

CLERK, U.S. DISTRICT COURT

FEB 23 2017

CENTRAL DISTRICT OF CALIFORNIA
RS DEPUTY

IN THE UNITED STATES DISTRICT COURT

Chavez-Tapia, Armando)

Reg. No.: 46254-298)

Plaintiff/Petitioner(s),)

-vs-)

Lompoc FCC/Lompoc United States Penitentiary)

(Health Services Department))

Defendant/Respondent(s).)

Docket No. 2:17-CV-01495-VBF-JPR

(To be supplied by the Clerk)

CIVIL RIGHTS COMPLAINT
pursuant to 42 U.S.C. §1983
(State Prisoner)

CIVIL RIGHTS COMPLAINT
pursuant to 28 U.S.C. §1331
(Federal Prisoner)

CIVIL COMPLAINT
pursuant to the Federal Tort Claims
Act, 28 U.S.C. §1346, 2671-2680

I. JURISDICTION

A. Plaintiff's mailing address and/or register number and present place of confinement.
3901 Klein Blvd., Lompoc, California 93436

B. Defendant Lompoc FCC/Lompoc United States Penitentiary is employed as
(Name of First Defendant)
Health Services Department
(Position/Title)
with Federal Bureau of Prisons, 320 First Street, NW, Washington
(Employer's Name and Address)
D.C. 20534

At the time the claim(s) alleged in this complaint arose, was the defendant employed by the state, local or federal government?

If your answer is "yes", briefly explain:

Yes (x)

No ()

I was working in the Recreations Department at the time.

RECEIVED
CLERK, U.S. DISTRICT COURT

FEB 21 2017

CENTRAL DISTRICT OF CALIFORNIA
BY: _____ DEPUTY

C. Defendant _____ is employed as
(Name of Second Defendant)

(Position/Title)
with _____
(Employer's Name and Address)

At the time the claim(s) alleged in this complaint arose, was the defendant employed by the state, local or federal government?
Yes () No ()

If your answer is "yes", briefly explain:

D. Using the outline of the form provided, include the above information for any additional defendant(s).

II. PREVIOUS LAWSUITS

A. Have you begun any other lawsuits in state or federal court relating to your imprisonment?
Yes () No (x)

B. If your answer to "A" is "yes", describe the lawsuit(s) in the space below. (If there is more than one (1) lawsuit, you must describe the additional lawsuits on another sheet of paper, using the same outline.) **Failure to comply with this provision may result in summary denial of your complaint.**

1. Parties to previous lawsuits:
 Plaintiff(s) _____

 Defendant(s) _____

2. Court (if Federal Court, name the District; if State Court, name the County) _____
3. Docket number _____
4. Name of Judge to whom case was assigned _____
5. Type of case (for example: Was it a Habeas Corpus or Civil Rights action?) _____
6. Disposition of case (for example: Was the case dismissed? Was it appealed? Is it still pending?) _____
7. Approximate date of filing lawsuit _____
8. Approximate date of disposition _____

III. GRIEVANCE PROCEDURE

- A. Is there a prisoner grievance procedure in the institution? Yes
- B. Did you present the facts relating to your complaint in the prisoner grievance procedure?
 Yes (x) No ()
- C. If your answer is "yes",
 1. What steps did you take? I started by speaking to the Chief Medical first, then filed a BP8 followed by a BP9, followed by a BP10, followed by a BP11.
 2. What was the result? During all the steps taken no medical treatment was given to me unlike the answer to my BP11 states. In the process I was also ridiculed and insulted by a medical staff member, telling me to cut my genitalia off and my medical condition would be over.
- D. If your answer is "no", explain why not. _____

E. If there is no prisoner grievance procedure in the institution, did you complaint to prison authorities? Yes (X) No ()

F. If your answer is "yes",

1. What steps did you take? I started by complaining to medical staff Chief Medical, and warden, Steven Langford.

2. What was the result? There were no satisfactory results. I was taken to a place for examination and treated me worst than an animal hurting me more in the process.

G. If your answer is "no", explain why not.

H. Attach copies of your request for an administrative remedy and the response(s) you received. If you cannot do so, explain why not:

IV. STATEMENT OF CLAIM

State here, as briefly as possible, the FACTS of your case. State who, what, when, where and how you feel your constitutional rights were violated. Do not cite cases or statutes. If you choose to submit legal arguments or citations, you must do so in a separate memorandum of law. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. If your claims relate to prison disciplinary proceedings, attach copies of the disciplinary charges and any disciplinary hearing summary as exhibits.

Only two (2) extra pages (8 1/2 x 11") are permitted, if necessary, to complete your statement of claim. Additionally, attach any relevant, supporting documentation.

