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12 UNITED STATES DISTRICT COURT
13 CENTRAL DISTRICT OF CALIFORNIA

14 DAVID BRYANT,

15 Plaintiff,

16 v.

17 UNITED STATES BUREAU
18 OF PRISONS,

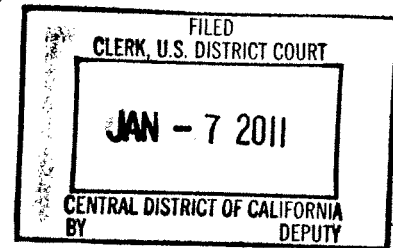
19 HARLEY G. LAPPIN, in his
20 official capacity as Director of
the United States Bureau of
Prisons,

21 ROBERT E. MCFADDEN, in
22 his official capacity as Regional
Director of the United States
23 Bureau of Prisons Western
Region,

24 and

25 FRANCISCO J. QUINTANA, in
26 his official capacity as Warden of
USP Victorville,
27

28 Defendants.



Case No.

CV11 0254

MRP

(DTBx)

COMPLAINT FOR VIOLATIONS
OF THE REHABILITATION ACT
AND VIOLATIONS OF THE
FIRST, FIFTH, AND EIGHTH
AMENDMENTS

1 David Bryant ("Bryant"), by his undersigned counsel, for his complaint
2 against defendants the United States Bureau of Prisons (the "BOP"), Harley G.
3 Lappin, Robert E. McFadden and Francisco J. Quintana (collectively
4 "Defendants"), alleges as follows:

5 **NATURE OF THE ACTION**

6 1. This lawsuit arises from Defendants' failure to provide auxiliary aids
7 to allow effective communication, as required by federal law and the United States
8 Constitution, to Bryant, a deaf man in Defendants' custody at United States
9 Penitentiary ("USP") Victorville.

10 2. Bryant has severe to profound sensorineural hearing loss in his left ear
11 and profound sensorineural hearing loss in his right ear. In his right ear, Bryant
12 cannot hear any sound. In his left ear, Bryant can hear some very loud noises.
13 With the use of hearing aids, which Bryant needs to wear daily, Bryant can hear
14 very little noise in his right ear and some noise in his left ear. If there is no
15 background noise and no interference from his hearing aids, Bryant can
16 occasionally hear a word spoken loudly in his left ear. Generally, however, he is
17 unable to hear any spoken words even with the use of the hearing aids and, under
18 no circumstances, can he hear or understand spoken conversation. Instead, the
19 hearing aids enable Bryant to better sense his surroundings by hearing noise or
20 loud sounds. Furthermore, the hearing aids do not work properly unless Bryant
21 receives new hearing aid batteries when the old batteries weaken or die. Bryant
22 currently uses Phonak PowerMAXX 411 hearing aids. With this hearing aid
23 model, new batteries typically weaken or die within a few days to a few weeks and
24 must be replaced in order for the hearing aids to function.

25 3. Bryant's primary and native language is American Sign Language
26 ("ASL"). ASL is a complex language that employs signs made with the hands,
27 facial expressions and body language. ASL is a language distinct and different
28

1 from English—it is not simply English in hand signals. ASL has its own
2 vocabulary and its own rules for grammar and syntax.

3 4. English is a second language for Bryant. As a result, Bryant's English
4 reading and writing skill level is much lower than that of a hearing person of
5 similar education. Bryant is functionally illiterate, and for this reason reading and
6 writing do not provide an effective method of communication for Bryant.

7 5. Bryant's ability to lip-read is extremely limited and even less effective
8 than written communication. In general, it is extremely difficult to lip-read
9 English because only a small fraction of the sounds used in speaking are clearly
10 visible on the mouth and many sounds appear identical on the lips. In addition to
11 the difficulties in lip-reading, the ability to accurately lip-read is affected by the
12 speaker's facial bone structure, facial musculature, facial hair, lighting and other
13 external factors. Moreover, even if Bryant were able to lip-read, he would not
14 necessarily understand the English language or the vocabulary the speaker was
15 using.

16 6. For these reasons and others, Bryant does not understand or
17 communicate effectively in written or spoken English. Instead, Bryant requires a
18 qualified ASL interpreter to communicate effectively with persons who do not
19 know and use ASL.

20 7. Furthermore, Bryant cannot use the telephone in the same way as a
21 hearing person, and requires either a telecommunication device for the deaf
22 ("TDD" or "TTY") or a videophone.

23 8. A TTY allows people to send written messages back and forth to each
24 other by telephone. When both users have TTYs, they can communicate directly
25 over telephone lines. When one person does not have a TTY, a
26 Telecommunications Relay Service ("TRS") operator reads aloud the written
27 messages from the TTY user and transcribes the non-TTY user's verbal response.
28 Though a TTY is a helpful communication tool, it ultimately relies on the user's

1 ability to communicate in written English and, in all events, is a much more time-
 2 intensive communication tool than the telephone. The TTY is 60-year-old
 3 technology, and has been for the most part supplanted by the videophone. Most
 4 deaf individuals no longer have TTYs, and communicate on telephone solely by
 5 videophone.

6 9. A videophone is a telephone with a camera and screen for visual, real-
 7 time communication. Thus, a videophone is a far more effective auxiliary aid for
 8 deaf individuals like Bryant who use ASL as a primary means of communication,
 9 both because it depends upon ASL skills instead of written skills for
 10 communication, and because without a videophone there is no way to contact most
 11 deaf individuals outside the prison system who no longer own TTYs. Like the
 12 TRS system, there is now a Video Relay Service ("VRS"), so that communication
 13 can be accomplished by videophone between an ASL user and a hearing, non-ASL
 14 user through a relay operator who is a qualified ASL interpreter. However, under
 15 the current system one cannot place a call from a TTY to a videophone through
 16 any relay service.

17 10. Defendants continually have failed to provide Bryant with a qualified
 18 ASL interpreter and other reasonable auxiliary aids and services resulting in Bryant
 19 being:

- 20 • unable to communicate effectively with health care providers
 21 and mental health professionals, raise medical issues, discuss
 22 mental health concerns, or understand the treatments and
 medications they prescribe;
- 23 • excluded from participating in the same educational, vocational
 24 and rehabilitation classes and work programs as hearing
 prisoners;
- 25 • deprived of knowledge or understanding of prison-wide safety
 and/or emergency announcements;
- 26 • deprived of knowledge or understanding of prison counts,
 27 meals and other important daily prison activities;
- 28 • unable to communicate effectively with correctional officers
 ("COs") and other prison staff;

- subject to disciplinary action stemming from Defendants' refusal to accommodate his deafness;
- unable to communicate effectively during such disciplinary action hearings;
- attacked by other inmates for attempting to activate closed-captioning on the television in his unit; and
- prevented from contacting family, friends and his attorneys.

11. Bryant officially informed Defendants of their failure to provide proper and effective communication and the resulting problems by using the BOP's administrative remedy process and through letters from his counsel. More generally, Bryant's struggles as a deaf prisoner serve as daily requests for aid. Defendants denied Bryant's administrative remedy requests and his near-daily informal requests for auxiliary aids and services making this lawsuit necessary. Additionally, Bryant has been transferred twice in retaliation for seeking the needed auxiliary aids through the BOP's administrative remedy process, further necessitating this lawsuit.

12. Bryant now seeks from the Court the same auxiliary aids and remedies that Defendants refuse to provide:

- a qualified ASL interpreter to help him communicate effectively with prison staff, educational and vocational instructors, work program managers and coordinators, medical staff, healthcare providers, mental health professionals and pharmacists, and disciplinary officers;
- non-aural, non-written notification of emergencies or other important events and announcements, e.g., a vibrating pager;
- batteries for Bryant's hearing aids as needed;
- access to telecommunication devices appropriate for the deaf, such as a videophone or TTY, equal to the telephone privileges of hearing inmates; and
- safe access to a television enabled with closed-captioning, commensurate with the television privileges afforded to other inmates.

In the alternative to his receiving these requested auxiliary aids and services at USP Victorville and any other BOP institution where Bryant may reside, Bryant

1 requests a transfer to another prison, state or federal, with deaf inmates and
2 programs for the deaf similar to those listed above.

3 **JURISDICTION AND VENUE**

4 13. This Court has subject matter jurisdiction over this action pursuant to
5 28 U.S.C. § 1331 because this action arises under the Constitution and laws of the
6 United States.

7 14. Venue is proper in this judicial district pursuant to 28 U.S.C. §
8 1391(e) because Bryant and some or all of the Defendants reside in this district,
9 and a substantial part of the events and omissions giving rise to Bryant's claims
10 occurred in this district.

11 **THE PARTIES**

12 **A. Plaintiff**

13 15. Bryant is currently serving a life sentence at USP Victorville in
14 Adelanto, California. He is 45 years of age. Bryant has been at USP Victorville
15 since March 2010. Previously, Bryant was incarcerated at USP Hazelton in
16 Bruceton Mills, West Virginia, from August 2005 to October 2009, and USP
17 Coleman I in Coleman, Florida, from November 2009 to March 2010.

18 **B. Defendants**

19 16. The BOP is the federal executive agency responsible for the
20 supervision and custody of over 200,000 inmates, including Bryant. The BOP is
21 headquartered in Washington, D.C.

22 17. Harley G. Lappin ("Director Lappin") is the Director of the BOP. He
23 is responsible for the oversight and management of the BOP's 115 institutions and
24 for the safety and security of the more than 200,000 inmates under the agency's
25 jurisdiction, including the BOP's policies and practices regarding the treatment of
26 and services provided to disabled inmates. He is aware of the BOP's and USP
27 Victorville's policies and practices regarding disabled individuals and, more
28 specifically, Defendants' failure to accommodate Bryant's deafness in USP

1 Victorville's programs and services, including the administrative remedy program.
2 He is sued in his official capacity.

3 18. Robert E. McFadden ("Regional Director McFadden") is the Regional
4 Director of the BOP's Western Region. He is responsible for the "development,
5 approval, implementation, monitoring and evaluation of policies, operations and
6 programs" for the 11 federal institutions and three complexes in the Western
7 Region, including USP Victorville. He is aware of the BOP's and USP
8 Victorville's policies and practices regarding disabled individuals and, more
9 specifically, Defendants' failure to accommodate Bryant's deafness in USP
10 Victorville's programs and services, including the administrative remedy program.
11 He is sued in his official capacity.

12 19. Francisco J. Quintana ("Warden Quintana") is the warden of USP
13 Victorville and is responsible for the day-to-day operations of the prison.
14 Pursuant to the BOP's Program Statement ("PS") 1330.16, entitled the
15 "Administrative Remedy Program," Warden Quintana is also "responsible for the
16 implementation and operation of the Administrative Remedy Program at the . . .
17 institution[al] level[]," including "ensur[ing] that reasonable accommodation[s]"
18 are available "in order for an inmate with a disability to prepare and process" an
19 administrative remedy request or appeal. (PS 1330.16 §§ 542.11(a), 542.16(b).)
20 He is aware of the BOP's and USP Victorville's policies and practices regarding
21 disabled individuals and, more specifically, Defendants' failure to accommodate
22 Bryant's deafness in USP Victorville's programs and services, including the
23 administrative remedy program. He is sued in his official capacity.

24 20. At all times relevant to this action, Director Lappin, Regional Director
25 McFadden and Warden Quintana were acting pursuant to their authority as an
26 official, agent, contractor or employee of the United States.

STATEMENT OF FACTS**A. USP Hazelton (August 2005 – October 2009)****i. Lack of Effective Communication and Auxiliary Aids and Services**

21. Bryant entered USP Hazelton in August 2005. Within his first week at the prison, USP Hazelton staff recognized that without the aid of a qualified ASL interpreter and the other auxiliary aids that Bryant seeks, Bryant had problems communicating with staff and participating in the same activities and programs as hearing inmates.

22. On or about August 5, 2005, Jennifer L. Tennant—an Assistant Clinical Scientist Officer associated with USP Hazelton—performed a psychological evaluation of Bryant, noting, among other things, that he is “deaf and mute.” No ASL interpreter was provided and Ms. Tennant had difficulty communicating with Bryant. According to a psychological evaluation prepared by Ms. Tennant:

[T]he interview was conducted via lip reading and writing. Inmate Bryant indicated he could not read the PSIQ, so the questions were asked of him. Communication with Inmate Bryant was challenging since he indicated he could only read lips “a little bit” and reported difficulty reading the PSIQ.

23. On or about October 18, 2005, Bryant was reevaluated by Ms. Tennant with the aid of an ASL interpreter. At this session, Ms. Tennant was able to communicate with Bryant because the ASL interpreter was able to explain Ms. Tennant’s questions and communicate Bryant’s answers. However, because of Bryant’s prior visits with medical personnel without the aid of a qualified ASL interpreter, Bryant did not know his current medications or psychiatric history. Ms. Tennant noted in her evaluation of Bryant:

1 Bryant presented without acute distress and reported
2 some negative somatic side effects from his current
3 medication regimen of Haldol, Trazodone, Prolixin,
4 Prozac and Cogentin. When questioned about his
5 psychiatric history and the rationale for his being
6 prescribed all of these medications he was largely unable
7 to provide any useful information. This was likely a
8 combination of unfamiliarity with his medications and
9 communication difficulties.

10 After successfully communicating with Bryant through a qualified ASL interpreter,
11 Ms. Tennant decided to adjust Bryant's drug regimen, with the goal of weaning
12 him off the medications entirely.

13 24. Also on October 18, 2005, Shannon R. Toothman, a Psychology
14 Technician associated with USP Hazelton, conducted a separate psychiatric
15 evaluation of Bryant without the aid of a qualified ASL interpreter. Ms. Toothman
16 noted in the psychiatric evaluation that Bryant "was unable to accurately discuss
17 his [medical] history." Ms. Toothman also noted that Bryant "may have been
18 given medication for what appeared to be agitation, likely related to difficulty
19 communicating."

20 25. Upon information and belief, following Bryant's appointments on
21 October 18, 2005, USP Hazelton never again provided to Bryant the means to
22 communicate effectively with medical personnel or any other members of prison
23 staff or administration.

24 26. On or about December 6, 2005, in a subsequent psychological
25 evaluation conducted without an ASL interpreter, Ms. Tennant noted that Bryant
26 "continues to miss callouts and has to be tracked down for appointments."

27 27. On or about February 1, 2006, Ms. Tennant performed another
28 psychological evaluation of Bryant, again without an ASL interpreter. In that
evaluation, she noted that "[c]ommunication with Bryant remains a challenge as he
is quite difficult to understand verbally or via signing (this author does not know
ASL)." Nevertheless, Ms. Tennant noted that Bryant reported symptoms of
"increased sadness and frustration" and "increased difficulty sleeping."

1 28. While incarcerated at USP Hazleton, Bryant was unable to participate
2 in education programs. For example, on or about November 2006, Bryant enrolled
3 in USP Hazelton's "Drug Education Correction Course," but was unable to
4 effectively participate in that program because of the lack of a qualified ASL
5 interpreter. An evaluation of his performance dated November 9, 2006 reveals that
6 "[c]ommunication between [Bryant] and staff is conducted through written
7 medium" and that Bryant "has difficulty understanding the concepts." (Lachance
8 Performance Evaluation, Nov. 9, 2006 (attached as Ex. 1).) As Bryant does not
9 communicate effectively in "written medium" and no qualified ASL interpreter
10 was provided, he had difficulty understanding the concepts expressed in written
11 and spoken English.

12 29. Upon information and belief, the BOP had an "IP Video Network"
13 since at least 2002 which is utilized for, among other things, "conducting daily
14 conferences in telemedicine and telepsychiatry." In combination with Video
15 Remote Interpreting ("VRI") – video interpreting accomplished by use of video
16 conference technology over high-speed internet lines – this network could easily
17 have been used to allow Bryant to communicate with medical staff, healthcare
18 providers, mental health professionals and pharmacists.

19 30. Upon information and belief, at the time of Bryant's incarceration at
20 USP Hazelton, USP Hazelton was in negotiation, if not already under contract,
21 with West Virginia University ("WVU") to have WVU provide educational classes
22 at USP Hazelton through an interactive video network. Such a system could have
23 been used, in combination with USP Hazelton's use or knowledge of an interactive
24 video network for educational programming, to allow Bryant to communicate with
25 educational and vocational instructors.

26 31. Bryant also missed important official announcements because USP
27 Hazleton did not provide him the reasonable auxiliary aid of a non-aural method of
28 notification, e.g., a vibrating pager. Bryant was then punished for missing these

1 official announcements and was isolated from the general prison population. For
 2 example, on or about June 27, 2007, Bryant was not made aware of an
 3 announcement that it was time for the inmates to line up to go to the cafeteria. The
 4 announcement was made verbally, and no CO alerted Bryant that it was meal time.
 5 A short while later, Bryant asked to be taken to the cafeteria on his own, but the
 6 CO refused. According to an "Incident Report" authored by an unknown USP
 7 Hazelton employee, Bryant "threatened" the CO and, as punishment, was sent to
 8 the Special Housing Unit ("SHU"). The incident report notes the following
 9 statement from Bryant (although it is unclear by what method of communication it
 10 was provided): "I didn't hear him call end of move. I got mad because I wanted to
 11 go eat. I was wrong, but I wanted to go eat." (Incident Report, June 28, 2007
 12 (attached as Ex. 2) at 57¹.)

13 32. USP Hazelton staff also interfered with Bryant's use of his hearing
 14 aids. Hearing aids will at times emit a high-pitched ring, which is caused by
 15 feedback from lack of a proper fit or electronic or mechanical problems with the
 16 hearing aid. Because Bryant is deaf, he cannot hear when feedback is emitted from
 17 his hearing aids. Upon information and belief, in early February 2009, a CO
 18 communicated to Bryant that Bryant's hearing aids were ringing and Bryant would
 19 be put in the SHU for eight months unless he took out his hearing aids.

20 33. At least one CO employed at USP Hazelton during Bryant's
 21 incarceration knew and understood some ASL. Despite Bryant's repeated requests
 22 for a qualified ASL interpreter to help him communicate with prison staff and to
 23 participate in prison programs (*see, e.g.*, ¶¶ 35, 42, 43, 46, 48, 49, 52, *infra*), USP
 24 Hazelton refused even to assign this CO to Bryant's unit.

25
 26
 27
 28 ¹ The exhibits attached to this complaint are paginated consecutively to the principal document, per Local Rule 11-5.2. Pin citations in this complaint reference the consecutive page number.

ii. **Bryant's Failed Attempts to Use the Administrative Remedy Process at USP Hazelton**

34. The BOP has a four-step Administrative Remedy Process. It is described in 28 C.F.R. Part 542, BOP PS 1330.16 and individual institutional supplements.

35. On or about October 17, 2007, Bryant filed an "Inmate Request to Staff" and an "informal resolution form" ("BP-8"). In his "Inmate Request to Staff," Bryant wrote: "I heard all staff give hard time not by understanding my communicate's sign language." (Inmate Request to Staff, Oct. 17, 2007 (attached as Ex. 3).) In his BP-8, Bryant wrote "I am deaf" in large letters in the top margin. In that BP-8, Bryant also wrote that he could not communicate effectively with prison staff and requested an ASL interpreter, access to closed-captioned television and a transfer to a medical facility better equipped to accommodate his deafness:²

Please please I need interest talk to your heart will understand how my feeling Also I am feeling sorry about 29 point Not accept go to F.C.I. in Morgantown, WVA for program or mental health program F.C.I. that why But usp don't understand my communicate's sign language Not my fault.

I am deaf must caption closed on TV Also Interpreter with Education go to Morgantown WVA F.C.I. or program special mental health F.C.I. will help to me. This usp not accept my sign language or get into Frustrated by my communicate's from usp will get misunderstand.

(BP-8, Oct. 17, 2007 (attached as Ex. 4).)

36. On or about November 3, 2007, Joe D. Driver, then the Warden of USP Hazelton, dismissed Bryant's request for auxiliary aids without actually

² Bryant's request to be transferred to a medical facility better equipped to accommodate his disability was based on his firsthand knowledge of such a facility. From approximately 1986 to 1991, Bryant was incarcerated at Federal Medical Center Butner ("FMC Butner") in Butner, North Carolina. FMC Butner provided Bryant an ASL interpreter so he could participate and utilize certain prison programs and services, including educational programs, and also provided Bryant safe access to television with closed-captioning. The treatment Bryant received at FMC Butner demonstrates that the BOP is both aware of deaf prisoners' need for accommodations and fully capable of providing them.

1 addressing any of his concerns: "Staff at USP Hazelton have worked with you and
2 assisted you in the last 26 months to ensure your legitimate needs are met."

3 (Inmate Request to Staff Response, Nov. 3, 2007 (attached as Ex. 5) at 64.) In
4 fact, USP Hazelton had refused to accommodate the "legitimate needs" that Bryant
5 listed in his complaint.

6 37. On or about December 21, 2007, Bryant filed two additional BP-8s—
7 this time with the assistance of counsel and a qualified ASL interpreter.

8 38. In the first BP-8 submitted on December 21, 2007, Bryant stated that
9 "[a]s a deaf man, I am unable to participate in the programs offered at this facility"
10 and asked for an auxiliary aid that would allow him to participate in "Adult GED,
11 Adult Continuing Education, and other programs that would further my
12 rehabilitation." Bryant also stated that, although the televisions in his unit were
13 equipped for closed-captioning, "the other inmates in the facility do not like it
14 when it is used because it hides part of the screen." Bryant requested "to be
15 afforded the same rights and privileges that the hearing inmates are afforded."
16 (BP-8, Dec. 21, 2007 (attached as Ex. 6).)

17 39. In the second BP-8 submitted on December 21, 2007, Bryant noted
18 that USP Hazelton went on "Emergency Lock-down status" that day. Bryant wrote
19 that emergencies such as a lockdown are particularly dangerous for him because he
20 cannot "hear and respond to" alarms or verbal warnings. Bryant requested that he
21 be transferred to a medical facility to avoid this danger. (BP-8, Dec. 21, 2007
22 (attached as Ex. 7).)

23 40. Bryant has no record of responses to the BP-8s he filed on
24 December 21, 2007.

25 41. On or about June 1, 2008, Bryant filed an "Inmate Request to Staff"
26 without the assistance of counsel, again requesting a transfer to another prison
27 where he might have access to an Adult GED program, an Adult Continuing
28 Education program and other programs to further his rehabilitation. His request

1 was denied on or about June 4, 2008 by “H. Boyles”—upon information and
 2 belief, a health services administrator at USP Hazleton—who noted that “[t]here is
 3 no medical reason to transfer you.” (Inmate Request to Staff Disposition, June 4,
 4 2008 (attached as Ex. 8).)

5 42. On or about June 4, 2008, Bryant filed a formal request for an
 6 administrative remedy (“BP-9”). In this BP-9, Bryant noted that he is deaf and that
 7 his lawyer helped him draft his request. Bryant requested an interpreter to help
 8 him access programs. (BP-9, June 4, 2008 (attached as Ex. 9).) Specifically,
 9 Bryant asked for auxiliary aids so that he could: (i) participate in educational and
 10 vocational programs, (ii) communicate with other staff members, (iii)
 11 communicate with other inmates, (iv) access appropriate medical and mental health
 12 care, and (v) enjoy television with closed-captioning enabled. (*Id.*)

13 43. On or about June 11, 2008, Bryant filed a Regional Administrative
 14 Remedy Appeal (“BP-10”) and a Central Office Administrative Remedy Appeal
 15 (“BP-11”) on the same day, again without the assistance of counsel. The two
 16 forms requested the same relief:

17 I am deaf in USP Hazelton. BOP refuse get me transfer
 18 for medical care F.C.I. programs
 19 No interpreter
 20 No closed captioning
 21 No mental health care
 22 No medical care
 23 No programs educational
 24 No programs vocational

25 Thank you
 26 Respect

27 (BP-10, June 11, 2008 (attached as Ex. 10); BP-11, June 11, 2008 (attached as
 28 Ex. 11).) Bryant has no record of responses to these appeals.

29 44. Bryant continued to utilize the BOP’s administrative remedy process,
 30 filing eight administrative remedy requests and appeals between October 2008 and
 31 January 2009, all resulting in failed attempts to resolve the problems he
 32 experienced at USP Hazelton. As a result of not receiving auxiliary aids to assist

1 him in understanding and using the administrative remedy process, Bryant's
 2 requests were rejected time and again based on procedural technicalities, including
 3 that Bryant had directed his request to the wrong department or had failed to file
 4 his requests or subsequent appeals at the correct institutional level.

5 45. On October 1, 2008, Bryant filed a BP-9 complaining about the lack
 6 of proper medical programs at USP Hazelton and requesting a transfer to a medical
 7 facility: "Please I need you will see this trust its still get go to transfer Also I am
 8 complain about for facility medical programs prison." (BP-9, Oct. 1, 2008
 9 (attached as Ex. 12).) Bryant also included citations to two Fourth Circuit
 10 decisions, noting that "this complaint is Brought over the denial of a transfer to
 11 USP Canaan for Medical Reason of being Hearing Impaired." (*Id.*)

12 46. On October 7, 2008, Bryant filed another BP-9, again noting that USP
 13 Hazelton had not accommodated his disability:

14 USP Hazelton refused give me go to the No interpreter,
 15 No medical care, No mental health care, No closed
 16 caption TV. That all. Thank you Respect Please get
 figure out for me go to programs.

17 (BP-9, Oct. 7, 2008 (attached as Ex. 13).)

18 47. On October 20, 2008, Bryant filed another BP-9 requesting a transfer
 19 to a prison where he might have access to the basic services and programs to which
 20 he was denied at USP Hazelton:

21 I am go to the computer in the library, I was find lots
 22 deaf of correctional facility's unit also still good about
 23 medical care [and] mental health care, other education
 mental health of the deaf.

24 (BP-9, Oct. 20, 2008 (attached as Ex. 14).) Bryant also stated that it would be
 "real good for me go to programs facility." (*Id.*)

25 48. On November 6, 2008, Bryant filed a BP-8, drafted with the
 26 assistance of counsel, complaining that "I am deaf and need interpreters to
 27 communicate effectively with healthcare providers, program providers, instructors
 28 of classes, clerics, and other people who provide services to inmates." (BP-8,

1 Nov. 6, 2008 and response, Nov. 21, 2008 (attached as Ex. 15).) Upon information
 2 and belief, Bryant's counselor indicated on the BP-8 that his request should be
 3 referred to "Health Services" and "Correctional Services." (*Id.*) H. Boyles
 4 rejected Bryant's request on November 21, 2008, advising Bryant to "speak with
 5 Education. Health Services does not do this." (*Id.*)

6 49. On November 9, 2008, Bryant filed two BP-9s, drafted with the
 7 assistance of counsel. In the first BP-9, Bryant stated: "I cannot hear the alarm in
 8 my cell always. I want a strobe and/or vibrating alarm in my cell." (BP-9, Nov. 9,
 9 2008 (attached as Ex. 16).) In the second BP-9, Bryant wrote: "I am deaf and
 10 need an ASL interpreter to communicate effectively with healthcare providers,
 11 instructors of classes, clerics, and other people who provide services to inmates."
 12 (BP-9, Nov. 9, 2008 (attached as Ex. 17).) Bryant filed a BP-10 and a BP-11 on
 13 December 16, 2008 and January 20, 2009, respectively, both worded identically to
 14 his BP-9 that requested an ASL interpreter. (BP-10, Dec. 16, 2008 (attached as Ex.
 15 18); BP-11, Jan. 20, 2009 (attached as Ex. 19).) On February 5, 2009, the
 16 administrative remedy coordinator at the BOP's Central Office rejected Bryant's
 17 Jan. 20, 2009 BP-11 because he "submitted [his] request to the wrong level. . . .
 18 [Bryant] must first file a BP-9 request through the institution for the warden's
 19 review and response before filing an appeal at this level." (BP-11 Response, Feb.
 20 5, 2009 (attached as Ex. 20) at 95.)

21 **iii. Bryant Uses the Administrative Remedy Process at USP**
 22 **Hazleton with the Aid of ASL Interpreters Hired by His**
 23 **Counsel**

24 50. In June 2009, Bryant retained additional counsel to assist him in
 25 means of effective communication because all of his previous attempts to get
 26 reasonable auxiliary aids for his deafness were denied. Before Bryant's new
 27 counsel was engaged, however, Bryant was already confined to the SHU.

28 51. On July 24, 2009, Bryant's counsel wrote to James Cross, then
 Warden of USP Hazelton ("Warden Cross"). The letter advised Warden Cross of

1 Bryant's deafness and explained that counsel had "been retained by Bryant to
2 enforce his rights under Section 504 of the Rehabilitation Act, including . . . the
3 rights of reasonable accommodation for his disability and effective
4 communication." (Letter to Warden Cross, July 24, 2009 (attached as Ex. 21) at
5 97.) The July 24, 2009 letter also advised Warden Cross that Bryant would seek
6 auxiliary aids through the administrative remedy process and requested that
7 consistent with Section 10(b) of PS 1330.16 (see ¶ 19)—which requires that the
8 Warden provide "assistance . . . includ[ing] provision of reasonable
9 accommodation for an inmate with a disability to prepare and process a Request or
10 an Appeal"—Bryant be given the accommodation of having his lawyers sent a
11 copy of any response to his administrative remedy requests. (*Id.*) In the
12 alternative (and consistent with Section 10(b)), the July 24, 2009 letter requested
13 that a qualified ASL interpreter assist Bryant in reviewing any administrative
14 responses and completing any subsequent administrative remedy forms. (*Id.* at
15 98.) These accommodations are necessary because, though Bryant can connect
16 with his counsel via TTY and TRS when available, he cannot understand legal
17 advice provided in a medium dependent upon his ability to read and write English
18 (nor can he communicate effectively with counsel). The same obstacles prevent
19 effective communication through the mail. Additionally, the timelines for
20 appealing administrative remedy responses are short, and mail is often delayed,
21 especially when the prisoner is in the SHU. Thus, without these accommodations
22 or access to a videophone and VRS, the only effective method for Bryant and his
23 counsel to communicate regarding the administrative remedy process is for
24 Bryant's counsel to visit him in person with a qualified ASL interpreter. However,
25 such visits are expensive and very difficult to coordinate within the short time
26 frame that the prison and BOP allot for inmates to appeal rejected requests.

27 52. On July 30, 2009, Bryant's counsel visited him accompanied by a
28 qualified ASL interpreter. With the assistance of counsel and the interpreter,

1 Bryant filled out seven BP-8s that he filed later that day. (BP-8s, July 30, 2009
 2 (attached as Ex. 22).) The forms largely reiterated the same issues that Bryant had
 3 pursued through the administrative process on his own for more than a year:

- 4 • An inability to communicate with prison staff, including
 5 medical and mental healthcare professionals. (*Id.* at 101, 106.)
- 6 • An inability to participate in educational, vocational and prison
 7 work programs. (*Id.* at 102-03.)
- 8 • An inability to hear alarms and announcements, including calls
 9 for line-up. (*Id.* at 100.)
- No access to television with closed-captioning. (*Id.* at 105.)

10 To remedy these problems, Bryant requested many of the same reasonable
 11 auxiliary aids as he requests here: a qualified ASL interpreter to help him
 12 understand and communicate with prison staff and participate in prison programs,
 13 a vibrating alarm or pager to alert him to important safety warnings and daily
 14 announcements and access to a television enabled with closed-captioning. In the
 15 alternative, Bryant requested that he be transferred to a prison with deaf inmates
 16 and special programs for the deaf.

17 53. On or about August 12, 2009, R.E. Milton, Bryant's unit manager,
 18 rejected all of Bryant's requests. (BP-8 Responses, Aug. 12, 2009 (attached as Ex.
 19 23).)

- 20 • *Regarding Bryant's request for an ASL interpreter to*
 21 *communicate with medical and mental healthcare*
 22 *professionals:* Health Services staff "have attempted to work
 23 with you to overcome your disability by exchanging and
 24 sharing written messages. It appeared this procedure was
 25 mutually successful and there was an understanding obtained
 26 between you an [*sic*] Health Services staff. It is unfortunate,
 27 you are beginning to experience problems communicating.
 28 Currently, however, we do not have staff who are skilled in
 ASL. Nevertheless, this maybe [*sic*] a skill that we could
 explore in more detail when new staff or new hires are being
 considered for employment at USP Hazelton." (*Id.* at 109.)

- 1 • *Regarding Bryant's request for an ASL interpreter to*
2 *communicate with educational and vocational instructors and*
3 *other students:* Educational Services staff "have indicated they
4 have attempted to work with you in the past and provide you
5 with educational programs based on your special needs.
6 However, it appears you have demonstrated very little
7 motivation to engage with the educational staff to assist you in
8 educational and vocational programming." (*Id.* at 111.)
- 9 • *Regarding Bryant's request for strobe or vibrating alarms, a*
10 *vibrating pager, or an ASL interpreter to inform him of*
11 *important warnings and announcements and to help him*
12 *communicate with COs:* "As an inmate you are under constant
13 supervision by correctional staff. In case of emergencies and or
14 alarms staff are accountable for your whereabouts and will
15 insure [sic] you are notified and your safety maintained. In
16 addition, fire alarms meet visual compliance with strobe and
17 inmates are not allowed to possess any electronic device that is
18 not approved by the Federal Bureau of Prisons." (*Id.* at 113.)

11 54. On August 13, 2009, Bryant's counsel visited Bryant at USP Hazelton
12 with a qualified ASL interpreter. On that visit, Counselor Paul Marrero told
13 Bryant's counsel that Paul Layer, BOP Associate General Counsel, had sent an
14 email to Warden Cross asking why Bryant had not been provided with an ASL
15 interpreter. Counselor Marrero informed Bryant's counsel that USP Hazelton was
16 preparing a response. Neither Bryant nor his counsel ever received any
17 communication from Associate General Counsel Layer or any additional info
18 regarding his email to Warden Cross. Bryant also never received the interpreter
19 that he requested.

20 55. On or about August 18, 2009, Bryant submitted seven BP-9s,
21 repeating to Warden Cross the same requests that he had made in the July 30, 2009
22 BP-8s. These BP-9s were submitted as attachments to another letter from Bryant's
23 counsel to Warden Cross. (Letter to Warden Cross and attached BP-9s, Aug. 18,
24 2009 (attached as Ex. 24).) That letter again requested that Bryant be given the
25 accommodation of having his lawyers sent a copy of any response to his
26 administrative remedy requests. (*Id.*) Because USP Hazelton had failed to provide
27 Bryant the accommodations requested by the July 24, 2009, and August 18, 2009
28 letters, Bryant was forced to mail the BP-8 responses to his counsel and they

1 arrived after the August 13, 2009 legal visit. It would have been impossible to
2 attach the BP-8 responses to the August 18, 2009 BP-9s and mail them back to
3 Bryant in time for him to file them within the prison's filing deadline, so Bryant's
4 counsel mailed them on Bryant's behalf.

5 56. In a letter dated August 31, 2009 and mailed almost two weeks later,
6 Warden Cross responded to both Bryant's counsel's July 24, 2009 letter and
7 Bryant's August 18, 2009 BP-9s and the letter that accompanied them. Despite
8 Bryant's demonstrated inability to complete the administrative remedy process on
9 his own over the past three years or communicate with staff, Warden Cross wrote
10 that "Bryant ha[d] complete access to the Administrative Remedy Program" and
11 that Bryant had been able "to resolve numerous issues" through "written
12 correspondence" with staff. (Warden Cross Letter, Aug. 31, 2009 (attached as Ex.
13 25) (without enclosures).) Warden Cross also refused to copy Bryant's counsel on
14 all responses to Bryant's administrative remedy requests, or otherwise
15 accommodate Bryant's communication with his counsel, on the basis of his belief
16 that Bryant could communicate with counsel via email,³ mail or by a TDD. (*Id.* at
17 143-44.)

18 57. Warden Cross then denied the BP-9s, although timely submitted,
19 because, according to Warden Cross, Bryant had not used "the program in good
20 faith" or "in an honest and straightforward manner." (*Id.* at 143.) It appears that
21 Warden Cross was referring to Bryant's use of counsel and a qualified ASL
22 interpreter. Warden Cross wrote that "in order to maintain the integrity of the
23 Administrative Remedy program," Bryant needed to "personally provide staff with
24 the completed Administrative Remedy for processing." (*Id.*) At no point did
25 Warden Cross acknowledge his failure to timely respond to the requests made in
26

27 ³ Although the BOP sometimes provides inmates access to email for a fee, it
28 is always monitored and not subject to attorney-client confidentiality.
Furthermore, Bryant has no access to email while he is in the SHU.

1 the July 24, 2009 letter or in any way accommodate Bryant's use of the
2 administrative remedy process. Even assuming that it was somehow improper for
3 Bryant's counsel to mail the BP-9s that Bryant completed (during an attorney visit
4 with the aid of a qualified ASL interpreter), it was Warden Cross's refusal to
5 provide Bryant with a qualified ASL interpreter or other assistance required by
6 Section 542.16(b) of PS 1330.16 that necessitated Bryant's counsel to mail the BP-
7 9s. Thus, Warden Cross continued to demand Bryant's strict compliance with the
8 administrative remedy process while refusing to comply himself.

9 58. On September 28, 2009, Bryant submitted seven BP-10s to the BOP's
10 Mid-Atlantic Regional Office. Accompanying those BP-10s was a letter from
11 Bryant's counsel explaining that Warden Cross refused to accommodate Bryant's
12 deafness or process Bryant's timely filed BP-9s. (Letter to Kim M. White,
13 Regional Director of the BOP's Mid-Atlantic Regional Office, and attached BP-
14 10s, Sept. 28, 2009 (attached as Ex. 26).)

15 59. Regional Director White responded in a letter dated October 8, 2009
16 that Bryant had been transferred from USP Hazelton on October 6, 2009 to the
17 Federal Transfer Center ("FTC") in Oklahoma City. (White Letter, Oct. 8, 2009
18 (attached as Ex. 27).) According to Director White, the transfer "render[ed] moot
19 any specific issues [Bryant] had related to his incarceration at USP Hazelton."
20 Separately, Director White determined that Bryant's BP-10s should be rejected
21 because (i) they did not include USP Hazelton's response to or rejection of the BP-
22 9s (which Warden Cross refused to process), and (ii) they were not mailed
23 personally by Bryant. (*Id.* at 178-79.)

24 **B. USP Coleman I (October 2009 – March 2010)**

25 60. In October 2009, Bryant was transferred to USP Coleman I. The
26 issues that Bryant faced at USP Hazelton due to his deafness continued at USP
27 Coleman I. Bryant continued to be denied the same auxiliary aids for his disability
28 that he was denied at USP Hazelton:

- Bryant was not provided any non-aural method, e.g., a vibrating pager, of learning of emergencies. Instead, prison officials would attempt to track down Bryant and tap him on the shoulder to inform him of dangerous situations such as lockdowns—which are common at USP Coleman I—like the one that took place shortly after his transfer. (Martin E. Amos, “Coleman Prison On Lockdown After Fight,” Orlando Sentinel, Oct. 16, 2009 (attached as Ex. 28).) Similarly, because Bryant cannot hear any prison announcements, Bryant missed some meals.
- Bryant was kicked several times by other inmates for trying to use the closed-captioning on the unit’s television. Then on or about November 7, 2009, when Bryant attempted to use the closed-captioning, he was attacked by another inmate.
- Following the attack on Bryant, and only four days after the filing of BP-9s requesting auxiliary aids for his deafness, Bryant was sent to the SHU, where he was held for five months until March 2010, i.e., the remainder of Bryant’s incarceration at USP Coleman I.
- Bryant was unable to obtain medicine from medical staff for his pain and insomnia because he did not have access to a qualified ASL interpreter to help him explain these problems.
- Bryant requested a qualified ASL interpreter to participate in educational programs, but his request was refused; instead his only option was to try to write notes back and forth with instructors.
- Due to his inability to communicate with prison staff and other inmates, Bryant had frequent misunderstandings about his needs and the prison schedule.
- Upon information and belief, a staff member at USP Coleman I knew ASL, but USP Coleman I refused to assign that staff member to Bryant’s unit or to provide Bryant with assistance to complete the administrative remedy process.

61. Additionally, new issues emerged at USP Coleman I. *First*, the prison did not provide hearing aid batteries to Bryant on an as-needed basis. As a result, Bryant’s hearing aids were often useless for long periods of time. Upon information and belief, a set of size 13 hearing aid batteries for Bryant’s Phonak PowerMAXX 411 hearing aids, the model of hearing aids Bryant used while at USP Coleman I, costs approximately \$2 retail.

62. *Second*, the prison had no communication device, such as a videophone or TTY, for Bryant to communicate with his friends, family and

1 counsel, even though other inmates had access to telephones. In December 2009,
2 two months after Bryant's arrival, USP Coleman I acquired a TTY, but did not
3 allow Bryant to use the TTY for another month. When Bryant finally was allowed
4 to use the TTY, he discovered that it could only connect to other TTYs and not a
5 relay service (TRS). A TRS is needed to communicate from a TTY to a person
6 with only a telephone, such as members of Bryant's family and his counsel.
7 Bryant tried to explain this problem to USP Coleman I staff to no avail.

8 63. On or about November 3, 2009, Bryant filed two BP-9s without the
9 assistance of counsel or a qualified ASL interpreter. In those BP-9s, Bryant
10 informed prison officials and employees that he is deaf and requested medical
11 treatment for pain and insomnia and access to a television with closed-captioning.
12 (BP-9s, Nov. 3, 2009 (attached as Ex. 29).) These requests were denied on
13 November 6, 2009, because Bryant had not first filed BP-8s. (BP-9 Responses,
14 Nov. 6, 2009 (attached as Ex. 30) at 187, 189.)

15 64. Also on November 3, 2009, Bryant's counsel sent a letter to Scott A.
16 Middlebrooks, Warden of USP Coleman I ("Warden Middlebrooks"), that was
17 similar in substance to the July 24, 2009 letter to Warden Cross at USP Hazelton.
18 (Letter to Warden Middlebrooks, Nov. 3, 2009 (attached as Ex. 31).) In addition to
19 advising Warden Middlebrooks about Bryant's deafness, the November 3, 2009
20 letter explained that counsel had "been retained by Bryant to enforce his rights
21 under Section 504 of the Rehabilitation Act, including . . . the rights of reasonable
22 accommodation for his disability and effective communication." (*Id.*) The
23 November 3, 2009 letter advised Warden Middlebrooks that Bryant would seek
24 auxiliary aids through the administrative remedy process and requested that
25 consistent with Section 542.16(b) of the BOP's PS 1330.16—which requires that
26 the Warden provide "assistance . . . includ[ing] provision of reasonable
27 accommodation for an inmate with a disability to prepare and process a Request or
28 an Appeal"—Bryant be given the accommodation of having his counsel sent a

1 copy of any response to his administrative remedy requests. In the alternative (and
2 consistent with Section 542.16(b)), the November 3, 2009 letter requested that a
3 qualified ASL interpreter assist Bryant in reviewing any administrative responses
4 and completing any subsequent administrative remedy forms. (*Id.* at 192.) In
5 addition, Bryant's counsel requested that Bryant be given access to a TTY so that
6 he could communicate with his family, friends and counsel. (*Id.*) Within the
7 week, Bryant was placed in the SHU where he remained throughout his
8 incarceration at USP Coleman I.

9 65. In a response dated November 10, 2009, Warden Middlebrooks
10 refused to copy Bryant's counsel on any responses to his administrative remedy
11 requests, stating (without explanation) that such an accommodation "would simply
12 be too much of an administrative burden." (Middlebrooks Response, Nov. 10,
13 2009 (attached as Ex. 32) (without enclosures).) Warden Middlebrooks also stated
14 that, while USP Coleman I did not possess a TTY, the prison was "in the process
15 of securing the services of an interpreter" for Bryant. (*Id.*) Bryant, however, never
16 received the assistance of a qualified ASL interpreter at USP Coleman I except for
17 when his counsel provided one.

18 66. In anticipation of a legal visit with Bryant scheduled for December 11,
19 2009, Bryant's counsel attempted on December 10, 2009 to arrange a meeting with
20 Jeff Campbell, legal counsel at USP Coleman I. Bryant's counsel advised
21 Campbell that Bryant needed accommodations and asked to discuss these issues
22 with Campbell. Campbell said there was "no telling what [his] schedule will be
23 like" but that he would "drop by the visiting room . . . if time permits" during
24 counsel's legal visit on December 11, 2009. (Email from Campbell, Dec. 10, 2009
25 (attached as Ex. 33).) Upon information and belief, Campbell did not come by the
26 visiting room or attempt to reschedule with Bryant's counsel.

27 67. One month later, Bryant's counsel attempted to arrange another
28 meeting with Campbell to coincide with their January 21, 2010 legal visit with

1 Bryant. Despite Campbell's assurances on January 12 that he would "do [his] best
2 to meet with" Bryant's counsel, Campbell cancelled the day before the visit,
3 explaining that he could not meet with them because he would be "undergoing
4 dental surgery." (Email from Campbell, Jan. 12, 2010 (attached as Ex. 34); Email
5 from Campbell, Jan. 20, 2010 (attached as Ex. 35).) Campbell said he would
6 "follow up" on the issue of Bryant's need for accommodations, but, upon
7 information and belief, he never did so.

8 68. On or about January 21, 2010, Bryant filed BP-8s, with the assistance
9 of counsel, complaining about substantially the same problems he had at USP
10 Hazelton—an inability to communicate effectively with prison staff, COs, health
11 care providers, mental health professionals, and educational, vocational and
12 rehabilitation instructors; exclusion from work and educational programs; a lack of
13 closed-captioning on television; and the prison's failure to provide him with a non-
14 aural warning system for emergencies and announcements—and requesting similar
15 remedies. He also filed BP-8s requesting a TTY or videophone and hearing aid
16 batteries. (BP-8s and Responses, Jan. 21, 2010 (attached as Ex. 36).)

17 69. On or about January 22, 2010, Bryant's counselor, Counselor Dunn,
18 rejected all of Bryant's requests. (*Id.*) According to Counselor Dunn, Bryant did
19 not need a qualified ASL interpreter to understand and communicate with medical
20 staff and mental health professionals because he "ha[s] the ability to read lips and
21 write [his] requests." (*Id.* at 208.) Counselor Dunn similarly rejected Bryant's
22 request to participate in the prison's educational and vocational programs, claiming
23 that "all resources and curriculum" were "available" to Bryant. (*Id.* at 209.)
24 Counselor Dunn also claimed that Bryant should rely on printed schedules and his
25 hearing aids to alert him to prison-wide alarms and important daily events. (*Id.* at
26 207, 210.) Counselor Dunn rejected Bryant's requests to participate in work
27 programs and to have safe access to a television with closed-captioning because he
28 was being held in the SHU, which does not have work programs or television.

1 (*Id.* at 204-05.) Finally, Counselor Dunn explained that USP Coleman I had
2 obtained a TTY, and that Bryant was allotted hearing aid batteries only once every
3 six months. (*Id.* at 206.) Thus, even though prison staff had denied many of
4 Bryant's requests for accommodations on the basis that he should rely on his
5 hearing aids—which, in any event, would not accommodate Bryant's deafness—
6 they also continued to deny Bryant hearing aid batteries on an as-needed basis.

7 70. On February 4, 2010, Bryant submitted eight BP-9s appealing
8 Counselor Dunn's rejections of the eight BP-8s and reiterating the same requests.
9 (BP-9s, Feb. 4, 2010 (attached as Ex. 37).) During Bryant's visit with counsel that
10 same day, Bryant was able to communicate with prison officials, including Unit
11 Manager R. Mitchell, about the problems with the prison's TTY by using the
12 certified ASL interpreter hired by counsel for their legal visit. Through the
13 qualified ASL interpreter, Bryant explained that the TTY had not been enabled for
14 relay service access. Previously, Bryant explained this problem to prison officials,
15 but they were unable to understand Bryant's explanation due to the lack of a
16 qualified ASL interpreter. On February 8, in a phone conversation with Bryant's
17 counsel, Unit Manager Mitchell said that communicating with Bryant through the
18 interpreter had helped him resolve the issues with the TTY: "Coming from the
19 interpreter, [the problem with the TTY] made more sense than when Bryant
20 explained it." Mitchell said that the TTY was now able to connect to a relay
21 service, and Bryant could make calls.

22 71. On or about February 11, 2010, Warden Middlebrooks consolidated
23 five of the BP-9s into a single request for an administrative remedy. Warden
24 Middlebrooks took four of the five BP-9s—those relating to (i) work programs, (ii)
25 educational and vocational programs, (iii) communication with medical and mental
26 healthcare professionals, and (iv) prison alarms and announcements—and closed
27 them as "repetitive" of Bryant's request for a qualified ASL interpreter and a
28

1 vibrating pager (collectively, the “Consolidated Requests”). (BP-9 Responses,
2 Feb. 11, 2010 (attached as Ex. 38) at 231, 233, 235, 237.)

3 72. In a February 25, 2010 letter to Warden Middlebrooks, Bryant’s
4 counsel requested confirmation from the prison that, because Warden
5 Middlebrooks consolidated these five BP-9s and rejected them together, “[a]ny
6 appeal of the consolidated Administrative Remedy will necessarily encompass” the
7 five Consolidated Requests. (Letter to Warden Middlebrooks, Feb. 25, 2010
8 (attached as Ex. 39).) A copy of the letter was sent to Lisa M. Sunderman,
9 Regional Counsel for the BOP’s Southeast Regional Office (“SERO”). Neither
10 Bryant nor his counsel ever received a response from Warden Middlebrooks or
11 Regional Counsel Sunderman.

12 73. On or about February 22, 2010, Warden Middlebrooks rejected
13 Bryant’s BP-9 requesting hearing aid batteries on an as-needed basis because
14 Bryant had received hearing aid batteries “as scheduled.” (BP-9 Response, Feb.
15 22, 2010 (attached as Ex. 40) at 243.) Warden Middlebrooks claimed that the
16 hearing aid batteries should last six months “with normal regular use.” (*Id.*)
17 Bryant’s hearing aid batteries, used properly, often significantly weaken and
18 become unusable within a few days or weeks.

19 74. On February 24, 2010, Warden Middlebrooks responded to the
20 Consolidated Requests and Bryant’s request for a working TTY. These requests
21 were all rejected. In rejecting Bryant’s requested accommodation of a qualified
22 ASL interpreter and/or a vibrating pager, Warden Middlebrooks noted that “there
23 are no provisions in policy to provide hearing impaired inmates with pagers or
24 ASL trained staff.” (BP-9 Responses, Feb. 24, 2010 (attached as Ex. 41) at 250.)
25 Warden Middlebrooks, however, did not address Bryant’s difficulties in
26 communicating with medical and mental healthcare professionals, educational and
27 vocational program instructors, work program managers and coordinators, COs or
28 other prison staff. He also suggested that Bryant should not need the services of a

1 qualified ASL interpreter or a vibrating pager because he was provided with
2 hearing aids and batteries for those hearing aids “as needed.” In response to the
3 request for a TTY, Warden Middlebrooks explained that Bryant had “made several
4 successful calls using the TTY machine and . . . used a relay service.” (*Id.* at 252.)
5 Warden Middlebrooks omitted any mention that these successful calls were the
6 direct result of Bryant having identified the problem with the TTY to Unit
7 Manager Mitchell through the aid of a certified ASL interpreter. On February 25,
8 2010, Warden Middlebrooks also denied Bryant’s request for safe access to a
9 television with closed-captioning. (BP-9 Response, Feb. 25, 2010 (attached as Ex.
10 42) at 255.)

11 75. On March 11, 2010, Bryant submitted three BP-10s regarding: (i) the
12 five Consolidated Requests, which were attached to the BP-10 along with Warden
13 Middlebrooks’ responses and the February 25, 2010 letter to Warden
14 Middlebrooks; (ii) Bryant’s request for safe access to television with closed-
15 captioning; and (iii) Bryant’s request for new hearing aid batteries when the old
16 batteries weaken or become unusable, rather than when he is “scheduled” to
17 receive them. (BP-10s, Mar. 11, 2010 (attached as Ex. 43).) On or about March
18 15, 2010, SERO’s Administrative Remedy Coordinator rejected Bryant’s BP-10
19 covering the Consolidated Requests on the ground that it “raise[d] more than one
20 issue/related issue,” despite the fact that Warden Middlebrooks had consolidated
21 the BP-9s, and that SERO’s counsel never responded to the February 25, 2010
22 letter sent by Bryant’s counsel. (BP-10 Response, Mar. 15, 2010 (attached as Ex.
23 44) at 285.) Before Bryant received responses to the other two BP-10s, he was
24 transferred to USP Victorville on March 16, 2010.

1 **C. USP Victorville (March 2010 – present)**

2 **i. Bryant's Lack of Accommodations Continues at USP**
 3 **Victorville**

4 76. Bryant was transferred to USP Victorville on March 18, 2010 and he
 5 remains incarcerated there as of the date of this filing. The issues that Bryant faced
 6 at USP Hazelton and USP Coleman I due to his deafness continue today because
 7 Bryant still is being denied reasonable accommodations:

- 8 • Bryant has not been provided any non-aural method, e.g., a
 9 vibrating pager, of learning of emergencies;
- 10 • Without the assistance of a qualified ASL interpreter, Bryant is
 11 unable to communicate effectively with medical staff, including
 12 mental health professionals;
- 13 • Bryant has requested a qualified ASL interpreter to participate
 14 in educational programs, but his request has been refused;
 15 instead his only option is to try to write notes back and forth
 16 with instructors;
- 17 • Due to his inability to communicate with prison staff and other
 18 inmates, Bryant has frequent misunderstandings about his needs
 19 and the schedule;
- 20 • Because Bryant cannot hear any prison announcements, Bryant
 21 has missed some meals and other activities;
- 22 • Bryant has been denied work in certain prison work programs,
 23 including plumbing and factory work, because of his disability;
- 24 • Closed-captioning has not been enabled on the televisions in
 25 Bryant's unit despite his request that it be enabled;
- 26 • Bryant has been denied access to a TTY or a videophone while
 27 being held in the SHU despite the fact that hearing prisoners in
 28 the same position have at least some access to telephones; and
- USP Victorville has placed Bryant in the SHU indefinitely in
 response to Bryant's requests for accommodations and as a
 substitute for properly accommodating his deafness.

77. USP Victorville staff recognizes that without the aid of a qualified
 ASL interpreter and the other accommodations that Bryant seeks, Bryant has
 problems communicating with staff and participating in the same activities as
 hearing inmates. On April 13, 2010, Bryant's counsel called Bryant's unit

1 manager at the time, Chris Jackson, to arrange to visit Bryant. Jackson and
2 Bryant's counsel also discussed the problems that Bryant was having at USP
3 Victorville. Jackson recognized that "people get frustrated with [Bryant] because
4 they don't understand" him, and said he was talking to his staff about how to
5 respond to Bryant's disability. Jackson also said that he was "reading up on the
6 disability act" and would give Bryant anything that was required. Nevertheless,
7 Bryant went without working hearing aids for at least two months following his
8 transfer to USP Victorville and has never been provided with a qualified ASL
9 interpreter or any of the other accommodations to which he is entitled under the
10 Rehabilitation Act (except by his counsel). Like USP Hazelton and USP Coleman
11 I, USP Victorville also refused to accommodate Bryant's attempts to utilize the
12 administrative remedy process.

