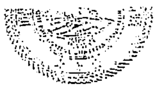

Civil Rights Division

Office of the Assistant Attorney General

Washington, D.C. 20035

MAY 18 2005

The Honorable Darrell L. Link
County Judge Executive
101 N. Main St.
Williamstown, KY 41097

Re: Grant County Detention Center

Dear Judge Executive Link:

I write to report the findings of the Civil Rights Division's investigation of conditions at the Grant County Detention Center ("GCDC"). On November 4, 2003, we notified you of our intent to investigate conditions of confinement at the GCDC pursuant to the Civil Rights of Institutionalized Persons Act ("CRIPA"), 42 U.S.C. § 1997. CRIPA gives the Department of Justice authority to seek a remedy for a pattern or practice of conduct that violates the constitutional rights of jail inmates.

On February 11-13, 2004, we conducted an on-site inspection of GCDC with consultants in the fields of correctional management and medical care. While on-site, we interviewed the Jailer, jail staff, medical care providers, a corrections consultant employed by the jail, and inmates. We also reviewed documents, including state and county inspection records, jail policies and procedures, incident reports, and individual inmate records. At the end of the inspection, our expert consultants conducted informal exit meetings with the Jailer and his staff in which our experts conveyed their preliminary findings. We appreciate the full cooperation we received from county officials throughout our investigation. We also wish to extend our appreciation to the Jailer and his staff, who extended every courtesy to us during our visit, and provided all documents we requested.

Based on our investigation, and as described in more detail below, we conclude that certain conditions at the facility appear to violate the constitutional rights of the inmates confined there. Our inquiry suggests that persons confined at GCDC often receive inadequate protection from physical harm by other

inmates, and experience deliberate indifference towards their serious medical needs.

I. BACKGROUND

A. DESCRIPTION OF GCDC

GCDC is a 300-bed facility for men and women located in Williamstown, Kentucky. The jail was expanded from 28 beds to 300 beds in May 2000. The jail houses pretrial detainees from Grant and neighboring counties, federal detainees and adjudicated prisoners housed under contract with the United States Marshals Service, and state-adjudicated prisoners who have been sent from other institutions.[1] At the time of our visit, approximately 80% of the inmates at GCDC were pretrial detainees, and approximately 20% were serving sentences. Based on information provided during our inspection, the population appears to be roughly equally split between inmates serving less than 30 days, those serving 30-90 days and those serving more than 90 days. Some inmates have been incarcerated at GCDC for more than one year.

The new part of the facility, where most of the inmates are now housed, consists of main corridors with cell blocks on each side of the corridor. The cells are visible through large windows on the corridor, but officers are not permanently stationed in the corridors. In the old portion of the jail, officers must stop at each cell door and lift a metal cover to see into the cell. Security rounds in both parts of the jail consist of officers periodically walking up and down the corridors. Officers doing security rounds must make a conscious effort to stop and observe activity in the individual cellblocks.

GCDC employs one full-time nurse who functions as a health services administrator. A correctional officer is assigned to assist the nurse with scheduling, billing and patient flow. Two additional correctional officers dispense medication to inmates. A contract physician provides two to three hours per week of on-site medical care, and is available by phone the rest of the week. The local hospital is adjacent to the facility.

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[1] According to the Jailer, Grant County provides no funding for the jail. The housing of inmates from other jurisdictions, for which GCDC receives compensation, is GCDC's only source of revenue.

B. LEGAL FRAMEWORK

CRIPA authorizes the Attorney General to investigate and take appropriate action to protect the constitutional rights of inmates. 42 U.S.C. § 1997a. With regard to sentenced inmates, the Eighth Amendment places an affirmative duty on prison officials to provide humane conditions of confinement and to ensure that inmates receive adequate food, clothing, medical care, and shelter. Farmer v. Brennan, 511 U.S. 825, 832-33 (1994). Jail officials have a duty to protect inmates from violence at the hands of other prisoners. Id. at 833; see also Nelson v. Overberg, 999 F.2d 162, 166 (6th Cir. 1993) (jailers have "an obligation to take reasonable steps to protect [inmates] from violence at the hands of other inmates"). The Eighth Amendment protects inmates not only from present and continuing harm, but from future harm as well. Helling v. McKinney, 509 U.S. 25, 33 (1993).

