

**First Report of the Special Master  
Pursuant to the Court's  
Order of March 26, 2024**

**U.S Bureau of Prisons  
Federal Correctional Institution, Dublin**

**Submitted by**

**Wendy Still  
Special Master**

**U.S. District Court  
Northern District Court of California**

**June 5, 2024**

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# Special Master & Team Members

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# Executive Summary

This is the first report of the Special Master pursuant to the Court's order of March 26, 2024 in the matter of California Coalition for Women Prisoners, et al., v. United States of America Bureau of Prisons, et al., Case No.: 4:23-cv-4155-YGR. It contains both the Special Master's findings and recommendations. The language in this section is offered to put into context the basis of this report, provide a timeline and to summarize findings.

## Background

The primary objective of every detention facility is to deter and rehabilitate those incarcerated within its walls, while maintaining a safe and secure environment for inmates, staff and visitors. Effectively managing inmate and staff behavior is critical to achieving this goal. However, without adequate levels of staff, supervision, programs, services and effective processes, inmates are at an increased risk of violence, sexual predatory threats, undetected suicide attempts, and of having access to contraband (e.g., weapons, illicit substances) that is more easily introduced into the facility. Overall, the provision of programs and services, mandated by the United States (U.S.) Constitution, federal statutes and regulations, suffers as the facility struggles to meet the basic needs of the inmates. It is apparent that the Federal Correctional Institution FCI-Dublin fell far short of effectively meeting these mandated expectations. For purposes of this report, the incarcerated individuals at FCI-Dublin shall be referred to as Adults in Custody (AIC).

The following timeline depicts the events that took place after Federal Court Judge Gonzalez Rogers recognized the need to utilize her authority to intercede in order to safeguard the AICs at FCI-Dublin.

- **March 15, 2024:** The U.S. District Court (Court), Northern District of California, granted a motion to certify a class of prisoners at FCI-Dublin in response to ongoing constitutional violations related to the conviction and sentencing of five prison officials for criminal sexual abuse and sexual contact.
- **March 26, 2024:** The Court appointed Special Master Wendy Still to ensure compliance with orders from the Court related to the ongoing retaliation and continued violation of the constitutional rights of the AICs.
- **April 5, 2024:** The Court met with Federal Board of Prisons (BOP) Assistant Regional Director, Western Region and Acting Warden Nancy McKinney, Acting Executive Assistant and Camp Administrator Greg Chaffee, Special Master Still, union representatives for the correctional officers, and counsel to review the plan for assessing the issues at the facility in light of the preliminary injunction order.
- **April 8, 2024:** Special Master Still and her team of experts reported to FCI-Dublin to begin their compliance work. In response, Special Master Still and her team spent over three weeks onsite meeting with FCI-Dublin Executives and other staff that could assist in obtaining a deeper understanding of operations, conditions and activities at the facility. They also spent significant time interviewing facility personnel and AICs, and reviewing

documents related to operations, casework, medical and mental health, the administrative remedy and disciplinary processes, PREA, policies and procedures related to operations, etc.

- **April 15, 2024:** The Federal Bureau of Prisons (BOP) announced plans to close the facility and transfer the 605<sup>1</sup> female AICs to other locations throughout the country, spanning from the west to the east coast. The BOP had previously advised the Court it was considering closing the facility, and if it occurred, for security reasons, it would have to be conducted quickly. Upon becoming aware of the closure, the Court intervened to ensure proper attention to the needs of the AICs (e.g., medical, mental health, casework, etc.), and to direct and oversee the transfer of the AICs. The Special Master, who was on-site at the time, communicated a variety of concerns, to include the medical clearance process for the AICs being prepared for transport and the eligibility of such individuals for community placements (e.g., home confinement, halfway homes) or release and unaddressed compassionate release/reduction in sentence (RIS) requests. As a result, the Court ordered all transport of the AICs halted and an accounting of the casework for all 605 women held at the main lockup and its adjacent minimum-security camp. In response, Special Master Still's duties were modified to include a targeted review of casework to ensure inmates were being transferred to the correct location, whether at another BOP facility, home confinement, halfway house or recommended for a compassionate release. The AICs who had been moved onto the bus on April 15, 2024 were eventually returned to their housing unit after remaining on the loaded bus for approximately four hours.. Additionally, other buses which had been called to the facility were not loaded.
- **April 16, 2024:** The first group of AICs were cleared by the Special Master and transfers to other BOP facilities, located throughout the nation, began. In preparation for and during transportation to other facilities additional issues began to arise. The court subsequently ordered BOP to create a Master Tracking Roster for FCI-Dublin Closure Issues related to each AIC to ensure issues were tracked and resolution subsequently occurred. The tracking categories include destination facility and date of arrival, compassionate release, medical and mental health alerts and victim advocacy services related to PREA, Medication Assisted Treatment alerts, transportation issues, property issues, and disciplinary and related credit issues. The court also ordered all staff must wear their name identification tags as many who had reported from other facilities did not wear any name identification as required by BOP policy, document shredding cease and an accounting of all shredding documentation be provided to the court. The court additionally ordered that the Special Master be provided electronic access to BOP data system to enable the updating of the Master Tracking Roster and ensure resolution of issues occur.
- **May 1, 2024:** After proper clearance and approval from the Special Master, the last group of AICs were transferred to community facilities.

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<sup>1</sup> The number of AICs varied during the period of April 8 to May 1, 2024, due to daily admissions, releases and transfers. Many of the statistics contained in the report vary due to the population fluctuations and MAP data.

## Findings

The findings outlined below are based on the knowledge gained during the Special Master and her team's time spent at FCI-Dublin, after extensive review of documents referred to in this report, and interviews with AICs, regional and facility staff. Furthermore, it is critical to note that some of the deficiencies and issues exposed within this report are likely an indication of systemwide issues within the BOP, rather than simply within FCI-Dublin. Recommendations are contained at the end of the various subsections of this report.

### Operations

**Finding:** Staffing shortages severely impacted programs at FCI-Dublin. When staff were augmented (redirected to other posts), they were not placed in program positions as custody positions were the priority. The facility reassigned teachers to augment custody positions, thereby requiring the closure of educational classes. Furthermore, waiting lists were extensive and many of the AICs interviewed stated they had been on waiting lists for well over a year. AICs with shorter sentences were prioritized and AICs with long terms could not access many of the needed programs.

**Finding:** A high number of AICs with Hispanic ethnicity identified the need for bilingual materials/staff at every level and which did not exist creating multiple language access issues for Limited English Proficiency (LEP) AICs.

**Finding:** Insufficient programs were not available to address the needs of the AICs and resulted in failure for AICs to earn First Step Act (FSA) and Good Time Credits (GTC).

**Finding:** A significant number of women nearing the end of their sentences at FCI-Dublin indicated the need for extensive re-entry services which did not exist.

**Finding:** Management Analysis Portal (MAP) and climate data was not used for resource and program planning.

**Finding:** Over half of the women and other AICs at FCI-Dublin were serving time for drug-related crimes, but did not have access to Medication Assisted Treatment or substance use disorder (SUD) education and related programs, despite rampant illegal drug use within the facility.

**Finding:** Almost two-thirds of the population at FCI-Dublin were between the ages of 25 and 44 years but limited educational and rehabilitative programming was available. To facilitate successful re-entry upon release, education and vocational training should have been available and a focus for this age group.

## Staffing

**Finding:** Staffing vacancies led to system failures in almost every area within FCI-Dublin. This facility had the second highest vacancy rate in the Western Region; 51% specifically when factoring in the 27 staff on administrative leave.

**Finding:** Staff augmentation (redirection) resulted in program closures and the inability of AICs to access rehabilitative programming and to earn FSA and GTC credits.

**Finding:** The Court ordered that the BOP shall provide the Court and the Special Master a monthly staffing report for each BOP facility to which FCI-Dublin class members were transferred. The staffing report shall include the number of budgeted, authorized positions and associated vacancies detailed by correctional, casework, program, mental health, and medical classifications.

- The first report shall include staffing and vacancies as of January 1, 2024.
- The staffing report shall also include staffing augmentations for such facilities.

**Finding:** Monthly monitoring of the *Position Output Export Report* and the *Staffing Report* for all institutions where class members are housed should be reported to the Court, counsel and Special Master to determine progress on recruitment efforts and filling of vacancies to ensure the minimum amount of overtime and augmentation is utilized.

## Health Care

**Finding:** Patients at FCI-Dublin were not provided timely access to care. This includes lack of timely access to all components of health care (e.g., medical, mental, dental, vision, diagnostic, and specialty services). In many cases, this population of patients had not been provided care and treatment for their serious health conditions. This resulted in delays in diagnosis and treatment, preventable pain and suffering, and demonstrable harm to patients.

**Finding:** At FCI-Dublin, there was a lack of adequate nursing and medical provider evaluation and oversight. Record reviews indicate that in many cases, nurses and providers did not perform an adequate history of the patient's complaint or perform adequate physical examinations, even when the patients presented with symptoms of serious medical conditions. This brings into question the existing policy and procedure used for credentialing and privileging of medical providers, and the ongoing performance evaluation, peer review process, and competency auditing of nursing personnel.

**Finding:** During the review of health records, the medical experts found significant problems with the management of chronic disease patients related to the timeliness and/or quality of care patients are receiving.

**Finding:** Existing programs were not leveraged, as evidenced by the inconsistent assignment to a Chronic Care Clinic (CCC) for many patients with a chronic problem or with a condition that required close follow up. The CCC appears to be how BOP clinicians are alerted to follow up on chronic conditions like diabetes, asthma, and rheumatologic diseases.

**Finding:** A review of specialty care medical records identified serious deficiencies existed in the timeliness and/or quality of care provided to patients. Many issues were related to the provider's failure to monitor and implement the specialty consultants' recommendations in a timely manner.

**Finding:** A process for managing work-related injuries for inmates was not evident. Several cases of accidents leading to significant morbidity were identified by the SMT and evaluated. FCI-Dublin did not follow-up to appropriately address the injury and the issue was not documented.

**Finding:** The BOP has acceptable guidelines for preventive care. FCI-Dublin providers appear to have clear guidelines, in particular, for screening for infectious diseases like Tuberculosis, Hepatitis C, HIV, and Sexually Transmitted Illnesses, along with routine primary care screening for anemia, thyroid illness and diabetes. Unfortunately, test results were not consistently followed up and or documented putting the health and safety of AICs and staff at risk.

## Administrative Remedy Process

**Finding:** The primary outcome of "closed/explanation" and the boiler-plate, non-substantive responses to Administrative Remedies indicate that AICs are given very little information about their claims. These canned responses reflect a dismissive and non-problem-solving philosophy of the Administrative Remedy process. The files made available to the Special Master's Team (SMT) did not contain any information about the investigation of the Administrative Remedy complaint.

**Finding:** The AICs were not able to readily obtain the BP-9 forms, Administrative Remedy Request form. To obtain any of the forms necessary to file a remedy at any level, the AIC had to request the form from staff and justify the need for the form which had a chilling effect on the process as AICs were fearful of retaliation. The forms were not available in Spanish or other languages, and translation and confidential interpretation services were not readily available.

**Finding:** The Administrative Remedy Program Statement was outdated and did not mirror the facility's procedure. The informal level was oftentimes bypassed. The Administrative Remedy process should not bypass the informal level, absent exigent circumstances. These exceptions should have been delineated in an updated Program Statement.

**Finding:** When an AIC wrote an Administrative Remedy request, they would enter the date they submitted the form in the space provided. A review of the dates written on the form by the AIC's, compared to the date received and entered into Sentry, by either the clerk or



counselor, sometimes reflected a 30-day difference. The program statement defines that a request or appeal, if accepted, is considered filed on the date it is logged into the Administrative Remedy Index. In many cases, there were significant time-frame discrepancies between the date the AIC signed the form and when it was entered as received.

**Finding:** A quality control process should have been implemented to ensure Administrative Remedy timeframes are followed, along with a remedy in circumstances in which timelines are violated, except in exigent circumstances. The actual process should have been reflected in the Program Statement.

**Finding:** A review of the Administrative Remedies determined the majority were denied arbitrarily in that it did not appear that a thorough review was conducted to determine the validity of the complaint. The canned language was repetitive among many of the responses and not tailored to each appeal.

**Finding:** Many of the Administrative Remedy packages were incomplete. If an AIC submitted exhibits, they were not attached to the BP-9, Administrative Remedy Request form, making an audit difficult as a result of missing documentation. The Program Statement mandates that all the supporting documents shall be kept in the Warden's Administrative Remedy File along with all supporting material. A review of these files determined this does not occur.

**Finding:** If an appeal was rejected and the reason was correctable, the notice of rejection is supposed to inform the AIC of a reasonable time extension within which to correct the defect and resubmit the Request or Appeal. FCI left the time of extension granted up to a staff member rather than providing a specified completion time is subjective and a flaw in due process.

**Finding:** Administrative Remedy Procedures under PREA fall very short of the National PREA Standard 115.52. The Standard states that Administrative Remedies regarding allegations of sexual abuse may be filed at any time, yet a review Administrative Remedies indicated they were rejected based on missed time constraints. That is in direct conflict with the PREA standard.

**Finding:** There was no bridge between an Administrative Remedy and PREA protocols. If an AIC submitted an allegation of PREA via a Remedy it was answered, yet not forwarded to the PREA Compliance Manager (PCM). The Warden's responses to the PREA Administrative Remedies all stated the AIC's allegations will be reviewed and referred for further investigation as deemed appropriate, yet the AICs were never interviewed regarding their allegations. This is alarming especially in light of the sexual abuse that had occurred at this facility. This process gap endangered the sexual safety of AICs.

**Finding:** The Administrative Remedy review indicates that medical concerns were the most common reason for filing. However, many appear to have remained unaddressed for months or never.

**Finding:** A review of BOP-wide data indicates that less than 2% of Administrative Remedies were granted. FCI-Dublin's grant rate was slightly lower. While fully recognizing that some appeals are indeed frivolous or a misuse of the process, it is difficult to justify such a small grant or relief rate.

## Inmate Disciplinary Program

**Finding:** Staffing vacancies led to system failures in almost every area, to include disciplinaries. Staff augmentation led to unnecessary disciplinary hearing extensions, lack of timeliness of conclusion of the hearing process, and led to errors in and incomplete staff work.

**Finding:** Due process violations occurred at every level of the disciplinary process at FCI-Dublin. Based on The SMT's review of prior disciplinary actions and concerns identified a request was made to review 10 disciplinary cases with the Western Region Discipline Administrator. The inmate disciplinaries were found to be inconsistent with BOP policy and many contained due process violations. The issues ranged from incorrect charges to excessive sanctions without sufficient justifications. The Western Region Discipline Administrator then consulted with the Chief Discipline Administrator and a decision was made to expunge all 10 disciplinaries reviewed.<sup>2</sup> Additionally, a decision was made to review all the UDC and DHO hearings from January 23, 2024, to present for due process violations.

**Finding:** AIC class members' classification level, FSA and GTCs could be impacted by the due process violations contained in disciplinary actions taken at FCI-Dublin. Further review and expungement of class member credit losses may need to be applied in cases in which due violations occurred.

## Casework

**Finding:** FCI-Dublin failed to comply with BOP Program Statement 5321.09 requirements related to the timeframe in which Team Meetings and classification reviews must be held. Additionally, AIC case records contained errors that impacted time credits, earning status, community eligibility, and release dates.

**Finding:** To ensure the accuracy of an AIC's time credits and eligibility, follow-up casework should be conducted and a classification review for any AIC who had a disciplinary expunged as a result of the Regional Hearing Administrator's audit.

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<sup>2</sup> Disciplinaries, involving the 10 cases that were expunged, are confidential and will be provided to the court and counsel under separate cover.

**Finding:** The court ordered that AIC casework had to be updated before an AIC could be transferred. BOP had to establish a Classification and Record Strike Team to update and correct AIC casework prior to any transfer occurring. Their reviews identified AIC classification levels that should have been reduced, community referral packages that had not been completed, FSA and GTC credits that needed to be updated that impacted eligible release dates, and other casework deficiencies that existed.

**Finding:** FCI-Dublin AIC case files were not maintained in compliance with BOP policy.

## Compassionate Release

**Finding:** FCI-Dublin's prior Administrations were in violation of BOP Program Statement 5050.50 related to the processing of Compassionate Release/RIS requests in that there was no sense of urgency and the unreliability of processing these requests. The requests were oftentimes received and ignored.

**Finding:** FCI-Dublin failed to track and report accurate information on Compassionate Release/RIS requests as mandated by their internal Program Statement. This resulted in inaccurate information being reported by the Director of the Bureau of Prisons, under 18 U.S.C. § 3582 (d)(3) to the Committee on the Judiciary of the Senate and the Committee on the Judiciary of the House of Representatives in the annual Compassionate Release/RIS report.

**Finding:** The Office of the General Counsel should, in a timely manner, process outstanding pending Compassionate Release/RIS requests submitted by AICs previously housed at FCI-Dublin.

## Programs

**Finding:** It was challenging to determine what programs were actually available at the facility. Different staff had different answers, and there was not a single repository in which all of the program data could be retrieved.

**Finding:** A review of program availability based on the data that was provided reflects there were serious programming issues faced by the AICs at FCI-Dublin. Waiting lists were extensive and some of the AICs interviewed stated they had been on waiting lists for well over a year. AICs with shorter sentences were prioritized, and AICs with both short and long terms could not access many of the needed programs for rehabilitative and credit earning purposes.

**Finding:** The SMT was able to determine rather quickly while onsite that staffing shortages had severely impacted programs taking place. If staff were augmented, they were not placed in program positions as custody positions were the priority. The facility reassigned teachers to augment custody positions, thereby requiring the closure of educational and

rehabilitative classes.

**Finding:** No clear data (MAP and Climate) was used for program planning.

### **Prison Rape Elimination Act (PREA)**

**Finding:** FCI-Dublin did not have a standardized PREA protocol in place, to include forms, that would be kept in a PREA file in the PREA Compliance Manager's Office. Additionally, the facility did not have a PREA checklist in each file to enable necessary elements to be easily identified if missing or upon completion.

**Finding:** There was no mechanism in place to ensure PREA Administrative Remedies that were granted were sent to the PREA Compliance Manager for appropriate follow-up. This follow-up may include interviewing the AIC and/or sending the AIC's case file to the OIA/OIG for investigation. It would also entail the creation of a new PREA file if one did not already exist.

**Finding:** The existing PREA Administrative Remedy list did not contain a comprehensive listing of all cases and/or they were not monitored to ensure proper follow-up.

### **FCI-Dublin Closure Issues - Property**

**Finding:** The closure was unnecessarily rushed. Methodical, planned, thoughtful practices could not be carried out, leading to mass chaos. Communication from leadership changed daily leading to even more confusion.

**Finding:** Staff temporarily transferred from other facilities to FCI-Dublin, to expedite and assist existing staff who had not been previously made aware of the impending closure, added to the chaotic environment, trauma and stress.

**Finding:** AIC Property processing from the beginning to the end of the closure process was chaotic and created anxiety for both the AICs and staff.

**Finding:** Many of the staff who were brought in from men's facilities to assist in packing property had never worked with women or transgender AICs, and had no idea how to communicate or deescalate the emotional responses the AICs had during the chaotic closure process associated with their property.

**Finding:** There were attitude conflicts between some of the staff BOP brought in from other facilities and FCI-Dublin staff that made the closure even more difficult and traumatic for both staff and AICs.

## Conclusion

Judge Gonzalez Rogers took historic judicial action when she appointed a Special Master with an initial mission to oversee FCI-Dublin and to ensure the correction of the “*dyfunctional mess*” that she identified existed at FCI-Dublin. Upon the BOP’s notification on April 15, 2024 of its immediate intent to close this facility, the Special Master’s mission quickly changed to on behalf of the court ensure the safe transfer of the AICs occurred. In response, specific action was taken by the Court, that required prior to the transfer of any AIC, specific issues were identified and tracked for resolution.

The Master Tracking Roster for FCI-Dublin Closure Issues that was ordered by the court was developed by BOP to enable the Special Master to capture, and follow up on issues related to destination facility and date of arrival, compassionate release, medical and mental health alerts including victim advocacy services related to PREA, Medication Assisted Treatment alerts, transportation issues, property issues, and disciplinary and related credit issue. The tracking roster will be used to provide the Court and counsel with regular updates on the resolution of outstanding issues related to the AICs that were transferred from FCI-Dublin due to the closure of the facility.

In addition to the dysfunction noted by the Court, the SMT found numerous operational, policy and constitutional violations as outlined in the body of this report. This included the failure of Central Office and Regional Office management to correct significant and longstanding deficiencies that had previously been identified in multiple audits and investigations. Furthermore, management’s failure to ensure staff adhered to BOP policy put the health, safety and liberty of AICs at great risk for many years. It is unconscionable that any correctional agency could allow incarcerated individuals under their control and responsibility to be subject to the conditions that existed at FCI-Dublin for such an extended period of time without correction.

This Special Master continues to have concerns that the mistreatment, neglect and abuse the AICs received at FCI-Dublin not be repeated at the facilities where these individuals are being transferred to as many of the conditions that existed at this facility appear to be longstanding and systemic in nature.

# Federal Correctional Institution - Dublin

## Facility Profile

The Federal Bureau of Prisons (BOP) was established in 1930 to provide more progressive and humane care for federal inmates, to professionalize the prison service, and to ensure consistent and centralized Administration of the 11 Federal prisons in operation at that time. Today, the Bureau includes 121 institutions, 6 regional offices, a Central Office (headquarters), and 26 offices that oversee residential reentry centers. The regional offices and Central Office provide oversight and administrative support to the institutions and offices.<sup>3</sup>

**Women and Special Populations Branch:** The BOP has provided oversight of female AICs at the national level for more than 20 years. Of the nearly 160,000 federal AICs, women consistently account for approximately 7% of the federal inmate population. The Women and Special Populations Branch (WSPB) is tasked with ensuring the provision of evidence-based services to meet the needs of federally incarcerated women, and other vulnerable populations, by providing national guidance on classification, management, and intervention programs and practices. The WSPB also provides guidance on special populations, including transgender persons, individuals who are veterans, and individuals with disabilities incarcerated across the Bureau. Additionally, the WSPB is involved in national policy development, to include gender-responsive and trauma-informed care.<sup>4</sup>

**Federal Correctional Institution – Dublin:** FCI-Dublin was an all-female facility composed of a low security federal prison and an adjacent minimum-security satellite camp located in Alameda County, California. The camp was previously a jail that was built in July of 1974. The adjacent satellite camp was built as a federal detention center for adult males until 2014 when BOP repurposed it. FCI-Dublin operated under a modified 6:00 a.m. to 2:00 p.m. schedule, and up until its closure on May 1, 2024, housed roughly 550 incarcerated persons at the prison and over 100 at the satellite camp. The great majority of those incarcerated at FCI-Dublin were convicted of drug offenses and more than 90% are survivors of trauma.

FCI-Dublin consists of three housing units with two wings each. There are staff offices downstairs in each of the wings for counselors, unit management, and custody staff. Multiple computers were available in each unit in an open area. Each unit also contains separate rooms with a monitor for video visitation and newly-installed pilot telephones to allow incarcerated persons to contact their attorneys and other inmate care confidentially. The prison contained medical and dental services, food service, recreation areas, the commissary, the visitation areas, the Administration building, and other outbuildings for work details.

FCI-Dublin is one of 29 BOP facilities housing women overseen by the WSPB. It is located in Dublin, California. It is a low security women's federal correctional institution with an adjacent

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<sup>3</sup> [About the Federal Board of Prisons](#)

<sup>4</sup> This information was gleaned from [BOP: Women and Special Populations](#)

minimum security satellite camp. Its designed facility capacity is 784, with 590 at FCI and 194 at the satellite camp. FCI-Dublin was activated in 1974 as a co-correctional youth facility. In 1977, it converted to an adult female facility; in 1979, it operated as an adult co-correctional facility; in 1990, it reverted to an adult female facility with an adjacent detention center that housed adult males until 2014. With an average daily population of approximately 753, the general housing units are organized in three buildings with two wings each: A/B, C/D, and E/F. Each unit contains 117 multiple occupancy rooms. In each wing, cells are organized on two floors in an L shape, facing a central area day room. Staff offices are located in the day room area and centrally between each wing of the building. Unit D had been closed in preparation for a new residential drug treatment program that had not been activated.

