

# **COVID-19 Survey Final Report**

**District of Columbia  
Corrections Information Council**

July 2, 2021

## District of Columbia Corrections Information Council

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### *About the District of Columbia Corrections Information Council*

The District of Columbia Corrections Information Council (CIC) is an independent oversight body mandated by the United States Congress and the Council of the District of Columbia to inspect, monitor, and report on the conditions of confinement in correctional facilities where inmates from the District of Columbia are incarcerated. This includes facilities operated by the Federal Bureau of Prisons (BOP), the District of Columbia Department of Corrections (DOC), and private contractors.

The CIC reports its observations and recommendations to the District of Columbia Representative in the United States Congress, the Mayor of the District of Columbia, the Council of the District of Columbia, the District of Columbia Deputy Mayor for Public Safety and Justice, the Director of the BOP, the Director of the DOC, and the community.

Although the CIC does not handle individual complaints or provide legal representation or advice, individuals are encouraged to contact the CIC. Reports, concerns, and general information from incarcerated DC residents and the public are very important to the CIC, and they greatly inform our inspection schedule, recommendations, and reports. However, unless expressly permitted by the individuals or required by law, names and identifying information of inmates, corrections staff not in leadership, and members of the general public will be kept anonymous and confidential.

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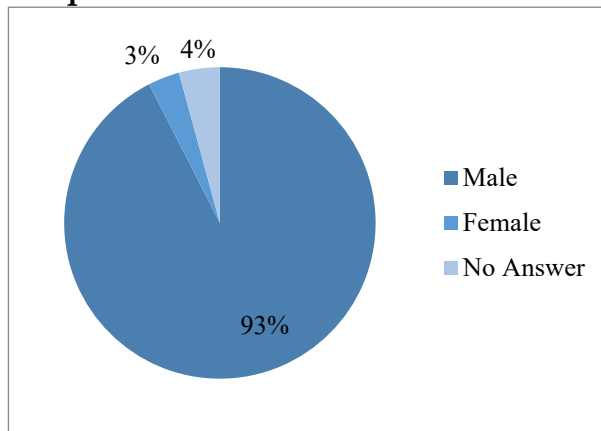
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## Survey Respondent Demographics

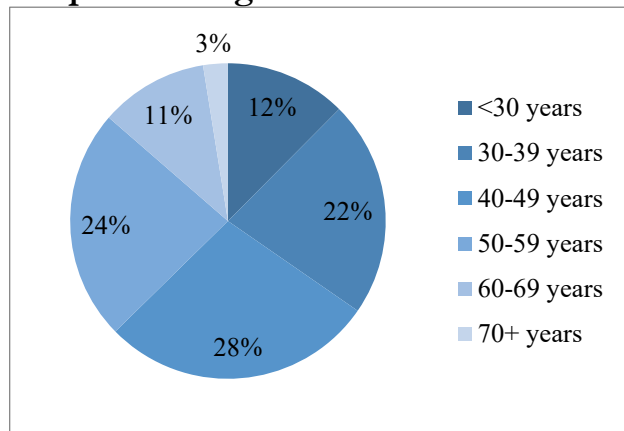
**Surveys Sent:** 1,750 to 111 facilities  
**Respondents:** 519 from 90 facilities

**Respondent Average Age:** 44.9

**Respondent Gender:**



**Respondent Age:**



## I. Introduction

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In March 2020, the SARS Cov-2 pandemic (Covid-19) began impacting Federal Bureau of Prisons (BOP) facilities where DC individuals are held. On March 13, 2020, the BOP suspended visitation to all BOP facilities, including the CIC's on-site inspections. The CIC continued to receive email and letters from individuals inside facilities, though individuals reported that access to phones and/or email and their ability to send postal mail was limited to varying degrees due to partial or complete lockdowns at facilities. The BOP provided general information about high-level policies responding to Covid-19, but indicated that many implementation decisions were being made at the facility level due to variations in facility layout, population, and local conditions. The communications CIC received from incarcerated individuals during March and April indicated that there were significant differences in the Covid-19 response across different facilities.

