Proposal for a Medical Ombudsman for Prison Health and Medical Services in the Illinois Department of Corrections

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In the United States, only persons in prison have a Constitutional right to medical care. This care is mandated by the Supreme Court to meet the prevailing community standards of care (see Appendix 1).[ii] Numerous studies show that prison systems nationwide struggle to meet this mandate and often do not (see Appendix 2). Illinois faces similar challenges, and the experience of monitoring groups suggests that important lapses in care do occur (see Appendix 3).[iii]

Effective medical grievance procedures offer a means to improve care in Illinois prisons. Effective medical grievance procedures will not only identify individual needs on a case by case basis, but effective medical grievance procedures will provide a mechanism to identify systemic shortcomings in medical care thus to allocate care to those most in need, to oversee private medical care providers, reduce morbidity and thus the cost of medical care in prison, and contribute to effective reentry to the community by reducing medical needs on release.

In short, effective medical grievance procedures allow prison administrators to actively and effectively engage shortcomings in medical care in Illinois prisons.[iv]

We propose that the ombudsman can be applied to create system wide effective medical grievance procedures. This will provide timely, independent review by medical professionals with the necessary authority to address individual problems and the capacities to identify systemic shortcomings. Our implementation will also impose minimal administrative and operational burden on the prison staff.

To assure independence, the ombudsman's office must be funded by sources independent of the Illinois Department of Corrections (IDOC). With the cooperation of IDOC, we will pursue outside funding for the ombudsman's office.

This proposal assumes that there is a consensus that there is a need for effective medical grievances in Illinois. If that is not the case, Appendix 4 provides a study design to assess current medical grievance procedures in the Illinois Department of Corrections.

Benefits to the Illinois Criminal Justice System

Effective medical grievance procedures will benefit the Illinois Department of Corrections. The proposed *Office of the Medical Ombudsman* will improve medical care in prison, provide oversight of private medical contractors, reduce the cost of medical care in prison by reducing morbidity in the prison population, and it will contribute to the successful reentry of prisoners into the community.

First, effective medical grievance procedures will improve individual medical care in the Illinois Department of Corrections.

Second, the *Office of the Medical Ombudsman* will monitor problems in the delivery of medical care in Illinois prisons, allowing for the identification and correction of systemic problems in the delivery of care.

Third, The Department of Healthcare and Family Services is responsible for monitoring compliance with the IDOC medical contracts. Effective grievance procedures will create a mechanism for Department of Healthcare and Family Services HFS to oversee private medical providers and assure they are meeting their contractual obligations. Fourth, provision of effective medical care will reduce morbidity, improving the health of the prison population; as in the non-incarcerated population, this will reduce the overall outlay for medical care.

Finally, the burden of medical needs can be a daunting additional barrier to effective reentry to the community; adequate medical care while incarcerated will reduce this burden.

Requirements of an Effective Medical Grievance Procedure

To be effective, medical grievance procedures must meet five criteria: they must be **timely**, **independently** reviewed by **professionals** with **authority** to research grievances and work toward a consensus to resolve each case. They should also contribute **minimal administrative burden** on existing prison operations (**TIPAM**).

1. ***Timely*.** Because the prison is a total institution, there are numerous junctures where grievances arise. It is a challenge for the institution to review the quantity of complaints arising from the rules and procedures that govern pervade daily life. For this reason, additional procedures are developed to manage the burden of grievances. This lends to uniformity in the review of grievances, but can also extend the time to disposition of the grievance. Because of the potentially emergent character of medical grievances and the potential for harm in many non-emergent situations, medical grievances must be addressed in a timely way.

2. ***Independence*.** Because prisons are total institutions, medical providers are enmeshed in the encompassing administrative apparatus that regulates all aspects of daily life. For this reason, an aggrieved inmate must convince his jailors or persons working closely with his jailors that they have failed to meet their obligated standard of care. To be effective, medical grievance procedures must be insulated from this mesh of regulation and control. Medical grievances should therefore follow procedures independent of those used for non-medical grievances.

