

~~WCCW-03-022-05~~
WCCW-03-022-05

Dear Miss Jackson, 9/7/05
March, 2005 I filed a complaint
with you against Dr. Martin Elverson.
You in turn gave it to Kelli Kelly. I
have had my attorney write Kelli
Kelly and ask at what point the
investigation is in but the letter
did not reach her, it went to someone
else. They said there was no record
of me ever filing a complaint. I
know I gave the complaint to you
and now I am asking you for it
back. Please do whatever you have
to, need to, to get me a copy of
the complaint I gave to you in
March of this year while I was
in Recovery at W.C.C.W. I have
contacted SARIC and will be coming
over to that area in the near future
to see how the investigation is
progressing. Please send it to

[REDACTED]
[REDACTED] any questions
Please call me anytime at [REDACTED]

Thank You
[REDACTED]

cc: Sylvia Cornish
Attorney at Law, Rich, WA

Sexual Assault Response Center
Kennewick, WA 98336

[REDACTED]





STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
WASHINGTON CORRECTIONS CENTER FOR WOMEN
MS: WP-04 • 9601 Bujacich Rd. N.W. • Gig Harbor, WA 98332-8300

August 8, 2005

Ms. Sylvia T. Cornish
Attorney at Law
1776 Fowler, Suite 11
Richland, WA 99352

RE: [REDACTED]

Dear Ms. Cornish:

Your letter, dated July 1, 2005, received in this office on August 4, 2005, has been directed to me for response. Since receipt of your letter I have been attempting to track down an investigative file regarding the matter you refer to in your letter. I have not been able to find a file regarding this issue under the offender's name. However, if this was an investigation of a physician, it would be under the physician's name.

Would you please provide me with the following information:

Date of alleged incident;
Date (or approximate date) offender reported the alleged incident;
Person to whom offender reported the alleged incident; and
Name of treating physician involved in the alleged incident.

In your letter you state, "She apparently reported the incident to staff but says that your investigation into her complaint was incomplete when she was released from WCCW." This statement implies that Ms. [REDACTED] filed a formal complaint, that an investigation was initiated, and that whoever was doing that investigation communicated something about it to Ms. [REDACTED] prior to her release. As you did not provide a Medical Release Authorization signed by Ms. [REDACTED] I am unable to discuss the contents of her medical file; however, I can assure you that there is nothing in this file to substantiate such a claim. I have also checked with our Grievance Department and have been advised that Ms. [REDACTED] did not file a grievance regarding this alleged incident.

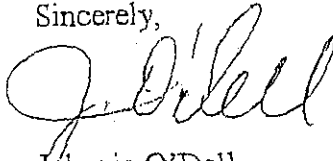
Mr. Sylvia T. Cornish

Page Two

August 8, 2005

Again, if you will provide me with the information requested above, I will be able to investigate this matter further. If Ms. [REDACTED] wishes to communicate with me directly, please advise her that, because she is no longer at this institution, she will need to provide me with a Medical Release Authorization authorizing me to release any medical information. To ensure that Ms. [REDACTED] is the person who has signed the Release, the Release will need to be notarized. Once it has been determined that a formal complaint was in fact filed, that an investigation was initiated, and an investigative report completed, this matter would then be treated as a Public Disclosure Request.

Sincerely,



Johnnie O'Dell

Public Information Officer/Legal Liaison

cc: Kelly Kelly, WCCW Intelligence & Investigations Chief



SYLVIA T. CORNISH
ATTORNEY AT LAW
1776 FOWLER, SUITE 11
RICHLAND, WA 99352
Phone 509-734-9934
Fax 509-735-2840
July 1, 2005

RECEIVED
AUG 04 2005

WASHINGTON CORRECTION CENTER FOR WOMEN
SUPERINTENDENT'S OFFICE

Kelli Kelley, Investigator
WCCC
9601 Bujacich Rd. N.W.
Gig Harbor, WA 99332-8300

Re: [REDACTED]

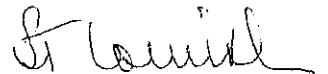
Dear Ms. Kelley:

[REDACTED] contacted me asking for my help in getting her an update about your investigation into her claimed sexual assault at WCCC. I represented Ms. [REDACTED] on her underlying criminal charge that resulted in her incarceration.

Ms. [REDACTED] explained to me that she suffered from several medical problems during her incarceration and received medical care at the facility on numerous occasions. She claims that during a pelvic examination, her treating physician "molested" her. She apparently reported the incident to staff but says that your investigation into her complaint was incomplete when she was released from WCCC.

At this time, Ms. [REDACTED] is simply asking to be informed about the progress in your investigation. She is very concerned that someone might be similarly sexually assaulted in the future and wants to do everything she can to make sure that this does not happen to anyone else. Please give her the courtesy of an update on your investigation of her complaint. Ms. [REDACTED] can be contacted at [REDACTED]
[REDACTED]

Sincerely,


Sylvia Tarkenton Cornish

copy: [REDACTED]

Frakes, Kelly L.

From: Ronan, Merrissa B
Sent: Friday, August 05, 2005 2:23 PM
To: Frakes, Kelly L.
Subject: RE: Request Re: [REDACTED]

Hi Kelly, the last pelvic exam was performed 03/08/05.

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

From: Frakes, Kelly L.
Sent: Friday, August 05, 2005 11:36 AM
To: Ronan, Merrissa B
Subject: RE: Request Re: [REDACTED]

Thank You!

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

From: Ronan, Merrissa B
Sent: Friday, August 05, 2005 12:35 PM
To: Frakes, Kelly L.
Subject: RE: Request Re: [REDACTED]

Hi Kelly, just wanted to let you know that the medical file is over at AVCC/ALF, and they are looking for the info. you need.

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

From: Frakes, Kelly L.
Sent: Friday, August 05, 2005 10:35 AM
To: Ronan, Merrissa B
Subject: Request Re: [REDACTED]

Could some one please look at her medical records and determine when a pelvic exam was done on her. I have a public disclosure I am trying to answer.