The Lompoc FCC/Lompoc United States Penitentiary Health Services Department in the state of California has neglected my health. This institute's Health Services Department has failed to give me proper medical attention, treatment, and medication. My health deteriorates and my pain worsens as time goes by without receiving the proper medical attention and treatment. I am afraid that I may lose my ability to reproduce if this lack of medical attention and treatment keeps going on.
My medical condition has been known to the Federal Bureau of Prisons (FBOP) since my arrest back on January 15, 2014. When I was in MDC San Diego my medical condition was receiving the proper medical attention and treatment. The lack of medical attention and negligence arose when I arrived at Lompoc FCC/Lompoc United States Penitentiary in the state of California. Ever since my arrival at this institute, its health services

department has given me the runaround with its staff members putting the blame on each other for not attending to my medical needs and giving me medication I do not need. One of the medical staff members ridiculed me by telling me to cut my genitalia and my health condition would be taken care off. This same staff member told me that he did not care if I complained against him, that he did not need this job, that he could get a better paying Job somewhere else. I have been taken to a hospital to sign paperwork only to be taken afterwards to this other clandestine place away from the hospital to be examined and was treated worst than an animal by shoving a tube down my penis with no anesthesiawhatsoever. One of the "examiners" went as far as offering me psychological evaluation because he said there was nothing wrong with me that I was imagining my paine and state of health.

I feel my constitutional rights and human rights as well have been violated because I have been in this institute (Lompoc FCC/Lompoc United States Penitentiary) for a little over a year and I still have not received the proper medical attention my health deserves. The Health Services DEpartment declared that it has been given me the dedication treatment I need but it wasn't untill I submitted my complaint to the Office of the General Counsel, Bureau of Prisons in Washington D.C. that I received my first "medical Treatment", on January 20th, 2017. I have gone through countless sleepless nights due to the pain and suffering I have endured. My pain has gotten so severe to the point where I have soiled myself. If I were receiving the proper medical attention and treatment I would not be going through this pain and suffering. It has only worsen with time.

I would like to thank you for taking your time in hearing my case. I look forward to hearing from you.

V. REQUEST FOR RELIEF

State exactly what you want the Court to do for you. If you are a state or federal prisoner, and seek relief which affects the fact or duration of your imprisonment (for example: illegal detention, restoration of good time, expungement of records or parole release), you must file your claim on a Habeas Corpus form, pursuant to 28 U.S.C. §2254, 28 U.S.C. §2255, or 28 U.S.C. §2241.

I would like the proper medical attention and treatment that any human being deserves and reparation for damages.

DECLARATION UNDER FEDERAL RULE OF CIVIL PROCEDURE 11

I, the undersigned, certify to the best of my knowledge, information, and belief, that this complaint is in full compliance with Rule 11(a) and 11(b) of the Federal Rules of Civil Procedure. The undersigned also recognizes that failure to comply with Rule 11(a) and (b) may result in sanctions, monetary or non-monetary, pursuant to Federal Rule of Civil Procedure 11(c).

The plaintiff hereby requests the court issue all appropriate service and/or notices to the defendant(s).

Signed this 15 day of February, 2017.

Armando Chavez Tapia
Signature of Plaintiff

Signature of attorney, if any

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)	DATE: 10-27-15
FROM: <i>[Handwritten signature]</i>	REGISTER NO.: 46254298
WORK ASSIGNMENT: 46254298	UNIT: <i>[Handwritten initials]</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.)

I HAVE EVER SINCE MY PRISON

*ALTO, ITA QUE MI PROBLEMA DE DOLOR EN LA PARTE
 FRONTAL POSIBLE POR EL PROBLEMA QUE
 TRAJE EN MIS PARTES INTERIORES
 LA MEDICINA QUE TRAJI BUENA QUE TAMBO
 NO ME SIRVE PARA NADA YO ME SIENTO
 LOS DOLORS INTERIORS EN EL RECTO Y EN
 LOS TIBEROS DE MI RELAJA MI VIDA COMO
 ORINAR POR FAVOR ME SIRVA AYUDA
 EN SAN DIEGO ME IBAN A SER UN ES CUMEL
 ESAS EL PROSESU QUE ESTABAMOS PERO
 NO MOBILIZON GRACIAS*

(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



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) <i>MEDICAL STAFF / 11111</i>	DATE: <i>10-24-15</i>
FROM: <i>Armando Chavez Tapia</i>	REGISTER NO.: <i>46254298</i>
WORK ASSIGNMENT: <i>NONE</i>	UNIT: <i>K-B10</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.)

I'm requesting to see the specialist, concerning the pain - I have from my private front part - Expanding all the way to my Rectum. I was seen by medical personnel at C.C.A. SAN DIEGO. There I was told that before I was to be TRANSFER to any other institution, there fore I needed to have an M.R.I and verify that I do need serious help. The Reason I was never checked was because my TRANSFER to this place came up on the computer. My medical Records concern my health, you can find them by login-in - The medical list they have where I was last SEEN!! Thank you. For your time.
 (Do not write below this line)

DISPOSITION:

Inpropner

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



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) Medical Records Department	DATE: November 2, 2015
FROM: Armando Chavez-Tapia	REGISTER NO.: 46254-298
WORK ASSIGNMENT: Unassigned	UNIT: K-Unit

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.)

I have a serious medical condition that has been receiving attention since my federal arrest on January 15, 2014. I was in MDC San Diego were numerous medical examinations and reports were generated.