The Eighth Amendment also requires jail officials to provide for the serious medical needs of convicted prisoners. Estelle v. Gamble, 429 U.S. 97, 104 (1976); Napier v. Madison County, 238 F.3d 739, 742 (6th Cir. 2001). A "prisoner's psychological needs may constitute serious medical needs, especially when they result in suicidal tendencies." Comstock v. McCrary, 273 F.3d 693, 703 (6th Cir. 2001) (internal citations and quotations omitted). A sufficiently serious failure to provide dental care also violates a prisoner's constitutional rights. Farrow v. West, 320 F.3d 1235, 1243-44 (11th Cir. 2003); Chance v. Armstrong, 143 F.3d 698, 702 (2d Cir. 1998); Wilson v. Wilkinson, 2001 WL 506496 (S.D. Oh. April 26, 2001) (citing Chapman v. Rhodes, 434 F. Supp. 1007, 1020 (S.D. Oh. 1997) rev'd on other grounds, Rhodes v. Chapman, 452 U.S. 337 (1981)).

The majority of inmates at the jail are pretrial detainees who have not been convicted of the criminal offenses with which they have been charged. The rights of pretrial detainees are protected under the Fourteenth Amendment, which ensures that these inmates "retain at least those constitutional rights . . . enjoyed by convicted prisoners." Bell v. Wolfish, 441 U.S. 520, 545 (1979). In addition, the Fourteenth Amendment prohibits punishment of pretrial detainees or the imposition of conditions or practices not reasonably related to the legitimate governmental objectives of safety, order and security. Id. at 535-37.

II. FINDINGS

A. SECURITY, SUPERVISION AND PROTECTION FROM HARM

GCDC appears to violate the constitutional rights of inmates by failing to protect them adequately from other inmates. Many inmate-on-inmate assaults appear to have been reasonably preventable by jail staff.

1. Examples of Inmate-on-Inmate Violence

Although hardly a comprehensive list of the problems we identified, the incidents described below represent a snapshot of some of the disturbing security deficiencies we uncovered.

On February 9, 2004, inmate N.R.[2] was assaulted by the same inmate who had assaulted him one month previously. According to the incident report, the assaultive inmate had been placed back in the same cell as N.R. by mistake. Further, although security staff were warned ahead of time that a fight was about to occur, they only monitored the situation for a short time, then left the area. The assault occurred shortly after they left.

Similarly, on January 15, 2004, two cellmates were involved in a fight in which one of the inmates suffered a fractured jaw and a fractured wrist. The inmates were separated and housed in different cells. On January 20, these same two inmates were placed in the jail library together and another fight ensued.

In December 2003, inmate W.L. was involved in an altercation with GCDC staff during booking. Several days later, he and another inmate were moved together from temporary holding cells to a cell in the segregation unit. Allegedly several of the ten inmates in the segregation cell were members of the same gang. W.L. reported that the other inmate immediately asked to be moved from the cell because he feared for his safety. Staff then moved that inmate to another cell. W.L. reported that he also asked to be moved, but an officer told him "you like to fight cops, let's see how you do in here with these sharks." On December 17, W.L. was assaulted by one of the other inmates.[3] We interviewed an

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[2] Throughout this letter, when referring to a specific inmate, we use pseudonymous initials to protect the identity of the inmate.

[3] In the fall of 2003, W.L. was involved in a traffic accident in which an off-duty GCDC officer was found at fault. W.L. told

inmate who was in the same cell at the time of the assault. He corroborated W.L.'s story.

On August 7, 2003, an officer making rounds "noticed everybody standing at the windows." He asked what was going on, but no one would respond. The guard left the area rather than continuing to monitor the situation. When the guard returned a short time later he again noticed all the inmates standing at the windows. This time he noticed inmates in one cell pointing to another cell, so he turned on the light and found an inmate "standing at the window crying and covered in blood." Apparently the inmate had been assaulted by another inmate or inmates.

2. Management Deficiencies

GCDC also suffers from deficiencies in staffing, training, and the classification of predatory and vulnerable inmates.[4] These shortcomings have a clear correlation to the inmate-on-violence problem discussed above.[5]

a. Inadequate Classification of Predatory and Vulnerable Inmates

Many of the incidents of inmate assault at GCDC appear to occur because GCDC fails to classify appropriately its potentially predatory and vulnerable inmates. Several months

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us that the GCDC officer offered to assist him with sentencing on another matter if he would drop his insurance claim, but W.L. refused. GCDC senior staff are aware of this incident, and the fact that two GCDC officers involved in the traffic incident were in routine contact with W.L. during his incarceration, but apparently have not taken any action as a result.