Thank You,

Kelly Frakes
Correctional Investigator II
Washington Correctional Center for Women
253-858-4243



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
OFFICE OF CORRECTIONAL OPERATIONS
WASHINGTON CORRECTIONS CENTER FOR WOMEN
P.O. Box 17, MS WP-04 • 9801 Bujacich Rd. N.W. • Gig Harbor, WA 98335-0017

April 19, 2005

TO: Belinda D. Stewart
Superintendent, WCCW

FROM: Kelly Kelly *Kelly Kelly*
Correctional Investigator

SUBJECT: ALLEGATION OF INAPPROPRIATE PELVIC EXAM BY DOCTOR MARTIN
IVERSON CASE WCCW 03-022-05

SYNOPSIS:

On March 25, 2005, Classification Counselor 3 (CC3) Denise Jackson contacted the Intelligence and Investigation Unit (IIU). She said that two offenders had alleged that during a pelvic examine Doctor Martin Iverson had touched them inappropriately and CC3 Jackson was having both offenders write statements.

OFFENDER [REDACTED]

I conducted an interview with Offender [REDACTED] she said that she "endured sexual abuse" while undergoing a PAP smear performed by Doctor Martin Iverson.

Offender [REDACTED] said that while Doctor Iverson was performing a breast exam, he positioned his pelvis/crotch on her elbow. Offender [REDACTED] said that this made her uncomfortable to the degree that she moved her elbow away from that area.

Offender [REDACTED] said Dr. Iverson inserted the clamp (speculum) four separate times stating that he could not locate her cervix. Offender [REDACTED] said that after Dr. Iverson said he could not locate her cervix, that he was "going to have to use his fingers." She said that Dr. Iverson then inserted two fingers into her vagina, resting his thumb on her clitoris. Offender [REDACTED] said that after several seconds Dr. Iverson moved his thumb to the side and "pulled his fingers in and out of her vagina a few times" before he stated that he found her cervix.

Offender [REDACTED] said that she has had several PAP smears in the past and only on one occasion did the physician have difficulties locating her cervix on the first attempt. She also said that she has never felt as uncomfortable with a physician as she did with Dr. Iverson, that, "it seems his feelings are so cold, that he doesn't really care about his patient."

I asked Offender [REDACTED] if the nurse was present during the exam. She said, "Yes, she (Student Nurse Elizabeth Canady) was standing by her knees". I asked Offender [REDACTED] if she had said anything to Dr. Iverson in regards to her feeling uncomfortable. She said "No." (See Attachment 1)

OFFENDER [REDACTED]

I conducted an interview with Offender [REDACTED], DOB [REDACTED]. Offender [REDACTED] said that she had a scheduled sick call appointment with Dr. Iverson due to lower abdominal and back pain. Offender [REDACTED] said that Dr. Iverson felt that a pelvic exam was in order.

Offender [REDACTED] said that Doctor Iverson donned a pair of rubber gloves and proceeded to lubricate them with K-Y Jelly. She said that she was on the table with no clothes on and Dr. Iverson asked her to place her feet in stirrups. I asked Offender [REDACTED] if she was given a gown. She said, "No, that she had her top on and nothing but a sheet over her legs."

Offender [REDACTED] said that prior to inserting his fingers into her vagina, Dr. Iverson utilized one of the fingers with K-Y Jelly on it to "rub her clitoris three times". She stated that he seemed to have taken an "extra long time to do the examination." I asked Offender [REDACTED] if the nurse was in the room during the exam. She said that the nurse was gathering equipment for the exam and once that was done she positioned herself on the left side of her head and was not visible to watch the exam.

Offender [REDACTED] stated that she has never had a doctor touch her like that or make her feel that uncomfortable before. (See Attachment 2)

CNA ESTHER MENDIOLA STATEMENT

I conducted an interview with CNA Esther Mendiola on April 5, 2005. I asked Ms. Mendiola if she was present during a pelvic exam that Doctor Iverson was conducting on Offender [REDACTED]. She said that specifically she could not remember because they conduct multiply pelvic exams in a day. At that time I produced a photo of Offender [REDACTED] again she could not recall the incident.

I then asked her to explain the procedure when a doctor is conducting a pelvic exam. Ms. Mendiola said that the offenders are checked in by the CNA. The vitals are taken by any of the attending nursing assistants schedule for that day.

She stated that the physician/provider will review the offender's chart, speak with the offender concerning their sick call complaint, and discuss what should be done. If a pelvic exam is necessary. The CNA will "set-up" for this procedure. The offender is then asked to remove her clothing from the waist down and given a paper gown to cover up. The physician/provider leaves the room while the offender disrobes. When the offender is done, the CNA will call the physician/provider back into the exam room. Ms. Mendiola stated that the physician then asks the offender to lie down, slide down on the table and assists them with placing their heels in the stirrups for the examination.

The CNA is usually positioned to right or left of the offender's knee. The CNA stands close enough to the provider to render assistance but remains close enough to the offender to observe "face grimaces" or anxiety levels.

Ms. Mendiola said that if a finger examination is deemed necessary the physician will "glove up" and the CNA will apply K-Y Jelly to the gloved fingers. The offender is covered with a paper drape from the waist down and the CNA is present during the entire procedure. She said that this procedure is done while the physician is standing. The physician places one hand on the top side stomach/pelvic bone area while the other hand is performing the vaginal examination. The offender then slides back up on the table into a sitting position and removes her heels from the stirrups. The physician then steps out of the examination room while the patient gets dressed, he/she then returns to the room and addresses their findings.

Ms. Mendiola states that the times she has assisted Dr. Iverson with pelvic exams as well as other medical procedure, he has acted very professional and explains all procedures in length to his patients prior to performing it. (See Attachment 3)

MARTIN IVERSON, MD

I conducted an interview with Doctor Iverson on April 18, 2005. During the interview, I asked if he recalled conducting a gynecological examination on Offender [REDACTED]. Doctor Iverson could not remember Offender [REDACTED]. I showed him a picture of Offender [REDACTED] and again he did not recall examining Offender [REDACTED]. At that time, I explained to Doctor Iverson that Offender [REDACTED] had made allegations against him that during a PAP smear that she endured sexual abuse. While he was performing a breast exam, he positioned his pelvis/crotch on her elbow and during a PAP, he inserted the clamp (speculum) four separate times stating that he could not locate her cervix. That he was going to have to use his fingers, inserted two fingers into her vagina, resting his thumb on her clitoris. That after several seconds he moved his thumb to the side and "pulled his fingers in and out a few times" before he found her cervix.