3. ***Professional Review***. The specialized nature of medicine exacerbates the problem of challenging one's jailors with a grievance. A meritorious medical grievance must challenge both the jailors' decisions and those of trained medical professionals. Neither the aggrieved nor the grievance officer have the expertise to challenge decisions of medical staff. For this reason, it is essential that medical grievance procedures be reviewed by trained medical professionals.

4. ***Authority.*** Those evaluating medical grievances must have the authority and access to review records, consult with medical care providers and, when problems cannot be resolved collaboratively, the support of the prison administration.

5. ***Minimal Administrative Burden.*** Medical grievance procedures should place minimal burden on the prison administration. Acting independently, with access and authority the medical grievance officers will require minimal assistance from prison staff. Minimal administrative burden will encourage staff buy-in and reinforce the independence of the medical oversight procedures.

Organization of the Office of the Medical Ombudsman

The *medical ombudsman* will be experienced in correctional medicine and in good standing in the medical profession. The line staff will be the *grievance officers.* Grievance officers will be registered nurses or other medically trained professionals. A *data clerk* will maintain data on all grievances for monitoring and evaluation of the office of the medical ombudsman, and an administrative assistant will support the ombudsman and his office. The Feinberg School of Medicine will provide quality control for the collection of data and statistical analyses as appropriate.

A contract between IDOC and the Feinberg School of Medicine will allow the Feinberg School of Medicine to act as an agent for IDOC and to share data.

All personnel of the Office of the Medical Ombudsman will be trained in and abide the procedural and security rules of the prison facilities. Otherwise, the *Office of the Medical Ombudsman* will operate independently of the non-medical prison administration and staff. Monitors will have access to (a) grievance forms, (b) the complainant, (c) medical and mental health records of the complainant and (d) medical all staff involved in the diagnosis and treatment plan for the complainant.

To adequately monitor the quality and appropriateness of medical care, all grievances will be pursued even though the complainant has been released or died, staff have resigned or been discharged, or other circumstances render the grievance legally moot.

The Medical Grievance Committee

There will not always be a consensus between the *Office of the Medical Ombudsman* and the medical director. For this reason, a *Medical Grievance Committee* will provide a forum to review these differences and decide the course of action. With the advice of this committee, the medical director will decide on the appropriate course of action. If the *Medical Ombudsman* feels this course of action will have substantial detrimental medical consequences, he or she can bring this to the attention of the Director of the Department of Corrections.

The *Medical Grievance Committee* will review both individual grievances and proposals to address shortcomings in the provision of medical care. Members of the *Medical Grievance Committee* will include the IDOC Medical Director, the Medical Ombudsman, two physicians from the community, a representative of the private medical providers and concerned community members such as the prison monitoring group The John Howard Association.

The most important functions of the *Medical Grievance Committee* will be to review cases where the Medical Director and the *Medical Ombudsman* do reach a consensus that requires further action. These cases will provide a means to identify systemic shortcomings. The *Medical Grievance Committee's* other functions will be to provide advice and oversight of proposed changes in the provision of care, to review operational and administrative issues arising from the functioning of the *Office of the Medical Ombudsman* (e.g., complaints by prison staff that the monitors are hindering their ability to perform their duties, or monitor complaints that staff are not providing appropriate access).

Grievance Procedures

Central to the oversight function of the medical ombudsman is the grievance tracking form. It is essential that every grievance be accounted for. Tracking forms will be numbered and have a duplicates to be retained by the complainant and the medical staff. The forms issued to each facility will be recorded by the data clerk, and the data clerk will monitor the disposition of each form. The *Office of the Medical Ombudsman* will inquire into any tracking forms not returned to the *Office of the Medical Ombudsman* for processing.

Step One: A medical grievance may be filed for any condition or situation with adverse health effects, including medical care, dietary restrictions for management of medical conditions and concerns that a proper diagnosis was not made. A prisoner patient with a grievance regarding health or medical treatment will complete the medical grievance form (see Appendix 5). This will be given to a corrections officer to be faxed to the *Office of the Medical Ombudsman* by prison staff. Grievance officers will report emergent medical situations to the *Medical Ombudsman* immediately. The *Medical Ombudsman* will notify appropriate prison and medical personnel.