13 78. On March 22, 2010, Bryant's counsel sent a letter to Joseph L.
14 Norwood, formerly the warden of USP Victorville, that was similar in substance to
15 the July 24, 2009 letter to Warden Cross at USP Hazelton and the November 3,
16 2009 letter to Warden Middlebrooks at USP Coleman I. (Letter to Warden
17 Norwood (attached as Ex. 45); ¶¶ 51, 64, *supra*.) In addition to advising Warden
18 Norwood about Bryant's disability, the March 22, 2010 letter explained that
19 counsel had "been retained by Bryant to enforce his rights under Section 504 of the
20 Rehabilitation Act, including . . . the rights of reasonable accommodation for his
21 disability and effective communication." (*Id.* at 287) The March 22, 2010 letter
22 also advised Warden Norwood that Bryant would seek auxiliary aids through the
23 administrative remedy process and requested that consistent with Section
24 542.16(b) of the BOP's PS 1330.16—which requires that the Warden provide
25 "assistance . . . includ[ing] provision of reasonable accommodation for an inmate
26 with a disability to prepare and process a Request or an Appeal"—Bryant be given
27 the accommodation of having his lawyers sent a copy of any response to his
28 administrative remedy requests. (*Id.* at 288) In the alternative (and consistent with

1 Section 542.16(b)), the March 22, 2010 letter requested that a qualified ASL
2 interpreter assist Bryant in reviewing any administrative responses and completing
3 any subsequent administrative remedy forms. (*Id.* at 288-89) Neither Warden
4 Norwood nor the subsequent warden, Warden Quintana, responded to this letter.
5 They also did not grant Bryant the reasonable accommodations requested.

6 79. On March 29, 2010, Bryant submitted a BP-8, with the assistance of
7 counsel and a qualified ASL interpreter, stating that his transfer from USP
8 Coleman I to USP Victorville was retaliatory and done to thwart his completion of
9 the administrative remedy process by attempting to moot his previous claims (the
10 “Retaliatory Transfer BP-8”). Bryant requested that his grievances at USP
11 Coleman I proceed through the administrative process despite his transfer, and that
12 the BOP not transfer him again until he completed the administrative remedy
13 process. Furthermore, because the transfer to USP Victorville did not remedy his
14 need for auxiliary aids, Bryant requested the same relief he had requested in
15 substantially similar forms for over two years. Bryant submitted an identical BP-9
16 on April 1, 2010 (the “Retaliatory Transfer BP-9”). (BP-9, April 1, 2010 (attached
17 as Ex. 46).)

18 80. In April 2010, Unit Manager Jackson told Bryant’s counsel that
19 Bryant’s transfer had been coded a “323 transfer,” but that he did not receive any
20 paperwork explaining why Bryant’s transfer was marked with this code. Prison
21 regulations define a 323 transfer as: “CLOSE SUPERVISION CASE: Transfer as
22 a result of an investigation that indicates a safety, security, or escape risk.” Bryant
23 was not then and is not now aware of any investigation involving him, or any
24 threat to his safety or security other than the Defendants’ failure to accommodate
25 his disability by failing to (i) protect him from other inmates who objected to his
26 use of television closed-captioning, and (ii) provide him with a vibrating pager or
27 some other non-auditory, non-written notification system for alarms and other
28 emergencies. These same risks still exist at USP Victorville.

1 81. On April 18, 2010, Bryant, with the aid of a qualified ASL interpreter
2 hired by his counsel, submitted three BP-11s to the BOP's Central Office—the
3 final step in the BOP's administrative remedy process—seeking necessary and
4 reasonable accommodations for his deafness. (BP-11s, April 18, 2010 (attached as
5 Ex. 47).)

6 82. In the first BP-11 submitted on April 18, 2010, Bryant repeated the
7 five Consolidated Requests, noting that the warden at USP Coleman I had
8 consolidated these requests and that the SERO rejected the Consolidated Requests
9 on March 15, 2010 because Bryant listed them on a single BP-10. (*Id.* at 293.) In
10 a response dated May 7, 2010, the Administrative Remedy Coordinator of the
11 BOP's Central Office rejected his first BP-11 on the ground that Bryant should
12 have submitted his request to SERO in a BP-10 before appealing to the Central
13 Office in a BP-11. (BP-11 Response, May 7, 2010 (attached as Ex. 48) at 325.)
14 However, on April 23, 2010, the SERO had already rejected Bryant's BP-10.

15 83. In the second BP-11 Bryant submitted on April 18, 2010, Bryant
16 again requested safe access to a television with closed-captioning. (BP-11s, April
17 18, 2010 (attached as Ex. 47) at 318.) Bryant noted that he never received a
18 response to the BP-10 he submitted on March 12, 2010 and that the earlier
19 response to his BP-9 did not address his being attacked by a fellow inmate after
20 Bryant attempted to utilize the closed-captioning at USP Coleman I. Five days
21 after Bryant submitted his BP-11 (and over one month after he submitted his BP-
22 10), the SERO responded on April 23, 2010. SERO's Regional Director rejected
23 Bryant's request on the ground that his subsequent transfer rendered moot any
24 failures to properly accommodate Bryant's disability that occurred at USP
25 Coleman I. (BP-10 Response, April 23, 2010 (attached as Ex. 49) at 328.) The
26 Central Office later rejected Bryant's April 18, 2010 BP-11 on the grounds that he
27 had failed to attach SERO's response—an untimely response that Bryant received
28

1 only after he timely filed the BP-11 on April 18, 2010. (BP-11 Response, May 7,
2 2010 (attached as Ex. 50) at 331.)

3 84. In the third of the three BP-11s Bryant submitted on April 18, 2010,
4 Bryant reiterated his request for hearing aid batteries on an as-needed basis—the
5 same request he had made in his March 12, 2010 BP-10. (BP-11s, April 18, 2010
6 (attached as Ex. 47) at 313.) Seven days after Bryant submitted his BP-11 (and
7 over two weeks after the BOP's own deadline), SERO responded on April 27,
8 2010. SERO's Regional Director rejected Bryant's request, explaining that Bryant
9 should "refer to the Health Services Unit at [USP Victorville] to determine their
10 policy as to how and when replacement batteries will be issued to [him]." (BP-10
11 Response, April 27, 2010 (attached as Ex. 51) at 334.) On May 7, 2010, the
12 Central Office rejected this BP-11 on the grounds that Bryant failed to attach
13 SERO's response to his BP-10, an untimely response that Bryant received only
14 after he timely filed the BP-11 on April 18, 2010. (BP-11 Response, May 7, 2010
15 (attached as Ex. 52) at 337.)

16 85. On May 4, 2010, Bryant submitted a BP-10 regarding his retaliatory
17 transfer. In that BP-10, Bryant said that it had been more than 20 days since he
18 had submitted the Retaliatory Transfer BP-9, he had not received a response and
19 his complaint had not been remedied. (BP-10, May 4, 2010 (attached as Ex. 53) at
20 339.) Bryant then repeated the same language from his Retaliatory Transfer BP-9,
21 in which he requested that his transfer not interfere with his completion of the
22 administrative remedy process and requested auxiliary aids for his disability. (*See*
23 ¶ 79, *supra*.)

24 86. On the same day that Bryant submitted the May 4, 2010 BP-10,
25 Warden Quintana rejected the Retaliatory Transfer BP-9. (BP-9 Response, May 4,
26 2010 (attached as Ex. 54) at 343.) Though Warden Quintana's response was
27 untimely and Bryant's May 4, 2010 BP-10 was properly submitted, on or about
28 May 20, 2010, Bryant submitted another BP-10 to avoid any improper rejection for

1 failure to attach the untimely response (the “Retaliatory Transfer BP-10”). (BP-10,
2 May 24, 2010 (attached as Ex. 55).)

3 87. On May 18, 2010, Bryant turned in his hearing aids to medical staff at
4 USP Victorville because the hearing aids were not working properly. As of the
5 date of this filing, however, Bryant still has not received new hearing aids.

6 88. In a response to Bryant’s Retaliatory Transfer BP-10, dated June 30,
7 2010, Regional Director Robert E. McFadden stated that the “Warden’s response
8 addressed each issue you listed in your BP-9” and “[w]e concur with the Warden’s
9 response.” (BP-10 Response, June 30, 2010 (attached as Ex. 56) at 350.) Regional
10 Director McFadden also said that in regard to Bryant’s “hearing aid concerns,”
11 “Health Services notified you of your approval to have a consult with an Ear, Nose
12 and Throat Specialist” and that he would receive batteries for his hearing aid “free
13 of charge.” (*Id.*) Regional Director McFadden concluded that “[o]ur review
14 reveals the institution is meeting your needs.” (*Id.*)

15 89. On July 28, 2010, Bryant submitted a BP-11 regarding his retaliatory
16 transfer. In that BP-11, Bryant said that his prior requests for auxiliary aids have
17 been refused and his need for those auxiliary aids has not been remedied (the
18 “Retaliatory Transfer BP-11”). (BP-11, July 28, 2010 (attached as Ex. 57).)
19 Bryant then repeated the same language from his Retaliatory Transfer BP-9 and
20 Retaliatory Transfer BP-10, which included requests for his transfer not to interfere
21 with his completion of the administrative remedy process and for auxiliary aids for
22 his disability. (*See* ¶¶ 79, 85, *supra.*)

23 90. On September 9, 2010, the BOP notified Bryant that it had granted
24 itself an extension until September 27, 2010, by which to respond to Bryant’s BP-
25 11 regarding his retaliatory transfer. Bryant’s counsel followed up with the BOP’s
26 Central Office on October 29 and November 2, 2010, and was told to expect its
27 response in four to six weeks. As of the date of this filing, the BOP has still not
28 responded.

ii. Bryant is Sent to the SHU

1
2 91. On July 23, 2010, Bryant was sent to the SHU, where, among other
3 restrictions, he has very limited access to a TTY and no access to a videophone
4 despite the fact that hearing prisoners in the same position, upon information and
5 belief, have bi-weekly access to telephones. Due to communication barriers
6 stemming from USP Victorville's refusal to provide Bryant with a qualified ASL
7 interpreter, Bryant also is unaware as to why he was transferred to the SHU.

8 92. On July 29, 2010, Bryant's counsel asked Bryant's unit manager,
9 Mark Tipton, why Bryant was in the SHU. Unit Manager Tipton said that he could
10 not reveal that information until Bryant signed a release form. Upon receiving
11 such a form, however, Unit Manager Tipton told Bryant's counsel on August 6,
12 2010, that he still could not reveal the reason for Bryant's SHU status. Unit
13 Manager Tipton also claimed that Bryant "knows why he is in the SHU" because,
14 according to Unit Manager Tipton, Bryant writes and reads lips "very well." Unit
15 Manager Tipton said that Bryant could write to his attorneys to explain why he is
16 in the SHU. When Bryant's counsel reiterated that Bryant did not know why he is
17 in the SHU, Unit Manager Tipton said he would ask Bryant whether Bryant knew
18 why he was in the SHU.

19 93. On that same day, Unit Manager Tipton exchanged handwritten notes
20 with Bryant. Through these notes, Unit Manager Tipton asked if Bryant had
21 requested placement in the SHU "for [his] own protection." (Handwritten Notes,
22 Aug. 6, 2010 (attached as Ex. 58) at 358.)
23
24
25
26
27
28

1 Bryant responded,

2 No. Lt's office was get me go to SHU, then I don't
3 understand that why. Lt's office said that compound
4 danger call me. I said stop Frivolous and Malicious.
Also I never never trouble with everything by compound
danger.

5 (*Id.* at 358.) Unit Manager Tipton wrote to Bryant that he was in the SHU "under a
6 Protective Custody Investigation" and that he would tell his superiors that Bryant
7 "want[s] to go to Compound." (*Id.* at 359.)

8 94. In a second handwritten exchange on August 11, 2010, Unit Manager
9 Tipton wrote to Bryant that "[s]omeone dropped a note on you saying you had to
10 go to SHU. SIS [Special Investigative Support] has to investigate it."
11 (Handwritten notes, Aug. 11, 2010 (attached as Ex. 59).) Neither Unit Manager
12 Tipton nor Warden Quintana explained to Bryant or his counsel the details of the
13 SIS investigation or the identity of the prisoner who said Bryant should be placed
14 in the SHU.

15 95. In an August 17, 2010 letter to Warden Quintana, Bryant's counsel
16 explained that USP Victorville seemed to be under the mistaken impression that
17 Bryant requested that he be moved to the SHU and that this apparent
18 miscommunication would not have occurred if USP Victorville had provided
19 Bryant with a qualified ASL interpreter as required under the Rehabilitation Act.
20 The letter requested that Bryant be moved back to the general population (Letter to
21 Warden Quintana, Aug. 17, 2010 (attached as Ex. 60).) As of the date of this
22 filing, Warden Quintana has not responded to this letter, nor has Bryant been
23 moved back to the general population. No hearing has ever been held to address
24 Bryant's status in the SHU.

25 96. On October 7, 2010, Bryant was scheduled to meet with a hearing
26 specialist in order to fit him for new hearing aids. On that date, Bryant notified his
27 CO that he had a medical appointment, but his CO refused to permit him to leave
28 his cell. Bryant's CO never attempted to explain, in a medium Bryant could

1 understand, why Bryant was not allowed to keep his medical appointment. It is
2 thus unclear whether the CO knew that the appointment had been cancelled, for
3 example, or he simply did not want to unlock Bryant's cell and take him to the
4 hearing specialist. In all events, as of the date of this filing there have been no
5 further attempts to fit Bryant for new hearing aids.

6 97. In November 2010, Bryant saw the doctor at USP Victorville because
7 he was having trouble sleeping. The doctor refused to prescribe Bryant medication
8 for his insomnia. Bryant understood that the doctor would not treat him because
9 Bryant was about to be transferred to another prison.

10 98. In early December 2010, Bryant asked Unit Manager Tipton for
11 access to the TTY available to inmates in the SHU. Unit Manager Tipton refused
12 Bryant's request and showed Bryant a piece of paper which, among other things,
13 had the word "transfer" written on it. Bryant understood Tipton to be implying
14 that he was refusing Bryant's request for access to the TTY because Bryant was
15 about to be transferred. As of the date of this filing, Bryant has not been
16 transferred to another prison, nor officially notified that he will be transferred in
17 the future.

18 **CLAIMS FOR RELIEF**

19 **COUNT I: DISCRIMINATION ON THE BASIS OF A DISABILITY IN** 20 **VIOLATION OF THE REHABILITATION ACT AGAINST ALL** 21 **DEFENDANTS(29 U.S.C. § 794 ET SEQ. AND 5 U.S.C. § 703)**

22 99. Bryant realleges and incorporates by reference each and every
23 allegation above as if fully set forth herein.

24 100. Bryant is deaf and as such is a qualified individual with a disability
25 within the meaning of the Rehabilitation Act, 29 U.S.C. § 705(20).

26 101. The BOP is an executive agency within the meaning of 29 U.S.C.
27 § 794(a).

28 102. The operations of the BOP, including the departments, agencies,
programs and instrumentalities at USP Victorville such as Health Services,

Psychology Services, Sex Offender Management and Treatment, Drug Abuse Treatment, the Education Department and its associated programs, Vocational and Occupational Training programs, Inmate Skills Development Initiative, and work programs such as Federal Prison Industries, are “program[s] or activit[ies] conducted by an Executive Agency” within the meaning of 29 U.S.C. §§ 794(b)(1)(A)-(B) and/or (b)(2)(B).

103. At all times relevant to this action, the Rehabilitation Act was in full force and effect in the United States, and Bryant had and has a right not to be subjected to discrimination on the basis of his disability by defendants. 29 U.S.C. § 794(a).

104. The purpose of the Rehabilitation Act is to ensure that no “qualified individual with a disability . . . shall, solely by reason of [] disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance or under any program or activity conducted by any Executive agency” 29 U.S.C. § 794(a).

105. The Department of Justice’s regulations implementing the Rehabilitation Act clarifies that the BOP and all its activities are “program[s] or activit[ies] conducted by an Executive Agency” of the United States government, and that “the agency shall furnish appropriate auxiliary aids where necessary to afford a handicapped person an equal opportunity to participate in, and enjoy the benefits of, a program or activity conducted by the agency.” 28 C.F.R. § 39.160(a)(1). The Department of Justice’s regulations implementing the Rehabilitation Act additionally mandate that “[i]n determining what type of auxiliary aid is necessary, the agency shall give *primary consideration* to the requests of the handicapped person.” 28 C.F.R. § 39.160(a)(1)(i) (emphasis added).

1 106. Auxiliary aids include, but are not limited to, interpreters and
2 telecommunication devices for deaf persons (TDDs). 28 C.F.R. § 39.103.

3 107. Defendants have discriminatorily impaired and continue to
4 discriminatorily impair Bryant's ability to communicate effectively with medical
5 staff and healthcare providers, including mental health professionals and
6 pharmacists; educational and vocational instructors and his fellow students; work
7 program managers and coordinators and his fellow employees; COs; and other
8 members of prison staff. Furthermore, Defendants have excluded and continue to
9 exclude Bryant from educational and vocational programs, television with closed-
10 captioning, and prison-wide alarms and announcements. Defendants have done
11 this by failing to provide appropriate auxiliary aids to Bryant in violation of the
12 Rehabilitation Act.

13 108. Defendants' failure to provide to Bryant appropriate auxiliary aids and
14 services to ensure effective communication has denied and continues to deny
15 Bryant, on the basis of his deafness, the same access to Defendants' services,
16 benefits, activities, programs and privileges as is afforded to hearing individuals.

17 109. The failure to provide appropriate auxiliary aids and services to ensure
18 effective communication, and the failure to provide comparable access to services,
19 benefits, activities, programs and privileges are policies, regular practices and/or
20 customs of Defendants. These failures are ongoing and continue to this date.

21 110. Defendants have continually failed to provide Bryant with a qualified
22 ASL interpreter and other reasonable auxiliary aids for his deafness resulting in
23 Bryant being:

- 24 • unable to communicate effectively with healthcare providers
25 and mental health professionals, raise medical issues, discuss
26 mental health problems, or understand the treatments and
 medications they prescribe;
- 27 • excluded from participating in the same educational, vocational,
28 and rehabilitation classes and work programs as hearing
 prisoners;

- deprived of knowledge of prison-wide safety or emergency announcements;
- deprived of knowledge of prison counts, meals and other important daily activities;
- unable to communicate effectively with COs;
- subject to disciplinary action stemming from Defendants' refusal to accommodate his deafness;
- attacked by other inmates for attempting to activate closed-captioning on the television in his unit;
- prevented from contacting family, friends and his counsel; and
- confined to the SHU, often for indefinite periods of time.

111. As a proximate result of Defendants' violations of the Rehabilitation Act, Bryant has suffered, and continues to suffer, discrimination, unequal treatment, exclusion (including exclusion from Defendants' services, benefits, activities, programs and privileges), financial loss, loss of dignity, frustration, humiliation, emotional pain and suffering, anxiety, trauma, embarrassment, unnecessary loss of rights and privileges, including unnecessary disciplinary measures, segregation and lockdown, and serious injury to his health and mental health, including the injuries specified herein.

112. Defendants' failure to comply with the Rehabilitation Act has resulted in harm to Bryant, and Defendants are liable to Bryant for harms suffered. Defendants' failure to comply with the Rehabilitation Act will continue to result in harm to Bryant, as Bryant will be in the custody or supervision of the BOP for the rest of his life and will continue to attempt to use the services, benefits, activities, programs and privileges provided by Defendants and to which he is entitled. This harm will continue unless and until Defendants are ordered by this Court to modify their policies, practices and procedures as demanded by the Rehabilitation Act.

**COUNT II: VIOLATION OF THE UNITED STATES CONSTITUTION
PROHIBITION OF CRUEL AND UNUSUAL PUNISHMENT
AGAINST ALL DEFENDANTS
(EIGHTH AMENDMENT)**

113. Bryant realleges and incorporates by reference each and every allegation above as if fully set forth herein.

114. Under the Eighth Amendment to the Constitution of the United States, “[e]xcessive bail shall not be required, nor excessive fines imposed, nor cruel and unusual punishments inflicted.”

115. Defendants deprived and continue to deprive Bryant of his right to be free from cruel and unusual punishment as guaranteed by the Eighth Amendment.

116. Defendants have systematically denied Bryant access to basic human services and vital information during his incarceration. Defendants have failed to notify Bryant of prison alerts, announcements and safety instructions. They have refused to provide Bryant with functioning hearing aids and batteries for those devices. Moreover, they have failed to provide the means of effective communication, including the services of a qualified ASL interpreter, to allow Bryant to understand and communicate with medical staff and healthcare providers, including mental health professionals and pharmacists, COs, and other members of prison staff.

117. As a result of these failures, amongst other things, Bryant has, been given completely unnecessary psychopharmacological drugs that were prescribed because Bryant was unable to communicate effectively with medical staff and mental health care professionals. (*See, e.g., ¶¶ 35, 42, 43, 46, supra.*)

118. Bryant is also continuously subjected to dangerous living conditions where he is vulnerable to assault and other hazards, and unable to protect himself from these hazards or communicate his need for assistance and protection.

119. Defendants have knowledge of the unconstitutional condition to which Bryant was, and continues to be, subject. Bryant submitted numerous written complaints to USP Victorville staff, Warden Quintana, and to the BOP’s

1 Western Regional and Central Offices requesting that qualified ASL interpreters
 2 and other auxiliary aids and services be made available to him so that he can
 3 understand and effectively communicate with medical staff and healthcare
 4 providers, including mental health professionals and pharmacists, COs, and other
 5 members of prison staff. Bryant submitted similar written complaints to USP
 6 Hazelton, USP Coleman I, and the BOP's Mid-Atlantic and Southeast Regional
 7 Offices.

8 **COUNT III: VIOLATION OF THE UNITED STATES CONSTITUTION**
 9 **PROHIBITION OF CRUEL AND UNUSUAL PUNISHMENT**
 10 **AGAINST ALL DEFENDANTS**
 11 **(EIGHTH AMENDMENT)**

12 120. Furthermore, Defendants' deliberate and knowing refusal to provide
 13 means of effective communication, including the services of a qualified ASL
 14 interpreter, to allow Bryant to understand and communicate with medical staff and
 15 healthcare providers, including mental health professionals and pharmacists,
 16 educational and vocational instructors, COs, and other members of prison staff,
 17 combined with Defendants' refusal to provide Bryant with working individual
 18 hearing devices and batteries for those devices, have kept, and continue to keep,
 19 Bryant in solitary confinement.

20 121. Defendants compound these deprivations by repeatedly placing
 21 Bryant in the SHU for indefinite periods of time, thereby further isolating him
 22 from his fellow inmates and depriving him of the privileges which he would enjoy
 23 as part of the prison's general population, including regular telephone (or, in
 24 Bryant's case, videophone or TTY) access.

25 122. Defendants' refusal to provide Bryant an interpreter for educational
 26 activities ensures that Bryant's limited English language skills remain as they are,
 27 keeping him in a position where he is unable to communicate with COs, other
 28 members of prison staff and his fellow inmates, thereby furthering his isolation.

1 123. Additionally, by punishing him for requesting the auxiliary aids to
2 which he is entitled, Defendants have shown other deaf or hearing impaired
3 inmates with whom he might otherwise communicate that it is to their advantage to
4 accept the status quo, not seek auxiliary aids for themselves and not communicate
5 with Bryant.

6 124. Defendants' failure to comply with the Eighth Amendment has
7 resulted in harm to Bryant, and will continue to do so, as Bryant will remain in the
8 custody of the Bureau of Prisons and continue to attempt to avail himself of
9 medical treatment, and will remain in solitary confinement, unless and until
10 Defendants are ordered by this Court to modify their policies, practices and
11 procedures pursuant to the Eighth Amendment.

12 **COUNT IV: VIOLATION OF THE CONSTITUTION OF THE UNITED**
13 **STATES DUE PROCESS AGAINST ALL DEFENDANTS**
14 **(FIFTH AMENDMENT)**

15 125. Bryant realleges and incorporates by reference each and every
16 allegation above as if fully set forth herein.

17 126. Under the Fifth Amendment of the Constitution of the United States,
18 "[n]o person . . . shall . . . be deprived of life, liberty, or property, without due
19 process of law."

20 127. The Fifth Amendment guarantees the right to be free from unwanted
21 medical treatment, including the right to be treated only with one's informed
22 consent.

23 128. Defendants have systematically denied Bryant the means of effective
24 communication, including the services of a qualified ASL interpreter, which are
25 necessary to allow Bryant to understand and communicate with medical staff and
26 healthcare providers, including mental health professionals and pharmacists.
27 Without these auxiliary aids, Bryant was and is unable to understand, and thus give
28 his informed consent to, any and all medical treatment, including psychological
treatment, to which he has been subjected by Defendants and their employees.

1 129. Defendants' failure to comply with the Fifth Amendment has resulted
2 in harm to Bryant, and will continue to do so, as Bryant will remain in the custody
3 of the BOP and will continue to be subjected to medical treatment, including
4 psychological treatment, to which he has not given his informed consent, unless
5 and until Defendants are ordered by this Court to modify their policies, practices
6 and procedures pursuant to the Fifth Amendment.

7 130. The Fifth Amendment guarantees that an individual will not be
8 deprived of life, liberty or property without notice and the opportunity for a
9 hearing.

10 131. Since July 23, 2010, Bryant has been held in the SHU at USP
11 Victorville. While in the SHU, Bryant has been deprived of privileges that he
12 would normally enjoy as a member of the general population, including, amongst
13 other things, regular TTY access. Because Bryant is already isolated due to
14 Defendants' failure to provide auxiliary aids and other services required by federal
15 law, his placement in the SHU is an even more serious disruption to the ordinary
16 incidents of prison life than would be disciplinary or administrative segregation for
17 a hearing inmate.

18 132. Defendants have failed to notify Bryant, with the aid of a qualified
19 ASL interpreter, of the reason for his detention. Written messages passed to
20 Bryant by Unit Manager Tipton do not constitute an adequate method of
21 communication. Nor have Defendants afforded Bryant a status hearing.
22 Defendants' failure to comply with the Fifth Amendment has resulted in harm to
23 Bryant, and will continue to do so, unless Defendants are ordered by this Court to
24 notify Bryant, with the aid of a qualified ASL interpreter, of the reason he is being
25 held in the SHU and to afford him the opportunity for a status hearing.

COUNT V: VIOLATION OF THE CONSTITUTION OF THE UNITED STATES FREEDOM OF SPEECH AGAINST ALL DEFENDANTS (FIRST AMENDMENT)

133. Bryant realleges and incorporates by reference each and every allegation above as if fully set forth herein.

134. Under the First Amendment of the Constitution of the United States, “Congress shall make no law . . . abridging the freedom of speech.”

135. Defendants have violated the First Amendment by retaliating against Bryant for the purpose of interfering with his efforts to secure the rights to which he is entitled under federal law. Defendants transferred Bryant from USP Hazelton to USP Coleman I and from USP Coleman I to USP Victorville. These transfers were substantially motivated by their desire to frustrate Bryant’s proper exhaustion of the administrative remedy process and thus to prevent his access to the court system. Defendants’ decision to transfer Bryant had no legitimate purpose (§ ___, *supra*), but instead was intended to moot Bryant’s claims under the Rehabilitation Act and the Constitution and to make impossible his timely appeal of Defendants’ rejections of his requests for reasonable auxiliary aids (§ ___, *supra*).

136. Defendants have also repeatedly placed Bryant in the SHU—often indefinitely and without communicating to Bryant the basis for his confinement there—following his attempts to utilize the administrative remedy process. Defendants’ placement of Bryant in the SHU was and is substantially motivated by their desire to frustrate his proper exhaustion of the administrative remedy process and thus to prevent his access to the court system. Defendants’ decisions to place Bryant in the SHU had and has no legitimate purpose, but instead was and is intended to discourage Bryant from further requesting administrative remedies and to obstruct communication with his attorneys.

137. Defendants’ failure to comply with the First Amendment of the Constitution of the United States has resulted in harm to Bryant and will continue to do so. Defendants will continue to confine Bryant in the SHU and to transfer

1 Bryant from prison to prison as retaliation for his use of the administrative remedy
2 process unless and until they are ordered by this Court to modify their policies,
3 practices and procedures pursuant to the First Amendment.

4 **COUNT VI: VIOLATION OF THE CONSTITUTION OF THE UNITED**
5 **STATES FREEDOM OF SPEECH AGAINST ALL DEFENDANTS**
6 **(FIRST AMENDMENT)**

7 138. Defendants have further impermissibly deprived, and continue to
8 deprive, Bryant of his First Amendment right of freedom of speech by failing to
9 provide him with telecommunication equipment necessary for him to communicate
10 with people outside of USP Victorville.

11 139. Hearing inmates at USP Victorville have telecommunication
12 equipment that allows communication with people outside of USP Victorville.

13 140. Defendants' refusal to provide Bryant with telecommunication
14 equipment to ensure the same level of access as hearing inmates serves no
15 legitimate or compelling penological need and is not rationally related or narrowly
16 tailored to any identified penological need.

17 141. Because Bryant is housed in a remote area far from his family's
18 residence in Washington, DC, and does not communicate effectively in written or
19 spoken English, written correspondence and personal visits are not adequate
20 alternatives for exercising his First Amendment right to communicate with friends
21 and family.

22 142. Provision of appropriate telecommunication equipment to Bryant
23 would have negligible effects, if any, on other inmates and prison employees at
24 USP Victorville.

25 143. Defendants' failure to comply with the First Amendment of the
26 United States Constitution has resulted and will continue to result in harm to
27 Bryant, unless and until they are ordered by this Court to modify their policies,
28 practices and procedures.

PRAYER FOR RELIEF

WHEREFORE, Bryant respectfully requests:

A. The Court adjudge and decree that Defendants, by the organizations, systems, policies, practices and conditions described above, have violated and continue to violate Section 794 of the Rehabilitation Act and the Constitution of the United States;

B. The Court enter such injunctive and/or declaratory relief pursuant to 28 U.S.C. §§ 2201 and 2202, and Rules 57 and 65 of the Federal Rules of Civil Procedure against Defendants and in favor of Bryant as it deems appropriate to remedy past violations of the laws of the United States and to prevent future violations of the same, including but not limited to an order preventing Defendants from transferring Bryant for the purpose of evading their legal obligations to accommodate Bryant's deafness, and the reasonable auxiliary aids which Bryant requested throughout the administrative remedy process:

- access to qualified ASL interpreter services to ensure effective communication with medical and mental healthcare professionals, educational and vocational instructors, work program managers and coordinators, COs, and other members of prison staff;
- a vibrating pager or other auxiliary aid to inform Bryant of prison-wide alarms and daily announcements;
- functioning hearing aid batteries on an as-needed basis;
- access to appropriate and effective telecommunication, such as a TTY and videophone; and
- safe access to television with closed-captioning;

C. In the alternative, the Court enter such injunctive relief against Defendants transferring Bryant to a prison with the proven ability to accommodate deaf inmates such as Bryant;

D. Judgment be entered against Defendants in favor of Bryant for the costs of litigation, including reasonable attorneys' fees under 28 U.S.C. § 2412(d)(1)(A);

1 E. The Court retain jurisdiction of this matter until Defendants
2 demonstrate that they have fully complied with the orders of this Court, and that
3 there is a reasonable assurance that Defendants will continue to comply in the
4 future absent continuing jurisdiction; and

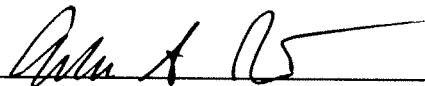
5 F. The Court award Bryant any further relief that the Court deems
6 appropriate.

JURY TRIAL DEMAND

Bryant, through his counsel and pursuant to Federal Rule of Civil Procedure 38(b), hereby demands a trial by jury on all claims so triable in this action.

Dated: January 7, 2011

Respectfully submitted,


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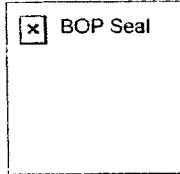
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EXHIBITS

EXHIBIT 1

SENSITIVE BUT UNCLASSIFIED



Federal Bureau of Prisons Psychology Data System

Date-Title: 11-09-2006 - GRP CLOSED [33] Hearing Impaired Drug Ed Corr. Course

Reg Number-Name: 06704-016 - BRYANT, DAVID **Unit/Qtrs:** C, C01-123L

Facilitator: MARY N. LACHANCE, DRUG ABUSE TRTMNT SPECLST

Institution: HAZ - HAZELTON USP

Status: COMPLETED

Enroll - End Date: 11-09-2006 - 03-14-2007

Total Hours: 28.5

SESSION DATA:

Number of Sessions: 7 **First-Last Session:** 12-01-2006 - 03-01-2007

ID	TITLE	DATE	DUR	ATTEND	PART	HMWK
7	test	03-01-2007	90	C	G	N
6	session 6/7	02-07-2007	240	C	G	N
5	Session 4&5	01-24-2007	240	C	G	N
4	Session 3	01-03-2007	360	C	G	N
3	Session 3	12-20-2006	360	C	G	N
2	Session II	12-06-2006	360	C	G	N
1	Session I & II	12-01-2006	60	C	G	S

Attendance

Complete	100.0 %	Good
Incomplete Excused	0.0 %	Fair
Incomplete Unexcused	0.0 %	Poor
Absent Excused	0.0 %	N/A
Absent Unexcused	0.0 %	
Expelled	0.0 %	

Participation

100.0 %	Good	14.29 %
0.0 %	Fair	0.0 %
0.0 %	Poor	85.71 %
0.0 %	N/A	
0.0 %		

Homework

TEST DATA:

Id	Title	Type	Date of Test	Score
2	First Retest	Posttest	03-14-2007	76
1	Test I	Posttest	03-01-2007	48%

COMMENTS:

12/01/06 Met with him for the first time since he began. Unable to meet with him due to lockdowns/ foul weather or staff scheduling. He completed the majority of his written assignments but it is clear that he has difficulty understanding the concepts. Communication between him and staff is conducted through written medium.

SENSITIVE BUT UNCLASSIFIED

EXHIBIT 2

BP-S298.052
U.S. DEPARTMENT OF JUSTICE

INCIDENT REPORT

CDFRM MAY 1994
FEDERAL BUREAU OF PRISONS1. Name Of Institution:
USP Hazelton

Part I - Incident Report

2. Name Of Inmate Bryant, David	3. Register Number 06704-016	4. Date Of Incident June 27, 2007	5. Time 5:40pm
6. Place Of Incident Front door of C-1	7. Assignment C-1 Ord	8. Unit C-1	

9. Incident
Threatening another with bodily harm or any other offense
Insolence towards a staff member

10. Code

208
31211. Description Of Incident (Date: June 27, 2007 Time: 5:40pm Staff become aware of incident)

On June 27, 2007 at approximately 5:40pm, while observing the mainline move in front of C-1, inmate Bryant, David #06704-016 had missed the move to go to mainline. Inmate Bryant asked me to allow him to go to mainline. I informed inmate Bryant that the mainline move was over and he could not leave the housing unit. Inmate Bryant then stated he was hungry. I told inmate Bryant that there was nothing I could do. Inmate Bryant pointed in my face almost striking my nose and said, "Fuck you!" Approximately 15 minutes later inmate Bryant came to my office saying something I could not understand. I asked him to write his thought on paper. Inmate Bryant wrote "I will destroy your office." End of report.

12. Signature Of Reporting Employee

Date And Time
June 27, 2007
7:50pm13. Name And Title (Printed)
D. Mayle Correctional Officer

14. Incident Report Delivered To Above Inmate By

15. Date Incident
Report Delivered
6-28-0716. time Incident
Report Delivered
1541

Part II - Committee Action

17. Comments Of Inmate To Committee Regarding Above Incident

Inmate demand threat

IR Hear & on day 5 due to shakedown and special needs

18. A. It Is The Finding Of The Committee That You:
☒ Committed The Following Prohibited Act.☒ Did Not Commit A Prohibited Act.

312

248 drop

B. The Committee Is
Referring The Charge(s) To The DHO
For Further Hearing.C. The Committee Advised The
Inmate Of Its Finding And Of The
Right To File An Appeal Within 15
Calendar Days.

19. Committee Decision Is Based On The Following Information

The officer description support insolent behavior. Inmate pointed his finger almost striking my nose and said "fuck you!"

20. Committee action and/or recommendation if referred to DHO (Contingent upon DHO finding inmate committed prohibited act)

Loss of telephone 90 days susp 180 days
Loss of commissary 90 days susp 180 days

21. Date And Time Of Action 7/5/7 3:15 (The UDC Chairman's Signature Next To His Name Certifies Who Sat On The UDC And That The Completed Report Accurately Reflects The UDC Proceedings.)

Chairman (Typed Name/signature)

Member (Typed Name)

Member (Typed Name)

Record Copy - Central File Record; Copy - DHO; Copy - Inmate After UDC Action; Copy - Inmate Within 24 Hours Of Part I Preparation

EXHIBIT 2

Part III - Investigation	22. Date And Time 06-28-2007	Investigation Began 1541

23. Inmate Advised Of Right To Remain Silent: You Are Advised Of Your Right To Remain Silent At All Stages Of The Disciplinary Process But Are Informed That Your Silence May Be Used To Draw An Adverse Inference Against You At Any Stage Of The Institutional Disciplinary Process. You Are Also Informed That Your Silence Alone May Not Be Used To Support A Finding That You Have Committed A Prohibited Act.

The Inmate Was Advised Of The Above Right By K. Montgomery At (Date/time) 06-28-2007 1541

24. Inmate Statement And Attitude

Inmate Bryant was advised of his rights and acknowledged he understood those rights. He received a legible copy of this incident report. He displayed a good attitude during this interview. He made the following statement: "I didn't hear him call end of move. I got mad because I wanted to go eat. I was wrong, but I wanted to go eat".

25. Other Facts About The Incident, Statements Of Those Persons Present At Scene, Disposition Of Evidence, Etc.

Note written by inmate Bryant #06704-016.

26. Investigator's Comments And Conclusions

Based on the information provided in Section 11, I find the charges of 203-threatening, and 312-insolence toward staff, to be valid charges.

27. Action Taken

Inmate Bryant remains in Special Housing pending further action from his Unit Disciplinary Committee.

Date And Time Investigation Completed: 06-28-2007 1546

Printed Name/signature Of Investigator: K. Montgomery

Signature

Lieutenant
Title

EXHIBIT 3

BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 94

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) WARDEN CASE	DATE: 10-17-7
FROM: DAVID BRYANT	REGISTER NO.: 06704-016
WORK ASSIGNMENT: orderly unit C-1	UNIT: C-1

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

good morning and How Are you doing? I AM FINE.
REAL REAL that problem with USP don't accept me
get sign language for program lots frustrated
Because please please get me go to REAL get feeling
Better go to program special mental Health F.C.I
SO ALL STAFF IS dirty Business? this USP NOT agree to
that everything to me, then I will get HOT SENSE
Other ALL people are very opposite NOT interest by DEAF
in USP so I Heard ALL STAFF give Hard time NOT By
understanding my communicate's sign language this it
ALL people are problem or Hard Frustrated, NOT MY FAULT, thank
you too much!

(Do not write below this line)

DISPOSITION:

Signature Staff Member	Date

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94



EXHIBIT 3

EXHIBIT 4

WARDEN CASE

I AM Deaf
10-17-7HAZ: 1330.13A
Date: November 29, 2006
Subject: Administrative Remedy
Program

time 10:25 PM

Page: Attachment A

UNITED STATES PENITENTIARY HAZELTON
REQUEST FOR ADMINISTRATIVE REMEDY
INFORMAL RESOLUTION FORM - General Population

INMATE'S NAME: <u>DAVID BRYANT</u>		REG. NO. <u>06704-016</u>	UNIT: <u>C-1</u>		
1. Specific Complaint: <u>PLEASE PLEASE I NEED INTERPRETER TO</u> <u>YOUR HEART WILL UNDERSTAND HOW MY FEELING ALSO I AM FEELING</u> <u>SAD ABOUT 29 POINT NOT ACCEPT TO F.C.I. IN MORGANTOWN, WV</u> <u>FOR PROGRAM OR MONTH HEALTH PROGRAM F.C.I. THAT WHY BUT USP</u> <u>DON'T UNDERSTAND MY COMMUNICATE'S SIGN LANGUAGE NOT MY FAULT</u>					
2. Relief Requested: <u>I AM DEAF MUST CAPTION CLOSED ON</u> <u>TV ALSO INTERPRETER WITH EDUCATION GO TO MORGANTOWN, WV</u> <u>WVA F.C.I. OR PROGRAM SPECIAL MONTH HEALTH F.C.I. WILL HELP</u> <u>TO ME, THIS USP NOT ACCEPT MY SIGN LANGUAGE OR GET LOTS</u> <u>FRUSTRATED BY MY COMMUNICATE'S FROM USP WILL GET MISUNDERSTAND</u>					
Part B: Referred To:					
Food Svc _____	Unit Manager _____	Unicor _____			
Business Office _____	Psychology _____	Education _____			
Trust Fund/Laundry _____	Religious Services _____	Recreation _____			
Health Services _____	Correctional Svcs _____	Facilities _____			
Safety _____	ISM/Mailroom/Records _____	Administration _____			
Part C: Informal Resolution Attempt					
Issue Resolved/ Relief Granted _____	Comments:				
Issue Unresolved/ No Relief Granted _____	Comments:				
Unable To Address Issue/Referred To:	Comments:				
Inmate Signature:		Date:			
Staff Signature:		Date:			
Unit Manager's Signature:		Date:			
Counselor's Tracking					
Tracking #	Event Date	+ 20 Days	Form Issued	BP-9 Issued	BP-9 Returned

EXHIBIT 4

EXHIBIT 5

BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) Warden CASE	DATE: 10-17-7
FROM: David Bryant	REGISTER NO.: 06704-016
WORK ASSIGNMENT: orderly unit C-1	UNIT: C-1

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

good morning and How are you doing? I AM Fine.
Real Real that problem with USP don't accept me
get sign language for program lots frustrated
Because please please get me go to Real get feeling
Better go to program special mental Health F.C.I
so all staff is dirty Business? this USP not agree to
that everything to me then I will get hot sense
other all people are very opposite not interest by deaf
in USP so I heard all staff give hard time not by
understanding my communicate's sign language this it
all people are problem or hard frustrated. NOT my fault. thank
you too much!

(Do not write below this line)

DISPOSITION:

Signature Staff Member	Date

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94



EXHIBIT 5

INMATE REQUEST TO STAFF MEMBER RESPONSE

INMATE: Bryant, David
REGISTER NUMBER: 06704-016
UNIT C-1

FILE COPY

This is in response to your Inmate Request to Staff Member, dated October 17, 2007, in which you request assistance with a transfer due to your hearing impairment.

A review of your Medical Care Level indicates you are a Care Level 2 inmate assigned to regular duty with medical restrictions. USP Hazelton is a Care Level 2 institution which is capable of handling your medical issues. Taken into consideration your hearing impairment there are no other medical reasons to request a transfer. You are currently a High Security Level inmate with IN custody. You are serving a Life sentence for the offense of 1st Degree Burglary, 1st Degree Sexual Assault with Aggravated Circumstances. You do not qualify for a lesser security transfer nor does your medical needs dictate a need for a transfer. You have been incarcerated at USP Hazelton since August 3, 2005. Staff at USP Hazelton have worked with you and assisted you in the last 26 months to ensure your legitimate needs are met.

I trust this information adequately addresses your concerns.

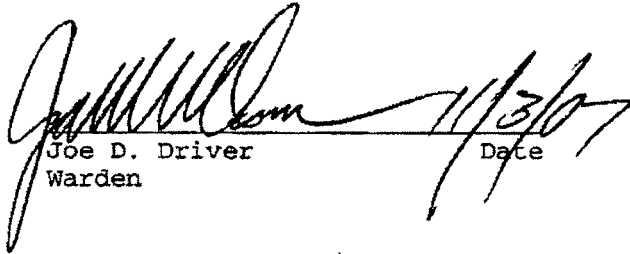

Joe D. Driver 11/3/07
Warden Date

EXHIBIT 6

HAZ: 1330.13A
 Date: November 29, 2006
 Subject: Administrative Remedy
 Program
 Page: Attachment A

**UNITED STATES PENITENTIARY HAZELTON
 REQUEST FOR ADMINISTRATIVE REMEDY
 INFORMAL RESOLUTION FORM - General Population**

INMATE'S NAME: David Bryant		Reg. No. 06704016	UNIT: C-1
1. Specific Complaint: <u>This writer is a deaf Man being housed at USP-Hazelton. As a deaf Man, I am unable to participate in the programs offered at this facility. I want to participate in the following programs: Adult GED, Adult Continuing Education, and other programs that would further my rehabilitation. Furthermore, although the televisions in this facility are equipped with closed-captioning, the other inmates in the facility do not like when it is used because it hides part of the screen.</u>			
2. Relief Requested: <u>I am requesting that programs be started that I may participate in and also that the television situation be fixed so that I may enjoy watching television. I want to be afforded the same rights and privileges that the hearing inmates are afforded.</u>			
Part B: Referred To:			
Food Svc _____	Unit Manager _____	Unicor _____	
Business Office _____	Psychology _____	Education _____	
Trust Fund/Laundry _____	Religious Services _____	Recreation _____	
Health Services _____	Correctional Svcs _____	Facilities _____	
Safety _____	ISM/Mailroom/Records _____	Administration _____	
Part C: Informal Resolution Attempt			
Issue Resolved/ Relief Granted _____	Comments:		
Issue Unresolved/ No Relief Granted _____	Comments:		
Unable To Address Issue/Referred To:	Comments:		
Inmate Signature:		Date:	
Staff Signature:		Date:	
Unit Manager's Signature:			Date:
Counselor's Tracking			
Tracking #	Event Date	+ 20 Days	Form Issued
			BP-9 Issued
			BP-9 Returned

EXHIBIT 6

EXHIBIT 7

HAZ: 1330

Date: November 29, 2006

Subject: Administrative Remedy
Program

Page: Attachment A

**UNITED STATES PENITENTIARY HAZELTON
REQUEST FOR ADMINISTRATIVE REMEDY
INFORMAL RESOLUTION FORM - General Population**

INMATE'S NAME: David Bryant		REG. NO. 06704016	UNIT: C-1		
1. Specific Complaint: On December 21st, 2007, USP-Hazelton went on "Emergency Lock-Down" status. However, it has come to this writer attention that this facility is dangerous, in that, this writer is handicap without the ability to hear and respond to sound as other inmates in the general population.					
2. Relief Requested: I would like to have an OVERRIDE in my point status and be sent to a medical facility.					
Part B: Referred To:					
Food Svc _____	Unit Manager _____	Unicor _____			
Business Office _____	Psychology _____	Education _____			
Trust Fund/Laundry _____	Religious Services _____	Recreation _____			
Health Services _____	Correctional Svcs _____	Facilities _____			
Safety _____	ISM/Mailroom/Records _____	Administration <u>XX</u>			
Part C: Informal Resolution Attempt					
Issue Resolved/ Relief Granted _____	Comments:				
Issue Unresolved/ No Relief Granted _____	Comments:				
Unable To Address Issue/Referred To:	Comments:				
Inmate Signature:		Date:			
Staff Signature:		Date:			
Unit Manager's Signature:			Date:		
Counselor's Tracking					
Tracking #	Event Date	+ 20 Days	Form Issued	BP-9 Issued	BP-9 Returned

EXHIBIT 7

EXHIBIT 8

BP-A148.055

SEP 92

INMATE REQUEST TO STAFF CDFR

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>BOP</i>	DATE: <i>6-1-8</i>
FROM: <i>DAVID BRYANT</i>	REGISTER NO.: <i>06204-016</i>
WORK ASSIGNMENT: <i>orderly unit C-1</i>	UNIT: <i>C-1</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

*Please Help me with my respect For you you
Also know I must Listen And your Heart will
Help me access TO programs TRANSFER TO
Another prison.*

*Thank you
Respect*

(Do not write below this line)

DISPOSITION:

*There is no medical reason to
transfer you.*

Signature <i>H. Boyles</i> Head, Services Administration USP/SCP/SA Hazelton	Date <i>6-4-08</i>

Record Copy - File; Copy - Inmate
(This form may be replicated via BP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

FILE IN SECTION 6 UNLESS APPROPRIATE FOR PRIVACY FOLDER

SECTION 6

EXHIBIT 8

EXHIBIT 9

UNION FEDERAL PRISON INDUSTRIES, INC.
LEAVENWORTH, KANSASU.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

BP9

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: BRYANT, DAVID D. 06704-016 C-1 HAZELTON USP
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

the BOP For NOT PROVIDING YOU AN
 INTERPRETER AND ACCESS PROGRAMS.
 PLEASE MY LAWYER HELP ME WRITE THIS I AM DEAF. I
 COMMUNICATE THROUGH ASL. I DO NOT COMMUNICATE WELL
 THROUGH WRITTEN ENGLISH.
 I WOULD LIKE THE BOP TO PROVIDE ME WITH MEANS EFFECTIVE
 COMMUNICATION SO THAT I MAY: 1. PARTICIPATE IN EDUCATION
 PROGRAMMING; 2. PARTICIPATE IN VOCATIONAL PROGRAMMING; 3.
 GO TO RELIGIOUS SERVICES; 4. COMMUNICATE WITH STAFF MEMBERS;
 5. COMMUNICATE WITH OTHER INMATES; 6. ACCESS APPROPRIATE MEDICAL
 CARE; 7. ACCESS APPROPRIATE MENTAL HEALTH CARE; AND 8. ACCESS
 TO A T.V. WITH CLOSED CAPTIONING;

6-4-8
 DATE

THANK YOU
 Respect

David Bryant
 SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

CASE NUMBER: _____

Part C- RECEIPT

Return to:

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

SUBJECT: _____

EXHIBIT 9

EXHIBIT 10

U.S. Department of Justice

Central Office Administrative Remedy Appeal

Federal Bureau of Prisons

BP10

Type or use ball-point pen. If attachments are needed, submit four copies. One copy each of the completed BP-229(13) and BP-230(13), including any attachments must be submitted with this appeal.

From: BRYANT, DAVID D 06204-016 C-1 U.S.P. HAZELTON
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A - REASON FOR APPEAL I AM DEAF IN USP HAZELTON.
 BOP Refuse get me transfer for medical
 CARE f. C.I programs. NO programs
 NO Interpreter Education
 NO closed captioning NO programs
 NO mental Health CARE Vocational
 NO medical CARE

THANK
 YOU
 Respect

6-11-8
 DATE

David Bryant
 SIGNATURE OF REQUESTER

Part B - RESPONSE

DATE
 ORIGINAL: RETURN TO INMATE
 Part C - RECEIPT

GENERAL COUNSEL

CASE NUMBER: _____

CASE NUMBER: _____

Return to: _____
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE

SIGNATURE OF RECIPIENT OF CENTRAL OFFICE APPEAL

UPN LVN



BP-231(13)
 JUNE 2002

EXHIBIT 10

EXHIBIT 11

U.S. Department of Justice

Regional Administrative Remedy Appeal

Federal Bureau of Prisons

BP11

Type or use ball-point pen. If attachments are needed, submit four copies. One copy of the completed BP-DTR-9 including any attachments must be submitted with this appeal.

From: BRYANT, DAVID D 06704-016 C-1 USP HAZELTON
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

A-REASON FOR APPEAL I AM DEAF IN USP HAZELTON.
B.O.P Refuse get me transfer For medical
CARE F.C.I programs
NO Interpreter
NO closed captioning
NO mental Health CARE
NO medical CARE
NO programs Education
NO programs VOCATIONAL

Thank
 you
 Respect

6-11-6
 DATE

Dud Bryant
 SIGNATURE OF REQUESTER

Part B-RESPONSE

DATE

REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

Part C-RECEIPT

CASE NUMBER: _____

Return to: _____

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

SUBJECT: _____

USP LVN

DATE

Previous editions not usable

SIGNATURE, RECIPIENT OF REGIONAL APPEAL

BP-230(13)
APRIL 1982

EXHIBIT 11

EXHIBIT 12

UNICOR FEDERAL PRISON INDUSTRIES, INC.
LEAVENWORTH, KANSASU.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: BRYANT, DAVID De. JUAN 06704-016 C-1 HAZELTON USP
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

PLEASE I NEED YOU WILL SEE THIS
 TRUST ITS STILL GET GO TO TRANSFER ALSO I AM COMPLAIN
 ABOUT FOR FACILITY MEDICAL PROGRAMS PRISON. I SAID
 THIS MY HANDWRITE -> BARNETT V. FAIRFAX COUNTRY SCHOOL RD,
927 F.2d. 153 (4th CIR. 1991)
 THIS COMPLAINT IS BROUGHT ("per curiam") CERT. DENIED, 502 U.S.
 OVER THE DENIAL OF 759 (1991); ROSEN V. MONTGOMERY, 121 F.3d
154, 157 (4th CIR. 1997)
 A TRANSFER TO USP
 CANAAN FOR MEDICAL
 REASON OF BEING HEARING
 IMPAIRED.

THANK YOU RESPECT

10-1-9
 DATE

David Bryant
 SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

CASE NUMBER: _____

Part C- RECEIPT

Sent to:

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

CITIZENSHIP

EXHIBIT 12

EXHIBIT 13

UNITED STATES FEDERAL PRISON INDUSTRIES, INC.
LEAVENWORTH, KANSASU.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

~~DAVID DE JUAN~~ DAVID DE JUAN 06704-016 C-1 USP
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION
HAZELTON

Part A- INMATE REQUEST

I AM worry lots my thing for
 facility medical care prison also this
 USP Hazelton Refused give me go to
 the no Interpreter, NO medical care, NO
 mental Health care, NO closed caption
 TV, that all. thank you Respect
 Please get figure out for me go to
 program 3
 10-2-36

DATE

SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 30 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

CASE NUMBER: _____

Part C- RECEIPT

Return to:

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

SUBJECT: _____

EXHIBIT 13

EXHIBIT 14

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

BRYAN, DAVID, DELJUAN 06704-016 C-1 USP Hazelton
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I AM go to computer in the LIBRARY, I was find Lots DEAF of CORRECTIONAL facility's unit ALSO still good About medical care + mental Health CARE, other Education mental Health of the DEAF. I will wait for you or Stacey Linter will Read this Paper REAL good for me go to programs facility. I will pray you thank you

10-20-08 Respect David Bryant
 DATE SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

CASE NUMBER: _____

Part C- RECEIPT

Return to:

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

SUBJECT: _____

DATE

EXHIBIT 14

EXHIBIT 15

BP-8

12-1-08

HAZ: 1330.13A
 Date: November 29, 2006
 Subject: Administrative Remedy
 Program
 Page: Attachment A

UNITED STATES PENITENTIARY HAZELTON
 REQUEST FOR ADMINISTRATIVE REMEDY
 INFORMAL RESOLUTION FORM - General Population

INMATE'S NAME: <u>David Bryant</u>		REG. NO. <u>06704-016</u>	UNIT: <u>C-1</u>
1. Specific Complaint: <u>I am deaf and need interpreters to communicate effectively with healthcare providers, program providers, instructors of classes, etc., & other people who provide services to inmates.</u>			
2. Relief Requested: <u>An ~~interpreter~~ interpreter of American Sign Language so I can effectively communicate</u>			
Part B: Referred To:			
Food Svc _____	Unit Manager _____	Unicor _____	
Business Office _____	Psychology _____	Education _____	
Trust Fund/Laundry _____	Religious Services _____	Recreation _____	
Health Services ☒	Correctional Svcs ☒	Facilities _____	
Safety _____	ISM/Mailroom/Records _____	Administration _____	
Part C: Informal Resolution Attempt			
Issue Resolved/ Relief Granted _____	Comments: _____		
Issue Unresolved/ No Relief Granted ☒	Comments: <u>please speak with Education. Health Services does not do this</u>		
Unable To Address _____	Comments: _____		
Issue/Referred To: _____			
Inmate Signature: _____		Date: _____	
Staff Signature: <u>H. Boyles</u> <u>Health Services Administrator</u>		Date: <u>11-21-08</u>	
Unit Manager's Signature: <u>USP/SCE/SEF Hazelton</u>		Date: _____	
Counselor's Tracking			
Tracking #	Event Date	+ 20 Days	Form Issued
			<u>11/6/08</u>
			BP-9 Issued
			BP-9 Returned

EXHIBIT 16

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-points pen. If attachments are needed, submit four copies. Additional instructions on reverse.