Dr. Iverson said examining the opposite breast can require standing on one's tiptoes and leaning across the patient, body contact is unavoidable. He then said that during a pelvic exam inserting two fingers in the vagina with some upward motion, in an attempt to bring the cervix and the uterus attached to it, up into the lower abdomen so that it may be felt

by the second hand in the lower part of the abdomen. This process is performed to feel the shape of the uterus. However, unintentional, the thumb will brush the clitoris.

I then explained to him that Offender [REDACTED] DOC [REDACTED] also alleged that during a sick call, she had complained of back problems and he wanted a pelvic exam. At that time, I showed him a picture of Offender [REDACTED]. Doctor Iverson recalled Offender [REDACTED] he said that she was in an exam room and when he came into the room, she had informed him that she did not want him to examine her. Doctor Iverson said he left the room and had Doctor Fuller conduct her examination. I asked Doctor Iverson if he had asked the Offender why she did not want him to examine her and he said no, sometimes they prefer a female Doctor.

I then informed Doctor Iverson of the alleged allegations from Offender [REDACTED] that she was on the table with no clothes on and that prior to inserting his fingers into her vagina, he put K-Y Jelly on one finger and rub her clitoris three times.

Doctor Iverson said that the patient is provided with a paper gown and sheet. The paper gown is placed over the top portion of the body with the opening in the front. The white paper sheet covers the lower body. Doctor Iverson said that in the above statement that sometimes the thumb will brush the clitoris. That as a Doctor, he is professional and always has a nurse in the room when he is examining an offender.

I asked him where the nurse stands when he is conducting a gynecologic examination. He said that the nurse stands by the knee of the patient while assisting with the instruments as needed. At that time I asked Doctor Iverson if he could provide a statement of a typical gynecological examination, he said, "yes". (See Attachment 4)

POLYGRAPH:

On April 18, 2005, GSR Polygraph Services William D. Tufts administered a polygraph examination. The purpose of the examination is to verify or refute Offender [REDACTED] DOC [REDACTED] allegations that Dr. Iverson rubbed her clitoris during a medical exam. Based on the physiological response produced by the subject on three (3) polygraph charts, in the opinion of the examiner, she was not attempting deception when she answered "yes" to the following relevant questions:

1. During your medical exam with Dr. Iverson, did he rub your clitoris before sticking his fingers into your vagina?
2. Before Dr. Iverson stuck his fingers into your vagina, did he rub your clitoris 3 times?

CONCLUSION:

Verified that student nurse Elizabeth Canady from Bryant College Port Orchard, WA was in the examining room with Offender [REDACTED] DOC [REDACTED] when a gynecological examination was conducted. Ms. Canady was not available for an interview. Several attempts were made to conduct a phone interview with no availability.

At this time the allegation of Inappropriate Pelvic Exam made against Doctor Martin Iverson are unsubstantiated and unfound.

Offender [REDACTED] DOC [REDACTED] and Offender [REDACTED] DOC [REDACTED] received Mental Health counseling through Correctional Mental Health Manager Dr. Ronald Dahlbeck.

Health Care Manager Patrick Shannon will meet with Offender [REDACTED] DOC [REDACTED] and Offender [REDACTED], DOC [REDACTED] and explain the gynecological examination procedure.

ATTACHMENT:

- OFFENDER [REDACTED], DOC [REDACTED] STATEMENT DATED 3-25-05
- OFFENDER [REDACTED] DOC [REDACTED] STATEMENT DATED 3/24/05
- CNA ESTHER MENDIOLA STATEMENT DATED 4/5/05
- MARTIN IVERSON, MD, STATEMENT DATED 2/20/05

DOC Number: [REDACTED]
Name: [REDACTED]

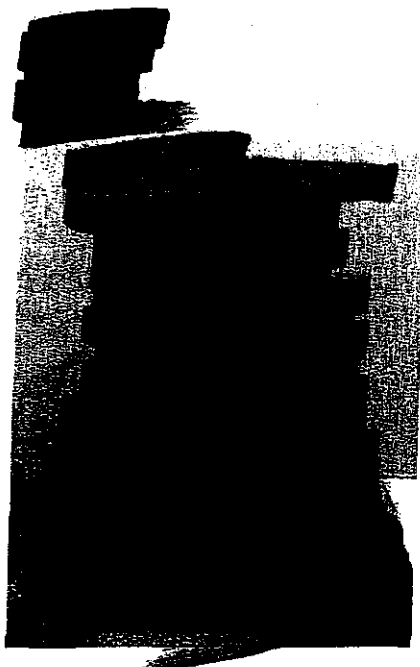
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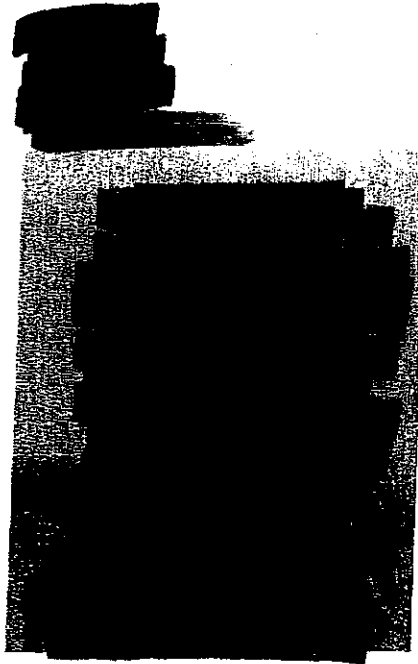
DOC Number: [REDACTED]
Name: [REDACTED]