In order to get a clearer picture of conditions in all the facilities where DC individuals are held, the CIC created a 20-question survey focusing on four areas: institutional cleaning, access to medical care, movement, and communication. The survey was sent to 1,750 DC individuals across 111 facilities in June 2020.<sup>1</sup> Five hundred nineteen survey responses were received from 90 different facilities through August 15, 2020. The CIC applied statistical weighting to the quantitative responses in order to make the data more representative of the full DC population in the BOP. Information from BOP policies and statements is included below each chart to provide context to the survey responses.

The CIC also received a wealth of qualitative information from the survey respondents, some of whom wrote several pages of additional comments. This information clarified and expanded on the respondents' survey answers, as well as highlighting other challenges that DC residents in the BOP encountered during the first four months of the pandemic. This report includes summaries of qualitative information below the relevant quantitative charts, as well as direct quotes from survey respondents.

By design, this report is limited to reflecting the experience of DC residents in the BOP from late June 2020 until early August 2020. As the pandemic has continued, the BOP's response has likewise evolved. Information on the BOP's current policies is noted throughout the report in footnotes, and the most current information is available on the BOP website at <https://www.bop.gov/coronavirus/>.

The CIC has begun work on a follow-up survey, which will be sent to a subset of the same individuals to gather information on how their experience has changed as the pandemic has progressed and BOP policies and practices have altered.

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<sup>1</sup> For more information on survey methodology, see Appendix A.

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## II. Recommendations

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The CIC recommends the BOP take the following actions to address the concerns raised by DC residents in this report. The BOP's responses to these recommendations are included in the relevant sections of the report below.

- 1) Implement widespread “rapid result” testing of all individuals coming in and out of BOP facilities, including staff, contractors, and residents.
- 2) Resume a policy of limiting resident movement to situations where it is absolutely necessary, and follow screening and quarantine protocols for necessary movement.
- 3) Ensure incarcerated people have easy access to hygiene and cleaning supplies, particularly hand soap.
- 4) Ensure both residents and staff have sufficient and appropriate cloth masks and/or PPE, and enforce universal use of masks among staff as outlined in CDC guidance.<sup>2</sup>
- 5) Ensure that medical rounds are being conducted regularly, and that requests for medical care are responded to promptly.
- 6) Provide productive activities for residents such as books, writing materials, and programming materials.

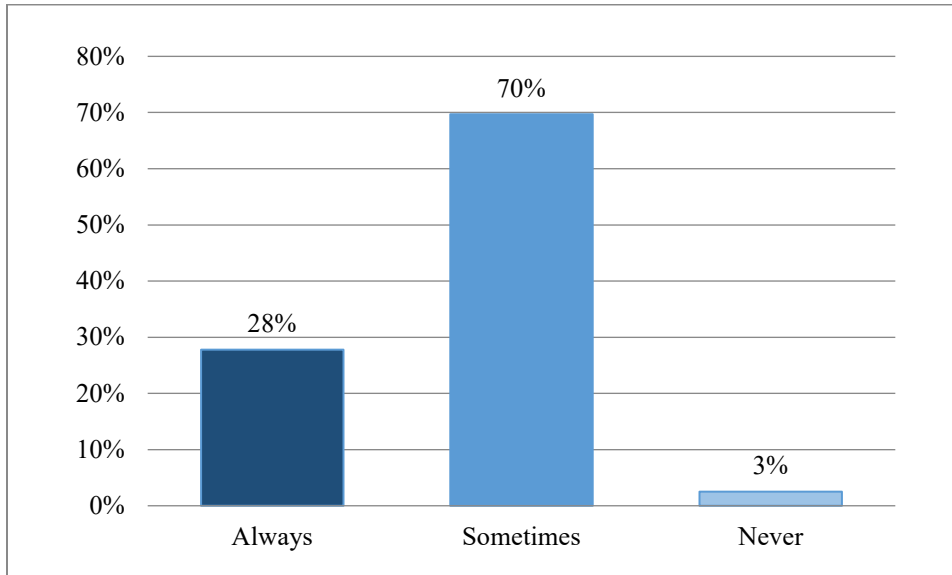
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<sup>2</sup> “Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities,” updated December 31, 2020. Available at <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html#PPE>