Step Two: If the grievance officer believes the grievance is meritorious, he or she will contact the indicated medical personnel. If necessary he or she will visit the facility to examine medical records and/or the complainant. If a consensus is reached between the grievance officer and the medical staff that the grievance has merit, corrective action will be implemented. All grievances will be forwarded to the *Office of the Medical Ombudsman* for routine processing, review and data collection. If a consensus is not reached, the grievance will be sent directly to the *Medical Ombudsman* for review.

Step Three: The *Medical Ombudsman* will review the all decisions made by the line staff to determine that the disposition was appropriate. Grievances where the grievance officer and the medical staff do not reach a consensus will have priority.

Step Four: If a prisoner patient is not satisfied with the determination by the *Office of the Medical Ombudsman*, he or she can appeal the decision to the *Medical Grievance Committee* for further consideration.

Implementation

Implementation of the medical ombudsman will begin with one or two facilities. This will allow tuning of the operations of the ombudsman's office.

Conclusion

The proposed *Office of the Medical Ombudsman* will provide several benefits to the Illinois correctional system. It will improve medical care in prison, provide oversight of private medical contractors, reduce the cost of medical care in prison by reducing morbidity in the prison population, and it will contribute to the successful reentry of prisoners into the community. It will provide for timely, independent review of medical grievances by medically trained professions. It will also impose minimal administrative burden on the prison staff and administration.

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[ii] 429 U.S. 97, *Estelle v. Gamble*, http://laws.findlaw.com/us/429/97.html.

[iii] Chicago Branch, National Alliance Against Racist and Political Repression, *From Crisis to Catastrophe, Preliminary report on Illinois Department of Corrections Medical Care To the Illinois House of Representative Prison Reform Committee*, May 19, 2009, http://naarpr.org/sites/default/files/pdf/Preliminary%20report%20on%20IDOC%20medical%20crisis%2020090504%20D2.pdf

[iv] Grievance procedures combined with additional monitoring of presenting problems offer the opportunity to compile epidemiological data on the incarcerated population.

Appendices

Appendix 1. The Mandated Standard of Correctional Health Care

The problems currently faced by the Illinois Department of Corrections are common in prison settings. A review of current procedures in federal and state correctional facilities demonstrates a universal failure to meet the TIPAM criteria. **There is no effective grievance procedure in the U.S. correction system.** Successful implementation of effective medical grievance procedures in Illinois solutions in Illinois will provide a model for other states.

The requirement that state departments of corrections provide inmates with health and medical care stems from the interpretation of the Eighth Amendment of the U.S. Constitution. Beginning with the Supreme Court, and elaborated upon by federal and state courts, the 1976 decision in *Estelle vs. Gamble* established that failure to provide medical care to incarcerated persons was *cruel and unusual.* The judicial rule that has evolved is that **deliberate indifference** is a violation.[i] *Deliberate indifference* is defined as the "unnecessary and wanton infliction of pain."[ii]

The U.S. Department of Justice and the *National Commission on Correctional Health Care* (NCCHS) publish guidelines for adequate systems of medical care in jails and prisons:

- Prisoners must have access of care.
- Prisoners must receive the care that is ordered.
- Prisoners have the right to professional medical judgment.

The DOJ document also has additional guidelines for handling medical grievances.

- Inmates should be informed how to get medical and how to appeal medical decisions.
- Medical grievance procedures should be centralized.
- Inmates should have access to "a health professional outside the unit to whom they can appeal."

In short, while inmates are not entitled comfort and personal amenities, the quality of health care received behind prison walls should be no less than they would receive in the "free world."

Appendix 2. Current Practices in Federal and State Prisons

The preponderant opinion in the scholarly community is that current medical grievance procedures in both federal and state prisons lack timeliness and lack review by medical professionals independent of the medical staff. In short, they fail the TIPAM standard.