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End of Volume

IN WRITING TO RECALL THE SEXUAL ABUSE THAT I ENDURED DURING MY PAP PAPER ON THE DATE SOMETIME LAST WEEK. WHAT HAPPENED WAS WHEN HE DID MY BREAKFAST EXAM HE WENT TO MY RIGHT BREAST + WAS ON MY LEFT SIDE + HAD HIS FINGERS/CLASPS ON MY ELBOW + AFTER NOT MOVING BACK I MOVED MY ELBOW. THEN WHEN HE DID THE PAP HE STUCK THE CLAMP IN ABOUT 4 TIMES + SAID HE COULDN'T FIND MY CERVIX. IVE HAD A PAIN PAP SNEAKS AND CUT OFF ALL OF THEM ONLY 1 TIME THE DOCTORS SAID SHE COULDN'T FIND IT + ON THE 2ND TRY SHE FOUND ~~was~~ IT WITH OUT THE USE OF HER ~~body~~ FINGERS. SO WHEN HE SAID HE COULDN'T FIND IT HE SAID HES GONNA HAVE TO USE HIS FINGERS + AS HE STUCK HIS TWO FINGERS INSIDE HE PLACED HIS THUMB ON MY CLITRIS + AFTER A FEW SECONDS HE MOVED HIS THUMB TO THE SIDE, HE ALSO PULLED HIS FINGERS IN + CUT A FEW TIMES BEFORE HE SAID HE FOUND MY CERVIX. IVE HAD MAKE DOCTORS DO MY PAP SNEAKS BEFORE + NEVER FELT UNCOMFORTABLE LIKE I DID WITH DR. WERSCH.

TABLE LIKE I DID WITH DR. WERSON.
I DON'T LIKE THE FEELING I GOT FROM
HIM & THE VIBE HE GAVE ME. IT
SEEMED AS IF HIS FEELINGS ARE SO
COLD & THAT HE DOESN'T REALLY
CARE ABOUT HIS PATIENTS.

Dear Ms Jackson,

As per our previous conversation I'm writing you to complain about my sick call exam with Dr. Iverson. I went to sick call complaining of Back pain and lower abdominal pain. The Dr. wanted a pelvic exam done on me. After donning his rubber gloves he put K-Y jelly on them. I was on the table with no clothes on as requested and my feet were in the stirrups. Before he inserted his fingers in my vagina, he used one of his fingers with K-Y jelly on it and rubbed on my clitoris three times. He seemed to take an extra long time to do the examination. In all of my 48 yrs. I have never had a Dr. touch me like that or make me feel that uncomfortable. There have been several other women in Rec. that have said the same thing but are too scared of repercussions to say anything.

Sincerely,

[REDACTED]
3/24/05



State of Washington
DEPARTMENT OF CORRECTIONS
Washington Corrections Center for Women
9601 Bujacich Road N.W., P.O. BOX 17, MS WF-04
Gig Harbor, WA 98335-0017

Kelley

April 5th 2005

To whom it may concern,

I was asked by investigator Kelly to write down our procedures during sickcall and my routine when assisting Dr. Iversen during a pelvic examination. Inmates are checked in by CNA's. Vitals are taken by anyone of the attending CNA's/ MA students scheduled for that day. When there is a room available we bring back the inmates in order of whom came in first and examining room availability. The Physician/ Provider look at the chart and speak to the inmates concerning their sickcall complaint and assess what should be done. At that point if a pelvic is necessary. The CNA's are asked to set up for this procedure. The inmate is asked to remove her clothing from the waist down and given a paper drape to cover up with. Physicians and Providers leaves while the inmates undress. Then I call him/her to come back in to the room. The Doctor/ provider then ask the inmate to lie down and slide down on the table and assist her heels onto the stir-ups for the examination. I position myself by the inmate to the left or right of her knees. I stand close enough to assist the Doctors/ Providers with equipment needed and close enough to acknowledge the patient during the examination to observe face grimaces or anxiety levels during the examination and to be there if they need our help or support. Depending on whether a finger examination is necessary, the Doctor/ Provider gloves up and the CNA applies KY jelly to the Doctors gloved fingers for the examination. The inmate is covered up with a paper drape during the whole procedure from her waist down. Likewise, CNA are present throughout the whole examination right next to knee area. This part of the examination is preformed standing. He/she places one hand on the top side of the patients stomach/pelvic bone area while the other hand is doing the vaginal examination. There after we assist the inmate to slide back up on the examination table. Then to a sitting position and remove her heels from the stir-ups. The Doctors/Providers step out while the patient gets dressed and return to talk to them about their findings.

During the times that I have had to assist Dr. Iversen with both pelvic and other medical procedures. To my best of my knowledge he has acted in a very professional manner and has explained procedures in length to his patients before actually performing the treatment plan. He provides a caring and knowledgeable evaluation of his work and displays professionalism at all times.

Signed Esther Mendiola CNA

Esther Mendiola CNA

ATTACHMENT (3) Page 3 of 4

GYNECOLOGIC PROCEDURE

The following is a description of a typical gynecological examination for inmates and investigators to understand the procedure of a gynecologic examination.

The patient is placed on an examination table provided with a paper gown and sheet. The paper gown is placed over the top portion of the body with the opening in the front. The white paper sheet is to cover the lower body for facilitation of the gynecological examination.

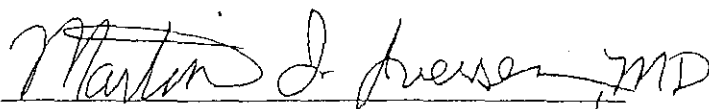
Aside from the remainder of the physical examination and focusing just on the gynecological part of the examination, I usually start from the top and do an initial inspection of the breasts, visually looking to detect abnormalities of the skin such as dimpling, bruising, vascular patterns of red and purple, looking for skin lesions, cracking of the nipples, discharge from the nipples, and retraction of the nipples. This is done both with the patient sitting up, sometimes forward so that the breasts dangle and with the patient sitting upright, hands on her hips and at other times lying down. The breasts are examined from the opposite side so the patient is placed on her back starting on the left side, the arm raised above her head, examination begins with the axilla also known as the armpit, looking for any swollen lymph nodes, or other glands, lumps and for masses. This proceeds along the tail from the armpit down and can be either done in a circular pattern or crisscross pattern several times examining the entire breast with a typical examination per breasts taking four minutes. The clavicle is palpated both above and below to feel for lymph nodes that might be there as well. The same process is repeated on the right. The patient's left arm would be put down and the right arm put up, the examiner would stand on the patient's left to examine the patient's axilla and breast. In addition to just palpating or feeling of the breast with the fingertips and hands, the breast is squeezed in an attempt to identify any discharge, this could be milk, pus, blood or clear fluid. The reasons can be anything from medications being taken to pregnancy, certain psychiatric conditions and hormonal state. If an individual is obese, examining the opposite breast can require standing on one's tiptoes and leaning across the patient, only from physical limitation, not from any desire. Body contact is unavoidable, but not sought. The patient is positioned as comfortably as possible for both the patient's sake and the examiner's sake.