[4] There is also a security problem in the jail's kitchen, where inmates assist, sometimes unsupervised, with food preparation and clean-up. The jail has no policy or procedure for accounting for cutting instruments and other kitchen utensils that could be used as weapons. While we are not aware of any incidents at GCDC resulting from an inmate using a kitchen tool as a weapon, we wanted to inform you of the risk of not accounting for kitchen tools that could function as lethal weapons.

[5] It is well established that inadequate staffing, classification, or training are not by themselves constitutional violations.

prior to our tour, the jail instituted a computerized inmate classification system, the purpose of which is to assist jail staff in identifying potentially violent inmates. The jail has no written policies or procedures in place for the system. Further, the classification system does not adequately take into account such issues as the severity of violent incidents in the inmate's past, assaults committed during previous incarcerations,gang affiliation, and the likelihood that an inmate will victimize other inmates or be victimized. This is a particular problem at GCDC because, unlike most Kentucky county jails, where the inmates are largely local residents awaiting trials or serving sentences of less than one year, the majority of the inmates at GCDC come from other Kentucky counties, the State of Kentucky, and from the United States Marshals Service. Some of these inmates are serving long sentences or are facing serious felony charges. Thus there is a higher likelihood that inmates at GCDC will have prior jail experience, gang affiliations, or may be charged with very serious crimes.

In addition, GCDC uses dormitory-style cells to house some of its inmates who, because of their violent histories, require segregated housing. These dormitory-style cells house as many as ten inmates. Housing potentially violent inmates together in such large groups increases the possibility that violent incidents will occur, particularly when the inmates are unsupervised for large periods of time, as they are at GCDC.

b. Staffing and Training

At least some inmate assaults at GCDC appear to result from inadequate numbers of security staff. Existing staff cannot adequately monitor and supervise inmates given the physical design of the facility. During our tour we were told that there are seven assigned security staff posts (for approximately 300-325 inmates) and that, "on a good day," all of these posts had an officer assigned to them. Further, we observed that the officers assigned to supervise inmates are very busy during their shifts. In addition to their security duties, they supervised delivery of canteen items, trash collection, inmate movement, corridor cleaning, and other activities.[6] Our corrections expert concluded that an additional three to five security staff are

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[6] Although the number of officers on duty during the day on weekdays is higher due to administrative and management personnel at the facility, these individuals cannot be counted for purposes of assessing security staffing because inmate supervision is not their primary duty.

necessary for each shift in order to supervise adequately a facility of this design housing approximately 300 inmates.

Security staff also lacks sufficient training and experience to minimize inmate assaults by employing proper classification techniques, conducting meaningful supervision, and communicating effectively with inmates. In fact, the current jail staff has relatively little corrections experience.[7] All of the supervisors and line staff that we interviewed acknowledged that they need more training.

B. MEDICAL CARE

The provision of acute and chronic medical care at GCDC likewise appears to deviate from constitutionally minimum standards. Nor does GCGC offer any psychiatric care whatsoever, even for those inmates who are identified as suicidal or who are suffering from serious mental illness.

1. Acute Care

GCDC consistently fails to provide reasonable medical treatment to inmates with serious or potentially serious acute medical conditions. For example, in one of the incidents discussed above, an inmate suffered for six days from an undiagnosed broken jaw and wrist fractures after being involved in an altercation with another inmate.[8] Although the facility was aware of the fight, no medical intervention was provided. A policy requiring examination of inmates involved in altercations would have detected these serious injuries, and ensured that the inmate received treatment. Yet GCDC does not have such a policy. Another inmate with a history of jaw fractures who complained of jaw pain was given Prozac. Prozac is a powerful prescription

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[7] The current Jailer, Steve Kellam, began work at the jail in August 2001. We found Mr. Kellam to be dedicated to reforming the jail to the extent possible given his resource constraints, and he has already taken measures to improve conditions at the jail. However, Mr. Kellam and his management staff have no previous corrections experience; their backgrounds are largely in law enforcement or the military. Many of the current line staff are also inexperienced.

[8] There is evidence that this altercation was caused, at least in part, by the physician's unexplained decision to reduce the amount of anti-psychotic medication one of the inmates was receiving a few days before the fight.

medication used mostly for major depressive disorders. It is not indicated for the treatment of fractures or pain. In making this diagnosis, there is no evidence that the doctor conducted a physical or mental status examination of the patient.