The Security Housing Unit (SHU) contained sixteen cells in two wings. Each cell has its own toilet and shower. The SHU cells could house two incarcerated persons at a time. The only visibility the cells have is a window slit facing the internal hallway, along with a slot on the cell door for officers to pass those held in the SHU food and hygiene items. While active, the facility offered inmates an hour of daily time for “recreation” in outdoor cages. The SHU has a small room with one computer and a phone which the staff refer to as its “law library.”

The satellite camp is adjacent to the prison and has two wings, a non-functioning kitchen, a law library, and a common area in the middle of each wing for recreation. Each wing has eight showers that are commonly used, and each cell contains its own toilet. Various cells have been stripped of the tiles on the floor.<sup>5</sup>

FCI-Dublin is one of 20 locations in the western region, spanning 11 states and four residential re-entry management offices. Regional offices provide operational oversight, assist state and local criminal justice agencies, contract to provide inmate placement in residential reentry centers, and conduct technical assistance.

## Adults in Custody - Population Demographics<sup>6</sup>

This section provides an empirical description of the AIC held at FCI-Dublin, a staff profile and details on several BOP processes. As a policy-driven organization, the BOP issued Policy Statement Number: 5200.07, entitled, “*The Female Offender Manual*.” This manual can be found at the link in the footnote.<sup>7</sup> This manual outlines the BOP’s commitment to gender-responsive and trauma-informed operational practice. Understanding the nature of the population is key to creating a gender-informed facility. However, during the three plus weeks the SMT spent at FCI-Dublin, the BOP’s commitment to gender-responsive programming was not evident.

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<sup>5</sup> This information was gleaned from Federal Court order Case 4:23-cv-04155-YGR.

<sup>6</sup> Unless noted otherwise, statistics within this section were derived from by FCI-Dublin BOP Management Analysis Portal, Facility Average Daily Population, Rated Capacity and Percent of Capacity, Report created April 18, 2024.

<sup>7</sup> [Federal Board of Prisons, Female Offender Manual](#)

**Table 1 – Population:** Women and other AICs assigned to female facilities make up just under 7% of all BOP AICs. With a total BOP population on 155,673, on April 6, 2024, those assigned to male facilities made up 93.3% of those in BOP custody.

**TABLE 1**

Population	
Males	145,217
Females	10,456
<b>Total</b>	<b>155,673</b>

## Rated Capacity

**Table 2 - Average Daily Population (ADP):** The rated capacity at FCI-Dublin has varied somewhat since opening. For the past five years, rated capacity was set at 896. The population at FCI-Dublin has seen swings over this time (2019 to 2024); from a high of 1,247, the population has steadily declined.

**TABLE 2**

Year	Average Daily Population	Rated Capacity
2024	665	896
2023	581	896
2021	793	896
2020	1,019	896
2019	1,247	896

**Note:** Before 2019, the ADP was consistently over 1,200. Rated capacity changed from over 1,000 in 2015, to a current rated capacity of 896.<sup>8</sup>

## Current Population

On April 6, 2024, 613 AICs were held at FCI-Dublin. All of these individuals were classified as “female,” as the BOP data system does not appear to capture gender diversity in recording gender identity. The percentage of transgender persons is unknown.

<sup>8</sup> FCI-Dublin BOP Management Analysis Portal, Facility Average Daily Population, Rated Capacity and Percent of Capacity, Report created April 18, 2024.



**Table 3 – Age Groupings:** In terms of age, almost two-thirds of the population were between 25 and 44 years of age. At 218, the largest number of women were between ages 35-44; with 175 between the ages of 25 to 34. Just over one-fifth of the women were between the ages of 45 and 54. Less than ten percent were between 55 and 64, with less than one percent (8) of the AICs at the age of 24 and under.

**TABLE 3**

<b>March 2024 Groupings</b>		
<b>Age 10-Year Groups</b>	<b>Percent of Inmates</b>	<b>Inmates</b>
<=24	5.6%	35
25 - 34	28.0%	175
35 - 44	36.1%	226
45 - 54	21.7%	136
55 - 64	7.3%	46
65+	1.3%	8
<b>Total</b>	<b>100%</b>	<b>626</b>

**Table 4 - Racial and Ethnic Identity:** The BOP follows the convention of defining Hispanic identities as an ethnicity, *not a race*. Fully half of the women in custody were of Hispanic ethnicity.

**TABLE 4**

<b>Ethnicity</b>	<b>Percent of Inmates</b>	<b>Inmates</b>
Hispanic	50.3%	315
Non-Hispanic	49.7%	311
<b>Total</b>	<b>100%</b>	<b>626</b>

**Table 5 – Distribution:** The distribution of racial categories is as follows:

**TABLE 5**

<b>Race</b>	<b>Percent of Inmates</b>	<b>Inmates</b>
White	78.3%	490
American Indian	9.4%	59
Black	7.7%	48
Asian/Pacific Islander	4.6%	29
<b>Total</b>	<b>100%</b>	<b>626</b>

**Table 6 - Citizenship:** Reflecting the nature of federal offenses, the BOP holds a significant number of non-U.S. citizens. Almost 80% of the FCI-Dublin population was a U.S. citizen. Of the total 626 AICs, over 20% (142) persons had non-U.S. citizenship. A slightly smaller number claimed a legal residence outside the U.S.

**TABLE 6**

Citizenship	Percent of Inmates	Inmates
Mexico	80.3%	114
Other	12.0%	17
Honduras	2.8%	4
El Salvador	2.1%	3
Guatemala	1.4%	2
Cuba	0.7%	1
Dominican Republic	0.7%	1
<b>Total</b>	<b>100%</b>	<b>142</b>

**Table 7 - Religious Preference:** The following religious preferences were listed.

**TABLE 7**

Religion	Percent of Inmates	Inmates
Catholic	32.6%	204
No preference	21.7%	136
Adventist	17.4%	109
Protestant	12.0%	75
American Indian	9.4%	59
Muslim	3.7%	23
Unknown	3.2%	20
<b>Total</b>	<b>100%</b>	<b>626</b>

**Custody:** The wide majority of (494) AICs had an “*In-Custody*” designation, with another 112 designated as “*Out Custody*.” Only seven AICs had a “*Community Custody*.”

**Furlough Eligibility:** Only one percent (6 eligible, 607 not eligible) of the AIC population was eligible for furloughs.<sup>9</sup>

<sup>9</sup> FCI-Dublin, BOP Management Analysis Portal, Facility Inmate Fact Sheet, Report created April 12, 2024.

**Detainers:** Just over 10% (77) of the 613 AICs had detainers.

**Separation Assignments:** Almost one-third (174) had separation assignments.

**Table 8 - Offense Categories:** Drug offenses are the most common offence category. Of the 626 AICs at FCI-Dublin, almost 60% were imprisoned for drug-related crimes. In descending order, these offenses were as follows:

**TABLE 8**

Offenses	Percent of Inmates	Inmates
Drugs	58.1%	364
Weapons/Explosives	5.0%	31
Homicide/Agg Assault	6.4%	40
Burglary/Larceny	5.4%	34
Counterfeit/Embezzlement	0.5%	3
Court/Corrections	0.6%	4
Immigration	6.9%	43
Fraud/Bribery/Extortion	9.9%	62
Sex Offenses	5.8%	36
Robbery	0.6%	4
Miscellaneous	0.6%	4
Missing	0.2%	1
<b>Total</b>	<b>100%</b>	<b>626</b>

**History of Violence:** Over two-thirds of those in the FCI-Dublin population in April 2024 had no documented history of violence. With a small exception, most women had minor histories of violence in the past. Only 13 AICs (2.1%), had a documented history of serious violence within the last five years.

**Security Classification:** Over three-quarters of the population were classified as “Low;” another 23% (141) were classified as “Minimum” (likely those assigned to the Camp), with only one person classified as “high.”

**Tables 9 & 10 - Sentencing Information & Percentage of Sentence Served:** The BOP data base provided several data points related to sentencing. With an average sentence of 98.55 months, AICs at FCI-Dublin received the following sentences.

**TABLE 9**

Sentence Imposed	Percent of Inmates	Inmates
0 to 12 months (misdemeanor)	6.1%	38
12 months/1 day to 35 months	26.5%	166
36 to 59 months	11.5%	72
60 to 119 months	19.8%	124
120 to 179 months	17.7%	111
180 to 239 months	7.3%	46
240+ months	8.8%	55
Life	2.1%	13
Missing	0.2%	1
<b>Total</b>	<b>100%</b>	<b>626</b>

**TABLE 10**

Percent of Sentence Served	
0 to 25%	146
26 to 75%	391
76 to 90%	51
Over 90%	9
Missing	16

**Table 11 - Projected Time Served:** Looking at the time served data another way, there was a bi-modal distribution of months left to serve. Over one-fifth (23%) of the AICs had less than four months to serve on their sentence and about 18% (109) had between 25 and 60 months to serve. Overall, the “time left to serve” time periods were as follows:

**TABLE 11**

Projected Time Left to Serve	Percent of Inmates	Inmates
4 months or less	18.4%	115
5 - 8 months	13.3%	83
9 - 12 months	9.4%	59
13 - 24 months	12.5%	78
25 - 60 months	17.9%	112
61 - 120 months	16.6%	104
121+ months	9.7%	61
Missing	2.2%	14
<b>Total</b>	<b>100%</b>	<b>626</b>

### Facility Staff: What do we know about staff at FCI-Dublin?

The BOP Management Analysis Portal (MAP) provides descriptive information on staff demographics. These data are based on the 203 Active-Duty staff (as of April 2024).

**Gender:** Males made up two-thirds of those working at FCI-Dublin (133/203) with females making up remaining 34% of active staff.

**Table 12 - Race and Ethnicity:** Unlike the AIC data, the staff data combines race and ethnicity. Just under 40% of the staff were White, with Hispanic staff, making up the next largest group at 30%. The distribution is as follows:

**TABLE 12**

Race and Ethnicity	
Native American	3
Asian	22
African American	39
Hispanic	60
White	79

**Table 13 - Educational Level:** Well over half of the 203 Active-Duty employees only had high school degree as the highest educational attainment.

**TABLE 13**

Educational Level	
High School Degree	112
Technical College	1
Some College	44
Bachelor's Degree	32
Advanced Professional/Masters Degree	8
Doctorate Degree	6

**Employee Classification:** Custody staff make up 58% (117) of the staff with non-custody comprising about 42% (86).

**Supervisors:** FCI-Dublin supervisors are 18% of the staff at 117 of 203. The remaining 82% staff (166) are non-supervisory.

**Years Employed by the BOP:** Just over 70% of the staff (146) had been employed by the BOP over five years.

## Prison Social Climate Survey: What do staff think about their work at FCI-Dublin?

The BOP Office of Research and Evaluation (ORE) conducted surveys of staff attitudes and perspectives staff for over three decades. An AIC survey was developed some time later. This longitudinal data collection allows for comparisons over time.

This section compares the findings of the 2023 findings with the previous 2021 survey. This discussion is based on comparing changes in direction (positive or negative) of the scales (individual questions combined across 24 substantive categories) at FCI-Dublin.

**Initial analysis of select questions from the Staff Prison Social Climate Survey:** The Prison Social Climate Survey contains a wealth of information about staff attitudes and perspectives. Here, several specific questions illustrate perceived difficulties in the working environment of FCI-Dublin.

**Tables 14 & 15 - Perceptions:** The tables below illustrate both positive and negative staff opinions at FCI-Dublin.

**TABLE 14**

Comparing 2023 Prison Social Climate Survey To Most Recent Past Administration
Positive Perspectives: Stayed the same or improved
Commitment to BOP
Equal treatment of staff
Equality over all
Fairness in Job Advancement
Interaction with Inmates Overall
Intolerance of Sexual Harassment
Job Satisfaction
Rapport with Inmates (significant improvement)
Respectful Treatment of Inmates (significant improvement)
Team Work (significant improvement)

**TABLE 14  
(Continued)**

<b>Negative Perspectives that Declined</b>
Commitment to Facility (significant decline)
Institutional Operations
Job stress is Manageable (significant decline)
Morale Overall (significant decline)
Operations Overall
Overall
Prevalence of Slurs
Quality of Supervision (significant decline)
Quality of Training (significant decline)
Staff Safety from Inmates (significant decline)
Supervisors Treat Me with Respect (significant decline)
Support for Re-entry Mission
Work load is Manageable (significant decline)

**TABLE 15**

<b>Majority of Negative Responses</b>
In general, this facility is run very well
Staff morale at this institution is high
Augmentation has impacted the quality of services provided by my department
Augmentation is overused at this institution
Mandatory Overtime is a Problem at this Institution
Not having enough staff has impacted the quality of services provided by my department
Not having enough staff is a problem at this location
Majority of Positive Responses
I have a feeling of accomplishment after working closely with inmates
Interacting with inmates comes naturally to me
Staff at this institution are civil in their communications with inmates
Staff at this institution are generally polite in their dealings with inmates
Staff at this institution keep their cool when dealing with difficult inmates
Staff at this institution rarely shout at inmates

**Tables 16 & 17 - Inmate Social Climate Survey:** The BOP ORE also surveyed AICs as part of their social climate survey processes. Findings from individual questions are presented below.

**TABLE 16**

<b>Percentage of Combined “agree” Responses Where AICs Conveyed Positive Agreement to Selection Questions about Aspects of Prison Management</b>	
65%	At least one staff member at this institution has had a positive influence on me.
52%	I am treated fairly by most staff at this institution.
44%	I feel comfortable talking to at least one staff member about what's going on in this institution.
28%	In general, I think this facility is run very well. In general, inmates treat each other respectfully.
38%	In general, staff understand my needs and work with me to address them.
83%	Inmates benefit more from programs when correctional officers are supportive.
80%	My job and programming keep me busy during the day.
70%	Not having enough staff has impacted the quality of services provided.
62%	Prison management take complaints of sexual contact between inmates seriously.
64%	Prison management take complaints of sexual contact between staff and inmates seriously.
60%	Programs are often changed or canceled.
35%	Security procedures at this institution adequately protect me from other inmates (32% undecided)
31%	Security procedures at this institution adequately protect me from possible staff misconduct (24% undecided)
35%	Staff at this institution are civil in their communications with inmates.
33%	Staff at this institution rarely shout at inmates.
44%	There are consequences if staff act inappropriately towards inmates.

**TABLE 17**

<b>Personal Comments Made by Staff</b>	
<b>These Questions Ask, “How often...” does a specific event occur?”</b>	
<b>Reflects % who responded “Never”</b>	
27%	How often do you hear inappropriate comments based on body size/type?
51%	How often do you hear inappropriate comments based on gender identity (e.g., transgender being masculine or fem)
55%	How often do you hear inappropriate comments based on race?
49%	How often do you hear inappropriate comments based on sexual orientation (e.g., gay, lesbian, bisexual, straight)?



**Table 18 - Perceptions of Danger at FCI-Dublin:** AICs were asked to rate the degree of danger they felt at FCI-Dublin. All responses are included in the table below.

**TABLE 18**

How Safe or Dangerous Do You Think it is in This Prison for an Inmate?	
7.80%	Very Dangerous
11.75%	Dangerous
14.53%	Somewhat Dangerous
34%	Felt FCI-Dublin was dangerous to some degree
22.20%	Undecided
16.67%	Somewhat Safe
20.94%	Safe
6.41%	Very Safe

Only 44% of AIC’s felt FCI-Dublin was safe to any degree.

**Table 19 - 2023 Disciplinary Offenses (Guilty Findings):** In calendar year 2023, 970 guilty findings of prohibited behavior were recorded at FCI-Dublin. The BOP rates offenses of a four-level scale with 100-level offenses judged to be “most serious” and 400-level offenses as “moderate-low.”

**TABLE 19**

Overall Guilty Findings 2023		
100-Level Offenses “Greatest”	81	8%
200-Level Offenses “Serious”	156	16%
300-Level Offenses “Moderate”	697	72%
400-Level Offenses “Moderate-Low”	36	4%
<b>Total</b>	<b>970</b>	<b>100%</b>

**Table 20 - 100 Level Misconduct (Greatest):** At about half, drug and alcohol-related conduct were the most common most serious findings at FCI-Dublin in 2023. This category also includes “Killing,” “Assault with Injury” and “Escape.”

**TABLE 20**

Prohibited Act Name	Count
Use of Drugs/Alcohol	34
Disruptive Conduct - Greatest	17
Possessing Alcohol/Drugs	10
Refusing Drug/Alcohol Test	8
Possessing a Hazardous Tool	5
Destroy/Dispose Item/Search	4
Introduction Drugs/Alcohol	2
Possessing a Dangerous Weapon	1
<b>Total</b>	<b>81</b>

**Table 21 – 200 Level Misconducts (Serious):** Over half of the 200 level serious misconducts were categorized as an offense against person; with fighting making up about one-third of all High-level misconduct guilty findings.

**TABLE 21**

Prohibited Act Name	Count
Fighting with Another Person	53
Phone Abuse-Disrupt Monitoring	36
Assaulting without Serious Injury	12
Threatening Bodily Harm	10
Engaging in Sexual Acts	8
Interfering with Security Devices	7
Tattooing or Self-Mutilation	7
Mail Abuse, Disrupt Monitoring	5
Stealing	4
Interfering with Staff	4
Disruptive Conduct	4
Adulteration of Food or Drink	2
Destroying Property – Over \$100	2
Making Sexual Proposal – Threat	1
Using Martial Arts – Boxing	1
Pressuring Inmate for Illegal Documents	0
<b>Total</b>	<b>156</b>

**Table 22 – 300 Level Misconducts (Moderate):** About one-third of the guilty 300 Level Medium misconducts were for being in an unauthorized area. Another 20% were in the general group of refusing to obey an order or programming refusal.

**TABLE 22**

<b>Prohibited Act Name</b>	<b>Count</b>
Being in an Unauthorized Area	226
Possessing Unauthorized Item	83
Refusing to Obey an Order	81
Refusing Work Program/Assignment	46
Being Absent from Assignment	46
Being Insolent to Staff member	40
Interfering with Taking County	36
Lying or Falsifying Statement	28
Failing to Stand Count	27
Indecent Exposure	26
Phone Abuse – No Circumvention	22
Misusing Auth Medication	6
Destroy Prop \$100 or Less	5
Failing to Work as Instructed	4
Disruptive Conduct-Moderate	4
Failing to Follow Safety Regulations	3
Smoking in Unauthorized Area	3
Participating in Unauthorized Meeting	2
Being Unsanitary or Untidy	2
Conducting a Business W/O Auth	2
Interfering with Staff-Moderate	2
Possession Unauthorized Money	1
Using Unauthorized Equipment/Machinery	1
Possessing a Non-Hazardous Tool	1
<b>Total</b>	<b>697</b>

**Table 23 - Level 400 Misconducts (Moderate-Low):** Very few low-level guilty misconducts were recorded in 2023. “Unauthorized physical conduct” made up almost all of the offenses.

**TABLE 23**

<b>Prohibited Act Name</b>	<b>Year</b>	<b>Count</b>
Unauthorized Physical Contact	2023	31
Violating Visiting Regulations	2023	4
Using Abusive/Obscene Language	2023	1
<b>Total</b>	<b>2023</b>	<b>36</b>

# Operations

The FCI-Dublin's basic operational practices were broken and staff were operating outside of stated BOP policy (which in and of itself is inadequate) as many of the policies are vague and leave significant room for facilities to operate inconsistently across the system. Furthermore, the policies fail to provide sufficient specific direction to facilitate accountability at all levels. Because many operational practices and processes were not implemented within policy, both staff and AICs became discouraged, employees did not receive the information they needed, AICs did not receive the services they were entitled to, and overall operations suffered significantly.

FCI-Dublin represents a cascade of failure in critical institutional systems and areas including:

- Staff recruitment and filling of positions
- Staff vacancies/shortages
- Excessive use of staff augmentations (staff redirections)
- Disciplinary and due process
- Administrative remedy
- Safety and security
- Inadequate medical and mental health treatment
- Medication Assisted Treatment
- Overuse and inappropriate use of the Security Housing Unit
- Lack of access to rehabilitative programs
- Overdue casework and classification team meetings
- Failure to provide disability accommodation
- Inadequate PREA protocol at every level. Processes were either non-existent or were not followed

The above factors combined to create a facility that ignored AICs rehabilitative needs and subjected them to unsafe conditions. Furthermore, the inability to provide programming compromised the AICs ability to obtain appropriate credits toward their release, held women in custody higher than warranted, and created opportunities for harm due to compromised security.

## Causes for Broken Operational Practice at FCI-Dublin

### Central Office Level (sources—prior reports have identified consistent pattern)

- Multiple prior reports (Investigations Division: Office of Inspector General. October 12, 2022. Notification of Concerns Regarding the Federal *Bureau of Prisons (BOP) Treatment of Inmate Statements in Investigations of Alleged Misconduct by BOP Employees*. U.S. Department of Justice: Washington D.C. The Principal Associate Deputy Attorney General Working Group of Department of Justice (DOJ) Components. Nov, 22, 2022. *Report and Recommendations Concerning the Department of Justice's Response to Sexual Misconduct by Employees of the Federal Bureau of Prisons*. U.S. Department of Justice: Washington

D.C.; Senator Jon Ossoff, Chair. Permanent Subcommittee on Investigations: Committee on Homeland Security and Governmental Affairs; U.S. Senate. December 13, 2022. *Sexual Abuse of Female Inmates in Federal Prison*) indicate understaffing and low priority given to Women and Special Populations Branch (WASPB).

- Female Offender Program Statement is outdated and does not reflect state-of-the art knowledge on managing female AIC populations.
- The responses and recommendations in national and FCI-Dublin reports from 2022 have not been implemented.
- Backlog in investigations at FCI-Dublin and the length of time investigations completed by outside entities such as the OIG compromised women’s safety and confidence in the BOP’s ability to protect them tied to a lack of coordination among BOP and DOJ investigators.
- Even with Senate and DOJ attention, women’s sexual safety issues were not sufficiently addressed.
  - The sources cited in the first bullet of this section recommend that the BOP direct attention to staffing shortages, increased investigative staff to expedite the process. The SMT found no evidence that these recommendations were taken seriously.
  - Although the senate report in particular discusses inadequate staffing of the WASPB, offices remains understaffed.
  - There was: (1) no standard protocol to report violations; (2) lack of substantive response to women’s claims (canned language in all responses); (3) statements that staff privacy prohibited giving any AIC updates on cases; and, (4) long delays in responding to allegations.
  - Position of regional gender-responsive monitor was left unfilled.
  - BOP was hesitant to rely on inmate statements of abuse (source management advisory memo below).
  - BOP does not use PREA or other data to monitor reports of assault.
- Executive staff appears to be uninformed on gender-responsive and trauma-informed practice.
- Executive staff actions did not take misconduct seriously and failed to act (as identified in multiple reports in 2021 - 2022).
- Although the BOP Director claims significant resources have been devoted to the problem, there is no evidence that this is the case. FCI-Dublin has the second highest vacancy rate in the Western Region when factoring in the staff that are off on administrative leave, and the highest medical staff vacancy rate. Central Office and the Regional Administrator failed to ensure sufficient recruitment and human resource support was provided to the facility.

## Regional Level

- There is a lack of supporting evidence that Central Office and the Regional Administrator provided sufficient oversight and resources that the facility was in desperate need of. The 2022 Task Force Report and The Moss Group Assessment Report: Building a Culture of

Safety identified the significant deficiencies that existed at FCI-Dublin and provided a road map in their recommendations to correct the identified issues.