Name: Bryant, David 06704-016 C1 USD Hazelton
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

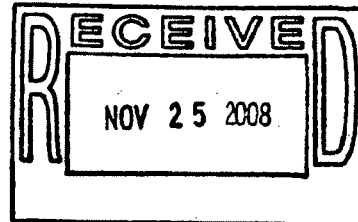
Part A- INMATE REQUEST

I cannot hear the alarm in my cell always. I want a strobe and/or vibrating alarm in my cell.

11-9-08
DATE

[Signature]
SIGNATURE OF REQUESTER

Part B- RESPONSE



DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 516898-F1

CASE NUMBER: _____

Part C- RECEIPT

Return to: _____
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

EXHIBIT 16

EXHIBIT 17

LEAVENWORTH, KANSAS

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

By: Bryant, David 06704-06 C1 USP Hazelton
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

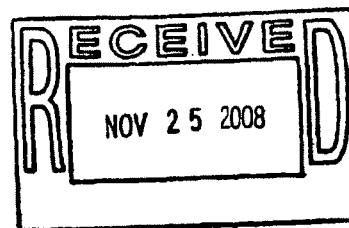
Part A- INMATE REQUEST

I am deaf and need an ASL interpreter to communicate effectively with healthcare providers, program providers, instructors, clerics, and other people who provide programs-services to inmates

11-9-08
DATE

[Signature]
SIGNATURE OF REQUESTER

Part B- RESPONSE



DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 516896-F1

Part C- RECEIPT

CASE NUMBER: _____

Return to: _____
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

EXHIBIT 17

EXHIBIT 18

U.S. Department of Justice

Regional Administrative Remedy Appeal

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy of the completed BP-229(13) including any attachments must be submitted with this appeal.

From: Bryant, David 06704-016 C1 USP Hazen
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A - REASON FOR APPEAL

I am deaf + need an ASL interpreter to communicate effectively with healthcare providers, program providers, instructors of classes, clerics and other people who provide programs + services to inmates.

12-16-08
DATE

David Bryant
SIGNATURE OF REQUESTER

Part B - RESPONSE

RECEIVED

DEC 18 2008

Bureau of Prisons
MARO Regional Counsel

DATE

REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's office within 30 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 51609814

Part C - RECEIPT

CASE NUMBER: _____

Return to: _____

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

SUBJECT: _____

DATE

SIGNATURE, RECIPIENT OF REGIONAL APPEAL

BP-230(13)
JUNE 2002

EXHIBIT 18

EXHIBIT 19

BP-11 1/20/09
U.S. Department of Justice

Central Office Administrative Remedy Appeal

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy each of the completed BP-229(13) and BP-230(13), including any attachments must be submitted with this appeal.

NAME: <u>Bryant David</u>	<u>06704-06</u>	<u>01</u>	<u>USP Hazelton</u>
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION

Part A - REASON FOR APPEAL

I am deaf + need an ASL interpreter to communicate effectively w/ healthcare providers, program providers, instructors of classes, clerics, + other people who provide programs + services to inmates.

1-20-09
DATE

David Bryant
SIGNATURE OF REQUESTER

Part B - RESPONSE

RECEIVED

JAN 27 2009

Administrative Remedy Section
Federal Bureau of Prisons

DATE	GENERAL COUNSEL		
ORIGINAL: RETURN TO INMATE	CASE NUMBER: _____		

Part C - RECEIPT	CASE NUMBER: _____		
Return to: _____	_____	_____	_____
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION
SUBJECT: _____			
DATE	SIGNATURE OF RECIPIENT OF CENTRAL OFFICE APPEAL		

BP-231(13)

EXHIBIT 19

EXHIBIT 20

BP-11 1/20/09
U.S. Department of Justice

Central Office Administrative Remedy Appeal

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy each of the completed BP-229(13) and BP-230(13), including any attachments must be submitted with this appeal.

NAME: <u>Bryant David</u>	<u>06704-06</u>	<u>C1</u>	<u>USP Hazelton</u>
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION

Part A - REASON FOR APPEAL

I am deaf + need an ASL interpreter to communicate effectively w/ healthcare providers, program providers, instructors of classes, clerics, + other people who provide programs + services to inmates.

1-20-09
DATE

Dale Bryant
SIGNATURE OF REQUESTER

Part B - RESPONSE

RECEIVED

JAN 27 2009

Administrative Remedy Section
Federal Bureau of Prisons

DATE

GENERAL COUNSEL

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

Part C - RECEIPT

CASE NUMBER: _____

Return to: _____	_____	_____	_____
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION

SUBJECT: _____

DATE

SIGNATURE OF RECIPIENT OF CENTRAL OFFICE APPEAL

BP-231(13)

EXHIBIT 20

REJECTION NOTICE - ADMINISTRATIVE REMEDY

DATE: FEBRUARY 5, 2009

FROM: ADMINISTRATIVE REMEDY COORDINATOR
CENTRAL OFFICE

TO : DAVID BRYANT, 06704-016
HAZELTON USP UNT: C QTR: C01-123L
P.O. BOX 450
BRUCETON MILLS, WV 26525

FOR THE REASONS LISTED BELOW, THIS CENTRAL OFFICE APPEAL
IS BEING REJECTED AND RETURNED TO YOU. YOU SHOULD INCLUDE A COPY
OF THIS NOTICE WITH ANY FUTURE CORRESPONDENCE REGARDING THE REJECTION.

REMEDY ID : 525209-A1 CENTRAL OFFICE APPEAL
DATE RECEIVED : JANUARY 27, 2009
+ SUBJECT 1 : OTHER INSTITUTION PROGRAMS
SUBJECT 2 :
INCIDENT RPT NO:

REJECT REASON 1: YOU SUBMITTED YOUR REQUEST OR APPEAL TO THE
WRONG LEVEL. YOU SHOULD HAVE FILED AT THE
+ INSTITUTION, REGIONAL OFFICE, OR CENTRAL
OFFICE LEVEL.

REJECT REASON 2: YOU MUST FIRST FILE A BP-9 REQUEST THROUGH THE INSTITUTION
FOR THE WARDEN'S REVIEW AND RESPONSE BEFORE FILING AN APPEAL
AT THIS LEVEL.

EXHIBIT 21

125 BROAD STREET
NEW YORK, N.Y. 10004

July 24, 2009

Via E-mail and U.S. Mail

Warden James Cross
USP Hazelton
P.O. Box 450
Bruceton Mills, WV 26525
haz/execassistant@bop.gov

Re: Request for Accommodation to Administrative Remedy Process
for Inmate David Bryant, 06704-016

Dear Warden Cross:

As I am sure you are aware, inmate David Bryant, Register Number 06704-016, is deaf. He communicates in American Sign Language ("ASL") and, therefore, does not communicate well in written English. To our knowledge, USP Hazelton does not have any qualified ASL interpreter on staff or under contract with the facility. Please do correct me if my information is incorrect.

I, in conjunction with two of my associates and the Washington Lawyers' Committee for Civil Rights and Urban Affairs, have been retained by Mr. Bryant to enforce his rights under Section 504 of the Rehabilitation Act, including, but not limited to, the rights of reasonable accommodation for his disability and effective communication. Per Program Statement ("PS") 1330.16 and the Prison Litigation Reform Act, Mr. Bryant will be going through the administrative remedy process. He will be filing his BP-8s on July 30, after our legal visit.

I request that under your obligations under PS 1330.16, § 10b and the Rehabilitation Act, Mr. Bryant be given the reasonable accommodation of having a copy of any response to any level of his administrative remedies be sent to me, his counsel, via email or facsimile. If that is done, we then will be able to effectively communicate the content of any such response to Mr. Bryant and explain his further obligations under the Administrative Remedy Process in a timely manner.

EXHIBIT 21

Warden James Cross

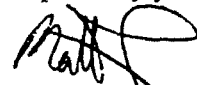
-2-

Alternatively, USP Hazelton could hire a qualified ASL interpreter to assist Bryant in reviewing any responses to his administrative remedies, understanding the relevant portion of PS 1330.16, and completing any subsequent forms he must submit.

Please respond to this request by July 28, so that I will be able to effectively advise Mr. Bryant of the procedures we adopt during our visit with him on July 30. I am available by telephone, (212) 558-1632, email, fitzwaterrm@sullcrom.com, or facsimile, (212) 291-9282.

Further, I am available at any time to discuss the underlying issue of Mr. Bryant's need for effective communication and accommodations so that we may resolve these issues.

Respectfully yours,



Matthew Fitzwater

cc: BOP Associate Gen. Counsel Paul W. Layer
Office of General Counsel
320 1st Street, NW
7th Floor
Washington, DC 20534

Bill Burlington, Regional Counsel
Mid Atlantic Regional Office
Federal Bureau of Prisons
302 Sentinel Drive
Suite 200
Annapolis Junction, MD 20701

EXHIBIT 22

#2

UNITED STATES PENITENTIARY HAZELTON
REQUEST FOR ADMINISTRATIVE REMEDY
INFORMAL RESOLUTION FORM - General Population

Non

INMATE'S NAME: David Bryant		REG. NO. 06704-016	UNIT: C - 1
1. Specific Complaint: _____ I am a deaf inmate and I communicate in American Sign Language ("ASL"). I cannot understand or communicate effectively with people who do not know ASL. I am unable to understand or communicate effectively with the prison's guards. Among other problems, this means that I cannot hear calls for line-up.			
2. Relief Requested: _____ ASL interpreter for communications with the prison's guards and a vibrating pager for calls to line-up and other routine announcements. That the prison's guard who knows ASL be assigned to my unit as much as possible. As an alternative, a transfer to a prison with other deaf inmates and programs for the deaf.			
Part B: Referred To:			
Food Svc _____	Unit Manager ☒	Unicor _____	
Business Office _____	Psychology _____	Education _____	
Trust Fund/Laundry _____	Religious Services _____	Recreation _____	
Health Services _____	Correctional Svcs _____	Facilities _____	
Safety _____	ISM/Mailroom/Records _____	Administration _____	
Part C: Informal Resolution Attempt			
Issue Resolved/ Relief Granted _____	Comments: See the attached response to #1		
Issue Unresolved/ No Relief Granted _____	Comments:		
Unable To Address Issue/Referred To:	Comments:		
Inmate Signature: <i>David Bryant</i>	Date: 2-30-9		
Staff Signature: _____	Date: _____		
Unit Manager's Signature: _____	Date: 8/12/5		
Counselor's Tracking			
Tracking #	Event Date	+ 20 Days	Form Issued
			BP-9 Issued
			BP-9 Returned

UNITED STATES PENITENTIARY HAZELTON
REQUEST FOR ADMINISTRATIVE REMEDY
INFORMAL RESOLUTION FORM - General Population

INMATE'S NAME: David Bryant		REG. NO. 06704-016	UNIT: C - 1		
1. Specific Complaint: _____ I am a deaf inmate and I communicate in American Sign Language ("ASL"). I cannot understand or communicate effectively with people who do not know ASL. I am unable to participate effectively in the prison's work programs because I am unable to understand or communicate with work managers and coordinators.					
2. Relief Requested: _____ ASL interpreter for work programs in order to understand and communicate with work managers and coordinators. As an alternative, a transfer to a prison with other deaf inmates and programs for the deaf.					
Part B: Referred To:					
Food Svc _____	Unit Manager _____	Unicor _____			
Business Office _____	Psychology _____	Education _____			
Trust Fund/Laundry _____	Religious Services _____	Recreation _____			
Health Services _____	Correctional Svcs _____	Facilities _____			
Safety _____	ISM/Mailroom/Records _____	Administration _____			
Part C: Informal Resolution Attempt					
Issue Resolved/ Relief Granted _____	Comments:				
Issue Unresolved/ No Relief Granted _____	Comments:				
Unable To Address Issue/Referred To:	Comments:				
Inmate Signature: <i>David Bryant</i>	Date: 7-30-9				
Staff Signature:	Date:				
Unit Manager's Signature:			Date:		
Counselor's Tracking					
Tracking #	Event Date	+ 20 Days	Form Issued	BP-9 Issued	BP-9 Returned

UNITED STATES PENITENTIARY HAZELTON
REQUEST FOR ADMINISTRATIVE REMEDY
INFORMAL RESOLUTION FORM - General Population

Non

INMATE'S NAME: David Bryant		REG. NO. 06704-016	UNIT: C - 1
1. Specific Complaint: _____			
I am a deaf inmate and I communicate in American Sign Language ("ASL"). I cannot understand or communicate effectively with people who do not know ASL. I am unable to participate in the prison's education programs and vocational programs because I cannot understand or communicate effectively with the instructors or other students.			
2. Relief Requested: _____			
ASL interpreter for the education programs and vocational programs in order to understand and communicate effectively with the instructors and other students. As an alternative, a transfer to a prison with other deaf inmates and programs for the deaf.			
Part B: Referred To:			
Food Svc _____	Unit Manager ☒	Unicor _____	
Business Office _____	Psychology _____	Education _____	
Trust Fund/Laundry _____	Religious Services _____	Recreation _____	
Health Services _____	Correctional Svcs _____	Facilities _____	
Safety _____	ISM/Mailroom/Records _____	Administration _____	
Part C: Informal Resolution Attempt			
Issue Resolved/ Relief Granted _____	Comments: <i>See attached</i>		
Issue Unresolved/ No Relief Granted _____	Comments:		
Unable To Address Issue/Referred To:	Comments:		
Inmate Signature: <i>David Bryant</i>	Date: <i>7-30-9</i>		
Staff Signature: <i>[Signature]</i>	Date: <i>8/12/9</i>		
Unit Manager's Signature: <i>[Signature]</i>	Date: <i>8/12/5</i>		
Counselor's Tracking			
Tracking #	Event Date	+ 20 Days	Form Issued

UNITED STATES PENITENTIARY HAZELTON
REQUEST FOR ADMINISTRATIVE REMEDY
INFORMAL RESOLUTION FORM - General Population

Non

INMATE'S NAME: David Bryant		REG. NO. 06704-016	UNIT: C - 1
1. Specific Complaint: _____ I am a deaf inmate and I communicate in American Sign Language ("ASL"). I cannot understand or communicate effectively with people who do not know ASL. I am unable to participate in religious programs and services. I cannot understand or communicate with the prison's spiritual and religious personnel, who do not know ASL.			
2. Relief Requested: _____ ASL interpreter for religious services in order to understand and communicate effectively with spiritual and religious personnel. As an alternative, a transfer to a prison with other deaf inmates and with programs for the deaf.			
Part B: Referred To:			
Food Svc _____	Unit Manager ☒	Unicor _____	
Business Office _____	Psychology _____	Education _____	
Trust Fund/Laundry _____	Religious Services _____	Recreation _____	
Health Services _____	Correctional Svcs _____	Facilities _____	
Safety _____	ISM/Mailroom/Records _____	Administration _____	
Part C: Informal Resolution Attempt			
Issue Resolved/ Relief Granted _____	Comments: <i>See attached</i>		
Issue Unresolved/ No Relief Granted _____	Comments:		
Unable To Address Issue/Referred To:	Comments:		
Inmate Signature: <i>David Bryant</i>	Date: <i>7-30-9</i>		
Staff Signature: _____	Date: _____		
Unit Manager's Signature: _____	Date: <i>8/12/5</i>		
Counselor's Tracking			
Tracking #	Event Date	+ 20 Days	Form Issued

UNITED STATES PENITENTIARY HAZELTON
REQUEST FOR ADMINISTRATIVE REMEDY
INFORMAL RESOLUTION FORM - General Population / *Non*

INMATE'S NAME: David Bryant		REG. NO. 06704-016	UNIT: C - 1
1. Specific Complaint: _____			
I am a deaf inmate and I communicate in American Sign Language ("ASL"). I have difficulty understanding spoken English. I am unable to understand and enjoy television because the closed-captioning is not turned on.			
2. Relief Requested: _____			
That closed-captioning be enabled on a prison television available to me. As an alternative, a transfer to a prison with other deaf inmates and with programs for the deaf.			
Part B: Referred To:			
Food Svc _____	Unit Manager <u>X</u>	Unicor _____	
Business Office _____	Psychology _____	Education _____	
Trust Fund/Laundry _____	Religious Services _____	Recreation _____	
Health Services _____	Correctional Svcs _____	Facilities _____	
Safety _____	ISM/Mailroom/Records _____	Administration _____	
Part C: Informal Resolution Attempt			
Issue Resolved/ Relief Granted _____	Comments: <u>See attached</u>		
Issue Unresolved/ No Relief Granted _____	Comments:		
Unable To Address Issue/Referred To:	Comments:		
Inmate Signature: <u>David Bryant</u>	Date: <u>7-30-9</u>		
Staff Signature:	Date:		
Unit Manager's Signature: <u>[Signature]</u>	Date: <u>8/12/11</u>		
Counselor's Tracking			
Tracking #	Event Date	+ 20 Days	Form Issued

a/Now

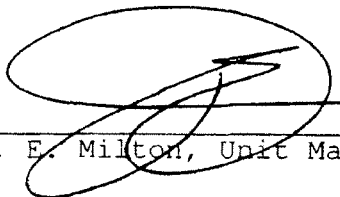
EXHIBIT 22

EXHIBIT 23

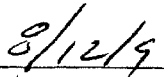
INFORMAL RESOLUTION

This is in response to your Request for Informal Resolution dated 07-30-09. You recently indicated because you are deaf you are having a difficult time communicating with Health Services staff. You stated you cannot understand or communicate effectively with people who do not understand American Sign Language (ASL).

Contact has been made with Health Services staff who have been unaware of your recent problems communicating. Since your arrival on 10-11-2007, they have attempted to work with you to overcome your disability by exchanging and sharing written messages. It appeared this procedure was mutually successful and there was an understanding obtained between you and Health Services staff. It is unfortunate, you are beginning to experience problems communicating. Currently, however, we do not have staff who are skilled in ASL. Nevertheless, this maybe a skill that we could explore in more detail when new staff or new hires are being considered for employment at USP Hazelton.



R. E. Milton, Unit Manager



Date

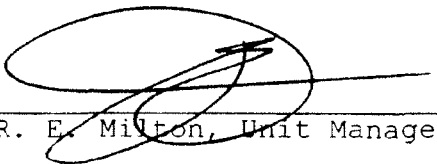
Now

110

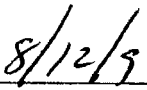
INFORMAL RESOLUTION

This is in response to your Request for Informal Resolution dated 07-30-09. You recently indicated because you are deaf you are unable to participate in the prison's education programs and vocational programs. You stated you cannot participate or communicate effectively with instructors or other students who do not understand American Sign Language (ASL).

Contact has been made with Educational Services staff who have indicated they have attempted to work with you in the past and provide you with educational programs based on your special needs. However, it appears you have demonstrated very little motivation to engage with the educational staff to assist you in educational and vocational programming. I encourage you to meet with the Educational Supervisor who is aware of your needs and can assist you in your educational programming.



R. E. Milton, Unit Manager



Date

2070

#1

UNITED STATES PENITENTIARY HAZELTON
REQUEST FOR ADMINISTRATIVE REMEDY
INFORMAL RESOLUTION FORM - General Population

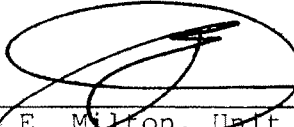
/Non

INMATE'S NAME: David Bryant		REG. NO. 06704-016	UNIT: C - 1
1. Specific Complaint: _____ I am a deaf inmate. Since I am deaf, I am unable to hear even loud noises. I am unable to hear the prison's alarms. I miss important warnings and announcements.			
2. Relief Requested: _____ Strobe or vibrating alarms or a vibrating pager. As an alternative, a transfer to a prison with other deaf inmates and with programs for the deaf.			
Part B: Referred To:			
Food Svc _____	Unit Manager <u>X</u>	Unicor _____	
Business Office _____	Psychology _____	Education _____	
Trust Fund/Laundry _____	Religious Services _____	Recreation _____	
Health Services _____	Correctional Svcs _____	Facilities _____	
Safety _____	ISM/Mailroom/Records _____	Administration _____	
Part C: Informal Resolution Attempt			
Issue Resolved/ Relief Granted _____	Comments: <u>See attached</u>		
Issue Unresolved/ No Relief Granted _____	Comments: _____		
Unable To Address Issue/Referred To: _____	Comments: _____		
Inmate Signature: <u>David Bryant</u>	Date: <u>7-30-9</u>		
Staff Signature: _____	Date: _____		
Unit Manager's Signature: _____	Date: <u>8/12/5</u>		
Counselor's Tracking			
Tracking #	Event Date	+ 20 Days	Form Issued

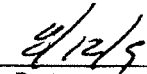
INFORMAL RESOLUTION success

This is in response to your Request for Informal Resolution dated 07-30-09. You indicate because you are deaf you have a difficulty hearing loud noises and alarms. You request strobe or vibrating alarms or a vibrating pager as an alternative or a transfer to another prison with other deaf inmates.

As an inmate you are under constant supervision by correctional staff. In case of emergencies and or alarms staff are accountable for your whereabouts and will insure you are notified and your safety maintained. In addition, fire alarms meet visual compliance with strobe and inmates are not allowed to possess any electronic device that is not approved by the Federal Bureau of Prisons.



R. E. Milton, Unit Manager



Date

n / Now

David Bond
Signature: 
Counsel

UNITED STATES PENITENTIARY HAZELTON
REQUEST FOR ADMINISTRATIVE REMEDY
INFORMAL RESOLUTION FORM - General Population

INMATE'S NAME: David Bryant		REG. NO. 06704-016	UNIT: C - 1		
1. Specific Complaint: _____ I am a deaf inmate and I communicate in American Sign Language ("ASL"). I cannot understand or communicate effectively with people who do not know ASL. I am unable to participate effectively in the prison's work programs because I am unable to understand or communicate with work managers and coordinators.					
2. Relief Requested: _____ ASL interpreter for work programs in order to understand and communicate with work managers and coordinators. As an alternative, a transfer to a prison with other deaf inmates and programs for the deaf.					
Part B: Referred To:					
Food Svc _____	Unit Manager _____	Unicor _____			
Business Office _____	Psychology _____	Education _____			
Trust Fund/Laundry _____	Religious Services _____	Recreation _____			
Health Services _____	Correctional Svcs _____	Facilities _____			
Safety _____	ISM/Mailroom/Records _____	Administration _____			
Part C: Informal Resolution Attempt					
Issue Resolved/ Relief Granted _____	Comments:				
Issue Unresolved/ No Relief Granted _____	Comments:				
Unable To Address Issue/Referred To:	Comments:				
Inmate Signature: <i>David Bryant</i>	Date: 7-30-9				
Staff Signature:	Date:				
Unit Manager's Signature:			Date:		
Counselor's Tracking					
Tracking #	Event Date	+ 20 Days	Form Issued	BP-9 Issued	BP-9 Returned

UNITED STATES PENITENTIARY HAZELTON
REQUEST FOR ADMINISTRATIVE REMEDY
INFORMAL RESOLUTION FORM - General Population

Now

INMATE'S NAME: David Bryant	REG. NO. 06704-016	UNIT: C - 1

1. Specific Complaint: _____
 I am a deaf inmate and I communicate in American Sign Language ("ASL"). I cannot understand or communicate effectively with people who do not know ASL. I am unable to participate in religious programs and services. I cannot understand or communicate with the prison's spiritual and religious personnel, who do not know ASL.

2. Relief Requested: _____
 ASL interpreter for religious services in order to understand and communicate effectively with spiritual and religious personnel. As an alternative, a transfer to a prison with other deaf inmates and with programs for the deaf.

Part B: Referred To:

Food Svc _____	Unit Manager <u>X</u>	Unicor _____	
Business Office _____	Psychology _____	Education _____	
Trust Fund/Laundry _____	Religious Services _____	Recreation _____	
Health Services _____	Correctional Svcs _____	Facilities _____	
Safety _____	ISM/Mailroom/Records _____	Administration _____	

Part C: Informal Resolution Attempt

Issue Resolved/ Relief Granted _____	Comments: <u>See attached</u>
Issue Unresolved/ No Relief Granted _____	Comments:
Unable To Address Issue/Referred To:	Comments:

Inmate Signature: <u>David Bryant</u>	Date: <u>7-30-9</u>
Staff Signature: _____	Date: _____
Unit Manager's Signature: _____	Date: <u>8/12/9</u>

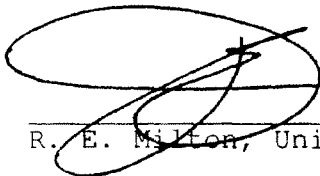
Counselor's Tracking

Tracking #	Event Date	+ 20 Days	Form Issued	BP-9 Issued	BP-9 Returned

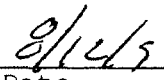
INFORMAL RESOLUTION

This is in response to your Request for Informal Resolution dated 07-30-09. You recently indicated because you are deaf you are having a difficult time communicating with Religious Services staff. You stated you cannot participate in religious programs and services with people who do not understand American Sign Language (ASL).

Contact has been made with Religious Services staff who have been unaware of your recent problems communicating. Since your arrival on 10-11-2007, they have attempted to work with you to overcome your disability by exchanging and sharing written messages. It appeared this procedure was mutually successful and there was an understanding obtained between you and the Religious Services staff. It is unfortunate, you are beginning to experience problems communicating. In addition, numerous religious programs are conducted by inmates under the supervision of the Chaplain and you have been accompanied by a companion who has assisted you in communicating and sharing your religious beliefs. Currently, however, we do not have staff who are skilled in ASL. Nevertheless, this maybe a skill that we could explore in more detail when new staff or new hires are being considered for employment at USP Hazelton.



R. E. Milton, Unit Manager

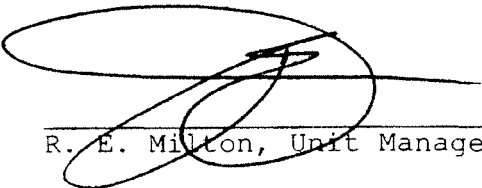


Date

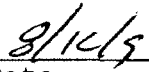
118

INFORMAL RESOLUTION success

This is in response to your Request for Informal Resolution dated 07-30-09. You indicate because you are deaf you are unable to understand and enjoy television because the closed captioning is not turned on. A television in C-1 has been designated with closed captioning. If there are problems with this television you need to inform the unit officer or unit staff.



R. E. Milton, Unit Manager



Date

EXHIBIT 24

125 BROAD STREET
NEW YORK, N.Y. 10004

August 18, 2009

Via U.S. Mail

Warden James Cross
USP Hazelton
P.O. Box 450
Bruceton Mills, WV 26525

Re: Inmate David Bryant, Register Number 06704-016

Dear Warden Cross:

I write on behalf of inmate David Bryant, Register Number 06704-016, who is deaf and communicates in American Sign Language ("ASL"). Enclosed please find seven Requests for an Administrative Remedy (BP-9s) that Mr. Bryant submits in an effort to enable him to become informed of prison warnings and announcements, participate in prison activities, and communicate with inmates and prison staff, including guards, medical personnel, religious and spiritual leaders, educators, and work personnel.

On July 30, 2009, Mr. Bryant filed seven requests for an administrative remedy (BP-8s) related to these same subjects. He received responses to six of those requests on August 12, 2009. Attached to each of the enclosed BP-9s is a copy (without attachments) of the corresponding response that Mr. Bryant received to each of his informal requests. For the request to which he received no response, Mr. Bryant has attached to the corresponding BP-9 a copy of the unanswered request.

In addition, I have not received a response to my request of July 24, 2009 for an accommodation so that I (and my colleagues) may help Mr. Bryant with the grievance process. This accommodation is necessary because Mr. Bryant communicates in ASL, which is a language with a complex grammatical structure and without a one-to-one correspondence with English. Specifically, I requested that under PS 1330.16, § 10b and the Rehabilitation Act, Mr. Bryant be given the reasonable accommodation of having a copy of any response to any level of his administrative remedies be sent to me, his counsel, via email or facsimile. This accommodation is necessary in order for Mr. Bryant to comply with the grievance process as his understanding and ability to communicate in

EXHIBIT 24

Warden James Cross

-2-

English is limited. Additionally, I also request a copy of USP Hazelton's Institutional Supplement to PS 1330.16, which is not otherwise publicly available, so that we can ensure that Mr. Bryant complies with USP Hazleton's guidelines.

I am available at any time to discuss these issues. You can reach me by telephone, (212) 558-1632, email, fitzwatm@sullcrom.com, or facsimile, (212) 291-9282.

Respectfully yours,

A handwritten signature in black ink, appearing to read "Matthew Fitzwater /MEG".

Matthew Fitzwater

(Enclosures)

cc: BOP Associate General Counsel Paul W. Layer (via email)
Bill Burlington, BOP Regional Counsel (via email)

FEDERAL PRISON INDUSTRIES, INC.
LEAVENWORTH, KANSASU.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: <u>Bryant, David, D.</u>	<u>06704-016</u>	<u>C-1</u>	<u>U.S.P. Hazelton</u>
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION

Part A- INMATE REQUEST

I am a deaf inmate and I communicate in American Sign Language ("ASL"). I cannot understand or communicate effectively with people who do not know ASL. I am unable to participate in religious programs and services. I cannot understand or communicate with the prison's spiritual and religious personnel, who do not know ASL.

I am requesting an ASL interpreter for religious services in order to understand and communicate effectively with spiritual and religious personnel. As an alternative, I request a transfer to a prison with other deaf inmates and with programs for the deaf.

4-13-9
DATE

David Bryant
SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

CASE NUMBER: _____

Part C- RECEIPT

Return to: <u>Bryant, David, D.</u>	<u>06704-016</u>	<u>C-1</u>	<u>U.S.P. Hazelton</u>
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION

SUBJECT: _____

DATE

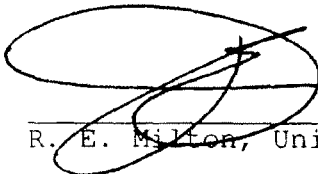
RECIPIENT'S SIGNATURE (STAFF MEMBER)

BP-229
APRIL 1

INFORMAL RESOLUTION

This is in response to your Request for Informal Resolution dated 07-30-09. You recently indicated because you are deaf you are having a difficult time communicating with Religious Services staff. You stated you cannot participate in religious programs and services with people who do not understand American Sign Language (ASL).

Contact has been made with Religious Services staff who have been unaware of your recent problems communicating. Since your arrival on 10-11-2007, they have attempted to work with you to overcome your disability by exchanging and sharing written messages. It appeared this procedure was mutually successful and there was an understanding obtained between you and the Religious Services staff. It is unfortunate, you are beginning to experience problems communicating. In addition, numerous religious programs are conducted by inmates under the supervision of the Chaplain and you have been accompanied by a companion who has assisted you in communicating and sharing your religious beliefs. Currently, however, we do not have staff who are skilled in ASL. Nevertheless, this maybe a skill that we could explore in more detail when new staff or new hires are being considered for employment at USP Hazelton.



R. E. Milton, Unit Manager



Date

FEDERAL PRISON INDUSTRIES, INC.
LEAVENWORTH, KANSASU.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: <u>Bryant, David, D.</u>	<u>06704-016</u>	<u>C-1</u>	<u>U.S.P. Hazelton</u>
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION

Part A- INMATE REQUEST

I am a deaf inmate and I communicate in American Sign Language ("ASL"). I cannot understand or communicate effectively with people who do not know ASL. I am unable to participate in the prison's education programs and vocational programs because I cannot understand or communicate effectively with the instructors or other students.

For these reasons, I am requesting an ASL interpreter for the education programs and vocational programs in order to understand and communicate effectively with the instructors and other students. As an alternative, I request a transfer to a prison with other deaf inmates and programs for the deaf.

8-13-9
DATE

David Bryant
SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

CASE NUMBER: _____

Part C- RECEIPT

Return to: <u>Bryant, David, D.</u>	<u>06704-016</u>	<u>C-1</u>	<u>U.S.P. Hazelton</u>
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION

SUBJECT: _____

DATE



RECIPIENT'S SIGNATURE (STAFF MEMBER)

BP-229
APRIL 1

EXHIBIT 24

UNITED STATES PENITENTIARY HAZELTON
REQUEST FOR ADMINISTRATIVE REMEDY
INFORMAL RESOLUTION FORM - General Population

NOR

INMATE'S NAME: David Bryant		REG. NO. 06704-016	UNIT: C - 1
1. Specific Complaint: _____ I am a deaf inmate and I communicate in American Sign Language ("ASL"). I cannot understand or communicate effectively with people who do not know ASL. I am unable to participate in the prison's education programs and vocational programs because I cannot understand or communicate effectively with the instructors or other students.			
2. Relief Requested: _____ ASL interpreter for the education programs and vocational programs in order to understand and communicate effectively with the instructors and other students. As an alternative, a transfer to a prison with other deaf inmates and programs for the deaf.			
Part B: Referred To:			
Food Svc _____	Unit Manager <u>X</u>	Unicor _____	
Business Office _____	Psychology _____	Education _____	
Trust Fund/Laundry _____	Religious Services _____	Recreation _____	
Health Services _____	Correctional Svcs _____	Facilities _____	
Safety _____	ISM/Mailroom/Records _____	Administration _____	
Part C: Informal Resolution Attempt			
Issue Resolved/ Relief Granted _____	Comments: <i>See attached</i>		
Issue Unresolved/ No Relief Granted _____	Comments:		
Unable To Address Issue/Referred To:	Comments:		
Inmate Signature: <i>David Bryant</i>	Date: <i>7-30-9</i>		
Staff Signature: <i>[Signature]</i>	Date: <i>8/12/9</i>		
Unit Manager's Signature: <i>[Signature]</i>	Date: <i>8/12/5</i>		
Counselor's Tracking			
Tracking #	Event Date	+ 20 Days	Form Issued

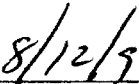
INFORMAL RESOLUTION

This is in response to your Request for Informal Resolution dated 07-30-09. You recently indicated because you are deaf you are unable to participate in the prison's education programs and vocational programs. You stated you cannot participate or communicate effectively with instructors or other students who do not understand American Sign Language (ASL).

Contact has been made with Educational Services staff who have indicated they have attempted to work with you in the past and provide you with educational programs based on your special needs. However, it appears you have demonstrated very little motivation to engage with the educational staff to assist you in educational and vocational programming. I encourage you to meet with the Educational Supervisor who is aware of your needs and can assist you in your educational programming.



R. E. Milton, Unit Manager



Date

FEDERAL PRISON INDUSTRIES, INC.
LEAVENWORTH, KANSASU.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Bryant, David, D. 06704-016 C-1 U.S.P. Hazelton
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I am a deaf inmate and I communicate in American Sign Language ("ASL"). I have difficulty understanding spoken English. I am unable to understand and enjoy television because the closed-captioning is not turned on.

For these reasons, I am requesting closed-captioning be enabled on a prison television available to me. As an alternative, I request a transfer to a prison with other deaf inmates and with programs for the deaf.

8-13-9
DATE

David Bryant
SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

CASE NUMBER: _____

Part C- RECEIPT

Return to: Bryant, David, D. 06704-016 C-1 U.S.P. Hazelton
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)

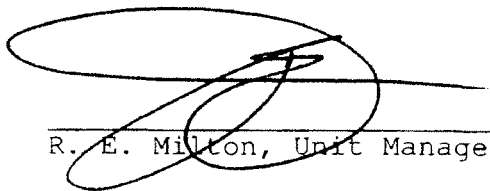
BP-229
APRIL 1

EXHIBIT 24

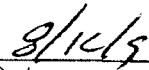
130

INFORMAL RESOLUTION success

This is in response to your Request for Informal Resolution dated 07-30-09. You indicate because you are deaf you are unable to understand and enjoy television because the closed captioning is not turned on. A television in C-1 has been designated with closed captioning. If there are problems with this television you need to inform the unit officer or unit staff.



R. E. Milton, Unit Manager



Date

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS
LEAVENWORTH, KANSASU.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Bryant, David, D. 06704-016 C-1 U.S.P. Hazelton
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I am a deaf inmate and I communicate in American Sign Language ("ASL"). I cannot understand or communicate effectively with people who do not know ASL. I am unable to understand or communicate effectively with medical staff and healthcare providers, including mental healthcare professionals and pharmacists.

I am requesting an ASL interpreter for communicating with medical staff and healthcare providers, including mental healthcare professionals and pharmacists. As an alternative, I request a transfer to a prison with other deaf inmates and programs for the deaf.

4-13-9
DATE


SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

CASE NUMBER: _____

Part C- RECEIPT

Return to: Bryant, David, D. 06704-016 C-1 U.S.P. Hazelton
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE



RECIPIENT'S SIGNATURE (STAFF MEMBER)

BP-229
APRIL 1

EXHIBIT 24

UNITED STATES PENITENTIARY HAZELTON
REQUEST FOR ADMINISTRATIVE REMEDY
INFORMAL RESOLUTION FORM - General Population

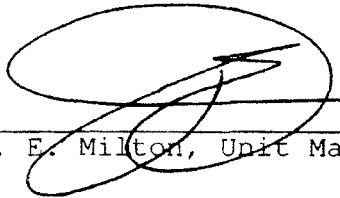
Non

INMATE'S NAME: David Bryant		REG. NO. 06704-016	UNIT: C - 1
1. Specific Complaint: _____			
I am a deaf inmate and I communicate in American Sign Language ("ASL"). I cannot understand or communicate effectively with people who do not know ASL. I am unable to understand or communicate effectively with medical staff and healthcare providers, including mental healthcare professionals and pharmacists.			
2. Relief Requested: _____			
ASL interpreter for communicating with medical staff and healthcare providers, including mental healthcare professionals and pharmacists. As an alternative, a transfer to a prison with other deaf inmates and programs for the deaf.			
Part B: Referred To:			
Food Svc _____	Unit Manager <u>X</u>	Unicor _____	
Business Office _____	Psychology _____	Education _____	
Trust Fund/Laundry _____	Religious Services _____	Recreation _____	
Health Services _____	Correctional Svcs _____	Facilities _____	
Safety _____	ISM/Mailroom/Records _____	Administration _____	
Part C: Informal Resolution Attempt			
Issue Resolved/ Relief Granted _____	Comments: <i>See attached</i>		
Issue Unresolved/ No Relief Granted _____	Comments: _____		
Unable To Address Issue/Referred To: _____	Comments: _____		
Inmate Signature: <i>David Bryant</i>	Date: <i>7-30-9</i>		
Staff Signature: _____	Date: _____		
Unit Manager's Signature: <i>[Signature]</i>	Date: <i>8/12/15</i>		
Counselor's Tracking			
Tracking #	Event Date	+ 20 Days	Form Issued

INFORMAL RESOLUTION

This is in response to your Request for Informal Resolution dated 07-30-09. You recently indicated because you are deaf you are having a difficult time communicating with Health Services staff. You stated you cannot understand or communicate effectively with people who do not understand American Sign Language (ASL).

Contact has been made with Health Services staff who have been unaware of your recent problems communicating. Since your arrival on 10-11-2007, they have attempted to work with you to overcome your disability by exchanging and sharing written messages. It appeared this procedure was mutually successful and there was an understanding obtained between you and Health Services staff. It is unfortunate, you are beginning to experience problems communicating. Currently, however, we do not have staff who are skilled in ASL. Nevertheless, this maybe a skill that we could explore in more detail when new staff or new hires are being considered for employment at USP Hazelton.



R. E. Milton, Unit Manager

8/12/9

Date

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: <u>Bryant, David, D.</u>	<u>06704-016</u>	<u>C-1</u>	<u>U.S.P. Hazelton</u>
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION

Part A- INMATE REQUEST

I am a deaf inmate and I communicate in American Sign Language ("ASL"). I cannot understand or communicate effectively with people who do not know ASL. I am unable to understand or communicate effectively with the prison's guards. Among other problems, this means that I cannot hear calls for line-up.

For these reasons, I am requesting an ASL interpreter for communications with the prison's guards and a vibrating pager for calls to line-up and other routine announcements. And, I request that the prison's guard who knows ASL be assigned to my unit as much as possible. As an alternative, I request a transfer to a prison with other deaf inmates and programs for the deaf.

8-13-9
DATE


SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

CASE NUMBER: _____

Part C- RECEIPT

Return to: <u>Bryant, David, D.</u>	<u>06704-016</u>	<u>C-1</u>	<u>U.S.P. Hazelton</u>
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION

SUBJECT: _____

DATE



RECIPIENT'S SIGNATURE (STAFF MEMBER)

BP-229
APRIL 1

EXHIBIT 24

n / Non

136

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Bryant, David, D. 06704-016 C-1 U.S.P. Hazelton
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I am a deaf inmate. Since I am deaf, I am unable to hear even loud noises. I am unable to hear the prison's alarms. I miss important warnings and announcements.

For these reasons, I am requesting a strobe or vibrating alarm or a vibrating pager. As an alternative, I request a transfer to a prison with other deaf inmates and with programs for the deaf.

3-13-9
DATE

David Bryant
SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE _____ WARDEN OR REGIONAL DIRECTOR _____
If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.
ORIGINAL: RETURN TO INMATE CASE NUMBER: _____
CASE NUMBER: _____
Part C- RECEIPT
Return to: Bryant, David, D. 06704-016 C-1 U.S.P. Hazelton
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION
SUBJECT: _____

DATE



RECIPIENT'S SIGNATURE (STAFF MEMBER)

BP-229
APRIL 1

EXHIBIT 24

207

#1

**UNITED STATES PENITENTIARY HAZELTON
REQUEST FOR ADMINISTRATIVE REMEDY
INFORMAL RESOLUTION FORM - General Population**

/Non

INMATE'S NAME: David Bryant		REG. NO. 06704-016	UNIT: C - 1
1. Specific Complaint: _____ I am a deaf inmate. Since I am deaf, I am unable to hear even loud noises. I am unable to hear the prison's alarms. I miss important warnings and announcements.			
2. Relief Requested: _____ Strobe or vibrating alarms or a vibrating pager. As an alternative, a transfer to a prison with other deaf inmates and with programs for the deaf.			
Part B: Referred To:			
Food Svc _____	Unit Manager <u>X</u>	Unicor _____	
Business Office _____	Psychology _____	Education _____	
Trust Fund/Laundry _____	Religious Services _____	Recreation _____	
Health Services _____	Correctional Svcs _____	Facilities _____	
Safety _____	ISM/Mailroom/Records _____	Administration _____	
Part C: Informal Resolution Attempt			
Issue Resolved/ Relief Granted _____	Comments: <u>See attached</u>		
Issue Unresolved/ No Relief Granted _____	Comments: _____		
Unable To Address Issue/Referred To: _____	Comments: _____		
Inmate Signature: <u>David Bryant</u>	Date: <u>7-30-9</u>		
Staff Signature: _____	Date: _____		
Unit Manager's Signature: _____	Date: <u>8/12/5</u>		
Counselor's Tracking			
Tracking #	Event Date	+ 20 Days	Form Issued

EXHIBIT 24

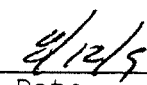
INFORMAL RESOLUTION success

This is in response to your Request for Informal Resolution dated 07-30-09. You indicate because you are deaf you have a difficulty hearing loud noises and alarms. You request strobe or vibrating alarms or a vibrating pager as an alternative or a transfer to another prison with other deaf inmates.

As an inmate you are under constant supervision by correctional staff. In case of emergencies and or alarms staff are accountable for your whereabouts and will insure you are notified and your safety maintained. In addition, fire alarms meet visual compliance with strobe and inmates are not allowed to possess any electronic device that is not approved by the Federal Bureau of Prisons.



R. E. Milton, Unit Manager



Date

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Bryant, David, D. 06704-016 C-1 U.S.P. Hazelton
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I am a deaf inmate and I communicate in American Sign Language ("ASL"). I cannot understand or communicate effectively with people who do not know ASL. I am unable to participate effectively in the prison's work programs because I am unable to understand or communicate with work managers and coordinators.

I am requesting an ASL interpreter for work programs in order to understand and communicate with work managers and coordinators. As an alternative, I request a transfer to a prison with other deaf inmates and programs for the deaf.

4-13-9
DATE

D. D. Bryant
SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 30 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

CASE NUMBER: _____

Part C- RECEIPT

Return to: Bryant, David, D. 06704-016 C-1 U.S.P. Hazelton
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)

BP-229
APRIL 1

EXHIBIT 24

UNITED STATES PENITENTIARY HAZELTON
REQUEST FOR ADMINISTRATIVE REMEDY
INFORMAL RESOLUTION FORM - General Population

INMATE'S NAME: David Bryant		REG. NO. 06704-016	UNIT: C - 1		
1. Specific Complaint: _____ I am a deaf inmate and I communicate in American Sign Language ("ASL"). I cannot understand or communicate effectively with people who do not know ASL. I am unable to participate effectively in the prison's work programs because I am unable to understand or communicate with work managers and coordinators.					
2. Relief Requested: _____ ASL interpreter for work programs in order to understand and communicate with work managers and coordinators. As an alternative, a transfer to a prison with other deaf inmates and programs for the deaf.					
Part B: Referred To:					
Food Svc _____	Unit Manager _____	Unicor _____			
Business Office _____	Psychology _____	Education _____			
Trust Fund/Laundry _____	Religious Services _____	Recreation _____			
Health Services _____	Correctional Svcs _____	Facilities _____			
Safety _____	ISM/Mailroom/Records _____	Administration _____			
Part C: Informal Resolution Attempt					
Issue Resolved/ Relief Granted _____	Comments:				
Issue Unresolved/ No Relief Granted _____	Comments:				
Unable To Address Issue/Referred To:	Comments:				
Inmate Signature: <i>David Bryant</i>	Date: 7-30-9				
Staff Signature:	Date:				
Unit Manager's Signature:			Date:		
Counselor's Tracking					
Tracking #	Event Date	+ 20 Days	Form Issued	BP-9 Issued	BP-9 Returned

EXHIBIT 25



United States Department of Justice
Federal Bureau of Prisons
United States Penitentiary -
Hazelton
Post Office Box 450
Sky View Drive
Bruceton Mills, West Virginia 26525
(304) 379-5000

Office of the Warden

August 31, 2009

Mr. Matthew Fitzwater, Attorney at Law
125 Broad Street
New York, New York 10004

RE: Bryant, David
Register Number 06704-016

Dear Mr. Fitzwater:

This letter is in response to your letter dated July 24, 2009, regarding David Bryant, an inmate currently incarcerated at the United States Penitentiary (USP) Hazelton, Bruceton Mills, West Virginia. You have requested under Program Statement 1330.16, Administrative Remedy Program that inmate Bryant be given reasonable accommodation of having administrative remedy responses from any level, sent to your office via e-mail or facsimile. You state this will allow you to effectively communicate the content of any such response to inmate Bryant, and explain his further obligations under the Administrative Remedy Process in a timely matter.

Inmate Bryant arrived at USP Hazelton on August 8, 2005. Since then, he has developed a positive rapport with staff and has interacted with staff to resolve numerous issues. Due to inmate Bryant's disability, staff have maintained communication via written correspondence, which in the past appears to have been successful.

Inmate Bryant has complete access to the Administrative Remedy Program. The intent of the program is to informally resolve issues before a request for an Administrative Remedy is processed. In addition, it is inmate Bryant's responsibility to use the program in good faith and in an honest and straightforward manner. Additionally, in order to maintain the integrity of the Administrative Remedy program, it is inmate Bryant's responsibility to personally provide staff with the completed Administrative Remedy for processing. For that reason, the forms received from your office on August 18, 2009 are being returned to your office.

Page 2

RE: Bryant, David

Register Number 06704-016

Due to security reasons, inmates do not have access to facsimile machines. However, to communicate via e-mail (TRULINCS) it is the inmates responsibility to obtain approval and assume all costs. Otherwise, Mr. Bryant can utilize the postal service and be responsible for the cost of all mailing to your office. Inmate Bryant also has access to a Telephone Device for the Deaf (TDD) at this institution.

Additionally, we are currently awaiting a transfer which was submitted to the Designation and Sentence Computation Center for consideration of an Adjustment Purposes transfer on August 26, 2009.

I trust that I have adequately addressed your concerns. If you have any further questions, please feel free to contact Richard Milton, Unit Manager at 304-379-5000.

Sincerely,

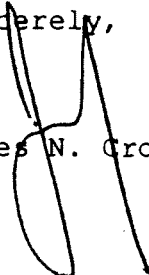

James N. Cross, Warden

EXHIBIT 26

125 BROAD STREET
NEW YORK, N.Y. 10004-2498

September 28, 2009

By Hand

Kim M. White
Regional Director
Mid Atlantic Regional Office
Federal Bureau of Prisons
302 Sentinel Drive, Suite 200
Annapolis Junction, Maryland 20701

Re: Inmate David Bryant, Register Number 06704-016

Dear Regional Director White:

I write on behalf of USP Hazelton inmate David Bryant, Register Number 06704-016, who is deaf and communicates in American Sign Language ("ASL"). Enclosed please find seven Regional Administrative Remedy Appeals (BP-10s) that Mr. Bryant submits in an effort to enable him to become informed of prison warnings and announcements, participate in prison activities, and communicate with inmates and prison staff, including guards, medical personnel, religious and spiritual leaders, educators, and work personnel.

On July 24, 2009, I requested an accommodation from Warden James Cross so that I (and my colleagues) may help Mr. Bryant with the grievance process. Mr. Bryant had previously been unsuccessful in trying to complete the grievance process and planned to file new Informal Resolution Forms (BP-8s) following our legal visit on July 30, 2009. As I explained then, and again by letter dated August 18, 2009, this accommodation is necessary because Mr. Bryant communicates in ASL, a language with a complex grammatical structure that is without a one-to-one correspondence with English. Specifically, I requested that under PS 1330.16, § 10b and the Rehabilitation Act, Mr. Bryant be given the reasonable accommodation of having a copy of any response to any level of his requests for administrative remedies be sent to me, his counsel, via email or facsimile. As I stated, this accommodation is necessary in order for Mr. Bryant to comply with the grievance process as his understanding and ability to

EXHIBIT 26

Regional Director White

-2-

communicate in English is limited. Additionally, I also requested a copy of USP Hazelton's Institutional Supplement to PS 1330.16, which is not otherwise publicly available, so that we can ensure that Mr. Bryant complies with USP Hazelton's guidelines.¹

After our scheduled legal visit, and without an accommodation, or any response from Warden Cross, Mr. Bryant filed seven BP-8s related to the subjects outlined at the beginning of this letter. Mr. Bryant received unsatisfactory responses to his BP-8s (including one non-response), and, as such, filed seven Requests for Administrative Remedy (BP-9s) under cover of my letter dated August 18, 2009.

On September 14, 2009, I received Warden Cross's response to my July 24 Letter and Mr. Bryant's seven BP-9s.² Warden Cross, ignoring our request for an accommodation under PS 1330.16, § 10b and the Rehabilitation Act, stated that "[i]nmate Bryant has complete access to the Administrative Remedy Program [and that it is his] responsibility to use the program in good faith and in an honest and straightforward manner." Warden Cross included no explanation as to how Mr. Bryant's use of the grievance process to address the prison's failure to accommodate his disability is somehow in bad faith. Furthermore, Warden Cross's refusal to grant an accommodation clearly contradicts his responsibility to "ensure that assistance is available for inmates who are illiterate, disable, or who are not functionally literate in English." PS 1330.16, § 10b. As detailed above, in my previous letters to Warden Cross and in Mr. Bryant's BP-8s and BP-9s, Mr. Bryant is deaf and does not communicate in English. Although timely submitted, Warden Cross refused to process Mr. Bryant's BP-9s, "in order to maintain the integrity of the Administrative Remedy program" and said Mr. Bryant needed to "personally provide staff with the completed Administrative Remedy for processing." As Warden Cross's response to Mr. Bryant's BP-9s is unsatisfactory, Mr. Bryant is filing the enclosed BP-10s.

¹ To date, I have not been provided with a copy of this supplement.

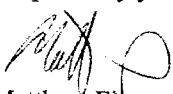
² Although Warden Cross's response is dated August 31, 2009, it was not postmarked until 11 days later on September 11, 2009. Furthermore, Warden Cross' letter did not acknowledge my August 18 letter.

Regional Director White

-3-

I am available at any time to discuss these issues. You can reach me by telephone, (212) 558-1632, email, fitzwaterr@sullcrom.com, or facsimile, (212) 291-9282.

Respectfully yours,



Matthew Fitzwater

(Enclosures)

cc: BOP Associate General Counsel Paul W. Layer (via email)

U.S. Department of Justice

Regional Administrative Remedy Appeal

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy of the completed BP-229(13) including any attachments must be submitted with this appeal.

From: Bryant, David 06701-016 SHU usp Hazelton
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A - REASON FOR APPEAL

My request, detailed in the attached BP-8s and BP-9s, has been refused and the need for my request has not been remedied.

9-27-9
DATE

[Signature]
SIGNATURE OF REQUESTER

Part B - RESPONSE

DATE

REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

Part C - RECEIPT

CASE NUMBER: _____

Return to: _____

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

SUBJECT: _____

DATE

SIGNATURE, RECIPIENT OF REGIONAL APPEAL

USP LVN



PRINTED ON RECYCLED PAPER

BP-230(13)
MAY 2000

EXHIBIT 26

UNICOR FEDERAL PRISON INDUSTRIES, INC.
LEAVENWORTH, KANSASU.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: <u>Bryant, David, D.</u>	<u>06704-016</u>	<u>C-1</u>	<u>U.S.P. Hazelton</u>
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION

Part A- INMATE REQUEST

I am a deaf inmate and I communicate in American Sign Language ("ASL"). I cannot understand or communicate effectively with people who do not know ASL. I am unable to participate in religious programs and services. I cannot understand or communicate with the prison's spiritual and religious personnel, who do not know ASL.

I am requesting an ASL interpreter for religious services in order to understand and communicate effectively with spiritual and religious personnel. As an alternative, I request a transfer to a prison with other deaf inmates and with programs for the deaf.

4-13-9
DATE

David Bryant
SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE _____ WARDEN OR REGIONAL DIRECTOR _____
If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 30 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

CASE NUMBER: _____

Part C- RECEIPT

Return to: <u>Bryant, David, D.</u>	<u>06704-016</u>	<u>C-1</u>	<u>U.S.P. Hazelton</u>
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION

SUBJECT: _____

DATE _____

RECIPIENT'S SIGNATURE (STAFF MEMBER) _____

BP-229
APRIL 1

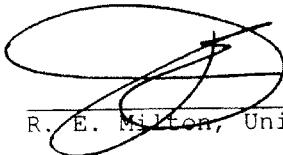
EXHIBIT 26

151

INFORMAL RESOLUTION

This is in response to your Request for Informal Resolution dated 07-30-09. You recently indicated because you are deaf you are having a difficult time communicating with Religious Services staff. You stated you cannot participate in religious programs and services with people who do not understand American Sign Language (ASL).