After the breast exam, an abdominal exam is usually done followed by a pelvic examination. The pelvic examination is conducted with the patient on her back, heels in stirrups, knees rotated outward, exposing the patient as fully as possible. Initially the examination starts with just an examination of the external structures, the hair on the pubic region and groin, the skin of the labia and perineum, (the area between the vagina and the anus), anus and the vulvar skin between the labial folds, the clitoris, urethra, and the glands that are present. The examination is to identify parasites that might be on the skin, infections both bacterial and yeast, both of sexually transmitted nature or otherwise, redness of the labia, plaquing that might suggest infection or scratch marks. Examination of the clitoris is usually brief unless an abnormality is visualized, enlarged or bolus

shaped clitoris, or if there is any trauma to the area. Similarly the inferior aspect of the vaginal labia is also examined for signs of tearing from previous pregnancies and/or episiotomy and the repair process that has occurred. Afterward, a speculum, usually warmed first, is inserted. If there is discharge or mucus collection, samples of these are collected, sometimes from the urethral opening as well as from the vagina, cervix and in some cases, particularly during pregnancy from the rectum as well. If the speculum is inserted and a culture needs to be taken from the urethra, the labial folds will be pulled upward, usually at the clitoris, simply to bring the urethral meatus or opening into view permitting sampling to check for gonorrhea and chlamydia. Similarly the cervix is sampled for gonorrhea and chlamydia and long Q-tips are utilized to collect samples for slide preparation to examine for bacterial vaginosis, vaginal candidiasis and trichomonas. After a pap smear is collected, the speculum is removed and a bimanual examination is conducted. This consists of application of K-Y jelly to the vulva and perineum and inserting two fingers into the vagina with some upward motion, in an attempt to bring the cervix and the uterus attached to it, up into the lower abdomen so that it may be felt by the second hand in the lower part of the abdomen, just above the pubic area. This process is performed to feel the shape, contours, size and consistency of the uterus and trying to feel the adnexa, ovaries and tubes for any enlargement or additional lumps in this region. Though unintentional, the thumb frequently brushes the clitoris. The patient should not be alarmed or overly concerned regarding this as it is not intentional, but is simply a matter of anatomical fact that the thumb has to go somewhere.

Sometimes a rectovaginal examination will be conducted, particularly if there have been symptoms to suggest the need for doing so, or if the woman is 40 years of age and older. A rectovaginal examination consists again with the use of movements, placing the index finger in the vagina and the second finger in the rectum. This is to evaluate for hemorrhoids, rectal polyps and masses, blood in the stool and masses, potentially cancerous masses on the posterior or back side of the uterus that cannot be felt from the vagina, with a sort of sweeping and up and down motions, not intended to be either of pleasure or discomfort to the patient, simply as a part of the examination to evaluate for rectal masses and polyps, posterior pelvic masses and blood in the stool. Additionally sometimes the groin is palpated or felt for enlarged lymph nodes as well as femoral pulse.

If the inmate has any concerns or questions, she can either direct them to the doctor or she can direct them to the female assistant, and she can do so in the absence of the physician being present.



Martin Iversen, M.D.

ML:dr

D: 4-18-05 T: 4-20-05



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
OFFICE OF CORRECTIONAL OPERATIONS
WASHINGTON CORRECTIONS CENTER FOR WOMEN
P.O. Box 17, MS WP-04 • 9601 Bujacich Rd. N.W. • Gig Harbor, WA 98335-0017

March 12, 2005

TO: Belinda D. Stewart
Superintendent, WCCW

FROM: Kelly Kelly *Kelly Kelly*
Correctional Investigator

SUBJECT: INVASIVE EXAM PROCEDURES BY DOCTOR MARTIN IVERSON
CASE WCCW 03-022-05

SYNOPSIS:

On March 4, 2005, Intelligence and Investigation Unit (IIU) received information from Correctional Unit Supervisor Christina Turull who stated that Offender [REDACTED] DOC [REDACTED] had alleged that Doctor Martin Iverson had unhooked her bra during a breast exam.

OFFENDER [REDACTED]

I conducted an interview with Offender [REDACTED] DOC [REDACTED] on March 4, 2005. She said that she had an appointment with Dr. Iverson regarding a lump in her left underarm.

Offender [REDACTED] stated that after waiting approximately 40 to 45 minutes, Dr. Iverson and his CNA 1 Patty Rossi entered the exam room. I asked Offender [REDACTED] Ms. Rossi was present the entire exam, she said "yes".

She said that Dr. Iverson used his hand to brush her hair back as if he was examining the side of her neck and stated, "What exactly are we here for?" She said that Dr. Iverson was uncertain of the nature of her appointment and told him "the lump under her arm." She alleges, at that time she began to remove her arm out from under her shirt. Dr. Iverson allegedly said to remove her shirt entirely, as well as her bra. Offender [REDACTED] stated that she found this to be strange because she attended an appointment with Dr. Iverson approximately one month prior. Dr. Iverson allegedly asked her to remove her shirt and bra on that occasion as well, except at that appointment he handed her a paper gown to put on and departed the room to allow her to disrobe in private.

Offender [REDACTED] alleges that when Dr. Iverson made no move to get a paper gown, she and the nurse exchanged "puzzled" glances.

Offender [REDACTED] states that she began to remove her shirt in front of Dr. Iverson, at which time he walked around behind her and unhooked her bra. Offender [REDACTED] stated that she found this to be very inappropriate and unprofessional. She stated that she immediately found herself to be uncomfortable.