- The position of regional gender-responsive manager has not been filled.
- Inadequate budgeting for FCI-Dublin.
- The Western Regional Director has not responded effectively to the serious and critical problems at FCI-Dublin.
- Women's issues were not a priority even after first wave of terminations/indictments related to sexual abuse of AICs at FCI-Dublin.
- In addition to the harm caused to the AIC population, Regional Office has failed to support FCI-Dublin staff adequately post the first wave of terminations/indictments.

### **Institutional Level**

- While the sexual misconduct of FCI-Dublin staff is criminal, blaming problem on “bad actors” and the actions of individuals ignores the nature of the failing facility mismanagement and lack of appropriate attention from Region and Central Office.
- Staffing problems, specifically the augmentation policy, has certainly undermined the safety and security of the facility.
- The cascade of failures in operational practice has led to staff and AICs becoming discouraged and to lose confidence in the ability of the BOP to protect/support them. Examples of failures:
  - Failure to provide programs.
  - Long waiting list for programs.
  - Terminating a drug program while waiting for new model leaving the facility without a residential drug treatment program.
  - Staff augmentation aggravated staff shortages and limited program provision.
  - Staff training on sexual safety and other training about working with female AICs is inadequate.
  - Administrative remedy process is inert- paper forms unavailable; low grant rate; lack of any substantive response (same at BP 10 level); lack of documents in Spanish.
  - Medical and mental health treatment was not within the policy and community standards of care.
  - Staff training programs do not address needs of female population.
  - Staff felt demoralized and abandoned.
- Staffing pattern was insufficient to manage the AIC population.
- Programs and processes were not gender responsive.
- Facility physical plant had serious unaddressed maintenance issues.
- Language access is a serious issue for non-English speakers. Interpretation services were not regularly used and documents were not translated for Limited English Proficient AICs.
- The BOP bases practice on principles of Unit Management. Unit Management is a strategy used in correctional agencies to develop, implement, manage, and evaluate work teams within a correctional facility. They play a crucial role in maintaining order and providing effective services within the facility. However, within FCI-Dublin, Management teams

were undermined as a result of extreme staffing shortages, further exacerbated by the redirection of staff to other posts.

- SHU was used inappropriately.

PREA protocol was not adhered to and disjointed, Furthermore, it did not contain all of the necessary elements for an effective system that rose to the level of the federal PREA standards.

#### **Initial needs assessment/operational practice observations from BOP profile and climate data:**

- High number of AICs with Hispanic ethnicity points to need for bilingual materials/staff at every level.
- Significant number of women nearing end of sentence indicates need for extensive re-entry services, but sufficient programs were not available to address the needs of the population.
- There is no evidence to support that MAP and Climate data are used for planning.
- With over half of the women and other AICs serving time for drug crimes, both drug treatment and education on the harms to individuals and community on drug selling and distribution should have been highest priority.
- With a significant number of AICs imprisoned for sales and distribution, focused attention should have been made on eradicating trafficking and trading within the facility.
- With almost two-thirds of the population between 25 and 44 years of age, education and vocational training should have been a priority.
- About 24.3% of the FCI-Dublin general population and camp population was not a U.S. citizen. This finding suggests that immigration related information and services be provided to both the Spanish- and English-speaking AICs.

### **Operations Findings**

**Finding:** Staffing shortages severely impacted programs at FCI-Dublin. When staff were augmented (redirected to other posts), they were not placed in program positions as custody positions were the priority. The facility reassigned teachers to augment custody positions, thereby requiring the closure of educational classes. Furthermore, waiting lists were extensive and many of the AICs interviewed stated they had been on waiting lists for well over a year. AICs with shorter sentences were prioritized and AICs with long terms could not access many of the needed programs.

**Finding:** A high number of AICs with Hispanic ethnicity identified the need for bilingual materials/staff at every level and that did not exist creating multiple language access issues for LEP AICs.

**Finding:** Insufficient programs were not available to address the needs of the AIC and resulted in failure for AICs to earn FSA and GTC.

**Finding:** A significant number of women nearing the end of their sentences at FCI-Dublin indicated the need for extensive re-entry services which did not exist.

**Finding:** Management Analysis Portal (MAP) and climate data was not used for resource and program planning.

**Finding:** Over half of the women and other AICs serving time at FCI-Dublin were for drug related crimes, but did not have access to Medication Assisted Treatment or SUD education and related programs despite illegal drug use being rampant with the facility.

**Finding:** Almost two-thirds of the population at FCI-Dublin were between the ages of 25 and 44 years but limited educational and rehabilitative programming was available. To facilitate successful re-entry upon release, education and vocational training should be a focus for this age group.

## Operations Recommendations

**Recommendation:** The BOP should collect comprehensive data geared towards supporting data-driven decision making and ensure Central Office, Regional Offices and facilities utilize this information. The goal is to build data systems that support data-informed practices, transparency and accountability. The areas should include, but not be limited to the Administrative Remedy Process, PREA, Inmate Disciplinary Process, Programs, Re-Entry, Outcomes, etc. The data should be collected in an automated fashion, with the capability to generate management and quality control reports for Central Office, Regional and facility line, mid- and executive level personnel.

**Recommendation:** The BOP should establish systems to measure whether facilities are following Program Statements and expectations. This should encompass quality control processes and systems that are built into the normal course of business, automated management reports, and regularly scheduled supervisory, management and executive-level meetings to review information and data that has been analyzed for impact and/or corrective action.

**Recommendation:** The BOP should regularly share data with the general public related to AICs, demographics, programs, outcomes, etc. This will help increase transparency, improve the public's knowledge of the BOPs services and enhance collaboration with its government and community partners.

**Recommendation:** The BOP should develop systems to ensure ongoing quality assurance and continuous process improvements are built into the design and implementation of every practice within the organization.



**Recommendation:** The BOP should incorporate intensive training, coaching and mentoring in the curriculum for both sworn and non-sworn staff. Training should be sequenced to build on each other, with the goal of furthering the mission of its facilities and services.

**Recommendation:** The BOP should develop succession planning through the incorporation of a professional development academy geared towards both sworn and non-sworn staff. Developing knowledgeable, self-assured and compassionate leaders is an investment in the BOP's long-term succession plan and will help to retain seasoned staff.

**Recommendation:** The BOP should ensure facilities utilize MAP and climate data to facilitate planning and data-informed decision making at all levels, to include operations, services, programs, re-entry, etc.

**Recommendation:** Drug treatment and education on the harm of illicit substances to individuals and the community should be available and accessible at BOP facilities. Finding: A considerable number of AICs at FCI-Dublin were imprisoned for sales and distribution. Focused attention should have been made at FCI-Dublin on trafficking and trading within the facility and significant effort put into the detection and eradication of drugs within the facility.

# Staffing in the Bureau of Prisons

Throughout the years, the BOP has historically had difficulty filling correctional officer and medical positions at most of its facilities nationwide. In general, it has been difficult to fill budgeted positions despite the fact that a 25% recruitment and retention bonus is offered for difficult to recruit areas. Additionally, an exhaustive amount of overtime is utilized, and augmentation are some of the problems that have plagued the Bureau.<sup>10</sup> FCI-Dublin has an overall vacancy rate of 38%% which is actually even higher, 51% when factoring in the 27 staff on administrative leave. This is the second highest vacancy rate in the Western Region.

In September 2023, BOP Director Colette Peters received a letter from U.S. Senator Shelley Moore Capito, West Virginia, calling for answers regarding what she called “dire staffing shortages and allegations of alleged unethical, illegal, and almost criminal treatment” of inmates.

Furthermore, the following language is an excerpt from Micheal E. Horowitz, Inspector General, U.S. Department of Justice before the U.S. Senate Committee on the Judiciary, February 28, 2024.<sup>11</sup> *“To further enhance our oversight of the BOP, last year we launched our unannounced inspections of BOP facilities. We found significant Correctional Officer and healthcare staffing shortages have had a cascading effect on institution operations, and that, because of Correctional Officer shortages, overtime is routinely used which can negatively affect staff morale and attentiveness and, therefore, institution safety and security. Further, these staffing shortages have required the institution to temporarily reassign non-Correctional Officer staff to work Correctional Officer posts (augmentation), negatively affecting the ability of these non-Correctional Officers to conduct their routine duties, which include performing maintenance and teaching inmate programs, including First Step Act programs. Augmentation is a long-standing and widespread problem for the BOP...”*

On February 9, 2024, Senator Bob Casey and U.S. Representative Matt Cartwright introduced a Bill to give BOP employees fair, competitive pay. The bill entitled, “Pay Our Correctional Officers Fairly Act” was intended to address staffing shortages at BOP correctional institutions. *“BOP employees are understaffed, underpaid, and overworked. Without enough staff, prisons are relying on cooks and teachers to guard inmates, which presents a dangerous health and security risk.”*<sup>12</sup>

The shortage of correctional officers has grown each year over the past four years. According to the Bureau of Labor Statistics, Correctional Officer positions are projected to decline seven percent by 2032.<sup>13</sup> Understaffed prisons and overworked employees have created increasingly dangerous work environments. As a result, overtime becomes mandatory, staff are forced to

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<sup>10</sup> The augmentation practice is a continuous redirection of staff from their budgeted and classification function to provide correctional supervision.

<sup>11</sup> [Office of the Inspector General, Examining and Preventing Deaths at BOP](#)

<sup>12</sup> [Bob Casey, U.S. Senator for Pennsylvania, BOP Bill, Prison Employees, Fair Pay](#)

<sup>13</sup> [Correctional Officers and Bailiffs: Occupational Outlook Handbook, U.S. Bureau of Labor Statistics](#)

work extra shifts, with little notice or preparation, thereby creating the potential for fatigue and the exacerbation of safety issues.

The most controversial practice the BOP has been using to offset overtime is called “*augmentation*.” Since all employees in the BOP are “*correctional officers first*” and attend the same three-week academy, any staff may be called to assume a vacant correctional officer post when the need arises. BOP uses cooks, teachers, and nurses to guard AICs. This temporary fix pulls employees away from their usual duties and negatively impacts inmates by limiting visitations, recreational time, and academic enrichment opportunities.

Prior to 2015, augmentation was utilized only to cover staff for firearms training and annual refresher training.<sup>14</sup> As time went on, and more and more positions became vacant, and there were not enough correctional staff at institutions to work overtime to cover the vacancies. Budget cuts and the FSA brought on more workload with fewer staff. Soon ancillary staff, (e.g., teachers, maintenance and administrative personnel) were assuming posts after donning Kevlar vests and being issued pepper spray. Augmenting staff from their original purpose resulted in a catastrophic impact to institutional operations and endangered the health, safety, welfare and liberty of the AICs.

### **Staffing at FCI-Dublin**

The following BOP documents were reviewed for this section of the report:

- Position Output Report, April 23, 2024
- Staffing and Strength Report, April 21, 2024 – May 4, 2024
- FCI-Dublin Staffing Report, Pay Period 08, April 21, 2024 – May 4, 2024
- Staff Augmentation & Overtime Occurrences, August 2022 – January 2024 (Attachment A)

The *Position Output Report* and *Staffing and Strength Report* position totals are meant to balance. The reason they do not balance is because the human resources report includes overhires.<sup>15</sup> Additionally, the Budget Analyst and the Human Resource Specialist do not reconcile totals monthly.

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<sup>14</sup> [Arbitration, Augmentation, 2017](#)

<sup>15</sup> An overhire is a hire approved by the Regional Director to hire behind someone who is out on some kind of leave but still drawing pay out of the position. The approvals are done via memo.

**Table 24 – High Vacancy Rate Positions/Programs:** This table reflects the highest impact positions and program areas.<sup>16</sup>

**TABLE 24**

Position/Program	Total	Date Vacant	Augmented	Comments
<b>Medical</b>				
Clinical Director	1	5/7/22	No	
Medical Officer	1	4/23/22	No	
Mid-Level Practitioner	1	01/17/23	No	
Registered Nurse	2	12/03/23	No	
Registered Nurse	1	04/24	No	Overhire approved
Licensed Practical Nurse	1	1/22/14	No	
Infection Control Nurse	1	9/11/23	No	
Public Health Nurse	1	5/16/22	No	
<b>Total Vacant</b>	<b>9</b>			
<b>Education</b>				
Teacher	4	Various	Yes	
Voc. Inst. Dog Training	1	1/1/24	Yes	
Voc. Instructor	2	Various	Yes	
Voc. Inst. Personal Fitness	1	1/1/24	Yes	
<b>Total Vacant</b>	<b>8</b>			
<b>Correctional Services</b>				
GS 11 Lieutenant	1	4/10/23	No	
GS 09 Lieutenant	2	1/25/24	No	Overhire approved
		3/11/24	No	3 additional Lt. positions are on Admin. Leave
Locksmith Supervisor	1	1/1/24	No	
Senior. Officer Specialist	16	Various	No	7 additional Sr. Officer Spec. are on Admin. Leave
<b>Special Investigative Technician</b>	1	03/22/24	No	
Captain	1	03/01/24	No	
<b>Total Vacant</b>	<b>22</b>			

<sup>16</sup> These position vacancy numbers were gleaned from the last vacancy report received from FCI-Dublin, dated May 4, 2024.

## Staff on Administrative Leave

Attachment B reflects staff who are on Administrative Leave. Although they are not physically at their assigned work site, they remain in an active position number. Upon inquiring with the Human Resources Department, it was discovered that these 27 individuals are currently receiving full compensation despite the fact that they are not physically working. Their positions are partially filled through overtime or augmentation.<sup>17</sup> For instance, a specific employee has been on Administrative Leave since August 12, 2021, pending the conclusion of a PREA investigation.

**Observations:** Staffing vacancies led to system failures in almost every area within FCI-Dublin. This contributed to issues in many different areas within the facility. The consequences of these circumstances at FCI-Dublin have been dire. The below have taken place from 2021 until the AICs were removed from this facility. The negative consequences associated with these staffing shortages are numerous, to include, but not limited to:

- **Potential for an increase in sexual assaults to occur.** Fewer and inexperienced staff on post in the housing units made AICs more vulnerable due to a lack of staff and inconsistent augmented staff providing security coverage.
- **The use of teachers to augment other posts resulted in the closure of classes, thereby eliminating access to mandated education and other programs for AICs.** If the AICs had long sentences and were FSA eligible, they were consistently returned to the 100 plus waitlists, sometimes impacting their release to community beds or release. Additionally, the majority of AICs consistently were unable to get into programs that assist with their trauma and self-esteem.
- **Multidisciplinary team meetings and casework were not held and completed timely.** Unit teams were not available to the AICs consistent with program statements to hold mandated reviews which impacted classification levels and in some cases community placement, home confinement eligibility, release dates and to respond to routine matters (e.g., answer routine questions, distribute administrative remedy forms, conduct office hours). This resulted in an increase in the workload for already overburdened correctional officer staff, to include untimely team meetings and errors in casework.
- **Illicit narcotics were rampant in the facility.** Routine cell searches were not completed, thereby creating the potential for excessive personal property to pile up, for contraband to go unnoticed, and for illicit substances to be more easily concealed.
- **Staff exhaustion created the potential for conflicts with AICs.** Exhaustion among staff exacerbated potential issues between staff and AICs, thereby creating the likelihood for conflicts resulting in disciplinary writeups or incidents necessitating the placement of AICs in the SHU. Additionally, rules were inconsistently interpreted by staff and applied disparately. Since investigations were taking so long to complete, the AIC would be in SHU longer than necessary. Incident Reports were completed in a hurried manner, and

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<sup>17</sup> Names are not provided due to confidentiality rules. However, names have been provided to the Court and counsel.

with errors, sometimes resulting in extra heavy and disparate sanctions. Time frames were missed, due process was violated as well as mistakes in Unit Disciplinary Committee actions occurred.

- **Canned language was used in administrative remedies at both the institution and regional level.** This caused the AIC to often suffer the consequence of the disciplinary action unnecessarily. Valid investigations of the complaints made in the AICs administrative remedy did not routinely occur and administrative remedies were regularly denied without merit for the denial.
- **The facility grounds were unkempt.**
- **Housing units and cells.** Housing units were unkempt and in need of repair, thereby creating an environment with health and safety concerns for both staff and AICs.
- **Medical and mental health services.** These services were extremely limited and regularly provided only in emergency circumstances.
- **Communication.** Effective communication between staff and the AICs remained poor , partly as due to consequences associated with staff exhaustion.
- **Supervision and Training.** The lack of consistent supervision and inadequate training for staff made it difficult for line staff to have confidence in the performance of their duties. They also felt management did not support their efforts. Both staff and the AIC population became demoralized over time.

## Staffing Findings

**Finding:** Staffing vacancies led to system failures in almost every area within FCI-Dublin. This facility had the second highest vacancy rate in the Western Region; 51% specifically when factoring in the 27 staff that are on administrative leave.

**Finding:** Staff augmentation (redirection) resulted in program closures and the inability of AICs to access rehabilitative programming and to earn FSA and GTC credits.

**Finding:** The Court ordered that the BOP shall provide the Court and the Special Master a monthly staffing report for each BOP facility to which FCI-Dublin class members were transferred. The staffing report shall include the number of budgeted, authorized positions and associated vacancies detailed by correctional, casework, program, mental health, and medical classifications.

- The first report shall include staffing and vacancies as of January 1, 2024.
- The staffing report shall also include staffing augmentations for such facilities.

**Finding:** Monthly monitoring of the *Position Output Export Report* and the *Staffing Report* for all institutions where class members are housed should be reported to the Court, counsel and Special Master to determine progress on recruitment efforts and filling of vacancies to ensure the minimum amount of overtime and augmentation is utilized.

## Staffing Recommendations

**Recommendation:** Quarterly monitoring of the Salary Workforce Committee Meeting Minutes, for all institutions where class members are housed, should be audited to ensure overtime, workload, vacancies, and staffing are handled appropriately.

**Recommendation:** Monthly monitoring of the *Position Output Export Report* and the *Staffing Report* for all institutions where class members are housed to determine progress on recruitment efforts and filling of vacancies to ensure the minimum amount of overtime and augmentation is utilized.

**Recommendation:** BOP should Institute exit interviews to gather information about why staff leave the BOP and to glean insight into what the organization can do to enhance its recruitment efforts.

**Recommendation:** BOP should convene a workgroup of leadership, staff, human resource professionals, etc., to develop a strategy for streamlining the hiring, background and promotional process.

# Health Care

## Medical

The Special Master's medical experts conducted an on-site visit at FCI-Dublin from April 10<sup>th</sup> through May 3rd, 2024. During the site visits the medical experts participated in meetings with administrative and clinical leadership to familiarize themselves with the operational processes of the facility.

A key component of the review included a medical expert evaluation to determine if FCI-Dublin met the essential components of an adequate health care system. This included evaluation of organizational structure, health care infrastructure (e.g., clinical space, equipment, etc.), health care processes and quality of care. The review found significant issues and deviation from community standards with intersystem transfers, access to care, medication administration, chronic care management, specialty services, clinical documentation, quality of care, and appropriate staffing levels.

Key components of the operational and clinical assessment included:

- Interviews with health care leadership, clinical staff, and custody staff
- Tour and inspection of the medical clinics, medical bed space, Administrative Segregation/SHU units
- Review of business processes essential to the administration of a health care system (e.g., budget, purchasing, human resources)
- Review of tracking logs(e.g. laboratory specimens, preventative exams) and health records
- Observation of health care processes (e.g., medication administration, emergency response).
- Review of policies and procedures
- Review of clinical guidelines
- Review of staffing patterns and professional licensure
- Interviews with AICs
- Limited review of AIC medical records

### Observations<sup>18</sup>

**Access to Care:** During the over three weeks on site, several critical findings substantiated that patients are not being provided timely access to care including medical, mental, dental, vision, diagnostic and specialty services.). In many cases, this population of patients had not been

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<sup>18</sup> Individual identified patient names are confidential under the Health Insurance Portability and Accountability Act (HIPPA). However, names are provided to the court and counsel.



provided care and treatment for serious health conditions. The lack of access falls outside community standards of practice and led to delays in diagnosis and treatment, preventable pain and suffering, and demonstrable harm to patients. Additionally, important BOP access to care policies and care guidelines have not been followed. As an example, patients are not receiving the expected 14-day New Arrival History and Physical (H&P) timely. We were provided a list by the facility that documented delays of more than four months for the initial H&P.

The sick call process was inefficient and ineffective, and no process was in place to track health services requests (HSR) to determine appropriateness of care. Patients are waiting months to be seen and when seen, may not have critical physical exams performed. According to staff, the facility had an open sick call process, meaning a patient can walk into the clinic, Monday through Friday, and hand in an HSR). However, no system is in place to monitor statistics associated with HSRs, a standard in correctional health settings. These statistics typically include time stamping when requests are received, triaging requests according to clinical acuity, and time stamping when the inmate was evaluated by a clinician.

The process appeared to be heavily dependent on a part-time contract physician who reported she triages the HSR slips due to lack of nursing staff who typically perform this task. She reports seeing any inmate who was triaged as an “*urgent request*” on the same day or within 24 - 48 hours. HSRs she deems routine are set aside to be scheduled. According to the patients and confirmed by staff, the routine (non-urgent) requests are rarely seen. This shortage of nursing and provider staff led to missed opportunities for prevention or early intervention of medical issues and has resulted in higher and costlier rates of urgent, emergency, or specialty care in addition to causing undue pain and suffering to inmates. The lack of basic clinical operational processes and staff has led to a complete failure of the health system.

The lower clinical classification of inmates and of the facility was frequently cited by staff as a reason for less intensive staffing and monitoring of inmate health and wellness. Regardless of the level of classification of inmates housed at FCI-Dublin, women housed there still require preventative, primary, specialty and chronic care that meets established standards of care and existing BOP guidelines. In addition to inadequate clinical staffing, we uncovered inappropriate coverage of clinical issues by non-licensed staff. As an example, the person tasked with scheduling medical appointments was the Assistant Health Services Administrator (AHSA) who is a non-clinical person. Although scheduling in and of itself does not require clinical decision, when interviewed the AHSA stated he reviews the HSRs and determines who should be scheduled first, in essence providing a clinical triage of cases. When unsure of what to do, he would ask the doctor to provide a recommendation and he would follow it. It was clear he knew this process was inappropriate and below universally accepted practice standards that prohibit non-clinical staff from performing clinical triage and determining when a patient should be seen. In fact, in California and many other states, a non-clinical person performing medical triage is considered to be in violation of medical and nursing board regulations that prohibit the practice of medicine by non-licensed individuals.

A concerning pattern was noted with inmates being transferred between BOP facilities with unaddressed or untreated medical issues only to land in a new facility and still not get medical care. Many examples of women being told to have preventative exams done at new facility or addressing chronic care issues at new facility were noted.

**Medical Administration and Oversight:** A key component of functioning health systems is a robust oversight process that continually ensures clinicians have the education and skills to perform in their role and protects patients from discrepancies in care. For physicians this takes the form of credentialing and formal request and approval of clinical privileges in addition to ongoing performance evaluations and peer review. Although BOP staff stated there is a credentialing and privileging process, it was not clear how effective this process was and how peer review was being performed for the licensed providers working at FCI-Dublin. Given the myriad of clinical issues and deviations from standards of care noted for the contract physician, we would have expected a functioning peer review process to have uncovered concerning patterns that could have been addressed. It was also not evident nursing staff was having ongoing competency testing. The lack of this oversight was evident as record reviews show that in many cases, nurses and providers did not perform an adequate history of the patient's complaint or perform adequate physical examinations, even when the patients presented with symptoms consistent with serious medical conditions.<sup>19</sup>

**Chronic Care:** During the review of health records, the medical experts found significant problems with the management of chronic disease patients related to the timeliness and/or quality of care patients are receiving. Although the BOP has clinical guidelines for management of chronic diseases and reportedly access to clinical guidelines, like "UpToDate", provider staff did not follow these guidelines consistently. Obtaining age/condition appropriate care to prevent decline of chronic conditions (e.g., diabetes, hypertension, coronary artery disease) is critical to keep quality high while containing costs. The threshold for further evaluating and/or treating certain chronic conditions (e.g., chest pain and uncontrolled hypertension) was much higher than expected for the age of the inmate and condition compared with community standards. A list of patients at the facility with chronic care conditions was requested and the list contained only three names. When the medical experts questioned the low number of patients on the list, it was stated they were classified as a level 2 care facility and did not have a lot of sick patients.