Contact has been made with Religious Services staff who have been unaware of your recent problems communicating. Since your arrival on 10-11-2007, they have attempted to work with you to overcome your disability by exchanging and sharing written messages. It appeared this procedure was mutually successful and there was an understanding obtained between you and the Religious Services staff. It is unfortunate, you are beginning to experience problems communicating. In addition, numerous religious programs are conducted by inmates under the supervision of the Chaplain and you have been accompanied by a companion who has assisted you in communicating and sharing your religious beliefs. Currently, however, we do not have staff who are skilled in ASL. Nevertheless, this maybe a skill that we could explore in more detail when new staff or new hires are being considered for employment at USP Hazelton.



R. E. Milton, Unit Manager



Date

U.S. Department of Justice

Regional Administrative Remedy Appeal

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy of the completed BP-229(13) including any attachments must be submitted with this appeal.

From: Bryant David 06704-016 SHU USP Hazelton
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A - REASON FOR APPEAL

My request, detailed in the attached BP8s and BP9s, has been refused and the need for my request has not been remedied.

9-27-9
DATE

[Signature]
SIGNATURE OF REQUESTER

Part B - RESPONSE

DATE

REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

Part C - RECEIPT

CASE NUMBER: _____

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE

SIGNATURE, RECIPIENT OF REGIONAL APPEAL

USP LVN



PRINTED ON RECYCLED PAPER

BP-230(13)
JUNE 2002

EXHIBIT 26

UNICOR FEDERAL PRISON INDUSTRIES INC.
LEAVENWORTH, KANSASU.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: <u>Bryant, David, D.</u>	<u>06704-016</u>	<u>C-1</u>	<u>U.S.P. Hazelton</u>
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION

Part A- INMATE REQUEST

I am a deaf inmate and I communicate in American Sign Language ("ASL"). I cannot understand or communicate effectively with people who do not know ASL. I am unable to participate in the prison's education programs and vocational programs because I cannot understand or communicate effectively with the instructors or other students.

For these reasons, I am requesting an ASL interpreter for the education programs and vocational programs in order to understand and communicate effectively with the instructors and other students. As an alternative, I request a transfer to a prison with other deaf inmates and programs for the deaf.

8-13-9
DATE

David Bryant
SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE	WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 10 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

CASE NUMBER: _____

Part C- RECEIPT

Return to: <u>Bryant, David, D.</u>	<u>06704-016</u>	<u>C-1</u>	<u>U.S.P. Hazelton</u>
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION

SUBJECT: _____

DATE



RECIPIENT'S SIGNATURE (STAFF MEMBER)

BP-229
APRIL 1

EXHIBIT 26

UNITED STATES PENITENTIARY HAZELTON
REQUEST FOR ADMINISTRATIVE REMEDY
INFORMAL RESOLUTION FORM - General Population

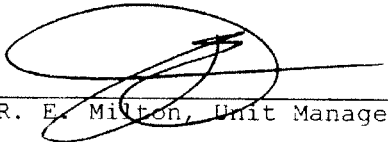
Now

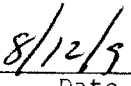
INMATE'S NAME: David Bryant		REG. NO. 06704-016	UNIT: C - 1
1. Specific Complaint: _____			
I am a deaf inmate and I communicate in American Sign Language ("ASL"). I cannot understand or communicate effectively with people who do not know ASL. I am unable to participate in the prison's education programs and vocational programs because I cannot understand or communicate effectively with the instructors or other students.			
2. Relief Requested: _____			
ASL interpreter for the education programs and vocational programs in order to understand and communicate effectively with the instructors and other students. As an alternative, a transfer to a prison with other deaf inmates and programs for the deaf.			
Part B: Referred To:			
Food Svc _____	Unit Manager ☒	Unicor _____	
Business Office _____	Psychology _____	Education _____	
Trust Fund/Laundry _____	Religious Services _____	Recreation _____	
Health Services _____	Correctional Svcs _____	Facilities _____	
Safety _____	ISM/Mailroom/Records _____	Administration _____	
Part C: Informal Resolution Attempt			
Issue Resolved/ Relief Granted _____	Comments: <i>See attached</i>		
Issue Unresolved/ No Relief Granted _____	Comments: _____		
Unable To Address Issue/Referred To: _____	Comments: _____		
Inmate Signature: <i>David Bryant</i>	Date: 7-30-9		
Staff Signature: _____	Date: 8/12/9		
Unit Manager's Signature: _____	Date: 8/12/9		
Counselor's Tracking			
Tracking #	Event Date	+ 20 Days	Form Issued
			BP-9 Issued
			BP-9 Returned

INFORMAL RESOLUTION

This is in response to your Request for Informal Resolution dated 07-30-09. You recently indicated because you are deaf you are unable to participate in the prison's education programs and vocational programs. You stated you cannot participate or communicate effectively with instructors or other students who do not understand American Sign Language (ASL).

Contact has been made with Educational Services staff who have indicated they have attempted to work with you in the past and provide you with educational programs based on your special needs. However, it appears you have demonstrated very little motivation to engage with the educational staff to assist you in educational and vocational programming. I encourage you to meet with the Educational Supervisor who is aware of your needs and can assist you in your educational programming.


R. E. Milton, Unit Manager


Date

Federal Bureau of Prisons

Regional Administrative Remedial Appeal

Type or use ball-point pen. If attachments are needed, submit four copies. One copy of the completed BP-229(13) including any attachments must be submitted with this appeal.

From: Bryant, David 06704-016 SHU USP Hazelton
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A - REASON FOR APPEAL

My request, detailed in the attached BP-8s and BP9s, has been refused and the need for my request has not been remedied.

9-27-9
DATE

David Bryant
SIGNATURE OF REQUESTER

Part B - RESPONSE

DATE

REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

Part C - RECEIPT

CASE NUMBER: _____

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE

SIGNATURE, RECIPIENT OF REGIONAL APPEAL

USP LVN



PRINTED ON RECYCLED PAPER

BP-230(13)
 JUNE 2002

EXHIBIT 26

UNICOR FEDERAL PRISON INDUSTRIES, INC.
LEAVENWORTH, KANSASU.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: <u>Bryant, David, D.</u>	<u>06704-016</u>	<u>C-1</u>	<u>U.S.P. Hazelton</u>
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION

Part A- INMATE REQUEST

I am a deaf inmate and I communicate in American Sign Language ("ASL"). I have difficulty understanding spoken English. I am unable to understand and enjoy television because the closed-captioning is not turned on.

For these reasons, I am requesting closed-captioning be enabled on a prison television available to me. As an alternative, I request a transfer to a prison with other deaf inmates and with programs for the deaf.

8-13-9
DATE

David Bryant
SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE	WARDEN OR REGIONAL DIRECTOR

If dismissed with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE	CASE NUMBER: _____

Part C- RECEIPT	CASE NUMBER: _____

Return to: <u>Bryant, David, D.</u>	<u>06704-016</u>	<u>C-1</u>	<u>U.S.P. Hazelton</u>
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION

SUBJECT: _____

DATE	RECIPIENT'S SIGNATURE (STAFF MEMBER)

BP-229
APRIL 1

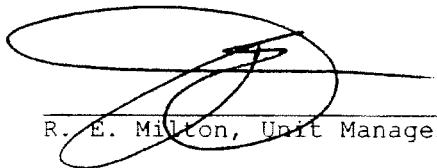
EXHIBIT 26

UNITED STATES PENITENTIARY HAZELTON
REQUEST FOR ADMINISTRATIVE REMEDY
INFORMAL RESOLUTION FORM - General Population / *Non*

INMATE'S NAME: David Bryant		REG. NO. 06704-016	UNIT: C - 1
1. Specific Complaint: _____			
I am a deaf inmate and I communicate in American Sign Language ("ASL"). I have difficulty understanding spoken English. I am unable to understand and enjoy television because the closed-captioning is not turned on.			
2. Relief Requested: _____			
That closed-captioning be enabled on a prison television available to me. As an alternative, a transfer to a prison with other deaf inmates and with programs for the deaf.			
Part B: Referred To:			
Food Svc _____	Unit Manager <i>X</i>	Unicor _____	
Business Office _____	Psychology _____	Education _____	
Trust Fund/Laundry _____	Religious Services _____	Recreation _____	
Health Services _____	Correctional Svcs _____	Facilities _____	
Safety _____	ISM/Mailroom/Records _____	Administration _____	
Part C: Informal Resolution Attempt			
Issue Resolved/ Relief Granted _____	Comments: <i>See attached</i>		
Issue Unresolved/ No Relief Granted _____	Comments:		
Unable To Address Issue/Referred To:	Comments:		
Inmate Signature: <i>David Bryant</i>	Date: <i>7-30-9</i>		
Staff Signature: _____	Date: _____		
Unit Manager's Signature: _____	Date: <i>8/12/5</i>		
Counselor's Tracking			
Tracking #	Event Date	+ 20 Days	Form Issued
			BP-9 Issued
			BP-9 Returned

INFORMAL RESOLUTION success

This is in response to your Request for Informal Resolution dated 07-30-09. You indicate because you are deaf you are unable to understand and enjoy television because the closed captioning is not turned on. A television in C-1 has been designated with closed captioning. If there are problems with this television you need to inform the unit officer or unit staff.



R. E. Milton, Unit Manager



Date

U.S. Department of Justice

Regional Administrative Remedy Appeal

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy of the completed BP-229(13) including any attachments must be submitted with this appeal.

From: Bryant, David 06704016 SAU USP Hazelton
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A - REASON FOR APPEAL

My request, detailed in the attached BP-8s and BP-9s has been refused and the need for my request has not been remedied.

9-27-9
DATE

[Signature]
SIGNATURE OF REQUESTER

Part B - RESPONSE

DATE REGIONAL DIRECTOR
 If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.
 ORIGINAL: RETURN TO INMATE CASE NUMBER: _____

 Part C - RECEIPT CASE NUMBER: _____
 Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION
 SUBJECT: _____

DATE SIGNATURE, RECIPIENT OF REGIONAL APPEAL

EXHIBIT 26

UNICOR FEDERAL PRISON INDUSTRIES, INC.
LEAVENWORTH, KANSASU.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

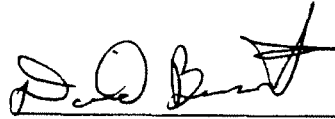
From: <u>Bryant, David, D.</u>	<u>06704-016</u>	<u>C-1</u>	<u>U.S.P. Hazelton</u>
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION

Part A- INMATE REQUEST

I am a deaf inmate and I communicate in American Sign Language ("ASL"). I cannot understand or communicate effectively with people who do not know ASL. I am unable to understand or communicate effectively with medical staff and healthcare providers, including mental healthcare professionals and pharmacists.

I am requesting an ASL interpreter for communicating with medical staff and healthcare providers, including mental healthcare professionals and pharmacists. As an alternative, I request a transfer to a prison with other deaf inmates and programs for the deaf.

4-13-9
DATE


SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE	WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 18 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

CASE NUMBER: _____

Part C- RECEIPT

Return to: <u>Bryant, David, D.</u>	<u>06704-016</u>	<u>C-1</u>	<u>U.S.P. Hazelton</u>
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION

SUBJECT: _____

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)

BP-229
APRIL 1

EXHIBIT 26

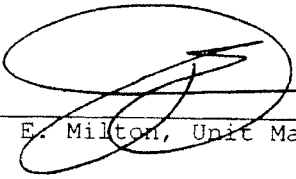
UNITED STATES PENITENTIARY HAZELTON
REQUEST FOR ADMINISTRATIVE REMEDY
INFORMAL RESOLUTION FORM - General Population / *Non*

INMATE'S NAME: David Bryant		REG. NO. 06704-016	UNIT: C - 1
1. Specific Complaint:			
I am a deaf inmate and I communicate in American Sign Language ("ASL"). I cannot understand or communicate effectively with people who do not know ASL. I am unable to understand or communicate effectively with medical staff and healthcare providers, including mental healthcare professionals and pharmacists.			
2. Relief Requested:			
ASL interpreter for communicating with medical staff and healthcare providers, including mental healthcare professionals and pharmacists. As an alternative, a transfer to a prison with other deaf inmates and programs for the deaf.			
Part B: Referred To:			
Food Svc _____	Unit Manager <u>X</u>	Unicor _____	
Business Office _____	Psychology _____	Education _____	
Trust Fund/Laundry _____	Religious Services _____	Recreation _____	
Health Services _____	Correctional Svcs _____	Facilities _____	
Safety _____	ISM/Mailroom/Records _____	Administration _____	
Part C: Informal Resolution Attempt			
Issue Resolved/ Relief Granted _____	Comments: <i>See attached</i>		
Issue Unresolved/ No Relief Granted _____	Comments:		
Unable To Address Issue/Referred To:	Comments:		
Inmate Signature: <i>David Bryant</i>	Date: <i>7-30-9</i>		
Staff Signature: _____	Date: _____		
Unit Manager's Signature: _____	Date: <i>8/12/9</i>		
Counselor's Tracking			
Tracking #	Event Date	+ 20 Days	Form Issued
			BP-9 Issued
			BP-9 Returned

INFORMAL RESOLUTION

This is in response to your Request for Informal Resolution dated 07-30-09. You recently indicated because you are deaf you are having a difficult time communicating with Health Services staff. You stated you cannot understand or communicate effectively with people who do not understand American Sign Language (ASL).

Contact has been made with Health Services staff who have been unaware of your recent problems communicating. Since your arrival on 10-11-2007, they have attempted to work with you to overcome your disability by exchanging and sharing written messages. It appeared this procedure was mutually successful and there was an understanding obtained between you and Health Services staff. It is unfortunate, you are beginning to experience problems communicating. Currently, however, we do not have staff who are skilled in ASL. Nevertheless, this maybe a skill that we could explore in more detail when new staff or new hires are being considered for employment at USP Hazelton.



R. E. Milton, Unit Manager

8/12/9

Date

U.S. Department of Justice

Regional Administrative Remedy Appeal

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy of the completed BP-229(13) including any attachments must be submitted with this appeal.

From: Bryant, David 06704-016 SHU USP Hazelton
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A - REASON FOR APPEAL

My request, detailed in the attached BP-8s and BP-9s, has been refused and the need for my request has not been remedied.

9-27-9
DATE

[Signature]
SIGNATURE OF REQUESTER

Part B - RESPONSE

DATE

REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

Part C - RECEIPT

CASE NUMBER: _____

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE

SIGNATURE, RECIPIENT OF REGIONAL APPEAL

USP 1 VN

BP-230(13)
JUNE 2002

EXHIBIT 26

UNION FEDERAL PRISON INDUSTRIES, INC.
LEAVENWORTH, KANSASU.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: <u>Bryant, David, D.</u>	<u>06704-016</u>	<u>C-1</u>	<u>U.S.P. Hazelton</u>
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION

Part A- INMATE REQUEST

I am a deaf inmate and I communicate in American Sign Language ("ASL"). I cannot understand or communicate effectively with people who do not know ASL. I am unable to understand or communicate effectively with the prison's guards. Among other problems, this means that I cannot hear calls for line-up.

For these reasons, I am requesting an ASL interpreter for communications with the prison's guards and a vibrating pager for calls to line-up and other routine announcements. And, I request that the prison's guard who knows ASL be assigned to my unit as much as possible. As an alternative, I request a transfer to a prison with other deaf inmates and programs for the deaf.

8-13-9
DATE


SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE	WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

CASE NUMBER: _____

Part C- RECEIPT

Return to: <u>Bryant, David, D.</u>	<u>06704-016</u>	<u>C-1</u>	<u>U.S.P. Hazelton</u>
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION

SUBJECT: _____

DATE



RECIPIENT'S SIGNATURE (STAFF MEMBER)

BP-229
APRIL 1

#2

**UNITED STATES PENITENTIARY HAZELTON
REQUEST FOR ADMINISTRATIVE REMEDY
INFORMAL RESOLUTION FORM - General Population**

Non

INMATE'S NAME: David Bryant		REG. NO. 06704-016	UNIT: C - 1
1. Specific Complaint:			
I am a deaf inmate and I communicate in American Sign Language ("ASL"). I cannot understand or communicate effectively with people who do not know ASL. I am unable to understand or communicate effectively with the prison's guards. Among other problems, this means that I cannot hear calls for line-up.			
2. Relief Requested:			
ASL interpreter for communications with the prison's guards and a vibrating pager for calls to line-up and other routine announcements. That the prison's guard who knows ASL be assigned to my unit as much as possible. As an alternative, a transfer to a prison with other deaf inmates and programs for the deaf.			
Part B: Referred To:			
Food Svc _____	Unit Manager ☒	Unicor _____	
Business Office _____	Psychology _____	Education _____	
Trust Fund/Laundry _____	Religious Services _____	Recreation _____	
Health Services _____	Correctional Svcs _____	Facilities _____	
Safety _____	ISM/Mailroom/Records _____	Administration _____	
Part C: Informal Resolution Attempt			
Issue Resolved/ Relief Granted _____	Comments: See the attached response to #1		
Issue Unresolved/ No Relief Granted _____	Comments:		
Unable To Address Issue/Referred To:	Comments:		
Inmate Signature: <i>David Bryant</i>	Date: 2-30-9		
Staff Signature: <i>[Signature]</i>	Date:		
Unit Manager's Signature: <i>[Signature]</i>	Date: 8/12/9		
Counselor's Tracking			
Tracking #	Event Date	+ 20 Days	Form Issued
			BP-9 Issued
			BP-9 Returned

U.S. Department of Justice

Regional Administrative Remedy Appeal

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy of the completed BP-229(13) including any attachments must be submitted with this appeal.

From: Bryant David 05704-06 SHU USP Haze Hon
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A - REASON FOR APPEAL

My requests, detailed in the attached BP-85 and BP-95, has been refused and the need for my request has not been remedied.

9-27-9
DATE

[Signature]
SIGNATURE OF REQUESTER

Part B - RESPONSE

DATE

REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

Part C - RECEIPT

CASE NUMBER: _____

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE

SIGNATURE, RECIPIENT OF REGIONAL APPEAL

USP LVN



BP-230(13)
 JUNE 2002

EXHIBIT 26

UNICOR FEDERAL PRISON INDUSTRIES, INC.
LEAVENWORTH, KANSASU.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: <u>Bryant, David, D.</u>	<u>06704-016</u>	<u>C-1</u>	<u>U.S.P. Hazelton</u>
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION

Part A- INMATE REQUEST

I am a deaf inmate. Since I am deaf, I am unable to hear even loud noises. I am unable to hear the prison's alarms. I miss important warnings and announcements.

For these reasons, I am requesting a strobe or vibrating alarm or a vibrating pager. As an alternative, I request a transfer to a prison with other deaf inmates and with programs for the deaf.

2-13-9
DATE

David Bryant
SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE	WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

CASE NUMBER: _____

Part C- RECEIPT

Return to: <u>Bryant, David, D.</u>	<u>06704-016</u>	<u>C-1</u>	<u>U.S.P. Hazelton</u>
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION

SUBJECT: _____

DATE



RECIPIENT'S SIGNATURE (STAFF MEMBER)

BP-229
APRIL 1

EXHIBIT 26

206

#1

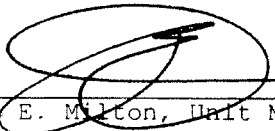
UNITED STATES PENITENTIARY HAZELTON
REQUEST FOR ADMINISTRATIVE REMEDY
INFORMAL RESOLUTION FORM - General Population / *Now*

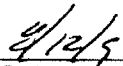
INMATE'S NAME: David Bryant		REG. NO. 06704-016	UNIT: C - 1
1. Specific Complaint: _____			
I am a deaf inmate. Since I am deaf, I am unable to hear even loud noises. I am unable to hear the prison's alarms. I miss important warnings and announcements.			
2. Relief Requested: _____			
Strobe or vibrating alarms or a vibrating pager. As an alternative, a transfer to a prison with other deaf inmates and with programs for the deaf.			
Part B: Referred To:			
Food Svc _____	Unit Manager <u>X</u>	Unicor _____	
Business Office _____	Psychology _____	Education _____	
Trust Fund/Laundry _____	Religious Services _____	Recreation _____	
Health Services _____	Correctional Svcs _____	Facilities _____	
Safety _____	ISM/Mailroom/Records _____	Administration _____	
Part C: Informal Resolution Attempt			
Issue Resolved/ Relief Granted _____	Comments: <i>See attached</i>		
Issue Unresolved/ No Relief Granted _____	Comments:		
Unable To Address Issue/Referred To:	Comments:		
Inmate Signature: <i>David Bryant</i>	Date: <i>7-30-9</i>		
Staff Signature: _____	Date: _____		
Unit Manager's Signature: _____	Date: <i>8/12/5</i>		
Counselor's Tracking			
Tracking #	Event Date	+ 20 Days	Form Issued
			BP-9 Issued
			BP-9 Returned

INFORMAL RESOLUTION success

This is in response to your Request for Informal Resolution dated 07-30-09. You indicate because you are deaf you have a difficulty hearing loud noises and alarms. You request strobe or vibrating alarms or a vibrating pager as an alternative or a transfer to another prison with other deaf inmates.

As an inmate you are under constant supervision by correctional staff. In case of emergencies and or alarms staff are accountable for your whereabouts and will insure you are notified and your safety maintained. In addition, fire alarms meet visual compliance with strobe and inmates are not allowed to possess any electronic device that is not approved by the Federal Bureau of Prisons.


R. E. Milton, Unit Manager


Date

U.S. Department of Justice

Regional Administrative Remedy Appeal

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy of the completed BP-229(13) including any attachments must be submitted with this appeal.

From: Bryant, David 05704-06 SHU USP HAZELTON
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A - REASON FOR APPEAL

My requests, detailed in the attached BP-8s and BP-9s, has ~~been~~ been refused and the need for my request has not been remedied.

9/27/9
DATE

[Signature]
SIGNATURE OF REQUESTER

Part B - RESPONSE

DATE

REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

Part C - RECEIPT

CASE NUMBER: _____

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE

SIGNATURE, RECIPIENT OF REGIONAL APPEAL

USP LVN



PRINTED ON RECYCLED PAPER

BP-230(13)
JUNE 2002

EXHIBIT 26

UNICOR FEDERAL PRISON INDUSTRIES, INC.
LEAVENWORTH, KANSASU.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Bryant, David, D. 06704-016 C-1 U.S.P. Hazelton
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I am a deaf inmate and I communicate in American Sign Language ("ASL"). I cannot understand or communicate effectively with people who do not know ASL. I am unable to participate effectively in the prison's work programs because I am unable to understand or communicate with work managers and coordinators.

I am requesting an ASL interpreter for work programs in order to understand and communicate with work managers and coordinators. As an alternative, I request a transfer to a prison with other deaf inmates and programs for the deaf.

4-13-9
DATE

David D. Bryant
SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE _____ WARDEN OR REGIONAL DIRECTOR _____
If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 10 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

CASE NUMBER: _____

Part C- RECEIPT

Return to: Bryant, David, D. 06704-016 C-1 U.S.P. Hazelton
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE _____ RECIPIENT'S SIGNATURE (STAFF MEMBER) _____

BP-229
APRIL 1

EXHIBIT 26

UNITED STATES PENITENTIARY HAZELTON
REQUEST FOR ADMINISTRATIVE REMEDY
INFORMAL RESOLUTION FORM - General Population

INMATE'S NAME: David Bryant		REG. NO. 06704-016	UNIT: C - 1		
1. Specific Complaint: _____					
I am a deaf inmate and I communicate in American Sign Language ("ASL"). I cannot understand or communicate effectively with people who do not know ASL. I am unable to participate effectively in the prison's work programs because I am unable to understand or communicate with work managers and coordinators.					
2. Relief Requested: _____					
ASL interpreter for work programs in order to understand and communicate with work managers and coordinators. As an alternative, a transfer to a prison with other deaf inmates and programs for the deaf.					
Part B: Referred To:					
Food Svc _____	Unit Manager _____	Unicor _____			
Business Office _____	Psychology _____	Education _____			
Trust Fund/Laundry _____	Religious Services _____	Recreation _____			
Health Services _____	Correctional Svcs _____	Facilities _____			
Safety _____	ISM/Mailroom/Records _____	Administration _____			
Part C: Informal Resolution Attempt					
Issue Resolved/ Relief Granted _____	Comments: _____				
Issue Unresolved/ No Relief Granted _____	Comments: _____				
Unable To Address Issue/Referred To: _____	Comments: _____				
Inmate Signature: <i>David Bryant</i>	Date: 7-30-9				
Staff Signature: _____	Date: _____				
Unit Manager's Signature: _____	Date: _____				
Counselor's Tracking					
Tracking #	Event Date	+ 20 Days	Form Issued	BP-9 Issued	BP-9 Returned



United States Department of Justice
Federal Bureau of Prisons
United States Penitentiary -
Hazelton
Post Office Box 450
Sky View Drive
Bruceton Mills, West Virginia 26525
(304) 379-5000

Office of the Warden

August 31, 2009

Mr. Matthew Fitzwater, Attorney at Law
125 Broad Street
New York, New York 10004

RE: Bryant, David
Register Number 06704-016

Dear Mr. Fitzwater:

This letter is in response to your letter dated July 24, 2009, regarding David Bryant, an inmate currently incarcerated at the United States Penitentiary (USP) Hazelton, Bruceton Mills, West Virginia. You have requested under Program Statement 1330.16, Administrative Remedy Program that inmate Bryant be given reasonable accommodation of having administrative remedy responses from any level, sent to your office via e-mail or facsimile. You state this will allow you to effectively communicate the content of any such response to inmate Bryant, and explain his further obligations under the Administrative Remedy Process in a timely matter.

Inmate Bryant arrived at USP Hazelton on August 8, 2005. Since then, he has developed a positive rapport with staff and has interacted with staff to resolve numerous issues. Due to inmate Bryant's disability, staff have maintained communication via written correspondence, which in the past appears to have been successful.

Inmate Bryant has complete access to the Administrative Remedy Program. The intent of the program is to informally resolve issues before a request for an Administrative Remedy is processed. In addition, it is inmate Bryant's responsibility to use the program in good faith and in an honest and straightforward manner. Additionally, in order to maintain the integrity of the Administrative Remedy program, it is inmate Bryant's responsibility to personally provide staff with the completed Administrative Remedy for processing. For that reason, the forms received from your office on August 18, 2009 are being returned to your office.

Page 2

RE: Bryant, David

Register Number 06704-016

Due to security reasons, inmates do not have access to facsimile machines. However, to communicate via e-mail (TRULINCS) it is the inmates responsibility to obtain approval and assume all costs. Otherwise, Mr. Bryant can utilize the postal service and be responsible for the cost of all mailing to your office. Inmate Bryant also has access to a Telephone Device for the Deaf (TDD) at this institution.

Additionally, we are currently awaiting a transfer which was submitted to the Designation and Sentence Computation Center for consideration of an Adjustment Purposes transfer on August 26, 2009.

I trust that I have adequately addressed your concerns. If you have any further questions, please feel free to contact Richard Milton, Unit Manager at 304-379-5000.

Sincerely,

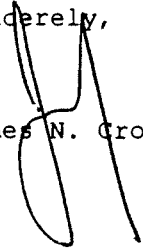

James N. Cross, Warden

EXHIBIT 27



U.S. Department of Justice

Federal Bureau of Prisons

Mid-Atlantic Regional Office

302 Sentinel Drive, Suite 200
Annapolis Junction, MD 20701

October 8, 2009

Matthew Fitzwater
125 Broad Street
New York, New York 10004

RE: BRYANT, David
Register Number: 06704-016

Dear Mr. Fitzwater,

This is in response to your September 28, 2009, inquiry regarding David Bryant, an inmate formerly incarcerated at the United States Penitentiary in Bruceton Mills, West Virginia (USP Hazelton). In your letter you enclosed a number of administrative remedy regional appeals on behalf of Mr. Bryant and requested that he receive an accommodation for filing administrative remedies. Specifically, you asked that all administrative remedy responses be sent directly to you via e-mail or facsimile. Underlying all of this is the concern that Mr. Bryant needs specific daily accommodations so that he can be informed of announcements and warnings, participate in prison activities, and communicate with inmates, staff and others.

We have learned that Mr. Bryant was redesignated and transferred from USP Hazelton on October 6, 2009. He is currently housed at the Federal Transfer Center in Oklahoma City, Oklahoma, as a holdover en route to his destination institution. Security concerns preclude us from informing you of that institution while he is in transit, but he should arrive there in the very near future.

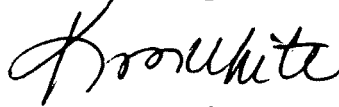
We provide this information for two purposes. First, we believe it renders moot any specific issues he had related to his incarceration at USP Hazelton. While the issues may arise at his new institution, he will need to address them with the staff at that location. In addition, we have determined that the administrative remedies you submitted should be rejected because they did not include an institution response or rejection and were not submitted

EXHIBIT 27

directly by Mr. Bryant. See 28 C.F.R. §§ 542.15(b)(1) and 542.16(a). We have returned them directly to Mr. Bryant. He may wish to pursue them at his designated institution and appropriate regional office upon arrival.

I trust this response addresses your concerns regarding your client. Should you have any questions or additional concerns, please do not hesitate to contact me, or once Mr. Bryant arrives at his newly designated institution, the Warden or Regional Director as appropriate.

Sincerely,

A handwritten signature in black ink, appearing to read "K. M. White". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

K. M. White
Regional Director

EXHIBIT 28

Coleman prison on lockdown after fight - OrlandoSentinel.com

Page 1 of 1

orlandosentinel.com/news/local/lake/lake-coleman-lockdown-101509,0,2305406.story

OrlandoSentinel.com

Coleman prison on lockdown after fight

Martin E. Comas

Sentinel Staff Writer

3:29 PM EDT, October 15, 2009

COLEMAN

One of two high security wings at Coleman Federal Correctional Complex was placed on lockdown this morning after an altercation between an inmate and a correctional officer, according to a prison spokeswoman. The FBI was called to investigate.

"It was an isolated incident," said Kathy Lane, a prison public information officer.

Lockdown means that the roughly 1,530 inmates housed at USP 1 are kept in their cells while officials conduct their investigation and interview those involved.

The Coleman Federal Correctional Complex, off County Road 470 in Sumter County, is the nation's largest prison. Earlier this month, the same high-security wing was placed in lockdown after an altercation that injured two correctional officers.

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*wac

352-751-4752

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<http://www.orlandosentinel.com/news/local/lake/lake-coleman-lockdown-101509,0,4747...> 10/16/2009

EXHIBIT 28

EXHIBIT 29

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: BRYANT, DAVID DE JUAN 06704-016 M USP-1 Coleman
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I AM serious that my feelings by
Interest medical, mental health care
also very very strong medication. please
Don't like make sick from swine
flu and please I need flu shot
stop swine flu, please I need strong
medication for sleep and 75mg phen
for pain
Thank you
Respect

11-3-9
DATE

D. J. Bryant
SIGNATURE OF REQUESTER

Part B- RESPONSE

RCVD NOV 5 '09

DATE _____ WARDEN OR REGIONAL DIRECTOR _____
If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

(ORIGINAL: RETURN TO INMATE)

CASE NUMBER: 563559-FI

Part C- RECEIPT

CASE NUMBER: _____

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION
SUBJECT: _____

DATE _____
USP LVN



Printed on Recycled Paper

RECIPIENT'S SIGNATURE (STAFF MEMBER)

BP-229(13)
APRIL 1982

EXHIBIT 29

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: BRIANT, David De. Juan 06704-016 M USP-1 Coleman
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I AM serious that my feeling interest
by use of television sets in inmate
cell, and specifically address the
availability of closed-captioned television
for deaf-impaired inmate.

Thank you
Respect

11-3-7
DATE

David Bryant
SIGNATURE OF REQUESTER

Part B- RESPONSE

RCVD NOV 5 '09

DATE	WARDEN OR REGIONAL DIRECTOR		
<i>If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.</i>			
ORIGINAL: RETURN TO INMATE	CASE NUMBER: <u>563558- F2</u>		

Part C- RECEIPT	CASE NUMBER: _____		
Return to:	LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT INSTITUTION
SUBJECT:	_____		
DATE	RECIPIENT'S SIGNATURE (STAFF MEMBER)		

BP-229(13)
APRIL 1982

EXHIBIT 29

EXHIBIT 30

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: BRYANT, DAVID DE JUAN 06704-016 M USP-1 Coleman
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I AM serious that my feelings by
Interest medical, mental health care
also very very strong medication. please
Don't like make sick from swine
flu and please I need flu shot
stop swine flu, please I need strong
medication for sleep and 75mg phen
for pain
Thank you
Respect

11-3-9
DATE

D. J. Bryant
SIGNATURE OF REQUESTER

Part B- RESPONSE

RCVD NOV 5 '09

DATE _____ WARDEN OR REGIONAL DIRECTOR _____
If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 56355A-FI

Part C- RECEIPT

CASE NUMBER: _____

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION
SUBJECT: _____

DATE _____
USP LVN



RECIPIENT'S SIGNATURE (STAFF MEMBER)

9P-229(13)
APRIL 1982

EXHIBIT 30

REJECTION NOTICE - ADMINISTRATIVE REMEDY

DATE: NOVEMBER 6, 2009


FROM: ADMINISTRATIVE REMEDY COORDINATOR
COLEMAN I USP

TO : DAVID BRYANT, 06704-016
COLEMAN I USP UNT: L/M QTR: M01-108U
P.O. BOX 1023
COLEMAN, FL 33521

FOR THE REASONS LISTED BELOW, THIS ADMINISTRATIVE REMEDY REQUEST
IS BEING REJECTED AND RETURNED TO YOU. YOU SHOULD INCLUDE A COPY
OF THIS NOTICE WITH ANY FUTURE CORRESPONDENCE REGARDING THE REJECTION.

REMEDY ID : 563559-F1 ADMINISTRATIVE REMEDY REQUEST
DATE RECEIVED : NOVEMBER 5, 2009
SUBJECT 1 : PRESCRIPTIONS, MEDICATION
SUBJECT 2 :
INCIDENT RPT NO:

REJECT REASON 1: YOU DID NOT ATTEMPT INFORMAL RESOLUTION PRIOR TO SUBMISSION
OF ADMINISTRATIVE REMEDY, OR YOU DID NOT PROVIDE THE
NECESSARY EVIDENCE OF YOUR ATTEMPT AT INFORMAL RESOLUTION.

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: BRIANT, David De. Juan 06704-016 M USP-1 Coleman
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I AM serious that my feeling interest
by use of television sets in inmate
cell, and specifically address the
availability of closed-captioned television
for deaf-impaired inmate,
Thank you
Respect

11-3-7
DATE

David Bryant
SIGNATURE OF REQUESTER

Part B- RESPONSE

RCVD NOV 5 '09

DATE	WARDEN OR REGIONAL DIRECTOR		
<i>If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.</i>			
ORIGINAL: RETURN TO INMATE	CASE NUMBER: <u>563558-F2</u>		

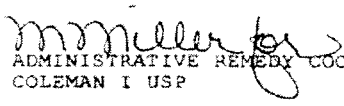
CASE NUMBER: _____			
Part C- RECEIPT			
Return to:	LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT INSTITUTION
SUBJECT: _____			
DATE	RECIPIENT'S SIGNATURE (STAFF MEMBER)		

BP-229(13)
APRIL 1982

EXHIBIT 30

REJECTION NOTICE - ADMINISTRATIVE REMEDY

DATE: NOVEMBER 6, 2009


FROM: ADMINISTRATIVE REMEDY COORDINATOR
COLEMAN I USP

TO : DAVID BRYANT, 06704-016
COLEMAN I USP UNT: L/M QTR: M01-108U
P.O. BOX 1023
COLEMAN, FL 33521

FOR THE REASONS LISTED BELOW, THIS ADMINISTRATIVE REMEDY REQUEST
IS BEING REJECTED AND RETURNED TO YOU. YOU SHOULD INCLUDE A COPY
OF THIS NOTICE WITH ANY FUTURE CORRESPONDENCE REGARDING THE REJECTION.

REMEDY ID : 563558-F2 ADMINISTRATIVE REMEDY REQUEST
DATE RECEIVED : NOVEMBER 5, 2009
SUBJECT 1 : OTHER OPERATIONS
SUBJECT 2 :
INCIDENT RPT NO:

REJECT REASON 1: YOU DID NOT ATTEMPT INFORMAL RESOLUTION PRIOR TO SUBMISSION
OF ADMINISTRATIVE REMEDY, OR YOU DID NOT PROVIDE THE
NECESSARY EVIDENCE OF YOUR ATTEMPT AT INFORMAL RESOLUTION.

EXHIBIT 31

125 BROAD STREET
NEW YORK, N.Y. 10004-2498

November 3, 2009

Via E-mail and U.S. Mail

Warden Scott A. Middlebrooks
USP Coleman I
U.S. Penitentiary
P.O. Box 1023
Coleman, FL 33521
coa/publicinformation@bop.gov

Re: Request for Accommodation to Administrative Remedy Process
for Inmate David Bryant, 06704-016

Dear Warden Middlebrooks:

Recently, David Bryant, Register Number 06704-016, was transferred to USP Coleman I from USP Hazelton. As I am sure you are aware, Mr. Bryant is deaf. He communicates in American Sign Language ("ASL") and, therefore, does not communicate effectively in written English and requires a teletypewriter ("TTY") to communicate via telephone. To our knowledge, USP Coleman I does not have any qualified ASL interpreter on staff or under contract nor is it equipped with a working TTY. Please do correct me if my information is incorrect.

I, in conjunction with two of my associates and the Washington Lawyers' Committee for Civil Rights and Urban Affairs, have been retained by Mr. Bryant to enforce his rights under Section 504 of the Rehabilitation Act, including, but not limited to, the rights of reasonable accommodation for his disability and effective communication. Mr. Bryant sought similar accommodations at USP Hazelton and was going through the administrative remedy process when he was transferred.

I request that as per your obligations under § 10b and the Rehabilitation Act and Program Statement ("PS") 1330.16, Mr. Bryant be provided with access to a working TTY so that he may communicate with his family and his counsel and that he also be given the reasonable accommodation of having a copy of any communications from you or any other employee of the Bureau of Prisons to him also be sent to me, his counsel, via email or facsimile. Additionally, I request that a copy of the USP Coleman I's

EXHIBIT 31

Warden Middlebrooks

-2-

Institutional Supplement be sent to me. If these requests are met, we then will be able to effectively communicate with Mr. Bryant and enable him to utilize the administrative remedy process.

Alternatively, in addition to providing Mr. Bryant access to a working TTY, USP Coleman I could hire a qualified ASL interpreter to assist Mr. Bryant in reviewing any communications he receives from you or other employees of the Bureau of Prisons—including responses to his administrative remedies, understanding the relevant portion of PS 1330.16, and completing any subsequent forms he must submit—or to assist Mr. Bryant in communications related to any medical care or treatment he may require.

I am available by telephone, (212) 558-1632, email, fitzwatm@sullcrom.com, or facsimile, (212) 291-9282, at any time to discuss the underlying issue of Mr. Bryant's need for effective communication and accommodations so that we may resolve these issues.

Respectfully yours,



Matthew S. Fitzwater

cc: BOP Associate Gen. Counsel Paul W. Layer
Office of General Counsel
320 1st Street, NW
7th Floor
Washington, DC 20534

Lisa M. Sunderman, Regional Counsel
Southeast Regional Office
Federal Bureau of Prisons
3800 Camp CRK PK SW/BDG 2000
Atlanta, GA 30331

Jeff Campbell, Legal Counsel
USP Coleman I
U.S. Penitentiary
P.O. Box 1023
Coleman, FL 33521
j4campbell@bop.gov

EXHIBIT 32



U. S. Department of Justice

Federal Bureau of Prisons

Federal Correctional Complex

*P. O. Box 1023
Coleman, Florida 33521-1023*

November 10, 2009

Matthew S. Fitzwater, Esq.
125 Broad Street
New York, N.Y. 10004-2498

Re: David Bryant
Reg. No. 06704-016

Dear Mr. Fitzwater:

This is in response to your letter of November 3, 2009, in which you request your client, the above-referenced inmate, be provided with a TTY device or access to an ASL interpreter. In addition, you request to receive copies of any communications between staff and inmate Bryant and a copy of the Institution Supplement regarding the administrative remedy process.

Although we do not presently possess a TTY device, we are in the process of securing the services of an interpreter.

In regard to your request for copies of all correspondence to be forwarded to you, we are unable to copy third parties on all correspondence, as it would simply be too much of an administrative burden. However, inmates do have access to a copy machine and Mr. Bryant may forward you any copies of correspondence he would like you to have.

A copy of the Institution Supplement COC 1330.16A, Informal Resolution of Inmate Complaints and Administrative Remedy Program, dated January 16, 2008, is enclosed. It is important to note that all Administrative Remedy filings must come from the inmate. The inmate may seek assistance from an outside source in filling out the form, however, the form will not be accepted if it is not received directly from the inmate (through his unit team). Additionally, if an attempt at informal resolution is not attempted by the inmate with his counselor or other unit team member, the remedy will be rejected. It is important to note a rejected remedy may ordinarily be resubmitted within an appropriate time frame.

I trust this addresses your concerns. Please contact Supervisory Attorney Jeff Campbell at 352/689-7380 with any further concerns.

Sincerely,

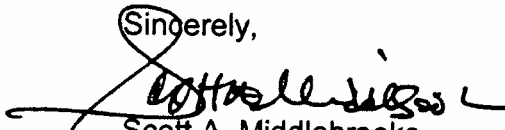

Scott A. Middlebrooks
Warden

EXHIBIT 32

EXHIBIT 33

From: Jeff Campbell
To: Gelfand, Andrew E.
Subject: Re: Inmate David Bryant (No. 06704-016)
Date: Thursday, December 10, 2009 3:25:19 PM

There's no telling what my schedule will be like tomorrow. If time permits, I'll try to drop by the visiting room tomorrow afternoon. Good luck.

>>> "Gelfand, Andrew E." <Gelfanda@sullcrom.com> 12/10/2009 1:56 PM

>>>

Dear Mr. Campbell,

My colleague, Timothea Letson, and I will be visiting our client David Bryant (06704-016) at USP Coleman I tomorrow morning. If you are available tomorrow (in the early afternoon), we think it could be useful to discuss Mr. Bryant's situation as a deaf prisoner with you. I'll be reachable by email or on my cell phone (917) 596-5348, if you would like to try to set up a time to meet.

Thanks,
Andrew

Andrew E. Gelfand
125 Broad St.
New York, New York 10004
Tel: (212) 558-4097
Fax: (212) 291-9298

This e-mail is sent by a law firm and contains information that may be privileged and confidential. If you are not the intended recipient, please delete the e-mail and notify us immediately.

This message is intended for official use and may contain SENSITIVE information. If this message contains SENSITIVE information, it should be properly delivered, labeled, stored, and disposed of according to policy."

EXHIBIT 34

From: Jeff Campbell
To: Gelfand, Andrew E.
Subject: Re: Inmate David Bryant, Register No. 06704-016
Date: Tuesday, January 12, 2010 2:41:38 PM

I will do my best to meet with you. Download the form from www.bop.gov, policy is "Administrative Remedy Procedures." I'll check on the progress on the machine.

>>> "Gelfand, Andrew E." <Gelfanda@sullcrom.com> 1/12/2010 11:33 AM
 >>>

Dear Mr. Campbell,

I write on behalf of inmate David Bryant, Register Number 06704-016, who is deaf and communicates in American Sign Language ("ASL"). Mr. Bryant requires assistance to communicate with prison staff and participate in the prison grievance process because ASL is a language with a complex grammatical structure and without a one-to-one correspondence with English. On November 30, 2009, my colleague Matt Fitzwater wrote to you about: (1) whether USP Coleman I is in the process of either obtaining a working TTY machine or hiring a qualified ASL interpreter to accommodate Mr. Bryant's communication needs; and (2) whether USP Coleman I would reconsider its denial of the reasonable accommodation of sending Matt a copy of any communication from prison officials to Mr. Bryant. I have attached a copy of Matt's Nov. 30 letter for your convenience. To date, we have not received a response.

My colleague, Timothea Letson, and I plan to visit Mr. Bryant at USP Coleman I on January 21, 2010. We'd appreciate it if you could respond to Matt's letter as soon as is reasonably possible. In addition, we request that the prison grant us the reasonable accommodation of sending us a copy of the prison's informal request for an administrative remedy form (BP-8).

When we visit the prison next week, we are available to meet with you to discuss these issues. Matt also is available at any time. You can reach him by telephone, (212) 558-1632, or email, fitzwaterrm@sullcrom.com <<mailto:fitzwaterrm@sullcrom.com>>.

Regards,
 Andrew

Andrew E. Gelfand
 125 Broad St.
 New York, New York 10004
 Tel: (212) 558-4097
 Fax: (212) 291-9298

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EXHIBIT 34

of according to policy.”

EXHIBIT 35

From: Jeff Campbell
To: Gelfand, Andrew E.
Subject: RE: Inmate David Bryant, Register No. 06704-016
Date: Wednesday, January 20, 2010 9:28:02 AM

Unfortunately I learned yesterday that I will be undergoing dental surgery on that day and will be out. I will follow up on your issue, though. Thanks.

>>> "Gelfand, Andrew E." <Gelfanda@sullcrom.com> 1/19/2010 4:03 PM >>>
Mr. Campbell,

My colleagues, Timothea Letson and Deborah Golden, and I plan to be at USP Coleman I at 9 am on Thursday to visit with Mr. Bryant. Is there a time that you would be available to meet that day?

Regards,
Andrew

-----Original Message-----

From: Jeff Campbell [<mailto:j4campbell@bop.gov>]
Sent: Tuesday, January 12, 2010 2:41 PM
To: Gelfand, Andrew E.
Subject: Re: Inmate David Bryant, Register No. 06704-016

I will do my best to meet with you. Download the form from www.bop.gov, policy is "Administrative Remedy Procedures." I'll check on the progress on the machine.

>>> "Gelfand, Andrew E." <Gelfanda@sullcrom.com> 1/12/2010 11:33 AM
>>>
Dear Mr. Campbell,

I write on behalf of inmate David Bryant, Register Number 06704-016, who is deaf and communicates in American Sign Language ("ASL"). Mr. Bryant requires assistance to communicate with prison staff and participate in the prison grievance process because ASL is a language with a complex grammatical structure and without a one-to-one correspondence with English. On November 30, 2009, my colleague Matt Fitzwater wrote to you about: (1) whether USP Coleman I is in the process of either obtaining a working TTY machine or hiring a qualified ASL interpreter to accommodate Mr. Bryant's communication needs; and (2) whether USP Coleman I would reconsider its denial of the reasonable accommodation of sending Matt a copy of any communication from prison officials to Mr. Bryant. I have attached a copy of Matt's Nov. 30 letter for your convenience. To date, we have not received a response.

My colleague, Timothea Letson, and I plan to visit Mr. Bryant at USP Coleman I on January 21, 2010. We'd appreciate it if you could respond to Matt's letter as soon as is reasonably possible. In addition, we request that the prison grant us the reasonable accommodation of sending us a copy of the prison's informal request for an administrative

EXHIBIT 35

remedy
form (BP-8).

When we visit the prison next week, we are available to meet with you to discuss these issues. Matt also is available at any time. You can reach him by telephone, (212) 558-1632, or email, fitzwaterrm@sullcrom.com <<mailto:fitzwaterrm@sullcrom.com>>.

Regards,
Andrew

Andrew E. Gelfand
125 Broad St.
New York, New York 10004
Tel: (212) 558-4097
Fax: (212) 291-9298

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This message is intended for official use and may contain SENSITIVE information. If this message contains SENSITIVE information, it should be properly delivered, labeled, stored, and disposed of according to policy."

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EXHIBIT 36

COC 1330.16.A
January 16, 2008
Attachment A

INFORMAL RESOLUTION FORM

NOTICE TO INMATE: Bureau of Prisons Program Statement 1330.13 requires that except as provided in 542.13(b) an inmate shall first present an issue of concern informally to staff and staff shall informally attempt to resolve the issue prior to submitting a BP-9. A separate form must be used for each issue.

INSTRUCTIONS: Counselors will complete and attach this form to each Request for Administrative Remedy Form (BP-9) submitted, if not informally resolved.

David Bryant
Inmate Name

06704-016
Register No.

Qtrs./Unit

Inmate Signature

1. Specific complaint (one 8 1/2" x 11" continuation page may be attached):

I am a deaf inmate and I communicate in American Sign Language ("ASL"). I cannot understand or communicate effectively with people who do not know ASL. I am unable to participate effectively in the prison's work programs because I am unable to understand or communicate with work managers and coordinators.

2. What efforts have been made by the inmate to resolve the complaint informally? To whom has the inmate spoken?

I requested work in the commissary.

3. What action does the inmate wish to be taken to correct the issue?

ASL interpreter for work programs in order to understand and communicate with work managers and coordinators.

As an alternative, a transfer to a prison with other deaf inmates and programs for the deaf.

Correctional Counselor's Comments (including actual steps taken to resolve):

AS YOU ARE IN SPECIAL HOUSING YOU WILL REMAIN UNASSIGNED. ONCE RELEASED BACK TO SPECTRA THE COMPLAINT YOU MUST SUBMIT A COO-OUT TO THAT DETAIL SUPERVISOR AND AT HIS/HER DISCRETION WHETHER THEY HIRE YOU OR NOT.

Correctional Counselor

Date

Staff Circle One:

Informally Resolved Not Informally Resolved

Unit Manager's Review

Unit Manager

Date

Distribution by Correctional Counselor:

1. If complaint is informally resolved, maintain original on file in the Unit.
2. If complaint is not informally resolved, attach original to BP-9 Form and forward to Administrative Remedy Clerk for processing.

	Inf. Resolution Form Issued to Inmate	Inf. Resolution Form Returned to Counselor	BP-9 Issued to Inmate	BP-9 Returned to Counselor	BP-9 Delivered to Admin Remedy Clerk
Date:	1/21/10	1/21/10			
Time:	1000	1300			
Counselor:	S	S			

NY12528:416076.1

EXHIBIT 36

COC 1330.16.A
January 16, 2008
Attachment A

INFORMAL RESOLUTION FORM

NOTICE TO INMATE: Bureau of Prisons Program Statement 1330.13 requires that except as provided in 542.13(b) an inmate shall first present an issue of concern informally to staff and staff shall informally attempt to resolve the issue prior to submitting a BP-9. A separate form must be used for each issue.

INSTRUCTIONS: Counselors will complete and attach this form to each Request for Administrative Remedy Form (BP-9) submitted, if not informally resolved.

David Bryant
Inmate Name

06704-016
Register No.

Qtrs./Unit

Inmate Signature

1. Specific complaint (one 8 1/2" x 11" continuation page may be attached):

I am a deaf inmate and I communicate in American Sign Language ("ASL"). I have difficulty understanding spoken English. I am unable to understand and enjoy television because the closed-captioning is not turned on.

Other inmates prevent me from keeping the closed-captioning on.

2. What efforts have been made by the inmate to resolve the complaint informally? To whom has the inmate spoken?

I have communicated with Case Manager Coffey, Counselor Dunn and have written to Warden Middlebrooks.

3. What action does the inmate wish to be taken to correct the issue?

That closed-captioning be enabled on a prison television available to me. As an alternative, a transfer to a prison with other deaf inmates and with programs for the deaf.

Correctional Counselor's Comments (including actual steps taken to resolve):

AS YOU ARE HOUSED IN SPECIAL HOUSING YOU DO NOT HAVE ACCESS TO THE TELEVISION. ONCE RELEASED TO THE COMPOUND YOU WILL HAVE ACCESS TO CLOSED CAPTIONING TELEVISION.

G. DUNN
Correctional Counselor

1/22/10
Date

Staff Circle One:

Informally Resolved

Not Informally Resolved

Unit Manager's Review

Unit Manager

1/22/10
Date

Distribution by Correctional Counselor:

1. If complaint is informally resolved, maintain original on file in the Unit.
2. If complaint is not informally resolved, attach original to BP-9 Form and forward to Administrative Remedy Clerk for processing.

	Inf. Resolution Form Issued to Inmate	Inf. Resolution Form Returned to Counselor	BP-9 Issued to Inmate	BP-9 Returned to Counselor	BP-9 Delivered to Admin Remedy Clerk
Date:	1/21/10	1/21/10			
Time:	1000	1300			
Counselor:	<u>[Signature]</u>	<u>[Signature]</u>			

NY12528:416066.1

COC 1330.16.A
January 16, 2008
Attachment A

INFORMAL RESOLUTION FORM

NOTICE TO INMATE: Bureau of Prisons Program Statement 1330.13 requires that except as provided in 542.13(b) an inmate shall first present an issue of concern informally to staff and staff shall informally attempt to resolve the issue prior to submitting a BP-9. A separate form must be used for each issue.

INSTRUCTIONS: Counselors will complete and attach this form to each Request for Administrative Remedy Form (BP-9) submitted, if not informally resolved.

David Bryant
Inmate Name

06704-016
Register No.

Qtrs./Unit

David Bryant
Inmate Signature

1. Specific complaint (one 8 1/2" x 11" continuation page may be attached):

I am a deaf inmate and am unable to use a standard telephone. I am unable to communicate with anyone outside the prison, including my family and lawyers.

2. What efforts have been made by the inmate to resolve the complaint informally? To whom has the inmate spoken?

I communicated with Case Manager Conity and Counselor Dunn. My lawyers have written to Warden Middlebrooks and attorney Jeff Campbell.

3. What action does the inmate wish to be taken to correct the issue?

The prison should get a TTY machine or a video phone, and allow use of relay service.

Correctional Counselor's Comments (including actual steps taken to resolve):

WE CURRENTLY HAVE A TTY MACHINE AVAILABLE TO YOU WHILE HOUSED IN THE SPECIAL HOUSING UNIT. HOWEVER, YOU WILL BE AFFORDED A PHONE CALL EVERY 30 DAYS AS THE REST OF THE INMATES IN SHU ARE ALLOWED.

G. DUNN IN
Correctional Counselor

1/22/10
Date

Staff Circle One:

☒ Informally Resolved

☐ Not Informally Resolved

Unit Manager's Review

[Signature]
Unit Manager

1/22/10
Date

Distribution by Correctional Counselor:

- If complaint is informally resolved, maintain original on file in the Unit.
- If complaint is not informally resolved, attach original to BP-9 Form and forward to Administrative Remedy Clerk for processing.

	Inf. Resolution Form Issued to Inmate	Inf. Resolution Form Returned to Counselor	BP-9 Issued to Inmate	BP-9 Returned to Counselor	BP-9 Delivered to Admin Remedy Clerk
Date:	<i>1/21/10</i>	<i>1/21/10</i>			
Time:	<i>1000</i>	<i>1320</i>			
Counselor:	<i>[Signature]</i>	<i>[Signature]</i>			

NY12528:416049.1

COC 1330.16.A
January 16, 2008
Attachment A

INFORMAL RESOLUTION FORM

NOTICE TO INMATE: Bureau of Prisons Program Statement 1330.13 requires that except as provided in 542.13(b) an inmate shall first present an issue of concern informally to staff and staff shall informally attempt to resolve the issue prior to submitting a BP-9. A separate form must be used for each issue.

INSTRUCTIONS: Counselors will complete and attach this form to each Request for Administrative Remedy Form (BP-9) submitted, if not informally resolved.

David Bryant
Inmate Name

06704-016
Register No.

Qtrs./Unit

Inmate Signature

1. Specific complaint (one 8 1/2" x 11" continuation page may be attached):

I am a deaf inmate. Since I am deaf, I am unable to hear even loud noises. I am unable to hear the prison's alarms. I miss important warnings and announcements.