I am writing to you to request that you assist me in having my medical file transferred to this institution so the doctors here know what procedures have been done on me and what was the next scheduled procedure that I needed. If there is any type of form that I need to sign please let me know so I can take care of that and make sure no delay is taken in getting my medical file in the hands of the doctors here.

Thank you very much for your time and attention to my request.

Respectfully,

(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





U.S. Department of Justice
Federal Bureau of Prisons

Federal Correctional Complex
3901 Klein Blvd., Lompoc, California 93436

Health Services Department
Memorandum

December 9, 2015

Reply to
Attention of: Clinical Director, Health Services Department

To:

Inmate Name:	<u>Chaniz-Tabua, Armando</u>
Inmate Reg #:	<u>40254-298</u>
Housing Unit:	<u>K02</u>
<input checked="" type="checkbox"/> USP	<input type="checkbox"/> FCI
<input type="checkbox"/> CAMP	<input type="checkbox"/> RDAP

Subject: Decision Regarding Consultation with:

- | | | |
|---|--|---|
| <input type="checkbox"/> Audiology | <input type="checkbox"/> Neurology | <input type="checkbox"/> Otolaryngology |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Neurosurgery | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Oncology | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Urology |
| <input checked="" type="checkbox"/> General Surgery | <input type="checkbox"/> Optometry | <input type="checkbox"/> Other |
| <input type="checkbox"/> Nephrology | <input type="checkbox"/> Orthopedist | _____ |

Your medical file was presented to the Utilization Review Committee (URC) for review of a consult requested on your behalf for medical services beyond standard clinical care.

After reviewing your medical file, the committee determined the following:

- APPROVED. Your procedure/consult will be scheduled accordingly.
- DISAPPROVED. Your procedure/consult has been disapproved.
- DEFERRED. Re-submission of the request will be considered if medically necessary.
- REFERRED TO REGION. Your consultation has been referred to the Regional Office for final approval.
- IN HOUSE. Your consultation was approved for in house medical care and follow-up.

You may sign up for sick call/triage to address any medical issues or concerns.



U.S. Department of Justice

Federal Bureau of Prisons

Federal Correctional Complex

Health Services Department
Memorandum

3901 Klein Blvd., Lompoc, California 93436

December 9, 2015

Reply to
Attention of: Clinical Director, Health Services Department

To:

Inmate Name:	<u>Chavez-Tapia, Armando</u>
Inmate Reg #:	<u>46254-298</u>
Housing Unit:	<u>K02</u>
<input checked="" type="checkbox"/> USP	<input type="checkbox"/> FCI
<input type="checkbox"/> CAMP	<input type="checkbox"/> RDAP

Subject: Decision Regarding Consultation with:

- | | | |
|---|--|---|
| <input type="checkbox"/> Audiology | <input type="checkbox"/> Neurology | <input type="checkbox"/> Otolaryngology |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Neurosurgery | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Oncology | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Ophthalmology | <input checked="" type="checkbox"/> Urology |
| <input type="checkbox"/> General Surgery | <input type="checkbox"/> Optometry | <input type="checkbox"/> Other |
| <input type="checkbox"/> Nephrology | <input type="checkbox"/> Orthopedist | _____ |

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After reviewing your medical file, the committee determined the following:

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- REFERRED TO REGION. Your consultation has been referred to the Regional Office for final approval.
- IN HOUSE. Your consultation was approved for in house medical care and follow-up.

You may sign up for sick call/triage to address any medical issues or concerns.

RECEIVED

SM OCT - 4 2016
LEGAL DEPARTMENT
FCC LOMPOC

ARMANDO CHAVEZ-TAPIA, 46254-298
LOMPOC USP UNT: K QTR: K03-018L
3901 KLEIN BLVD
LOMPOC, CA 93436

FCC 1330.16
May 14, 2008
Attachment 1

INFORMAL RESOLUTION

DATE: 12/15/15

INFORMAL RESOLUTION INSTRUCTIONS: STAFF MUST COMPLETE AND ATTACH THE ORIGINAL OF THIS FORM TO EACH BP-9, WHEN THE COMPLAINT CANNOT BE INFORMALLY RESOLVED. THE BP-9 WILL NOT BE ACCEPTED WITHOUT THIS COMPLETED FORM, EXCEPT THOSE APPEALING UDC/IDC ACTIONS. INFORMAL RESOLUTION FORMS WILL NEVER BE GIVEN TO THE INMATE TO COMPLETE.

NAME: CHAVEZ-TAPIA, ARMANDO **REG. NO.:** 46254-298 **UNIT:** K

DATE BP-9 REQUESTED: 12/21/15 JS

DATE BP-9 ISSUED : 12/21/15 JS

DATE BP-9 RETURNED : 12/22/15 JS

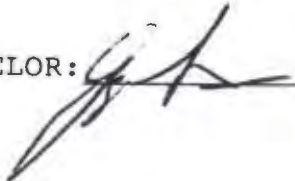
INMATE'S COMPLAINT:

Inmate alleges that he suffers from pain in the groin area and spreading to his rectum. Inmate also states that medical personal are refusing to give him treatment and only gave him Ibuprofen which doesn't do anything for him.