Federal Bureau of Prisons

The Federal Bureau of Prisons does not differentiate between medical and other grievances. The only exception is in Program Statement 1330.13, *Administrative Remedy Program:*

> When deciding whether to reject a submission, coordinators, especially at the institution level, should be flexible, keeping in mind that major purposes of this program are to solve problems and be responsive to issues inmates raise. Thus, for example, consideration should be given to accepting a request or appeal that raises a sensitive or problematic issue, such as medical treatment, sentence computation, staff misconduct, even though that submission may be somewhat untimely.[iii]

California:

In 2005 the district court found that there was a long history of constitutional violations and a failure to comply with remedial orders. The California Department of Corrections (CDCR) admitted the inability to comply and did not appeal an order putting the CDCR's medical system in receivership. Persons working in the receiver's office report that, despite their efforts, they have had little effect (Andy Hardy personal communication; Nancy Stoller personal communication).

Delaware:

Delaware requires that, if possible, medical grievances be resolved informally within seven days. If not resolved, they are automatically referred to the *Grievance Committee* which makes a recommendation to the Warden. If the prisoner is not satisfied at this level, he or she must appeal to the Bureau's Grievance Officer within 3 days.[iv]

When faced with a law suit, the Delaware Department of Corrections attached an affidavit from the departments contract monitor of healthcare and substance abuse documenting that their procedures were in compliance with all *National Commission on Correctional Health Care Standards,* and that a Medical Review Committee meets monthly and reviews current policies and procedures, ongoing problems, and contract compliance.[v]

Georgia:

Grievances in Georgia are governed by very strict rules.[vi] The *Inmate Handbook* given each prisoner makes no distinction between medical and non-medical grievances except in the case of medical emergencies.

Massachusetts:

In fall of 2009 Massachusetts instituted two medical grievance procedures, one for medical and one for mental health care.[vii] Medical grievances can only address the failure to deliver services that have been ordered (e.g., follow-up appointments that failed to happen, prescriptions and medical orders not fulfilled), omitting the right to access to care and to professional medical judgment. First, the prisoner meets with a medical representative, prison staff and upper administration for informal consideration. If not resolved, a *formal* grievance can be initiated. The *formal* grievance goes directly to *UMass Correctional Health* (UMCH), the provider of medical care services which decides the issue. The decision of UMCH is not grievable. There is no independent medical review at any level.

New York State:

New York State has no separate procedures for medical grievances, and grievance officers at the first two levels of review, the *Inmate Grievance Resolution Committee* (IGRC) and the *Facility Superintendent* have no medical expertise. The typical response at both levels is that they can't second-guess the medical staff. Depositions have disclosed that grievances getting at the third stage, Central Office Review Committee (CORC), have the department's Chief Medical officer or a delegate in attendance at the review. It is uncertain if this provides medical expertise and critical review.[viii]

New York City.

In New York City medical care is provided by a private corporation. The Department of Health is responsible for care and no longer contracts with community hospitals but with corporate providers. Because the Department of Corrections is not responsible for medical care, inmate grievances do not cover medical care issues. Grievances about not getting to sick call are valid, but medical issues cannot be grieved.[ix]

Oregon:

Oregon has no timeliness for medical grievances and no independent review by medical professionals.[x] The Oregon Department of Corrections (ODOC) cites the NCCHC Standard P-A-06 on Continuous Quality Improvement (CQI) requiring large institutions to have a CQI committee that meets at least quarterly to review the provision of medical care and implement corrective actions where appropriate. In addition, the *Medical Service Manager* is responsible for an annual review of the effectiveness of the CQI program, including review of studies by the CQI committee, and minutes of CQI, administrative and other pertinent meetings. The *Medical Services Manager* is also required to conduct quarterly a review of inmate medical grievances to identify problematic patterns of healthcare delivery.

Pennsylvania:

Pennsylvania has no separate procedures for medical grievances, and there is no provision for emergency medical grievances; an inmate with an emergent condition contacts the nearest correctional officer for assistance.[xi] Grievances for issues not covered by the Department of Corrections rules are returned unprocessed.

Vermont:

In Vermont[xii] some medical grievances are handled differently than other grievances. Separate provision is made for emergency medical grievances which are sent directly to the *Nurse Manager* (except when they concern the nurse manager). Second, mental health grievances are referred to the *Mental Health Program Administrator*. Several continuances are allowed regarding the time in which all but emergency grievances must be answered. Despite these shortcomings, Vermont comes closest to the TIPAM standard.

Appendix 3. How Does The Illinois Department of Corrections Compare?