2. What efforts have been made by the inmate to resolve the complaint informally? To whom has the inmate spoken?

3. What action does the inmate wish to be taken to correct the issue?

Strobe or vibrating alarms or a vibrating pager. As an alternative, a transfer to a prison with other deaf inmates and with programs for the deaf.

Correctional Counselor's Comments (including actual steps taken to resolve):

You are issued and in possession of bilateral hearing aids as well as batteries for your hearing aids. USPI can provide for and accommodate your specific disability and needs.

G. DUNN
Correctional Counselor

1/22/10
Date

Staff Circle One:

Informally Resolved Not Informally Resolved

Unit Manager's Review

Unit Manager

1/22/10
Date

Distribution by Correctional Counselor:

- If complaint is informally resolved, maintain original on file in the Unit.
- If complaint is not informally resolved, attach original to BP-9 Form and forward to Administrative Remedy Clerk for processing.

	Inf. Resolution Form Issued to Inmate	Inf. Resolution Form Returned to Counselor	BP-9 Issued to Inmate	BP-9 Returned to Counselor	BP-9 Delivered to Admin Remedy Clerk
Date:	1/21/10	1/21/10			
Time:	1000	1300			
Counselor:					

NY12528:416066.1

EXHIBIT 36

COC 1330.16.A
January 16, 2008
Attachment A

INFORMAL RESOLUTION FORM

NOTICE TO INMATE: Bureau of Prisons Program Statement 1330.13 requires that except as provided in 542.13(b) an inmate shall first present an issue of concern informally to staff and staff shall informally attempt to resolve the issue prior to submitting a BP-9. A separate form must be used for each issue.

INSTRUCTIONS: Counselors will complete and attach this form to each Request for Administrative Remedy Form (BP-9) submitted, if not informally resolved.

David Bryant

06704-016

Inmate Name

Register No.

Qtrs./Unit

Inmate Signature

1. Specific complaint (one 8 1/2" x 11" continuation page may be attached):

I am a deaf inmate and I communicate in American Sign Language ("ASL"). I cannot understand or communicate effectively with people who do not know ASL. I am unable to understand or communicate effectively with medical staff and healthcare providers, including mental healthcare professionals and pharmacists.

2. What efforts have been made by the inmate to resolve the complaint informally? To whom has the inmate spoken?

I have communicated with Nurse Delonzoana, Dr. Tidwell and the psychologist.

3. What action does the inmate wish to be taken to correct the issue?

ASL interpreter for communications with medical staff and healthcare providers, including mental healthcare professionals and pharmacists. As an alternative, a transfer to a prison with other deaf inmates and programs for the deaf.

Correctional Counselor's Comments (including actual steps taken to resolve):

As per Health Services they have clarified and understand your written requests. You have the ability to read lips and with your requests the various departments with favorable results.

G. DUNN

Correctional Counselor

1/22/10
Date

Staff Circle One:

Informally Resolved

Not Informally Resolved

Unit Manager's Review

R. M. [Signature]

Unit Manager

1/22/10
Date

Distribution by Correctional Counselor:

1. If complaint is informally resolved, maintain original on file in the Unit.
2. If complaint is not informally resolved, attach original to BP-9 Form and forward to Administrative Remedy Clerk for processing.

	Inf. Resolution Form Issued to Inmate	Inf. Resolution Form Returned to Counselor	BP-9 Issued to Inmate	BP-9 Returned to Counselor	BP-9 Delivered to Admin Remedy Clerk
Date:	1/21/10	1/21/10			
Time:	1000	1300			
Counselor:	[Signature]	[Signature]			

NY12528:416074.1

EXHIBIT 36

COC 1330.16.A
January 16, 2008
Attachment A

INFORMAL RESOLUTION FORM

NOTICE TO INMATE: Bureau of Prisons Program Statement 1330.13 requires that except as provided in 542.13(b) an inmate shall first present an issue of concern informally to staff and staff shall informally attempt to resolve the issue prior to submitting a BP-9. A separate form must be used for each issue.

INSTRUCTIONS: Counselors will complete and attach this form to each Request for Administrative Remedy Form (BP-9) submitted, if not informally resolved.

David Bryant
Inmate Name

06704-016
Register No.

Qtrs./Unit

[Signature]
Inmate Signature

1. Specific complaint (one 8 1/4" x 11" continuation page may be attached):

I am a deaf inmate and I communicate in American Sign Language ("ASL"). I cannot understand or communicate effectively with people who do not know ASL. I am unable to participate in the prison's education programs and vocational programs because I cannot understand or communicate effectively with the instructors or other students.

2. What efforts have been made by the inmate to resolve the complaint informally? To whom has the inmate spoken?

I have communicated with educational staff.

3. What action does the inmate wish to be taken to correct the issue?

ASL interpreter for the education programs and vocational programs in order to understand and communicate effectively with the instructors and other students. As an alternative, a transfer to a prison with other deaf inmates and programs for the deaf.

Correctional Counselor's Comments (including actual steps taken to resolve):

As per the Education Department, "All resources and curriculum have been made available to you upon request. Also the Education Department makes frequent round in Special Housing to accommodate any educational needs which assigned there."

G. DUNN

Correctional Counselor

1/22/10
Date

Staff Circle One:

Informally Resolved Not Informally Resolved

Unit Manager's Review

[Signature]

Unit Manager

1/22/10
Date

Distribution by Correctional Counselor:

1. If complaint is informally resolved, maintain original on file in the Unit.
2. If complaint is not informally resolved, attach original to BP-9 Form and forward to Administrative Remedy Clerk for processing.

	Inf. Resolution Form Issued to Inmate	Inf. Resolution Form Returned to Counselor	BP-9 Issued to Inmate	BP-9 Returned to Counselor	BP-9 Delivered to Admin Remedy Clerk
Date:	<i>1/21/10</i>	<i>1/21/10</i>	_____	_____	_____
Time:	<i>1000</i>	<i>1300</i>	_____	_____	_____
Counselor:	<i>[Signature]</i>	<i>[Signature]</i>	_____	_____	_____

NY12528-416070.1

EXHIBIT 36

COC 1330.16.A
January 16, 2008
Attachment A

INFORMAL RESOLUTION FORM

NOTICE TO INMATE: Bureau of Prisons Program Statement 1330.13 requires that except as provided in 542.13(b) an inmate shall first present an issue of concern informally to staff and staff shall informally attempt to resolve the issue prior to submitting a BP-9. A separate form must be used for each issue.

INSTRUCTIONS: Counselors will complete and attach this form to each Request for Administrative Remedy Form (BP-9) submitted, if not informally resolved.

David Bryant

06704-016

Inmate Name

Register No.

Qtrs./Unit

Inmate Signature

1. Specific complaint (one 8 1/2" x 11" continuation page may be attached):

I am a deaf inmate and I communicate in American Sign Language ("ASL"). I cannot understand or communicate effectively with people who do not know ASL. I am unable to understand or communicate effectively with the prison's ^{COs}. Among other problems, this means that I cannot hear calls for line-up.

2. What efforts have been made by the inmate to resolve the complaint informally? To whom has the inmate spoken?

3. What action does the inmate wish to be taken to correct the issue?

ASL interpreter for communications with the prison's ^{COs} and a vibrating pager for calls to line-up and other routine announcements. That the prison's ^{CO} who knows ASL be assigned to my unit as much as possible. As an alternative, a transfer to a prison with other deaf inmates and programs for the deaf.

Correctional Counselor's Comments (including actual steps taken to resolve):

Printed call-outs for inmates are provided in each housing unit for the days moves. Routine times for movements and programs are provided in the inmates A+B handbook that is issued to the inmate upon orientation to the institution.

Correctional Counselor

G. DUNN
COUNSELOR1/22/10
Date

Staff Circle One:

Informally Resolved

Not Informally Resolved

Unit Manager's Review

1/22/10
Unit Manager1/22/10
Date

Distribution by Correctional Counselor:

1. If complaint is informally resolved, maintain original on file in the Unit.
2. If complaint is not informally resolved, attach original to BP-9 Form and forward to Administrative Remedy Clerk for processing.

	Inf. Resolution Form Issued to Inmate	Inf. Resolution Form Returned to Counselor	BP-9 Issued to Inmate	BP-9 Returned to Counselor	BP-9 Delivered to Admin Remedy Clerk
Date:	1/21/10	1/21/10			
Time:	1000	1300			
Counselor:	GR	GR			

NY12528:416071.1

EXHIBIT 36

COC 1330.16.A
January 16, 2008
Attachment A

INFORMAL RESOLUTION FORM

NOTICE TO INMATE: Bureau of Prisons Program Statement 1330.13 requires that except as provided in 542.13(b) an inmate shall first present an issue of concern informally to staff and staff shall informally attempt to resolve the issue prior to submitting a BP-9. A separate form must be used for each issue.

INSTRUCTIONS: Counselors will complete and attach this form to each Request for Administrative Remedy Form (BP-9) submitted, if not informally resolved.

David Bryant
Inmate Name

06704-016
Register No.

S.H.U.
Qtrs./Unit

[Signature]
Inmate Signature

1. Specific complaint (one 8 1/2" x 11" continuation page may be attached):

I am a deaf inmate, who uses the assistance of a hearing aid. The prison, however, has failed to give me batteries for my hearing aid. Thus far I have only received batteries of the wrong size.

2. What efforts have been made by the inmate to resolve the complaint informally? To whom has the inmate spoken?

I have communicated with Case manager Coffey, the Doctor and I wrote to Warden Middlebrooks regarding my need for correct hearing aid batteries.

3. What action does the inmate wish to be taken to correct the issue?

The prison should give me batteries for my hearing aid as they are needed. The batteries need to be specific for hearing aids, e.g. size 13 or size 675.

Correctional Counselor's Comments (including actual steps taken to resolve):

Health Services has been notified of this. You have received size 13 batteries on two separate occasions which actually exceeds the allotted battery issue of every 6 months. This per Mr. Vargas, AHSA.

G. DUNN
Correctional Counselor

1/22/10
Date

Staff Circle One:

Informally Resolved Not Informally Resolved

Unit Manager's Review

[Signature]
Unit Manager

1/22/10
Date

Distribution by Correctional Counselor:

1. If complaint is informally resolved, maintain original on file in the Unit.
2. If complaint is not informally resolved, attach original to BP-9 Form and forward to Administrative Remedy Clerk for processing.

	Inf. Resolution Form Issued to Inmate	Inf. Resolution Form Returned to Counselor	BP-9 Issued to Inmate	BP-9 Returned to Counselor	BP-9 Delivered to Admin Remedy Clerk
Date:	1/21/10	1/21/10			
Time:	1300	1300			
Counselor:	<i>[Signature]</i>	<i>[Signature]</i>			

NY12528:416058.1

EXHIBIT 36

EXHIBIT 37

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Bryant, David D. 06704-016 SHU USP Coleman I
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I am a deaf inmate and I communicate in American Sign Language (ASL). I cannot understand or communicate effectively with people who do not know ASL. I am unable to participate effectively in the prison's work programs because I am unable to understand or communicate with work managers and coordinators. I was not allowed to work before I was put in the ~~SHU~~ Special Housing Unit ("SHU") and, should I be ~~not~~ released from the SHU, I still would not be able to fill out the work assignment request form or effectively communicate with work managers and coordinators without an ASL interpreter.

For these reasons, I am requesting an ASL interpreter for work programs in order to understand and communicate with work managers and coordinators. As an alternative, I request a transfer to a prison with other deaf inmates and programs for the deaf.

2-4-10
DATE

[Signature]
SIGNATURE OF REQUESTER

Part B- RESPONSE

See attached response.

RCUD FEB 10 '10

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 576335-F1

CASE NUMBER: _____

Part C- RECEIPT

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)

BP-209(13)
APRIL 1992

EXHIBIT 37

COC 1330.16.A
January 16, 2008
Attachment A

INFORMAL RESOLUTION FORM

NOTICE TO INMATE: Bureau of Prisons Program Statement 1330.13 requires that except as provided in 542.13(b) an inmate shall first present an issue of concern informally to staff and staff shall informally attempt to resolve the issue prior to submitting a BP-9. A separate form must be used for each issue.

INSTRUCTIONS: Counselors will complete and attach this form to each Request for Administrative Remedy Form (BP-9) submitted, if not informally resolved.

David Bryant
Inmate Name

06704-016
Register No.

Qtrs./Unit

Inmate Signature

1. Specific complaint (one 8 1/2" x 11" continuation page may be attached):
I am a deaf inmate and I communicate in American Sign Language ("ASL"). I cannot understand or communicate effectively with people who do not know ASL. I am unable to participate effectively in the prison's work programs because I am unable to understand or communicate with work managers and coordinators.

2. What efforts have been made by the inmate to resolve the complaint informally? To whom has the inmate spoken?
I requested work in the commissary.

3. What action does the inmate wish to be taken to correct the issue?
ASL interpreter for work programs in order to understand and communicate with work managers and coordinators.
As an alternative, a transfer to a prison with other deaf inmates and programs for the deaf.

Correctional Counselor's Comments (including actual steps taken to resolve):

AS YOU ARE IN SPECIAL HOUSING YOU WILL REMAIN UNASSIGNED. ONLY RELEASED BACK TO SPEECH THE COMPLAINT YOU MUST SUBMIT A COO-OUT TO THAT DETAIL SUPERVISOR AND AT HIS/HON DISCRETION WHETHER THEY HIRE YOU OR NOT.

Correctional Counselor

Date

Staff Circle One:

Informally Resolved Not Informally Resolved

Unit Manager's Review

Unit Manager

Date

Distribution by Correctional Counselor:

1. If complaint is informally resolved, maintain original on file in the Unit.
2. If complaint is not informally resolved, attach original to BP-9 Form and forward to Administrative Remedy Clerk for processing.

	Inf. Resolution Form Issued to Inmate	Inf. Resolution Form Returned to Counselor	BP-9 Issued to Inmate	BP-9 Returned to Counselor	BP-9 Delivered to Admin Remedy Clerk
Date:	1/21/10	1/21/10			
Time:	1000	1300			
Counselor:	<i>[Signature]</i>	<i>[Signature]</i>			

NY12528:416076.1

EXHIBIT 37

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball point pen. If attachments are needed, submit four copies. Additional instructions on reverse

From: Bryant, David D. 06704-016 544 USP Coleman I
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I am a deaf inmate, who uses the assistance of a hearing aid. The prison has failed, however, to give me batteries for my hearing aid. Thus far I have only received batteries of the wrong size. Furthermore, I need to be given correctly sized batteries more often than once every six months because the batteries do not last nearly that long.

For these reasons, I am requesting that the prison give me batteries for my hearing aid on an as needed basis. The batteries need to be specific for hearing aids, e.g. size 13 or size 675.

2-4-10
DATE

David Bryant
SIGNATURE OF REQUESTER

Part B- RESPONSE

See attached response.

RCUD FEB 10 '10

DATE _____ WARDEN OR REGIONAL DIRECTOR _____
If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.
ORIGINAL: RETURN TO INMATE CASE NUMBER: 575644-F2

Part C- RECEIPT

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION
SUBJECT: _____

DATE _____
USP EVN



RECYCLED PAPER

RECIPIENT'S SIGNATURE (STAFF MEMBER)

BP-209(10)
APRIL 1982

EXHIBIT 37

COC 1330.16.A
January 16, 2008
Attachment A

INFORMAL RESOLUTION FORM

NOTICE TO INMATE: Bureau of Prisons Program Statement 1330.13 requires that except as provided in 542.13(b) an inmate shall first present an issue of concern informally to staff and staff shall informally attempt to resolve the issue prior to submitting a BP-9. A separate form must be used for each issue.

INSTRUCTIONS: Counselors will complete and attach this form to each Request for Administrative Remedy Form (BP-9) submitted, if not informally resolved.

David Bryant
Inmate Name

06704-016
Register No.

S.H.U.
Qtrs./Unit

[Signature]
Inmate Signature

1. Specific complaint (one 8 1/2" x 11" continuation page may be attached):

I am a deaf inmate, who uses the assistance of a hearing aid. The prison, however, has failed to give me batteries for my hearing aid. Thus far I have only received batteries of the wrong size.

2. What efforts have been made by the inmate to resolve the complaint informally? To whom has the inmate spoken?

I have communicated with Case manager Coffey, the Doctor and I wrote to Warden Middlebrooks regarding my need for correct hearing aid batteries.

3. What action does the inmate wish to be taken to correct the issue?

The prison should give me batteries for my hearing aid as they are needed. The batteries need to be specific for hearing aids, e.g. size 13 or size 675.

Correctional Counselor's Comments (including actual steps taken to resolve):

Health Services has been notified of this. You have received size 13 batteries on two separate occasions which actually exceeds the allotted battery issue of every 6 months. This per Mr. Vargas, AHSA.

G. DIINN
Correctional Counselor

1/22/10
Date

Staff Circle One:

Informally Resolved Not Informally Resolved

Unit Manager's Review

[Signature]
Unit Manager

1/22/10
Date

Distribution by Correctional Counselor:

1. If complaint is informally resolved, maintain original on file in the Unit.
2. If complaint is not informally resolved, attach original to BP-9 Form and forward to Administrative Remedy Clerk for processing.

	Inf. Resolution Form Issued to Inmate	Inf. Resolution Form Returned to Counselor	BP-9 Issued to Inmate	BP-9 Returned to Counselor	BP-9 Delivered to Admin Remedy Clerk
Date:	<u>1/21/10</u>	<u>1/21/10</u>			
Time:	<u>1000</u>	<u>1300</u>			
Counselor:	<u>[Signature]</u>	<u>[Signature]</u>			

NY12528:416058.1

EXHIBIT 37

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Bryant, David D. 06704-016 SLU USP Coleman I
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I am a deaf inmate and I communicate in American Sign Language (ASL). I cannot understand or effectively communicate with people who do not know ASL. I am unable to understand or communicate effectively with medical staff and healthcare providers, including mental health professionals and pharmacists. Communication in written or spoken English, as opposed to ASL, is an ineffective way for me to communicate with these health professionals.

For these reasons I am requesting an ASL interpreter to help me communicate with medical staff and healthcare providers, including mental healthcare professionals and pharmacists. As an alternative, I request a transfer to a prison with other deaf inmates and programs for the deaf.

2-4-10
DATE

[Signature]
SIGNATURE OF REQUESTER

Part B- RESPONSE

RCU9 FEB 10 '10

See attached response.

DATE _____ WARDEN OR REGIONAL DIRECTOR _____
If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.
ORIGINAL: RETURN TO INMATE CASE NUMBER: 576336-F1
CASE NUMBER: _____
Part C- RECEIPT
Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION
SUBJECT: _____

DATE



RECIPIENT'S SIGNATURE (STAFF MEMBER)

BP-229013
APRIL 1982

EXHIBIT 37

COC 1330.16.A
January 16, 2008
Attachment A

INFORMAL RESOLUTION FORM

NOTICE TO INMATE: Bureau of Prisons Program Statement 1330.13 requires that except as provided in 542.13(b) an inmate shall first present an issue of concern informally to staff and staff shall informally attempt to resolve the issue prior to submitting a BP-9. A separate form must be used for each issue.

INSTRUCTIONS: Counselors will complete and attach this form to each Request for Administrative Remedy Form (BP-9) submitted, if not informally resolved.

David Bryant
Inmate Name

06704-016
Register No.

Qtrs./Unit

Inmate Signature

1. Specific complaint (one 8 1/2" x 11" continuation page may be attached):
I am a deaf inmate and I communicate in American Sign Language ("ASL"). I cannot understand or communicate effectively with people who do not know ASL. I am unable to understand or communicate effectively with medical staff and healthcare providers, including mental healthcare professionals and pharmacists.

2. What efforts have been made by the inmate to resolve the complaint informally? To whom has the inmate spoken?
I have communicated with Nurse Delbona, Dr. Tidwell and the psychologist.

3. What action does the inmate wish to be taken to correct the issue?
ASL interpreter for communications with medical staff and healthcare providers, including mental healthcare professionals and pharmacists. As an alternative, a transfer to a prison with other deaf inmates and programs for the deaf.

Correctional Counselor's Comments (including actual steps taken to resolve):

As per Health Services they have clarified and understand your written requests. You have the ability to read lips and write your requests. The various departments with favorable results.

G. DUNN
Correctional Counselor

1/22/10
Date

Staff Circle One:

Informally Resolved

Not Informally Resolved

Unit Manager's Review

Unit Manager

1/22/10
Date

Distribution by Correctional Counselor:

1. If complaint is informally resolved, maintain original on file in the Unit.
2. If complaint is not informally resolved, attach original to BP-9 Form and forward to Administrative Remedy Clerk for processing.

	Inf. Resolution Form Issued to Inmate	Inf. Resolution Form Returned to Counselor	BP-9 Issued to Inmate	BP-9 Returned to Counselor	BP-9 Delivered to Admin Remedy Clerk
Date:	1/21/10	1/21/10			
Time:	1000	1300			
Counselor:	<i>[Signature]</i>	<i>[Signature]</i>			

NY12528:416074.1

EXHIBIT 37

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Bryant, David D. 06704-016 SHU USP Coleman I
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I am a deaf inmate. Since I am deaf, I am unable to hear even loud noises. I am unable to hear the prison's alarms. I miss important warnings and announcements, even when I have working hearing aids.

For these reasons, I am requesting that the prison install strobes or vibrating alarms, or provide me with a vibrating pager. As an alternative, I request a transfer to a prison with other deaf inmates or programs for the deaf.

2-4-10
DATE

[Signature]
SIGNATURE OF REQUESTER

Part B- RESPONSE

See attached response.

RCVD FEB 10 '10

DATE _____ WARDEN OR REGIONAL DIRECTOR _____
If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.
ORIGINAL: RETURN TO INMATE CASE NUMBER: 576338-FI

CASE NUMBER: _____
Part C- RECEIPT
Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION
SUBJECT: _____

DATE _____ RECIPIENT'S SIGNATURE (STAFF MEMBER) _____
SP-229(13)

EXHIBIT 37

COC 1330.16.A
January 16, 2008
Attachment A

INFORMAL RESOLUTION FORM

NOTICE TO INMATE: Bureau of Prisons Program Statement 1330.13 requires that except as provided in 542.13(b) an inmate shall first present an issue of concern informally to staff and staff shall informally attempt to resolve the issue prior to submitting a BP-9. A separate form must be used for each issue.

INSTRUCTIONS: Counselors will complete and attach this form to each Request for Administrative Remedy Form (BP-9) submitted, if not informally resolved.

David Bryant

06704-016

Inmate Name

Register No.

Qtrs./Unit

Inmate Signature

1. Specific complaint (one 8 1/2" x 11" continuation page may be attached):

I am a deaf inmate. Since I am deaf, I am unable to hear even loud noises. I am unable to hear the prison's alarms. I miss important warnings and announcements.

2. What efforts have been made by the inmate to resolve the complaint informally? To whom has the inmate spoken?

3. What action does the inmate wish to be taken to correct the issue?

Strobe or vibrating alarms or a vibrating pager. As an alternative, a transfer to a prison with other deaf inmates and with programs for the deaf.

Correctional Counselor's Comments (including actual steps taken to resolve):

You are issued and in possession of brated hearing aids as well as batteries for your hearing aids. USPI can provide for and accommodate your specific disability and needs.

G. DUNN
Correctional Counselor

1/22/10
Date

Staff Circle One:

Informally Resolved

Not Informally Resolved

Unit Manager's Review

[Signature]
Unit Manager

1/22/10
Date

Distribution by Correctional Counselor:

1. If complaint is informally resolved, maintain original on file in the Unit.
2. If complaint is not informally resolved, attach original to BP-9 Form and forward to Administrative Remedy Clerk for processing.

	Inf. Resolution Form Issued to Inmate	Inf. Resolution Form Returned to Counselor	BP-9 Issued to Inmate	BP-9 Returned to Counselor	BP-9 Delivered to Admin Remedy Clerk
Date:	1/21/10	1/21/10			
Time:	1000	1310			
Counselor:	[Signature]	[Signature]			

NY12528:416066.1

EXHIBIT 37

220

UNICOR FEDERAL PRISON INDUSTRIES, INC.
LEAVENWORTH, KANSASU.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Bryant, David D. 06704-016 SHU USP Coleman I
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I am a deaf inmate and I communicate in American Sign Language ("ASL"). I have difficulty understanding spoken English. I am unable to understand and enjoy television because the closed captioning is not turned on. Other inmates prevent me from keeping the closed captioning on. I am currently being held in the Special Housing Unit because another inmate kicked me after I tried to turn on closed-captioning.

For these reasons, I am requesting that closed-captioning to be enabled on a prison television available to me. As an alternative, I request a transfer to a prison with other deaf inmates and programs for the deaf.

2-4-10
DATE

SIGNATURE OF REQUESTER

Part B- RESPONSE

RCVD FEB 10 '10

See attached response.

DATE	WARDEN OR REGIONAL DIRECTOR		
<i>If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 30 calendar days of the date of this response.</i>			
ORIGINAL: RETURN TO INMATE	CASE NUMBER: <u>57634-F1</u>		
Part C- RECEIPT			
Return to:	LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT INSTITUTION
SUBJECT:			
DATE	RECIPIENT'S SIGNATURE (STAFF MEMBER)		

9P-229
APRIL 1

EXHIBIT 37

COC 1330.16.A
January 16, 2008
Attachment A

INFORMAL RESOLUTION FORM

NOTICE TO INMATE: Bureau of Prisons Program Statement 1330.13 requires that except as provided in 542.13(b) an inmate shall first present an issue of concern informally to staff and staff shall informally attempt to resolve the issue prior to submitting a BP-9. A separate form must be used for each issue.

INSTRUCTIONS: Counselors will complete and attach this form to each Request for Administrative Remedy Form (BP-9) submitted, if not informally resolved.

David Bryant

06704-016

Inmate Name

Register No.

Qtrs./Unit

Inmate Signature

1. Specific complaint (one 8 1/2" x 11" continuation page may be attached):

I am a deaf inmate and I communicate in American Sign Language ("ASL"). I have difficulty understanding spoken English. I am unable to understand and enjoy television because the closed-captioning is not turned on.

Other inmates prevent me from keeping the closed-captioning on.

2. What efforts have been made by the inmate to resolve the complaint informally? To whom has the inmate spoken?

I have communicated with Case Manager Coffey, Counselor Dunn and have written to Warden Middlebrooks.

3. What action does the inmate wish to be taken to correct the issue?

That closed-captioning be enabled on a prison television available to me. As an alternative, a transfer to a prison with other deaf inmates and with programs for the deaf.

Correctional Counselor's Comments (including actual steps taken to resolve):

AS YOU ARE HOUSED IN SPECIAL HOUSING YOU DO NOT HAVE ACCESS TO THE TELEVISION. ONCE RELEASED TO THE COMPOUND YOU WILL HAVE ACCESS TO CLOSED CAPTIONING TELEVISION.

G. DUNN
Correctional Counselor
COUNSELOR

1/22/10
Date

Staff Circle One:

Informally Resolved

Not Informally Resolved

Unit Manager's Review

[Signature]
Unit Manager

1/22/10
Date

Distribution by Correctional Counselor:

1. If complaint is informally resolved, maintain original on file in the Unit.
2. If complaint is not informally resolved, attach original to BP-9 Form and forward to Administrative Remedy Clerk for processing.

	Inf. Resolution Form Issued to Inmate	Inf. Resolution Form Returned to Counselor	BP-9 Issued to Inmate	BP-9 Returned to Counselor	BP-9 Delivered to Admin Remedy Clerk
Date:	<u>1/21/10</u>	<u>1/21/10</u>			
Time:	<u>1000</u>	<u>1300</u>			
Counselor:	<u>[Signature]</u>	<u>[Signature]</u>			

NY12528:416066.1

EXHIBIT 37

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: <u>Bryant, David D.</u>	<u>06704-016</u>	<u>5H4</u>	<u>USP Coleman I</u>
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION

Part A- INMATE REQUEST

I am a deaf inmate and I communicate in American Sign Language ("ASL"). I cannot understand or communicate effectively with ~~the~~ people who do not know ASL and I have difficulty understanding spoken or written English. I am unable to participate in the prison's education programs and vocational programs because I cannot understand or communicate effectively with the instructors or other students.

For these reasons, I am requesting an ASL interpreter for the education programs and vocational programs in order to understand and communicate effectively with the instructors and other students. As an alternative, I request a transfer to a prison with other deaf inmates and programs for the deaf.

2-4-10
DATE

David Bryant
SIGNATURE OF REQUESTER

Part B- RESPONSE

See attached response.

RCVD FEB 10 '10

DATE	WARDEN OR REGIONAL DIRECTOR
If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.	
ORIGINAL: RETURN TO INMATE	CASE NUMBER: <u>576337-F1</u>

Part C- RECEIPT

Return to:	LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION
SUBJECT:				

DATE

USP EVN



RECEIVED BY STAFF MEMBER

RECIPIENT'S SIGNATURE (STAFF MEMBER)

BP-229(1.1)
APRIL 1992

EXHIBIT 37

COC 1330.16.A
January 16, 2008
Attachment A

INFORMAL RESOLUTION FORM

NOTICE TO INMATE: Bureau of Prisons Program Statement 1330.13 requires that except as provided in 542.13(b) an inmate shall first present an issue of concern informally to staff and staff shall informally attempt to resolve the issue prior to submitting a BP-9. A separate form must be used for each issue.

INSTRUCTIONS: Counselors will complete and attach this form to each Request for Administrative Remedy Form (BP-9) submitted, if not informally resolved.

David Bryant

06704-016

Inmate Name

Register No.

Qtrs./Unit

Inmate Signature

1. Specific complaint (one 8 1/2" x 11" continuation page may be attached):

I am a deaf inmate and I communicate in American Sign Language ("ASL"). I cannot understand or communicate effectively with people who do not know ASL. I am unable to participate in the prison's education programs and vocational programs because I cannot understand or communicate effectively with the instructors or other students.

2. What efforts have been made by the inmate to resolve the complaint informally? To whom has the inmate spoken?

I have communicated with educational staff.

3. What action does the inmate wish to be taken to correct the issue?

ASL interpreter for the education programs and vocational programs in order to understand and communicate effectively with the instructors and other students. As an alternative, a transfer to a prison with other deaf inmates and programs for the deaf.

Correctional Counselor's Comments (including actual steps taken to resolve):

As per the Education Department, "All resources and curriculum have been made available to you upon request. Also the Education Department makes frequent sound in Special Housing to accommodate any educational needs which assigned there."

G. DUNN

Correctional Counselor

1/22/10

Date

Staff Circle One:

Informally Resolved

Not Informally Resolved

Unit Manager's Review

[Signature]

Unit Manager

1/22/10

Date

Distribution by Correctional Counselor:

1. If complaint is informally resolved, maintain original on file in the Unit.
2. If complaint is not informally resolved, attach original to BP-9 Form and forward to Administrative Remedy Clerk for processing.

	Inf. Resolution Form Issued to Inmate	Inf. Resolution Form Returned to Counselor	BP-9 Issued to Inmate	BP-9 Returned to Counselor	BP-9 Delivered to Admin Remedy Clerk
Date:	1/21/10	1/21/10			
Time:	1000	1300			
Counselor:	[Signature]	[Signature]			

NY12528:416070.1

EXHIBIT 37

FEDERAL BUREAU OF PRISON INVESTIGATION
JAIL, JEFFERSON CITY, MISSOURIU.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Bryant, David O. 06704-016 SHU USP Coleman I
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I am a deaf inmate and I communicate in American Sign Language (ASL). I cannot understand or communicate effectively with people who do not know ASL. I am unable to understand or communicate effectively with the prison's COs. Among other problems, this means I cannot hear calls for lineup, the printed call-outs and routine times for movements and programs listed in the inmate handbook are insufficient. Additionally, my day-to-day interactions with COs and other prison staff cannot be reduced to writing. For these reasons, I am requesting an ASL interpreter to communicate with the prison's COs and a vibrating pager for calls to line-up and other announcements. I am also requesting that the prison CO who knows ASL be assigned to my unit as much as possible. As an alternative, I request transfer to a prison with other deaf inmates and programs for the deaf.

2-4-10

DATE

SIGNATURE OF REQUESTER

Part B- RESPONSE

RCUD FEB 10 '10

See attached response.

DATE _____ WARDEN OR REGIONAL DIRECTOR _____
 If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.
 ORIGINAL: RETURN TO INMATE CASE NUMBER 516334-F1
 Part C- RECEIPT CASE NUMBER: _____
 Return to: _____
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

EXHIBIT 37

COC 1330.16.A
January 16, 2008
Attachment A

INFORMAL RESOLUTION FORM

NOTICE TO INMATE: Bureau of Prisons Program Statement 1330.13 requires that except as provided in 542.13(b) an inmate shall first present an issue of concern informally to staff and staff shall informally attempt to resolve the issue prior to submitting a BP-9. A separate form must be used for each issue.

INSTRUCTIONS: Counselors will complete and attach this form to each Request for Administrative Remedy Form (BP-9) submitted, if not informally resolved.

David Bryant

06704-016

Inmate Name

Register No.

Qtrs./Unit

Inmate Signature

1. Specific complaint (one 8 1/2" x 11" continuation page may be attached):
I am a deaf inmate and I communicate in American Sign Language ("ASL"). I cannot understand or communicate effectively with people who do not know ASL. I am unable to understand or communicate effectively with the prison's ~~COs~~. Among other problems, this means that I cannot hear calls for line-up.

2. What efforts have been made by the inmate to resolve the complaint informally? To whom has the inmate spoken?

3. What action does the inmate wish to be taken to correct the issue?
ASL interpreter for communications with the prison's ~~COs~~ and a vibrating pager for calls to line-up and other routine announcements. That the prison's ~~CO~~ who knows ASL be assigned to my unit as much as possible. As an alternative, a transfer to a prison with other deaf inmates and programs for the deaf.

Correctional Counselor's Comments (including actual steps taken to resolve):

Printed call-outs for inmates are provided in each housing unit for the day moves. Routine times for movements and programs are provided in the inmates A+B handbook that is issued to the inmate upon orientation to the institution.

Correctional Counselor **G. DUNN**
COUNSELOR

1/22/10
Date

Staff Circle One:

Informally Resolved

Not Informally Resolved

Unit Manager's Review

[Signature]
Unit Manager

1/22/10
Date

Distribution by Correctional Counselor:

1. If complaint is informally resolved, maintain original on file in the Unit.
2. If complaint is not informally resolved, attach original to BP-9 Form and forward to Administrative Remedy Clerk for processing.

	Inf. Resolution Form Issued to Inmate	Inf. Resolution Form Returned to Counselor	BP-9 Issued to Inmate	BP-9 Returned to Counselor	BP-9 Delivered to Admin Remedy Clerk
Date:	1/21/10	1/21/10			
Time:	1000	1300			
Counselor:	<i>[Signature]</i>	<i>[Signature]</i>			

NY12528:416071.1

EXHIBIT 37

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Bryant, David D. 06704-016 544 USP Coleman I
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I am a deaf inmate and am unable to use a standard telephone. While the prison ^{now} has a TTY machine, I have been unable to connect to a relay service, which is needed to communicate with anyone outside the prison who does not use a TTY, including my family and lawyers. For these reasons, I am requesting that the prison enable its TTY machine to connect to a relay service.

2-4-10
DATE

David Bryant
SIGNATURE OF REQUESTER

Part B- RESPONSE

See attached response.

RCVD FEB 10 '10

DATE _____ WARDEN OR REGIONAL DIRECTOR _____
If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 576340-F1

Part C- RECEIPT

CASE NUMBER: _____

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT _____

DATE _____



RECIPIENT'S SIGNATURE (STAFF NUMBER) _____

BP-229(11)
APRIL 1992

EXHIBIT 37

COC 1330.16.A
January 16, 2008
Attachment A

INFORMAL RESOLUTION FORM

NOTICE TO INMATE: Bureau of Prisons Program Statement 1330.13 requires that except as provided in 542.13(b) an inmate shall first present an issue of concern informally to staff and staff shall informally attempt to resolve the issue prior to submitting a BP-9. A separate form must be used for each issue.

INSTRUCTIONS: Counselors will complete and attach this form to each Request for Administrative Remedy Form (BP-9) submitted, if not informally resolved.

David Bryant
Inmate Name

06704-016
Register No.

Qtrs./Unit

David Bryant
Inmate Signature

1. Specific complaint (one 8 1/2" x 11" continuation page may be attached):

I am a deaf inmate and am unable to use a standard telephone. I am unable to communicate with anyone outside the prison, including my family and lawyers.

2. What efforts have been made by the inmate to resolve the complaint informally? To whom has the inmate spoken?

I communicated with Case Manager Coffey and Counselor Dunn. My lawyers have written to Warden Middlebrooks and attorney Jeff Campbell.

3. What action does the inmate wish to be taken to correct the issue?

The prison should get a TTY machine or a video phone, and allow use of relay service.

Correctional Counselor's Comments (including actual steps taken to resolve):

WE CURRENTLY HAVE A TTY MACHINE AVAILABLE TO YOU WHILE HOUSED IN THE SPECIAL HOUSING UNIT. HOWEVER, YOU WILL BE AFFORDED A PHONE CALL EVERY 30 DAYS AS THE REST OF THE INMATES IN SHU ARE ALLOWED.

G. DUNN IN
Correctional Counselor

1/22/10
Date

Staff Circle One:

Informally Resolved

Not Informally Resolved

Unit Manager's Review

[Signature]
Unit Manager

1/22/10
Date

Distribution by Correctional Counselor:

1. If complaint is informally resolved, maintain original on file in the Unit.
2. If complaint is not informally resolved, attach original to BP-9 Form and forward to Administrative Remedy Clerk for processing.

	Inf. Resolution Form Issued to Inmate	Inf. Resolution Form Returned to Counselor	BP-9 Issued to Inmate	BP-9 Returned to Counselor	BP-9 Delivered to Admin Remedy Clerk
Date:	<i>1/21/10</i>	<i>1/21/10</i>			
Time:	<i>1000</i>	<i>1320</i>			
Counselor:	<i>[Signature]</i>	<i>[Signature]</i>			

NY12528:416049.1

EXHIBIT 37

EXHIBIT 38

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Bryant, David D. 06704-016 SHU USP Coleman I
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I am a deaf inmate and I communicate in American Sign Language (ASL). I cannot understand or communicate effectively with people who do not know ASL. I am unable to participate effectively in the prison's work programs because I am unable to understand or communicate with work managers and coordinators. I was not allowed to work before I was sent in the ~~SHU~~ Special Housing Unit ("SHU") and, should I be ~~not~~ released from the SHU, I still would not be able to fill out the work assignment request form or effectively communicate with work managers and coordinators without an ASL interpreter.

For these reasons, I am requesting an ASL interpreter for work programs in order to understand and communicate with work managers and coordinators. As an alternative, I request a transfer to a prison with other deaf inmates and programs for the deaf.

2-4-10
DATE

[Signature]
SIGNATURE OF REQUESTER

Part B- RESPONSE

See attached response.

RCVD FEB 10 '10

DATE _____ WARDEN OR REGIONAL DIRECTOR _____
If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 576335-F1

CASE NUMBER: _____

Part C- RECEIPT

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE _____



RECIPIENT'S SIGNATURE (STAFF MEMBER) _____

BP-200413
APRIL 1992

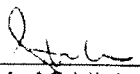
EXHIBIT 38

Response to Administrative Remedy Case Number: 576335-F1

This is in response to your request for Administrative Remedy received on February 10, 2010. You allege because you use sign language you are unable to communicate effectively with staff, specifically work managers and coordinators. You request to be assigned an interpreter or be transferred to another institution with deaf inmates and programs for the deaf.

Investigation of this matter reveals you currently have an Administrative Remedy pending regarding a request for an interpreter to assist you with communicating with correctional officers and *other prison staff* (Case No. 576334-F1). In this same case, you also request a transfer to another institution with deaf inmates and programs for the deaf and a vibrating pager for when announcement or warnings are made. The response to Case No. 576344-F1 is due to you on March 2, 2010. You should wait for the response to that case. If you are not satisfied with the response to Case No. 576344-F1, you may file an appeal through the appropriate procedures.

Accordingly, this case is closed as **REPETITIVE** of a previous filing. If you are dissatisfied with this response, you may appeal by filing a BP-DIR-10 to the Bureau of Prisons, Southeast Regional Office, Attn: Regional Director, 3800 Camp Creek Parkway, SW, Building 2000, Atlanta, Georgia 30331-6226, within twenty (20) calendar days from the date of this response.



Scott A. Middlebrooks, Warden

2/11/2011
Date

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Bryant, David D. 06704-016 544 USP Coleman I
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I am a deaf inmate and I communicate in American Sign Language (ASL). I cannot understand or effectively communicate with people who do not know ASL. I am unable to understand or communicate effectively with medical staff and healthcare providers, including mental health professionals and pharmacists. Communication in written or spoken English, as opposed to ASL, is an ineffective way for me to communicate with these health professionals.

For these reasons I am requesting an ASL interpreter to help me communicate with medical staff and healthcare providers, including mental healthcare professionals and pharmacists. As an alternative, I request a transfer to a prison with other deaf inmates and programs for the deaf.

2-4-10
DATE

[Signature]
SIGNATURE OF REQUESTER

Part B- RESPONSE

RCU0 FEB 10 '10

See attached response.

DATE _____ WARDEN OR REGIONAL DIRECTOR _____
If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 576336-F1

CASE NUMBER: _____

Part C- RECEIPT

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE _____ RECIPIENT'S SIGNATURE (STAFF MEMBER) _____

BP-229(13)
APRIL 1982

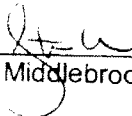
EXHIBIT 38

Response to Administrative Remedy Case Number: 576336-F1

This is in response to your request for Administrative Remedy receipted on February 10, 2010. You allege because you use sign language you are unable to communicate effectively with staff, specifically medical staff and healthcare providers. You request to be assigned an interpreter or be transferred to another institution with deaf inmates and programs for the deaf.

Investigation of this matter reveals you currently have an Administrative Remedy pending regarding a request for an interpreter to assist you with communicating with correctional officers and *other prison staff* (Case No. 576334-F1). In this same case, you also request a transfer to another institution with deaf inmates and programs for the deaf and a vibrating pager for when announcement or warnings are made. The response to Case No. 576344-F1 is due to you on March 2, 2010. You should wait for the response to that case. If you are not satisfied with the response to Case No. 576344-F1, you may file an appeal through the appropriate procedures.

Accordingly, this case is closed as **REPETITIVE** of a previous filing. If you are dissatisfied with this response, you may appeal by filing a BP-DIR-10 to the Bureau of Prisons, Southeast Regional Office, Attn: Regional Director, 3800 Camp Creek Parkway, SW, Building 2000, Atlanta, Georgia 30331-6226, within twenty (20) calendar days from the date of this response.



Scott A. Middlebrooks, Warden

2/11/2010
Date

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: <u>Bryant, David D.</u>	<u>06704-016</u>	<u>SHU</u>	<u>USP Coleman I</u>
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION

Part A- INMATE REQUEST

I am a deaf inmate and I communicate in American Sign Language ("ASL"). I cannot understand or communicate effectively with ~~the~~ people who do not know ASL and I have difficulty understanding spoken or written English. I am unable to participate in the prison's education programs and vocational programs because I cannot understand or communicate effectively with the instructors or other students.

For these reasons I am requesting an ASL interpreter for the education programs and vocational programs in order to understand and communicate effectively with the instructors and other students. As an alternative, I request a transfer to a prison with other deaf inmates and programs for the deaf.

2-4-10
DATE

David Bryant
SIGNATURE OF REQUESTER

Part B- RESPONSE

See attached response.

RCUD FEB 10 '10

DATE	WARDEN OR REGIONAL DIRECTOR
If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.	
ORIGINAL: RETURN TO INMATE	CASE NUMBER: <u>576337-F1</u>
	CASE NUMBER: _____

Part C- RECEIPT

Return to:	LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION
SUBJECT:				

DATE



RECIPIENT'S SIGNATURE (STAFF MEMBER)

USP L/N

BP-229(1.5)
FBI/DOJ 1982

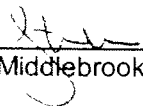
EXHIBIT 38

Response to Administrative Remedy Case Number: 576337-F1

This is in response to your request for Administrative Remedy receipted on February 10, 2010. You allege because you use sign language you are unable to communicate effectively with staff, specifically education and vocational program staff. You request to be assigned an interpreter or be transferred to another institution with deaf inmates and programs for the deaf.

Investigation of this matter reveals you currently have an Administrative Remedy pending regarding a request for an interpreter to assist you with communicating with correctional officers and *other prison staff* (Case No. 576334-F1). In this same case, you also request a transfer to another institution with deaf inmates and programs for the deaf and a vibrating pager for when announcement or warnings are made. The response to Case No. 576344-F1 is due to you on March 2, 2010. You should wait for the response to that case. If you are not satisfied with the response to Case No. 576344-F1, you may file an appeal through the appropriate procedures.

Accordingly, this case is closed as **REPETITIVE** of a previous filing. If you are dissatisfied with this response, you may appeal by filing a BP-DIR-10 to the Bureau of Prisons, Southeast Regional Office, Attn: Regional Director, 3800 Camp Creek Parkway, SW, Building 2000, Atlanta, Georgia 30331-6226, within twenty (20) calendar days from the date of this response.



Scott A. Middlebrooks, Warden

2/11/2010

Date

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Bryant, David D. 06704-016 5441 USP Coleman I
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I am a deaf inmate. Since I am deaf, I am unable to hear even loud noises. I am unable to hear the prison's alarms. I miss important warnings and announcements, even when I have working hearing aids.

For those reasons, I am requesting that the prison install strobes or vibrating alarms, or provide me with a vibrating pager. As an alternative, I request a transfer to a prison with other deaf inmates or programs for the deaf.

2-4-10
DATE

[Signature]
SIGNATURE OF REQUESTER

Part B- RESPONSE

See attached response.

RCVD FEB 10 '10

DATE _____ WARDEN OR REGIONAL DIRECTOR _____
If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.
ORIGINAL: RETURN TO INMATE CASE NUMBER: 576338-FI

Part C- RECEIPT

Return to: _____ CASE NUMBER: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE _____ RECIPIENT'S SIGNATURE (STAFF MEMBER) _____

SP-229(13)

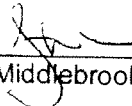
EXHIBIT 38

Response to Administrative Remedy Case Number: 576338-F1

This is in response to your request for Administrative Remedy received on February 10, 2010. You allege because you are unable to hear prison alarms and miss important warnings. Because you are deaf, you request to be providing with a vibrating pager. You also request to be transferred to another institution with deaf inmates and programs for the deaf.

Investigation of this matter reveals you currently have an Administrative Remedy pending regarding a request for an interpreter to assist you with communicating with correctional officers and other prison staff (Case No. 576334-F1). In this same case, you also request a transfer to another institution with deaf inmates and programs for the deaf and a *vibrating pager for when announcements or warnings are made*. The response to Case No. 576344-F1 is due to you on March 2, 2010. You should wait for the response to that case. If you are not satisfied with the response to Case No. 576344-F1, you may file an appeal through the appropriate procedures.

Accordingly, this case is closed as **REPETITIVE** of a previous filing. If you are dissatisfied with this response, you may appeal by filing a BP-DIR-10 to the Bureau of Prisons, Southeast Regional Office, Attn: Regional Director, 3800 Camp Creek Parkway, SW, Building 2000, Atlanta, Georgia 30331-6226, within twenty (20) calendar days from the date of this response.



Scott A. Middlebrooks, Warden

2/11/2010

Date

EXHIBIT 39

125 BROAD STREET
NEW YORK, N.Y. 10004-2498

February 25, 2010

Via email and U.S. Mail

Warden Scott A. Middlebrooks
USP Coleman I
U.S. Penitentiary
P.O. Box 1023
Coleman, FL 33521
coa/publicinformation@bop.gov

Re: Responses to Requests for Administrative Remedy
Inmate David Bryant, 06704-016

Dear Warden Middlebrooks:

I am in receipt of your February 11, 2010 Responses to Administrative Remedy for Case Numbers 576335-F1¹, 576336-F1², 57337-F1³ and 57338-F1⁴ and write to clarify those Responses and the Administrative Remedy Appeals process.

-
- ¹ In Request for Administrative Remedy Case Number 576335-F1, Mr. Bryant requests an American Sign Language ("ASL") interpreter for work programs in order to understand and communicate with work managers and coordinators, or alternatively, a transfer to a prison with other deaf inmates and programs for the deaf.
- ² In Request for Administrative Remedy Case Number 576336-F1, Mr. Bryant requests an ASL interpreter to help him communicate with medical staff and healthcare providers, including mental healthcare professionals and pharmacists, or alternatively, a transfer to a prison with other deaf inmates and programs for the deaf.
- ³ In Request for Administrative Remedy Case Number 576337-F1, Mr. Bryant requests an ASL interpreter for education programs and vocational programs in order to understand and communicate effectively with the instructors and other students, or alternatively, a transfer to a prison with other deaf inmates and programs for the deaf.

Warden Middlebrooks

-2-

As I understand it, you have consolidated the above referenced Requests for Administrative Remedy with Request for Administrative Remedy Case Number 576344-F1 and will respond to the consolidated Request for Administrative Remedy by March 2, 2010. At that time, if Mr. Bryant is unsatisfied with your Response, he may appeal the Response for the consolidated Administrative Remedy to the Bureau of Prisons' Southeast Regional Office. Any appeal of the consolidated Administrative Remedy will necessarily encompass Mr. Bryant's Requests for Administrative Remedy Case Numbers 576335-F1, 576336-F1, 57337-F1 and 57338-F1.

I am available by telephone, (212) 558-1632, email, fitzwatm@sullcrom.com, or facsimile, (212) 291-9282, at any time to discuss the underlying issue of Mr. Bryant's need for effective communication and accommodations or to discuss the specific issues raised in this letter.

Respectfully yours,

Matthew S. Fitzwater /ATK
Matthew S. Fitzwater

cc: Lisa M. Sunderman, Regional Counsel
Southeast Regional Office
Federal Bureau of Prisons
3800 Camp Creek Parkway
Building 2000
Atlanta, GA 30331

Jeff Campbell, Legal Counsel
USP Coleman I
U.S. Penitentiary
P.O. Box 1023
Coleman, FL 33521
j4campbell@bop.gov

4

In Request for Administrative Remedy Case Number 576337-F1, Mr. Bryant requests the prison to install strobes or vibrating alarms or provide him with a vibrating pager. Alternatively, Mr. Bryant requests a transfer to a prison with other deaf inmates and programs for the deaf.

EXHIBIT 40

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Bryant, David D. 06704-016 5144 USP Coleman I
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I am a deaf inmate, who uses the assistance of a hearing aid. The prison has failed, however, to give me batteries for my hearing aid. Thus far I have only received batteries of the wrong size. Furthermore, I need to be given correctly sized batteries more often than once every six months because the batteries do not last nearly that long.

For these reasons, I am requesting that the prison give me batteries for my hearing aid on an as needed basis. The batteries need to be specific for hearing aids, e.g. size 13 or size 675.

2-4-10
DATE

David Bryant
SIGNATURE OF REQUESTER

Part B- RESPONSE

See attached response.

RCUD FEB 10 '10

DATE _____ WARDEN OR REGIONAL DIRECTOR _____
If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.
ORIGINAL: RETURN TO INMATE CASE NUMBER: 575644-F2

Part C- RECEIPT

Return to: _____ CASE NUMBER: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION
SUBJECT: _____

DATE _____ RECIPIENT'S SIGNATURE (STAFF MEMBER) _____
JSP 1.0/N APRIL 1982

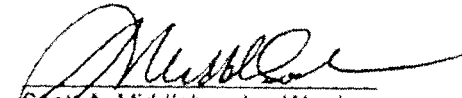
EXHIBIT 40

Response to Administrative Remedy Case No: 575644-F2

This is in response to your Request for Administrative Remedy received in this office on February 10, 2010, in which you claim you have not received batteries for your hearing aids. You allege the batteries you have are not the right size for your hearing aids.

Investigation into this matter revealed you received two pairs of size 13 hearing aids batteries as scheduled. According to manufacture specifications these type of batteries last six months with normal regular use. You will continue to have your batteries changed as scheduled by your medical provider. Your next scheduled batteries exchange is scheduled for April 10, 2010.

Accordingly, this response is for **Informational Purposes** Only. If you are dissatisfied with this response, you may appeal by filing a BP-10 to the BUREAU OF PRISONS, SOUTHEAST REGIONAL OFFICE, ATTN: REGIONAL DIRECTOR, 3800 Camp Creek Parkway, SW, Building 2000, Atlanta, GA 30331-6226, within 20 calendar days from the date of this response.


Scott A. Middlebrooks, Warden

2/22/10
Date

EXHIBIT 41

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS
1110 PENNSYLVANIA AVENUE, N.W.
WASHINGTON, D.C. 20535

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Bryant, David D. 06704-016 SHU USP Coleman I
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I am a deaf inmate and I communicate in American Sign Language (ASL). I cannot understand or communicate effectively with people who do not know ASL. I am unable to understand or communicate effectively with the prison's COs. Among other problems, this means I cannot hear calls for line-ups, the printed call-outs and routine times for movements and programs listed in the inmate handbook are insufficient. Additionally, my day-to-day interactions with COs and other prison staff cannot be reduced to writing. For these reasons, I am requesting an ASL interpreter to communicate with the prison's COs and a vibrating pager for calls to line-up and other announcements. I am also requesting that the prison CO who knows ASL be assigned to my unit as much as possible. As an alternative, I request transfer to a prison with other deaf inmates and programs for the deaf.

2-4-10

DATE

SIGNATURE OF REQUESTER

Part B- RESPONSE

RCUD FEB 10 '10

See attached response.

DATE	WARDEN OR REGIONAL DIRECTOR
If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.	
ORIGINAL: RETURN TO INMATE	CASE NUMBER <u>576334-F1</u>
Part C- RECEIPT	CASE NUMBER
Return to:	
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO. UNIT INSTITUTION

EXHIBIT 41

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Bryant, David D. 06704-016 SHU USP Coleman I
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I am a deaf inmate and I communicate in American Sign Language (ASL). I cannot understand or communicate effectively with people who do not know ASL. I am unable to participate effectively in the prison's work programs because I am unable to understand or communicate with work managers and coordinators. I was not allowed to work before I was put in the ~~SHU~~ Special Housing Unit ("SHU") and, should I be ~~not~~ released from the SHU, I still would not be able to fill out the work assignment request form or effectively communicate with work managers and coordinators without an ASL interpreter.

For these reasons, I am requesting an ASL interpreter for work programs in order to understand and communicate with work managers and coordinators. As an alternative, I request a transfer to a prison with other deaf inmates and programs for the deaf.

2-4-10
DATE

[Signature]
SIGNATURE OF REQUESTER

Part B- RESPONSE

See attached response.

RCVD FEB 10 '10

DATE _____ WARDEN OR REGIONAL DIRECTOR _____
If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 576335-F1

CASE NUMBER: _____

Part C- RECEIPT

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE _____ RECIPIENT'S SIGNATURE (STAFF MEMBER) _____

BP-209(13)
APRIL 1992

EXHIBIT 41

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: <u>Bryant, David D.</u>	<u>06704-016</u>	<u>SHU</u>	<u>USP Coleman I</u>
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION

Part A- INMATE REQUEST

I am a deaf inmate and I communicate in American Sign Language ("ASL"). I cannot understand or communicate effectively with ~~the~~ people who do not know ASL and I have difficulty understanding spoken or written English. I am unable to participate in the prison's education programs and vocational programs because I cannot understand or communicate effectively with the instructors or other students.