RELIEF REQUESTED: Inmate is requesting to get the medical attention he needs and the right medication.

ACTION TAKEN TO INFORMALLY RESOLVE COMPLAINT:

A review of this matter was conducted with Health Services. The Assistant Health Services Administrator (AHSA) stated that you were evaluated by Dr. Gross on 12/04/15. You were then prescribed a medication to address your complain. In addition, a urology consult has been approved and it is currently scheduled, but due to security reason you will not be provided with a date. Furthermore, you were advised to return to sick call if your condition worsens. If you are not satisfied with this response, you may continue with the Administrative Remedy procedure at the next available level.

CORRECTIONAL COUNSELOR: 

DATE: 12/15/15

FCC 1330.16
May 14, 2008
Attachment 1

INFORMAL RESOLUTION

DATE: 12/15/15

INFORMAL RESOLUTION INSTRUCTIONS: STAFF MUST COMPLETE AND ATTACH THE ORIGINAL OF THIS FORM TO EACH BP-9, WHEN THE COMPLAINT CANNOT BE INFORMALLY RESOLVED. THE BP-9 WILL NOT BE ACCEPTED WITHOUT THIS COMPLETED FORM, EXCEPT THOSE APPEALING UDC/IDC ACTIONS. INFORMAL RESOLUTION FORMS WILL NEVER BE GIVEN TO THE INMATE TO COMPLETE.

NAME: CHAVEZ-TAPIA, ARMANDO REG. NO.: 46254-298 UNIT: K

DATE BP-9 REQUESTED: _____

DATE BP-9 ISSUED : _____

DATE BP-9 RETURNED : _____

INMATE'S COMPLAINT:

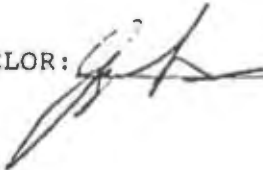
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RELIEF REQUESTED: Inmate is requesting to get the medical attention he needs and the right medication.

ACTION TAKEN TO INFORMALLY RESOLVE COMPLAINT:

A review of this matter was conducted with Health Services. The Assistant Health Services Administrator (AHSA) stated that you were evaluated by Dr. Gross on 12/04/15. You were then prescribed a medication to address your complain. In addition, a urology consult has been approved and it is currently scheduled, but due to security reason you will not be provided with a date. Furthermore, you were advised to return to sick call if your condition worsens. If you are not satisfied with this response, you may continue with the Administrative Remedy procedure at the next available level.

CORRECTIONAL COUNSELOR: _____

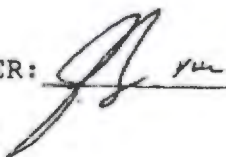


DATE: 12/15/15

UNIT MANAGER'S COMMENTS/ASSISTANCE:

CONCUR WITH CONSTRUCTION.

UNIT MANAGER:

 A handwritten signature in black ink, appearing to be 'J. M.', written over a horizontal line.

DATE:

12/14/15

FCC 1330.16
May 14, 2008
Attachment 1

INFORMAL RESOLUTION

DATE: 12/15/15

INFORMAL RESOLUTION INSTRUCTIONS: STAFF MUST COMPLETE AND ATTACH THE ORIGINAL OF THIS FORM TO EACH BP-9, WHEN THE COMPLAINT CANNOT BE INFORMALLY RESOLVED. THE BP-9 WILL NOT BE ACCEPTED WITHOUT THIS COMPLETED FORM, EXCEPT THOSE APPEALING UDC/IDC ACTIONS. INFORMAL RESOLUTION FORMS WILL NEVER BE GIVEN TO THE INMATE TO COMPLETE.

NAME: CHAVEZ-TAPIA, ARMANDO **REG. NO.:** 46254-298 **UNIT:** K

DATE BP-9 REQUESTED: _____

DATE BP-9 ISSUED : _____

DATE BP-9 RETURNED : _____

INMATE'S COMPLAINT:

Inmate alleges that he suffers from pain in the groin area and spreading to his rectum. Inmate also states that medical personal are refusing to give him treatment and only gave him Ibuprofen which doesn't do anything for him.

RELIEF REQUESTED: Inmate is requesting to get the medical attention he needs and the right medication.

ACTION TAKEN TO INFORMALLY RESOLVE COMPLAINT:

A review of this matter was conducted with Health Services. The Assistant Health Services Administrator (AHSA) stated that you were evaluated by Dr. Gross on 12/04/15. You where then prescribed a medication to address your complain. In addition, a urology consult has been approved and it is currently scheduled, but due to security reason you will not be provided with a date. Furthermore, you were advised to return to sick call if your condition worsens. If you are not satisfied with this response, you may continue with the Administrative Remedy procedure at the next available level.

CORRECTIONAL COUNSELOR:  _____

DATE: 12/15/15

UNIT MANAGER'S COMMENTS/ASSISTANCE:

CONCUR WITH COMMISSIONER.