Offender [REDACTED] stated that Dr. Iverson went on to conduct a breast exam. She stated that he was "rambling on and on about sebaceous cysts and lymph nodes." She said the faster he would talk the more aggressive he would handle her breasts and he began to almost stutter. Offender [REDACTED] stated that the length of time Dr. Iverson examined her breasts seemed excessive compared to breast examinations that she has had in the past. Offender [REDACTED] stated that she could tell that the nurse were uncomfortable with the exam as well, by the looks they were exchanging.

Offender [REDACTED] alleged that at the conclusion of the exam Dr. Iverson told her she could put her bra and tee-shirt back on and asked if she needed any help with that. Offender [REDACTED] replied, "no". (See attachment 1)

CNA 1 PATTY ROSSI

I conducted an interview with CNA 1 Patty Rossi. She said that Offender [REDACTED] had an appointment with Dr. Iverson on March 4, 2005, regarding a cyst on her left arm. Ms. Rossi said that Offender [REDACTED] immediately removed her left arm out of her shirt before Dr. Iverson asked her to. Ms. Rossi said Dr. Iverson had to ask her to take off her bra so he could do a breast exam to make sure there were no lumps.

Ms. Rossi said that Dr. Iverson examined both of Offender [REDACTED] breast while explaining the procedure in a professional manner.

Ms. Rossi said after Dr. Iverson completed the exam he told her to get dressed. He then asked her if she needed help fastening her bra. Offender [REDACTED] said, "no".

Ms. Rossi said when Offender [REDACTED] was getting ready to leave she asked her if she was okay? She said that Offender [REDACTED] told her she felt funny and wanted to leave.

I asked Ms. Rossi if she had asked Offender [REDACTED] why she felt funny she said, "No." Then I asked her if she was present through the entire exam. She said, "Yes." I asked her where she was standing during the exam. She said she positioned herself by the offender knees, facing them. I asked her if Dr. Iverson was aggressive with Offender [REDACTED] breast during the exam and if she had exchanged a puzzled glance at the offender, she said "no." Finally, I asked her if Doctor Iverson unhooked Offender [REDACTED] bra she said, "no". (See Attachment 2)

On March 4, 2005, the Investigations and Intelligence Unit received a signed statement from Doctor Martin Iverson. (See **attachment 3**)

CONCLUSION:

On March 12, 2005, GSR Polygraph Services William D. Tufts administered a polygraph examination. The purpose of the examination is to verify or refute Offender [REDACTED] allegations that Dr. Iverson unhooked her bra during an exam on March 4, 2005. Based on the physiological response produced by the subject on three (3) polygraph charts, in the opinion of the examiner, she was not attempting deception when she answered, "yes" to the following relevant questions.

1. Did Doctor Iverson unhook your bra during your exam on March 4th?
2. While Doctor Iverson was giving you an exam on March 4th did he unlock your bra?

The allegation of Inappropriate Breast Exam made against Doctor Martin Iverson are unsubstantiated and unfound.

DOC Number: [REDACTED]

Name: [REDACTED]

Please click on the picture to enlarge it.

PHOTO

DATE OF PHOTO

SOURCE OF
PHOTO



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6/26/2003 4:13:42 PM

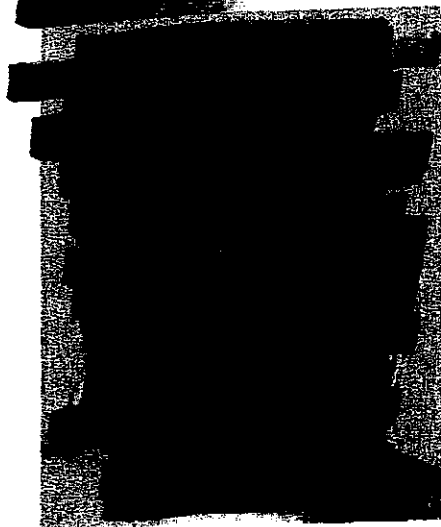
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1/26/2000 10:56:58 AM

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DOC Number: [REDACTED]

Name: [REDACTED]

Please click on the picture to enlarge it.

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[REDACTED]	9/17/1999 2:45:34 PM	GENIE
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[REDACTED]	1/26/2000 10:57:12 AM	TAS
[REDACTED]	1/26/2000 10:56:58 AM	TAS

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STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
WASHINGTON CORRECTIONS CENTER FOR WOMEN
MS: WP-04 • 9601 Bujacich Rd. N.W. • Gig Harbor, WA 98332-8300

October 4, 2005

Ms. [REDACTED]
[REDACTED]
[REDACTED]

RE: PUBLIC DISCLOSURE REQUEST – ALLEGED MISCONDUCT

Dear Ms. [REDACTED]

Investigator Kelly Kelly has referred your letter, originally directed to Counselor Jackson, to me for response. By copy of my letter, dated April 19, 2005, directed to attorney Sylvia Cornish, I requested that you provide the name of the Doctor against whom you made allegations of misconduct. In your most recent letter to Counselor Jackson, you have provided the name of Dr. Martin Iverson. Based on this information, I have been able to locate an investigative report into your allegations. Therefore, your request for a copy of the complaint will be treated as a Public Disclosure Request.

I am interpreting your most recent letter, and the letter from attorney Cornish, as a Public Disclosure Request for a copy of the complete investigative report regarding your complaint. As the investigative report contains medical information, together with the fact that you are no longer at this institution, I will need for you to provide me with a Medical Release Authorization. To ensure that you are the person who has signed the Release, it will need to be notarized. I have enclosed herewith a Medical Release Authorization form for your convenience. Absent a signed and notarized Medical Release Authorization, I can provide you with a copy of the report; however, much of the information will be redacted as medical information is exempt from disclosure.

The entire investigative report into your allegations consists of 13 pages. Per Department of Corrections Policy 280.510, Records Management/Disclosure of Public Records, please forward a check for the following estimated postage and copying costs to the attention of Johnnie O'Dell at the Washington Corrections for Women. Failure to send this to my attention could result in a delayed response.

13 copies @ 20 cents per copy:	\$2.60
Postage Estimate	<u>83</u>
TOTAL	\$3.43

"Working Together for SAFE Communities"

Ms. [REDACTED]

Page Two

October 5, 2005

Upon receipt of your check in the amount of \$3.43, I will forward you the copies of the documents responsive to your request. If you provide the requested Medical Release Authorization, medical information contained in the documents regarding you will not be redacted. Again, absent the Medical Release Authorization, all such information will be redacted from the documents. Please do not hesitate to contact me at (253) 858-4285 if you have any questions regarding this process.