Medical records we reviewed demonstrate that GCDC fails to conduct reasonable diagnostic tests and provide required treatment in regard to symptoms that might indicate serious medical conditions. We reviewed the file of an inmate who complained of passing blood in his stool. While there are benign causes for this condition, it can be a sign of serious gastrointestinal disease such as colon cancer. The inmate had not received, nor had he been scheduled for, diagnostic examination or follow-up treatment in the week that had passed between the inmate's complaint and our examination of his file.

In another case, an inmate was seen by the doctor for a rash and swelling on his leg. Without documenting a history or physical examination, or inquiring into the source of the swelling, the physician prescribed a diuretic medication. A patient with swelling of an extremity and a rash is at risk of developing skin ulcerations. The swelling might also be due to heart failure, liver failure or vascular insufficiency. The failure to conduct a proper medical evaluation to determine the cause of the swelling constitutes unreasonable treatment, and creates a risk that the patient might lose his leg.

2. Chronic Care

GCDC also fails to address the serious chronic medical conditions of some of its inmates. For a jail at which inmates often stay for months (or even a year) at a time, managing chronic conditions is an important part of providing adequate medical care.

We reviewed the case of an inmate with diabetes who suffered from a foot ulcer (which is a high risk complication of uncontrolled diabetes). As an initial matter, it took three weeks for the physician to see him. Moreover, even though he was referred for care for the foot ulcer, there was no indication that he actually received the care that was ordered. Patients with diabetes and under-treated foot ulcers risk eventual amputation. In addition, no laboratory testing was done for this inmate to measure the control of his diabetes. This monitoring failure subjects the inmate to increased risk of further complications from the disease.

This diabetes patient is part of a larger pattern of GCDC failing to reasonably monitor and treat chronic illnesses. There are no scheduled visits for chronic disease care or follow-up. We reviewed the file of an inmate with HIV who had never received a physician visit. Other than medication, he had none of the follow-up monitoring and care proscribed by nationally accepted guidelines. Without this monitoring, it is impossible to tell if the inmate is on the correct medication. Similarly, an inmate with hypertension had been in the facility for more than one year without a physician visit. He had also never received the blood pressure monitoring that is standard practice to treat hypertension. Inmates with seizure disorder and asthma also do not receive the kind of monitoring and treatment required by nationally accepted guidelines.

Another chronic care deficiency at GCDC is the failure to ensure that inmates receive proper medically required diets. Although GCDC makes medically required diets available to inmates with certain medical conditions, GCDC does not ensure that these diets conform to the standards for calories, fat content, salt, and fiber that are required for treatment of inmates' medical conditions. For example, on one of the days of our visit to the facility, the diabetic meals had more fat and calories than the regular meals. Diabetic meals should have lower fat content and fewer calories than regular meals.

3. Psychiatric Care

Other than medications, GCDC fails to provide any psychiatric care for its inmates, even those identified as suicidal or who are suffering from serious mental illness. GCDC has contracted for a service that allows the facility to call a Master's level clinician for assistance in determining if an inmate needs psychiatric services. However, when this screening identifies serious mental health needs, no follow-up is provided. GCDC has a contract with a local mental health center that allows the facility to pay for and receive psychiatric services, but our review of files and facility budget information showed that these services are not used.

As a result of these deficiencies, there are inmates at GCDC who are suicidal but are not provided with the mental health services GCDC's own screenings have identified as necessary to treat the inmate's serious mental illness. During our visit, we observed an inmate who had been identified six weeks previously through the telephonic screening process as needing psychiatric evaluation. Despite this, he had not been seen by a psychiatrist for purposes of providing him with treatment. At the time of our

visit, he was hearing voices, suffering from delusions and was suicidal. He was receiving inappropriate medication and no other mental health services. Two other inmates whose files we reviewed were screened as suicide risks at least three months previously, but neither had ever been seen by a psychiatrist or any other mental health professional.

GCDC's contract physician prescribes psychotropic medications for inmates. However, we observed a number of inmates who were being improperly medicated for serious mental illnesses. For example, an inmate diagnosed with paranoid schizophrenia was denied anti-psychotic medication and was instead treated for depression. An inmate who was diagnosed with adjustment disorder was given a powerful anti-psychotic drug that would only be appropriate for a much more serious diagnosis of psychosis. An inmate with bipolar disorder was on a medication no longer indicated for that purpose.