In reviewing the health records of some of the patients, however, it is estimated that at least 40-45% of the population had chronic health conditions. In many of these cases, patients were enrolled in CCCs that appear to be a mechanism BOP uses to monitor individuals in need of specialty care, however enrollment in the CCC's did not translate into more timely or appropriate care. Common chronic conditions included diabetes, hypertension, depression, anemia, and thyroid disease. The HSA was interviewed about the accuracy of the data, and he agreed there were a substantial number of patients with chronic diseases. He additionally stated he had requested his superiors have the facility re-evaluated for acuity level given the

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<sup>19</sup> Patient #3, 4, 7, 8, 15, 16, 17, 19, 27, 28, 29, 32, 35, 37, 39

wider spread of chronic issues. This is important as HSA staffing models are based on the medical classification of the patients with higher levels of staff going to sites with higher classified populations. Since FCI-Dublin was classified as a healthy population (level 2 care facility), he did not have adequate staff allocated to treat the population that was actually housed there. The HSA described the actual care level of the patient population as 2.95. The HSA reported his request was denied. The Special Master requested a copy of the HSA's request, but to date has not been provided a copy. .

Existing programs/processes for management of chronic conditions were also not leveraged, as evidenced by the inconsistent assignment to a CCC for many patients with a chronic problem or with a condition that requires close follow up. As noted earlier, the CCC appears to be how BOP clinicians are alerted to follow up on chronic conditions like diabetes, asthma, and rheumatologic diseases.<sup>20</sup>

**Specialty Care:** The medical experts found serious problems with specialty care related to the timeliness and/or quality of care in records reviewed. Many problems are related to the provider's failure to monitor and implement consultants' recommendations in a timely manner. Another contributing factor is a faulty system for tracking specialty services and hospital reports and timely provider review of these reports with appropriate action. The current system is problematic in that health information staff scan off-site and hospital reports into the BOP electronic health record (BEMR) before the provider review is done, increasing the risk a report is not seen and signed off before it is scanned into the electronic system and increasing the risk it is lost to follow up. This problem in part is due to the lack of onsite providers who can review and sign off on results in a timely manner and to the lack of health information staff to manage the process to decrease the risk of loss or misplacement. The existing process lends itself to providers not consistently dating and signing reports as having been reviewed, which leads to high risk of missing abnormal findings. Additionally, skipping provider documented reviews fails to provide medical-legal documentation of when the provider became aware of the patient's condition. Although the health information staff seemed to be very conscientious, it appears there is insufficient provider ownership of results/communication that lead to lapses of care. Health Information processes are standards in medical practices and require clear identification of roles and responsibilities with the provider ultimately responsible for reviewing and appropriately addressing any abnormal findings, however, these were lacking at FCI-Dublin.

The medical experts met with the Assistant Health Service Administrator (AHSA), and the person responsible for scheduling both on and off-site appointments to learn the process and criteria for approving or denying consultations. According to staff, there is a Utilization Review Committee that meets every two weeks to discuss consult referrals. The meeting is chaired by the Regional Medical Director. Staff from the regional office and the local prison also participate in the process. The medical experts were not sure what nationally accepted criteria was being utilized to objectively review cases and the AHSA was unaware of the tool being used

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<sup>20</sup> Patient # 1, 2, 13, 15, 21, 23, 24, 31, 34, 39, 40

to approve or deny a clinical consultation or medical service. It is also not clear what the process is for informing providers and inmates of care that is denied and the reason for denial. It is not clear if or how providers and inmates request a second opinion. This appears to be a system issue as many patients report not knowing if or when they will see a specialist and a deviation from community standards.<sup>21</sup>

**Work-Related Injuries and ADA:** No process for managing work-related injuries for inmates was evident. Several cases of accidents leading to significant morbidity were evaluated and no follow-up to appropriately address the issue was documented. In one case a person had hot oil enter her eye while working in the kitchen. She is not able to see and has not been seen by an eye doctor. In another case an inmate was hit with a caulking gun in the face, suffered a laceration to her eye lid, and had it sutured by the Physician's Assistant, despite the sensitive location of the wound. The wound has healed poorly and led to a stricture and formation of a cavity in the lateral eye that needs to be cleaned out multiple times a day. Corrective plastic surgery is now necessary.

Breaches of the ADA were also noted. Two inmates with hearing loss have not been evaluated for hearing aids, and in fact have been punished for failure to follow directions. In one scenario, the person was wearing a mask, thereby making it impossible to read lips.

**Preventive Care:** The BOP has acceptable guidelines for preventive care. FCI-Dublin providers appear to have clear guidelines for screening for infectious diseases like Tuberculosis, Hepatitis C, HIV, and Sexually Transmitted Illnesses (STIs) along with routine primary care screening for anemia, thyroid illness and diabetes. Unfortunately, test results are not consistently followed up. We reviewed cases of patients having incomplete syphilis treatment<sup>22</sup>, untreated/not evaluated hypothyroid illness<sup>23</sup> and cases of severe iron deficiency anemia not adequately addressed.<sup>24</sup> The medical experts reviewed other medical records where the provider has ordered either tests or treatments that did not get completed. It is unclear if this is due to the lack of nursing staff, or the staff are just not completing the task. Over 100 charts of patients were reviewed by the medical experts and in the majority of the records the Hepatitis B vaccine was ordered but none had been administered. There was also inconsistent Well Woman Care (WWC). Many women did not have a Pap Smear on file, and in some cases, particularly around late October 23, 2023, the medical experts identified cases where documentation of a gynecologic exam including obtainment of Pap Smear was on file, but no Pap Smear result was in the record. It is not clear if the test was not sent to the lab, if the test was lost, or if the result was not obtained from the lab. BOP staff conveyed this may have been at the same time an upgrade occurred in BEMR. Clinical systems upgrades should be planned, and audits should occur to check on unexpected issues that may arise from upgrades. Community standards include tracking of screening tests like Pap Smears and Mammograms in a log to ensure results

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<sup>21</sup> Patient #8, 15, 27, 28, 29

<sup>22</sup> Patient #4, 42

<sup>23</sup> Patient 19, 32

<sup>24</sup> Patient #27

do not fall through the cracks but no evidence was provided that this was done. Although there is frequent documentation of women declining or refusing treatment, particularly of sensitive exams like WWC, the experts question the validity of the documentation because in our interviews with AICs it was clear they wanted preventive care. The medical experts also received a large number of complaints regarding gynecological issues that had gone untreated. A persistent pattern was noted of medical staff documenting AICs were not compliant with medications or other treatment. In some cases, like Pap Smears or other gynecological denials, AICs were referred for two issues, for a screening Pap Smear or for insertion of IUD or pelvic ultrasound for example. If the AIC changed her mind and no longer wanted an IUD, the Pap Smear was not done either and the note will reflect *“patient declined Pap Smear because she does not want IUD”*. A review of charts also showed women frequently got presumptive treatment for vaginal infections without an expected pelvic exam. Although presumptive treatment is not outside standards of care, in several cases women were treated with various antibiotics without improvement and eventually sent to the emergency department without ever having a physical exam performed.<sup>25</sup>

## Mental Health

The mental health staff (psychologists) appear to have a more organized system of care and use standardized instruments and tools to evaluate inmates for a variety of mental health issues. The Chief of Mental Health and her staff attempted to provide adequate service to their patients. Due to their high number of vacancies, they too were only able to provide crisis level of care. Unlike other facilities there is conflict between the mental health staff and the contract medical provider. According to the patients and confirmed by the Chief of Mental Health, the contract medical provider did not allow the patients to see the mental health provider even when it was requested by the mental health case workers. The physician contractor was the main provider for most mental health issues. However, significant deviation from standards of care were noted. As an example, primary care physicians in the community managing level 1 and 2 depression and anxiety follow best practice standards that require use of standardized tools (PHQ-9, GAD-7) to monitor treatment response. These were not in use at FCI-Dublin despite heavy use of anti-depressants and other psychotropic medications. Co-management or referral to a psychiatrist, if happened, was rarely documented. Additionally, given the high rate of Post-Traumatic Stress Disorder (PTSD), SUD, and trauma related to sexual and other personal violence present, a more integrated program with the on-site psychology team would have been warranted but was non-existent. We spoke to several patients that stated they had been waiting for months to see a psychiatrist for medication management and have been denied. Multiple patients report they were transferred to the facility stable on psychiatric medications only to have it discontinued or totally changed by the contract provider without an appropriate explanation. A review of medical records substantiated the claim that the contract physician would take inmates off medications they had been on and/or

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<sup>25</sup> Patient #5, 9, 20, 21, 22, 23, 24, 25

changed them to other medications. It is not clear if this is due to personal physician preference or differences in formularies between BOP sites.

It should be noted that with the limited number of staff both in custody and mental health, the programs that are standard in most jails and prison are not occurring in FCI-Dublin. According to the Chief of Mental health and her staff, with the limited resources at the facility they have not been able to achieve those goals. The staff sexual abuse that occurred at this facility further complicated their efforts as their limited staff became the PREA response team. A large number of the women who were victims of the sexual abuse at the facility were part of the mental health program. Instead of the Psychology Department implementing programs to address the inmate population's mental health needs, their time was spent responding to allegations of PREA violations. This negatively impacted the patients that were victims of the abuse and also patients who were in the mental health program as now they were not getting seen at all. The medical experts spoke to one patient that stated previously she was being seen monthly but at the time of our visit she had not had a scheduled appointment in months due to the clinicians' workload associated with PREA related responsibilities. Another patient stated that even when she was scheduled the appointment did not take place due to short staffing levels or some crisis or emergency at the facility.

The other area of concern is the lack of access to a psychiatrist. It is a well-established practice to utilize tele-psychiatry in prisons. It is our expert opinion that these patients could have benefited from having ongoing access to a psychiatrist to address their mental health needs. The clinical case workers attempted to provide some psychotherapy but failed due to staffing levels. Many of the AICs encountered had a mental health diagnosis, but their medication wasn't the typical psychiatric medication for their conditions. The patients and the mental health clinician at the facility did not believe the contract provider was managing the patient medications appropriately. It was reported that the mental health staff would attempt to have a patient seen by the tele-psychiatrist, only to be denied by the in-house contract medical provider. It appears the medical provider at FCI-Dublin could grant or deny patient referrals to a psychiatrist, a practice that falls outside community standards. It is common practice to have a medical provider complete a work-up on mental health patients prior to them starting psychiatric medication and even to manage lower-level depression and anxiety. However, it is very uncommon and unethical to have medical providers block patients access to a psychiatrist when the Chief Psychologist is making the referral. In a healthy, well run mental health program, the treatment of the patient is comprehensive and provided by diverse teams that includes clinicians from varying disciplines and non-licensed staff. This is intended to ensure the people that likely have relevant information about the patient have input.

Treating patients with mental illness is much more complex than simply managing medications. There are many factors that impact a person's ability to cope with mental illness like environmental, social, past trauma, and life stressors, that make it critical to have robust and diverse treatment teams in place to ensure all domains are addressed in a holistic manner. In most facilities the patient has a multidisciplinary treatment team that works with the patient in development of a treatment plan with goals. This did not occur in FCI-Dublin. In reviewing

health records of patients in the mental health program, the experts were unable to find any documentation that this level of support was occurring. Because the medical contract provider was the highest licensed staff at the facility, there was no one onsite that could override or direct her practice. Since the Chief of Mental Health is a psychologist and typically does not prescribe medications, they must depend on a psychiatrist or medical provider to do so. If the Clinical Director position had been filled, this person would have the ability to intervene between the two disciplines and make the best decision for the patients. The long-term Clinical Director position vacancy, compounded by minimal staffing resources, was a major contributing factor for the poor care and the healthcare dysfunction that occurred in the facility'; However, what is also apparent is that the BOP abdicated its role in clinical oversight of the contract provider. If appropriate oversight including peer review, quality chart audits, and ongoing performance evaluations were in place, this issue would have been uncovered.

## Medication Assisted Treatment

The medical experts encountered a number of patients and reviewed charts where AICs stated they have requested Medication Assisted Treatment (MAT), but have been denied treatment by the physician, despite the fact that illegal drug usage was rampant throughout the facility. The Special Master obtained documentation confirming that as of April 11, 2024, approximately 90 women had requested MAT treatment, and were pending screening and or treatment. In many cases these AICs had a diagnosis of severe Opioid Use Disorder. Only 16 AICs were receiving MAT treatment based on records provided by FCI-Dublin. When the physician was interviewed about the care for persons with mental illness and/or SUD requesting MAT, she stated that she felt that she had the clinical experience to handle them herself. This is not necessarily outside the community standard, what is outside standards is the lack of standardized tools, consistent use of expected practice guidelines, and a clear escalation protocol for consulting with a psychiatrist to co-manage more complex patients. The medical experts questioned her experience and competency and the HSA agreed that the contract provider did not have the right skill set to manage the mental health and MAT needs of many patients and was not sure why she was denying patients referral to the psychiatrists and MAT. With the decrease in mental health programs and the lack of institutional programs, there had been an increase in patients who were decompensating and making suicide threats or gestures.

During the visit there were two women placed on suicide watch. The facility did not have any space in the housing area where a suicide watch or safe monitoring can be performed. When patients needed monitoring, they are escorted to the administrative side of the medical building and placed in a room or in five-point restraints while another inmate performs the watch. Having other inmates perform clinical functions is against every acceptable standard in National Commission on Correctional Health Care and Affordable Care Act. The practice of having inmates perform clinical duties is simply unacceptable and unsafe for various reasons. Clinically, inmates are not trained to recognize early signs of distress or emergent symptoms, from a security perspective having inmates monitor others at their most vulnerable state sets

up a dangerous power dynamic. This is even more of a concern for the women in seclusion. This type of practice was eliminated from most systems over 30 years ago.

Lastly, there was a complete absence or focus on PTSD and management of symptoms in the medical setting, including training in Trauma Informed Care (TIC) for the medical staff. A high proportion of AICs had suffered sexual and personal violence as noted in their psychologic intake, yet when annual preventative gynecologic exam and other sensitive exams were conducted, no history of this was noted and TIC interventions not taken.<sup>26</sup>

**Table 25 – Backlog:** Below is a chart of some of the backlogs noted in the clinical area. The medical experts requested additional data on backlog and timeliness of appointment, but due to the BOP decision to transfer patients out of the facility, they were not able to provide all of the requested information.

**TABLE 25**

Service	Total Number Backlogged	Longest Wait Time	Comments
History and Physical	46	11/8/2023	
Dental Intake Assessment	57	5/3/2023	
Consults pending	20	1/6/2022	
Consults pending scheduling	23	10/19/2019	1635 days
Mammograms	198	2018	
Pap and Human Papillomavirus	240	2016	
Hep B Vaccines	Over 348 ordered	2017	Only 3 given
Medication Assisted Treatment	90	2021	
Sick call	Unknow	Unknown	No tracking
Chronic Care	Unknown	Unknown	No tracking system. Facility provided a list with only 3 patient names.

**Table 26 - Staffing:** The health care staffing levels at the prison were dangerously low. The HSA reports an over 70% vacancy rate amongst health care staff. Despite this vacancy rate, it is not clear that leadership has attempted to develop a relationship with the local safety net system, which is robust. Additionally, it is not clear on the use of telemedicine or other alternative means of access has been sufficiently explored when appropriate. The lengthy

<sup>26</sup> Patient #14



background process required by BOP, even for a contract provider, was reported by the HSA and AHSA as a significant recruitment barrier. However, there was also insufficient local healthcare recruitment efforts and little support from Central Office and Region.

There has been only one part time physician who was a contract staff and only worked 3 days per week. Due to the lack of staff, the part-time provider had no help. She was triaging HSRs, scheduling her line/clinic, rooming patients from the waiting room, including performing vital signs which are intermittently checked. The facility was only staffed with health care staff 12 hours per day (6 a.m. to 6 p.m.). From 6 p.m. to 6 a.m., if there was an emergency, the already understaffed custody personnel must manage the emergency.

The HSA, who by licensure is a Physician Assistant, and the Chief of Mental Health a Clinical Psychologist, were both seeing patients. There was no radiologist on site for the past 1½ years. Previously, the radiologist performed all the X-rays and mammograms on site. With the absence of this person, all routine and urgent x-rays were conducted off site, if conducted at all. This placed an unreasonable burden on the custody staffing levels, which were already critically low. This is very troublesome because when there are emergencies or urgent send outs, the already short custody officers are pulled from posted positions and/or are forced to work mandatory overtime to transport these patients out. This also impacts prescheduled specialty appointments. According to staff, specialist appointments had to be cancelled due to the lack of enough officers to transport AICs off site to appointments. This is unfortunate as many of these patients had waited months to be seen.

Dental is another service that was backlogged. The facility hired a dentist in February 2024 after not having had one for an extended period. Some of the patients said they had just stopped requesting service because none had been historically available.

The inadequate staffing levels had a direct impact on the lack of care these patients have received. According to the HSA, who by license is a Physician Assistant and who has been at the facility since July 2022, the high number of vacancies and inability to get contract staff led to a request to reduce the number of clinical coverage hours from 16 hours to 12 hours per day. Having clinical staff 12 hours per day would allow them to cover the 12-hour shift, 7 days per week. In addition to the inadequate staffing levels, the type of staff covering some of the healthcare positions were correctional officers, placing clinical decisions in the hands of non-licensed personnel.

It was also reported that when the facility correctional officers' staff was low, some of the staff assigned to the healthcare unit would be pulled and redirected to cover custody posts. This was part of a disturbing pattern noticed amongst health care staff—that of dual loyalty to the correctional officers and to patients. This problem is not unique to FCI-Dublin, but one that needs to be corrected. Healthcare staff working in a carceral setting first and foremost must focus, advocate, and care for the individuals housed at the respective correctional facility. Failure to do this erodes the provider-patient relationship and risks conflicts of interest. There was widespread evidence this had occurred at FCI-Dublin. Patients relate not really knowing

the difference between correctional officers, nurses, doctors and other clinicians. In conversations with correctional health staff, it was also apparent those lines were blurred.

**TABLE 26**

Allocated Position	Status (filled /vacant)	Comments
Clinical Director 1.0	Vacant	Vacant over 3 years
Staff Physician 2.0	Vacant	0.5 Contract provider 6/23
Health Service Administrator 1.0	Filled	8/2022
Assistant Health Service Admin 1.0	Filled	7/2022
Dentist 1.0	Filled	Recently filled 2/28/24
Dental Assistant 1.0	Vacant	Over 2 years
Pharmacist 1.0	Filled	
Mid-Level Provider 4.0	All 4 vacant	All vacant for years
Nurses/Paramedic 5.0	2 filled 3 Vacant	2 contract nurses working
Medical Record Staff 1.0	Filled	
Health Service Assistant 2.0	1 Filled 1 Vacant	
Infectious Disease Registered Nurse 1.0	Vacant	Vacant for 3 years
Social Worker 1.0	Filled	
Chief Mental Health 1.0	Filled	
Assistant Chief Psychologist 1.0	Filled	
Staff Psychologist 3.0	2 filled (new hires) 1 vacant	Both filled positions have been onsite less than 3 weeks
Licensed Clinical Social Worker 1.0	Filled	

**Medication and Pharmacy:** The medical experts found significant problems with pharmacy and medication administration, including lack of continuity upon arrival, delayed refill of medication, lapses of medication orders, medication errors and delays of medication in urgent situations, such as dental abscesses. It was reported by many patients that their medication has been changed, dosage reduced, or discontinued for no known cause and without a conversation with the provider. It is not clear if this was due to prescriber preference or differences in formularies across BOP, which should be standardized. Of significant concern was that the nursing/medication technician in the SHU did not adhere to standards of nursing practice regarding medication administration. The patients housed in SHU were given medications through the cell doors. With very little light in the cells and on the unit, the nurse administering the medication could not ensure that the patient ingested the medications. Also, the patients were not asked to open their mouth to check that the medication was swallowed.

Review of medical records showed the contract physician would regularly discontinue medications for “lack of compliance.” However, this was done in some cases without

interviewing the patient regarding reason for not taking medications, such as side effects. Even in cases when patients told the contract physician, they did not like how a medication made them feel, she would discontinue, not offer an option and label the inmate “non-compliant.” The medical experts did not find an existing process for following up with patients who did not pick up medications ordered as “Keep on Person.” Of most concern was the missing process for identifying medications that should not be skipped or stopped abruptly. Multiple entries were noted where a physician documented an inmate did not pick up medication and an order for discontinuing the medication was placed. No regular evidence inmates were counseled on importance of taking medication or asked why they discontinued medication was noted in patient records.

Of significant concern was the lack of MAT. An alarming number of patients voiced concerns about their MAT medication being reduced by one-third without any reason or explanation. There was also a long wait list for patients requesting to be evaluated for the MAT program. The medical record review and patient interviews show that inmates had free access to illegal opioids and other drugs. With the high volume of street drugs flooding the facility this has become a crisis. Both the custody staff and the inmate population said they had never seen the amount of street drugs in the facility as it is now. Patients with a history of drug addiction that have been sober for years state it is harder to remain sober when street drugs are readily available. Reports of inmates pressuring individuals to buy and use drugs were common. Even in situations when an inmate has the diagnosis of severe Opioid Use Disorder, MAT was not routinely offered or available. The distribution and access to Naloxone for inmates was not clear.

The number of illegal drugs in the facility was at an all-time high. The custody staff feel they do not have the staff and need additional resources to do their jobs. Due to the critically low staffing levels and concern of PREA allegation, during a townhall meeting, a correctional officer stated they would not perform body searches. As a result, illicit substances were entering the facility at a record rate. Staff and inmates spoke of a drug called K2 that is in every housing unit. Staff reported they were responding to man-down emergencies daily and most of the time it was suspected that the emergency was due to K2 use. During the medical experts’ site visit, they observed a patient suddenly drop to the floor sustaining a 2.5 cm laceration to her head. The patient had no known medical condition that would cause her to collapse. Custody staff responded and the patient was sent out to the local hospital for treatment. Upon return from the hospital, it was noted that the patient had possibly consumed K2.<sup>27</sup>

**Emergency Response:** The facility was not equipped to respond to medical emergencies. The facility had been classified as a level 2 facility by the BOP. Being a level 2 facility, it was not funded or allocated positions for nurses to provide 24/7 coverage. The medical experts believe the patients’ medical conditions at the facility were much higher than a level 2 facility. Regardless of the facility level, a basic expectation of a correctional facility is to have trained staff that can respond to emergencies in a timely manner. FCI-Dublin failed to have adequate

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<sup>27</sup> Patient #1, 2, 4, 5, 6, 13, 26, 31, 32, 35

staffing levels to respond to the patients when there were medical and mental health emergencies. Due to the lack of healthcare staff when there was an emergency, it fell on the correctional officers to respond. This is unacceptable as this placed an undue burden on the correctional officers to respond to an emergency and decide if the patient needed to be sent out or stable enough to wait until medical staff report to work essentially. Correctional officers were essentially being asked to clinically triage patients without appropriate training or licensure.

FCI-Dublin only staffed the facility with health care staff 12 hours per day. This left 12 hours where the patients were depending on untrained non-health care staff to respond to medical or mental health emergencies. During the medical experts' time at the facility, they witnessed such emergencies, once when a patient collapsed from possible drug use, sustaining a 2.5 cm laceration on her head. This occurred at approximately 4 p.m. There was not a medical person available at the facility that could legally respond and triage the patient. The correctional staff, including the warden responded to the patient, and provided first aid, by placing pressure on the wound. They obtained a gurney and took the patient to the medical treatment room. While in the room the custody staff were attempting to locate gauze and other supplies to stop the bleeding. One of the staff there was a medication technician, a classification that is not used in California outside of the BOP systems. An ambulance should have been called to transport this AIC to the hospital, but instead, custody staff put the AIC in a vehicle and transported her to the hospital.