### III. Institutional Cleaning

**Q: Do staff wear masks and gloves at your institution?**

N=517



The BOP stated that all BOP staff and inmates were issued cloth masks to wear, and that any staff working in a quarantine unit with asymptomatic inmates is required to wear masks and gloves. Staff is not required, but can opt to wear masks while walking on the compound.<sup>3</sup>

Many respondents were concerned about staff not wearing masks at all (17), wearing them inconsistently (13), or wearing them incorrectly (4). Five individuals shared that facility staff were not wearing masks while passing out food trays, and three individuals said that medical staff at their facility were not consistently wearing masks. Fifteen respondents shared that they had not been given enough masks to wear.<sup>4</sup>

*“The staff here wear masks sometime, and are very arrogant and stubborn when we ask them to put masks on - when we ask them they may take time from us when we are out, they have cut off the TV or they may not put on their masks. They gave us three masks in the beginning of May or the end of April, the masks are cloth so we have been rewashing them, they are very worn out.”*

*“Some [staff] wear masks, some don't and it's very scary and overwhelming because they're putting my life in danger. If I wear my mask to make sure I'm safe as well trying to protect staff from me then I believe they should do the same.”*

<sup>3</sup> “Correcting Myths and Misinformation About BOP and Covid-19”, p. 1. May 6, 2020.

Available at [https://www.bop.gov/coronavirus/docs/correcting\\_myths\\_and\\_misinformation\\_bop\\_covid19.pdf](https://www.bop.gov/coronavirus/docs/correcting_myths_and_misinformation_bop_covid19.pdf)

<sup>4</sup> As of December 2020, the BOP states that an ample supply of cleaning, sanitation, and medical supplies “is on hand and ready to be distributed or moved to any facility as deemed necessary.” The BOP also notes that it “has maintained an abundance of personal protective equipment (PPE) supplies and is utilizing them in accordance with CDC guidance,” including optimizing the limited supply and transferring resources to institutions with the greatest need.

*“A lot of us asked for masks and we were denied, saying it wasn't that serious (we didn't get masks until May). I asked the Warden what she was doing to keep us safe. In April she replied, ‘That's why we're wearing these masks.’ So I asked her, if that's true, why don't all the officers wear them?”*

*“Staff wears masks when directly interacting with inmates about 70% of the time. However, they do frequently walk around the unit with no masks, and when talking to each other or hanging out in offices etc. they never wear masks. They seem to think that if they are not standing 2 ft away talking to an inmate then they don't need to wear a mask. Also, about 60% of staff only cover their mouth with a mask, leaving their nose exposed - I guess they don't think Covid is spread through the nose. When an inmate died on our unit they did wear masks pretty consistently in the unit for about 5 days, but a week after they were back to lax mask usage.”*

*“The warden sometimes walks around the compound without wearing a mask and a lot of officers don't have their masks on. Inmates write the officers up and this administration does not do nothing.”*

In response to a preliminary report, the BOP stated that surgical masks were issued to staff and inmates at all facilities on April 3<sup>rd</sup>, and cloth face coverings were distributed as well. The BOP response added that guidance as to where and when to wear PPE, and which type to wear was provided to all sites and is consistent with CDC guidance.<sup>5</sup>

Ten survey respondents shared that staff at their facility was wearing gloves sometimes. Twenty-two respondents specified that staff was wearing masks at their facility, but rarely or never wearing gloves. Nine additional respondents said that staff did not wear either masks or gloves at their facility. Six respondents said that staff was not wearing gloves while passing food trays or pat searching inmates, and three respondents specified that staff was only wearing gloves while passing food trays or restraining inmates.