For these reasons, I am requesting an ASL interpreter for the education programs and vocational programs in order to understand and communicate effectively with the instructors and other students. As an alternative, I request a transfer to a prison with other deaf inmates and programs for the deaf.

2-4-10
DATE

David Bryant
SIGNATURE OF REQUESTER

Part B- RESPONSE

See attached response.

RCUD FEB 10 '10

DATE	WARDEN OR REGIONAL DIRECTOR
If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.	
ORIGINAL: RETURN TO INMATE	CASE NUMBER: <u>576337-F1</u>

Part C- RECEIPT

Return to:	LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION
SUBJECT:				

DATE



PRINTED IN REPLY ONLY

RECIPIENT'S SIGNATURE (STAFF MEMBER)

BP-2296 (3)
APRIL 1982

EXHIBIT 41

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Bryant, David D. 06704-016 SHU USP Coleman I
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I am a deaf inmate. Since I am deaf, I am unable to hear even loud noises. I am unable to hear the prison's alarms. I miss important warnings and announcements, even when I have working hearing aids.

For those reasons, I am requesting that the prison install strobes or vibrating alarms, or provide me with a vibrating pager. As an alternative, I request a transfer to a prison with other deaf inmates or programs for the deaf.

2-4-10
DATE

[Signature]
SIGNATURE OF REQUESTER

Part B- RESPONSE

See attached response.

RCUD FEB 10 '10

DATE _____ WARDEN OR REGIONAL DIRECTOR _____
If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.
ORIGINAL: RETURN TO INMATE CASE NUMBER: 576338-FI
CASE NUMBER: _____

Part C- RECEIPT

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE _____ RECIPIENT'S SIGNATURE (STAFF MEMBER) _____

SP-229(13)
2/20/10

EXHIBIT 41

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Bryant, David D. 06704-016 SLU USP Coleman I
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I am a deaf inmate and I communicate in American Sign Language (ASL). I cannot understand or effectively communicate with people who do not know ASL. I am unable to understand or communicate effectively with medical staff and healthcare providers, including mental health professionals and pharmacists. Communication in written or spoken English, as opposed to ASL, is an ineffective way for me to communicate with these health professionals.

For these reasons I am requesting an ASL interpreter to help me communicate with medical staff and healthcare providers, including mental healthcare professionals and pharmacists. As an alternative, I request a transfer to a prison with other deaf inmates and programs for the deaf.

2-4-10
DATE

David Bryant
SIGNATURE OF REQUESTER

Part B- RESPONSE

RCU0 FEB 10 '10

See attached response.

DATE _____ WARDEN OR REGIONAL DIRECTOR _____
If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 576336-F1

CASE NUMBER: _____

Part C- RECEIPT

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE _____ RECIPIENT'S SIGNATURE (STAFF MEMBER) _____

BP-229 (1)
APRIL 1982

EXHIBIT 41

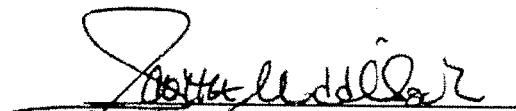
Response to Administrative Remedy Case Number: 576334-F1

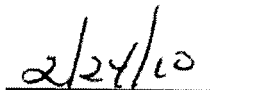
This is in response to your Request for Administrative Remedy receipted in this office on February 10, 2010, in which you request staff trained in American Sign Language (ASL) be assigned to your housing unit. In addition, you request to be provided with a vibrating pager to notify you of count time or a transfer to a facility housing hearing impaired inmates.

Investigation of this matter revealed at the present time, there are no provisions in policy to provide hearing impaired inmates with pagers or ASL trained staff. However, you are provided with a hearing aid and new batteries for the device as needed. While you maintain a vibrating pager is necessary to notify you of count time, you have never failed to be present or stand for count, as evidenced by your lack of disciplinary history for failure to stand count.

In regard to your request for a transfer, hearing impaired inmates maintain the same care level as sight impaired inmates, and thus, are housed in Care Level 1-2 facilities, as no specialized program is currently in place.

Accordingly, your request is **Denied**. If you are dissatisfied with this response, you may appeal by filing a BP-DIR-10 to the Bureau of Prisons, Southeast Regional Office, Attn: Regional Director, 3800 Camp Creek Parkway, SW, Building 2000, Atlanta, Georgia 30331-6226, within twenty (20) calendar days from the date of this response.


Scott A. Middlebrooks, Warden


Date

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Bryant, David D. 06704-016 544 USP Coleman I
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I am a deaf inmate and am unable to use a standard telephone. While the prison, ^{now} has a TTY machine, I have been unable to connect to a relay service, which is needed to communicate with anyone outside the prison who does not use a TTY, including my family and lawyers. For these reasons, I am requesting that the prison enable its TTY machine to connect to a relay service.

2-4-10
DATE

David Bryant
SIGNATURE OF REQUESTER

Part B- RESPONSE

See attached response.

RCUD FEB 10 '10

DATE _____ WARDEN OR REGIONAL DIRECTOR _____
If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 576340-F1

Part C- RECEIPT

CASE NUMBER: _____

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE _____ RECIPIENT'S SIGNATURE (STAFF MEMBER) _____
BP-22901-9
APRIL 1992

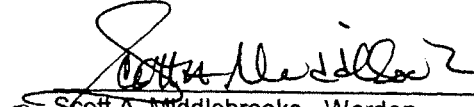
EXHIBIT 41

Response to Administrative Remedy Case Number: 576340-F1

This is in response to your Request for Administrative Remedy receipted in this office on February 10, 2010, in which you request the use of a TTY machine for calls. You wish to be connected to a relay service to make calls to non-hearing impaired contacts.

An investigation into your complaint revealed you have received several successful calls using the TTY machine, and you have used a relay service.

Accordingly, this response is for **Informational Purposes** only. If you are dissatisfied with this response, you may appeal by filing a BP-DIR-10 to the Bureau of Prisons, Southeast Regional Office, Attn: Regional Director, 3800 Camp Creek Parkway, SW, Building 2000, Atlanta, Georgia 30331-6226, within twenty (20) calendar days from the date of this response.



Scott A. Middlebrooks, Warden

2/24/10
Date

EXHIBIT 42

UNICOR FEDERAL PRISON INDUSTRIES, INC.
LEAVENWORTH, KANSASU.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Bryant, David D. 06704-016 SHU USP Coleman I
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I am a deaf inmate and I communicate in American Sign Language ("ASL"). I have difficulty understanding spoken English. I am unable to understand and enjoy television because the closed captioning is not turned on. Other inmates prevent me from keeping the closed captioning on. I am currently being held in the Special Housing Unit because another inmate kicked me after I tried to turn on closed captioning.

For these reasons, I am requesting that closed-captioning to be enabled on a prison television available to me. As an alternative, I request a transfer to a prison with other deaf inmates and programs for the deaf.

2-4-10
DATE

SIGNATURE OF REQUESTER

Part B- RESPONSE

RCVD FEB 10'10

See attached response.

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 57634-FI

CASE NUMBER: _____

Part C- RECEIPT

Return to:

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

SUBJECT: _____

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)

BP-220
APRIL 1

EXHIBIT 42

Response to Administrative Remedy Case Number: 576341-F1

This is in response to your Request for Administrative Remedy receipted in this office on February 10, 2010, in which you request a television in your assigned housing unit be programmed for closed captioning so you can enjoy television viewing. You also request to be transferred to an institution with other deaf inmates.

An investigation into your complaint revealed that prior to your placement in the Special Housing Unit (SHU), arrangements were being made for programming a television with closed captions. However, SHU inmates are not permitted television privileges. Therefore, upon your release from SHU back to general population, you may request one of the unit televisions be programmed for closed caption viewing.

Your request for transfer to an institution with other deaf inmates and programs for the deaf is being addressed in Administrative Remedy Case No. 576334-F1 and, therefore, will not be addressed again in this response.

Based on our findings, your request for Administrative Remedy is **DENIED**. If you are dissatisfied with this response, you may appeal by filing a BP-DIR-10 to the Bureau of Prisons, Southeast Regional Office, Attn: Regional Director, 3800 Camp Creek Parkway, SW, Building 2000, Atlanta, Georgia 30331-6226, within twenty (20) calendar days from the date of this response.


③ Scott A. Middlebrooks, Warden

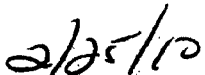

Date

EXHIBIT 43

U.S. Department of Justice

Regional Administrative Remedy Appeal

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy of the completed BP-229 (13) including any attachments must be submitted with this appeal.

From Bryant, David D. 06704-016 SHU USP Coleman I
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A - REASON FOR APPEAL

I am 2 deaf inmate and I communicate in American Sign Language ("ASL"). I have difficulty understanding spoken English. My requests for an ASL interpreter to help me communicate with COs, medical staff, mental healthcare workers, pharmacists, educational and vocational instructors, and work supervisors (detailed in the attached BPBs and BPs) have been refused and the need for my requests have not been remedied. Also, my request for a vibrating pager so that I can properly respond to prison alarms and other announcements (detailed in the attached BPBs and BPs) has been refused and the need for my request has not been remedied.

These requests, which alternatively requested a transfer to a prison that accommodates deaf inmates, were consolidated by USP Coleman I and were rejected. As detailed in the attached letter, this appeal encompasses not only my Request for Administrative Remedy Case Number 576334-FI but also my Requests for Administrative Remedy Case Numbers 576335-FI, 576336-FI, 576337-FI and 576338-FI.

3/11/2010
DATE

[Signature]
SIGNATURE OF REQUESTER

Part B - RESPONSE



DATE _____		REGIONAL DIRECTOR _____	
If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.			
ORIGINAL: RETURN TO INMATE _____		CASE NUMBER: _____	
-----		-----	
Part C - RECEIPT		CASE NUMBER: _____	
Return to: _____		_____	
LAST NAME, FIRST, MIDDLE INITIAL		REG. NO.	UNIT
SUBJECT: _____		INSTITUTION	

DATE _____

SIGNATURE, RECIPIENT OF REGIONAL APPEAL

USP LVN



BP-229 (13)
JUNE 2002

EXHIBIT 43

125 BROAD STREET
NEW YORK, N.Y. 10004-2498

February 25, 2010

Via email and U.S. Mail

Warden Scott A. Middlebrooks
USP Coleman I
U.S. Penitentiary
P.O. Box 1023
Coleman, FL 33521
coa/publicinformation@bop.gov

Re: Responses to Requests for Administrative Remedy
Inmate David Bryant, 06704-016

Dear Warden Middlebrooks:

I am in receipt of your February 11, 2010 Responses to Administrative Remedy for Case Numbers 576335-F1¹, 576336-F1², 57337-F1³ and 57338-F1⁴ and write to clarify those Responses and the Administrative Remedy Appeals process.

-
- ¹ In Request for Administrative Remedy Case Number 576335-F1, Mr. Bryant requests an American Sign Language ("ASL") interpreter for work programs in order to understand and communicate with work managers and coordinators, or alternatively, a transfer to a prison with other deaf inmates and programs for the deaf.
- ² In Request for Administrative Remedy Case Number 576336-F1, Mr. Bryant requests an ASL interpreter to help him communicate with medical staff and healthcare providers, including mental healthcare professionals and pharmacists, or alternatively, a transfer to a prison with other deaf inmates and programs for the deaf.
- ³ In Request for Administrative Remedy Case Number 576337-F1, Mr. Bryant requests an ASL interpreter for education programs and vocational programs in order to understand and communicate effectively with the instructors and other students, or alternatively, a transfer to a prison with other deaf inmates and programs for the deaf.

EXHIBIT 43

Warden Middlebrooks

-2-

As I understand it, you have consolidated the above referenced Requests for Administrative Remedy with Request for Administrative Remedy Case Number 576344-F1 and will respond to the consolidated Request for Administrative Remedy by March 2, 2010. At that time, if Mr. Bryant is unsatisfied with your Response, he may appeal the Response for the consolidated Administrative Remedy to the Bureau of Prisons' Southeast Regional Office. Any appeal of the consolidated Administrative Remedy will necessarily encompass Mr. Bryant's Requests for Administrative Remedy Case Numbers 576335-F1, 576336-F1, 57337-F1 and 57338-F1.

I am available by telephone, (212) 558-1632, email, fitzwatm@sullcrom.com, or facsimile, (212) 291-9282, at any time to discuss the underlying issue of Mr. Bryant's need for effective communication and accommodations or to discuss the specific issues raised in this letter.

Respectfully yours,

Matthew S. Fitzwater /ATK
Matthew S. Fitzwater

cc: Lisa M. Sunderman, Regional Counsel
Southeast Regional Office
Federal Bureau of Prisons
3800 Camp Creek Parkway
Building 2000
Atlanta, GA 30331

Jeff Campbell, Legal Counsel
USP Coleman I
U.S. Penitentiary
P.O. Box 1023
Coleman, FL 33521
j4campbell@bop.gov

4

In Request for Administrative Remedy Case Number 576337-F1, Mr. Bryant requests the prison to install strobes or vibrating alarms or provide him with a vibrating pager. Alternatively, Mr. Bryant requests a transfer to a prison with other deaf inmates and programs for the deaf.

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS
WASHINGTON, D.C. 20535U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type on one half-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Bryant, David D. 06704-016 SHU USP Coleman I
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I am a deaf inmate and I communicate in American Sign Language (ASL). I cannot understand or communicate effectively with people who do not know ASL. I am unable to understand or communicate effectively with the prison's COs. Among other problems, this means I cannot hear calls for line-ups, the printed callouts and routine times for movements and programs listed in the inmate handbook are insufficient. Additionally, my day-to-day interactions with COs and other prison staff cannot be reduced to writing. For these reasons, I am requesting an ASL interpreter to communicate with the prison's COs and a vibrating pager for calls to line-up and other announcements. I am also requesting that the prison CO who knows ASL be assigned to my unit as much as possible. As an alternative, I request a transfer to a prison with other deaf inmates and programs for the deaf.

2-4-10

DATE

SIGNATURE OF REQUESTER

Part B- RESPONSE

RCUD FEB 10 '10

See attached response.

DATE	WARDEN OR REGIONAL DIRECTOR
If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.	
ORIGINAL: RETURN TO INMATE	CASE NUMBER: <u>576334-FI</u>
Part C- RECEIPT	CASE NUMBER
Return to:	
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO. UNIT INSTITUTION

EXHIBIT 43

COC 1330.16.A
January 16, 2008
Attachment A

INFORMAL RESOLUTION FORM

NOTICE TO INMATE: Bureau of Prisons Program Statement 1330.13 requires that except as provided in 542.13(b) an inmate shall first present an issue of concern informally to staff and staff shall informally attempt to resolve the issue prior to submitting a BP-9. A separate form must be used for each issue.

INSTRUCTIONS: Counselors will complete and attach this form to each Request for Administrative Remedy Form (BP-9) submitted, if not informally resolved.

David Bryant
Inmate Name06704-016
Register No.

Qtrs./Unit

Inmate Signature

1. Specific complaint (one 8 1/2" x 11" continuation page may be attached):
I am a deaf inmate and I communicate in American Sign Language ("ASL"). I cannot understand or communicate effectively with people who do not know ASL. I am unable to understand or communicate effectively with the prison's ~~COs~~. Among other problems, this means that I cannot hear calls for line-up.

2. What efforts have been made by the inmate to resolve the complaint informally? To whom has the inmate spoken?

3. What action does the inmate wish to be taken to correct the issue?
ASL interpreter for communications with the prison's ~~COs~~ and a vibrating pager for calls to line-up and other routine announcements. That the prison's ~~CO~~ who knows ASL be assigned to my unit as much as possible. As an alternative, a transfer to a prison with other deaf inmates and programs for the deaf.

Correctional Counselor's Comments (including actual steps taken to resolve):

Printed call-outs for inmates are provided in each housing unit for the days moves. Routine times for movements and programs are provided in the inmates A+B handbook that is issued to the inmate upon orientation to the institution.

G. DUNN
Correctional Counselor
COUNSELOR1/22/10
Date

Staff Circle One:

Informally Resolved

Not Informally Resolved

Unit Manager's Review

Unit Manager

1/22/10
Date

Distribution by Correctional Counselor:

- If complaint is informally resolved, maintain original on file in the Unit.
- If complaint is not informally resolved, attach original to BP-9 Form and forward to Administrative Remedy Clerk for processing.

	Inf. Resolution Form Issued to Inmate	Inf. Resolution Form Returned to Counselor	BP-9 Issued to Inmate	BP-9 Returned to Counselor	BP-9 Delivered to Admin Remedy Clerk
Date:	1/21/10	1/21/10			
Time:	1000	1300			
Counselor:	SD	SD			

NY12528:416071.1

EXHIBIT 43

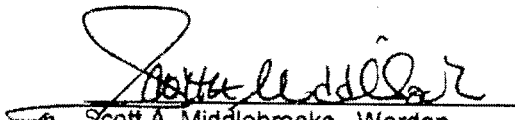
Response to Administrative Remedy Case Number: 576334-F1

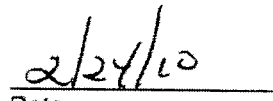
This is in response to your Request for Administrative Remedy receipted in this office on February 10, 2010, in which you request staff trained in American Sign Language (ASL) be assigned to your housing unit. In addition, you request to be provided with a vibrating pager to notify you of count time or a transfer to a facility housing hearing impaired inmates.

Investigation of this matter revealed at the present time, there are no provisions in policy to provide hearing impaired inmates with pagers or ASL trained staff. However, you are provided with a hearing aid and new batteries for the device as needed. While you maintain a vibrating pager is necessary to notify you of count time, you have never failed to be present or stand for count, as evidenced by your lack of disciplinary history for failure to stand count.

In regard to your request for a transfer, hearing impaired inmates maintain the same care level as sight impaired inmates, and thus, are housed in Care Level 1-2 facilities, as no specialized program is currently in place.

Accordingly, your request is **Denied**. If you are dissatisfied with this response, you may appeal by filing a BP-DIR-10 to the Bureau of Prisons, Southeast Regional Office, Attn: Regional Director, 3800 Camp Creek Parkway, SW, Building 2000, Atlanta, Georgia 30331-8226, within twenty (20) calendar days from the date of this response.


Scott A. Middlebrooks, Warden


Date

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Bryant, David D. 06704-016 SHU USP Coleman I
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I am a deaf inmate and I communicate in American Sign Language (ASL). I cannot understand or communicate effectively with people who do not know ASL. I am unable to participate effectively in the prison's work programs because I am unable to understand or communicate with work managers and coordinators. I was not allowed to work before I was put in the ~~SHU~~ Special Housing Unit ("SHU") and, should I be ~~not~~ released from the SHU, I still would not be able to fill out the work assignment request form or effectively communicate with work managers and coordinators without an ASL interpreter.

For these reasons, I am requesting an ASL interpreter for work programs in order to understand and communicate with work managers and coordinators. As an alternative, I request a transfer to a prison with other deaf inmates and programs for the deaf.

2-4-10
DATE

[Signature]
SIGNATURE OF REQUESTER

Part B- RESPONSE

See attached response.

RCVD FEB 10 '10

DATE _____ WARDEN OR REGIONAL DIRECTOR _____

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 576335-F1

CASE NUMBER: _____

Part C- RECEIPT

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE _____



RECIPIENT'S SIGNATURE (STAFF MEMBER)

BP-229(13)
APRIL 1992

EXHIBIT 43

COC 1330.16.A
January 16, 2008
Attachment A

INFORMAL RESOLUTION FORM

NOTICE TO INMATE: Bureau of Prisons Program Statement 1330.13 requires that except as provided in 542.13(b) an inmate shall first present an issue of concern informally to staff and staff shall informally attempt to resolve the issue prior to submitting a BP-9. A separate form must be used for each issue.

INSTRUCTIONS: Counselors will complete and attach this form to each Request for Administrative Remedy Form (BP-9) submitted, if not informally resolved.

David Bryant

06704-016

Inmate Name

Register No.

Qtrs./Unit

Inmate Signature

1. Specific complaint (one 8 1/2" x 11" continuation page may be attached):

I am a deaf inmate and I communicate in American Sign Language ("ASL"). I cannot understand or communicate effectively with people who do not know ASL. I am unable to participate effectively in the prison's work programs because I am unable to understand or communicate with work managers and coordinators.

2. What efforts have been made by the inmate to resolve the complaint informally? To whom has the inmate spoken?

I requested work in the commissary.

3. What action does the inmate wish to be taken to correct the issue?

ASL interpreter for work programs in order to understand and communicate with work managers and coordinators.

As an alternative, a transfer to a prison with other deaf inmates and programs for the deaf.

Correctional Counselor's Comments (including actual steps taken to resolve):

AS YOU ARE IN SPECIAL HOUSING YOU WILL REMAIN UNASSIGNED. ONLY RELEASED BACK TO SPECTRUM THE COMPLAINT YOU MUST SUBMIT A COO-OUT TO THAT DETAIL SUPERVISOR AND AT HIS/HER DISCRETION WHETHER THEY HIRE YOU OR NOT.

Correctional Counselor

Date

Staff Circle One:

Informally Resolved

Not Informally Resolved

Unit Manager's Review

Unit Manager

Date

Distribution by Correctional Counselor:

1. If complaint is informally resolved, maintain original on file in the Unit.
2. If complaint is not informally resolved, attach original to BP-9 Form and forward to Administrative Remedy Clerk for processing.

	Inf. Resolution Form Issued to Inmate	Inf. Resolution Form Returned to Counselor	BP-9 Issued to Inmate	BP-9 Returned to Counselor	BP-9 Delivered to Admin Remedy Clerk
Date:	1/22/10	1/22/10			
Time:	1000	1300			
Counselor:	<i>[Signature]</i>	<i>[Signature]</i>			

NY12528:416076.1

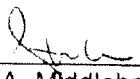
EXHIBIT 43

Response to Administrative Remedy Case Number: 576335-F1

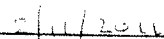
This is in response to your request for Administrative Remedy receipted on February 10, 2010. You allege because you use sign language you are unable to communicate effectively with staff, specifically work managers and coordinators. You request to be assigned an interpreter or be transferred to another institution with deaf inmates and programs for the deaf.

Investigation of this matter reveals you currently have an Administrative Remedy pending regarding a request for an interpreter to assist you with communicating with correctional officers and *other prison staff* (Case No. 576334-F1). In this same case, you also request a transfer to another institution with deaf inmates and programs for the deaf and a vibrating pager for when announcement or warnings are made. The response to Case No. 576344-F1 is due to you on March 2, 2010. You should wait for the response to that case. If you are not satisfied with the response to Case No. 576344-F1, you may file an appeal through the appropriate procedures.

Accordingly, this case is closed as **REPETITIVE** of a previous filing. If you are dissatisfied with this response, you may appeal by filing a BP-DIR-10 to the Bureau of Prisons, Southeast Regional Office, Attn: Regional Director, 3800 Camp Creek Parkway, SW, Building 2000, Atlanta, Georgia 30331-6226, within twenty (20) calendar days from the date of this response.



Scott A. Middlebrooks, Warden



Date

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Bryant, David D. 06704-016 544 USP Coleman I
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I am a deaf inmate who communicate in American Sign Language (ASL). I cannot understand or effectively communicate with people who do not know ASL. I am unable to understand or communicate effectively with medical staff and healthcare providers, including mental health professionals and pharmacists. Communication in written or spoken English, as opposed to ASL, is an ineffective way for me to communicate with these health professionals.

For these reasons I am requesting an ASL interpreter to help me communicate with medical staff and healthcare providers, including mental healthcare professionals and pharmacists. As an alternative, I request a transfer to a prison with other deaf inmates and programs for the deaf.

2-4-10
DATE

[Signature]
SIGNATURE OF REQUESTER

Part B- RESPONSE

RCU0 FEB 10 '10

See attached response.

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 576336-F1

Part C- RECEIPT

CASE NUMBER: _____

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)

BP-209(1)
APRIL 1982

EXHIBIT 43

COC 1330.16.A
January 16, 2008
Attachment A

INFORMAL RESOLUTION FORM

NOTICE TO INMATE: Bureau of Prisons Program Statement 1330.13 requires that except as provided in 542.13(b) an inmate shall first present an issue of concern informally to staff and staff shall informally attempt to resolve the issue prior to submitting a BP-9. A separate form must be used for each issue.

INSTRUCTIONS: Counselors will complete and attach this form to each Request for Administrative Remedy Form (BP-9) submitted, if not informally resolved.

David Bryant

06704-016

Inmate Name

Register No.

Qtrs./Unit

Inmate Signature

1. Specific complaint (one 8 1/2" x 11" continuation page may be attached):

I am a deaf inmate and I communicate in American Sign Language ("ASL"). I cannot understand or communicate effectively with people who do not know ASL. I am unable to understand or communicate effectively with medical staff and healthcare providers, including mental healthcare professionals and pharmacists.

2. What efforts have been made by the inmate to resolve the complaint informally? To whom has the inmate spoken?

I have communicated with Nurse Delonzoana, Dr. Tidwell and the psychologist.

3. What action does the inmate wish to be taken to correct the issue?

ASL interpreter for communications with medical staff and healthcare providers, including mental healthcare professionals and pharmacists. As an alternative, a transfer to a prison with other deaf inmates and programs for the deaf.

Correctional Counselor's Comments (including actual steps taken to resolve):

As per Health Services they have clarified and understand your written requests. You have the ability to read lips and write your requests. The various departments with favorable results.

G. DUNN

Correctional COUNSELOR

1/22/10

Date

Staff Circle One:

Informally Resolved

Not Informally Resolved

Unit Manager's Review

R. Smith

Unit Manager

1/22/10

Date

Distribution by Correctional Counselor:

1. If complaint is informally resolved, maintain original on file in the Unit.
2. If complaint is not informally resolved, attach original to BP-9 Form and forward to Administrative Remedy Clerk for processing.

	Inf. Resolution Form Issued to Inmate	Inf. Resolution Form Returned to Counselor	BP-9 Issued to Inmate	BP-9 Returned to Counselor	BP-9 Delivered to Admin Remedy Clerk
Date:	1/21/10	1/21/10			
Time:	1000	1300			
Counselor:	<i>[Signature]</i>	<i>[Signature]</i>			

NY12528:416074.1

EXHIBIT 43

Response to Administrative Remedy Case Number: 576336-F1

This is in response to your request for Administrative Remedy receipted on February 10, 2010. You allege because you use sign language you are unable to communicate effectively with staff, specifically medical staff and healthcare providers. You request to be assigned an interpreter or be transferred to another institution with deaf inmates and programs for the deaf.

Investigation of this matter reveals you currently have an Administrative Remedy pending regarding a request for an interpreter to assist you with communicating with correctional officers and *other prison staff* (Case No. 576334-F1). In this same case, you also request a transfer to another institution with deaf inmates and programs for the deaf and a vibrating pager for when announcement or warnings are made. The response to Case No. 576344-F1 is due to you on March 2, 2010. You should wait for the response to that case. If you are not satisfied with the response to Case No. 576344-F1, you may file an appeal through the appropriate procedures.

Accordingly, this case is closed as **REPETITIVE** of a previous filing. If you are dissatisfied with this response, you may appeal by filing a BP-DIR-10 to the Bureau of Prisons, Southeast Regional Office, Attn: Regional Director, 3800 Camp Creek Parkway, SW, Building 2000, Atlanta, Georgia 30331-6226, within twenty (20) calendar days from the date of this response.



Scott A. Middlebrooks, Warden

2/10/2010

Date

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Bryant, David D.	06704-016	SHU	USP Coleman I
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION

Part A- INMATE REQUEST

I am a deaf inmate and I communicate in American Sign Language ("ASL"). I cannot understand or communicate effectively with ~~the~~ people who do not know ASL and I have difficulty understanding spoken or written English. I am unable to participate in the prison's education programs and vocational programs because I cannot understand or communicate effectively with the instructors or other students.

For these reasons, I am requesting an ASL interpreter for the education programs and vocational programs in order to understand and communicate effectively with the instructors and other students. As an alternative, I request a transfer to a prison with other deaf inmates and programs for the deaf.

2-4-10
DATE

David Bryant
SIGNATURE OF REQUESTER

Part B- RESPONSE

See attached response.

RCVD FEB 10 '10

DATE	WARDEN OR REGIONAL DIRECTOR
If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.	
ORIGINAL: RETURN TO INMATE	CASE NUMBER: 576337-FI

Part C- RECEIPT

Return to:	LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION
SUBJECT:				

DATE



RECIPIENT'S SIGNATURE (STAFF MEMBER)

USP LYN

BP-229(11)
APRIL 1982

EXHIBIT 43

COC 1330.16.A
January 16, 2008
Attachment A

INFORMAL RESOLUTION FORM

NOTICE TO INMATE: Bureau of Prisons Program Statement 1330.13 requires that except as provided in 542.13(b) an inmate shall first present an issue of concern informally to staff and staff shall informally attempt to resolve the issue prior to submitting a BP-9. A separate form must be used for each issue.

INSTRUCTIONS: Counselors will complete and attach this form to each Request for Administrative Remedy Form (BP-9) submitted, if not informally resolved.

David Bryant
Inmate Name

06704-016
Register No.

Qtrs./Unit

[Signature]
Inmate Signature

1. Specific complaint (one 8 1/2" x 11" continuation page may be attached):
I am a deaf inmate and I communicate in American Sign Language ("ASL"). I cannot understand or communicate effectively with people who do not know ASL. I am unable to participate in the prison's education programs and vocational programs because I cannot understand or communicate effectively with the instructors or other students.

2. What efforts have been made by the inmate to resolve the complaint informally? To whom has the inmate spoken?
I have communicated with educational staff.

3. What action does the inmate wish to be taken to correct the issue?
ASL interpreter for the education programs and vocational programs in order to understand and communicate effectively with the instructors and other students. As an alternative, a transfer to a prison with other deaf inmates and programs for the deaf.

Correctional Counselor's Comments (including actual steps taken to resolve):

As per the Education Department, "All resources and curriculum have been made available to you upon request. Also the Education Department makes frequent sound on Special Housing to accommodate any educational needs which assigned there."

G. DUNN
CORRECTIONAL COUNSELOR

1/22/10
Date

Staff Circle One:

☒ Informally Resolved ☐ Not Informally Resolved

Unit Manager's Review

[Signature]
Unit Manager

1/22/10
Date

Distribution by Correctional Counselor:

1. If complaint is informally resolved, maintain original on file in the Unit.
2. If complaint is not informally resolved, attach original to BP-9 Form and forward to Administrative Remedy Clerk for processing.

	Inf. Resolution Form Issued to Inmate	Inf. Resolution Form Returned to Counselor	BP-9 Issued to Inmate	BP-9 Returned to Counselor	BP-9 Delivered to Admin Remedy Clerk
Date:	<i>1/21/10</i>	<i>1/21/10</i>			
Time:	<i>1000</i>	<i>1300</i>			
Counselor:	<i>[Signature]</i>	<i>[Signature]</i>			

NY12528:416070.1

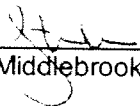
EXHIBIT 43

Response to Administrative Remedy Case Number: 576337-F1

This is in response to your request for Administrative Remedy receipted on February 10, 2010. You allege because you use sign language you are unable to communicate effectively with staff, specifically education and vocational program staff. You request to be assigned an interpreter or be transferred to another institution with deaf inmates and programs for the deaf.

Investigation of this matter reveals you currently have an Administrative Remedy pending regarding a request for an interpreter to assist you with communicating with correctional officers and *other prison staff* (Case No. 576334-F1). In this same case, you also request a transfer to another institution with deaf inmates and programs for the deaf and a vibrating pager for when announcement or warnings are made. The response to Case No. 576344-F1 is due to you on March 2, 2010. You should wait for the response to that case. If you are not satisfied with the response to Case No. 576344-F1, you may file an appeal through the appropriate procedures.

Accordingly, this case is closed as **REPETITIVE** of a previous filing. If you are dissatisfied with this response, you may appeal by filing a BP-DIR-10 to the Bureau of Prisons, Southeast Regional Office, Attn: Regional Director, 3800 Camp Creek Parkway, SW, Building 2000, Atlanta, Georgia 30331-6226, within twenty (20) calendar days from the date of this response.



Scott A. Middlebrooks, Warden

3/11/2010
Date

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Bryant, David D. 06704-016 5441 USP Coleman I
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I am a deaf inmate. Since I am deaf, I am unable to hear even loud noises. I am unable to hear the prison's alarms. I miss important warnings and announcements, even when I have working hearing aids.

For these reasons, I am requesting that the prison install strobes or vibrating alarms, or provide me with a vibrating pager. As an alternative, I request a transfer to a prison with other deaf inmates or programs for the deaf.

2-4-10
DATE

David Bryant
SIGNATURE OF REQUESTER

Part B- RESPONSE

See attached response.

RCUD FEB 10 '10

DATE _____ WARDEN OR REGIONAL DIRECTOR _____
If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 576338-FI

CASE NUMBER: _____

Part C- RECEIPT

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE _____



RECIPIENT'S SIGNATURE (STAFF MEMBER)

SP-229(13)

EXHIBIT 43

COC 1330.16.A
January 16, 2008
Attachment A

INFORMAL RESOLUTION FORM

NOTICE TO INMATE: Bureau of Prisons Program Statement 1330.13 requires that except as provided in 542.13(b) an inmate shall first present an issue of concern informally to staff and staff shall informally attempt to resolve the issue prior to submitting a BP-9. A separate form must be used for each issue.

INSTRUCTIONS: Counselors will complete and attach this form to each Request for Administrative Remedy Form (BP-9) submitted, if not informally resolved.

David Bryant

06704-016

Inmate Name

Register No.

Qtrs./Unit

Inmate Signature

1. Specific complaint (one 8 1/2" x 11" continuation page may be attached):

I am a deaf inmate. Since I am deaf, I am unable to hear even loud noises. I am unable to hear the prison's alarms. I miss important warnings and announcements.

2. What efforts have been made by the inmate to resolve the complaint informally? To whom has the inmate spoken?

3. What action does the inmate wish to be taken to correct the issue?

Strobe or vibrating alarms or a vibrating pager. As an alternative, a transfer to a prison with other deaf inmates and with programs for the deaf.

Correctional Counselor's Comments (including actual steps taken to resolve):

You are issued and in possession of brated hearing aids as well as batteries for your hearing aids. USPI can provide for and accommodate your specific disability and needs.

G. DUNN
Correctional Counselor

1/22/10
Date

Staff Circle One:

Informally Resolved

Not Informally Resolved

Unit Manager's Review

[Signature]
Unit Manager

1/22/10
Date

Distribution by Correctional Counselor:

1. If complaint is informally resolved, maintain original on file in the Unit.
2. If complaint is not informally resolved, attach original to BP-9 Form and forward to Administrative Remedy Clerk for processing.

	Inf. Resolution Form Issued to Inmate	Inf. Resolution Form Returned to Counselor	BP-9 Issued to Inmate	BP-9 Returned to Counselor	BP-9 Delivered to Admin Remedy Clerk
Date:	1/21/10	1/21/10			
Time:	1:00	1:10			
Counselor:	[Signature]	[Signature]			

NY12528:416066.1

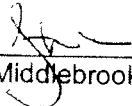
EXHIBIT 43

Response to Administrative Remedy Case Number: 576338-F1

This is in response to your request for Administrative Remedy receipted on February 10, 2010. You allege because you are unable to hear prison alarms and miss important warnings. Because you are deaf, you request to be providing with a vibrating pager. You also request to be transferred to another institution with deaf inmates and programs for the deaf.

Investigation of this matter reveals you currently have an Administrative Remedy pending regarding a request for an interpreter to assist you with communicating with correctional officers and other prison staff (Case No. 576334-F1). In this same case, you also request a transfer to another institution with deaf inmates and programs for the deaf and a *vibrating pager for when announcements or warnings are made*. The response to Case No. 576344-F1 is due to you on March 2, 2010. You should wait for the response to that case. If you are not satisfied with the response to Case No. 576344-F1, you may file an appeal through the appropriate procedures.

Accordingly, this case is closed as **REPETITIVE** of a previous filing. If you are dissatisfied with this response, you may appeal by filing a BP-DIR-10 to the Bureau of Prisons, Southeast Regional Office, Attn: Regional Director, 3800 Camp Creek Parkway, SW, Building 2000, Atlanta, Georgia 30331-6226, within twenty (20) calendar days from the date of this response.



Scott A. Middlebrooks, Warden

2/11/2010
Date

U.S. Department of Justice

Regional Administrative Remedy Appeal

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy of the completed BP-229(13) including any attachments must be submitted with this appeal.

From: Bryant, David D 06704-016 SHU USP Coleman I
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A - REASON FOR APPEAL

I am a deaf inmate and I communicate in American Sign Language ("ASL"). I have difficulty understanding spoken English. My request for access to a television with closed captioning turned on or a transfer to a prison with programs for the deaf (detailed in the attached BPS and BPR) has been refused and the need for my request has not been remedied. I should not be required, upon my release from the SHU, to have to request that a unit television be programmed for closed-caption viewing. Also, the response fails to address the safety issue for me from other inmates who do not want closed-captioning turned on. I am currently in the SHU because another inmate kicked me after I tried to turn on closed-captioning.

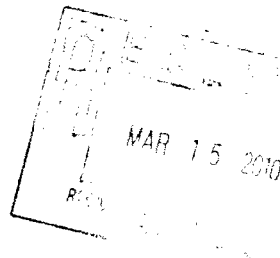
3/11/2010

DATE

David Bryant

SIGNATURE OF REQUESTER

Part B - RESPONSE



DATE

REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 576341-R1

Part C - RECEIPT

CASE NUMBER: _____

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

SUBJECT: _____

DATE

SIGNATURE, RECIPIENT OF REGIONAL APPEAL

USP 1 VN



PRINTED ON RECYCLED PAPER

BP-229(13)
JUNE 2002

EXHIBIT 43

UNICOR FEDERAL PRISON INDUSTRIES, INC.
LEAVENWORTH, KANSASU.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Bryant, David D. 06704-016 SHU USP Coleman I
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I am a deaf inmate and I communicate in American Sign Language ("ASL"). I have difficulty understanding spoken English. I am unable to understand and enjoy television because the closed-captioning is not turned on. Other inmates prevent me from keeping the closed-captioning on. I am currently being held in the Special Housing Unit because another inmate kicked me after I tried to turn on closed-captioning.

For these reasons, I am requesting that closed-captioning to be enabled on a prison television available to me. As an alternative, I request a transfer to a prison with other deaf inmates and programs for the deaf.

2-4-10
DATE

SIGNATURE OF REQUESTER

Part B- RESPONSE

RCVD FEB 10 '10

See attached response.

DATE	WARDEN OR REGIONAL DIRECTOR
If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.	
ORIGINAL: RETURN TO INMATE	CASE NUMBER: <u>57634-FI</u>
Part C- RECEIPT	
Return to:	CASE NUMBER:
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.
SUBJECT:	UNIT
DATE	INSTITUTION
RECIPIENT'S SIGNATURE (STAFF MEMBER)	

BP-229
APRIL 1:

EXHIBIT 43

COC 1330.16.A
January 16, 2008
Attachment A

INFORMAL RESOLUTION FORM

NOTICE TO INMATE: Bureau of Prisons Program Statement 1330.13 requires that except as provided in 542.13(b) an inmate shall first present an issue of concern informally to staff and staff shall informally attempt to resolve the issue prior to submitting a BP-9. A separate form must be used for each issue.

INSTRUCTIONS: Counselors will complete and attach this form to each Request for Administrative Remedy Form (BP-9) submitted, if not informally resolved.

David Bryant
Inmate Name

06704-016
Register No.

Qtrs./Unit

[Signature]
Inmate Signature

1. Specific complaint (one 8 1/2" x 11" continuation page may be attached):

I am a deaf inmate and I communicate in American Sign Language ("ASL"). I have difficulty understanding spoken English. I am unable to understand and enjoy television because the closed-captioning is not turned on.

Other inmates prevent me from keeping the closed-captioning on.

2. What efforts have been made by the inmate to resolve the complaint informally? To whom has the inmate spoken?

I have communicated with Case Manager Coffey, Counselor Dunn and have written to Warden Middlebrooks.

3. What action does the inmate wish to be taken to correct the issue?

That closed-captioning be enabled on a prison television available to me. As an alternative, a transfer to a prison with other deaf inmates and with programs for the deaf.

Correctional Counselor's Comments (including actual steps taken to resolve):

As you are housed in special housing you do not have access to the television. Once released to the compound you will have access to closed captioning television.

G. DUNN
Correctional Counselor

1/22/10
Date

Staff Circle One:

Informally Resolved Not Informally Resolved

Unit Manager's Review

[Signature]
Unit Manager

1/22/10
Date

Distribution by Correctional Counselor:

1. If complaint is informally resolved, maintain original on file in the Unit.
2. If complaint is not informally resolved, attach original to BP-9 Form and forward to Administrative Remedy Clerk for processing.

	Inf. Resolution Form Issued to Inmate	Inf. Resolution Form Returned to Counselor	BP-9 Issued to Inmate	BP-9 Returned to Counselor	BP-9 Delivered to Admin Remedy Clerk
Date:	<i>1/21/10</i>	<i>1/21/10</i>			
Time:	<i>1000</i>	<i>1300</i>			
Counselor:	<i>[Signature]</i>	<i>[Signature]</i>			

NY12528:416066.1

EXHIBIT 43

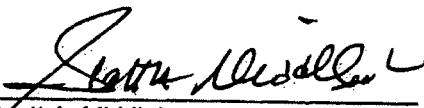
Response to Administrative Remedy Case Number: 576341-F1

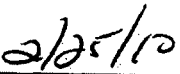
This is in response to your Request for Administrative Remedy received in this office on February 10, 2010, in which you request a television in your assigned housing unit be programmed for closed captioning so you can enjoy television viewing. You also request to be transferred to an institution with other deaf inmates.

An investigation into your complaint revealed that prior to your placement in the Special Housing Unit (SHU), arrangements were being made for programming a television with closed captions. However, SHU inmates are not permitted television privileges. Therefore, upon your release from SHU back to general population, you may request one of the unit televisions be programmed for closed caption viewing.

Your request for transfer to an institution with other deaf inmates and programs for the deaf is being addressed in Administrative Remedy Case No. 576334-F1 and, therefore, will not be addressed again in this response.

Based on our findings, your request for Administrative Remedy is **DENIED**. If you are dissatisfied with this response, you may appeal by filing a BP-DIR-10 to the Bureau of Prisons, Southeast Regional Office, Attn: Regional Director, 3800 Camp Creek Parkway, SW, Building 2000, Atlanta, Georgia 30331-6226, within twenty (20) calendar days from the date of this response.


② Scott A. Middlebrooks, Warden


Date

U.S. Department of Justice

Regional Administrative Remedy Appeal

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy of the completed BP-229(13) including any attachments must be submitted with this appeal.

From Bryant, David D. 06704-016 SHU USP Coleman
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

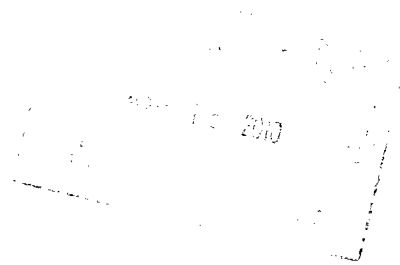
Part A - REASON FOR APPEAL

I am an deaf inmate who uses the assistance of hearing aids. My request for hearing aid batteries (detailed in the attached BP8 and BP9) has been refused and the need for my request has not been remedied. My hearing aids allow me to hear sound, but they do not function properly without strong, working batteries. I need new batteries when the old ones weaken or die, not when I am "scheduled" to receive them. The response by Warden Middlebrooks to another request I made (Case No 576334-F1) inconsistently claims that I receive new batteries for my hearing aids "as needed," but I do not.

3/11/2010
DATE

David Bryant
SIGNATURE OF REQUESTER

Part B - RESPONSE



DATE

If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 575644-R1

Part C - RECEIPT

CASE NUMBER: _____

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL

REG. NO. _____

UNIT _____

INSTITUTION _____

SUBJECT: _____

DATE

SIGNATURE, RECIPIENT OF REGIONAL APPEAL

USP LVN



PRINTED ON RECYCLED PAPER

BP-230(13)
JUNE 2002

EXHIBIT 43

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball point pen. If attachments are needed, submit four copies. Additional instructions on reverse

From: Bryant, David D. 06704-016 5144 USP Coleman I
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I am a deaf inmate, who uses the assistance of a hearing aid. The prison has failed, however, to give me batteries for my hearing aid. Thus far I have only received batteries of the wrong size. Furthermore, I need to be given correctly sized batteries more often than once every six months because the batteries do not last nearly that long.

For these reasons, I am requesting that the prison give me batteries for my hearing aid on an as needed basis. The batteries need to be specific for hearing aids, e.g. size 13 or size 675.

2-4-10
DATE

David Bryant
SIGNATURE OF REQUESTER

Part B- RESPONSE

See attached response.

RCUD FEB 10 '10

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 575644-F2

CASE NUMBER: _____

Part C- RECEIPT

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)

USP 1001



BP-229 (11)
APRIL 1982

EXHIBIT 43

COC 1330.16.A
January 16, 2008
Attachment A

INFORMAL RESOLUTION FORM

NOTICE TO INMATE: Bureau of Prisons Program Statement 1330.13 requires that except as provided in 542.13(b) an inmate shall first present an issue of concern informally to staff and staff shall informally attempt to resolve the issue prior to submitting a BP-9. A separate form must be used for each issue.

INSTRUCTIONS: Counselors will complete and attach this form to each Request for Administrative Remedy Form (BP-9) submitted, if not informally resolved.

David Bryant
Inmate Name

06704-016
Register No.

SHU
Qtrs./Unit

David Bryant
Inmate Signature

1. Specific complaint (one 8 1/2" x 11" continuation page may be attached):

I am a deaf inmate, who uses the assistance of a hearing aid. The prison, however, has failed to give me batteries for my hearing aid. Thus far I have only received batteries of the wrong size.

2. What efforts have been made by the inmate to resolve the complaint informally? To whom has the inmate spoken?

I have communicated with Case manager Coffey, the Doctor and I wrote to Warden Middlebrooks regarding my need for correct hearing aid batteries.

3. What action does the inmate wish to be taken to correct the issue?

The prison should give me batteries for my hearing aid as they are needed. The batteries need to be specific for hearing aids, e.g. size 13 or size 675.

Correctional Counselor's Comments (including actual steps taken to resolve):

Health Services has been notified of this. You have received size 13 batteries on two separate occasions which actually exceeds the allotted battery issue of every 6 months. This per Mr. Vargas, AHSA.

G. DUNN
Correctional Counselor

1/22/10
Date

Staff Circle One:

Informally Resolved Not Informally Resolved

Unit Manager's Review

[Signature]
Unit Manager

1/22/10
Date

Distribution by Correctional Counselor:

1. If complaint is informally resolved, maintain original on file in the Unit.
2. If complaint is not informally resolved, attach original to BP-9 Form and forward to Administrative Remedy Clerk for processing.

	Inf. Resolution Form Issued to Inmate	Inf. Resolution Form Returned to Counselor	BP-9 Issued to Inmate	BP-9 Returned to Counselor	BP-9 Delivered to Admin Remedy Clerk
Date:	<u>1/21/10</u>	<u>1/21/10</u>			
Time:	<u>1000</u>	<u>1300</u>			
Counselor:	<u><i>[Signature]</i></u>	<u><i>[Signature]</i></u>			

NY12528:416058.1

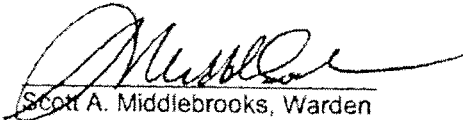
EXHIBIT 43

Response to Administrative Remedy Case No: 575644-F2

This is in response to your Request for Administrative Remedy received in this office on February 10, 2010, in which you claim you have not received batteries for your hearing aids. You allege the batteries you have are not the right size for your hearing aids.

Investigation into this matter revealed you received two pairs of size 13 hearing aids batteries as scheduled. According to manufacture specifications these type of batteries last six months with normal regular use. You will continue to have your batteries changed as scheduled by your medical provider. Your next scheduled batteries exchange is scheduled for April 10, 2010.

Accordingly, this response is for **Informational Purposes** Only. If you are dissatisfied with this response, you may appeal by filing a BP-10 to the BUREAU OF PRISONS, SOUTHEAST REGIONAL OFFICE, ATTN: REGIONAL DIRECTOR, 3800 Camp Creek Parkway, SW, Building 2000, Atlanta, GA 30331-6226, within 20 calendar days from the date of this response.


Scott A. Middlebrooks, Warden

2/22/10
Date

EXHIBIT 44

U.S. Department of Justice

Regional Administrative Remedy Appeal

Federal Bureau of Prisons

Type or use ball point pen. If attachments are needed, submit four copies. One copy of the completed BP-229(13) including any attachments must be submitted with this appeal.

From Bryant, David D. 06704-016 SHU USP Coleman I
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A - REASON FOR APPEAL

I am a deaf inmate and I communicate in American Sign Language ("ASL"). I have difficulty understanding spoken English. My requests for an ASL interpreter to help me communicate with COs, medical staff, mental healthcare workers, pharmacists, educational and vocational instructors, and work supervisors (detailed in the attached BPBs and BPs) have been refused and the need for my requests have not been remedied. Also, my request for a vibrating pager so that I can properly respond to prison alarms and other announcements (detailed in the attached BPBs and BPs) has been refused and the need for my request has not been remedied.

These requests, which alternatively requested a transfer to a prison that accommodates deaf inmates, were consolidated by USP Coleman I and were rejected. As detailed in the attached letter, this appeal encompasses not only my Request for Administrative Remedy Case Number 576334-FI but also my Requests for Administrative Remedy Case Numbers 576335-FI, 576336-FI, 576337-FI and 576338-FI.

3/11/2010
DATE

[Signature]
SIGNATURE OF REQUESTER

Part B - RESPONSE



DATE

If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

Part C - RECEIPT

CASE NUMBER: _____

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL

REG. NO. _____

UNIT _____

INSTITUTION _____

SUBJECT: _____

DATE

SIGNATURE, RECIPIENT OF REGIONAL APPEAL

USP LVN



BP-230(13)
 JUNE 2002

EXHIBIT 44

REJECTION NOTICE - ADMINISTRATIVE REMEDY

DATE: MARCH 15, 2010

FROM: ADMINISTRATIVE REMEDY COORDINATOR
SOUTHEAST REGIONAL OFFICE

TO : DAVID BRYANT, 06704-016
COLEMAN I USP UNT: L/M QTR: Z01-103UAD
P.O. BOX 1023
COLEMAN, FL 33521

FOR THE REASONS LISTED BELOW, THIS REGIONAL APPEAL
IS BEING REJECTED AND RETURNED TO YOU. YOU SHOULD INCLUDE A COPY
OF THIS NOTICE WITH ANY FUTURE CORRESPONDENCE REGARDING THE REJECTION.

REMEDY ID : 576334-R1 REGIONAL APPEAL
DATE RECEIVED : MARCH 15, 2010
SUBJECT 1 : OTHER NON-MAIL COMMUNICATION
SUBJECT 2 : TRANSFER - OTHER
INCIDENT RPT NO:

REJECT REASON 1: YOU RAISE MORE THAN ONE ISSUE/RELATED ISSUE OR APPEAL MORE
THAN ONE INCIDENT REPORT (INCIDENT NUMBER). YOU MUST
FILE A SEPARATE REQUEST/APPEAL FOR EACH UNRELATED ISSUE
OR INCIDENT REPORT YOU WANT ADDRESSED.

REJECT REASON 2: YOU MAY RESUBMIT YOUR APPEAL IN PROPER FORM WITHIN
10 DAYS OF THE DATE OF THIS REJECTION NOTICE.

EXHIBIT 45

SULLIVAN & CROMWELL LLP

TELEPHONE: 1-212-558-4000
FACSIMILE: 1-212-558-3588
WWW.SULLCROM.COM

125 Broad Street
New York, NY 10004-2498

LOS ANGELES • PALO ALTO • WASHINGTON, D.C.

FRANKFURT • LONDON • PARIS

BEIJING • HONG KONG • TOKYO

MELBOURNE • SYDNEY

March 22, 2010

Via U.S. Mail

Warden Joseph L. Norwood
USP VICTORVILLE
U.S. PENITENTIARY
P.O. BOX 5400
ADELANTO, CA 92301

Re: Request for Accommodation to Administrative Remedy Process
for Inmate David Bryant, 06704-016

Dear Warden Norwood:

Recently, David Bryant, Register Number 06704-016, was transferred to USP Victorville from USP Coleman I. As I am sure you are aware, Mr. Bryant is deaf. He communicates in American Sign Language ("ASL") and, therefore, does not communicate effectively in written or spoken English.

I, in conjunction with three of my associates and the Washington Lawyers' Committee for Civil Rights and Urban Affairs, have been retained by Mr. Bryant to enforce his rights under Section 504 of the Rehabilitation Act, including, but not limited to, the rights of reasonable accommodation for his disability and effective communication. Mr. Bryant should be provided the following accommodations at USP Victorville (to the extent they have not already been provided):

1. Access to a working teletypewriter ("TTY") or videophone. Mr. Bryant cannot communicate effectively using a regular telephone. He needs regular access to a working TTY or videophone to communicate with anyone outside the prison, including family members and his attorneys.
2. Working hearing aid batteries. Mr. Bryant uses hearing aids that allow him to hear some sound and as a result communicate more effectively.

Warden Joseph L. Norwood

-2-

However, in order for the hearing aids to be of any assistance, he must be provided working batteries. At USP Coleman I, Mr. Bryant was not provided working hearing aid batteries for months at a time and as a result his hearing aids often could not function or function properly.

3. Access to closed-captioned television. USPs Hazelton and Coleman I had televisions equipped with closed-captioning, but the other prisoners prevented Mr. Bryant from using it. In at least one instance, Mr. Bryant was prevented from using the closed-captioning by means of physical violence. Mr. Bryant should be given access to closed-captioning and protected from violence when granted such access.
4. A qualified ASL interpreter to enable him to communicate with COs, medical staff, mental healthcare workers, pharmacists, educational and vocational instructors, and work supervisors. Mr. Bryant cannot effectively write or communicate in English. Mr. Bryant's day-to-day interactions with members of the prison staff cannot be effectively reduced to writing and, without an ASL interpreter, Mr. Bryant cannot take advantage of the services to which he is entitled.
5. A vibrating pager to alert him to prison alarms and other announcements. Mr. Bryant cannot hear alarms, verbal safety warnings, and other announcements possibly subjecting him to physical danger. A vibrating pager would alert Mr. Bryant to these auditory warnings and announcements.

Mr. Bryant sought similar accommodations from both USP Hazelton and USP Coleman I. Mr. Bryant was working through the administrative remedy process at each prison, but was transferred before he could complete the process. Currently, Mr. Bryant is awaiting responses to three BP-10s he filed on March 12.

I also request that as per your obligations under § 10(b) of the Rehabilitation Act and Program Statement ("PS") 1330.16, Mr. Bryant be given the reasonable accommodation of having a copy of any communications from you or any other employee of the Bureau of Prisons to him also be sent to me, his counsel, via email or facsimile. Additionally, I request that a copy of the USP Victorville's Institutional Supplement be sent to me.