The other incident occurred early in the morning when a patient was banging her head on the wall. Staff responded to her cell and intervened. Once at the cell she reported that she had taken a large amount of unknown pills. Again, the custody staff took the lead in deciding about the emergency until medical staff reported to the area. The patient was sent out to the local hospital for treatment. The medical experts believe correctional staff play an important part in being a first responder in prisons. However, the correctional staff should be trained and not be placed in a position to determine if a provider should be called or not. Staff are also being asked to respond and triage without adequate supplies or equipment. The facility also lacked basic medical emergency supplies, or the supplies were not accessible to the staff when responding to an emergency. Regardless, this placed the AICs at risk and correctional staff in an untenable situation.<sup>28</sup>

Although the medical experts were concerned about not having the appropriate level of clinical staff onsite to respond to emergencies, they would like to commend correctional staff, acting warden, and the medication technician for doing a good job under duress without appropriate staffing in the witnessed emergency.

**Medical Staff Process:** There did not appear to be a standard credentialing and privileging process for the facility. The human resource staff was not clear on the process. She believed

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<sup>28</sup> Patient #17

the credentialing process occurred from the regional office, but was unable to confirm. With the vacant Clinical Director position for the past three years, functions like peer review and provider evaluations did not occur. The medical experts were informed by the AHSA that he reviews the providers and the nursing staff documentation for quality and compliance. When questioned about his qualification to perform clinical reviews and/or evaluate the clinical staff, he stated he only looks to ensure they do not miss anything. It is clear the absence of this key position contributed to the poor health care that occurred at this facility. There was no clinical oversight by a qualified staff member. If it existed, then it failed to capture serious gaps in knowledge and diversion from standards of care. There were also concerns about the contract physician's practice and the fact that there were no other clinical staff that could provide clinical supervision to the Physician Assistant, who is also the HSA.

**Patient #1:** The medical experts interviewed this patient on April 12, 2024. The patient reported she had been at FCI-Dublin facility since September 7, 2023, and stated she had requested to be evaluated by medical for her Meniere's disease. She indicated she was not receiving the medication she had received prior to transferring into the facility. She stated she had nausea, frequently vomited and had lost 30 pounds since her arrival. She further stated that prior to transferring to FCI-Dublin, she was told she was going to receive a bone scan. In reviewing her medical record, it supports her Intake screening was conducted on September 7, 2023. The intake screen did not document any of the medical issues the patient stated she had informed them of. The intake screen vital signs were within normal limits. On September 19, 2023, she was seen for her Intake History and Physical (H&P) with little to no documentation of the patient's medical history. On October 4, 2023, the patient states she received an injury to her right arm when a corrections officer opened the cell door and accidentally slammed it into her arm. She stated she was in severe pain and requested to see medical. She stated she handed in eight Health Service Requests before she was finally seen by the provider on October 19, 2023 - more than 15 days after the initial injury. She finally received an x-ray of the right arm elbow and the film was negative for a fracture. Due to her loss of feeling in her right arm, the Provider was going to refer her for a nerve test. In reviewing her health records, the medical experts were unable to see that a consultation was requested.

**Patient #2.** This patient was 81 years old and entered the facility on April 29, 2022. She arrived at the facility with medication she had been taking for years and special orthotics for her mobility condition. When she self-surrendered, the facility refused to allow her to keep personal orthotics. They were taken and sent back to her daughter. She was provided shoe inserts, but they were not adequate for her condition. She has severe arthritis in both knees, and had previously received a cortisone injection in her knees and needed a third injection. The third injection had not been ordered and she had not seen an orthopedic provider since her arrival at the facility. Due to the denial of her special shoes and orthotics, she reported trouble walking and had fallen multiples time. The patient had her first fall a few months after arriving at the facility. She sustained a lower leg injury to her right calf and stated the wound was open, red and oozing pus. She stated it took two to three weeks to be seen by medical. The patient stated her initial treatment was ointment and ace wrap. The wound did not heal and worsened over time. She continued to seek medical assistance without success. Almost

two months after her initial injury, she stated she finally received help from the provider who then provided her with good care. She stated the provider placed her on an oral antibiotic, daily dressing changes and a large amount of vitamins. According to the patient, it took over eight months to heal and she has a large scar because of how long it took the wound to heal. The patient also states she suffers from the side effects of prolonged COVID-19. She also states that prior to coming to the facility, and having previously contracted COVID-19, she did not have some of the medical issues she has now. The patient states she has a hard time breathing and can only walk a few feet without becoming short of breath. She stated that the custody staff told her if she continues to complain, she can be sent to Coswell, Texas. She stated she has stopped requesting assistance or help from medical and just depended on the other inmates to help her. She was concerned about being transferred out of California as her family is near and visit her. When the medical experts spoke to the patient, they looked at her legs. It was clear that she was having trouble breathing, and she has four plus pitting edema in both legs from her knees to her feet. She has hypertension and her medication may need to be adjusted. The medical experts opined the patient would benefit from a complete medical work up, given her age and medical history.

**Patient #3:** This patient has a history of cardiac problems and was seen in January 2024 by cardiology. She was given a heart monitor to wear for a week. She returned the heart monitor to medical. According to the patient, she was contacted by the facility that owns the monitor asking for its return. The patient was concerned that the results from the week of wearing the monitor were lost. She stated she had not had a follow-up appointment with the provider in FCI-Dublin and had not been seen for a follow-up appointment with the cardiologist.

**Patient #4:** This patient is 52 years of age and had entered the facility approximately 13 months earlier. She stated that prior to her incarceration, she was in an automobile accident and sustained severe injuries. According to the patient, she has nerve damage and was in pain. The patient states she had been trying to get relief, but the provider would not treat her. She stated after months of requesting to be seen by a specialist, she was finally sent to Stanford for x-rays, but had not been told the results. The patient stated that on March 22, 2023 she was seen by the provider because she had bumps/red marks all over her body. Her visit was in response to her request to be seen because of hives or bumps on her body. However, during the visit the provider informed her she had syphilis. She was upset and tearful during the interview with the medical experts as she felt her health care issues had not been addressed. The medical experts were unable to confirm that she was positive for syphilis or if she had been treated. Prior to the patient being transferred to another facility, a request was made that she be seen and evaluated for her ongoing nerve issues, and possible treatment for syphilis.

**Patient #5:** This patient has been in Dublin since October 2023. She states she has a history of ovarian cysts and a mass on her uterus. When we spoke to her, she stated she is in increased pain which has not been addressed. In review of health records, she has been seen a while back, but there was no order found for a gynecological consult for follow up on her medical condition. There was also no order for pain medication that would help bring relief. Delays in diagnostic procedures and lack of follow-up at the facility are very concerning. These delays

according to the patient have made her mental health issues worse. She states she was on Remeron and antidepressant prior to transferring to Dublin. But once she arrived, the medication was not continued. The patient reported her medical issues not being addressed has caused her even more stress and anxiety.

**Patient #6.** This patient entered the facility in June 2022, and had a history of depression and substance use. She stated she has not been able to see a psychiatrist regarding her medication despite placing multiple requests. She also stated she had been having problems with her MAT medication. The patient further stated she had been on 300 mg of MAT medication and without speaking to her and for some unknown reason, the dose was reduced to 100 mg. This caused her to start going through withdrawal and attempted suicide by hanging. Again, this is another example where the medical provider, for no apparent clinical reason, was reducing the patients' medication and placing them at risk. According to the patient, this was not the only medication issue. She also stated her psychiatric medication was changed when she arrived in FCI-Dublin. She stated it has been a consent struggle to have medical issues addressed. The patient stated she had filed several grievances that had gone unanswered. When the medical experts followed up with the HSA, he confirmed that grievances are backlogged. He was aware of this patient, but was not able to provide a status as to when her issues would be resolved.

**Patient #7:** This patient arrived at FCI-Dublin January 2023. She states she had been requesting eye glasses for over a year without being seen. When the medical experts spoke to her, she stated her vision had gotten worse over the past year. She states due to her straining her eyes to see, her migraines had gotten worse.

**Patient #8:** This patient was referred to neurology on November 30, 2023 for disc herniation and foraminal narrowing (noted at L4-S1) in previous exams. She had pain consistent with these findings. Per the health record notes, she had an MRI in October 2023. She was sent to neurology for an evaluation for steroid injection versus other treatment. As of April 18, 2023, the patient had not been seen by neurology for treatment.

**Patient #9:** This patient was seen on April 24, 2024, and diagnosed with vaginal abscess. She was prescribed pain medication and sent to the emergency department. She was treated with a dual antibiotic regime. The patient was seen on April 18, 2024 for a follow-up appointment by the contract physician who noted, "right labia diffusely enlarged, tender, firm, no fluctuance noted, swelling mildly increased from yesterday." The patient was given an antibiotic injection and one-time injection of pain medication, and continued on oral antibiotics. A BOP physician, brought in to assist with medical clearances, evaluated the patient April 18, 2024. The physical did not document physically examining the genital area, but documented "*vaginal lip infection on antibiotics. There is a med hold on her from treating physician. In my view she can travel.*" This inmate also had rheumatoid arthritis and was on methotrexate, yet has been denied soft shoes.

**Patient #10:** This patient was seen on August 25, 2023 by a contract physician. She had a documented history of anxiety and depression and PTSD. She had been on Hydroxyzine and

Zoloft and Trileptal. She denied suicidal thoughts or thoughts of self-harm. She overdosed at 15 with alcohol and medication, but it was not documented as a suicide attempt. She was not seen by a psychiatrist, but her medications were discontinued on October 31, 2023 by the contract physician based on the patient stating she was not taking them. She was prescribed Zoloft, but there was no documented follow up.

**Patient #11:** This patient was diagnosed with Lupus and was on medication. She was denied soft shoes because she did not “qualify.” No exam was noted or comments on arthritis or neurologic symptoms that might be associated with lupus.

**Patient #12:** This patient had a Pap Smear in March 2020 and November 2021 both show High Grade Squamous Intraepithelial Lesion (abnormal Pap Smear result). She was referred and seen by a gynecologist on September 21, 2023. The gynecologist recommended the patient be scheduled for a follow up in his office for better visualization and biopsies. As of April 16, 2024, the patient had not been seen by a gynecologist. The patient also suffered an injury to her left eye while working. The caulking gun fell and caused a cut to the internal eye fold. She was seen in medical and the physician assistant stitched her eye. The area abnormally healed and appears to be as a result of inadequate suturing. She also has painful stretched skin that has formed a small cavity requiring cleaning throughout the day as eye secretions leak into area. The patient needs to be evaluated by a plastic surgeon.

**Patient #13:** This patient had history of deep vein thrombosis (blood clotting disorder) on two separate occasions and was on an anticoagulant. Her medications were discontinued at FCI-Dublin without appropriate documentation and justification.

**Patient #14:** This patient had a diagnosis of severe Opioid Use Disorder, but had not received medication assisted treatment.

**Patient #15:** This patient had history of chest pain since September 2022, which included intermittent left sided chest pain, arm and scapular pain. There is no history of having a stress test completed. An EKG was performed without worrisome findings, but her sex, age, and history of hypercholesterolemia place her at risk. She had not been seen by Cardiology as of April 18, 2024, and the standard of care had not been met. The stress test should have been completed sooner.

**Patient #16:** The patient reported to the pill line December 9, 2023. Her blood glucose was checked and resulted at a level of 26. She was reportedly alert and oriented, but felt shaky. She was given a glucose gel tube and the ingestion was witnessed. The patient was then counseled to remain in the medical waiting room to have her glucose rechecked in 15 minutes. The recheck was completed at 6:40 a.m. and read a glucose level of 41. She stated she was hungry and wanted to go eat. She was instructed to go eat and return for another recheck. The patient returned at 7:10 a.m. and her glucose was 44. She was again instructed to remain in the waiting room for a recheck to be completed in 15 minutes. At that point her glucose was 66 at 7:20 a.m. She was given information regarding hypoglycemia and sent back to her housing unit.



No insulin was prescribed that morning, and the patient was instructed to return for an afternoon/evening dose. The patient reported she was not given her afternoon/evening diabetic snack. This is not the standard of care. The patient should have been kept in a medical room under observation and not allowed to walk around until her blood sugar stabilized.

**Patient #17:** The patient reported falling from a bunk and advising the correctional officers. There is no evidence or documentation of an evaluation by medical personnel.

**Patient #18:** This inmate had a prior diagnosis of depression, Attention-Deficit/Hyperactivity Disorder, PTSD, seizures, and bipolar disease while using methamphetamine. She had documented suicide attempts in her chart. However, the Chief Psychologist documented that the inmate had no history of suicide attempts or ideation despite the history being recorded in previous interactions with other providers. If the concern was that the patient was misdiagnosed during active methamphetamine use, that documentation should have been made.

**Patient #19:** The patient was diagnosed with abnormal thyroid stimulating hormone (0.02, normal is 0.27-4.20). As of April 14, 2024, she had not had follow-up lab tests conducted. On April 17, 2024, the patient had vaginal discharge, but no genital exam had been conducted, but she was treated presumptively for bacterial vaginosis. Trend noted: genital exams not routinely conducted when warranted. Patients are treated presumptively.

**Patient #20:** This patient was seen and treated presumptively for vaginal infection first with Metronidazole, then when it was noted her condition was not improving, with Diflucan. Thereafter, she was treated with oral contraceptives, then Metronidazole again and finally, sent to the emergency room for evaluation. This treatment does not meet standard of care. First no pelvic exam was documented, and although presumptive treatment in certain cases is appropriate, it is not when a patient is not improving. Secondly, use of oral contraceptives is not a treatment for vaginal infections.

**Patient #21:** This patient has hypertension that is not optimally controlled. She complained of bloody discharge from her breast and reported to sick call for treatment. Although the sick call note documents patient was able to express bloody milky discharge, no exam was documented and no mammogram has been ordered or conducted. This is a serious deviation from standards of care.

**Patient #22:** This patient was seen by Gynecology on July 12, 2023, and an evaluation for endometrial biopsy was recommended as soon as possible. As of April 18, 2024, this patient had not been seen.

**Patient #23:** This patient had no Pap Smear in six years. A Pap Smear was conducted in 2019. The pelvic exam is on file dated November 10, 2020, with documentation that a Pap Smear was obtained, but no pathology results were found in the chart. This was a common trend, especially during the late October-early November 2023 where several women received pelvic

exams and have documentation a Pap Smear was obtained, but no results were found in the medical charts.

**Patient #24:** This is an example of a trend commonly observed. Documentation that patients had declined Pap Smears without any education provided on the risks of missing preventative exams. In this case, the patient was referred to GYN for IUD placement and she changed her mind about an IUD placed and Pap Smear. There also appeared to be a complete absence of trauma informed care, especially for sensitive exams. This was of particular concern given the high rate of prior sexual victimization in the female patient population. In this case, the patient was referred to GYN for IUD placement and she changed her mind about having an IUD placed. She related not declining the Pap Smear, but declining the IUD placement. The inmate opined it was a rushed all or nothing mentality.

**Patient #25:** Documentation states the patient declined a Pap Smear. When interviewed, the patient states she went to Gynecology and upon a review of her history, she told him she had a baby 1 ½ years prior. The doctor allegedly stated, *“You had a pap smear with the baby right? Do you really want one now?”* The patient relayed feeling like the physician did not really want to treat her. The patient had significant urinary incontinence and had been started on oxybutynin the day before this interview.

**Patient #26:** This patient had a history of major depression, and was being managed by a primary care provider, but there was no psychological evaluation on record. The contract physician was managing the patient without a consultation with psychiatry given the patient’s past history. In addition, the patient was evaluated and diagnosed with early dementia by a neurologist and it was advised she start treatment for the dementia on April 10, 2024. As of April 16, 2024 no medication for dementia had been initiated. The problem with this case is that depression can behave like dementia and vice-versa. Without appropriate objective evaluation of how treatment is affecting depression, it is difficult to ascertain if someone is in remission or not. Throughout all mental health cases being treated by the contract physician, no evidence of standardized tools like PHQ-9 or GAD-7 being used were observed.

**Patient #27:** This patient was diagnosed with a severe iron deficiency (anemia). A note in her file indicates, as of November 30, 2023, *“hematology oncology recommended intravenous infusion of iron.”* It is unclear from a review of her chart if this had been accomplished or if other tests to evaluate the cause of her anemia, such as colonoscopy, had been conducted.

**Patient #28:** This patient has a history of post-partum deep vein thrombosis (2009) and required an inferior vena cava filter placement. She needs cardiology and/or hematology evaluation for guidance of ongoing management. This was ordered September 12, 2023, but not conducted. The patient has also complained of having hearing loss and periauricular mass. She was scheduled for an appointment with an otolaryngologist on April 17, 2024. It is unclear whether this was completed prior to her transfer out of the facility.

**Patient #29:** This patient had a cholecystectomy on April 10, 2022. She had an abdominal CT conducted that showed a soft tissue mass and an appointment with a gastroenterologist (GI referral) was recommended. A repeat CT April 19, 2022 showed the same result and a GI referral was placed, but it had not occurred as of April 16, 2024.

**Patient #30:** It is not clear why a psychiatrist did not evaluate this person. This patient has a history of multiple psychiatric medications, history of auditory hallucinations and appetite changes. She has severe opioid use disorder. She reported to sick call on July 3, 2023, and placed on suicidal watch. On August 30, 2023, she cut her wrist in a suicide attempt. She was in the SHU at the time. The reason is unknown. There was a note in her file that indicated “consult with psych noted” by physician, but no psychiatrist note was found in her chart. As of February 21, 2024, it does not appear she was seen by a psychiatrist. There is a suicide alert in her chart.

**Patient #31:** This patient had history of mental illness and had been on escitalopram. She requested a change in her medication and had not received an appointment for follow up. She is on prazosin and has put in several medical requests as a result of low blood pressure, but had not been seen. She had seen a psychologist once since her arrival at FCI-Dublin. The patient has a history of PTSD, anxiety, and depression. She did not appear to be in any programming or group therapy.

**Patient #32:** It was noted that on this patient’s transfer note from April 20, 2024, a notation was made that the last Thyroid Stimulating Hormone was very abnormal at 67.25 and that the patient had stated she had not been prescribed medications.

**Patient #33:** No admission labs were found in the patient’s chart.

**Patient #34:** This patient was seen October 4, 2022, for a Pap Smear, at which point the nurse practitioner reviewed the chart and noted the patient had untreated trichomonas and syphilis that she was unaware of. This is an example of another common trend—the lack of a structured process for following up on test results.

**Patient #35:** This inmate had a long history of flat feet, complained of significant foot pain, had not been seen by podiatry and was denied a soft shoe. She has been at FCI-Dublin for eight years but had not been seen by dental or had a foot exam.

**Patient #36:** An entry in the medical chart notes this patient was not adhering to the medications prescribed. However, a sick call note documents the patient presented and reported the medications were making her feel wrong. She did not feel the medical staff were responsive.

**Patient #37:** This patient has neuropathy of her left hand caused by an accident. She was not seen by orthopedics and wore a splint nightly. Her symptoms had not improved and she needs an orthopedic appointment.

**Patient #38:** This patient was very emotional when seen by the BOP physician and expressed extreme frustration about inability to access medical care. She had been treated in the past for hypertension, but was taken off her medication at FCI-Dublin. She now complains of frequent headaches, had submitted multiple requests to be seen (per the patient), but was never granted an appointment. She was seen by a psychologist on April 16, 2024 upon request by the Special Master.

**Patient #39** This patient had a history of eczema which was not improving. An exam revealed the rash was more consistent with Psoriasis.

**Patient #40:** On April 22, 2023, this patient had a positive test for the Hepatitis C antibody, but a negative viral load. A follow up viral load from March 2023 was positive, and it is not evident that a clinician followed-up on the result to consider re-infection or need for treatment.

**Patient #41:** This patient was treated for syphilis on August 14, 2023, but as of April 16, 2024, she had not had confirmatory testing to ensure titers decreased.

**Patient #42:** This elderly patient states she is deaf and frequently gets in trouble with correctional officers for not following orders. In the 11 years she has been incarcerated she has not been allowed her hearing aids. The patient has chronic vertigo and despite treatment with meclizine, feels frequently unsteady. She had a fall and injured her fingers, but even though she was examined by physician, she was not referred to x-ray.

**Patient #43:** This patient had left hearing loss since age 23, but has not been evaluated for hearing aids. She indicated she has been threatened with placement in SHU because she could not hear or read lips when people wear masks. She was working in the kitchen and had hot oil splash on her eye. She reported she still cannot see from that eye, and has not been evaluated by an ophthalmologist.

**Patient #44:** This patient is 34 years old and has been in the BOP system since 2013. She has been incarcerated at a total of five facilities, including FCI-Dublin. She reports that in her 11 years in the facilities, it has taken a while to get her mental health stabilized. She stated that she had been taking a lot of medication in different combinations and dosages. She states she was finally on an effective regimen of mental health medication for three years prior to coming to Dublin. She stated during her intake process she informed them of the medications she was receiving. When she came to FCI-Dublin, her medications were changed. She stated that she did not know why they were not giving her the correct medication. She said she brought this up many times, handed in HSRs, but nothing changed. The contract provider refused to place her on the medication she had been stable on. Due to her inability to get her medication from the medical provider and the refusal to allow her to see a psychiatrist, she started feeling depressed and feeling more psychotic. She states she had become more paranoid and started getting into arguments with other AICs and staff. She spoke to her assigned case worker and the clinician reached out to the medical provider to discuss the patient. The clinician requested that the provider consider starting the patient back on her medication. The provider informed

the clinician that she had the medical license, and she did not agree with the medication she was on. Again, this is very concerning as the patient decompensated. This is also one of the many patients requesting MAT with no success.

## Health Care Findings

**Finding:** Patients at FCI-Dublin were not provided timely access to care. This includes lack of timely access to all components of health care (e.g., medical, mental, dental, vision, diagnostic, and specialty services). In many cases, this population of patients had not been provided care and treatment for their serious health conditions. This resulted in delays in diagnosis and treatment, preventable pain and suffering, and demonstrable harm to patients.

**Finding:** At FCI-Dublin, there was a lack of adequate nursing and medical provider evaluation and oversight. Record reviews indicate that in many cases, nurses and providers did not perform an adequate history of the patient's complaint or perform adequate physical examinations, even when the patients presented with symptoms of serious medical conditions. This brings into question what the existing policy and procedure was used for credentialing and privileging of medical providers, as well as the existing process for ongoing performance evaluation, peer review process, and competency auditing of nursing personnel.

**Finding:** During the review of health records, the medical experts found significant problems with the management of chronic disease patients related to the timeliness and/or quality of care patients are receiving.

**Finding:** Existing programs were not leveraged, as evidenced by the inconsistent assignment to a CCC for many patients with a chronic problem or with a condition that required close follow up. The CCC appears to be how BOP clinicians are alerted to follow up on chronic conditions like diabetes, asthma, and rheumatologic diseases.

**Finding:** A review of specialty care medical records identified serious deficiencies existed related to the timeliness and/or quality of care provided to patients. Many issues were related to the provider's failure to monitor and implement the specialty consultants' recommendations in a timely manner.

**Finding:** A process for managing work-related injuries for inmates was not evident. Several cases of accidents leading to significant morbidity were identified by the SMT and evaluated. FCI-Dublin did not follow-up to appropriately address the injury and the issue was not documented.