UNIT MANAGER:

 _____

DATE: 12/15/15

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>Chavez-Tapia, Armando</u>	<u>46254-298</u>	<u>K-Unit</u>	<u>USP Lompoc</u>
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION

Part A- INMATE REQUEST

I am asking for the Warden's assistance in having the Health Services Department take my condition seriously. I am suffering not alleging from severe pain in my groin area that spreads to my rectum. My pain is too severe just to wait around for medical staff to feel like assisting me with my condition. I do acknowledge that I was given medication for (10) days but that did not do anything. I explained this to medical staff and they just stated to me that I have to wait.

I believe my medical condition requires immediate medical attention that is not just timely but appropriate. Please help me get this attention that I believe as a human being I am entitled to.

December 22, 2015

DATE

Armando Chavez

SIGNATURE OF REQUESTER

Part B- RESPONSE

RECEIVED

JAN 21 2016

LEGAL DEPARTMENT
FCC LOMPOC

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.

FIRST COPY: WARDEN'S ADMINISTRATIVE REMEDY FILE

CASE NUMBER: 849267-F1

CASE NUMBER: _____

Part C- RECEIPT

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

SUBJECT: _____

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)



U.S. Department of Justice

Regional Administrative Remedy Appeal

Federal Bureau of Prisons

DA 841201

CHAVEZ-TORRES #462511-294

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.

Name Chavez-Torres Armando 46251-294 K USP Lompoc
LAST NAME, FIRST, MIDDLE INITIAL REG NO UNIT INSTITUTION

Part A - REASON FOR APPEAL. I have had this medical problem since I was picked up by The United States Marshals. Ever since then, when I am given medication it has been the wrong medication. I arrived at USP Lompoc on October of 2015 and till now I have not received the proper medical attention. Recently The last medical visits have been insults and humiliations from Dr. Dolynwal. Dr. Dolynwal has told me that he does not know what my problem / health issue was. Dr. Dolynwal told me "to cut my penis and my health issue would disappear". I have been told countless times that I am in the list to go out to see a specialist but I do not go anywhere or am given any medication in the meantime. Dr. Dolynwal also told me "that he didn't care if I reported him or got fired because he had other better places where he could go work". At the moment I am not receiving any medical attention for my current medical problem. I am taking medication for my prostate but that is not my current medical problem. I appreciate your help. This medical problem is so severe that I cannot sleep.

DATE 04-11-2016 SIGNATURE OF REQUESTER Armando Chavez

Part B - RESPONSE

2016

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 849207R4

Part C - RECEIPT

Return to _____ CASE NUMBER _____
SUBJECT LAST NAME, FIRST, MIDDLE INITIAL REG NO UNIT INSTITUTION

DATE _____ SIGNATURE, RECIPIENT OF REGIONAL APPEAL _____

REJECTION NOTICE - ADMINISTRATIVE REMEDY

DATE: MAY 5, 2016

Ed. C.M.
FROM: ADMINISTRATIVE REMEDY COORDINATOR
WESTERN REGIONAL OFFICE

TO : ARMANDO CHAVEZ-TAPIA, 46254-298
SAN DIEGO MCC UNT: C-HLD QTR: L02-301L
808 UNION STREET
SAN DIEGO, CA 92101

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 : 849207-R1 REGIONAL APPEAL
DATE RECEIVED : MAY 3, 2016
SUBJECT 1 : MEDICAL CARE - DELAY OR ACCESS TO
SUBJECT 2 : MEDICAL TREATMENT
INCIDENT RPT NO:

REJECT REASON 1: YOU DID NOT PROVIDE A COPY OF YOUR INSTITUTION
ADMINISTRATIVE REMEDY REQUEST (BP-9) FORM OR A COPY
OF THE (BP-09) RESPONSE FROM THE WARDEN.

RECEIPT - ADMINISTRATIVE REMEDY

DATE: AUGUST 17, 2016

FROM: ADMINISTRATIVE REMEDY COORDINATOR
WESTERN REGIONAL OFFICE

TO : ARMANDO CHAVEZ-TAPIA, 46254-298
LOMPOC USP UNT: K QTR: K03-018L

THIS ACKNOWLEDGES THE RECEIPT OF THE REGIONAL APPEAL
IDENTIFIED BELOW:

REMEDY ID : 849207-R2
DATE RECEIVED : AUGUST 15, 2016
RESPONSE DUE : SEPTEMBER 14, 2016
SUBJECT 1 : MEDICAL CARE - DELAY OR ACCESS TO
SUBJECT 2 : MEDICAL TREATMENT