[Cite JHA, Alliance I-11, our analysis of grievances]

Medical grievances in the Illinois Department of Corrections (IDOC) are reviewed by the same administrative procedures as non-medical grievances. IDOC personnel ruling on medical grievances are not medical professionals. There appear to be no routine internal or external reviews of medical decisions made for prisoners in IDOC custody. The result is that the provider of medical care is de facto the final arbiter for the standard of care for this incarcerated population.

The Chicago Alliance Against Racist and Political Repression has been monitoring the IDOC medical system for more than ten years. Based on thousands of letters from hundreds of prisoners, examination of prisoner grievances and appeals, and interviews with IDOC staff, it appears that the current grievance procedure outlined by the IDOC in its inmate handbook does not meet the TIPAM requirement.[xiii]

The CAARPR has received 66 complaints in the past two years regarding medical issues regarding which we have spoken with IDOC medical staff. In many cases regarding chronic problems the prisoners had filed grievances and appealed, and their grievances had been deemed without merit In 26 cases we contacted (40%) the department medical director and the problem was usually resolved. In 40 cases we spoke briefly with facility health care unit staff and the problems have usually been resolved. Considering the high rate of denials of grievances, even after appeal, this indicates what the value could be of oversight by an independent agency.

The procedure followed at Lawrence Correctional Center in Sumner Illinois is exceptional in this regard. Although processed through the regular channel for all grievances, medical grievances at Lawrence are reviewed by prison contract medical staff who must report on each grievance.[xiv]

Table 1 of Appendix 1 below reports five years of data on medical grievances on five IDOC correctional facilities. Between 2004 and 2008 the number of grievances at these five facilities increased from 2,200 to 3,200, and the percent of medical grievances sustained increased from 3.39% to 5.17%. The number of sustained grievances increased over 100%, from 76 in 2004 to 165 in 2008. It is unclear if there are more problems or just more grievances, but the fact that more grievances are sustained is a matter of concern.

For IDOC overall, between 3.39% and 5.17% percent of medical grievances are sustained in a year. For the aggregate of six facilities with detailed data, between 1.63% and 4.04% of grievances are sustained each year. There is marked variation across facilities; facilities with larger numbers of grievances have lower percentages of sustained grievances.[1]

In the period 2005-2007 Stateville has markedly higher rates of sustained grievances, ranging from 10.71% to 23.20% of grievances sustained. There are several possible explanations for this pattern. First, the quality of medical care may vary such that more filed grievances are sustained. Second, the medical review may vary, with more grievances being sustained. Finally, if the quality of care and the

[1] The correlation between the number of grievances and the percent sustained (n = 30) is -0.46.

decision process remained constant, the grievances filed between 2005 and 2007 may in fact be more meritorious for unknown reasons.

Without understanding this variation, however, it appears to be a matter of concern. An increase of 100% in sustained grievances, a facility with a sustained grievance rate of 23%, and wide variability across institutions and across time all suggest that improvements can be made.

Appendix 4. Procedures for Assessing the Adequacy of the Medical Grievance Procedures in the Illinois Department of Corrections

Medical grievances in the Illinois Department of Corrections (IDOC) are reviewed by the same administrative procedures as non-medical grievances. IDOC personnel ruling on medical grievances are not medical professionals. In addition, there appear to be no routine internal or external reviews of medical decisions made for prisoners in IDOC custody. The result is that the provider of medical care is de facto the final arbiter for the standard of care for this incarcerated population. The following study will assess the adequacy of medical grievance procedures in the Illinois Department of Corrections.

Table 1 reports the numbers of medical grievances for IDOC overall, and for five facilities (mostly maximum security) we have detailed data.

Step 1 - Create a random sample of records to collect at each facility.

The sample size needed to detect a statistically significant difference between the percent of grievances sustained by the grievance review board and the independent review conducted in this proposal is a function of (a) the risk of a false negative finding we find acceptable, and (b) the true discrepancy between the percent of grievances sustained by the review board and the percent of grievances determined to be sustainable by independent review.

Power, or risk of a false negative conclusions

A false negative finding means that the relationship exists in the world but the analysis has failed to identify it. In our case, this would mean that the current grievance procedures are deficient, but that we fail to identify this.