**Finding:** The BOP has acceptable guidelines for preventive care. FCI-Dublin providers appear to have clear guidelines, in particular, for screening for infectious diseases like Tuberculosis, Hepatitis C, HIV, and Sexually Transmitted Illnesses, along with routine primary care screening for anemia, thyroid illness and diabetes. Unfortunately, test results were not consistently followed up and or documented putting the health and safety of AICs and staff at risk.

## Health Care Recommendations

**Recommendation:** BOP should institute policies, practices and an effective quality control system to ensure patients receive timely access to care at all levels.

**Recommendation:** Institute a system of checks and balances to ensure BOP facilities provide appropriate, timely and Constitutional levels of medical care, to include nursing and medical provider evaluation and oversight.

**Recommendation:** Institute a quality control process to ensure provider staff follow guidelines consistently.

**Recommendation:** Implement a CCC process that incorporates supervisorial oversight to ensure BOP clinicians are alerted to and follow up on chronic conditions, and that referrals to the appropriate programs are made.

**Recommendation:** Similar to the prior recommendation, a quality control process needs to be instituted to ensure timeliness and follow-up are conducted as required.

# Administrative Remedy Process

The Federal Bureau of Prisons Program Statement (policy) states the purpose of the Administrative Remedy Program is to allow an AIC to seek formal review of an issue relating to any aspect of his/her own confinement.

The objective of the program is outlined as follows

- A procedure will be available by which AIC's will be able to have any issue related to their incarceration formally reviewed by high-level Bureau officials.
- Each request, including appeals, will be responded to within the time-frames allowed.
- A record of AIC Administrative Remedy Requests and Appeals will be maintained.
- Bureau policies will be more correctly interpreted and applied by staff.

In the BOP, the Administrative Remedy process functions as an appeals and grievance mechanism. As stated in the Program Statement 1330, *"The purpose of the Administrative Remedy Program is to allow an inmate to seek formal review of an issue relating to any aspect of his/her own confinement."*

There are four levels of remedy available to the inmate population, with specific timeframes for submission and responses:

- **Informal Resolution:** An AIC shall first present an issue of concern informally to staff prior to submitting a Request for Administrative Remedy. Staff shall attempt to resolve the issue. Each Warden shall establish procedures to allow for informal resolution.
- **BP-9 Administrative Remedy Request:** This form is used for the next level to resolve an issue at the institution if not satisfied with the informal level of response. The deadline for completion of the informal resolution and submission of this request is 20 days. The completed BP-9 can be returned directly to the Administrative Remedy Clerk instead of going to a counselor to be logged first. This can be completed via mail, email or by giving it to staff to bring to the inmate. There are exceptions for delay if the AIC can demonstrate a valid reason. A response shall be generated within 20 calendar days.
- **BP-10 Regional Administrative Remedy level:** If an AIC is not satisfied with the Wardens response at the BP 9 level, they may submit an Appeal on this form to the appropriate Regional Director within 20 calendar days of the date the Warden signed the BP-9 response. A response shall be generated within 30 calendar days.
- **BP-11 Central Office Administrative Remedy Level:** An AIC who is not satisfied with the Regional Director's response may submit an Appeal on this form to the General Counsel within 30 calendar days of the date the Regional Director signed the response. Again, there are exceptions for delay if a valid reason can be provided. A response shall be generated within 40 calendar days.

At FCI-Dublin, the administrative clerk informed the SMT that a prior Warden had waived the informal level response requirement in order to expedite the remedy process for the AIC's. This administrative remedies process is structured by informal Remedies (known as BP-8) and facility-level requests (BP-9). AICs can appeal a local decision through a Regional Administrative

Remedy (BP-10), with the highest level of appeal undertaken at the Central Office level (BP-11).

Issues deemed “sensitive” are able to skip the BP-9 level (facility-level) and submit their request to the Region Director, as outlined in Program Statement 1330, as stated below:

**Sensitive Issues Defined.** If the inmate reasonably believes the issue is sensitive and the inmate’s safety or well-being would be placed in danger if the Request became known at the institution, the inmate may submit the Request directly to the appropriate Regional Director. The inmate shall clearly mark “Sensitive” upon the Request and explain, in writing, the reason for not submitting the Request at the institution. If the Regional Administrative Remedy Coordinator agrees that the Request is sensitive, the Request shall be accepted.

Both facility-level paper files and aggregated data maintained by the BOP Office of Research and Evaluation (ORE) were examined to determine the utility of this process in providing relief for a range of complaints. Regional-level Administrative Remedies, including those deemed sensitive were not examined.

While particularly interested in staff-related complaints, all types of Administrative Remedies were reviewed by the SMT. Actual investigative files on any complaints were not provided during the review. The Special Master in discussions with the acting Warden relayed her concerns regarding the multiple issues with the Administrative Remedy process that made the process unreliable and ineffective to address AIC concerns. The acting Warden agreed that the Administrative Remedy system at FCI-Dublin was broken and did not provide the AICs with a reliable method to raise issues and complaints, and lacked the ability for effective resolution at the lowest level possible.

Through interviews, it appears that the informal process (BP-8) was not active place at FCI-Dublin. The majority of files related to BP-9 (facility-level) findings. A few BP-10 (regional level) documents were found in the files and attached to original BP-9 documentation.

## Administrative Remedy Summaries

During 2023, 15 PREA Administrative Remedies categorized as “PREA” at FCI-Dublin were recorded by the Administrative Remedy Coordinator of the facility. These Administrative Remedies were coded on-site and are summarized as follows.



## **Location in the Facility**

Of the 15 PREA Administrative Remedies reviewed:

- Almost half (7) were filed by persons living in F unit
- Three were filed from the Camp
- Two each were filed from A and D units
- (One missing location)

## **Named Staff**

A total of 13 individual staff were named in the 15 PREA administrative remedies reviewed.  
Of these:

- 10 were listed on a list of staff under investigation (3 were not on list)
- Of these 10:
  - ✓ 5 were terminated and indicted
  - ✓ 4 were on administrative leave
  - ✓ 1 resigned

## **Types of Staff Behavior Listed**

- Touched breast
- Verbal sexual harassment
- Name calling
- Sexual assault/Abuse
- Visual harassment (privacy violation)
- Retaliation/Fear

**Table 27 - Staff Complaint Filings:** Administrative Remedies categorized as Staff complaints as recorded at the facility were examined. In 2023, 55 administrative remedies relating to staff complaints were recorded as filed at FCI-Dublin. Many of the files did not contain specific information about the nature of the need for remedy.

Details of specific incidences were hand-coded at the facility in the following areas:

**TABLE 27**

<b>Subjects of Staff-Related Complaints Found in Facility Files FCI-Dublin 2023</b>	
Harassment	7
Retaliation	6
Medical staff	5
Racial/gender discrimination	5
Not seeing IP as human	2
Delayed responses	2
Abusive language	2
Transgender discrimination	1
Staff not doing job	1
Unprofessional behavior	1
Scared/intimidation	3

In reviewing the Administrative Remedy as recorded by the FCI-Dublin Administrative Remedy coordinator, the overwhelming majority of these requests for remedy were either closed “with explanation” or “denied.”

The only requests for remedies that were granted at the local level related to FSA credits and for legal records. The majority were “closed/explanation” and closed/denied. Others were listed as closed with no detail and 30 were rejected (typically untimely, or told to ‘reapply at Regional level, BP-10’).

**Table 28 - All 2023 Administrative Remedies in BOP ORE Databases:** Aggregate data on all BP 9, 10 and 11 filings were provided by Central Office ORE. For purposes of illustration, BP-9 from 2023 filings were examined.

**TABLE 28**

Summary of 2023 All Administrative Remedies via BOP	
10 Transfer - Request/Objection	26
13 Classification Matter	49
16 Mail Communication	14
18 Visiting	12
19 Community/Pre-Release Programs	32
20 DHO/CDC/Cont. Housing Appeals	52
21 UDC/RRC Actions	15
22 Special Housing Units	15
23 Searches and Use of Restrains	12
24 Food	22
25 Operations, Institutions	23
26 Medical/Exc. Forced Treatment	108
27 Dental Care	32
28 Mental Health Care	10
30 Jail Time Credit	25
31 Sentence Computation	12
33 Legal Matters	12
34 Staff/Other - Complaints	67
35 Disability – Physical or Mental	11
37 PREA	12
<b>TOTAL</b>	<b>561</b>

Like the staff-related Administrative Remedies reviewed in Section 1, time frames were met. However, this process also reflects an ineffective and non-productive nature of the administrative remedy process in granting any relief for the concerns of AICs.

The staff complaints were coded differently in the data files provided by BOP ORE. In this administrative data set, the 67 staff complaints were somewhat evenly distributed across the four subcategories coded by ORE. These included unprofessional/misconduct by staff, harassment by staff, discrimination by staff, assault by staff and other.

Review of BOP-wide data shows that less than 2% of administrative remedies are granted. FCI-Dublin’s grant rate was slightly lower. While fully recognizing that some appeals may be frivolous or a misuse of the process, it is hard to justify such a small grant or relief rate.

Given the documented problems at FCI-Dublin this indicates once again the ineffectiveness and disutility of the administrative remedy process.

In summary, the Administrative Remedy processes appears inert and non-responsive to women's concerns across a variety of concerns. The lack of substantive response and the "*protection of staff privacy*," particularly given the high rate of indictments for staff named in the Administrative Remedies, does not address the real concerns of those held at FCI-Dublin.

The BOP is missing an opportunity to address these significant safety issues and identify staff that are criminally harmful in a timely matter. Monitoring the Administrative Remedy process should be used as an early warning indicator to measure and address conditions of confinement at the front end. Furthermore, the claims of staff misconduct appear to be shifted to a different process – to the Office of Inspector General and investigations are not completed timely. This process also appears to lack transparency information about the process and outcome for who file for such relief.

### **Staff-Related Requests for Remedy**

Claims categorized by the facility as PREA issues were reviewed by hand. Almost all administrative remedy files reviewed within this category met the time requirement and all were closed with notation "Clo/xpl," indicating that the response was "information only." Responses are more general and not specific to any specific case.

Typical response to facility-level staff complaint (BP-9). *"As we take allegations of staff misconduct seriously, your allegations will be reviewed and referred for further investigation as deemed appropriate. As staff matters are protected by the Privacy Act, further disclosures are limited. We appreciate your willingness to communicate these concerns. Accordingly, this is provided for information purposes only."*

### **Typical Response From Regional-Level PREA Staff Complaint**

*"The BOP takes allegations and makes every attempt to hold staff to the highest standards. As a result, your allegations of staff misconduct will be referred to the appropriate department for investigation. In addition, the Federal Bureau of Prison's Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, states, 'The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.' Your allegation of sexual harassment and sexual assault has been referred to the appropriate authorities for investigation. A thorough investigation will be conducted. Based on the above, this response to your Regional Administrative Remedy Appeal is for informational purposes only."*

## PREA-Related Administrative Remedies Lists

The attachment section of this report includes various categories of Administrative Remedies that should continue to be monitored to ensure the appropriate follow-up and resolution occurs. They are as follows:

- **Attachment C:** FCI-Dublin 2023 Administrative Remedies, PREA Filings.
- **Attachment D:** FCI-Dublin Non-staff Administrative Remedies, 2023 Staff Complaint Narratives.
- **Attachment E:** PREA List of Administrative Remedies, April 24, 2024. This particular list of 25 Administrative Remedy requests did not appear on the PCM's list of 193 cases (Attachment F provided as an example). This means that although a response was received, either at the institutional or regional level, the list of 25 cases was not incorporated into the PCM's list for continued monitoring and resolution.

## Administrative Remedy Process Findings

**Finding:** The primary outcome of “closed/explanation” and the boiler-plate, non-substantive responses to Administrative Remedies indicate that AICs are given very little information about their claims. These canned responses reflect a dismissive and non-problem-solving philosophy of the Administrative Remedy process. The files made available to the SMT did not contain any information about the investigation of the Administrative Remedy complaint.

**Finding:** The AICs were not able to readily obtain the BP-9 forms, Administrative Remedy Request form. To obtain any of the forms necessary to file a remedy at any level, the AIC had to request the form from staff and justify the need for the form which had a chilling effect on the process as AICs were fearful of retaliation. The forms were not available in Spanish or other languages, and translation and confidential interpretation services were not readily available.

**Finding:** The Administrative Remedy Program Statement was outdated and did not mirror the Facility's procedure. The informal level was oftentimes bypassed. The Administrative Remedy process should not bypass the informal level, absent exigent circumstances. These exceptions should have been delineated in an updated Program Statement.

**Finding:** When an AIC wrote an Administrative Remedy request, they would enter the date they submitted the form in the space provided. A review of the dates written on the form by the AIC's, compared to the date received and entered into Sentry, by either the clerk or counselor, sometimes reflected a 30-day difference. The program statement defines that a request or appeal, if accepted, is considered filed on the date it is logged into the Administrative Remedy Index. In many cases, there were significant time-frame discrepancies between the date the AIC signed the form and when it was entered as received.

**Finding:** A quality control process should have been implemented to ensure Administrative Remedy timeframes are followed, along with a remedy in circumstances in which timelines are

violated, except in exigent circumstances. The actual process should have been reflected in the Program Statement.

**Finding:** A review of the Administrative Remedies determined the majority were denied arbitrarily in that it did not appear that a thorough review was conducted to determine the validity of the complaint. The canned language was repetitive among many of the responses and not tailored to each appeal.

**Finding:** Many of the Administrative Remedy packages were incomplete. If an AIC submitted exhibits, they were not attached to the BP-9, Administrative Remedy Request form, making an audit difficult as a result of missing documentation. The Program Statement mandates that all the supporting documents shall be kept in the Warden's Administrative Remedy File along with all supporting material. A review of these files determined this does not occur.

**Finding:** If an appeal was rejected and the reason was correctable, the notice of rejection is supposed to inform the AIC of a reasonable time extension within which to correct the defect and resubmit the Request or Appeal. FCI left the time of extension granted up to a staff member rather than providing a specified completion time is subjective and a flaw in due process.

**Finding:** Administrative Remedy Procedures under PREA fall very short of the National PREA Standard 115.52. The Standard states that Administrative Remedies regarding allegations of sexual abuse may be filed at any time, yet a review Administrative Remedies indicated they were rejected based on missed time constraints. That is in direct conflict with the PREA standard.

**Finding:** There was no bridge between an Administrative Remedy and PREA protocols. If an AIC submitted an allegation of PREA via a Remedy it was answered, yet not forwarded to the PCM. The Warden's responses to the PREA Administrative Remedies all stated the AIC's allegations will be reviewed and referred for further investigation as deemed appropriate, yet the AICs were never interviewed regarding their allegations. This is alarming especially in light of the sexual abuse that had occurred at this facility. This process gap endangered the sexual safety of AICs.

**Finding:** The Administrative Remedy review indicates that medical concerns were the most common reason for filing. However, many appear to have remained unaddressed for months or never.

**Finding:** A review of BOP-wide data indicates that less than 2% of Administrative Remedies were granted. FCI-Dublin's grant rate was slightly lower. While fully recognizing that some appeals are indeed frivolous or a misuse of the process, it is difficult to justify such a small grant or relief rate.

## Administrative Remedy Process Recommendations

**Recommendation:** Allegations of an egregious nature should not be rejected simply because of self-imposed timelines in a Program Statement. The BOP should update their training, related Program Statements and quality control processes to ensure allegations of this nature of promptly and appropriately addressed.

**Recommendation:** The BOP should institute a process by which PREA is incorporated into the Administrative Remedy process as another avenue by which to alert and address allegations of this nature.

**Recommendation:** A quality control process should be implemented to ensure timeframes are followed, along with a remedy in circumstances in which timelines are violated, except in exigent circumstances. This process should be incorporated into an updated Program Statement.

# Inmate Disciplinary Program

The disciplinary process begins when a staff witness reasonably believes a prohibited act cited under Section 541.3 of the Disciplinary Program is committed.<sup>29</sup> A staff member will issue an AIC an incident report describing the incident and the prohibited act. The incident report is to be provided within 24 hours of the incident taking place. After the AIC is issued the incident report, an Investigating Officer is appointed and the investigation should be completed within 24 hours. An investigating officer must be Institute for Diversity certified.

A five-day time frame for a Unit Disciplinary Committee (UDC) review starts when the incident report is released for administrative processing. If criminal charges are imminent, the UDC review of the incident report may be suspended pending the criminal investigation with the Warden's approval and notification to the AIC.

The next level of hearing is via a Discipline Hearing Officer (DHO). The DHO will only conduct a hearing on the incident report if referred by the UDC. The DHO is responsible for establishing reliability. Only the DHO has authority to impose or suspend sanctions A through E.

The Disciplinary Program includes four levels of offenses with sanctions that may be applied at each level. The Bureau does encourage informal resolution of incidents, however prohibited acts in the Greatest Severity Level and High Severity Level may not be informally resolved and must be referred to the Disciplinary Hearing Officer. Moderate and Low Severity may be informally resolved.

- Greatest Severity Level Offenses will lose at least 41 days, or 75% of available credit if less than 54 days are available for the prorated period, for each act committed.
- High Severity Level Offenses will lose at least 27 days, or 50% of available credit if less than 54 days are available for the prorated period, for each act committed.
- Moderate Severity Level Offenses will lose at least 14 days, or 25% available credit if less than 54 days are available for the prorated period, for each act committed.
- Low Severity Level Offenses will lose at least 7 days, or 12.5% of available credit if less than 54 days are available for the prorated period, for each act committed.

If an AIC is deemed not responsible or incompetent for his/her conduct at the time of the conduct, as a result of severe mental disease or defect, staff refers him/her to a mental health professional to determine whether he/she is responsible for his/her conduct or is incompetent.

The AIC may appear either in person or via electronically to participate in the hearing. The AIC is entitled to present evidence to the UDC. The UDC will base their decision on the greater weight of the evidence.

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<sup>29</sup> [Code of Federal Regulations, Prohibited acts and available sanctions.](#)



AICs interviewed in the general population of the main facility, in the SHU, and in the camp complained of unfair disciplinary practices. The SMT reviewed a random sample of 10 Administrative Remedies pertaining to disciplinary hearing actions. In each of the 10, multiple due process issues were found. The disciplinaries were found to be inconsistent with BOP policy. The issues ranged from incorrect charges to excessive sanctions without sufficient justifications. Some of the advisement of delays should never have taken place and resulted in excessive length of stays in the SHU. Some AICs credit loss resulted in a negative change in their release dates.

Staffing vacancies led to system failures in almost every area to include disciplinaries. Augmentation was risky at best and led to incomplete staff work. The impact was evident throughout the 10 disciplinaries that were reviewed, leading to a conversation with BOP Western Region Disciplinary Hearing Administrator B. Cervantes, who confirmed our findings. The consistent failure to follow policy led to the AICs liberty being impacted as a result of these due process violations.

Below are examples of the due process violations for the 10 AIC disciplinaries we reviewed.

#### **1. AIC Disciplinary**

- UDC did not notify AIC in Section 20 of the prohibited act found guilty of, only the amount and type of sanction.
- Mental Health evaluation dated, 08-19-2022 was not considered in the investigation, Care level 2.

#### **2. AIC Disciplinary**

- UDC did not notify AIC in Section 20 of the prohibited act found guilty of, only the amount and type of sanction.
- UDC found AIC committed of the wrong prohibited act Code 317-should be Code 307 Refusing an Order by Any Staff Member.

#### **3. AIC Disciplinary**

- UDC did not notify AIC in Section 20 of the prohibited acts found guilty of, only the amount and type of sanctions.
- UDC did not advise AIC of her appeal rights in Section 18C.

#### **4. AIC Disciplinary**

- UDC did not notify AIC in Section 20 of the prohibited act found guilty of, only the amount and type of sanction.
- AIC charged with incorrect Code 306.
- Report remarks was insufficient on the incident description.

## **5. AIC Disciplinary**

- UDC did not notify AIC in Section 20 of the prohibited act found guilty, only the amount and type of sanction.
- Section 25 conflicts with reason for delay. The investigation did not justify the correct reason for delay. Delay was not considered by the investigator.
- Reinvestigation and rehearing of the incident after served with the Advisement of Delay was not conducted.

## **6. AIC Disciplinary**

- UDC did not notify AIC in Section 20 of the prohibited act found guilty of, only the amount and type of sanction.
- Investigator failed to notify the AIC of her rights prior to the investigation and being served the notice.
- Section 25 absent of any comments
- Section 26 did not contain the investigator's comments and conclusions about the incident.
- No chain of custody for the confiscated contraband.
- No evidence photos of the contraband (diamond stud earrings).
- No copy of the AIC's property receipt to show that she did not have those earrings as she stated during her arrival.

## **7. AIC Disciplinary**

- UDC did not notify AIC in Section 20 of the prohibited act found guilty of, only the amount and type of sanction.

## **8. AIC Disciplinary**

- UDC did not notify AIC in Section 20 of the prohibited act found guilty of, only the amount and type of sanction.
- UDC did not notify AIC of her appeal rights in Section 16C.
- Excessive sanctions-180 days loss of visiting for 2nd infraction w/in a calendar year.

## **9. AIC Disciplinary**

- UDC did not notify AIC in Section 20 of the prohibited act found guilty of, only the amount and type of sanction.
- Section 19 specific evidence not identified by the UDC to explain the decision of guilt.
- Section 20 is absent of the UDC's decision, and the sanctions given for the prohibited act that the AIC was found to have committed.
- Section 24, AIC was not advised and did not acknowledge her rights with the investigator.

- Section 25 is absent of any facts/evidence regarding the incident.
- Section 26 insufficient comment and conclusion by the investigator, no specific reason as to why the questionable charged code was warranted.
- No chain of custody of the letters found in the laundry bag.
- No evidence photos of the laundry bag and the letters found.

## 10. AIC Disciplinary

- UDC did not notify AIC in Section 20 of the prohibited act found guilty of, only the amount and type of sanction.
- No chain of custody for the contraband confiscated.

The Discipline Program Statement states the Warden, or designee, audits and reviews discipline hearings and dispositions to ensure conformity with BOP policy. If this review was taking place, it was cursory at best.

The Western Region Discipline Administrator consulted with the Chief Discipline Administrator and a decision was made to expunge the 10 disciplinaries reviewed. Additionally, a decision was made to review all the UDC and DHO hearings from January 23 to present for potential due process violations. Expungement will be requested for each additional case in which due process violations are identified.

In summary, the systemic failure of both the disciplinary and administrative remedy programs resulted in civil liberty violations that significantly impacted the lives of the AICs housed at FCI-Dublin. These failures will continue to impact their lives while housed at other BOP facilities until a review is done and expungement is carried out to resolve the due process violations. A cases review will have to be completed for each AIC that has an expunged disciplinary to determine if there is any negative impact to their credit earning status and if one is identified it will have to be corrected. Release dates and or community eligibility may also be impacted.

## Inmate Disciplinary Program Findings

**Finding:** Staffing vacancies led to system failures in almost every area, to include disciplinaries. Staff augmentation led to unnecessary disciplinary hearing extensions, lack of timeliness of conclusion of the hearing process, and led to errors in and incomplete staff work.

**Finding:** Due process violations occurred at every level of the disciplinary process at FCI-Dublin. Based on The SMT's review of prior disciplinary actions and concerns identified a request was made to review 10 disciplinary cases with the Western Region Discipline Administrator. The inmate disciplinaries were found to be inconsistent with BOP policy and many contained due process violations. The issues ranged from incorrect charges to excessive sanctions without sufficient justifications.

The Western Region Discipline Administrator then consulted with the Chief Discipline Administrator and a decision was made to expunge all 10 disciplinaries reviewed.<sup>30</sup> Additionally, a decision was made to review all the UDC and DHO hearings from January 23, 2024, to present for due process violations.

**Finding:** AIC class members' classification level, FSA and GTCs could be impacted by the due process violations contained in disciplinary actions taken at FCI-Dublin. Further review and expungement of class member credit losses may need to be applied in cases in which due violations occurred.