These improper medication decisions appear to result, at least in part, from inmates being prescribed psychotropic medications or having their medication changed without a psychiatric examination or documentation. One inmate was prescribed potent medications for depression and psychosis without a mental health exam. Another inmate was given medication for bipolar disorder without a psychiatric examination. An inmate was switched from an antidepressant medication to an anti-psychotic medication without a mental health evaluation. An inmate suffering from anxiety had her medication changed without a recorded history or physical.

4. Management Deficiencies

The deprivations of required medical and mental health outlined above seem to result from a host of management deficiencies. While not themselves constitutional violations, the management shortcomings directly contribute to the lack of constitutionally adequate care. Improvement of these management problems will be key to correcting many of the unconstitutional conditions.

a. Staffing

For example, much of the inadequate medical care at GCDC appears to result primarily from the shortage of medical staff at the facility. A physician is only on-site for two to three hours per week. This is clearly insufficient to provide the medical care required for an institution the size of GCDC. Facilities of this size typically provide ten to twelve hours of physician

coverage a week. Similarly, the forty hours of nursing coverage at GCDC, especially given the low number of physician hours and the fact that the nurse also performs health services administration duties, do not allow the provision of care in a sufficiently timely fashion.

As noted earlier, there is no mental health staff at the facility. While the telephone triage system helps identify inmates in need of mental health services, this lack of staff makes it impossible for the facility to provide treatment to those inmates it has identified. Moreover, the deficiencies in the administration of psychotropic medications demonstrates the need for the involvement of a psychiatrist in the prescription of such medications.

b. Intake Screening and Evaluation

The failures in medical care described above also appear to result in part from deficiencies in the intake screening and evaluation of inmates. While GCDC uses an intake screening instrument, it does not mandate the collection of sufficient information to ensure that serious medical issues are addressed. For example, the general screening instrument asks only "Does the [inmate] have any observable medical problem?" There is no specific inquiry into non-observable current and past illnesses, health conditions and special health requirements, including: medication history; past serious infectious disease; recent communicable disease symptoms; past or current mental illness; drug withdrawal symptoms; and current or recent pregnancy. The suicide screening instrument is also limited to observable signs.

These troubling intake assessment procedures hinder the facility's ability to assure timely access to medical and mental health care for inmates with serious medical needs, including acute conditions or chronic diseases that require continuity of medication. Further, because the questions are so vague, there is a significant risk that inmates with active communicable diseases such as tuberculosis will be placed in the general population, thereby endangering both staff and other inmates.

GCDC also fails to complete required screenings or to provide such evaluation in a timely fashion. For example, suicide risk assessments must be done promptly to ensure that obvious suicide risks are not ignored. On the day of our tour, however, an inmate with obvious psychiatric problems had been at the facility for more than twelve hours without receiving a suicide risk assessment.

Inmates also do not receive a full initial health assessment within a reasonable period after their arrival at GCDC. Such an assessment typically includes a review of the intake information discussed above, the collection of a complete medical and mental health history, a physical examination, and screening for tuberculosis and sexually transmitted diseases. Without this assessment, inmates cannot be appropriately evaluated, and thereby treated, for chronic disorders, communicable disease and mental illness.

c. Policies and Procedures

We also observed that many of facility's policies and procedures lack the breadth and specificity to form an infrastructure to ensure timely access to the appropriate level of medical and mental health care. Indeed, GCDC lacks policies on, *inter alia,* timeliness of access to medical care, continuity of medication, infection control, intoxication/detoxification, record-keeping, disease prevention and special needs. Deficient policies also put staff and patients at risk of contracting communicable diseases such as staph skin infections and hepatitis A, both prevalent among jail inmates. On the housing units, inmates with headaches and other pain are routinely given 800 milligrams of ibuprofen by custody staff, even though the maximum allowable dose without a prescription is 400 milligrams. A policy regarding the dispensing of medicine would help to eliminate such deficiencies.

In addition, there are no protocols for the nurse or the correctional staff to use to ensure timely access to the physician when presenting symptoms requiring physician care. For example, as discussed above, there is no regularly scheduled care for inmates with chronic diseases such as HIV, hypertension, diabetes, asthma, and elevated blood lipids, even though patients with these conditions should be seen at least every three months. The facility lacks any clinical guidelines for treatment of these conditions. The facility should have guidelines based on nationally accepted standards.

d. Record Keeping

The failure to keep adequate medical records contributes to the failures to provide adequate medical care, because deficient medical records make it difficult for the medical staff to ensure that needed care is actually provided, and makes it impossible for facility administrators to monitor this issue. For example, the facility does not maintain logs of pending or completed outside medical referrals. Similarly, GCDC does not have logs of

sick call requests or sick call visits to the nurse. While the facility has a chronic disease log book, it was blank when we reviewed it during our visit.