*“Some staff wear masks and gloves when feed/getting trash/getting cleaning supplies and delivering mail. They don't change their gloves when they take me out for recreation. They don't sterilize their handcuffs after being placed on other inmates. They take their masks off sometimes to talk to me once they open the slots of the cell door.”*

*“Throughout the day during the week SIS comes in the unit and shakes down multiple cells while wearing the same gloves.”*

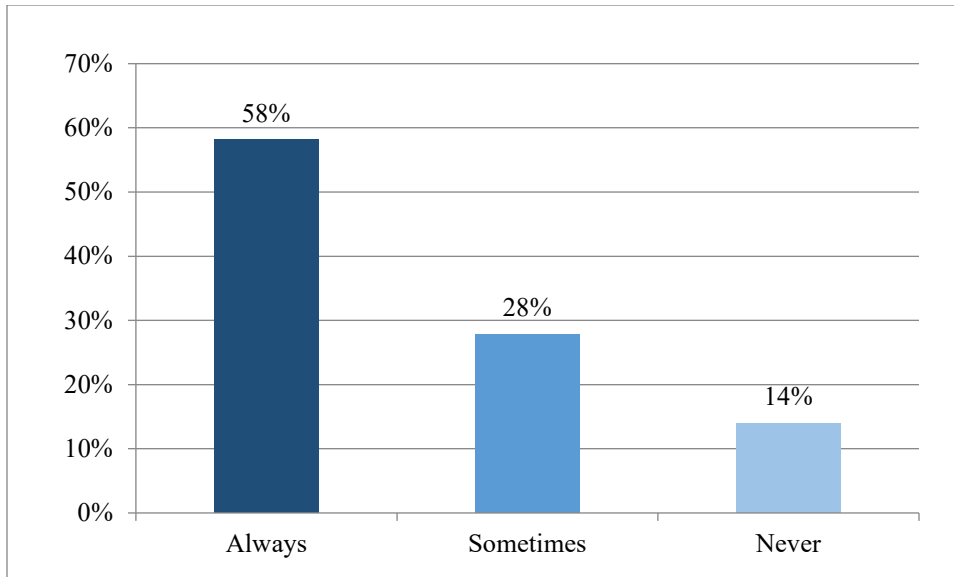
*“Staff been pretty consistent about wearing gloves and masks when doing rounds and passing out meals.”*

*“You got staff that come to escort you from place to place without gloves or masks, and pass out food trays without masks or gloves.”*

*“Staff appear to try hard to keep their masks on, but I have never seen gloves.”*

<sup>5</sup> Appendix C, BOP Response to CIC Preliminary Report.

**Q: Do you have soap to wash your hands when leaving and returning to your cell?**  
**N=513**



BOP guidance states that hand and health hygiene practices are strongly encouraged including washing hands regularly with soap and water for 20 seconds,<sup>6</sup> but the CIC could not locate any information about the BOP ensuring that individuals have access to sufficient soap for frequent handwashing. BOP information also stated that BOP sites have posted hygiene signage (handwashing, etc.) through facilities.<sup>7</sup>

In response to a preliminary report, the BOP stated that “soap is available throughout our institutions in cells and common areas at each facility (e.g. restrooms, work sites). In addition to providing hand soap in common areas and to indigent inmates who do not have the means to purchase soap, individual bars of soap are available as needed for the inmate population, or can be purchased for personal use in the inmate commissary, if an inmate prefers.”<sup>8</sup> Thirteen respondents indicated that they were not provided enough chemicals to clean their cells, or enough soap for personal use. Twenty-one respondents said that they have soap because they can buy it from commissary, but several respondents noted that not everyone can afford to buy soap. Two respondents said that soap is often unavailable through commissary at their facility. Three individuals shared that they are unable to purchase soap while in the Special Housing Unit (SHU).

*“Though, with the use of bleach and stronger chemicals for cleaning here and more availability of soap we are not getting sick here like has been all too common since I first arrived here in 2018.”*

*“They only give us the same watered-down sanitizer (and not always) even after dozens of us caught coronavirus. They regularly run out of soap. You can't even buy it all the time in commissary because it's always out. The cleaners they do provide are so watered down that I doubt they are even effective against regular germs, not to mention this new coronavirus.”*

<sup>6</sup> “BOP Coronavirus (Covid-19) Phase Six Action Plan” p. 5. April 13, 2020. Available at [https://www.prisonlegalnews.org/media/publications/BOP\\_Memo\\_Phase\\_6\\_COVID-19\\_Action\\_Plan\\_2020.pdf](https://www.prisonlegalnews.org/media/publications/BOP_Memo_Phase_6_COVID-19_Action_Plan_2020.pdf)

<sup>7</sup> “Correcting Myths” p. 3

<sup>8</sup> Appendix C, BOP Response to CIC Preliminary Report.

