals (BP-11s) for Staff Overall					
	Submitted	Rejected	Filed	Answered	Granted
USP Lewisburg	122	70	52	0	0
USP Victorville	19	14	5	0	0
USP McCreary	48	18	30	0	0
USP Canaan	16	7	9	0	0
FCC Hazelton*	24	14	10	0	0

* Data for entire complex, and not just USP.

Table 2: Administrative Remedies Files for Staff Assaults at High Security Facilities Inspected by the CIC

Facility Level Requests (BP-9s) for Staff Assaults					
	Submitted	**Rejected**	**Filed**	**Answered**	**Granted**
USP Lewisburg	23	10	13	13	1
USP Victorville	13	2	11	11	0
USP McCreary	N/A	N/A	N/A	N/A	N/A
USP Canaan	0	0	0	0	0
FCC Hazelton*	3	0	3	3	0
Regional Office Appeals (BP-10s) for Staff Assaults					
	Submitted	**Rejected**	**Filed**	**Answered**	**Granted**
USP Lewisburg	23	12	11	0	0
USP Victorville	5	1	4	4	0
USP McCreary	2	0	2	2	0
USP Canaan	0	0	0	0	0
FCC Hazelton*	10	7	3	3	0
Central Office Appeals (BP-11s) for Staff Assaults					
	Submitted	**Rejected**	**Filed**	**Answered**	**Granted**
USP Lewisburg	22	11	11	9	0
USP Victorville	6	5	1	1	0
USP McCreary	2	1	1	1	0
USP Canaan	1	0	1	1	0
FCC Hazelton*	0	0	0	0	0

* Data for entire complex, and not just USP.

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.

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