It is typical to determine sample size with power of 0.80, or one chance in five that a true positive finding will be rejected. If power is set to 0.90, there is a one in ten chance that we would reject a true positive.

Estimated effect size, or true size of the discrepancy between the grievance process and the independent review. From table 1 we will start with the premise that IDOC review procedures will produce about a 5% sustained rate (165 sustained grievances to 3,194 grievances in FY 2008 = 5.17%), or slightly smaller (historically, the rate of sustained reviews has been smaller than 5.17%). We expect our independent review to find a higher rate of grievances that should be sustained. The difference between the 5% sustained grievances by the review panel and the rate identified by our panel is the *effect size*.

Table 2 reports the sample size needed for various combinations of power and effect size. The left margin reports decreasing effect sizes. It is intuitive that as the difference being detected gets smaller, the sample size required gets larger. With power of 0.80, a large difference of 25% can be detected with a sample size of only 15 while a difference of only 5% requires a sample of 187.

Because the consequences of rejecting a true positive are dire, we want to have power in the range of 0.9 or 0.95. A modest effect size of 10% with power of 0.90 requires a sample size of 77, and with power of 0.95 a sample size of 92.

If our independent review differs from the IDOC grievance process by as little as 10%, a sample of 92 cases will provide power of 0.95, or a chance of one in twenty that we incorrectly reject a true effect.

Step 2 - Collect and review medical records for each sampled grievance.

Table 3 reports a random draw from the current population of inmates where power is 0.95 and the difference to be detected is 10%. Unless we acquire further information, the procedure for data collection will be this:

- Locate the records at each facility and determine how they are ordered. It is irrelevant if they are ordered by name or date or whatever, as long as we establish the order before we begin. If necessary, we can create the order.
- From the beginning of the order, count to the start position (column 4 in Table 3) and select that case for review.
- Next count forward in the order the number of grievances specified in column 5 of Table 3 and select that grievance for review.
- Continue the previous step until the number of selected grievances equals the number of grievances to review at that facility (column 3 off Table 3).

Because our counts of grievances are estimates, we will likely come to the end of the records before selecting the specified number of cases at a few facilities. When this occurs, continue counting at the beginning and continue to select cases at the appropriate step.

Step 3 - Review the medical records for each grievance and complete a scoring sheet.

It is uncertain how and where we will actually obtain the medical records to corroborate each grievance. It is also to be determined what information we want to capture in the review process.

Step 4 - Analyze the data from the scoring sheets.

Difference of proportions tests will determine whether the rates of sustainable grievances differ between the IDOC grievance process and the independent review.

Table 1. Percent of Medical Grievances and Administrative Reviews Sustained by Year, IDOC Overall and Sampled Facilities

	Fiscal Year									
	2004		2005		2006		2007		2008	
	Grievances	Administrative Reviews	Grievances	Administrative Reviews	Grievances	Administrative Reviews	Grievances	Administrative Reviews	Grievances	Administrative Reviews
IDOC Overall	3.39	0.00	5.00	0.00	4.94	1.08	3.03	0.49	5.17	0.93
Sampled Facilities	1.98	0.00	1.63	0.00	1.73	0.99	4.04	0.43	2.52	1.15
Dixon Correctional Center	1.68	0.00	1.39	0.00	0.69	0.00	5.52	2.00	2.78	0.00
Dwight Correctional Center	18.18	0.00	0.00	0.00	0.00	None	6.25	0.00	13.73	0.00
Menard Correctional Center	8.41	0.00	0.00	0.00	1.12	0.00	0.99	0.00	0.62	0.88
Pontiac Correctional Center	0.00	0.00	0.27	0.00	1.95	1.79	0.67	0.00	0.27	0.64
Stateville Correctional Center	3.36	0.00	19.72	0.00	10.71	1.72	23.20	0.00	4.26	2.26

Table 2. Sample Sizes Required Evaluate the Validity of Medical Grievance Reviews in the Illinois Department of Corrections