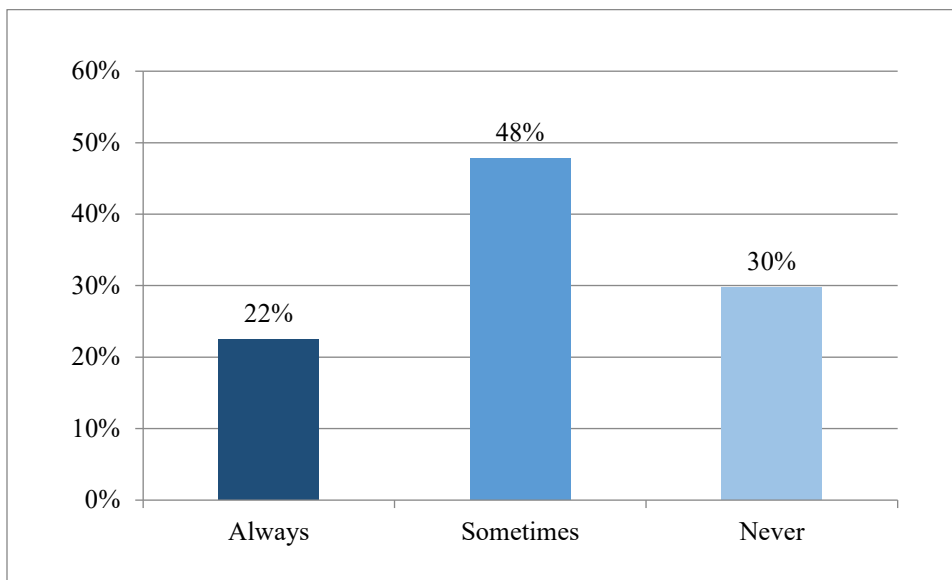


*“We have not changed linens for going on 3 weeks. Towels or blankets. We are not given soap bars; we are given a bottle of 2 fluid ounce of liquid soap called All-in-one Maximum security soap. We get nothing to clean our cells with daily. We are not allowed any cleaning detergent, only when we rotate to the SHU.”*

*“It is hard to get cleaning supplies. They keep telling, ‘Wait for the next round,’ or ‘We are busy, ask the next shift.’ I don't have enough rags to clean. They don't provide gloves to clean when dealing with chemicals. When I move from cell to cell every 21 days, I have to clean the cell upon entering in.”*

**BOP Response:** Soap and cleaning supplies are available throughout BOP institutions. Cleaning supplies are used in cells and in common areas at each facility (e.g., restrooms, work sites). In addition to providing hand soap in common areas and to indigent inmates who do not have the means to purchase soap, individual bars are available, as needed, for the inmate population, or can be purchased for personal use in the inmate commissary, if an inmate prefers.

**Q: Are computers, phones, and other common area items cleaned in between uses?**  
N=508



BOP guidance states that regular cleaning and disinfecting of high-touch surfaces should be emphasized to the inmate population, and that wardens must ensure cleaning supplies are readily available for all inmates.<sup>9</sup>

Individuals reported a wide range of experiences with how often high-touch surfaces were being cleaned at their facility. Fifteen respondents shared that phones were not being cleaned between uses, only after a group of inmates had returned to their cells. One person said that phones were cleaned between uses at their facility, and two people said there was sanitizer provided for individuals to clean the phone themselves before using it. Six individuals mentioned that showers or bathrooms were not being cleaned as often as before because the inmates whose job was to clean the showers were restricted to their cells.

<sup>9</sup> “BOP Phase Six Action Plan”, p. 5.