Sincerely,



Johnnie O'Dell

Public Information Officer/Public Disclosure Manager

Cc: WCCW I & I Chief Kelly Kelly
CC3 Denise Jackson

Sylvia Cornish
Attorney at Law
1776 Fowler, Suite 11
Richland, WA 99352

I was wearing a turquoise
colored bra, at the time of
the exam.

[REDACTED] - my ex-roommate
is now at Pine Lodge

I do not want to see
Dr. Iverson again - but
would still like the lamp
under my arm to be removed.

I hawks for looking into
this -

[REDACTED]
[REDACTED]

03/04/2005

I had a 9:00am appointment w/ Dr. Iverson concerning a lump located in the left ~~arm~~ armpit that I wanted removed, if possible. The nurse that took my vital signs was present the whole time I was examined. I do not know her name, but I remember that she had the same Fila tennis shoes as I had; white w/ red and blue "F's" on the eyelet and she was wearing a pink/orange shirt and she was ~~white~~ caucasian, about 40 yrs old w/ short brown hair. I waited in the exam room for approximately 40 - 45 minutes before Dr. Iverson came in. He and the nurse stepped in the exam room and he wasn't sure what the nature of the appointment was about; he brushed my hair back like he was looking at the side of neck and asked what exactly were we ~~\$~~ here for - I said, "uh, for the lump under my arm" and I started to take ~~my arm~~ ~~off~~ my arm from the tee-shirt I was wearing - and he said for me to just take my shirt all the way off and to take my bra off as well. < continued on page 2

NOTE: I had seen Dr. Iverson approximately 1 month previous for the same thing - He asked me to take my shirt and bra off at that appointment as well but gave me a paper gown to put on and left the room so I could wait a little uncomfortable when 898

2
he examined me at that appointment, but I "brushed it off" - I would also like to note that there was a nurse present at that appointment as well - I don't know her name, but she is fairly young - mid 30's w/black shoulder length hair - I do believe that she could tell I was uncomfortable w/him.

continued from
page 1

> When the doctor didn't move to give me a paper gown and leave the room so I could undress, I looked at the nurse and she at me, and we exchanged the first of several ~~glances~~ quizzical glances - so I started to take my shirt all the way off and Dr. Iverson came around behind me and unhooked my bra! Which to me was very inappropriate and unprofessional - I was immediately uncomfortable - he told me to lie back and I put my left arm above and behind my head - he started to give me a breast exam - then came around the table on my right side and continued to "examine" me for several minutes, all the while rambling on & on about sebaceous ~~cysts~~ cysts and lymph nodes, the faster he was talking, the more aggressive he was handling my breast and starting to stutter almost - it was very uncomfortable. ~~and~~ I have had many breast exams in the past, from ~~both~~ female and male doctors, this was w. both.

3
He then came around the other side of me and had me switch arms so he could examine my right breast. He didn't spend as much time w/ my right breast as he did with the left breast. I believe he examined the left breast for approximately 3 or 4 minutes and maybe 1 or 2 minutes on my right breast. Then he told me I can put my bra & t-shirt back on and asked if I needed help with that - I said no. I just wanted to get out of there as fast as I could - he kept talking about the procedure to remove the lump, what it entailed, etc. I didn't care about the lump anymore - I just wanted to go. I know the nurse knew that I was very uncomfortable with the "exam" - I could tell by the looks we were exchanging - I was so glad she was there the whole time because I was sure that the nurse and I were "on the same page" and thought it was weird how long he spent examining my breast and how inappropriate it was for him to unhook my bra. So when it was all over - I got out of the room as ~~fast~~ quick as possible and as I walked by the nurses station, I said "that doctor is perverted" The nurse that was in there with me

Nothing was wrong. She asked what the matter was and ^{4.}

I said "he gives me the creeps, he's creepy and perverted" and I went to get my pass & stand for pat search - the same nurse asked me if I am uncomfortable w/ male doctors because she was in there the whole time and he was just doing his job"

I was so stunned by this I said "I can't talk about this right now, I have to go!" And I left.

I feel that I was violated. ~~and just want to~~

~~document this~~

[REDACTED]

EXHIBIT 2) Feb 2-3

Cathy Rivers
CAH-1

3-4-05
[redacted] had an appointment w/ Dr. [redacted]
Western today regarding a cyst on her left
arm. She was in the room w/ myself
& Dr. Western. She removed her left arm out
of her shirt so Dr. could examine her
under arm area. He asked her to take
off her bra so he could do a breast
exam. He made sure there wasn't any
lumps. He did both breasts & explained
everything to her in a very professional
manner. He finished & told her to
get dressed & asked if she needed help
fastening her bra & she said no. He
finished his conversation with her &
said she could go. When she was
going to leave I asked her if she was
OK & she said she just felt funny
& wanted to leave.



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

MEMORANDUM

TO: Whom it may concern.

DATE: 03/04/05

FROM: Martin J. IVERSEN, MD

SUBJECT: [REDACTED]

Doc: [REDACTED]

Regarding claim(s) of inappropriate physical contact of this patient on 3/4/05 I make the following statement:

Mrs. [REDACTED] came to me for evaluation of a Left axillary mass and concerns regarding cancer. Her father died \approx 1 week earlier of cancer - pancreatic she believes. For a complete + thorough exam I was required to perform a Breast exam.



page 2 of 4.

STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
OFFICE OF CORRECTIONAL OPERATIONS
WASHINGTON CORRECTIONS CENTER FOR WOMEN
P.O. Box 17 MS: WP-04 • 9601 Bujacich Rd. N.W. • Gig Harbor, Washington 98335-0017

Nursing was present for the entire exam. After a CVS + respiratory exam I examined her axilla and clavicular regions. I then had her remove her top & Bra to conduct a Breast Exam. At no time did I touch her hair and though I offered my assistance with her bra she indicated such wasn't needed. Exam was initially rushed as pt had ~~not~~ been made to wait for ≈ 45 min, even though she was on time, due to IPU demands.



page 3 of 4,

STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
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Patient's Breast exam was normal and her axillary mass was Diagnosed as a sebaceous cyst. She was explained the difference between what a cyst was and what a lymph node & cancer was. She was offered the option of surgical excision or observation. I instructed her that at present it was the width of a finger & if significantly enlarged the treatment plan should be readdressed. Mrs. [REDACTED] redressed and opted for observation.