### **Inmate Disciplinary Program Recommendation**

**Recommendation:** Inmate disciplinary actions should be audited for due process violations, and where appropriate, expunged. This should include a review of class member disciplinaries issued from March 15, 2024 to May 1, 2024.

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<sup>30</sup> Disciplinaries, involving the 10 cases that were expunged, are confidential and will be provided to the court and counsel under separate cover.

# Casework

BOP Program Statement 5321.09, § 524.10 requires that an AIC be classified within 28 days of initial arrival or transfer to their designated institution. Additionally, *“(2) Inmates will receive a program review at least once every 180 calendar days. When an inmate is within twelve months of the projected release date, staff will conduct a program review at least once every 90 calendar days.”* One of the first significant issues identified by the Special Master was that AIC casework was extremely backlogged, potentially affecting the AICs time credits, community placement eligibility, and release dates. FCI-Dublin was significantly in violation of complying with their own classification processes and the BOP Program Statement requirements.

When BOP decided to transfer the entire FCI-Dublin AIC population, Federal Judge Gonzalez Rogers issued an order on April 15, 2024, requiring the BOP to review each AIC’s casework with the Special Master prior to any transfer occurring to ensure AICs records, credits, community eligibility and release dates were accurate. Judge Gonzalez Rogers further ordered that AICs time credits shall not be negatively impacted for program participation and transportation time due to BOP’s decision to close FCI-Dublin and transfer AICs to a new location. Class members transferred to other BOP facilities will need to have their case records audited by the Special Master in conjunction with BOP staff to ensure their time credits are accurate. This is one of the categories that is being monitored on the FCI-Dublin Class Member Closure Tracking Roster and is being maintained by the Special Master by order of the Court.

The Western Regional Office Program Administrator, Charles Hubbard, reported to FCI-Dublin on April 15, 2024, along with a strike team of classification staff. Their purpose was to conduct overdue team meetings, prepare necessary documents, update case records and time credits, and conduct case reviews with the Special Master for the over 600 AICs at the facility. It was a massive amount of work. The AICs had previously raised concerns regarding overdue team meetings, lack of access to Unit Team members, errors in their cases, and the lack of preparation in the community referral packages without any resolution.. The classification strike team subsequently conducted the overdue team meetings, completed the casework, corrected errors, and updated the eligibility and time credits prior to the AIC being approved for transfer.

In a particular case, the court and counsel raised a concern about an AICs release date. The BOP indicated the casework and credits had been corrected/restored in response to a disciplinary action that had been expunged. Even though BOP’s classification staff had reviewed the classification and disciplinary impact and found the AIC’s release date to be correct, the Special Master, at the request of the court, reviewed the classification documents and found an error that, when corrected, resulted in the immediate release of the AIC.

## Casework Findings

**Finding:** FCI-Dublin failed to comply with BOP Program Statement 5321.09 requirements related to the timeframe in which Team Meetings and classification reviews must be held. Additionally, AIC case records contained errors that impacted time credits, earning status, community eligibility, and release dates.

**Finding:** To ensure the accuracy of an AIC's time credits and eligibility, follow-up casework should be conducted and a classification review for any AIC who had a disciplinary expunged as a result of the Regional Hearing Administrator's audit.

**Finding:** The court ordered that AIC casework had to be updated before an AIC could be transferred. BOP had to establish a Classification and Record Strike Team to update and correct AIC casework prior to any transfer occurring. Their reviews identified AIC classification levels that should have been lowered, community referral packages that had not been completed, FSA and GTC credits that needed to be updated that impacted eligible release dates, and other casework deficiencies that existed.

**Finding:** FCI-Dublin AIC case files were not maintained in compliance with BOP policy.

## Casework Recommendations

**Recommendation:** To ensure the accuracy of an AIC's time credits and eligibility, follow-up casework should be conducted and a classification review for any AIC who had a disciplinary expunged as a result of the Regional Hearing Administrator's audit.

**Recommendation:** To ensure the accuracy of an AIC's time credits and eligibility, follow-up casework should be conducted and a classification review for any AIC that was transferred expeditiously from FCI-Dublin to ensure case files and records are correct.

# Compassionate Release

During the Special Masters' initial discussions with AICs during the week of April 8, 2024, multiple AICs indicated they had submitted a Compassionate Release/Reduction in Sentence (RIS) request, but had never received a response from the Warden. The basis for the requests included medical, caregiving for children and elderly family, prior sexual abuse by correctional staff, etc. AICs and/or their counsel submitted copies of prior and new requests to the Special Masters' Team. Copies of prior requests were dated 2022, 2023 and 2024, and had been submitted by AICs via the BOPs TRULINCS Computer System, the Administrative Remedy process, and via Memoranda to the Warden/Warden's designee. On April 15, 2024, Judge Gonzalez Rogers ordered that all AIC casework be updated by FCI-Dublin, to include the processing of Compassionate Release Requests.

The Special Master provided FCI-Dublin classification staff with copies of the previously submitted which had been provided to the SMT by AICs, and new Compassionate Release Requests given that the facility's records were unreliable. Acting Warden McKinney utilized these documents to query the prior Warden and RIS Coordinator's emails to locate these requests. Although many of the requests could not be located, Acting Warden McKinney was able to process the requests from the copies provided by the Special Master.

Furthermore, it was found that the Compassionate Release/RIS log was incomplete and it appears the majority of prior requests had simply been ignored. There were over 27 requests in which there was no record or response, 10 requests were pending in the Office of the General Counsel related to prior sexual assault criminal matters, and over 30 new requests submitted during the closure period.

BOP Program Statement 5050.50, Compassionate Release/RIS, related to procedures for implementation of 18 U.S.C. § 3582 and 4205(g), requires AICs to submit Compassionate Release/RIS requests to the Warden. The Warden is required to promptly review all requests. The Program Statement also requires *"To ensure consistent handling and documentation of RIS requests, Wardens must identify a staff member to serve as an institution RIS Coordinator (IRC) and an alternate. The principal responsibility of the IRC is to receive and document RIS requests and other RIS-related information in the RIS electronic tracking database."* Central Office Program staff utilize this information to comply with the requirement *"under 18 U.S.C. § 3582 (d)(3), not later than December 21, 2019, and once every year thereafter, the Director of the Bureau of Prisons shall submit to the Committee on the Judiciary of the Senate and the Committee on the Judiciary of the House of Representatives a report on requests for sentence reductions pursuant to subsection (c)(1)(A), which shall include a description of, for the previous year..."*

Acting Warden McKinney subsequently processed the majority of the previous requests and reviewed the results with the Special Master. Moving forward, the Special Master

will be tracking previously lost and newly submitted requests to ensure a timely and appropriate response is provided to each of the AIC's requests.

## Compassionate Release Findings

**Finding:** FCI-Dublin's prior Administrations were in violation of BOP Program Statement 5050.50 related to the processing of Compassionate Release/RIS requests in that there was no sense of urgency and the unreliability of processing these requests. The requests were oftentimes received and ignored.

**Finding:** FCI-Dublin failed to track and report accurate information on Compassionate Release/RIS requests as mandated by their internal Program Statement. This resulted in inaccurate information being reported by the Director of the Bureau of Prisons, under 18 U.S.C. § 3582 (d)(3) to the Committee on the Judiciary of the Senate and the Committee on the Judiciary of the House of Representatives in the annual Compassionate Release/RIS report.

**Finding:** The Office of the General Counsel should, in a timely manner, process outstanding pending Compassionate Release/RIS requests submitted by AICs previously housed at FCI-Dublin.

## Compassionate Release Recommendations

**Recommendation:** BOP Associate Director McKinney (prior FCI-Dublin acting warden during the closure of this facility) should complete the processing of the remaining Compassionate Release/RIS Requests submitted by AICs while incarcerated at FCI-Dublin.

**Recommendation:** The Office of the General Counsel should, in a timely manner, process outstanding pending Compassionate Release/RIS requests submitted by AICs previously housed at FCI-Dublin.



# Programs

The FFSA required the Attorney General to develop a risk and needs assessment system to be used by the BOP to assess the recidivism risk and criminogenic needs of all federal prisoners and to place AICs in recidivism reducing programs and productive activities to address their needs and reduce this risk. Under the act, the system provides guidance on the type, amount, and intensity of recidivism reduction programming and productive activities to which each AIC is assigned, including information on which programs AICs should participate in based on their criminogenic needs.

The FSA also expands the Second Chance Act. Per the FSA, BOP developed guidance for wardens of prisons and community-based facilities to enter into recidivism-reducing partnerships with nonprofit and other private organizations, including faith-based and community-based organizations to deliver recidivism reduction programming. This would allow some incarcerated individuals to earn time credits for participating in recidivism reduction programming or productive activities. These time credits can later be applied towards early release from secure custody.

Generally, as defined, an eligible AIC who successfully participates in Evidence-Based Recidivism Reduction Programs or Productive Activities that are recommended based on the AIC's risk and needs assessment may earn FSA Time Credits to be applied toward prerelease custody or early transfer to supervised release.

AICs in low to medium/low risk to recidivate are eligible to have their credits automatically applied and earn 15 days per 30 days of programming. AICs in medium/high risk earn 10 days per 30 days programming and their credits are not applied automatically. A petition to be released to supervised custody or prerelease custody must be approved by the Warden.

Additionally, an AIC who is serving a term of imprisonment of more than one year other than a term of imprisonment for the duration of the prisoner's life, may receive credit toward the service of the prisoner's sentence of up to 54 days for each year of the prisoner's sentence imposed by the court, subject to determination by the BOP that, during that year, the AIC has displayed exemplary compliance with institutional disciplinary regulations. If the BOP determines that, during that year, the AIC has not satisfactorily complied with such institutional regulations, the AIC shall receive no such credit toward service of the AIC's sentence or shall receive such lesser credit as the BOP determines to be appropriate. In awarding credit under this section, the BOP shall consider whether the AIC during the relevant period, has earned, or is making satisfactory progress toward earning, a high school diploma or an equivalent degree. Credit that has not been earned may not later be granted. Credit for the last year of a term of imprisonment shall be credited on the first day of the last year of the term of imprisonment.

An AIC who has lost FSA time credits may have part or all of the FSA Time Credits restored to her, on a case-by- case basis, after clear conduct (behavior clear of inmate disciplinary infractions under 28 CFR part 541) for two consecutive risk and needs assessments conducted by the Bureau.<sup>31</sup> The authority to restore any portion of the AIC's lost FSA time credits is delegated to the Warden and may not be delegated lower than the Associate Warden level. The AIC may request restoration of FSA time credits during a regularly scheduled Program Review.

Offenses that make AICs ineligible to participate in the FSA program can generally be categorized as violent, terrorism, espionage, human trafficking, sex and sexual exploitation, repeat felons in possession of firearms, certain fraud offenses, or high-level drug offenses.

Based on the information provided to the SMT, the table 29 illustrates the programs offered at FCI-Dublin. However, upon further research, many of the programs initially cited as those offered to AICs had not been available for years.

**TABLE 29**

<b>FCI-Dublin Programs</b>	
Money Smart	Square 1: Essentials/Women
Narcotics Anonymous	Stronger Together, Emerging Proud
National Parenting Program	Supported Employment
Non-Residential Drug Treatment	Threshold
Occupational Ed - Job Cert.	Understanding Your Feelings
Occupational Ed - Tech Cert/Degree	Victim Impact
Peer	Trauma Education
Occupational Ed - Voc Market	Women's Aging - Aging Well
Post Secondary Education	Women's 20th Century Workplace
Reflections	Women's Bank Financial Literacy
Residential Drug Program	Women's Career Exploration
Resolve Program	Women's Relationships 1
Culinary Arts (Baking)	Food Handler,
Servesafe Manager	Alcohol Handler
Plumbing	Welding
Carpentry	Landscaping

<sup>31</sup> [\*Code of Federal Regulations 523.43 -- Loss of FSA Time Credits\*](#)

**TABLE 29 (Continued)**

<b>FCI-Dublin Programs</b>	
Electrical	Heating
Ventilation & Air Conditioning	Dental Assistant
Unicor Service Representative	Quality Improvement Associate Certification
Customer Service & Small Business Management	Associates Degree in Art
General Education Development	Spanish General Education Development
English as a Second language	Barton Reading Program
Architecture, Construction & Engineering	College Correspondence Classes
Barista Program	

Table 30 illustrates program and statistics related to start and completion dates and the number of AICs on waitlists.

**TABLE 30**

<b>Program Name</b>	<b>2024 Start</b>	<b>2024 Compl</b>	<b>2024 Waitlist</b>	<b>2023 Start</b>	<b>2023 Comp</b>	<b>2022 Start</b>	<b>2022 Comp</b>
Adelphi				1	1		
Anger Management				18	6	13	15
A Healthier Me	2	1				19	13
Arthritis	1			38	32	41	36
Barton Reading	2	0		1			
Brain Health as you Age						52	50
Basic Cognitive Skills	13	6		2		50	31
Bureau Literacy Prog.	69	11**		95	15**	142	28**
Change Plan	14			28	21	21	20
Circle Strength	7			5			
Criminal Thinking						27	15
Disability Ed						3	
Drug Education	112	77		178	207	65	64
English as a Second Language	16	**		19	2**	31	1**

**TABLE 30 (Continued)**

<b>Program Name</b>	<b>2024 Start</b>	<b>2024 Compl</b>	<b>2024 Waitlist</b>	<b>2023 Start</b>	<b>2023 Comp</b>	<b>2022 Start</b>	<b>2022 Comp</b>
Embracing Interfaith	16	14		23	16	25	13
Emotional Self-Regulation				29	28		
Faith Based Conflict Management	13	11		58	37		
Family Prog.	1			3			
Federal Prison Industries	106	6**		116	13**	202	30**
Foundation	25	11		62	37	95	65
General Education Dev.	Un-known		98				
House of Heal	51	14		30	17	33	11
Lifespan	55	51		151	145	87	87
Illness Management				3	3	11	3
Money Smart	1	2					
Narc. Anon	7	8					
Parenting	35	11		84	42	98	6
Non-Res. Drug Treatment	51	11	123	206	148	112	51
Occ Ed Job Cert	81	47		130	109	130	82
Occ Ed Tech Cert	10			6			
Occ Ed Voc Market	38	**		26	**	24	2**
Post Secondary Education	23			19	9	17	1
Reflections				7	4	4	
Res. Drug Prog						123	128
Resolve	27			64		33	4
Seeking Safety						20	10
Square 1				1		18	11
Stronger Together	11						
Supported Employment	1			1		18	11
Threshold				15	8	2	
Understanding your Feelings				1			

**TABLE 30 (Continued)**

Program Name	2024 Start	2024 Compl	2024 Waitlist	2023 Start	2023 Comp	2022 Start	2022 Comp
Victim Impact				12	10	17	10
Trauma Education	29	8	234	12	8	326	303
Aging Well	27	12		46	35	50	35
20th Century Workplace						12	11
Women’s Financial Literacy	27			75	55	56	48
Career Exploration	15	14		24	14	6	2
Relationships				4			

\*\* Indicates extremely low completion rates

No evidence could be found to verify that the following programs were in fact being offered as of April 2024:

- Apprenticeship Training
- Vocational Training-Servesafe
- Vocational Training-Servesafe Alcohol
- Vocational Training-Baking
- Vocational Training-Cake Decorating
- Resilience Support-Veterans Group
- Talking with your Doctor (for older Adults)

**Observation:** It was difficult to determine what programs were actually available at the facility. Different staff had different answers, and there was not a single repository in which all of the program data could be retrieved. The SMT was advised they would need to inquire with each person that held programs to obtain the requested information.

A review based on the data that was provided reflects there were serious programming issues faced by the AICs at FCI-Dublin. Waiting lists were extensive and some of the AICs interviewed stated they had been on waiting lists for well over a year. AICs with shorter sentences were prioritized and AICs with long terms could not access many of the needed programs.

GED classes were mandatory for those without a high school education, yet a waitlist of over 100 AICs remained as of April 2024. FCI-Dublin had a large Hispanic immigration population. However, English as a Second Language never had an

enrollment higher than 20 over the last two years, with only 2 completing the program due to a lack of available program slots.

The team was able to determine rather quickly that staffing shortages had severely impacted programs taking place. If staff were augmented, they were not placed in program positions as custody positions were the priority. The facility reassigned teachers to augment custody positions, thereby requiring the closure of educational classes.

The team was provided with a series of waiting lists in which if the AIC was FSA eligible they were earning credits while they were on the waitlist. However, if they were not FSA eligible, credit was not earned until the AIC was placed in the class and began earning GTC.

In addition to the education, vocation and self-help waitlists, there were also waitlists provided by the Chief Psychologist for all classes offered by mental health. Trauma Education and Non-residential Drug Treatment had over 100 AICs on the waiting lists. It is unknown the exact number of AICs whose credit earning was impacted as a result of the lack of classes. However, it is very apparent that the mental health needs of the AICs were not being adequately addressed. Additionally, the Anger Management class had not been offered in 2024, and Criminal Thinking since 2022. Even then, the completion rate was at almost 50%.

The SMT was made aware of the large proliferation of drugs on the yard at FCI-Dublin, yet there were only 51 enrolled in the Non-Residential Drug Treatment Program, with 123 on the waitlist. Out of the 51, only 11 were successful in completing the program.

One of the most critical classes is Trauma Education. In 2024, 29 were enrolled, with a waitlist of 234. Out of the 29, only 8 completed the program. Other very crucial programs to women's development, growth and self-esteem were not offered in 2024, to include Seeking Safety, Emotional Self-Regulation and Victim Impact. Not only were the AICs affected by augmentation through class closures and redirections, but through the associated loss of credit earning status.

## Program Findings

**Finding:** It was challenging to determine what programs were available at the facility. Different staff had different answers, and there was not a single repository in which all of the program data could be retrieved.

**Finding:** A review of program availability based on the data that was provided reflects there were serious programming issues faced by the AICs at FCI-Dublin. Waiting lists were extensive and some of the AICs interviewed stated they had been

on waiting lists for well over a year. AICs with shorter sentences were prioritized, and AICs with both short and long terms could not access many of the needed programs for rehabilitative and credit earning purposes.

**Finding:** The SMT was able to determine rather quickly while onsite that staffing shortages had severely impacted programs taking place. If staff were augmented, they were not placed in program positions as custody positions were the priority. The facility reassigned teachers to augment custody positions, thereby requiring the closure of educational and rehabilitative classes.

**Finding:** No clear data (MAP and Climate) was used for program planning.

## Program Recommendations

**Recommendation:** A high number of AICs with Hispanic ethnicity points to the need for bilingual materials/staff to be available at every level.

**Recommendation:** A significant number of women nearing the end of their sentences indicates the need for extensive re-entry services; services which were not available at FCI-Dublin.

**Recommendation:** With over half of the women and other AICs serving time for drug-related offenses, coupled with rampant drug use within the facility, both drug treatment and education on the harms to individuals and the community on drug selling and distribution should be a higher priority for this population.

**Recommendation:** With almost two-thirds of the population between 25 and 44 years of age, education and vocational training should be a priority.

# Prison Rape Elimination Act

**Historical Information on Sexual Misconduct within the Federal Bureau of Prisons:** The BOP has a long history of sexual assault and sexual harassment problems between staff and AICs. Along with this, there have been several oversight bodies who have audited the BOP and provided recommendations on ways to improve the BOP's operational practices to prevent further sexual misconduct from occurring.

**Report and Recommendations Concerning the Department of Justice's Response to Sexual Misconduct by Employees of the Federal Bureau of Prisons was issued by the Principal Associate Deputy Attorney General Working Group of DOJ Components. November 2, 2022:** The report was drafted to provide an overview of the BOP's approach to dealing with complaints against staff that were sexual in nature, and to recommend improvements in those processes. The Working Group collected data from BOP, Office of Inspector General, Civil Rights Division, and Executive Office of U.S. Attorneys to examine the current level of misconduct cases. The data reflected the BOP had received hundreds of complaints of sexual abuse perpetrated by its employees over the past five years (2017 - 2022).<sup>32</sup>

The working group recommended the following:

- Enhance Prevention of Sexual Misconduct by BOP Staff
- Enhance Reporting as to BOP Staff who Engage in Sexual Misconduct
- Enhance Investigations of BOP Staff who are Accused of Sexual Misconduct
- Enhance Prosecutions of Sexual Misconduct Perpetuated by BOP Staff
- Enhance the Use of Administrative Actions and Discipline of Sexual Misconduct by BOP Staff

**Sexual Abuse of Female Inmates in Federal Prisons Staff Report, Permanent Subcommittee on Investigations of the U.S. Senate Hearing, December 13, 2022:** In April 2022, the Subcommittee launched an eight-month bipartisan investigation into sexual abuse occurring in federal prisons. Persons interviewed at the time included Melissa Rios, Regional Director for the Western Region who maintained oversight of FCI-Dublin.

The Subcommittee found over the past decade (2012 - 2022), female inmates in 19 out of 29 federal prisons that held women were sexually abused by male BOP employees, including senior prison officials.<sup>33</sup> Between 2012 and 2020, BOP had opened 5415 internal affairs cases alleging sexual abuse of male or female prisoners by BOP employees.<sup>34</sup>

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<sup>32</sup> Report and Recommendations Concerning the Department of Justice's Response to Sexual Misconduct by Employees of the Federal Bureau of Prisons, pg. 4

<sup>33</sup> Sexual Abuse of Female Inmates in Federal Prisons, pg. 4

<sup>34</sup> Ibid, pg. 4



The Subcommittee found the BOP failed to systematically analyze PREA data and relied upon misleading PREA audits that didn't indicate the sexual abuse that occurred at certain facilities such as FCI-Coleman and FCI-Dublin.<sup>35</sup> When public allegations of the sexual abuse at FCI-Coleman became widely known, the BOP transferred out all of the female prisoners, leaving just the males.<sup>36</sup> This also happened two days before the PREA auditor's on-site inspection at a time when multiple women were being abused.<sup>37</sup>

The Subcommittee found that the BOP does not use key indicators of sexual abuse in its facilities. When interviewing Ms. Rios, she indicated she relied on three categories of information to assess risk and monitor compliance with PREA at her facilities: (1) PREA audits; (2) complaints filed by inmates concerning staff-initiated sexual abuse; and (3) disposition of those complaints.<sup>38</sup> The Subcommittee found the PREA audits failed to detect the culture at FCC Coleman and FCI-Dublin, two of Ms. Rios' facilities. The Subcommittee also found that inmate complaint data was not analyzed by the BOP to detect problems, and finally with the backlog in investigation cases that remained unclosed, dispositions of the investigations were not being discovered.

The Subcommittee found the OIA annual report on employee misconduct confusing. The report identifies how many cases BOP OIA closed by category of alleged misconduct but does not report out critical categories of information such as the facilities where misconduct occurred; the gender housed at the facility; the gender of the complainant; the identity of the BOP employee accused of the misconduct; and whether the employee was named in other complaints over time. Additionally, the report's closure data obscures how long cases have been pending and the total number of cases that are backlogged.<sup>39</sup>

The Subcommittee found the BOP's inability to timely investigate, and close internal affairs complaints in turn creates a perception that staff are not being held accountable. When inmates feel that employees can break the rules without consequences, inmates feel less safe, increasing the likelihood they may break the rules themselves.<sup>40</sup> Does this represent a shift in the facility culture when there are multiple employees abusing multiple female prisoners in the same facility over the same period of time? Regional Director Rios attributed it not to the culture, but to individual misconduct.<sup>41</sup>

**OIG Report for Fiscal Year 2022 - Data from October 1, 2021 – September 30, 2022:**  
This report indicates two timeframes for notifications to OIG.

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<sup>35</sup> Ibid, pg. 4

<sup>36</sup> Sexual Abuse of Female Inmates in Prison in Federal Prisons, pg.12

<sup>37</sup> Ibid, pg. 4. The BOP decided to transfer all women out of FCI-Dublin one week into the Special Master's team visit in April 2024.