1067
10050
1050
9050

Federal Bureau of Prisons

Type of-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: Chavez-Tapa Armando 46254-298 K USP Lompoc-Med
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A - REASON FOR APPEAL This is an appeal to the Western Regional Director's 9/27/16 response to my medical complaints I have been complaining for some time, to no avail. Despite that the Director acknowledging of my "medical needs," he's only concern to my complaint is that "I am currently 'pending' scheduling of an approved Follow-Up consultation with an Urologist." This assertion from the Regional Director proves that the Health Services personnel who have been seeing my problem are well aware of my "serious medical issues" but have been deliberate indifference to my pain, and suffering. The Supreme Court in *Stelle v. Gamle*, 429 U.S. 97, 104 (1976), has held that "deliberate indifference to "serious" medical needs of prisoners constitute the "unnecessary and wanton infliction of pain," in violation of a prisoner's Eight Amendment right to the U.S. Constitution. It is obvious, here, the BOP Health Service personnel by this time have learn through my numerous complaints and constant visits, including emergency visits, have learn of my problem, but yet they continue to tell me that "I am currently pending scheduling with a professional Consulting Urologist." Obviously, this has been said for some time and in a problem as mine, this suffering constitutes "unnecessary and wanton infliction of pain."
RELIEF REQUESTED: Direct Health Services to "immediately" take me to an outside hospital for the proper treatment and to provide the proper medication.

DATE October 10, 2016

Armando Chavez

SIGNATURE OF REQUESTER

Part B - RESPONSE

RECEIVED
 OCT 21 2016
 Administrative Remedy Section
 Federal Bureau of Prisons

RECEIVED
 NOV 15 2016
 Administrative Remedy Section
 Federal Bureau of Prisons

DATE

GENERAL COUNSEL

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 849 207-A1, A2

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



849207-R2
FCC Lompoc

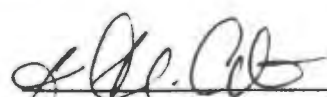
This is in response to your Administrative Remedy Appeal of the Warden's decision dated March 28, 2016. You allege a lack of treatment for pain in your groin area that spreads to your rectum. You report your medical concerns were in existence since you were picked up by the United States Marshal Service. In addition, you contend staff have ridiculed your condition and failed to provide proper medication. As relief, you request assistance in getting proper treatment for your condition.

Your appeal has been investigated. A thorough review of your medical record was performed and revealed your condition is being monitored through Chronic Care Clinics (CCC) for General, Hypertension, Infectious Disease and Orthopedic/Rheumatology concerns. Your medical conditions have been addressed through Intake Screenings, CCC, Sick-Call, Mid-Level Provider, Diagnostic and Specialty Encounters. On January 16, 2014, you arrived at MCC San Diego and the notes indicated you reported the state facility you came from had diagnosed you with cancer but refused to treat it. You reported large amounts of blood from your anus when using the bathroom. On January 22, 2014, you were seen during a CCC Encounter for rectal pain when sitting. You stated diagnostic testing performed at a non-Bureau facility may have diagnosed you with cancer but you were not certain. A records request and laboratory testing was initiated. You were transferred from MCC San Diego to FCC Lompoc before completion of the consultation. When an inmate is transferred, any procedures approved at other facilities or institutions must be reviewed and approved at the new facility as the new treating physician (whether a Bureau physician or outside specialist) must evaluate the recommended course of treatment to determine his/her concurrence. On October 19, 2015, during your Intake Screening and Health & Physical, you noted no current concerns of any painful conditions or unusual bleeding. On October 29, 2015, you were seen during a Sick-Call Encounter for concerns regarding blood coming from your rectum. You admitted that though the bleeding had stopped a year ago, it had been ongoing since 2007. You were advised to watch the Call-Out list for pending laboratory tests to include a fecal occult blood test. On November 12, 2015, you were seen during a Sick-Call Encounter for concerns of a burning sensation from penis to rectum since 2007. You reported the sensation was constant without exacerbating or relieving factors. On December 21, 2015, you were seen by an Urologist who noted no masses, no tenderness, no hemorrhoids, no rectal masses, and symptoms expressed in excess of physical findings. You were advised to avoid coffee, tea, chocolate, caffeine, citrus juices, alcohol and spicy foods. You have had numerous consultations, laboratory tests and medications provided since that time depending on the symptoms expressed during your encounters. You are currently pending scheduling of an approved Follow-Up Consultation with an Urologist.

Based on the above, you are receiving appropriate care and treatment for your medical concerns in accordance with Bureau of Prisons Clinical Practice Guidelines. If new symptoms occur or you note a worsening of current symptoms before your next scheduled appointment, notify Health Services for further evaluation through the local procedures for accessing medical care.

Accordingly, this response to your request for Administrative Remedy is for informational purposes only. If dissatisfied with this response, you may appeal to the Office of the General Counsel, Bureau of Prisons, 320 First Street, NW, Washington, D.C. 20534. Your appeal must be received in the General Counsel's office within 30 calendar days of the date of this response.