The state of inmate medical charts at the facility also compromises proper inmate medical care. The sick call slip functions as a request form, a nurse assessment form, and a physician progress note. However, the space for the physician's note is insufficient for a complete progress note. Perhaps as a result of this insufficient space, the physician does not record the inmate's symptoms, nor does he record his findings when he conducts a physical examination. Nor do these notes provide sufficient information to other medical care providers who may be involved in a patient's treatment. Finally, the records are disorganized, and records of outside care are not always included in the records.

III. RECOMMENDED REMEDIAL MEASURES

In order to address the constitutional deficiencies identified above and protect the constitutional rights of inmates, we suggest tht GCDC should implement, at a minimum, the following measures:

A. SUPERVISION OF INMATES AND PROTECTION FROM HARM

1. Provide staffing and establish policies and procedures sufficient to ensure that inmates are appropriately monitored and supervised at all times.

2. Develop appropriate written policies, procedures and protocols governing the classification process that adequately take into account such issues as the severity of the incidents in the inmate's past, assaults committed during previous incarcerations, gang affiliation, and the likelihood that the inmate will victimize other inmates or be victimized.

3. Provide appropriate staff training in general correctional management, staff/inmate communications, gang recognition, and report writing.

B. MEDICAL CARE

1. Adopt and implement appropriate medical and mental health screening instruments that identify non-observable medical and mental health needs, and ensure timely access to the physician when presenting symptoms that require such care.

2. Promptly assess inmates for risk of suicide.

3. Conduct a sufficient initial health assessment of all inmates in a timely fashion.

4. Adopt and implement appropriate clinical guidelines for chronic diseases such as HIV, hypertension, diabetes, asthma, and elevated blood lipids, and policies and procedures on, *inter alia*, timeliness of access to medical care, continuity of medication, infection control, medicine dispensing, intoxication/detoxification, record-keeping, disease prevention, special needs, and providing, where appropriate, medical examinations to all inmates involved in a fight or a use of force.

5. When medically required, provide appropriate diets.

6. Provide medical and mental health staffing sufficient to address the serious medical needs of inmates.

7. Conduct appropriate psychiatric evaluations when prescribing or changing psychotropic medications.

8. Maintain logs of pending or completed outside referrals and sick call requests or sick call visits to the nurse.

9. Ensure that all medical records include sufficient information (including symptoms, the results of physical evaluations, and medical staff progress notes) to ensure that medical staff has all relevant information available when treating inmates.

10. Institute appropriate medical quality assurance measures.

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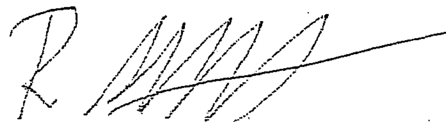
We hope to work with the County in an amicable and cooperative fashion to resolve our outstanding concerns regarding GCDC. Assuming there is a spirit of cooperation from the County and GCDC, we also would be willing to send our expert consultants' evaluations of the facility under separate cover. Although the expert consultants' evaluations and work do not necessarily reflect the official conclusions of the Department of Justice, their observations, analysis, and recommendations provide further elaboration of the issues discussed in this letter and offer practical assistance in addressing them.

Although we certainly do not envision such a scenario, we are obligated by statute to advise you that, in the unexpected event that we are unable to reach a resolution regarding our concerns, the Attorney General may institute a lawsuit pursuant to CRIPA to correct deficiencies of the kind identified in this letter 49 days after appropriate officials have been notified of them. 42 U.S.C. § 1997b(a)(1). It is our great preference to resolve this matter by working cooperatively with you, and we are confident that we will be able to do so in this case. The lawyers assigned to this investigation will be contacting the facility's attorney to discuss this matter in further detail. If you have any questions regarding this letter, please call Shanetta Y. Cutlar, Chief of the Civil Rights Division's Special Litigation Section, at (202) 514-0195.

Sincerely,



R. Alexander Acosta
Assistant Attorney General

cc: Edward Lorenz, Esquire
Grant County Attorney

Steve Kellam
Jailer
Grant County

Gregory F. Van Tatenhove, Esquire
United States Attorney
Eastern District of Kentucky

Exhibit B