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page 4 of 4.

STATE OF WASHINGTON
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The entire encounter was no more than 10 to 15 minutes and despite explaining the need to pull out Breast cancer she apparently was unhappy with my service though didn't indicate unwillingness to be examined nor refused Exam with the understanding Breast cancer needed to be excluded given the nature of her complaint.

Martin J. Iversen, MD



**Health Professions Quality Assurance
Credential Look Up Results
Data as of 03/31/2005 2:05:28 PM**

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This site is a Primary Source for Verification of Credentials.

CURRENT PRACTITIONER INFORMATION

Name:	IVERSEN, MARTIN J
Year of Birth:	1967
Credential Number:	MD00041562
Credential Type:	Physician And Surgeon
Current Credential Status:	Active
First Credential Date:	08/13/2002
Expiration Date:	03/28/2007
Last Renewal Date:	02/08/2005
Action Taken:	No

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**CSR
POLYGRAPH SERVICES**

William D. Tufts
1409 18th Ave CT. SW
Puyallup, WA 98371

POLYGRAPH EXAMINATION REPORT

To: Investigator Kelly Kelly
Department of Corrections
Washington Corrections Center for Women
9601 Bujacich Road NW
Gig Harbor, WA 98335

Subject:	[REDACTED]	Examination Date:	04/18/05
DOB:	[REDACTED] 1956	Offense:	Statement Verification
Requested by:	Investigator Kelly Kelly		

Purpose of Examination: To verify or refute the subject's allegation that Dr. Iverson rubbed her clitoris during a medical exam.

Prior to the polygraph examination, the subject was advised of her Polygraph Rights and waived these rights by signing the attached form.

CONCLUSIONS

A polygraph examination was administered to the subject on the above issues.

Based on the physiological responses produced by the subject on three (3) polygraph charts, in the opinion of this examiner, **she was not** attempting deception when she answered "**yes**" to the following relevant questions:

1. During your medical exam with Dr. Iverson, did he rub your clitoris before sticking his fingers into your vagina?
2. Before Dr. Iverson stuck his fingers into your vagina, did he rub your clitoris 3 times?



Examiner: William D. Tufts

April 18, 2005
Date of Report

POLYGRAPH EXAMINATION STATEMENT OF CONSENT

Date 4-18-05 Time 0910 Place WCCW

Examination of [REDACTED]

I, [REDACTED], understand a polygraph examination administered by **GSR** polygraph services for the WCCW is being conducted concerning Statement Verification. I also understand that I cannot be required to submit to a polygraph examination without my consent. Additionally that if the answers during the examination show deception, I may be asked to explain.

I hold **GSR** polygraph services and William Tufts harmless and free from any liability for any acts or omission by any other parties or agencies and release and hold harmless any persons or agencies from any and all claims or liabilities alleged to result from or arise out of this examination.

Understanding that I have the unqualified right to refuse, I [REDACTED] do hereby, this date, voluntarily and without duress, coercion, unlawful inducement, or promise of reward, agree to submit to a polygraph examination. I further understand that the information obtained during this process will not be released to me.

Witness WTS

Signature [REDACTED]

Date 4-18-05

GSR

POLYGRAPH SERVICES

INVOICE # 05-015

Federal ID 532626194

William D. Tufts
1409 18th Ave Court SW
Puyallup, WA 98371

04/18/05

Department of Corrections
Office of Correctional Operations
Attn: Kelly Kelly
9601 Bujacich Road NW
Gig Harbor, WA 98335-0017

Attn: Investigator Kelly

A polygraph examination was administered to the following subjects:

04-18-05

[REDACTED]

\$200.00

Total Examination Fee

\$200.00

We appreciate your business!

GSR
POLYGRAPH SERVICES

William D. Tufts
1409 18th Ave CT. SW
Puyallup, WA 98371

POLYGRAPH EXAMINATION REPORT

TO: Investigator Kelly Kelly
Department of Corrections
Washington Corrections Center for Women
9601 Bujacich Road NW
Gig Harbor, WA 98335

Subject:	[REDACTED]	Examination Date:	03/12/05
DOB:	[REDACTED] 1970	Offense:	Statement Verification
Requested by:	Investigator Kelly Kelly		

Purpose of Examination: To verify or refute the subject's allegation that Dr. Iverson unhooked her bra during an exam on March 4th.

Prior to the polygraph examination, the subject was advised of her Polygraph Rights and waived these rights by signing the attached form.

CONCLUSIONS

A polygraph examination was administered to the subject on the above issues.

Based on the physiological responses produced by the subject on three (3) polygraph charts, in the opinion of this examiner, **she was not** attempting deception when she answered "yes" to the following relevant questions:

1. Did Dr. Iverson unhook your bra during your exam on March 4th?
2. While Dr. Iverson was giving you an exam on March 4th, did he unhook your bra?



Examiner: William D. Tufts

March 12, 2005

Date of Report

POLYGRAPH EXAMINATION STATEMENT OF CONSENT

Date 3-12-05 Time 0917 Place WCCW

Examination of [REDACTED]

I, [REDACTED], understand a polygraph examination administered by **GSR** polygraph services for the WCCW is being conducted concerning Statement Verification. I also understand that I cannot be required to submit to a polygraph examination without my consent. Additionally, that if the answers during the examination show deception, I may be asked to explain.

I hold **GSR** polygraph services and William Tufts harmless and free from any liability for any acts or omission by any other parties or agencies and release and hold harmless any persons or agencies from any and all claims or liabilities alleged to result from or arise out of this examination.

Understanding that I have the unqualified right to refuse [REDACTED] do hereby, this date, voluntarily and without duress, coercion, unlawful inducement, or promise of reward, agree to submit to a polygraph examination. I further understand that the information obtained during this process will not be released to me.

Witness WDT

Signature [REDACTED]

Date 3-12-05