9/27/14
Date


Mary M. Mitchell, Regional Director

RECEIPT - ADMINISTRATIVE REMEDY

DATE: DECEMBER 2, 2016

FROM: ADMINISTRATIVE REMEDY COORDINATOR
CENTRAL OFFICE

TO : ARMANDO CHAVEZ-TAPIA, 46254-298
LOMPOC USP UNT: K QTR: K03-009L

THIS ACKNOWLEDGES THE RECEIPT OF THE CENTRAL OFFICE APPEAL
IDENTIFIED BELOW:

REMEDY ID : 849207-A2
DATE RECEIVED : NOVEMBER 15, 2016
RESPONSE DUE : JANUARY 14, 2017
SUBJECT 1 : MEDICAL CARE - DELAY OR ACCESS TO
SUBJECT 2 : MEDICAL TREATMENT

EXTENSION OF TIME FOR RESPONSE - ADMINISTRATIVE REMEDY

DATE: DECEMBER 2, 2016

FROM: ADMINISTRATIVE REMEDY COORDINATOR
CENTRAL OFFICE

TO : ARMANDO CHAVEZ-TAPIA, 46254-298
LOMPOC USP UNT: K QTR: K03-009L

ADDITIONAL TIME IS NEEDED TO RESPOND TO THE CENTRAL OFFICE APPEAL IDENTIFIED BELOW. WE ARE EXTENDING THE TIME FOR RESPONSE AS PROVIDED FOR IN THE ADMINISTRATIVE REMEDY PROGRAM STATEMENT.

REMEDY ID : 849207-A2
DATE RECEIVED : NOVEMBER 15, 2016
RESPONSE DUE : JANUARY 14, 2017
SUBJECT 1 : MEDICAL CARE - DELAY OR ACCESS TO
SUBJECT 2 : MEDICAL TREATMENT

Administrative Remedy No. 849207-A2
Part B - Response


This is in response to your Central Office Administrative Remedy Appeal wherein you allege deliberate indifference to your pain and suffering. For relief, you request proper medical treatment and medication at an outside hospital immediately.

We have reviewed documentation relevant to your appeal and, based on the information gathered, concur with the manner in which the Warden and Regional Director addressed your concerns at the time of your Request for Administrative Remedy and subsequent appeal. Our succeeding review reveals you were evaluated by the urologist on October 28, 2016, who noted a normal exam and recommended a cystoscopy to rule out penile pathology. The consultation request for cystoscopy was approved by the institution Clinical Director on November 3, 2016, and will be scheduled in the near future. Additionally, you are prescribed Acetaminophen for pain and antibiotics when needed for urethritis. There is no evidence to suggest deliberate indifference.

The record reflects you are receiving medical care and treatment in accordance with evidence based standard of care and within the scope of services of the Federal Bureau of Prisons. You are encouraged to comply with proposed medical treatment so Health Services can continue to provide essential care and to contact medical personnel through routine sick call procedures should your health condition worsen.

Based on the foregoing, this response is provided for informational purposes only.

12/6/16
Date



Ian Connors, Administrator
National Inmate Appeals

LOMPOC FCC

3901 KLEIN BLVD

LOM-K03009L

LOMPOC, California 93436

43

244032-LOX Cabeen, James DO/CD 01/20/2017
CHAVEZ-TAPIA, ARMANDO 6254-298

**Take one tablet (500
MG) by mouth each day
for 30 days until all
taken**

Ciprofloxacin 500 MG Tab

#30 (0) Refills 01/20/2017 DJS Refill Until 02/19/2017

Lot 13c00471 Exp 04/30/2017 Don't Confiscate Expires 04/30/2017


CAUTION: Federal State law prohibits transfer of this drug to any person other than patient for whom prescribed.

May cause dizziness.

⇒ Avoid prolonged or excessive exposure to direct or ultraviolet sunlight while taking this medicine.

⇒ **IMPORTANT:** Finish all medicine unless otherwise directed.

Capsule-shaped White WW820



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)	DATE: 10-27-15
FROM: <i>Armando Gonzalez</i>	REGISTER NO.: 46254298
WORK ASSIGNMENT: 46254398	UNIT: K5

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.)

I HAVE EVER SINCE MY PENIT

NE-... doctor. Lo mas pronto posible por el problema que traigo en mis partes interiores. La medicina que traigi bueno que toma NO me sirve para nada yo no soport. Los dolores interiores en el recto y en los f... puede originar por favor necesito ayuda en san diego me f... un es... eses el proceso que estaba... pero no... gracias

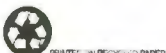
(Do not write below this line)

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



BP-S148.055 INMATE REQUEST TO STAFF CDPRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>MEDICAL STAFF / DOCTOR</i>	DATE: <i>10-29-15</i>
FROM: <i>Armando Chavel Tapia</i>	REGISTER NO.: <i>H6254298</i>
WORK ASSIGNMENT: <i>NONE</i>	UNIT: <i>K-B 10</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.)

I'm Requesting to see the Specialist, Concernin the pain - I have from my private front prost - Expanding all the way to my Rectum. I was seen by medical personnel at B.C.A. San Diego. There I was told that before I was to be TRANSFER to any other institution, There fore I needed to have an M.R.I and verify that I do need serious help. The Reason I was never checked was because my TRANSFER to this place came up on the computer. My medical Records concern my health, You can find them by login-in - The Medical list they have where I was last seen. Thank you. For your time.

(Do not write below this line)

DISPOSITION:

Impropen

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

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) Medical Records Department	DATE: November 2, 2015
FROM: Armando Chavez-Tapia	REGISTER NO.: 46254-298
WORK ASSIGNMENT: Unassigned	UNIT: K-Unit

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.)