<sup>38</sup> Ibid, pg. 19

<sup>39</sup> Ibid, pg. 24

<sup>40</sup> Ibid, pg. 26

<sup>41</sup> Ibid pg. 28. Ms. Rios is presently the Regional Director over FCI-Dublin.

- Written notification to the OIA will be made within 24 hours (not to include weekends and holidays) from the time management official(s) learn of the matter, and
- Local investigators must complete investigative packets and forward them to the OIA within 120 calendar days of the date a local investigation was authorized by the OIA.<sup>42</sup>

There are no time frames noted in which an investigation is to be closed and returned to the institution.

The second highest category with the most significant reported increase in Fiscal Year 2022 was sexual abuse of inmates.<sup>43</sup> During this year, 459 allegations of sexual abuse were either reported to the OIA or detected during an investigation. Of the 459 allegations, 425 involved BOP employees, four involved a Public Health Service (PHS) employee working in a BOP facility, 20 involved contract staff working in residential reentry facilities, eight involved contractors working in privatized facilities, and two involved contract staff working in a BOP facility.

The allegations that appeared with the most frequency were abusive sexual contact between male staff and male inmates, with 133 allegations reported, and unprofessional conduct of a sexual nature between male staff and male inmates, with 108 allegations reported.

As of June 24, 2023, six allegations of sexual abuse reported during Fiscal Year 2022 were sustained. These allegations involved four BOP employees and two contract staff working in a privatized facility; 187 allegations were not sustained, and 266 allegations were pending.<sup>44</sup>

**The Prison Rape Elimination Act:** PREA was passed unanimously by both parties in Congress in 2003. The purpose of the act is to *“provide for the analysis of the incidence and effects of prison rape in federal, state, and local institutions and to provide information, resources, recommendations, and funding to protect individuals from prison rape.”* The act also created the National Prison Rape Elimination Commission and charged it with drafting standards for eliminating prison rape. Those standards were published in June 2009 and turned over to the Department of Justice for review and passage as a final rule. The Department of Justice published the final PREA Standards in the Federal Register on June 20, 2012, and they became effective August 20, 2012.<sup>45</sup>

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<sup>42</sup> Office of Internal Affairs Report, pg. 7

<sup>43</sup> Office of Internal Affairs Fiscal Year 2022 Report, pg. 2

<sup>44</sup> Ibid, pg. 32

<sup>45</sup> [National PREA Resource Center](#)

The Special Masters' Team reviewed the last PREA audit conducted in 2022 for FCI-Dublin before arriving onsite. As the lack of staffing was a significant issue for FCI-Dublin, PREA Standards 115.13 (b) and (c) were particularly of concern. They state:

- (b) In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan.
- (c) Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA Coordinator required by Standard 115.11, the agency shall assess, determine, and document whether adjustments are needed to the:
  - staffing plan established pursuant to paragraph (a) of this section,
  - facility's deployment of video monitoring systems and other monitoring technologies, and
  - resources the facility has available to commit to ensure adherence to the staffing plan.<sup>46</sup>

The PCM's Role in a Correctional Facility: The following paragraph was extracted from the PCM Orientation Guide.<sup>47</sup> *"The PREA Compliance Manager (PCM) is the face of PREA at their facility. The attitudes of the PCM toward PREA influence how their peers think about PREA, so it is important for them to show they take inmate safety seriously."*

Implementation of the PREA standards is not the duty of the PCM alone. It is a group effort that is developed by the PCM. The most important job of the PCM is to ensure that facility practices, procedures and post orders are being implemented and documented according to PREA. The PCM should reinforce the message that preventing sexual abuse and sexual harassment is an integral part of all institution staff. When all staff embrace these rules, it not only lightens the PCM's workload - freeing them to take on more of a monitoring role - but also makes the implementation of PREA smoother and more effective, while ensuring sustainability.

A PREA team, led by the PCM should be established. The team is made up of facility leadership including the facility head, investigations, medical, and mental health at a minimum. This team should be involved in developing and maintaining a coordinated response plan. All facility departments should be represented on the team. PREA team meetings should be held at least quarterly to discuss any challenges that staff face. The meeting can also be used to review PREA allegations in the past quarter and updates on

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<sup>46</sup> [PREA Resource Center](#). Standard 115.13 (a) The agency shall ensure that each facility it operates shall develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: See website for additional information.

<sup>47</sup> [PREA Compliance Manager Orientation Guide 8.2019](#)

any open PREA investigations. The team should also do quarterly walk-throughs to check facility safety, blind spots, unlocked doors and include line staff so that they buy into the implementation of the PREA standards.

The PCM is responsible for ensuring that vulnerable AICs are especially protected. Government research show that people with a history of prior sexual victimization are at an elevated risk for sexual abuse in confinement. The PREA standards state that new arrivals who disclose that they have been sexually abused at any point in their lives must be offered a follow-up meeting with medical/mental health staff within 14 days. The PCM should confirm these referrals and follow up to ensure a treatment plan was created and implemented.

An essential part of running a safe facility, and a cornerstone of the PREA standards is ensuring that AICs can report sexual abuse and sexual harassment confidentially, anonymously, and without risk of retaliation. PCMs are responsible for making sure the facility's reporting options work and that every report received gets immediate attention. The PCM's role is to ensure there are no barriers facing AICs who wish to speak out. The PCM should walk through the facility with an eye to ensure that reporting options are clearly posted for AICs to see including the methods to accept third-party complaints on behalf of AICs.

The PCM is responsible for ensuring that staff understand how to respond to a PREA complaint, even if a report is not made immediately. The PCM should review each incident report for thoroughness and accuracy. If the report is incomplete, the PCM must ask whoever completed the report to add additional information.

The PREA standards require that all reports of sexual harassment and sexual abuse must be investigated by trained investigators, whether it is completed by an internal or external investigative unit. Throughout the investigation, the PCM should work with the investigators to assist as needed. The PCM is also responsible for ensuring that there is no retaliation taken against the victims, third party reporters and anyone who cooperated with the investigation, including staff. Ninety days is the minimum number of days the PCM should monitor if the investigation is determined to be substantiated or unsubstantiated. The PCM might have to monitor the victim/s for a longer period if necessary.

At the conclusion of an investigation, the PCM notifies the victim of the outcome. If the investigation is found to be either unsubstantiated or substantiated, the notice should contain the abuser's information. If the complaint was committed by staff, the victim should be notified about the staff member's status, including if they remain employed. Victims must also be notified by the PCM, if the facility learns the abuser has been indicted and convicted of charges related to the reported sexual abuse.

Any time a sexual abuse incident report is filed, even if the allegation is found to be unsubstantiated, an incident review takes place after the investigation concludes. The PCM should work with a team that has representation from classification, medical/mental health, investigations, and someone in charge of the physical plant of the facility. The PCM's role on this team is to follow up with the stated recommendations, including action plans and next steps.

The PCM is the repository for the PREA file that contains all the documentation pertaining to sexual harassment and sexual abuse. The files should be updated on a quarterly basis for review and completion. This also makes it easier for the PREA audit when it becomes time for it. The PCM is the point person for the auditing team. The goal of PREA implementation is not to prepare for an audit, but to keep AICs safe from sexual abuse and sexual harassment. Committed PCMs that work daily on PREA implementation and have achieved widespread buy-in from their facility peers should be confident in the facility's PREA compliance by the time of the audit."

**Observation:** The PCM at FCI-Dublin had recently been changed from Chief Psychologist Dr. Alison Mulcahy to Associate Warden (AW) C.D. Nash effective March 13, 2024. AW Nash, now the Acting Warden, was initially on bereavement leave. As a result, Dr. Mulcahy was interviewed with respect to the PREA program. She was very knowledgeable regarding the FCI-Dublin's PREA process.

Dr. Mulcahy was asked to see the files she kept on the AICs that had filed PREA complaints, and she reported she kept no files. Instead, she printed a computer listing which contained 193 names (sample provided as Attachment F) and reported that the list is what she, as the Assistant PCM, maintains. She stated all documents related to PREA are kept in the Special Investigative Services Lieutenant's Office.

Dr. Mulcahy was asked if there were any forms she used to track cases, or what her procedure was if there was an AIC that reported a PREA. She said, everyone would know to notify a psychologist or her, as Chief Psychologist. A Sexual Abuse Intervention by Psychology Services would be completed that would state the date and time of the incident, the reason for the referral, and who made the referral. The evaluation results and recommendations for follow-up would then go back to her as the PCM.

As the PCM, Dr. Mulcahy, makes the determination whether an AIC needs only crisis intervention or full treatment. Full treatment would include a medical evaluation by institution Health Services, and thereafter, depending on the psychologist's evaluation, whether the AIC needed to be seen at the local hospital with a Rape Crisis Center advocate.

Again, Dr. Mulcahy was asked if there were any forms to track any of the information she stated there was a checklist (OneSource First Responder Reference Guide) for first responders. First responders were responsible for providing the completed checklist to

the Operations Lieutenant. Dr. Mulcahy was asked what would happen to the PREA process if she was not there to handle it. She said she did not know.

**Observation:** Lieutenant Baudizzan, Special Investigative Services, was interviewed. He is responsible for maintaining the electronic PREA investigative files. According to Lieutenant Baudizzan, the only time anything is printed is when an after-incident review is conducted by the executive team. During an after-incident review, all the documents contained within the file are printed and reviewed according to Standard 115.86, Sexual Abuse Incident Reviews.

Lieutenant Baudizzan was asked if he maintained any tracking logs and he stated he uses the same PREA list Dr. Mulcahy utilizes. He said the only cases he is allowed to have anything to do with involve incidents of AIC on AIC. All staff on AIC cases are referred to the OIA and the OIG. When this occurs, he indicated has no control, and receives very little additional information on the status of the case.<sup>48</sup>

Lieutenant Baudizzan was asked to print a random PREA file. The random file contained:

- BP-A1002: Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation signed by Warden Jusino stating the AIC was not to be moved since the perpetrator (staff) was on extended Workers Compensation leave.
- Inmate History
- Administrative Remedy Generalized Retrieval
- Four Dental Encounters
- Inmate History Quarters
- Inmate Profile
- Health Services Clinical Encounter: This is the only document in the file that states it was a PREA evaluation encounter. The date of the incident became the date of the encounter.
- Psychology Services Sexual Abuse Intervention
- Protection Against Retaliation Forms

There was nothing in the file to indicate that the case was sent to the OIA or OIG, or the date it was sent. However, the AIC's name was on the PREA list indicating it was sent to the OIA/OIG. As of the date of the interview, there was no conclusion. There is nothing in the electronic file to indicate there had been any communication with the AIC after the file was transferred to outside agencies.

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<sup>48</sup> A review of the PREA list suggests all staff on AIC investigations that have transferred to the OIA or OIG remain open. The oldest incident date is February 18, 2019. The cases that are AIC on AIC investigations (conducted by FCI-Dublin Special Investigative Services) were closed.

Lieutenant Baudizzan was asked how anyone would know what to do if there was a PREA incident and he was not there since there was not a procedure or checklist to ensure things were not missed. His answer was, “*They wouldn’t.*”

In addition to the lack of written procedures for both the PCM and Special Investigative Services Lieutenant, 27 Administrative Remedies were filed, some by the AIC and some by a third party, that claimed some form of sexual abuse or sexual harassment had occurred. Although these had been answered, either at the institution or regional level, the names were not noted on the PREA tracking list for follow up. For example, an AIC claimed sexual abuse, sexual assault, and sexual harassment in her Administrative Remedy. Her reply at the regional level, signed by Ms. Rios, stated, “*The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Your allegation of sexual assault and sexual harassment has been referred to the appropriate authorities for investigation. A thorough investigation will be conducted.*” (Reference Attachment G) There was no process to ensure any PREA related complaint made via the Administrative Remedy process was referred to the OIG. We could not find any record that the Administrative Remedy PREA complaints had been referred for formal investigation as Ms. Rios stated in her response.<sup>49</sup> In addition, the follow-up actions required by PREA were not followed for these complaints.

**Salary and Workforce Staffing Review Meeting Minutes Summary – Salary Workforce Staffing:** The Salary and Workforce Staffing Review meeting minutes were reviewed. According to Program Statement #5324.12, Sexually Abusive Behavior Prevention and Intervention Program, this Committee serves as the staffing review necessary to meet PREA Standard 115.13 (b) and (c), to ensure there is sufficient staff available for the AICs to have a safe environment.<sup>50</sup>

While the staffing minutes reviewed by the Special Masters Team reflect ongoing recruitment activities, staff interviews found recruitment efforts were minimal in comparison to the significant need. The lack of staff dedicated to recruitment severely impacted the filling of critical vacancies at this facility.

The Business Administrator reported these meetings are held quarterly. The last meeting was held in the beginning of April 2024, but the minutes were still being routed so he did not have a copy for the Special Masters team to review.

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<sup>49</sup> The Special Masters Team spoke with Dr. Mulcahy numerous times regarding the list of 27 names to see if any follow up had been conducted for these AICs although they were not on her PREA tracking list. The team was told when the FBI raided the executive team offices on March 11, 2024, they took the previous PCM’s files and computer so there could be information contained in those records that is now unavailable.

<sup>50</sup> The meeting minutes are annually compiled by the regional PREA Coordinator by May 1, and submitted to the National PREA Coordinator by June 1.

The Budget Analyst is the person who takes the minutes at the meeting. He explained he uses templates to prepare the minutes as the discussion is similar every quarter, except for vacancy numbers. If any of the staff who attend the meeting want anything changed, when they review the minutes for signature, they let him know at that time.

The template language for PREA is *“Expressed the importance of PREA and stated to follow the standards of conduct. Staffing levels were discussed at the meeting to assist in protecting against sexual abuse. PREA was considered when deciding which positions to fill and/or any additional positions needed by the facility due to PREA concerns.”*

Since one of the main reasons for this meeting was to determine the sufficiency of staffing for PREA-related purposes and how staffing may impact the safety of the AICs at FCI-Dublin, the Special Masters team looked for, but could not locate the PCM or Special Investigative Services Lieutenant’s attendance recorded at any of the meetings.

Mr. Lau, the union representative, was the only person in the recorded meeting minutes who brought up pertinent issues regarding staffing and PREA; women’s institution’s frequently needing more staffing than male institutions; out of control overtime budget; wanting augmentation of staff to stop because the practice puts everyone in danger.

Dr. Mulcahy, FCI-Dublin Chief Psychologist, began the conversation with the Chief Psychologists at the facilities that received our class members to ensure they received mental health care upon reception, and advocacy services from their local Rape Crisis Centers. The FCI-Dublin Class Member Closure Tracking Roster is tracking each class member to ensure appropriate survivor services are being received both from within institution mental health and from outside advocates.

Any class member that had filed a PREA Administrative Remedy that was not added to the PREA list must be monitored to ensure the appropriate PREA protocols are started, and services provided if they haven’t been already.

Any class member that hasn’t been notified of the status of their complaint investigation whether it is closed or open should be contacted with the status.

Monthly contact should be made with the OIA/OIG liaison for status on class members’ cases until they end. Notification to each class member should be made upon closure of the investigation and the perpetrator status per PREA Standard 115.73.

## **PREA Findings**

**Finding:** FCI-Dublin did not have a standardized PREA protocol in place, to include forms, that would be kept in a PREA file in the PREA Compliance Manager’s Office. Additionally,



the facility did not have a PREA checklist in each file to enable necessary elements to be easily identified if missing or upon completion.

**Finding:** There was no mechanism in place to ensure PREA Administrative Remedies that were granted were sent to the PREA Compliance Manager for appropriate follow-up. This follow-up may include interviewing the AIC and/or sending the AIC's case file to the OIA/OIG for investigation. It would also entail the creation of a new PREA file if one did not already exist.

**Finding:** The existing PREA Administrative Remedy list did not contain a comprehensive listing of all cases and/or they were not monitored to ensure proper follow-up.

## PREA Recommendations

**Recommendation:** Notification should be made upon closure of the investigation and the perpetrator per PREA Standard 115.73.

**Recommendation:** The BOP should audit all facilities where class members are housed to ensure there is a PREA protocol in place, to include standardized checklists and forms. Since this was not the case at FCI-Dublin, it may not exist at other facilities that house class members.

**Recommendation:** The PCM position should be audited in each facility where class members are housed to ensure it is being properly utilized to create a crucial environment of safety. Training should be externally contracted to experts in the area for the PCMs at the facilities where class members are housed, as well as for the regional and national PREA Coordinators.

**Recommendation:** Monthly follow-up should be conducted for each class member to ensure appropriate survivor services are being provided.

**Recommendation:** Any class member that had filed a PREA Administrative Remedy, that was not added to the PREA list, must be followed up to ensure the appropriate PREA protocols are initiated and services provided.

**Recommendation:** Class members that had not been notified of the status of their PREA investigation should be provided with update on the status of their case(s).

**Recommendation:** Monthly contact should be made with the OIA and OIG liaison to obtain the status of class member PREA cases until they are resolved. Notification to each class member should be made upon closure of the investigation and the perpetrator per PREA Standard 115.73.

# FCI-Dublin Closure Issues - Property

It is the policy of the BOP that an AIC may ordinarily possess only that property which the AIC is authorized to retain upon admission to the institution, which is issued while the AIC is in custody, which the AIC purchases in the institution commissary, or which is approved by staff to be mailed to, or otherwise received by an AIC. These rules contribute to the management of AIC personal property in the institution, and contribute to a safe environment for staff and AICs by reducing fire hazards, security risks, and sanitation problems which relate to AIC personal property. Consistent with the mission of the institution, each Warden shall identify in writing that personal property which may be retained by an AIC in addition to that personal property which has been approved by the Director for retention at all institutions.

AICs have little to call their own and property is something that connects them to family, home, and their children. Pictures are important to women and feminine products allowed are consistent with gender responsive practices. The items they purchase through packages allow them to prepare meals and share them, building a sense of community. Property is important to both genders; however, even more so for the female population.

On April 15, 2024, approximately 30 to 40 AICs housed in Building A, were told they had 20 minutes to pack their belongings into a large green duffle bag. The bags were then taken to the Education building. The AICs were taken to Receiving and Discharge (R&D) to be processed for transfer. No prior notice was given, and the AICs were forced to quickly decide about what to take and what to leave behind. In the initial moves, the AICs were told the property had to fit in the duffle bag, inclusive of legal papers. Many of the AICs had a great amount of legal paperwork and had to choose their paperwork over their clothing and hygiene items.

A second wave of AICs in Building B were provided the same instructions and choices. They were placed in holding cells in R&D while awaiting transfer instructions. The remaining AICs in the housing units contacted their attorneys and shortly thereafter, Judge Gonzalez Rogers was notified of their concerns. Subsequently, the Judge ordered a hold on transfers until certain conditions could be met.

The AICs sat on the bus in a holding pattern for 4½ hours, and the AICs in the holding cells were returned to their housing units without their property (the property was packed in the green duffle bags). Upon returning to their cells, some discovered the property they had left behind had been stolen by other AICs in the building. The cells had not been secured by staff upon the departure of the AIC. As a result, the AICs had no hygiene products or commissary items.

The SMT was notified and sought to have the property that had been packed up returned to the AICs. The Warden was notified, and in response, the Administration ensured hygiene items were distributed to the AICs. These items were not their own hygiene

items, but rather, hygiene items that are normally distributed to new AICs upon arrival at an institution. Additionally, the supply was limited so not all AICs that needed soap, shampoo and toothpaste received them. The AICs did not have their property returned to them. They did not transfer until five days later and had none of their own property the entire time. The commissary opened two days later, for a brief time, thereby enabling hygiene items could be purchased.

While the conditions placed by the Judge were carried out, the Administration developed a plan to assist in packing up the remainder of the AICs property. Boxes were ordered and delivered to the Education building which was used as the main property distribution hub. Tables were set up as property stations with the allowable property list taped to the table, and green duffel bags distributed to each AIC. The AICs were initially told everything they wanted to transfer would have to fit in the green duffel bag. They were told to come to the building with the bag full of their property, watch the Officer unpack it and then repack their property into two boxes, to be shipped. They would receive a property slip when the Officer finished taping the boxes closed.

However, this did not occur. The bags were packed by the AICs, picked up on a cart from the housing units, delivered to the Education building, repacked into two boxes, and sealed without the AIC present. Many of the AICs were extremely upset by this, as they did not trust that the Officers would pack all their property without disposing of some of it. The AICs again contacted their attorneys resulting in Administration providing direction that, although the AICs would not be present while their property was being packed, they would be allowed two boxes to transfer with them and a third could be sent home. The commissary, which was closed, would open to sell stamps to the AICs so they could purchase postage for the third box to be sent home.

The first day the commissary was open, the stamps were depleted. Two days later, it was decided the BOP would pay to send the third box to the AIC's home. Meanwhile, some AICs from the first group were returned to their cells. However, they had no property to send home because it had been stolen. Those AICs whose property was not stolen were allowed to send a third box home. Since their packed property still had not been shipped, the AIC's wished to retrieve items, but were advised this was not allowed.

Most of the AICs were not present when their property was packed. After most of the AICs had been transferred, the remaining AICs were allowed to be present while their property was packed. Judge Gonzalez Rogers has ordered that property issues be tracked on the Master Tracking Roster for resolution.

## FCI-Dublin Closure Issues - Property Findings

**Finding:** The closure was unnecessarily rushed. Methodical, planned, thoughtful practices could not be carried out, leading to mass chaos. Communication from leadership changed daily leading to even more confusion.

**Finding:** Staff temporarily transferred from other facilities to FCI-Dublin, to expedite and assist existing staff who had not been previously made aware of the impending closure, added to the chaotic environment, trauma and stress.

**Finding:** AIC Property processing from the beginning to the end of the closure process was chaotic and created anxiety for both the AICs and staff.

**Finding:** Many of the staff who were brought in from men's facilities to assist in packing property had never worked with women or transgender AICs, and had no idea how to communicate or deescalate the emotional responses the AICs had during the chaotic closure process associated with their property.

**Finding:** There were attitude conflicts between some of the staff BOP brought in from other facilities and FCI-Dublin staff that made the closure even more difficult and traumatic for both staff and AICs.

## FCI-Dublin Closure Issues - Property Recommendations

**Recommendation:** BOP agreed to set up a physical address at the Western Regional Office for the receipt of property claims arising from the FCI-Dublin closure. It is recommended that when a class member receives their property, the following occur:

- AICs should be present when property is opened and inventoried.
- AICs should be provided a claim form and the address where the claim should be sent.
- Verification should be made to determine if the third box arrived at the designated destination. If not received, a claim should be allowed via the Western Region.
- The Special Master should be authorized to track property claims filed by an AIC related to the closure of FCI-Dublin.

**Recommendation:** Seasoned staff, who have knowledge of working with the female and transgender population, should work alongside inexperienced staff to assist in training them how to communicate and de-escalate situations involving this population.

**Recommendation:** Cell searches should be conducted consistently to keep excess and unauthorized property to a minimum.

# Glossary of Acronyms

AHSA	Assistant Health Services Administrator
AICs	Adults in Custody
AA	Associate of Arts
AW	Associate Warden
BOP	Board of Prisons
BEMR	BOP Electronic Health Record
CCC	Chronic Care Clinic
DHO	Disciplinary Hearing Officer
DOJ	Department of Justice
FCI	Federal Correctional Institution
FSA	First Step Act
GTC	Good Time Credits
H&S	History and Physical
HSR	Health Service Request
LEP	Limited English Proficiency
MAP	Management Analysis Portal
MAT	Medication Assisted Treatment
OIA	Office of Internal Affairs
OIG	Office of Inspector General
ORE	Office of Research and Evaluation
PCM	PREA Compliance Manager
PHS	Public Health Service
PREA	Prison Rape Elimination Act
RIS	Reduction in Sentence
SGT	Statutory Good Time
SHU	Security Housing Unit
SMT	Special Master's Team
STI	Sexually Transmitted Illnesses
TIC	Trauma Informed Care
UDC	Unit Disciplinary Committee
WASPB	Women and Special Populations Branch
WWC	Well Woman Care