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Report: Medical visits backlogged at Oregon women's prison as hundreds wait months for care • Oregon Capital Chronicle

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11–13 minutes

In February, Coffee Creek Correctional Facility reported a backlog of nearly 600 medical appointments.

The medical staff at Oregon's only women's prison either failed to complete or significantly delayed the routine care and annual wellness exams and preventative cancer screenings, public records from an inspection of the facility's medical services shows.

The problems run throughout the prison: Women wait six months or longer for tests like scans or imaging to treat or diagnose medical problems, the report found. New inmates often wait weeks for their first health assessments, and there's a backlog on specialized care, too.

The prison has more than 800 women and, as of February, nearly 70 medical professionals. That includes an administrator, a physician, more than 30 nurses and nurse managers, mental health workers, a psychiatrist and support staff, the report said. The prison also listed about 20 openings for health care workers.

The findings are another challenge for Coffee Creek Correctional Facility in Wilsonville. The prison faces other problems that include sexual abuse and a culture of retaliation that discourages staff and women from reporting wrongdoing, according to a [state report](#). Besides housing incarcerated women, the facility receives and processes new male inmates before they are sent to other state prisons.

This helps explain the tip of the iceberg of the bureaucratic mess and limited access that people have.

– Bobbin Singh, executive director of the Oregon Justice Resource Center

The latest findings were detailed by officials from the National Commission on Correctional Health Care in a 72-page report after an on-site visit in February that included a review of some medical records and interviews with prison staff. The Chicago-based nonprofit commission is a voluntary accrediting organization that Oregon and 20 other states participate in to practice accountability and set uniform standards for prisons.

The report found the prison failed to meet half of 38 essential standards. The 19 problem areas included: delayed health screenings and treatment, as well as inadequate care for patients with chronic conditions like diabetes.

The Oregon Justice Resource Center, a nonprofit organization that advocates for incarcerated Oregonians, received the report through a public records request and provided it to the Capital Chronicle.

“This helps explain the tip of the iceberg of the bureaucratic mess and limited access that people have,” Bobbin Singh, the center’s executive director, said in an interview with the Capital Chronicle. “It is a concern that some of these women may die or come out with debilitating physical

conditions that will handicap them or end up with a disability or permanent disability for the rest of their lives.”

The Oregon Department of Corrections is working to fix all the shortcomings and is in the midst of a “comprehensive review of all medical practices,” Amber Campbell, a spokesperson for the agency, said in a statement.

Still, the findings echo past problems: Last August, a [state-commissioned report](#) that examined the prison found problems with a lack of medical care.

“You have to be dying to see medical,” one inmate said in that report, compiled primarily by the Women’s Justice Institute, a Chicago-based advocacy group focused on female incarceration.

After the release of the 2023 report, which also found the prison’s culture tolerates sexual misconduct, Gov. Tina Kotek created an [advisory panel](#) to recommend reforms at the women’s prison.

Persistent problems

The commission, after its inspection, gave a rundown of problems throughout the prison’s medical system and how they impact patient care. Time and again, the outside organization found deficiencies in Coffee Creek’s medical system and how it is run.

“There are barriers and extended delays in obtaining ordered required assessments, diagnostics and specialty consultations,” the report said.

Among the problems flagged:

- The prison’s policy has no identified schedule or guideline for preventative services with timelines for screenings. Nearly 600 appointments are behind schedule.

- For new inmates, about 300 are behind schedule and haven't received their initial health screening within seven days. Most initial assessments happen in 20 to 30 days after arrival instead.
- Inmates don't receive medical clearances before their work assignments, including in the kitchen.
- The prison's supervising physician doesn't regularly attend meetings and usually communicates via email.
- The agency has poor recordkeeping and doesn't track routine health care statistics and activities, making it difficult to plan care for the facility. The agency said a new system will allow it to track statistics.

This is the United States. People shouldn't be treated this way. It's really unconscionable.

– Angela Kim, former inmate at Coffee Creek Correctional Facility

Commission's role

The commission's visit to Coffee Creek happens once every three years so the facility can maintain its accreditation. The nonprofit commission's accreditation isn't required for state prisons and is entirely voluntary, said Kimberly Sterling, vice president of professional services for the organization.