I have a serious medical condition that has been receiving attention since my federal arrest on January 15, 2014. I was in MDC San Diego were numerous medical examinations and reports were generated.

I am writing to you to request that you assist me in having my medical file transferred to this institution so the doctors here know what procedures have been done on me and what was the next scheduled procedure that I needed. If there is any type of form that I need to sign please let me know so I can take care of that and make sure no delay is taken in getting my medical file in the hands of the doctors here.

Thank you very much for your time and attention to my request.

Respectfully,

(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





U.S. Department of Justice

Federal Bureau of Prisons

Federal Correctional Complex

Health Services Department
Memorandum

3901 Klein Blvd., Lompoc, California 93436

December 9, 2015

Reply to
Attention of: Clinical Director, Health Services Department

To:

Inmate Name:	Chavez-Tapia, Armando		
Inmate Reg #:	41254-298		
Housing Unit:	K02		
<input checked="" type="checkbox"/> USP	<input type="checkbox"/> FCI	<input type="checkbox"/> CAMP	<input type="checkbox"/> RDAP

Subject: Decision Regarding Consultation with:

- | | | |
|---|--|---|
| <input type="checkbox"/> Audiology | <input type="checkbox"/> Neurology | <input type="checkbox"/> Otolaryngology |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Neurosurgery | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Oncology | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Urology |
| <input checked="" type="checkbox"/> General Surgery | <input type="checkbox"/> Optometry | <input type="checkbox"/> Other |
| <input type="checkbox"/> Nephrology | <input type="checkbox"/> Orthopedist | _____ |

Your medical file was presented to the Utilization Review Committee (URC) for review of a consult requested on your behalf for medical services beyond standard clinical care.

After reviewing your medical file, the committee determined the following:

- APPROVED. Your procedure/consult will be scheduled accordingly.
- DISAPPROVED. Your procedure/consult has been disapproved.
- DEFERRED. Re-submission of the request will be considered if medically necessary.
- REFERRED TO REGION. Your consultation has been referred to the Regional Office for final approval.
- IN HOUSE. Your consultation was approved for in house medical care and follow-up.

You may sign up for sick call/triage to address any medical issues or concerns.



U.S. Department of Justice

Federal Bureau of Prisons

Federal Correctional Complex

Health Services Department
Memorandum

3901 Klein Blvd., Lompoc, California 93436

December 9, 2015

Reply to
Attention of: Clinical Director, Health Services Department

To:

Inmate Name:	Chavez-Tapia, Armando		
Inmate Reg #:	46254-298		
Housing Unit:	K02		
<input checked="" type="checkbox"/> USP	<input type="checkbox"/> FCI	<input type="checkbox"/> CAMP	<input type="checkbox"/> RDAP

Subject: Decision Regarding Consultation with:

- | | | |
|---|--|---|
| <input type="checkbox"/> Audiology | <input type="checkbox"/> Neurology | <input type="checkbox"/> Otolaryngology |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Neurosurgery | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Oncology | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Ophthalmology | <input checked="" type="checkbox"/> Urology |
| <input type="checkbox"/> General Surgery | <input type="checkbox"/> Optometry | <input type="checkbox"/> Other |
| <input type="checkbox"/> Nephrology | <input type="checkbox"/> Orthopedist | _____ |

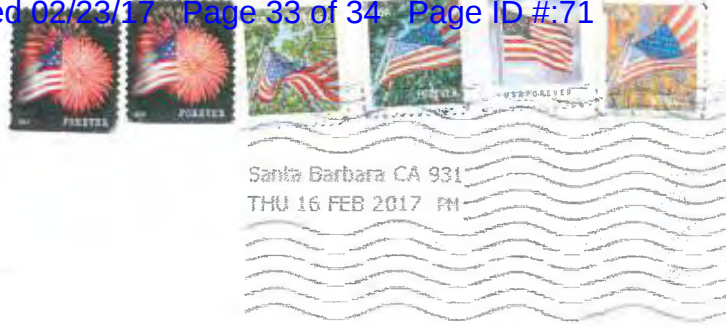
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You may sign up for sick call/triage to address any medical issues or concerns.

Armando Chavez Tapia
#46254-298
United States Penitentiary
3901 Klein Boulevard
Compton, CA 93436



CN
LEGAL MAIL

46254-298 Attention: Pro Se Clerk
U.S. District Court
312 North Spring Street, Room G-8
Los Angeles, CA 90012
United States



6503021



MAILED X-12 PRESS & SEAL
WHITE ENVELOPES ONLY

FCC LOMPOC
3901 KLEIN BLVD
LOMPOC, CA 91436

2 | 6 | 17

DATE

The following letter was processed through special mailing procedures for forwarding to you. The letter has been neither opened or inspected. If the writer raises a question or problem over which this facility has jurisdiction, you may wish to return the material for further information or clarification. If the writer enclosed correspondence for forwarding to another address, please return the enclosed to the above address.