*“Unit orderlies do a good job cleaning the surfaces in between recreation waves. But when a range is out and there's 20 inmates in line for the phone and computer, nothing is cleaned in between uses unless you clean it yourself.”*

*“The phones are not being cleaned day or night. The tables might get cleaned once a day and that's at nighttime. The rails in the pod going up the stairs are not being cleaned. No one is spraying the doorknobs.”*

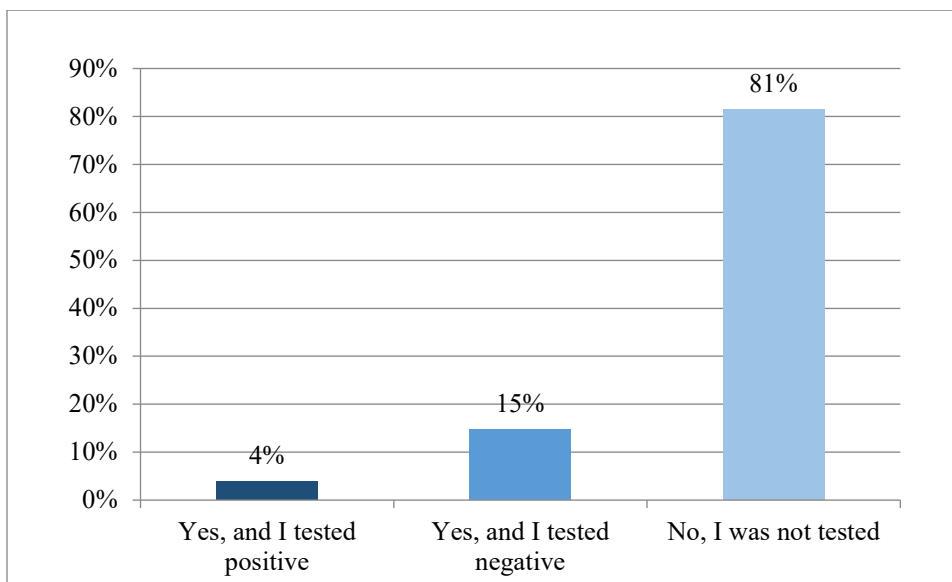
*“Sometimes here officers don't wear masks or gloves and won't allow orderlies out to clean or wipe down things they touch, like rails going up or down steps, door handles, flat surfaces. The showers clean once, telephones, tables and computer keys cleaned once, maybe twice a day if lucky.”*

*“The telephones are not being cleaned after another inmate uses it. I've seen one female officer clean the phones. She said, ‘I don't want you guys to be sick.’”*

## IV. Medical Care

### Q: Have you been tested for Covid-19?

N= 514



Throughout the pandemic, the BOP has indicated that it would test individuals on arrival into BOP custody and before moving individuals to their designated BOP facility.<sup>10</sup> The BOP stated that effective March 26, 2020, all newly admitted inmates are screened and temperature checked by employees wearing PPE.<sup>11</sup> In a press release dated April 23, 2020, the BOP reported that they were expanding Rapid RNA testing of symptomatic individuals at selected facilities with widespread Covid-19 transmission.<sup>12</sup> The release also stated that the BOP expected to receive additional testing

<sup>10</sup> “BOP Implementing Modified Operations” Accessed September 16, 2020. Available at [https://www.bop.gov/coronavirus/covid19\\_status.jsp](https://www.bop.gov/coronavirus/covid19_status.jsp)

<sup>11</sup> Appendix C, BOP Response to CIC Preliminary Covid-19 Report

<sup>12</sup> “Bureau of Prisons Expands COVID-19 Testing”, April 23, 2020. Available at [https://www.bop.gov/resources/news/pdfs/20200423\\_press\\_release\\_covid19\\_testing.pdf](https://www.bop.gov/resources/news/pdfs/20200423_press_release_covid19_testing.pdf)

instruments, which would be deployed based on facility need, including to facilities with high numbers of at-risk inmates, and could be used to expand testing of asymptomatic individuals.