The commission, started in 1983, was created in response to a lack of established federal standards for health care in state prisons, Sterling said. Essentially, the commission's standards that state prisons agree to follow represent the best available and most uniform national standards, she said.

In Coffee Creek's case, the commission put the facility on probation

following the visit, which means it will need to respond to the problems cited or risk losing its accreditation.

“Although the facility remains accredited, probation is a very serious matter,” Amy Panagopoulos, the commission’s vice president of accreditation, wrote on Feb. 23 to Nichole Brown, superintendent of Coffee Creek.

The commission plans to do a follow-up visit with the facility, either in-person or virtually, by the end of June. The probation monitoring will continue until July 31, 2025 – a nearly 18-month period.

Agency responds

Campbell, with the corrections agency, said the agency plans to address each deficiency in the report and maintain its accreditation.

“DOC voluntarily belongs to the National Commission on Correctional Health Care and invite them to conduct independent, third-party reviews of our facilities,” Campbell said. “We find their reports to be insightful and allow us to compare our health care delivery systems to national best practices.”

Campbell noted that because the inspections happen once every three years, the records reviewed included the COVID-19 pandemic, when medical care was impacted.

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– Amber Campbell, spokesperson for the Oregon Department of Corrections

At this point, the agency’s health services leadership is embedded in the prison – and has been for several weeks – to oversee all necessary

changes are made, she said.

Asked about the backlog of care, Campbell said officials are reviewing the staffing plan. The prison often relies upon traveling nurses for health care, a practice that will be examined in the new plan.

The 2023 state report said the prison has a 40% vacancy rate of medical services staff, the highest of all prisons in Oregon. Traveling nurses draw higher pay than staff and often don't get saddled with the tough assignments because of their inexperience, the report said, which increases turnover of staff nurses.

Separately, the prison is transitioning to an electronic health records system to modernize, which will improve record-keeping, Campbell said.

"It should be noted that all public health services are dealing with a similar health care worker shortage," Campbell said.

For those who've lived in the prison, the lack of medical care is a well-worn path.

'A broken system'

Angela Kim, a legal assistant with the Oregon Justice Resource Center's Women's Justice Project, is well-acquainted with the prison's medical system.

Kim, 56, spent 15 years in prison for a manslaughter conviction and was released last September. During her time there, she said, medical providers who provided high-quality care usually didn't last long.

"This is the United States," Kim said. "People shouldn't be treated this way. It's really unconscionable."

Kim had firsthand experience, suffering pain in her limbs for seven years. The problems began with pain in her left wrist. A doctor told her she had the beginnings of carpal tunnel syndrome and she received a wrist brace.

That pain increased, radiating up her arm, elbow and all the way to her shoulder. Neck pain kicked in, she said. This time, health care providers recommended she receive surgery for carpal tunnel syndrome.

But then the retirement of a doctor delayed the procedure and she had to see a new doctor and – again – requested a surgery. This time, they recommended a nerve test that determined she didn't have carpal tunnel syndrome.

The pain spread to both arms, and the years progressed. A nurse recommended an MRI, she said, but nothing happened.

Quite by accident, Kim said, she had an appointment with an infectious disease doctor scheduled, even though she didn't have an infectious condition. She told him about her problems and he ordered an MRI, which found she had a bone spur pressing on the spinal column in her neck.

Eventually, she received surgery.

Start to finish, she said, the ordeal lasted seven years.

"It's a broken system," she said.

Problems flagged last year

Singh, with the nonprofit center, said the survey's results are concerning because they came six months after the state's report about conditions at Coffee Creek.

In that report, women told researchers they faced delays in care for worsening conditions, including cancer.

Women sent multiple requests about health care concerns and waited two or more months for a response. Women also reported long waits for surgeries or denials. On top of that, they said medical staff disrespected or criticized them.

In the state report, 67% of 575 women surveyed said medical services were not available when needed. Only 19% said they were available.

“What we can say is the overall trend is that it seems to be getting worse,” Singh said. “And the women are in more dire conditions. And at this point, our concerns are that people are going to be harmed permanently or die because of a lack of access to medical care.”

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