	Power (Chance of a False Negative)			
	power=0.80	power=0.85	power=0.90	power=0.95
Effect Size (Difference Between Percent of IDOC Sustained Grievances and Independent Review)	(1 in 5)	(1 in 7)	(1 in 10)	(1 in 20)
25% difference (5% vs. 30%)	15	16	18	21
20% difference (5% vs. 25%)	21	23	25	30
15% difference (5% vs. 20%)	32	36	40	47
10% difference (5% vs. 15%)	61	68	77	92
5% difference (5% vs. 10%)	187	212	244	297

Table 3. Sample Design with Power of 0.95 and Effect Size of 10% (N = 92)

Facility	Population June 30 2008	Estimated Number of Grievances	Grievances to review at This Facility	Start Position	Step
Big Muddy River	1,838	135	4	4	34
Centralia	1,531	112	2	7	56
Danville	1,840	135	5	22	27
Decatur	107	8	0	n/a	n/a
Dixon	1,735	127	2	59	64
Dwight	1,176	86	3	20	29
East Moline	1,075	79	4	13	20
Graham	1,833	135	7	14	19
Hill	1,839	135	12	9	11
Illinois River	1,982	145	6	19	24
Jacksonville	1,497	110	2	34	55
Lawrence	1,921	141	4	6	35
Lincoln	960	70	2	1	35
Logan	1,894	139	1	66	139
Menard	3,476	255	7	27	36
Pinckneyville	2,325	171	2	46	85
Pontiac	1,647	121	2	59	60
Robinson	1,197	88	1	69	88
Shawnee	1,967	144	2	29	72
Sheridan	951	70	1	38	70
Southwestern Illinois	682	50	2	16	25
Stateville	3,330	244	11	3	22
Tamms	407	30	1	20	30
Taylorville	1,163	85	0	n/a	n/a
Thomson	144	11	0	n/a	n/a
Vandalia	1,505	110	1	13	110
Vienna	1,541	113	3	19	38
Western Illinois	1,954	143	5	2	29

Appendix 5. The Medical Grievance Form

This is being worked on by Gary and Ted and will be insrted

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[i] Anno, *op. cit.*

[ii] Anno, B. Jaye, *Correctional Healthcare – Guidelines for the Management of an Adequate Delivery System*, U. S. Department of Justice, 2001, pp 46-47.

[iii] U. S. Dept. of Justice Federal Bureau of Prisons, *Program Statement 1330.13 Administrative Remedy Program*, August 6, 2002, p. 9 (See Appendix VII).

[iv] Giovanna Shay, *Brief as Amicus Curiae, Woodford v. Ngo*, U. S. Supreme Court, 548 U.S. 81 (2006), footnotes 9, 10, Appendix 1.

[v] *Robinson v. Weiss et al Civil Action No. 00-345-SLR*, footnote 8 to Memorandum Opinion by Judge Sue Lewis Robinson. The State's affidavit was not considered because it had not been provided in the State's opening brief and there had been no discovery, so this statement has not been verified.

[vi] Georgia Department of Corrections, *Orientation Handbook for Offenders*, http://www.dcor.state.ga.us/pdf/GDC_Inmate_Handbook.pdf

[vii] See Appendix VI, *Attachment to an email from Bradley W. Brockmann of Prisoners' Legal Services,* Boston MA.

[viii] See Appendix VII *Emails from James Bogin and John Boston to Bradeley W. Brockman forwarded to Gary McClelland*.

[ix] See Appendix VII.

[x] Oregon Department of Corrections, Division 109, *Inmate Communication and Grievance Review System*, Nov. 15, 2010. http://arcweb.sos.state.or.us/rules/OARS_200/OAR_291/291_109.html

[xi] Commonwealth of Pennsylvania, Department of Corrections, *Inmate Grievance System*, Policy Number ADM-804, December, 2010, http://www.portal.state.pa.us/portal/server.pt/document/919465/804_inmate_grievances_pdf.

[xii] State of Vermont, Agency of Human Services, Department of Corrections, *Offender Grievance System for Field and Facilities*, Chapter Correctional Secrvices #320.01, http://www.doc.state.vt.us/about/policies/rpd/320.01/view?searchterm=grievance

[xiii] Chicago Alliance, *op. cit.*, pp 6-7.

[xiv] See Appendix IX, *Email from Randy Stevenson, Lawrence Correctional Center, Sumner, Illinois.*