Alternatively, USP Victorville could hire a qualified ASL interpreter to assist Mr. Bryant in reviewing any communications he receives from you or other employees of the Bureau of Prisons—including responses to his administrative remedies, understanding the relevant portion of PS 1330.16, and completing any subsequent forms

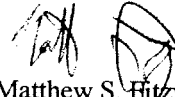
Warden Joseph L. Norwood

-3-

he must submit—or to assist Mr. Bryant in communications related to any medical care or treatment he may require.

I am available by telephone, (212) 558-1632, email, fitzwatm@sullcrom.com, or facsimile, (212) 291-9282, at any time to discuss the underlying issue of Mr. Bryant's need for accommodations so that we may resolve these issues.

Respectfully yours,



Matthew S. Fitzwater

cc: BOP Associate Gen. Counsel Paul W. Layer
Office of General Counsel
320 1st Street, NW
7th Floor
Washington, DC 20534

Harlan Penn, Regional Counsel
Western Regional Office
7338 Shoreline Drive
Stockton, CA 95219

EXHIBIT 46

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Bryant, David D. 06704-016 USP Victorville
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION
~~USP Coleman I~~

Part A- INMATE REQUEST The complaint specified in my BP-8 submitted March 29, 2010, has not been remedied. I am a deaf inmate and communicate in American Sign Language ("ASL"). I do not communicate effectively in written or spoken English and have been seeking accommodations for my disability. To that end, I was working through the BOP's administrative remedy process when I was transferred from USP Coleman I to USP Victorville. I believe this transfer was retaliatory and done to try to thwart my completion of the remedy process. The transfer has not remedied my need for accommodations and was an attempt to frustrate my use of the remedy process and my ability to communicate with my attorneys.

I request that my previous grievance processes be allowed to go forward and that I not be transferred again during the remedy process. Also, because the transfer has not remedied my need for accommodations, I request the same relief I was seeking before I was transferred. I request:

- (a) access to a working TTY or videophone that connects to a relay service on the same basis as other prisoners are permitted access to telephones;
- (b) working hearing aid batteries on an as-needed basis;
- (c) safe access to closed-captioning TV;
- (d) a qualified ASL interpreter to enable me to communicate with CAs, medical staff, medical healthcare workers, attorneys, educational/instructional, and other employees; and
- (e) a vibrating pager to alert me to prison alarms and other announcements.

4-1-10 DATE *[Signature]* SIGNATURE OF REQUESTER

Part B- RESPONSE

RECEIVED
2010 APR 15 PM 3:09
WARDEN'S OFFICE
USP VICTORVILLE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 58548-E1

CASE NUMBER: _____

Part C- RECEIPT

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)

GJP-ENR

BP-220(13)
APRIL 1982

EXHIBIT 46

EXHIBIT 47

U.S. Department of Justice

Central Office Administrative Remedy Appeal

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy each of the completed BP-229(13) and BP-230(13), including any attachments must be submitted with this appeal.

From: Bryant, David 06714-016 2-B USP Victorville
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A - REASON FOR APPEAL I am a deaf inmate and I communicate in American Sign Language ("ASL"). I have difficulty understanding spoken English. My requests for an ASL interpreter to help me communicate with CPs, medical staff, mental healthcare workers, pharmacists, educational and vocational instructors, and work supervisors (detailed in the attached BP-4s and BP-8s) have been refused and the need for my requests has not been remedied. Also, my request for a vibrating pager so that I can properly respond to prison alarms and other announcements (detailed in the attached BP-7 and BP-8) has been refused and the need for my request has not been remedied. These requests, which alternatively requested a transfer to a prison that better accommodates deaf inmates, were consolidated by USP Coleman I (see attached) and rejected. I appealed the consolidated requests, but my BP-10 was rejected because of the prison's consolidation. Further, I was transferred in the interim and received the rejection on or about April 14, 2010. I now submit a BP-11 for this issue.

4-18-10 2010 I now submit a BP-11 for this issue
 DATE SIGNATURE OF REQUESTER

Part B - RESPONSE

DATE _____ GENERAL COUNSEL _____
 ORIGINAL: RETURN TO INMATE _____ CASE NUMBER: _____
Part C - RECEIPT _____ CASE NUMBER: _____
 Return to: _____
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION
 SUBJECT: _____

DATE _____ SIGNATURE OF RECIPIENT OF CENTRAL OFFICE APPEAL _____
 BP-231(13)

EXHIBIT 47

U.S. Department of Justice

Regional Administrative Remedy Appeal

Federal Bureau of Prisons

Type or use ball point pen. If attachments are needed, submit four copies. One copy of the completed BP-229(13) including any attachments must be submitted with this appeal.

From Bryant, David D. 06704-016 SHU USP Coleman I
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A - REASON FOR APPEAL

I am a deaf inmate and I communicate in American Sign Language ('ASL'). I have difficulty understanding spoken English. My requests for an ASL interpreter to help me communicate with COs, medical staff, mental healthcare workers, pharmacists, educational and vocational instructors, and work supervisors (detailed in the attached BPs and BPs) have been refused and the need for my requests have not been remedied. Also, my request for a vibrating pager so that I can properly respond to prison alarms and other announcements (detailed in the attached BPs and BPs) has been refused and the need for my request has not been remedied.

These requests, which alternatively requested a transfer to a prison that accommodates deaf inmates, were consolidated by USP Coleman I and were rejected. As detailed in the attached letter, this appeal encompasses not only my Request for Administrative Remedy Case Number 576334-FI but also my Requests for Administrative Remedy Case Numbers 576335-FI, 576336-FI, 576337-FI and 576338-FI.

3/11/2010
DATE

[Signature]
SIGNATURE OF REQUESTER

Part B - RESPONSE



DATE

REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

Part C - RECEIPT

CASE NUMBER: _____

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL

REG. NO. _____

UNIT _____

INSTITUTION _____

SUBJECT: _____

DATE

SIGNATURE, RECIPIENT OF REGIONAL APPEAL

USP LVN

BP-230(13)
JUNE 2002

EXHIBIT 47

125 BROAD STREET
NEW YORK, N.Y. 10004-2498

February 25, 2010

Via email and U.S. Mail

Warden Scott A. Middlebrooks
USP Coleman I
U.S. Penitentiary
P.O. Box 1023
Coleman, FL 33521
coa/publicinformation@bop.gov

Re: Responses to Requests for Administrative Remedy
Inmate David Bryant, 06704-016

Dear Warden Middlebrooks:

I am in receipt of your February 11, 2010 Responses to Administrative Remedy for Case Numbers 576335-F1¹, 576336-F1², 57337-F1³ and 57338-F1⁴ and write to clarify those Responses and the Administrative Remedy Appeals process.

-
- ¹ In Request for Administrative Remedy Case Number 576335-F1, Mr. Bryant requests an American Sign Language ("ASL") interpreter for work programs in order to understand and communicate with work managers and coordinators, or alternatively, a transfer to a prison with other deaf inmates and programs for the deaf.
- ² In Request for Administrative Remedy Case Number 576336-F1, Mr. Bryant requests an ASL interpreter to help him communicate with medical staff and healthcare providers, including mental healthcare professionals and pharmacists, or alternatively, a transfer to a prison with other deaf inmates and programs for the deaf.
- ³ In Request for Administrative Remedy Case Number 576337-F1, Mr. Bryant requests an ASL interpreter for education programs and vocational programs in order to understand and communicate effectively with the instructors and other students, or alternatively, a transfer to a prison with other deaf inmates and programs for the deaf.

EXHIBIT 47

Warden Middlebrooks

-2-

As I understand it, you have consolidated the above referenced Requests for Administrative Remedy with Request for Administrative Remedy Case Number 576344-F1 and will respond to the consolidated Request for Administrative Remedy by March 2, 2010. At that time, if Mr. Bryant is unsatisfied with your Response, he may appeal the Response for the consolidated Administrative Remedy to the Bureau of Prisons' Southeast Regional Office. Any appeal of the consolidated Administrative Remedy will necessarily encompass Mr. Bryant's Requests for Administrative Remedy Case Numbers 576335-F1, 576336-F1, 57337-F1 and 57338-F1.

I am available by telephone, (212) 558-1632, email, fitzwatm@sullcrom.com, or facsimile, (212) 291-9282, at any time to discuss the underlying issue of Mr. Bryant's need for effective communication and accommodations or to discuss the specific issues raised in this letter.

Respectfully yours,

Matthew S. Fitzwater /ATK
Matthew S. Fitzwater

cc: Lisa M. Sunderman, Regional Counsel
Southeast Regional Office
Federal Bureau of Prisons
3800 Camp Creek Parkway
Building 2000
Atlanta, GA 30331

Jeff Campbell, Legal Counsel
USP Coleman I
U.S. Penitentiary
P.O. Box 1023
Coleman, FL 33521
j4campbell@bop.gov

4

In Request for Administrative Remedy Case Number 576337-F1, Mr. Bryant requests the prison to install strobes or vibrating alarms or provide him with a vibrating pager. Alternatively, Mr. Bryant requests a transfer to a prison with other deaf inmates and programs for the deaf.

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS
1315 G STREET, N.W.
WASHINGTON, D.C. 20535

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Bryant, David D. 06704-016 SHU USP Coleman I
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I am a deaf inmate and I communicate in American Sign Language (ASL). I cannot understand or communicate effectively with people who do not know ASL. I am unable to understand or communicate effectively with the prison's COs. Among other problems, this means I cannot hear calls for lineup, the printed callouts and routine times for movements and programs listed in the inmate handbook are insufficient. Additionally, my day-to-day interactions with COs and other prison staff cannot be reduced to writing. For these reasons, I am requesting an ASL interpreter ^{to communicate} with the prison's COs and a vibrating pager for calls to line-up and other announcements. I am also requesting that the prison CO who knows ASL be assigned to my unit as much as possible. As an alternative, I request transfer to a prison with other deaf inmates and programs for the deaf.

2-4-10

DATE

SIGNATURE OF REQUESTER

Part B- RESPONSE

RCUD FEB 10 '10

See attached response.

DATE	WARDEN OR REGIONAL DIRECTOR
If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.	
ORIGINAL RETURN TO INMATE	CASE NUMBER: <u>516334-F1</u>
Part C- RECEIPT	CASE NUMBER: _____
Return to:	
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO. UNIT INSTITUTION

EXHIBIT 47

COC 1330.16.A
January 16, 2008
Attachment A

INFORMAL RESOLUTION FORM

NOTICE TO INMATE: Bureau of Prisons Program Statement 1330.13 requires that except as provided in 542.13(b) an inmate shall first present an issue of concern informally to staff and staff shall informally attempt to resolve the issue prior to submitting a BP-9. A separate form must be used for each issue.

INSTRUCTIONS: Counselors will complete and attach this form to each Request for Administrative Remedy Form (BP-9) submitted, if not informally resolved.

David Bryant
Inmate Name

06704-016
Register No.

Qtrs./Unit

David Bryant
Inmate Signature

1. Specific complaint (one 8 1/4" x 11" continuation page may be attached):

I am a deaf inmate and I communicate in American Sign Language ("ASL"). I cannot understand or communicate effectively with people who do not know ASL. I am unable to understand or communicate effectively with the prison's ~~guards~~ ^{COS}. Among other problems, this means that I cannot hear calls for line-up.

2. What efforts have been made by the inmate to resolve the complaint informally? To whom has the inmate spoken?

3. What action does the inmate wish to be taken to correct the issue?

ASL interpreter for communications with the prison's ~~guards~~ ^{COS} and a vibrating pager for calls to line-up and other routine announcements. That the prison's ~~guards~~ ^{COS} who knows ASL be assigned to my unit as much as possible. As an alternative, a transfer to a prison with other deaf inmates and programs for the deaf.

Correctional Counselor's Comments (including actual steps taken to resolve):

Printed call-outs for inmates are provided in each housing unit for the days moves. Routine times for movements and programs are provided in the inmates A+O handbook that is issued to the inmate upon orientation to the institution.

G. DUNN
Correctional Counselor
COUNSELOR

1/22/10
Date

Staff Circle One:

☒ Informally Resolved

☐ Not Informally Resolved

Unit Manager's Review

[Signature]
Unit Manager

1/22/10
Date

Distribution by Correctional Counselor:

- If complaint is informally resolved, maintain original on file in the Unit.
- If complaint is not informally resolved, attach original to BP-9 Form and forward to Administrative Remedy Clerk for processing.

	Inf. Resolution Form Issued to Inmate	Inf. Resolution Form Returned to Counselor	BP-9 Issued to Inmate	BP-9 Returned to Counselor	BP-9 Delivered to Admin Remedy Clerk
Date:	<i>1/21/10</i>	<i>1/21/10</i>			
Time:	<i>1000</i>	<i>1300</i>			
Counselor:	<i>[Signature]</i>	<i>[Signature]</i>			

NY12528:416071.1

EXHIBIT 47

Response to Administrative Remedy Case Number: 576334-F1

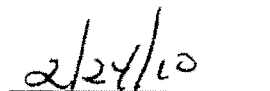
This is in response to your Request for Administrative Remedy received in this office on February 10, 2010, in which you request staff trained in American Sign Language (ASL) be assigned to your housing unit. In addition, you request to be provided with a vibrating pager to notify you of count time or a transfer to a facility housing hearing impaired inmates.

Investigation of this matter revealed at the present time, there are no provisions in policy to provide hearing impaired inmates with pagers or ASL trained staff. However, you are provided with a hearing aid and new batteries for the device as needed. While you maintain a vibrating pager is necessary to notify you of count time, you have never failed to be present or stand for count, as evidenced by your lack of disciplinary history for failure to stand count.

In regard to your request for a transfer, hearing impaired inmates maintain the same care level as sight impaired inmates, and thus, are housed in Care Level 1-2 facilities, as no specialized program is currently in place.

Accordingly, your request is **Denied**. If you are dissatisfied with this response, you may appeal by filing a BP-DIR-10 to the Bureau of Prisons, Southeast Regional Office, Attn: Regional Director, 3800 Camp Creek Parkway, SW, Building 2000, Atlanta, Georgia 30331-6226, within twenty (20) calendar days from the date of this response.


Scott A. Middlebrooks, Warden


Date

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Bryant, David D. 06704-016 544 USP Coleman I
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I am a deaf inmate and I communicate in American Sign Language (ASL). I cannot understand or communicate effectively with people who do not know ASL. I am unable to participate effectively in the prison's work programs because I am unable to understand or communicate with work managers and coordinators. I was not allowed to work before I was sent in the SHU (Special Housing Unit) and, should I be ~~not~~ released from the SHU, I still would not be able to fill out the work assignment request form or effectively communicate with work managers and coordinators without an ASL interpreter.

For these reasons, I am requesting an ASL interpreter for work programs in order to understand and communicate with work managers and coordinators. As an alternative, I request a transfer to a prison with other deaf inmates and programs for the deaf.

2-4-10
DATE

[Signature]
SIGNATURE OF REQUESTER

Part B- RESPONSE

See attached response.

RCVD FEB 10 '10

DATE _____ WARDEN OR REGIONAL DIRECTOR _____
If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.
ORIGINAL: RETURN TO INMATE CASE NUMBER: 576335-F1
CASE NUMBER: _____

Part C- RECEIPT

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION
SUBJECT: _____

DATE _____



RECIPIENT'S SIGNATURE (STATE MEMBER)

BP-229(13)
APRIL 1992

EXHIBIT 47

COC 1330.16.A
January 16, 2008
Attachment A

INFORMAL RESOLUTION FORM

NOTICE TO INMATE: Bureau of Prisons Program Statement 1330.13 requires that except as provided in 542.13(b) an inmate shall first present an issue of concern informally to staff and staff shall informally attempt to resolve the issue prior to submitting a BP-9. A separate form must be used for each issue.

INSTRUCTIONS: Counselors will complete and attach this form to each Request for Administrative Remedy Form (BP-9) submitted, if not informally resolved.

David Bryant
Inmate Name

06704-016
Register No.

Qtrs./Unit

Inmate Signature

1. Specific complaint (one 8 1/4" x 11" continuation page may be attached):
I am a deaf inmate and I communicate in American Sign Language ("ASL"). I cannot understand or communicate effectively with people who do not know ASL. I am unable to participate effectively in the prison's work programs because I am unable to understand or communicate with work managers and coordinators.

2. What efforts have been made by the inmate to resolve the complaint informally? To whom has the inmate spoken?
I requested work in the commissary.

3. What action does the inmate wish to be taken to correct the issue?
ASL interpreter for work programs in order to understand and communicate with work managers and coordinators.
As an alternative, a transfer to a prison with other deaf inmates and programs for the deaf.

Correctional Counselor's Comments (including actual steps taken to resolve):

AS YOU ARE IN SPECIAL HOUSING YOU WILL REMAIN UNASSIGNED. ONCE RELEASED BACK TO SPECTRUM THE COMPLAINT YOU MUST SUBMIT A COP-OUT TO THAT DETAIL SUPERVISOR AND AT HIS/HER DISCRETION WHETHER THEY HIRE YOU OR NOT.

Correctional Counselor
COUNSELOR

1/22/10
Date

Staff Circle One:

Informally Resolved Not Informally Resolved

Unit Manager's Review

Unit Manager

1/22/10
Date

Distribution by Correctional Counselor:

- If complaint is informally resolved, maintain original on file in the Unit.
- If complaint is not informally resolved, attach original to BP-9 Form and forward to Administrative Remedy Clerk for processing.

	Inf. Resolution Form Issued to Inmate	Inf. Resolution Form Returned to Counselor	BP-9 Issued to Inmate	BP-9 Returned to Counselor	BP-9 Delivered to Admin Remedy Clerk
Date:	1/21/10	1/21/10			
Time:	1000	1300			
Counselor:	<i>[Signature]</i>	<i>[Signature]</i>			

NY12528:416076.1

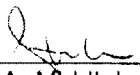
EXHIBIT 47

Response to Administrative Remedy Case Number: 576335-F1

This is in response to your request for Administrative Remedy receipted on February 10, 2010. You allege because you use sign language you are unable to communicate effectively with staff, specifically work managers and coordinators. You request to be assigned an interpreter or be transferred to another institution with deaf inmates and programs for the deaf.

Investigation of this matter reveals you currently have an Administrative Remedy pending regarding a request for an interpreter to assist you with communicating with correctional officers and *other prison staff* (Case No. 576334-F1). In this same case, you also request a transfer to another institution with deaf inmates and programs for the deaf and a vibrating pager for when announcement or warnings are made. The response to Case No. 576344-F1 is due to you on March 2, 2010. You should wait for the response to that case. If you are not satisfied with the response to Case No. 576344-F1, you may file an appeal through the appropriate procedures.

Accordingly, this case is closed as **REPETITIVE** of a previous filing. If you are dissatisfied with this response, you may appeal by filing a BP-DIR-10 to the Bureau of Prisons, Southeast Regional Office, Attn: Regional Director, 3800 Camp Creek Parkway, SW, Building 2000, Atlanta, Georgia 30331-6226, within twenty (20) calendar days from the date of this response.



Scott A. Middlebrooks, Warden

2/11/2011

Date

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Bryant, David D. 06704-016 SLU USP Coleman I
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I am a deaf inmate and I communicate in American Sign Language (ASL). I cannot understand or effectively communicate with people who do not know ASL. I am unable to understand or communicate effectively with medical staff and healthcare providers, including mental health professionals and pharmacists. Communication in written or spoken English, as opposed to ASL, is an ineffective way for me to communicate with these health professionals.

For these reasons I am requesting an ASL interpreter to help me communicate with medical staff and healthcare providers, including mental healthcare professionals and pharmacists. As an alternative, I request a transfer to a prison with other deaf inmates and programs for the deaf.

2-4-10
DATE

[Signature]
SIGNATURE OF REQUESTER

Part B- RESPONSE

RCU0 FEB 10 '10

See attached response.

DATE _____ WARDEN OR REGIONAL DIRECTOR _____
If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.
ORIGINAL: RETURN TO INMATE CASE NUMBER: 576336-F1

Part C- RECEIPT

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION
SUBJECT: _____

DATE



RECIPIENT'S SIGNATURE (STAFF MEMBER)

BP-229(11)
APRIL 1982

EXHIBIT 47

COC 1330.16.A
January 16, 2008
Attachment A

INFORMAL RESOLUTION FORM

NOTICE TO INMATE: Bureau of Prisons Program Statement 1330.13 requires that except as provided in 542.13(b) an inmate shall first present an issue of concern informally to staff and staff shall informally attempt to resolve the issue prior to submitting a BP-9. A separate form must be used for each issue.

INSTRUCTIONS: Counselors will complete and attach this form to each Request for Administrative Remedy Form (BP-9) submitted, if not informally resolved.

David Bryant
Inmate Name

06704-016
Register No.

Qtrs./Unit

Inmate Signature

1. Specific complaint (one 8 1/2" x 11" continuation page may be attached):
I am a deaf inmate and I communicate in American Sign Language ("ASL"). I cannot understand or communicate effectively with people who do not know ASL. I am unable to understand or communicate effectively with medical staff and healthcare providers, including mental healthcare professionals and pharmacists.

2. What efforts have been made by the inmate to resolve the complaint informally? To whom has the inmate spoken?
I have communicated with Nurse Delanoana, Dr. Tidwell and the psychologist.

3. What action does the inmate wish to be taken to correct the issue?
ASL interpreter for communications with medical staff and healthcare providers, including mental healthcare professionals and pharmacists. As an alternative, a transfer to a prison with other deaf inmates and programs for the deaf.

Correctional Counselor's Comments (including actual steps taken to resolve):

As per Health Services they have cleared and understand your written requests. You have the ability to read lips and write your requests the various departments with favorable results.

G. DUNN
Correctional Counselor

1/22/10
Date

Staff Circle One:

Informally Resolved

Not Informally Resolved

Unit Manager's Review

R. Smith
Unit Manager

1/22/10
Date

Distribution by Correctional Counselor:

- If complaint is informally resolved, maintain original on file in the Unit.
- If complaint is not informally resolved, attach original to BP-9 Form and forward to Administrative Remedy Clerk for processing.

	Inf. Resolution Form Issued to Inmate	Inf. Resolution Form Returned to Counselor	BP-9 Issued to Inmate	BP-9 Returned to Counselor	BP-9 Delivered to Admin Remedy Clerk
Date:	1/22/10	1/22/10			
Time:	1000	1300			
Counselor:	<u>SD</u>	<u>SD</u>			

NY12528:416074.1

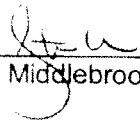
EXHIBIT 47

Response to Administrative Remedy Case Number: 576336-F1

This is in response to your request for Administrative Remedy receipted on February 10, 2010. You allege because you use sign language you are unable to communicate effectively with staff, specifically medical staff and healthcare providers. You request to be assigned an interpreter or be transferred to another institution with deaf inmates and programs for the deaf.

Investigation of this matter reveals you currently have an Administrative Remedy pending regarding a request for an interpreter to assist you with communicating with correctional officers and *other prison staff* (Case No. 576334-F1). In this same case, you also request a transfer to another institution with deaf inmates and programs for the deaf and a vibrating pager for when announcement or warnings are made. The response to Case No. 576344-F1 is due to you on March 2, 2010. You should wait for the response to that case. If you are not satisfied with the response to Case No. 576344-F1, you may file an appeal through the appropriate procedures.

Accordingly, this case is closed as **REPETITIVE** of a previous filing. If you are dissatisfied with this response, you may appeal by filing a BP-DIR-10 to the Bureau of Prisons, Southeast Regional Office, Attn: Regional Director, 3800 Camp Creek Parkway, SW, Building 2000, Atlanta, Georgia 30331-6226, within twenty (20) calendar days from the date of this response.



Scott A. Middlebrooks, Warden

2/11/2010

Date

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: <u>Bryant, David D.</u>	<u>06704-016</u>	<u>544</u>	<u>USP Coleman I</u>
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION

Part A- INMATE REQUEST

I am a deaf inmate and I communicate in American Sign Language ("ASL"). I cannot understand or communicate effectively with ~~other~~ people who do not know ASL and I have difficulty understanding spoken or written English. I am unable to participate in the prison's education programs and vocational programs because I cannot understand or communicate effectively with the instructors or other students.

For these reasons, I am requesting an ASL interpreter for the education programs and vocational programs in order to understand and communicate effectively with the instructors and other students. As an alternative, I request a transfer to a prison with other deaf inmates and programs for the deaf.

2-4-10
DATE

David Bryant
SIGNATURE OF REQUESTER

Part B- RESPONSE

See attached response.

RCVD FEB 10 '10

DATE _____ WARDEN OR REGIONAL DIRECTOR _____
If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 576337-F1

CASE NUMBER: _____

Part C- RECEIPT

Return to: _____	_____	_____	_____
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION

SUBJECT: _____

DATE _____



RECIPIENT'S SIGNATURE (STAFF MEMBER)

BP-229(1.3)
APRIL 1982

FBI/DOJ

EXHIBIT 47

COC 1330.16.A
January 16, 2008
Attachment A

INFORMAL RESOLUTION FORM

NOTICE TO INMATE: Bureau of Prisons Program Statement 1330.13 requires that except as provided in 542.13(b) an inmate shall first present an issue of concern informally to staff and staff shall informally attempt to resolve the issue prior to submitting a BP-9. A separate form must be used for each issue.

INSTRUCTIONS: Counselors will complete and attach this form to each Request for Administrative Remedy Form (BP-9) submitted, if not informally resolved.

David Bryant
Inmate Name

06704-016
Register No.

Qtrs./Unit

[Signature]
Inmate Signature

1. Specific complaint (one 8 1/2" x 11" continuation page may be attached):

I am a deaf inmate and I communicate in American Sign Language ("ASL"). I cannot understand or communicate effectively with people who do not know ASL. I am unable to participate in the prison's education programs and vocational programs because I cannot understand or communicate effectively with the instructors or other students.

2. What efforts have been made by the inmate to resolve the complaint informally? To whom has the inmate spoken?

I have communicated with educational staff.

3. What action does the inmate wish to be taken to correct the issue?

ASL interpreter for the education programs and vocational programs in order to understand and communicate effectively with the instructors and other students. As an alternative, a transfer to a prison with other deaf inmates and programs for the deaf.

Correctional Counselor's Comments (including actual steps taken to resolve):

As per the Education Department, "All resources and curriculum have been made available to you upon request. Also the Education Department makes frequent rounds in Special Housing to accommodate any educational needs which assigned there."

G. DUNN

Correctional Counselor

1/22/10
Date

Staff Circle One:

☒ Informally Resolved ☐ Not Informally Resolved

Unit Manager's Review

[Signature]
Unit Manager

1/22/10
Date

Distribution by Correctional Counselor:

1. If complaint is informally resolved, maintain original on file in the Unit.
2. If complaint is not informally resolved, attach original to BP-9 Form and forward to Administrative Remedy Clerk for processing.

	Inf. Resolution Form Issued to Inmate	Inf. Resolution Form Returned to Counselor	BP-9 Issued to Inmate	BP-9 Returned to Counselor	BP-9 Delivered to Admin Remedy Clerk
Date:	1/21/10	1/21/10			
Time:	1000	1300			
Counselor:	<i>[Signature]</i>	<i>[Signature]</i>			

NY12528:416070.1

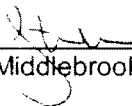
EXHIBIT 47

Response to Administrative Remedy Case Number: 576337-F1

This is in response to your request for Administrative Remedy receipted on February 10, 2010. You allege because you use sign language you are unable to communicate effectively with staff, specifically education and vocational program staff. You request to be assigned an interpreter or be transferred to another institution with deaf inmates and programs for the deaf.

Investigation of this matter reveals you currently have an Administrative Remedy pending regarding a request for an interpreter to assist you with communicating with correctional officers and *other prison staff* (Case No. 576334-F1). In this same case, you also request a transfer to another institution with deaf inmates and programs for the deaf and a vibrating pager for when announcement or warnings are made. The response to Case No. 576344-F1 is due to you on March 2, 2010. You should wait for the response to that case. If you are not satisfied with the response to Case No. 576344-F1, you may file an appeal through the appropriate procedures.

Accordingly, this case is closed as **REPETITIVE** of a previous filing. If you are dissatisfied with this response, you may appeal by filing a BP-DIR-10 to the Bureau of Prisons, Southeast Regional Office, Attn: Regional Director, 3800 Camp Creek Parkway, SW, Building 2000, Atlanta, Georgia 30331-6226, within twenty (20) calendar days from the date of this response.



Scott A. Middlebrooks, Warden

3/11/2010

Date

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Bryant, David D. 06704-016 SHU USP Coleman I
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I am a deaf inmate. Since I am deaf, I am unable to hear loud loud noises. I am unable to hear the prison's alarms. I miss important warnings and announcements, even when I have working hearing aids.

For these reasons, I am requesting that the prison install strobes or vibrating alarms, or provide me with a vibrating pager. As an alternative, I request a transfer to a prison with other deaf inmates or programs for the deaf.

2-4-10
DATE

[Signature]
SIGNATURE OF REQUESTER

Part B- RESPONSE

See attached response.

RCVD FEB 10 '10

DATE _____ WARDEN OR REGIONAL DIRECTOR _____
If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.
ORIGINAL: RETURN TO INMATE CASE NUMBER: 576338-F1

Part C- RECEIPT

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION
SUBJECT: _____

DATE _____ RECIPIENT'S SIGNATURE (STAFF MEMBER) _____
SP-229(13)

EXHIBIT 47

COC 1330.16.A
January 16, 2008
Attachment A

INFORMAL RESOLUTION FORM

NOTICE TO INMATE: Bureau of Prisons Program Statement 1330.13 requires that except as provided in 542.13(b) an inmate shall first present an issue of concern informally to staff and staff shall informally attempt to resolve the issue prior to submitting a BP-9. A separate form must be used for each issue.

INSTRUCTIONS: Counselors will complete and attach this form to each Request for Administrative Remedy Form (BP-9) submitted, if not informally resolved.

David Bryant
Inmate Name

06704-016
Register No.

Qtrs./Unit

Inmate Signature

1. Specific complaint (one 8 1/4" x 11" continuation page may be attached):

I am a deaf inmate. Since I am deaf, I am unable to hear even loud noises. I am unable to hear the prison's alarms. I miss important warnings and announcements.

2. What efforts have been made by the inmate to resolve the complaint informally? To whom has the inmate spoken?

3. What action does the inmate wish to be taken to correct the issue?

Strobe or vibrating alarms or a vibrating pager. As an alternative, a transfer to a prison with other deaf inmates and with programs for the deaf.

Correctional Counselor's Comments (including actual steps taken to resolve):

You are issued and in possession of brated hearing aids as well as batteries for your hearing aids. USP can provide for and accommodate your specific disability and needs.

G. DUNN
Correctional Counselor

1/22/10
Date

Staff Circle One:

Informally Resolved Not Informally Resolved

Unit Manager's Review

[Signature]
Unit Manager

1/22/10
Date

Distribution by Correctional Counselor:

1. If complaint is informally resolved, maintain original on file in the Unit.
2. If complaint is not informally resolved, attach original to BP-9 Form and forward to Administrative Remedy Clerk for processing.

	Inf. Resolution Form Issued to Inmate	Inf. Resolution Form Returned to Counselor	BP-9 Issued to Inmate	BP-9 Returned to Counselor	BP-9 Delivered to Admin Remedy Clerk
Date:	1/21/10	1/21/10			
Time:	1:00	1:00			
Counselor:	[Signature]	[Signature]			

NY12528:416066.1

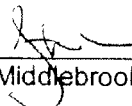
EXHIBIT 47

Response to Administrative Remedy Case Number: 576338-F1

This is in response to your request for Administrative Remedy receipted on February 10, 2010. You allege because you are unable to hear prison alarms and miss important warnings. Because you are deaf, you request to be providing with a vibrating pager. You also request to be transferred to another institution with deaf inmates and programs for the deaf.

Investigation of this matter reveals you currently have an Administrative Remedy pending regarding a request for an interpreter to assist you with communicating with correctional officers and other prison staff (Case No. 576334-F1). In this same case, you also request a transfer to another institution with deaf inmates and programs for the deaf and a *vibrating pager for when announcements or warnings are made*. The response to Case No. 576344-F1 is due to you on March 2, 2010. You should wait for the response to that case. If you are not satisfied with the response to Case No. 576344-F1, you may file an appeal through the appropriate procedures.

Accordingly, this case is closed as **REPETITIVE** of a previous filing. If you are dissatisfied with this response, you may appeal by filing a BP-DIR-10 to the Bureau of Prisons, Southeast Regional Office, Attn: Regional Director, 3800 Camp Creek Parkway, SW, Building 2000, Atlanta, Georgia 30331-6226, within twenty (20) calendar days from the date of this response.



Scott A. Middlebrooks, Warden

2/11/2010

Date

REJECTION NOTICE - ADMINISTRATIVE REMEDY

DATE: MARCH 15, 2010

FROM: ADMINISTRATIVE REMEDY COORDINATOR
SOUTHEAST REGIONAL OFFICE

TO : DAVID BRYANT, 06704-016
COLEMAN I USP UNT: L/M QTR: Z01-103UAD
P.O. BOX 1023
COLEMAN, FL 33521

FOR THE REASONS LISTED BELOW, THIS REGIONAL APPEAL
IS BEING REJECTED AND RETURNED TO YOU. YOU SHOULD INCLUDE A COPY
OF THIS NOTICE WITH ANY FUTURE CORRESPONDENCE REGARDING THE REJECTION.

REMEDY ID : 576334-R1 REGIONAL APPEAL
DATE RECEIVED : MARCH 15, 2010
SUBJECT 1 : OTHER NON-MAIL COMMUNICATION
SUBJECT 2 : TRANSFER - OTHER
INCIDENT RPT NO:

REJECT REASON 1: YOU RAISE MORE THAN ONE ISSUE/RELATED ISSUE OR APPEAL MORE
THAN ONE INCIDENT REPORT (INCIDENT NUMBER). YOU MUST
FILE A SEPARATE REQUEST/APPEAL FOR EACH UNRELATED ISSUE
OR INCIDENT REPORT YOU WANT ADDRESSED.

REJECT REASON 2: YOU MAY RESUBMIT YOUR APPEAL IN PROPER FORM WITHIN
10 DAYS OF THE DATE OF THIS REJECTION NOTICE.

EXHIBIT 47

U.S. Department of Justice

Central Office Administrative Remedy Appeal

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy each of the completed BP-229(13) and BP-230(13), including any attachments must be submitted with this appeal.

From: Bryant David 06704-016 J-B USP Victorville
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A - REASON FOR APPEAL

I am a deaf inmate and I communicate in American Sign Language ("ASL"). I have difficulty understanding spoken English. My request for hearing aid batteries (detailed in the attached BP-9 and BP-8) has been refused. I didn't receive a response to my BP-10, filed March 12, 2010, and the need for my request has not been remedied. My hearing aids allow me to hear some sound, but they do not function properly without working batteries.

4-13-10
 DATE

[Signature]
 SIGNATURE OF REQUESTER

Part B - RESPONSE

RECEIVED

APR 20 2010

Administrative Remedy Section
 Federal Bureau of Prisons

DATE

GENERAL COUNSEL

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

Part C - RECEIPT

CASE NUMBER: _____

Return to: _____
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE

SIGNATURE OF RECIPIENT OF CENTRAL OFFICE APPEAL



BP-231(13)
 JUNE 2002

EXHIBIT 47

U.S. Department of Justice

Regional Administrative Remedy Appeal

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy of the completed BP-229(13) including any attachments must be submitted with this appeal.

From Bryant, David D. 06704-016 SHU USP Coleman
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A - REASON FOR APPEAL

I am a deaf inmate who uses the assistance of hearing aids. My request for hearing aid batteries (detailed in the attached BP8 and BP9) has been refused and the need for my request has not been remedied. My hearing aids allow me to hear sound, but they do not function properly without strong, working batteries. I need new batteries when the old ones weaken or die, not when I am "scheduled" to receive them. The response by Warden Middlebrooks to another request I made (Case No 576334-F1) inconsistently claims that I receive new batteries for my hearing aids "as needed," but I do not.

3/11/2010
DATE

David Bryant
SIGNATURE OF REQUESTER

Part B - RESPONSE

2010 JUN 15 2010

DATE

REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 575644-R1

Part C - RECEIPT

CASE NUMBER: _____

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE

SIGNATURE, RECIPIENT OF REGIONAL APPEAL

USP LVN

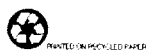
BP-230(13)
JUNE 2002

EXHIBIT 47

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse

From: Bryant, David D. 06704-016 544 USP Coleman I
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I am a deaf inmate, who uses the assistance of a hearing aid. The prison has failed, however, to give me batteries for my hearing aid. Thus far I have only received batteries of the wrong size. Furthermore, I need to be given correctly sized batteries more often than once every six months because the batteries do not last nearly that long.

For these reasons, I am requesting that the prison give me batteries for my hearing aid on an as needed basis. The batteries need to be specific for hearing aids, e.g. size 13 or size 675.

2-4-10
DATE

David Bryant
SIGNATURE OF REQUESTER

Part B- RESPONSE

See attached response.

RCUD FEB 10 '10

DATE _____ WARDEN OR REGIONAL DIRECTOR _____
If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.
ORIGINAL: RETURN TO INMATE CASE NUMBER: 575644-F2

Part C- RECEIPT

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION
SUBJECT: _____

DATE _____
USP L V N



RECIPIENT'S SIGNATURE (STAFF MEMBER)

BP-209(11)
APRIL 1982

EXHIBIT 47

COC 1330.16.A
January 16, 2008
Attachment A

INFORMAL RESOLUTION FORM

NOTICE TO INMATE: Bureau of Prisons Program Statement 1330.13 requires that except as provided in 542.13(b) an inmate shall first present an issue of concern informally to staff and staff shall informally attempt to resolve the issue prior to submitting a BP-9. A separate form must be used for each issue.

INSTRUCTIONS: Counselors will complete and attach this form to each Request for Administrative Remedy Form (BP-9) submitted, if not informally resolved.

David Bryant
Inmate Name

06704-016
Register No.

SHU.
Qtrs./Unit

[Signature]
Inmate Signature

1. Specific complaint (one 8 1/4" x 11" continuation page may be attached):

I am a deaf inmate, who uses the assistance of a hearing aid. The prison, however, has failed to give me batteries for my hearing aid. Thus far I have only received batteries of the wrong size.

2. What efforts have been made by the inmate to resolve the complaint informally? To whom has the inmate spoken?

communicated with Case manager Coffey, the Doctor and I wrote to Warden Middlebrooks regarding my need for correct hearing aid batteries.

3. What action does the inmate wish to be taken to correct the issue?

The prison should give me batteries for my hearing aid as they are needed. The batteries need to be specific for hearing aids, e.g. size 13 or size 675.

Correctional Counselor's Comments (including actual steps taken to resolve):

Health Services has been notified of this. You have received size 13 batteries on two separate occasions which actually exceeds the allotted battery issue of every 6 months. This per Mr. Vargas, AHSA.

G. DUNN
Correctional Counselor

1/22/10
Date

Staff Circle One:

Informally Resolved Not Informally Resolved

Unit Manager's Review

[Signature]
Unit Manager

1/22/10
Date

Distribution by Correctional Counselor:

- If complaint is informally resolved, maintain original on file in the Unit.
- If complaint is not informally resolved, attach original to BP-9 Form and forward to Administrative Remedy Clerk for processing.

	Inf. Resolution Form Issued to Inmate	Inf. Resolution Form Returned to Counselor	BP-9 Issued to Inmate	BP-9 Returned to Counselor	BP-9 Delivered to Admin Remedy Clerk
Date:	<u>1/22/10</u>	<u>1/22/10</u>			
Time:	<u>1000</u>	<u>1300</u>			
Counselor:	<i>[Signature]</i>	<i>[Signature]</i>			

NY12528:416058.1

EXHIBIT 47

Response to Administrative Remedy Case No: 575644-F2

This is in response to your Request for Administrative Remedy received in this office on February 10, 2010, in which you claim you have not received batteries for your hearing aids. You allege the batteries you have are not the right size for your hearing aids.

Investigation into this matter revealed you received two pairs of size 13 hearing aids batteries as scheduled. According to manufacture specifications these type of batteries last six months with normal regular use. You will continue to have your batteries changed as scheduled by your medical provider. Your next scheduled batteries exchange is scheduled for April 10, 2010.

Accordingly, this response is for **Informational Purposes Only**. If you are dissatisfied with this response, you may appeal by filing a BP-10 to the BUREAU OF PRISONS, SOUTHEAST REGIONAL OFFICE, ATTN: REGIONAL DIRECTOR, 3800 Camp Creek Parkway, SW, Building 2000, Atlanta, GA 30331-6226, within 20 calendar days from the date of this response.


Scott A. Middlebrooks, Warden

2/22/10
Date

U.S. Department of Justice

Central Office Administrative Remedy Appeal

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy each of the completed BP-229(13) and BP-230(13), including any attachments must be submitted with this appeal.

From: Bryant, David 06704-016 213 USP Victorville
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A - REASON FOR APPEAL

I am a deaf inmate and I communicate in American Sign Language ("ASL"). I have difficulty understanding Spoken English. My request for access to closed-captioned television (detailed in the attached BP-9 and BP-8) has been refused and the need for my request has not been remedied. I did not receive a response to my BP-10, filed 3/12/2010. Please note, the response to the BP-9 fails to address the safety issues for me from other inmates who do not want closed-captioning turned on. I was put in the SHU at USP Coleman because another inmate kicked me after I tried to turn on closed-captioning.

4-17-10
DATE

[Signature]
SIGNATURE OF REQUESTER

Part B - RESPONSE

RECEIVED

APR 20 2010

Administrative Remedy Section
 Federal Bureau of Prisons

DATE

GENERAL COUNSEL

ORIGINAL: RETURN TO INMATE

CASE NUMBER:

Part C - RECEIPT

CASE NUMBER:

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE

SIGNATURE OF RECIPIENT OF CENTRAL OFFICE APPEAL

UPN LVN



PRINTED ON RECYCLED PAPER

BP-231(13)
 JUNE 2002

EXHIBIT 47

U.S. Department of Justice

Regional Administrative Remedy Appeal

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy of the completed BP-229(13) including any attachments must be submitted with this appeal.

From: Bryant, David D 06704-016 SHU USP Coleman I
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A - REASON FOR APPEAL

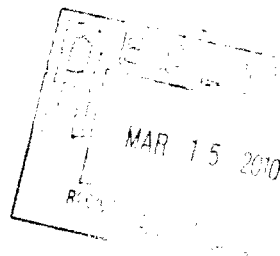
I am a deaf inmate and I communicate in American Sign Language ("ASL"). I have difficulty understanding spoken English. My request for access to a television with closed captioning turned on or a transfer to a prison with programs for the deaf (detailed in the attached BP8 and BP9) has been refused and the need for my request has not been remedied. I should not be required, upon my release from the SHU, to have to request that a unit television be programmed for closed-caption viewing. Also, the response fails to address the safety issue for me from other inmates who do not want closed-captioning turned on. I am currently in the SHU because another inmate kicked me after I tried to turn on closed-captioning.

3/11/2010

DATE

David Bryant
 SIGNATURE OF REQUESTER

Part B - RESPONSE



DATE

REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 576341-R1

Part C - RECEIPT

CASE NUMBER: _____

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE

SIGNATURE, RECIPIENT OF REGIONAL APPEAL

USP-13N

BP-230(13)
JUNE 2002

EXHIBIT 47

UNICOR FEDERAL PRISON INDUSTRIES, INC.
LEAVENWORTH, KANSASU.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Bryant, David D. 06704-016 SHU USP Coleman I
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I am a deaf inmate and I communicate in American Sign Language ("ASL"). I have difficulty understanding spoken English. I am unable to understand and enjoy television because the closed-captioning is not turned on. Other inmates prevent me from keeping the closed-captioning on. I am currently being held in the Special Housing Unit because another inmate kicked me after I tried to turn on closed-captioning.

For these reasons, I am requesting that closed-captioning to be enabled on a prison television available to me. As an alternative, I request a transfer to a prison with other deaf inmates and programs for the deaf.

2-4-10
DATE

SIGNATURE OF REQUESTER

Part B- RESPONSE

RCVD FEB 10 '10

See attached response.

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 51634-F1

CASE NUMBER: _____

Part C- RECEIPT

Return to: _____
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)

BP-229
APRIL 1

EXHIBIT 47

COC 1330.16.A
January 16, 2008
Attachment A

INFORMAL RESOLUTION FORM

NOTICE TO INMATE: Bureau of Prisons Program Statement 1330.13 requires that except as provided in 542.13(b) an inmate shall first present an issue of concern informally to staff and staff shall informally attempt to resolve the issue prior to submitting a BP-9. A separate form must be used for each issue.

INSTRUCTIONS: Counselors will complete and attach this form to each Request for Administrative Remedy Form (BP-9) submitted, if not informally resolved.

David Bryant
Inmate Name

06704-016
Register No.

Qtrs./Unit

Inmate Signature

1. Specific complaint (one 8 1/2" x 11" continuation page may be attached):

I am a deaf inmate and I communicate in American Sign Language ("ASL"). I have difficulty understanding spoken English. I am unable to understand and enjoy television because the closed-captioning is not turned on.

Other inmates prevent me from keeping the closed-captioning on.

2. What efforts have been made by the inmate to resolve the complaint informally? To whom has the inmate spoken?

I have communicated with Case Manager Coffey, Counselor Dunn and have written to Warden Middlebrooks.

3. What action does the inmate wish to be taken to correct the issue?

That closed-captioning be enabled on a prison television available to me. As an alternative, a transfer to a prison with other deaf inmates and with programs for the deaf.

Correctional Counselor's Comments (including actual steps taken to resolve):

AS you are housed in special housing you do not have access to the television. Once released to the compound you will have access to closed captioning television.

G. DUNN
Correctional Counselor
COUNSELOR

1/22/10
Date

Staff Circle One:

Informally Resolved Not Informally Resolved

Unit Manager's Review

Unit Manager

1/22/10
Date

Distribution by Correctional Counselor:

1. If complaint is informally resolved, maintain original on file in the Unit.
2. If complaint is not informally resolved, attach original to BP-9 Form and forward to Administrative Remedy Clerk for processing.

	Inf. Resolution Form Issued to Inmate	Inf. Resolution Form Returned to Counselor	BP-9 Issued to Inmate	BP-9 Returned to Counselor	BP-9 Delivered to Admin Remedy Clerk
Date:	1/21/10	1/21/10			
Time:	1000	1300			
Counselor:	<i>[Signature]</i>	<i>[Signature]</i>			

NY12528:416066.1

EXHIBIT 47

Response to Administrative Remedy Case Number: 576341-F1

This is in response to your Request for Administrative Remedy receipted in this office on February 10, 2010, in which you request a television in your assigned housing unit be programmed for closed captioning so you can enjoy television viewing. You also request to be transferred to an institution with other deaf inmates.

An investigation into your complaint revealed that prior to your placement in the Special Housing Unit (SHU), arrangements were being made for programming a television with closed captions. However, SHU inmates are not permitted television privileges. Therefore, upon your release from SHU back to general population, you may request one of the unit televisions be programmed for closed caption viewing.

Your request for transfer to an institution with other deaf inmates and programs for the deaf is being addressed in Administrative Remedy Case No. 576334-F1 and, therefore, will not be addressed again in this response.

Based on our findings, your request for Administrative Remedy is **DENIED**. If you are dissatisfied with this response, you may appeal by filing a BP-DIR-10 to the Bureau of Prisons, Southeast Regional Office, Attn: Regional Director, 3800 Camp Creek Parkway, SW, Building 2000, Atlanta, Georgia 30331-6226, within twenty (20) calendar days from the date of this response.


② Scott A. Middlebrooks, Warden

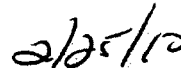

Date

EXHIBIT 48

U.S. Department of Justice

Central Office Administrative Remedy Appeal

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy each of the completed BP-229(13) and BP-230(13), including any attachments must be submitted with this appeal.

From: Bryant, David 06704-016 2-B JSP Victorville
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A - REASON FOR APPEAL I am a deaf inmate and I communicate in American Sign Language ("ASL"). I have difficulty understanding spoken English. My requests for an ASL interpreter to help me communicate with CPs, medical staff, mental healthcare workers, pharmacists, educational and vocational instructors, and work supervisors (detailed in the attached BP-9s and BP-8s) have been refused and the need for my requests has not been remedied. Also, my request for a vibrating pager so that I can properly respond to prison alarms and other announcements (detailed in the attached BP-9 and BP-8) has been refused and the need for my request has not been remedied. These requests, which alternatively requested a transfer to a prison that better accommodates deaf inmates, were consolidated by USP Coleman I (see attached) and rejected. I appealed the consolidated requests, but my BP-10 was rejected because of the prison's consolidation. Further, I was transferred in the interim and received the rejection on or about April 14, 2010. I now submit a BP-11 for this issue.

4-18-10 2010
 DATE SIGNATURE OF REQUESTER

Part B - RESPONSE

RECEIVED

APR 20 2010

 Administrative Remedy Section
 Federal Bureau of Prisons

DATE	GENERAL COUNSEL		
ORIGINAL: RETURN TO INMATE	CASE NUMBER: _____		
Part C - RECEIPT			
CASE NUMBER: _____			
Return to:	LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT INSTITUTION
SUBJECT:			
DATE	SIGNATURE OF RECIPIENT OF CENTRAL OFFICE APPEAL		

UPN LVN



PRINTED ON RECYCLED PAPER

BP-231(13)

EXHIBIT 48

REJECTION NOTICE - ADMINISTRATIVE REMEDY

DATE: MAY 7, 2010

FROM: ADMINISTRATIVE REMEDY COORDINATOR
CENTRAL OFFICE

TO : DAVID BRYANT, 06704-016
VICTORVILLE USP UNIT: 2 B QTR: B23-121L
P.O. BOX 5400
ADELANTO, CA 92301

FOR THE REASONS LISTED BELOW, THIS CENTRAL OFFICE APPEAL
IS BEING REJECTED AND RETURNED TO YOU. YOU SHOULD INCLUDE A COPY
OF THIS NOTICE WITH ANY FUTURE CORRESPONDENCE REGARDING THE REJECTION.

REMEDY ID : 576334-A1 CENTRAL OFFICE APPEAL
DATE RECEIVED : APRIL 20, 2010
SUBJECT 1 : OTHER NON-MAIL COMMUNICATION
SUBJECT 2 : TRANSFER - OTHER
INCIDENT RPT NO:

REJECT REASON 1: YOU SUBMITTED YOUR REQUEST OR APPEAL TO THE
WRONG LEVEL. YOU SHOULD HAVE FILED AT THE
INSTITUTION, REGIONAL OFFICE, OR CENTRAL
OFFICE LEVEL.

REMARKS : YOU MUST RESUBMIT THIS APPEAL TO THE REGION.

EXHIBIT 48

EXHIBIT 49

U.S. Department of Justice

Regional Administrative Remedy Appeal

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy of the completed BP-229(13) including any attachments must be submitted with this appeal.

From: Bryant, David D 06704-016 SHU USP Coleman I
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A - REASON FOR APPEAL

I am a deaf inmate and I communicate in American Sign Language ("ASL"). I have difficulty understanding spoken English. My request for access to a television with closed captioning turned on or a transfer to a prison with programs for the deaf (detailed in the attached BPS and BPI) has been refused and the need for my request has not been remedied. I should not be required, upon my release from the SHU, to have to request that a unit television be programmed for closed-caption viewing. Also, the response fails to address the safety issue for me from other inmates who do not want closed-captioning turned on. I am currently in the SHU because another inmate kicked me after I tried to turn on closed-captioning.

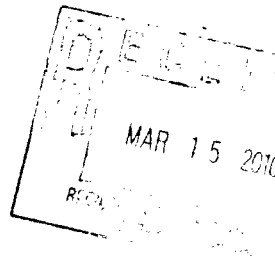
3/11/2010

DATE

David Bryant

SIGNATURE OF REQUESTER

Part B - RESPONSE



DATE

REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 576341-R1

Part C - RECEIPT

CASE NUMBER: _____

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE

SIGNATURE, RECIPIENT OF REGIONAL APPEAL

USP 13V



PRINTED ON RECYCLED PAPER

BP-230(13)
JUNE 2002

EXHIBIT 49

Regional Administrative Remedy Appeal No. 576341-R1
Part B - Response

This is in response to your Regional Administrative Remedy Appeal receipted March 15, 2010. You claim the current television viewing schedule in your housing unit at the Federal Correctional Complex, Coleman, Florida, is not programmed for closed captioning so you can enjoy television viewing. As relief, you request staff provide one of the current televisions for closed captioned and transfer you to an institution for deaf inmates.

We have reviewed your complaint and determined the Warden's response adequately addresses your concerns. As you were previously informed, the unit team has established a permanent television viewing schedule for closed captions. You were also informed by the institution that your request regarding a transfer to another institution would be addressed in Administrative Remedy case number 576334-F1. However, you have been transferred to the United States Penitentiary, Victorville, California. Finally, you fail to present information to this office which warrants further consideration.

Accordingly, this Regional Administrative Remedy Appeal is partially granted. If dissatisfied with this response, you may appeal to the Office of General Counsel, Bureau of Prisons, 320 First Street, NW, Washington, D.C. 20534. Your appeal must be received in the Office of General Counsel within 30 calendar days of the date of this response.

4/23/10

Date



Regional Director, SERO

EXHIBIT 50

U.S. Department of Justice

Central Office Administrative Remedy Appeal

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy each of the completed BP-229(13) and BP-230(13), including any attachments must be submitted with this appeal.

From: Bryant, David 06704-016 213 USP Victorville
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A - REASON FOR APPEAL

I am a deaf inmate and I communicate in American Sign Language ("ASL"). I have difficulty understanding spoken English. My request for access to closed-captioned television (detailed in the attached BP-9 and BP-8) has been refused and the need for my request has not been remedied. I did not receive a response my BP-10, filed 3/12/2010. Please note, the response to the BP-9 fails to address the safety issues for me from other inmates who do not want closed-captioning turned on. I was put in the SHU at USP Coleman because another inmate kicked me after I tried to turn on closed-captioning.

4-13-10
DATE

[Signature]
SIGNATURE OF REQUESTER

Part B - RESPONSE

RECEIVED

APR 20 2010

Administrative Remedy Section
 Federal Bureau of Prisons

DATE

GENERAL COUNSEL

ORIGINAL: RETURN TO INMATE

CASE NUMBER:

Part C - RECEIPT

CASE NUMBER:

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE

SIGNATURE OF RECIPIENT OF CENTRAL OFFICE APPEAL

1100-111-111

BP-231(13)

EXHIBIT 50

REJECTION NOTICE - ADMINISTRATIVE REMEDY

DATE: MAY 7, 2010

FROM: ADMINISTRATIVE REMEDY COORDINATOR
CENTRAL OFFICE

TO : DAVID BRYANT, 06701-016
VICTORVILLE USP UNIT: 2 B QTR: B23-121L
P.O. BOX 5400
ADELANTO, CA 92301

FOR THE REASONS LISTED BELOW, THIS CENTRAL OFFICE APPEAL
IS BEING REJECTED AND RETURNED TO YOU. YOU SHOULD INCLUDE A COPY
OF THIS NOTICE WITH ANY FUTURE CORRESPONDENCE REGARDING THE REJECTION.

