

DCC Delaware Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

Date: 03/03/2005

WR 6B

GRIEVANCE REPORT

OFFENDER GRIEVANCE INFORMATION

Offender Name : SBI# : Institution : DCC
Grievance # : 11116 Grievance Date : 01/28/2005 Category : Individual
Status : Unresolved Resolution Status : Resol. Date :
Grievance Type: Health Issue (Medical) Incident Date : 01/28/2005 Incident Time :
IGC Housing Location : Bldg 23, Upper, Tier B, Cell 6, Bottom

OFFENDER GRIEVANCE DETAILS

Description of Complaint: I was diagnosed with Hepatitis C in 2000 and have not recieved any treatment for my illness, in Oct 04 I had a liver biopsy done and Kent General, the results were that now I have cirrhosis of the liver and was told by outside doctor that the cirrhosis was paused by first penn medical not treating my hepatitis c.

Remedy Requested : That I should be told why I was refused treatment there are other inmates receiving treatment for same illness and now have a life threathning illness!

INDIVIDUALS INVOLVED

Type	SBI #	Name
Inmate		

ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : YES Date Received by Medical Unit : 02/04/2005
Investigation Sent : 02/04/2005 Investigation Sent To
Grievance Amount :

INFORMAL RESOLUTION

OFFENDER GRIEVANCE INFORMATION

Offender Name :	SBI#	Institution : DCC
Grievance # : 11116	Grievance Date : 01/28/2005	Category : Individual
Status : Unresolved	Resolution Status:	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 01/28/2005	Incident Time :
IGC :	Housing Location :Bldg 23, Upper, Tier B, Cell 6, Bottom	

INFORMAL RESOLUTION

Investigator Name _____ Date of Report 02/04/2005

Investigation Report : Duplicate grievance for hepc.

Reason for Referring:

Investigator Name : _____ Date of Report 02/25/2005

Investigation Report :

Reason for Referring: Ms

Reading over the grievance it appeared that the inmate was grieving an incident he is concerned with at this time. What did the inmate mention when you interviewed him? Thank you
Vargas

Investigator Name : _____ Date of Report 03/01/2005

Investigation Report :

Reason for Referring:

3/17 Checked

list and you are definetely on the list.

** WAS ABUSED TREATMENT AT THAT TIME!*

Offender's Signature: Refused to sign

Date : 3/16/05

Witness (Officer) _____

GRIEVANCE INFORMATION - MGC

OFFENDER GRIEVANCE INFORMATION

Offender Name	SBI#	Institution : DCC
Grievance # : 11116	Grievance Date : 01/28/2005	Category : Individual
Status : Resolved	Resolution Status : Level 3	Inmate Status :
Grievance Type : Health Issue (Medical)	Incident Date : 01/28/2005	Incident Time :
IGC :	Housing Location : Bldg E, Tier B, Cell 4, Bottom	

MGC

Date Received : 03/25/2005 **Date of Recommendation**: 06/08/2005

GRIEVANCE COMMITTEE MEMBERS

Person Type	SBI #	Name	Vote
Staff			Uphold
Staff			Abstain

VOTE COUNT

Uphold : 1 **Deny** : 0 **Abstain** : 1

TIE BREAKER

Person Type	SBI #	Name	Vote
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RECOMMENDATION

Hearing held 6-7 2005

Need to discuss treatment with Dr. Niaz.

, Dialysis Tech - uphold
 Labtech - uphold

Appeal due 6-11-2005

GRIEVANCE INFORMATION - Appeal

OFFENDER GRIEVANCE INFORMATION

Offender Name :	SBI#	Institution :	DCC
Grievance # : 11116	Grievance Date : 01/28/2005	Category :	Individual
Status : Resolved	Resolution Status : Level 3	Inmate Status :	
Grievance Type: Health Issue (Medical)	Incident Date : 01/28/2005	Incident Time :	
IGC :	Housing Location : Bldg E, Tier B, Cell 4, Bottom		

APPEAL REQUEST

Appeal returned late (6-22-2005)

Failure to treat. In 2000 I was told I had Hep C. Since then I have filed several grievances concerning this problem each time I been told that I would be treated. I went before Dr. [REDACTED] several times also Dr. [REDACTED] and Dr. [REDACTED]. See grievances 4377, 9405, 8337, 3729, 5746 etc. I was seen by Dr. [REDACTED] and each time I was told treatment would start in 30 days For Hep-C. As of this date June 8, 2005 grievant has not been treated. I have signed several papers to allow treatment to start also Done several protocols with Dr. [REDACTED] and [REDACTED], [REDACTED] still No treatment, this reason for appeal.

REMEDY REQUEST

GRIEVANCE INFORMATION - BGO

OFFENDER GRIEVANCE

Offender Name :	SBI#	Institution : DCC
Grievance # : 11116	Grievance Date : 01/28/2005	Category : Individual
Status : Resolved	Resolution Status : Level 3	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 01/28/2005	Incident Time :
IGC : M	Housing Location : Bldg E, Tier B, Cell 4, Bottom	

REFERRED TO

Due Date : 06/30/2005 Referred to: Person Name:

Type of Information Requested :

The Grievant has requested any explanation as to why he has not been treated by FCM, when outside doctors have recommended treatment. Please provide that response. Thanks.

DECISION

Date Received : 06/22/2005

Decision Date : 02/10/2006 Vote : Uphold

Comments :

The CMS Medical Director reports that a CT scan has been ordered as of 01-27-06.

DCC Delaware Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

Date: 04/17/2006

GRIEVANCE INFORMATION - Bureau Chief

OFFENDER GRIEVANCE INFORMATION

Offender Name :	SBI# :	Institution :	DCC
Grievance # : 11116	Grievance Date : 01/28/2005	Category :	Individual
Status : Resolved	Resolution Status : Level 3	Inmate Status :	
Grievance Type: Health Issue (Medical)	Incident Date : 01/28/2005	Incident Time :	
IGC :	Housing Location : Bldg E, Tier B, Cell 4, Bottom		

DECISION

Decision Date: 03/24/2006 Vote : Uphold

Comments :

DEPARTMENT OF CORRECTION
Bureau of Prisons
245 McKee Road
Dover, Delaware 19904

April 17, 2006
~~March 24, 2006~~

Inmat
SBI #
DCC Delaware Correctional Center
SMYRNA DE, 19977

— B-4

Dear :

We have reviewed your Grievance Case # 11116 dated 01/28/2005.

Based upon the documentation presented for our review, we uphold your appeal request.

Accordingly, there is no further issue to mediate nor Outside Review necessary as provided by BOP Procedure 4.4 entitled "Inmate Grievance Procedure", Level III appeals.

Sincerely,

Bureau Chief