REMEDY ID : 576341-A1 CENTRAL OFFICE APPEAL
DATE RECEIVED : APRIL 20, 2010
SUBJECT 1 : OTHER OPERATIONS
SUBJECT 2 : TRANSFER - OTHER
INCIDENT RPT NO:

REJECT REASON 1: YOU DID NOT PROVIDE A COPY OF YOUR REGIONAL OFFICE
ADMINISTRATIVE REMEDY APPEAL (BP-10) FORM AND A COPY
OF THE (BP-10) RESPONSE FROM THE REGIONAL DIRECTOR.

REJECT REASON 2: YOU MAY RESUBMIT YOUR APPEAL IN PROPER FORM WITHIN
15 DAYS OF THE DATE OF THIS REJECTION NOTICE.

EXHIBIT 51

U.S. Department of Justice

Regional Administrative Remedy Appeal

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy of the completed BP-229(13) including any attachments must be submitted with this appeal.

From Bryant, David D. 06704-016 SHU USP Coleman
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A - REASON FOR APPEAL

I am a deaf inmate who uses the assistance of hearing aids. My request for hearing aid batteries (detailed in the attached BP8 and BP9) has been refused and the need for my request has not been remedied. My hearing aids allow me to hear sound, but they do not function properly without strong working batteries. I need new batteries when the old ones weaken or die, not when I am "scheduled" to receive them. The response by Warden Middlebrooks to another request I made (Case No 576334-F1) inconsistently claims that I receive new batteries for my hearing aids "as needed," but I do not.

3/11/2010
DATE

David Bryant
SIGNATURE OF REQUESTER

Part B - RESPONSE

3/15/2010

DATE

REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 575644-R1

Part C - RECEIPT

CASE NUMBER: _____

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE

SIGNATURE, RECIPIENT OF REGIONAL APPEAL

USP LVN



PRINTED ON RECYCLED PAPER

BP-230(13)
JUNE 2002

EXHIBIT 51

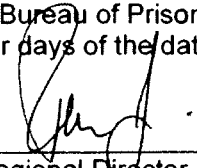
Regional Administrative Remedy Appeal No: 575644-R1
Part B - Response

This is in response to your Regional Administrative Remedy Appeal receipted March 15, 2010. You allege you wear a hearing aid and need to be provided replacement batteries when your old ones weaken. You further claim you are a deaf mute and need your hearing aid to hear sound. As relief, you request to be provided replacement batteries as needed.

A review of your medical records revealed you were issued two size 13 replacement hearing aid batteries on December 10, 2009. Further investigation revealed you were transferred to USP Victorville on March 18, 2010. Although you were scheduled to receive replacement batteries while you were housed at USP Coleman I, you should refer to the Health Services Unit at your current institution to determine their local policy as to how and when replacement batteries will be issued to you.

Accordingly, this response is for informational purposes only. If dissatisfied with this response, you may appeal to the Office of General Counsel. Your appeal must be received in the Office of General Counsel, Bureau of Prisons, 320 First Street, NW, Washington, DC, 20534, within 30 calendar days of the date of this response.

4/27/10
Date



Regional Director, SERO

EXHIBIT 52

U.S. Department of Justice

Central Office Administrative Remedy Appeal

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy each of the completed BP-229(13) and BP-230(13), including any attachments must be submitted with this appeal.

From: Bryant, David 06704-016 2-B USP Victorville
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A - REASON FOR APPEAL

I am a deaf inmate and I communicate in American Sign Language ("ASL"). I have difficulty understanding spoken English. My request for hearing aid batteries (detailed in the attached BP-9 and BP-8) has been refused. I didn't receive a response to my BP-10, filed March 12, 2010, and the need for my request has not been remedied. My hearing aids allow me to hear some sound, but they do not function properly without working batteries.

4-18-10
 DATE

[Signature]
 SIGNATURE OF REQUESTER

Part B - RESPONSE

RECEIVED

APR 20 2010

Administrative Remedy Section
 Federal Bureau of Prisons

DATE

GENERAL COUNSEL

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

Part C - RECEIPT

CASE NUMBER: _____

Return to: _____
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE

SIGNATURE OF RECIPIENT OF CENTRAL OFFICE APPEAL

BP-231(13)

BP-231(13)

EXHIBIT 52

REJECTION NOTICE - ADMINISTRATIVE REMEDY

DATE: MAY 7, 2010

FROM: ADMINISTRATIVE REMEDY COORDINATOR
CENTRAL OFFICE

TO : DAVID BRYANT, 06704-016
VICTORVILLE USP UNIT: 2 B QTR: B23-121L
P.O. BOX 5400
ADELANTO, CA 92301

FOR THE REASONS LISTED BELOW, THIS CENTRAL OFFICE APPEAL
IS BEING REJECTED AND RETURNED TO YOU. YOU SHOULD INCLUDE A COPY
OF THIS NOTICE WITH ANY FUTURE CORRESPONDENCE REGARDING THE REJECTION.

REMEDY ID : 575644-A1 CENTRAL OFFICE APPEAL
DATE RECEIVED : APRIL 20, 2010
SUBJECT 1 : NON-MEDICATION/PRESCRIPTIONS-BED BOARDS, IDLES, ETC.
SUBJECT 2 :
INCIDENT RPT NO:

REJECT REASON 1: YOU DID NOT PROVIDE A COPY OF YOUR REGIONAL OFFICE
ADMINISTRATIVE REMEDY APPEAL (BP-10) FORM ~~OR~~ ^{AM} A COPY
OF THE (BP-10) RESPONSE FROM THE REGIONAL DIRECTOR.

REJECT REASON 2: SEE REMARKS.

REJECT REASON 3: YOU MAY RESUBMIT YOUR APPEAL IN PROPER FORM WITHIN
15 DAYS OF THE DATE OF THIS REJECTION NOTICE.

REMARKS : ALL FOUR PAGES OF THE BP-11 MUST BE LEGIBLE.
CONSIDER WRITING ON EACH PAGE WITH THE SAME
WORDING.

EXHIBIT 53

U.S. Department of Justice

Regional Administrative Remedy Appeal

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy of the completed BP-220(13) including any attachments must be submitted with this appeal.

From <u>Bryant, David</u>	<u>06704-016</u>	<u>2-B</u>	<u>USP Victorville</u>
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION

Part A - REASON FOR APPEAL

It has been more than 20 days since I submitted a BP-9 on April 5, 2010 and I have not received a response. My complaint also has not been remedied.

I am a deaf inmate and I communicate in American Sign Language ("ASL"). I do not communicate effectively in written or spoken English and have been seeking accommodations for my disability. To that end, I was working through the BoP's administrative remedy process when I was transferred from USP Coleman I to USP Victorville. I believe this transfer was retaliatory and done to try to frustrate my completion of the remedy process. The transfer has not remedied my need for accommodations and was an attempt to frustrate my use of the remedy process and my ability to communicate with my attorneys.

I request that my previous grievance processes be allowed to go forward and that I not be transferred again during ^{the} remedy process. Also, because the transfer has not remedied my need for accommodations, I request the same relief I was seeking before I was transferred. I request (a) working hearing aid batteries on an as needed basis; (b) safe access to closed-captioning TV; (c) a qualified ASL interpreter to enable me to communicate with COs, medical staff, mental healthcare workers, pharmacists, education and vocational instructors, and work supervisors; and (d) a vibrating pager to alert me to prison alarms and other announcements.

DATE	SIGNATURE OF REQUESTER

Part B - RESPONSE

DATE	REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE	CASE NUMBER: _____

Part C - RECEIPT

CASE NUMBER: _____

Return to: _____	_____	_____	_____
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION

SUBJECT: _____

DATE	SIGNATURE, RECIPIENT OF REGIONAL APPEAL

USPLVN

BP-220(13)
JUNE 2002

EXHIBIT 53

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Bryant, David D. 06704-016 USP Victorville
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION
~~USP Coleman I~~

Part A- INMATE REQUEST The complaint specified in my BP-8 submitted March 29, 2010, has not been remedied. I am a deaf inmate and communicate in American Sign Language ("ASL"). I do not communicate effectively in written or spoken English and have been seeking accommodations for my disability. To that end, I was working through the BOP's administrative remedy process when I was transferred from USP Coleman I to USP Victorville. I believe this transfer was retaliatory and done to try to thwart my completion of the remedy process. The transfer has not remedied my need for accommodations and was an attempt to frustrate my use of the remedy process and my ability to communicate with my attorneys.

I request that my previous grievance processes be allowed to go forward and that I not be transferred again during the remedy process. Also, because the transfer has not remedied my need for accommodations, I request the same relief I was seeking before I was transferred. I request:

- (a) access to a working TTY or videophone that connects to a relay service on the same basis as other prisoners are provided access to telephones;
- (b) working hearing aid batteries on an as needed basis;
- (c) safe access to closed-captioning TV;
- (d) a qualified ASL interpreter to enable me to communicate with Cops, medical staff, mental healthcare workers, attorneys, educational & vocational instructors, and other prisoners; and
- (e) a vibrating pager to alert me to prison alarms and other announcements.

4-1-10 DATE *David D. Bryant* SIGNATURE OF REQUESTER

Part B- RESPONSE

RECEIVED
2010 APR 15 PM 3:09
WARDEN'S OFFICE
USP VICTORVILLE

DATE _____ WARDEN OR REGIONAL DIRECTOR _____
If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 585748-F1

CASE NUMBER: _____

Part C- RECEIPT

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION
SUBJECT: _____

DATE _____
USP LVN



RECIPIENT'S SIGNATURE (STAFF MEMBER)

BP-229(13)
APRIL 1982

EXHIBIT 53

EXHIBIT 54

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Bryant, David D. 06704-016 USP Victorville
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION
~~USP Coleman I~~

Part A- INMATE REQUEST The complaint specified in my BP-8 submitted March 29, 2010, has not been remedied. I am a deaf inmate and communicate in American Sign Language ("ASL"). I do not communicate effectively in written or spoken English and have been seeking accommodations for my disability. To that end, I was working through the BOP's administrative remedy process when I was transferred from USP Coleman I to USP Victorville. I believe this transfer was retaliatory and done to try to thwart my completion of the remedy process. The transfer has not remedied my need for accommodations and was an attempt to frustrate my use of the remedy process and my ability to communicate with my attorneys.

I request that my previous grievance processes be allowed to go forward and that I not be transferred again during the remedy process. Also, because the transfer has not remedied my need for accommodations, I request the same relief I was seeking before I was transferred. I request:

- (a) access to a working TTY or videophone that connects to a relay service on the same basis as other prisoners are permitted access to telephones;
- (b) working hearing aid batteries on an as needed basis;
- (c) safe access to closed-captioning TV;
- (d) a qualified ASL interpreter to enable me to communicate with CDS, medical staff, mental health care workers, attorneys, educational functional instructors, and other employees; and
- (e) a vibrating pager to alert me to prison alarms and other announcements.

4-1-10 DATE *[Signature]* SIGNATURE OF REQUESTER

Part B- RESPONSE

RECEIVED
 2010 APR 15 PM 3:09
 WARDEN'S OFFICE
 USP VICTORVILLE

DATE _____ WARDEN OR REGIONAL DIRECTOR _____
 If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 58548-F1

CASE NUMBER: _____

Part C- RECEIPT

Return to: _____
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE _____ RECIPIENT'S SIGNATURE (STAFF MEMBER) _____
 USP VIN  (P-229)(1) (PRIL 1982)

EXHIBIT 54

Request for Administrative Remedy
Case No.: 585748-F1

This is in response to your Request for Administrative Remedy, received on April 15, 2010. In your request, you state prior to your transfer, you were seeking accommodation for your disability through the Administrative Remedy Process. As relief, you request your previous grievances be allowed to go forward and that you not be transferred again during the remedy process. You also request the same relief you were seeking at the previous institution.

A review of your request revealed you were designated to USP Victorville on March 18, 2010. You have a medical duty status of Total Deafness. Since November, 2008, nineteen Administrative Remedy submissions were filed at previous institutions. Currently, two Administrative Remedy appeals are pending responses in the South East Regional Office. Specifically, responses to Remedy No. 575644-R1 and Remedy No. 576341-R1 are due on May 14, 2010. Therefore, it appears your Administrative Remedy submissions at previous institutions were, and continue to be, addressed.

You have specifically requested the following accommodations at USP Victorville: (a) telephone access through a tele-typewriter (TTY) or videophone; (b) working hearing aid batteries on an as-needed basis; (c) access to closed-captioned television; (d) a qualified interpreter in order to communicate with staff; and (e) a vibrating pager to alert you to prison alarms and other announcements.

Each of these requests are addressed as follows: (a) Your Unit Manager has a TTY/Video phone inside the Unit Team area for your use. A schedule has been set for you to utilize the equipment on Monday afternoons and Friday mornings; (b) Health Services staff have advised that on April 20, 2010, you turned in your hearing aid, stating it wasn't working. A consultation request has been submitted for you to be seen by an Ear, Nose and Throat (ENT) Specialist. You will be advised on the outcome of this request; (c) A television has been set with the closed-captioned for your viewing, inside your assigned unit; (d) There are no provisions in policy to provide hearing impaired inmates with pagers or ASL trained staff. However, you are provided with a hearing aid and new batteries for the device as needed; (e) You attended Admission and Orientation (A&O), and were provided an inmate handbook when you arrived at the institution. The inmate handbook provides the official count, meals, and movement times. In the event there is an unscheduled count or movement time, you will be alerted by staff. All fire alarms in the institution are equipped with a visual device (strobe lighting) to alert the hearing impaired.

Accordingly, this response to your Request for Administrative Remedy is for informational purposes only. If you are dissatisfied with your response, you may appeal to the Western Regional Director. Your appeal must be received by the Regional Administrative Remedy Coordinator, Federal Bureau of Prisons, Western Regional Office, 7336 Shoreline Drive, Stockton, CA 95219, within twenty (20) calendar days from the date of this response.

Francisco J. Quintana, Warden

5/4/10
 Date

EXHIBIT 55

U.S. Department of Justice

Regional Administrative Remedy Appeal

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy of the completed BP-229(13) including any attachments must be submitted with this appeal.

From: Bryant, David D.	06704-016	USP Victorville	
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION

Part A - REASON FOR APPEAL

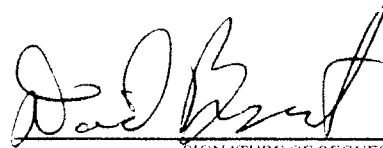
I submitted the attached BP-9, dated April 1, and submitted a BP-10 before I received the attached late response to my BP-9. Even though I properly submitted the BP-10 on May 4, 2010, I am submitting this additional BP-10.

I am a deaf inmate and I communicate in American Sign Language ("ASL"). I do not communicate effectively in written or spoken English and have been seeking accommodations for my disability. To that end, I was working through the BOP's administrative remedy process when I was transferred from USP Coleman I to USP Victorville. I believe this transfer was retaliatory and done to try to frustrate my completion of the remedy process. The transfer has not remedied my need for accommodations and was an attempt to frustrate my use of the remedy process and my ability to communicate with my attorneys.

I request that my previous grievance processes be allowed to go forward and that I not be transferred again during the remedy process. Also, because the transfer has not remedied my need for accommodations, I request the same relief I was seeking before I was transferred. I request (a) working hearing aid batteries on an as needed basis; (b) safe access to closed-captioning TV; (c) a qualified ASL interpreter to enable me to communicate with COs, medical staff, mental healthcare workers, pharmacists, education and vocational instructors, and work supervisors; and (d) a vibrating pager to alert me to prison alarms and other announcements. The Warden's response does not adequately address these needs for accommodation.

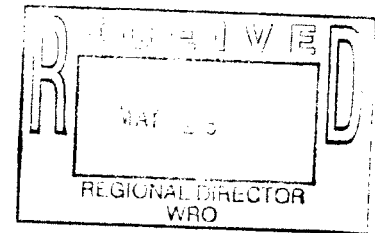
5-24-10

DATE



SIGNATURE OF REQUESTER

Part B - RESPONSE



DATE

REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 58574811

Part C - RECEIPT

CASE NUMBER: _____

Return to:	LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION

SUBJECT: _____

DATE

SIGNATURE, RECIPIENT OF REGIONAL APPEAL

USP (VN)



PRINTED ON RECYCLED PAPER

BP-230(13)
JUNE 2002

EXHIBIT 55

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Bryant, David D. 06704-016 USP Victorville
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST The complaint specified in my BP-8 submitted March 29, 2010, has not been remedied. I am a deaf inmate and communicate in American Sign Language ("ASL"). I do not communicate effectively in written or spoken English and have been seeking accommodations for my disability. To that end, I was working through the BOP's administrative remedy process when I was transferred from USP Coleman I to USP Victorville. I believe this transfer was retaliatory and done to try to thwart my completion of the remedy process. The transfer has not remedied my need for accommodations and was an attempt to frustrate my use of the remedy process and my ability to communicate with my attorneys.

I request that my previous grievance processes be allowed to go forward and that I not be transferred again during the remedy process. Also, because the transfer has not remedied my need for accommodations, I request the same relief I was seeking before I was transferred. I request:

- (a) access to a working TTY or videophone that connects to a relay service on the same basis as other prisoners are permitted access to telephones;
- (b) working hearing aid batteries on an as-needed basis;
- (c) safe access to closed-captioning TV;
- (d) a qualified ASL interpreter to enable me to communicate with COs, medical staff, mental healthcare workers, pharmacists, educational & vocational instructors, inmate organizations and (e) a vibrating pager to alert me to prison alarms and other announcements.

4-1-10 DATE SIGNATURE OF REQUESTER

Part B- RESPONSE

RECEIVED
2010 APR 15 PM 3:09
WARDEN'S OFFICE
USP VICTORVILLE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 58548-F1

CASE NUMBER:

Part C- RECEIPT

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)

USP LVN



UNIT: 64103-0000

BP-229(13)
APRIL 1982

EXHIBIT 55

Request for Administrative Remedy
Case No.: 585748-F1

This is in response to your Request for Administrative Remedy, received on April 15, 2010. In your request, you state prior to your transfer, you were seeking accommodation for your disability through the Administrative Remedy Process. As relief, you request your previous grievances be allowed to go forward and that you not be transferred again during the remedy process. You also request the same relief you were seeking at the previous institution.

A review of your request revealed you were designated to USP Victorville on March 18, 2010. You have a medical duty status of Total Deafness. Since November, 2008, nineteen Administrative Remedy submissions were filed at previous institutions. Currently, two Administrative Remedy appeals are pending responses in the South East Regional Office. Specifically, responses to Remedy No. 575644-R1 and Remedy No. 576341-R1 are due on May 14, 2010. Therefore, it appears your Administrative Remedy submissions at previous institutions were, and continue to be, addressed.

You have specifically requested the following accommodations at USP Victorville: (a) telephone access through a tele-typewriter (TTY) or videophone; (b) working hearing aid batteries on an as-needed basis; (c) access to closed-captioned television; (d) a qualified interpreter in order to communicate with staff; and (e) a vibrating pager to alert you to prison alarms and other announcements.

Each of these requests are addressed as follows: (a) Your Unit Manager has a TTY/Video phone inside the Unit Team area for your use. A schedule has been set for you to utilize the equipment on Monday afternoons and Friday mornings; (b) Health Services staff have advised that on April 20, 2010, you turned in your hearing aid, stating it wasn't working. A consultation request has been submitted for you to be seen by an Ear, Nose and Throat (ENT) Specialist. You will be advised on the outcome of this request; (c) A television has been set with the closed-captioned for your viewing, inside your assigned unit; (d) There are no provisions in policy to provide hearing impaired inmates with pagers or ASL trained staff. However, you are provided with a hearing aid and new batteries for the device as needed; (e) You attended Admission and Orientation (A&O), and were provided an inmate handbook when you arrived at the institution. The inmate handbook provides the official count, meals, and movement times. In the event there is an unscheduled count or movement time, you will be alerted by staff. All fire alarms in the institution are equipped with a visual device (strobe lighting) to alert the hearing impaired.

Accordingly, this response to your Request for Administrative Remedy is for informational purposes only. If you are dissatisfied with your response, you may appeal to the Western Regional Director. Your appeal must be received by the Regional Administrative Remedy Coordinator, Federal Bureau of Prisons, Western Regional Office, 7338 Shoreline Drive, Stockton, CA 95219, within twenty (20) calendar days from the date of this response.

Francisco J. Quintana, Warden
Francisco J. Quintana, Warden

5/4/10
Date

EXHIBIT 56

U.S. Department of Justice

Regional Administrative Remedy Appeal

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy of the completed BP-229(13) including any attachments must be submitted with this appeal.

From: <u>Bryant, David D.</u>	<u>06704-016</u>	<u>USP Victorville</u>
LAST NAME, FIRST MIDDLE INITIAL	REG NO	UNIT INSTITUTION

Part A - REASON FOR APPEAL

I submitted the attached BP-9, dated April 1, and submitted a BP-10 before I received the attached late response to my BP-9. Even though I properly submitted the BP-10 on May 4, 2010, I am submitting this additional BP-10.

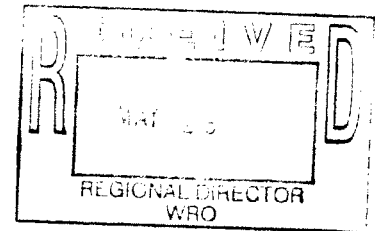
I am a deaf inmate and I communicate in American Sign Language ("ASL"). I do not communicate effectively in written or spoken English and have been seeking accommodations for my disability. To that end, I was working through the BOP's administrative remedy process when I was transferred from USP Coleman I to USP Victorville. I believe this transfer was retaliatory and done to try to frustrate my completion of the remedy process. The transfer has not remedied my need for accommodations and was an attempt to frustrate my use of the remedy process and my ability to communicate with my attorneys.

I request that my previous grievance processes be allowed to go forward and that I not be transferred again during the remedy process. Also, because the transfer has not remedied my need for accommodations, I request the same relief I was seeking before I was transferred. I request (a) working hearing aid batteries on an as needed basis; (b) safe access to closed-captioning TV; (c) a qualified ASL interpreter to enable me to communicate with COs, medical staff, mental healthcare workers, pharmacists, education and vocational instructors, and work supervisors; and (d) a vibrating pager to alert me to prison alarms and other announcements. The Warden's response does not adequately address these needs for accommodation.

5-24-10
DATE

[Signature]
SIGNATURE OF REQUESTER

Part B - RESPONSE



DATE	REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 585748K

Part C - RECEIPT

CASE NUMBER: _____

Return to:	LAST NAME, FIRST MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION
SUBJECT:				

DATE

SIGNATURE, RECIPIENT OF REGIONAL APPEAL

USP 11VN



PRINTED ON RECYCLED PAPER

BP-230(13)
JUNE 2002

EXHIBIT 56

585748-R1
FCC Victorville

BRYANT, David

06704-016

This is in response to your Regional Administrative Remedy Appeal of the Warden's decision dated May 4, 2010. You are requesting accommodations for your disability. In addition, you state your transfer was retaliatory and you request that you remain at this facility to complete the administrative remedy process.

A review of your request reveals you arrived at USP Victorville on March 18, 2010. You stated you were transferred after you had submitted a remedy and before you received a response. Program Statement 1330.16, Administrative Remedy Program, requires the facility or regional office to complete the investigation and the response in a timely manner regardless if the inmate has left the institution or the region. To clarify, although you were transferred to another region, your remedies will be investigated and you will receive a response if they met the submission criteria.

The Warden's response addressed each issue you listed in your BP-9. We concur with the Warden's response. As a follow-up to your hearing aid concerns (b), Health Services notified you of your approval to have a consult with an Ear, Nose, and Throat Specialist. If you need batteries for your hearing aide, notify Health Services and you will receive those free of charge. Our review reveals the institution is meeting your needs.

This response is provided for informational purposes. If dissatisfied with this response, you may appeal to the Office of the General Counsel, Bureau of Prisons, 320 First Street, NW, Washington, DC 20534. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.

6-30-10

Date

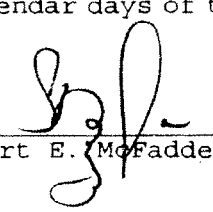

Robert E. McFadden, Regional Director

EXHIBIT 57

U.S. Department of Justice

Central Office Administrative Remedy Appeal

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy each of the completed BP-229(13) and BP-230(13), including any attachments must be submitted with this appeal.

From: Bryant, David 06704-016 USP Victorville
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A - REASON FOR APPEAL

I am a deaf inmate and I communicate in American Sign Language ("ASL"). I do not communicate effectively in written or spoken English and have been seeking accommodations for my disability. To that end, I was working through the BOP's administrative remedy process when I was transferred from USP Coleman I to USP Victorville. I believe this transfer was retaliatory and done to try to frustrate my completion of the remedy process. The transfer has not remedied my need for accommodations and was an attempt to frustrate my use of the remedy process and my ability to communicate with my attorneys. Furthermore, my requests for accommodations at USP Victorville have been refused and my need for accommodations has not been remedied.

I request that my previous grievance processes be allowed to go forward and that I not be transferred again during the remedy process. Also, because the transfer has not remedied my need for accommodations, I request the same relief I was seeking before I was transferred. I request (a) working hearing aid batteries on ~~an~~ as needed basis; (b) safe access to closed-captioning TV; (c) a qualified ASL interpreter to enable me to communicate with COs, medical staff, mental healthcare workers, pharmacists, education and vocational instructors, and work supervisors; and (d) a vibrating pager to alert me to prison alarms and other announcements. The Warden's and the Western Regional Director's responses do not adequately address these needs for accommodation.

 DATE

David Bryant
 SIGNATURE OF REQUESTER

Part B - RESPONSE

 DATE

 GENERAL COUNSEL

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

Part C - RECEIPT

CASE NUMBER: _____

Return to: _____
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

 DATE

 SIGNATURE OF RECIPIENT OF CENTRAL OFFICE APPEAL

BP-231(13)
 (11/10/2009)

EXHIBIT 57

U.S. Department of Justice

Regional Administrative Remedy Appeal

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy of the completed BP-220(13) including any attachments must be submitted with this appeal.

From: <u>Bryant, David D.</u>	<u>06704-016</u>	<u>USP Victorville</u>
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT INSTITUTION

Part A - REASON FOR APPEAL

I submitted the attached BP-9, dated April 1, and submitted a BP-10 before I received the attached late response to my BP-9. Even though I properly submitted the BP-10 on May 4, 2010, I am submitting this additional BP-10.

I am a deaf inmate and I communicate in American Sign Language ("ASL"). I do not communicate effectively in written or spoken English and have been seeking accommodations for my disability. To that end, I was working through the BOP's administrative remedy process when I was transferred from USP Coleman I to USP Victorville. I believe this transfer was retaliatory and done to try to frustrate my completion of the remedy process. The transfer has not remedied my need for accommodations and was an attempt to frustrate my use of the remedy process and my ability to communicate with my attorneys.

I request that my previous grievance processes be allowed to go forward and that I not be transferred again during the remedy process. Also, because the transfer has not remedied my need for accommodations, I request the same relief I was seeking before I was transferred. I request (a) working hearing aid batteries on an as needed basis; (b) safe access to closed-captioning TV; (c) a qualified ASL interpreter to enable me to communicate with COs, medical staff, mental healthcare workers, pharmacists, education and vocational instructors, and work supervisors; and (d) a vibrating pager to alert me to prison alarms and other announcements. The Warden's response does not adequately address these needs for accommodation.

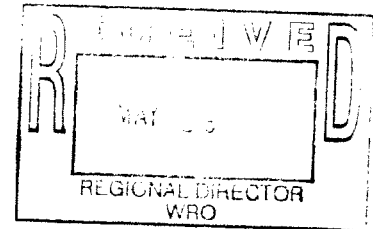
5-24-10

DATE

David Bryant

SIGNATURE OF REQUESTER

Part B - RESPONSE



DATE

REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 585748-R

Part C - RECEIPT

CASE NUMBER: _____

Return to: _____	_____	_____	_____
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION

SUBJECT: _____

DATE

SIGNATURE, RECIPIENT OF REGIONAL APPEAL

USP LVN



PRINTED ON RECYCLED PAPER

BP-230(13)
JUNE 2002

EXHIBIT 57

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Bryant, David D. 06704-016 USP Victorville
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST The complaint specified in my SP-8 submitted March 29, 2010, has not been remedied.

I am a deaf inmate and communicate in American Sign Language ("ASL"). I do not communicate effectively in written or spoken English and have been seeking accommodations for my disability. To that end, I was working through the BOP's administrative remedy process when I was transferred from USP Coleman I to USP Victorville. I believe this transfer was retaliatory and done to try to thwart my completion of the remedy process. The transfer has not remedied my need for accommodations and was an attempt to frustrate my use of the remedy process and my ability to communicate with my attorneys.

I request that my previous grievance procedures be allowed to go forward and that I not be transferred again during the remedy process. Also, because the transfer has not remedied my need for accommodations, I request the same relief I was seeking before I was transferred. I request: (a) access to a working TTY or videophone that connects to a relay service on the same basis as other prisoners are permitted access to telephones; (b) working hearing aid batteries on an as-needed basis; (c) safe access to closed-captioning TV; (d) a qualified ASL interpreter to enable me to communicate with Cops, medical staff, mental health care workers, attorneys, educational & cultural instructors, inmate supervisors; and (e) a vibrating pager to alert me to prison alarms and other announcements.

4-1-10
DATE

SIGNATURE OF REQUESTER

Part B- RESPONSE

RECEIVED
 2010 APR 15 PM 3:09
 WARDEN'S OFFICE
 USP VICTORVILLE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 58548-E1

CASE NUMBER: _____

Part C- RECEIPT

Return to: _____
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)

FOP LYN



FEDERAL BUREAU OF PRISONS

SP-229(13)
APRIL 1982

EXHIBIT 57

Request for Administrative Remedy
Case No.: 585748-F1

This is in response to your Request for Administrative Remedy, received on April 15, 2010. In your request, you state prior to your transfer, you were seeking accommodation for your disability through the Administrative Remedy Process. As relief, you request your previous grievances be allowed to go forward and that you not be transferred again during the remedy process. You also request the same relief you were seeking at the previous institution.

A review of your request revealed you were designated to USP Victorville on March 18, 2010. You have a medical duty status of Total Deafness. Since November, 2008, nineteen Administrative Remedy submissions were filed at previous institutions. Currently, two Administrative Remedy appeals are pending responses in the South East Regional Office. Specifically, responses to Remedy No. 575644-R1 and Remedy No. 576341-R1 are due on May 14, 2010. Therefore, it appears your Administrative Remedy submissions at previous institutions were, and continue to be, addressed.

You have specifically requested the following accommodations at USP Victorville: (a) telephone access through a tele-typewriter (TTY) or videophone; (b) working hearing aid batteries on an as-needed basis; (c) access to closed-captioned television; (d) a qualified interpreter in order to communicate with staff; and (e) a vibrating pager to alert you to prison alarms and other announcements.

Each of these requests are addressed as follows: (a) Your Unit Manager has a TTY/Video phone inside the Unit Team area for your use. A schedule has been set for you to utilize the equipment on Monday afternoons and Friday mornings; (b) Health Services staff have advised that on April 20, 2010, you turned in your hearing aid, stating it wasn't working. A consultation request has been submitted for you to be seen by an Ear, Nose and Throat (ENT) Specialist. You will be advised on the outcome of this request; (c) A television has been set with the closed-captioned for your viewing, inside your assigned unit; (d) There are no provisions in policy to provide hearing impaired inmates with pagers or ASL trained staff. However, you are provided with a hearing aid and new batteries for the device as needed; (e) You attended Admission and Orientation (A&O), and were provided an inmate handbook when you arrived at the institution. The inmate handbook provides the official count, meals, and movement times. In the event there is an unscheduled count or movement time, you will be alerted by staff. All fire alarms in the institution are equipped with a visual device (strobe lighting) to alert the hearing impaired.

Accordingly, this response to your Request for Administrative Remedy is for informational purposes only. If you are dissatisfied with your response, you may appeal to the Western Regional Director. Your appeal must be received by the Regional Administrative Remedy Coordinator, Federal Bureau of Prisons, Western Regional Office, 7336 Shoreline Drive, Stockton, CA 95219, within twenty (20) calendar days from the date of this response.

Francisco J. Quintana, Warden
 Francisco J. Quintana, Warden

5/4/10
 Date

585748-R1
FCC Victorville

BRYANT, David

06704-016

This is in response to your Regional Administrative Remedy Appeal of the Warden's decision dated May 4, 2010. You are requesting accommodations for your disability. In addition, you state your transfer was retaliatory and you request that you remain at this facility to complete the administrative remedy process.

A review of your request reveals you arrived at USP Victorville on March 18, 2010. You stated you were transferred after you had submitted a remedy and before you received a response. Program Statement 1330.16, Administrative Remedy Program, requires the facility or regional office to complete the investigation and the response in a timely manner regardless if the inmate has left the institution or the region. To clarify, although you were transferred to another region, your remedies will be investigated and you will receive a response if they met the submission criteria.

The Warden's response addressed each issue you listed in your BP-9. We concur with the Warden's response. As a follow-up to your hearing aid concerns (b), Health Services notified you of your approval to have a consult with an Ear, Nose, and Throat Specialist. If you need batteries for your hearing aide, notify Health Services and you will receive those free of charge. Our review reveals the institution is meeting your needs.

This response is provided for informational purposes. If dissatisfied with this response, you may appeal to the Office of the General Counsel, Bureau of Prisons, 320 First Street, NW, Washington, DC 20534. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.

6-30-10
Date

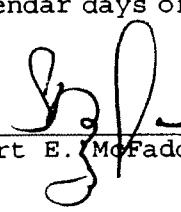

Robert E. McFadden, Regional Director

EXHIBIT 58

② Did the Compound

find out what

You are in

Prison for No-

David Bryant-Deaf
I Don't Know,

I AM IMMADE IN PRISON NOT
TROUBLE WITH NOTHING, I ONLY
RESPECT BY PRISON ALSO I MUST
FOCUS MY RESPONSIBLE BY MY
RIGHT WAY GO TO BACK TO ~~THE~~
~~UNIT~~ unit

MURKIN

① Did you ask to

Come to SHU? NO

For your own Protection? NO
David Bryant-Deaf

His office was get me
go to SHU, then I Don't

Understand that why. Lt office
said that Compound Danger

Call me. I said stop

Frivolous and malicious. Also
I Never never Trouble with
everything by compound
Danger.

MR. TILTON
you are in

~~STH~~ STH

Under a Protective

③ Custody investigation
DAVID BYANT-DEAD

I never said that

protective so I am

fine everything, I never

never fight and not that

I must sober back to

my work not problem

④ I will let Lt. Hylstead

know you want to go to
round.

EXHIBIT 59

8-11-10
Mr. Tipton Someone Dropped Time 3:45p

A note on you

Saying you had

to go to SHU.

SIS has to

investigate it.

I AM Deaf I Never Note ~~about~~^{go} shu and
Also I never said that shu
other inmate was note malicious
to me then stop blame to me
then I NOT want go to shu
stop lie to about ~~go~~ SIS

Mr. Tipton SIS has to check
it out.

EXHIBIT 60

125 BROAD STREET
NEW YORK, N.Y. 10004-2498

August 17, 2010

Via U.S. Mail

Warden Francisco J. Quintana
USP VICTORVILLE
U.S. PENITENTIARY
P.O. BOX 5400
Adelanto, CA 92301

Re: Inmate David Bryant, 06704-016

Dear Warden Quintana:

I represent David Bryant, Register Number 06704-016, and am writing to express my continuing concerns with USP Victorville's failure to accommodate Mr. Bryant's deafness. Mr. Bryant's placement in the Special Housing Unit (the "SHU") where he has significantly reduced privileges from both the general population and compared to other hearing inmates in the SHU, is very troubling – especially considering that his placement in the SHU appears to be the result of the prison's failure to provide Mr. Bryant with a qualified American Sign Language ("ASL") interpreter.

As you know from previous letters from me and my colleagues and the administrative remedy forms Mr. Bryant has filed, Mr. Bryant is deaf. He communicates in ASL, a language of hand signals that is *distinct and different* from English, and, therefore, he does not communicate effectively in written English. Additionally, he requires a teletypewriter ("TTY") to communicate via telephone. When my colleague Andrew Gelfand and I visited Mr. Bryant on July 25, 2010, we learned that Mr. Bryant had been placed in the SHU on or around July 23, 2010. To my knowledge, Mr. Bryant is still in the SHU, where, amongst other general privilege restrictions, he has no access to a TTY despite the fact that hearing prisoners in the same position have access to telephones. Mr. Bryant did not – and still does not – know why he was put in the SHU.

Mr. Gelfand spoke with Counselor Ferguson on July 27, 2010, to determine why Mr. Bryant was put in the SHU. Counselor Ferguson told Mr. Gelfand to speak to Unit Manager Tipton. On July 29, 2010, Unit Manager Tipton told Mr. Gelfand that if Mr. Bryant signed a release form, Unit Manager Tipton would then be able to provide Mr. Gelfand information regarding Mr. Bryant's placement in the SHU. Mr. Gelfand followed Unit Manager Tipton's instructions and sent him a release for Mr. Bryant's signature on July 30, 2010.

EXHIBIT 60

Warden Francisco J. Quintana

-2-

After receiving the requested release form, however, Unit Manager Tipton told Mr. Gelfand on August 6, 2010, that there was a "misunderstanding" because he could not deal with attorneys, nor provide updates on Mr. Bryant's status. Unit Manager Tipton also said that Mr. Bryant "knows why he is in the SHU" because Mr. Bryant writes and reads lips "very well" and that he could write to his attorneys to tell us why he is in the SHU. Mr. Gelfand reminded Unit Manager Tipton that Mr. Bryant did not know why he was in the SHU when we visited him on July 25, 2010. Mr. Gelfand also reminded Unit Manager Tipton that it was Unit Manager Tipton's suggestion to have Mr. Bryant sign the release form. Unit Manager Tipton agreed to follow up with Mr. Bryant to see if he consented to the release of this information. To date, we have not heard further from Unit Manager Tipton.

Mr. Bryant recently sent me by mail a set of handwritten notes passed between himself and Unit Manager Tipton. These notes are dated August 6, 2010 – the same date on which we had our last communication with Unit Manager Tipton in which he informed Mr. Gelfand that Mr. Bryant writes and reads lips "very well." I am attaching these handwritten notes as they clearly demonstrate that Mr. Bryant does not communicate effectively in written English. In this handwritten exchange, Unit Manager Tipton attempted to ask Mr. Bryant if Mr. Bryant had asked to be placed in the SHU "for [his] own protection." When Mr. Bryant denied making such a request, Unit Manager Tipton told Mr. Bryant that he was in the SHU "under a Protective Custody Investigation" and that he would tell his superiors that Mr. Bryant "want[s] to go to Compound."

From these notes, it appears that USP Victorville is under the mistaken impression that Mr. Bryant requested to be put in the SHU for his own protection. This is but the latest instance of a troubling trend at USP Victorville and other federal prisons in which Mr. Bryant has been incarcerated. Mr. Bryant requests the accommodations which he is due under the law for his deafness, and the prison responds by putting him in the SHU, denying him access to his attorneys, and wrongly claiming that his deafness is not a barrier to communication. This latest apparent miscommunication would never have occurred if the prison had provided Mr. Bryant a qualified ASL interpreter to communicate with prison staff as required under the Rehabilitation Act.

I again request that Mr. Bryant be provided with a qualified ASL interpreter to help him communicate with prison staff and the other reasonable accommodations to which he is entitled under the Act. Mr. Bryant's deafness is a significant and real barrier to communication, and he should not be subjected to unjust punishment in the SHU because the prison refuses to provide him the reasonable accommodations the law requires. In addition, if he has not already been moved, Mr. Bryant should be moved to the general population as soon as possible.

Warden Francisco J. Quintana

-3-

I am available by telephone, (212) 558-1632, email, fitzwatm@sullcrom.com, or facsimile, (212) 291-9282, at any time to discuss this issue, including Mr. Bryant's ongoing need of accommodations for his deafness.

Respectfully Yours,



Matthew S. Fitzwater

(Enclosure)

cc: Gen. Counsel Kathleen M. Kenney
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Washington, D.C. 20534

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7338 Shoreline Drive
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**UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA**

NOTICE OF ASSIGNMENT TO UNITED STATES MAGISTRATE JUDGE FOR DISCOVERY

This case has been assigned to District Judge Mariana P. Pfaelzer and the assigned discovery Magistrate Judge is David T. Bristow.

The case number on all documents filed with the Court should read as follows:

CV11- 254 MRP (DTBx)

Pursuant to General Order 05-07 of the United States District Court for the Central District of California, the Magistrate Judge has been designated to hear discovery related motions.

The United States District Judge assigned to this case will review all filed discovery motions and thereafter, on a case-by-case or motion-by-motion basis, may refer discovery related motions to the Magistrate Judge for hearing and determination

===== :

NOTICE TO COUNSEL

A copy of this notice must be served with the summons and complaint on all defendants (if a removal action is filed, a copy of this notice must be served on all plaintiffs).

Subsequent documents must be filed at the following location:

☒ Western Division 312 N. Spring St., Rm. G-8 Los Angeles, CA 90012	☐ Southern Division 411 West Fourth St., Rm. 1-053 Santa Ana, CA 92701-4516	☐ Eastern Division 3470 Twelfth St., Rm. 134 Riverside, CA 92501

Failure to file at the proper location will result in your documents being returned to you.

Adam S. Paris (SBN 190693)
 Rory P. Culver (SBN 271868)
 1888 Century Park East
 Los Angeles, California 90067
 Tel.: (310) 712-6600; Fax: (310) 712-8800

UNITED STATES DISTRICT COURT
 CENTRAL DISTRICT OF CALIFORNIA

David Bryant

CASE NUMBER

PLAINTIFF(S)

CV11 0254 MRP (DTBx)

v.

U.S. Bureau of Prisons, Harley G. Lappin, Robert E.
 McFadden, and Francisco J. Quintana, in their official
 capacities

SUMMONS

DEFENDANT(S).

See Attachment

TO: DEFENDANT(S): United States Bureau of Prisons, Harley G. Lappin, Robert E. McFadden, and
Francisco J. Quintana

A lawsuit has been filed against you.

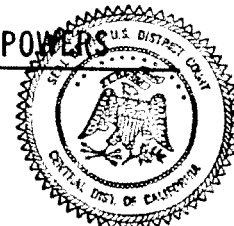
Within 60 days after service of this summons on you (not counting the day you received it), you must serve on the plaintiff an answer to the attached ☒ complaint ☐ amended complaint ☐ counterclaim ☐ cross-claim or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff's attorney, Adam S. Paris, whose address is 1888 Century Park East, Los Angeles, California 90067. If you fail to do so, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Clerk, U.S. District Court

Dated: JAN - 7 2011

By: CHRISTOPHER POWERS
 Deputy Clerk

(Seal of the Court)



[Use 60 days if the defendant is the United States or a United States agency, or is an officer or employee of the United States. Allowed 60 days by Rule 12(a)(3)].

1181

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10 **[Additional Counsel Listed on Signature Page]**

11 *Attorneys for Plaintiff David Bryant*

12 UNITED STATES DISTRICT COURT
13 CENTRAL DISTRICT OF CALIFORNIA

14 DAVID BRYANT,

15 Plaintiff,

16 v.

17 UNITED STATES BUREAU
18 OF PRISONS,

19 HARLEY G. LAPPIN, in his
20 official capacity as Director of
the United States Bureau of
Prisons,

21 ROBERT E. MCFADDEN, in
22 his official capacity as Regional
Director of the United States
23 Bureau of Prisons Western
Region,

24 and

25 FRANCISCO J. QUINTANA, in
26 his official capacity as Warden of
USP Victorville,
27

28 Defendants.

Case No.

**COMPLAINT FOR VIOLATIONS
OF THE REHABILITATION ACT
AND VIOLATIONS OF THE
FIRST, FIFTH, AND EIGHTH
AMENDMENTS**

CONFORMED

UNITED STATES DISTRICT COURT, CENTRAL DISTRICT OF CALIFORNIA
CIVIL COVER SHEET

I (a) PLAINTIFFS (Check box if you are representing yourself ☐ DAVID BRYANT	DEFENDANTS see attached
(b) Attorneys (Firm Name, Address and Telephone Number. If you are representing yourself, provide same.) see attached	Attorneys (If Known)

II. BASIS OF JURISDICTION (Place an X in one box only.) ☐ 1 U.S. Government Plaintiff ☐ 3 Federal Question (U.S. Government Not a Party) ☒ 2 U.S. Government Defendant ☐ 4 Diversity (Indicate Citizenship of Parties in Item III)	III. CITIZENSHIP OF PRINCIPAL PARTIES - For Diversity Cases Only (Place an X in one box for plaintiff and one for defendant.) <table style="width:100%; border: none;"> <tr> <td style="width:33%;"></td> <td style="width:10%; text-align: center;">PTF</td> <td style="width:10%; text-align: center;">DEF</td> <td style="width:47%;"></td> <td style="width:10%; text-align: center;">PTF</td> <td style="width:10%; text-align: center;">DEF</td> </tr> <tr> <td>Citizen of This State</td> <td align="center">☐ 1</td> <td align="center">☐ 1</td> <td>Incorporated or Principal Place of Business in this State</td> <td align="center">☐ 4</td> <td align="center">☐ 4</td> </tr> <tr> <td>Citizen of Another State</td> <td align="center">☐ 2</td> <td align="center">☐ 2</td> <td>Incorporated and Principal Place of Business in Another State</td> <td align="center">☐ 5</td> <td align="center">☐ 5</td> </tr> <tr> <td>Citizen or Subject of a Foreign Country</td> <td align="center">☐ 3</td> <td align="center">☐ 3</td> <td>Foreign Nation</td> <td align="center">☐ 6</td> <td align="center">☐ 6</td> </tr> </table>		PTF	DEF		PTF	DEF	Citizen of This State	☐ 1	☐ 1	Incorporated or Principal Place of Business in this State	☐ 4	☐ 4	Citizen of Another State	☐ 2	☐ 2	Incorporated and Principal Place of Business in Another State	☐ 5	☐ 5	Citizen or Subject of a Foreign Country	☐ 3	☐ 3	Foreign Nation	☐ 6	☐ 6
	PTF	DEF		PTF	DEF																				
Citizen of This State	☐ 1	☐ 1	Incorporated or Principal Place of Business in this State	☐ 4	☐ 4																				
Citizen of Another State	☐ 2	☐ 2	Incorporated and Principal Place of Business in Another State	☐ 5	☐ 5																				
Citizen or Subject of a Foreign Country	☐ 3	☐ 3	Foreign Nation	☐ 6	☐ 6																				

IV. ORIGIN (Place an X in one box only.)
☒ 1 Original Proceeding ☐ 2 Removed from State Court ☐ 3 Remanded from Appellate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from another district (specify): ☐ 6 Multi-District Litigation ☐ 7 Appeal to District Judge from Magistrate Judge

V. REQUESTED IN COMPLAINT: **JURY DEMAND:** ☒ Yes ☐ No (Check 'Yes' only if demanded in complaint.)
CLASS ACTION under F.R.C.P. 23: ☐ Yes ☒ No **MONEY DEMANDED IN COMPLAINT:** \$ _____

VI. CAUSE OF ACTION (Cite the U.S. Civil Statute under which you are filing and write a brief statement of cause. Do not cite jurisdictional statutes unless diversity.)
 29 U.S.C. § 794, violations of constitutional and statutory rights of federal prison inmate with deafness

VII. NATURE OF SUIT (Place an X in one box only.)

OTHER STATUTES ☐ 400 State Reapportionment ☐ 410 Antitrust ☐ 430 Banks and Banking ☐ 450 Commerce/ICC Rates/etc. ☐ 460 Deportation ☐ 470 Racketeer Influenced and Corrupt Organizations ☐ 480 Consumer Credit ☐ 490 Cable/Sat TV ☐ 810 Selective Service ☐ 850 Securities/Commodities/Exchange ☐ 875 Customer Challenge 12 USC 3410 ☐ 890 Other Statutory Actions ☐ 891 Agricultural Act ☐ 892 Economic Stabilization Act ☐ 893 Environmental Matters ☐ 894 Energy Allocation Act ☐ 895 Freedom of Info. Act ☐ 900 Appeal of Fee Determination Under Equal Access to Justice ☐ 950 Constitutionality of State Statutes	CONTRACT ☐ 110 Insurance ☐ 120 Marine ☐ 130 Miller Act ☐ 140 Negotiable Instrument ☐ 150 Recovery of Overpayment & Enforcement of Judgment ☐ 151 Medicare Act ☐ 152 Recovery of Defaulted Student Loan (Excl. Veterans) ☐ 153 Recovery of Overpayment of Veteran's Benefits ☐ 160 Stockholders' Suits ☐ 190 Other Contract ☐ 195 Contract Product Liability ☐ 196 Franchise REAL PROPERTY ☐ 210 Land Condemnation ☐ 220 Foreclosure ☐ 230 Rent Lease & Ejectment ☐ 240 Torts to Land ☐ 245 Tort Product Liability ☐ 290 All Other Real Property	TORTS PERSONAL INJURY ☐ 310 Airplane ☐ 315 Airplane Product Liability ☐ 320 Assault, Libel & Slander ☐ 330 Fed. Employers' Liability ☐ 340 Marine ☐ 345 Marine Product Liability ☐ 350 Motor Vehicle ☐ 355 Motor Vehicle Product Liability ☐ 360 Other Personal Injury ☐ 362 Personal Injury-Med Malpractice ☐ 365 Personal Injury-Product Liability ☐ 368 Asbestos Personal Injury Product Liability IMMIGRATION ☐ 462 Naturalization Application ☐ 463 Habeas Corpus-Alien Detainee ☐ 465 Other Immigration Actions	TORTS PERSONAL PROPERTY ☐ 370 Other Fraud ☐ 371 Truth in Lending ☐ 380 Other Personal Property Damage ☐ 385 Property Damage Product Liability BANKRUPTCY ☐ 422 Appeal 28 USC 158 ☐ 423 Withdrawal 28 USC 157 CIVIL RIGHTS ☐ 441 Voting ☐ 442 Employment ☐ 443 Housing/Accommodations ☐ 444 Welfare ☐ 445 American with Disabilities - Employment ☐ 446 American with Disabilities - Other ☐ 440 Other Civil Rights	PRISONER PETITIONS ☐ 510 Motions to Vacate Sentence Habeas Corpus ☐ 530 General ☐ 535 Death Penalty ☐ 540 Mandamus/Other ☒ 550 Civil Rights ☐ 555 Prison Condition FORFEITURE/PENALTY ☐ 610 Agriculture ☐ 620 Other Food & Drug ☐ 625 Drug Related Seizure of Property 21 USC 881 ☐ 630 Liquor Laws ☐ 640 R.R. & Truck ☐ 650 Airline Regs ☐ 660 Occupational Safety/Health ☐ 690 Other	LABOR ☐ 710 Fair Labor Standards Act ☐ 720 Labor/Mgmt. Relations ☐ 730 Labor/Mgmt. Reporting & Disclosure Act ☐ 740 Railway Labor Act ☐ 790 Other Labor Litigation ☐ 791 Empl. Ret. Inc. Security Act PROPERTY RIGHTS ☐ 820 Copyrights ☐ 830 Patent ☐ 840 Trademark SOCIAL SECURITY ☐ 861 HIA (1395ff) ☐ 862 Black Lung (923) ☐ 863 DIWC/DIWW (405(g)) ☐ 864 SSID Title XVI ☐ 865 RSI (405(g)) FEDERAL TAX SUITS ☐ 870 Taxes (U.S. Plaintiff or Defendant) ☐ 871 IRS-Third Party 26 USC 7609

CV11 0254

FOR OFFICE USE ONLY: Case Number: _____

AFTER COMPLETING THE FRONT SIDE OF FORM CV-71, COMPLETE THE INFORMATION REQUESTED BELOW.

UNITED STATES DISTRICT COURT, CENTRAL DISTRICT OF CALIFORNIA
CIVIL COVER SHEET

VIII(a). IDENTICAL CASES: Has this action been previously filed in this court and dismissed, remanded or closed? ☒ No ☐ Yes
 If yes, list case number(s): _____

VIII(b). RELATED CASES: Have any cases been previously filed in this court that are related to the present case? ☒ No ☐ Yes
 If yes, list case number(s): _____

Civil cases are deemed related if a previously filed case and the present case:

- (Check all boxes that apply) ☐ A. Arise from the same or closely related transactions, happenings, or events; or
☐ B. Call for determination of the same or substantially related or similar questions of law and fact; or
☐ C. For other reasons would entail substantial duplication of labor if heard by different judges; or
☐ D. Involve the same patent, trademark or copyright, and one of the factors identified above in a, b or c also is present.

IX. VENUE: (When completing the following information, use an additional sheet if necessary.)

- (a) List the County in this District; California County outside of this District; State if other than California; or Foreign Country, in which EACH named plaintiff resides.
☐ Check here if the government, its agencies or employees is a named plaintiff. If this box is checked, go to item (b).

County in this District:*	California County outside of this District; State, if other than California; or Foreign Country
San Bernardino	

- (b) List the County in this District; California County outside of this District; State if other than California; or Foreign Country, in which EACH named defendant resides.
☒ Check here if the government, its agencies or employees is a named defendant. If this box is checked, go to item (c).

County in this District:*	California County outside of this District; State, if other than California; or Foreign Country

- (c) List the County in this District; California County outside of this District; State if other than California; or Foreign Country, in which EACH claim arose.
Note: In land condemnation cases, use the location of the tract of land involved.

County in this District:*	California County outside of this District; State, if other than California; or Foreign Country
San Bernardino	

* Los Angeles, Orange, San Bernardino, Riverside, Ventura, Santa Barbara, or San Luis Obispo Counties

Note: In land condemnation cases, use the location of the tract of land involved

X. SIGNATURE OF ATTORNEY (OR PRO PER): _____ **Date** 1/7/11

Notice to Counsel/Parties: The CV-71 (JS-44) Civil Cover Sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law. This form, approved by the Judicial Conference of the United States in September 1974, is required pursuant to Local Rule 3-1 is not filed but is used by the Clerk of the Court for the purpose of statistics, venue and initiating the civil docket sheet. (For more detailed instructions, see separate instructions sheet.)

Key to Statistical codes relating to Social Security Cases:

Nature of Suit Code	Abbreviation	Substantive Statement of Cause of Action
861	HIA	All claims for health insurance benefits (Medicare) under Title 18, Part A, of the Social Security Act, as amended. Also, include claims by hospitals, skilled nursing facilities, etc., for certification as providers of services under the program. (42 U.S.C. 1935FF(b))
862	BL	All claims for "Black Lung" benefits under Title 4, Part B, of the Federal Coal Mine Health and Safety Act of 1969. (30 U.S.C. 923)
863	DIWC	All claims filed by insured workers for disability insurance benefits under Title 2 of the Social Security Act, as amended; plus all claims filed for child's insurance benefits based on disability. (42 U.S.C. 405(g))
863	DIWW	All claims filed for widows or widowers insurance benefits based on disability under Title 2 of the Social Security Act, as amended. (42 U.S.C. 405(g))
864	SSID	All claims for supplemental security income payments based upon disability filed under Title 16 of the Social Security Act, as amended.
865	RSI	All claims for retirement (old age) and survivors benefits under Title 2 of the Social Security Act, as amended. (42 U.S.C. (g))

ATTACHMENT TO CIVIL COVER SHEET

DEFENDANTS

UNITED STATES BUREAU OF PRISONS, HARLEY G. LAPPIN, Director of the United States Bureau of Prisons, ROBERT E. MCFADDEN, Regional Director of the United States Bureau of Prisons Western Region, and FRANCISCO J. QUINTANA, Warden of USP Victorville

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