In early June 2020, the BOP provided the CIC data on the number of DC individuals who had tested positive or recovered from Covid-19 as of May 27, 2020. At that time, the BOP indicated that fifteen DC individuals at eight facilities had a positive Covid-19 test, and that a further twenty-nine DC individuals at twelve facilities had recovered from Covid-19. The BOP has not provided updated information as of the publication of this report.<sup>13</sup>

The BOP stated that effective June 19, 2020, all inmates entering any BOP facility are screened and tested by medical staff for Covid-19 upon arrival, and placed in quarantine or medical isolation as appropriate. Inmates releasing or transferring from BOP facilities are placed in a pre-release quarantine for a minimum of 14 days prior to their scheduled release.<sup>14</sup>

The latest BOP guidance, which was updated November 25, 2020, reinforces the October 8, 2020 guidance stating that “all new intakes to an institution, including voluntary surrenders, BOP-to-BOP transfers, or transfers from outside the BOP system are screened by medical staff for COVID-19 - including a symptom screen, a temperature check, and an approved viral PCR test (either an Abbott ID NOW point-of-care [POC] test or a commercial PCR test) performed on a sample obtained from a nasopharyngeal, mid-turbinate, or anterior nares swab.<sup>15</sup>” Those who test positive or display symptoms are held in a Medical Isolation unit, while those who are asymptomatic must quarantine for at least 14 days and require negative results on a their day 14 or later follow-up test before they are admitted into the general population.<sup>16</sup>

The BOP also indicated that its testing capabilities have expanded as testing resources have become more widely available, and that the inmate population is being tested more broadly as of this writing than during the survey period in June 2020.<sup>17</sup>

Twenty respondents said that their facility was doing temperature screening but not Covid-19 testing. Facilities doing only temperature screening ranged from low security facilities to high security facilities. Nine respondents said that their facilities were doing some Covid-19 testing, including for symptomatic individuals. Individuals at two medical centers indicated that they were not tested upon their return from an outside medical facility; one said he was quarantined and the other said he was not tested - but was temperature screened upon return.

The frequency of temperature screening varied from every other day to every other week, with five individuals saying their facility conducted temperature screenings once a week. Two individuals said

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<sup>13</sup> The CIC requested updated data on August 24, 2020. After repeated unanswered requests, on September 16, 2020 the CIC was instructed to file a FOIA request for the information. The FOIA request is currently pending.

<sup>14</sup> Appendix C BOP Response to CIC Preliminary Covid-19 Report

<sup>15</sup> BOP, BOP Modified Operations, November 25, 2020: [https://www.bop.gov/coronavirus/covid19\\_status.jsp](https://www.bop.gov/coronavirus/covid19_status.jsp)

<sup>16</sup> BOP Modified Operations, November 25, 2020.

<sup>17</sup> Appendix C BOP Response to CIC Preliminary Covid-19 Report

that their facility had conducted daily temperature screening for two weeks and then screened only individuals who had left the facility.

Several inmates reported concerns that staff was testing positive but returning to work or moving between facilities located in Covid-19 “hot spots” and those with limited exposure. (The BOP states that “as much as possible, staff are being assigned to the same posts and not rotating.”<sup>18</sup>) One individual reported being quarantined with more than twenty other inmates as a result of exposure to a facility doctor who came to work while waiting for Covid-19 test results that came back positive. Another individual described interacting with an officer on a work detail who was chewing tobacco and spitting, and said that he saw no reason to take a test and would not risk being told to quarantine.

*“We are not tested here, even though there was a positive case in my housing unit. The staff are not tested. They are given only temperature checks.”*

*“Warden specifically announced that he had made decision to only utilize nasal testing for current infections whereas they are not trying to conduct antibody testing to determine the people who have already been infected at this institution. However, most, if not all inmates, have not seen any nasal testing either. We cannot confirm, but know that our units have not seen any testing of any kind.”*

*“I am still scared that I may be at high risk due to the fact that I was placed in this unit pending test results and once they came back negative, nothing was done. I have been tested 3 times and each test came back negative. Nothing has been done in order for me to be in a safer environment.”*

*“This FCI does not test for coronavirus. I believe they do not want the mainstream public to know it's a lot of cases here that will come up showing positive test like at the low custody complex next door. At the low next door they test there and it was over 600 positive cases or more. The correctional officials can not come over to the FCI to work where I'm located because it's so bad over there.”*

*“We get temperature checks once or twice a week.”*

**BOP Response:** To date, the CDC has recommended routine testing for those in nursing home facilities without symptoms; however, the routine testing of asymptomatic staff in other critical infrastructure sectors have been voluntary to include corrections. Since April 2020, the BOP has partnered with local health departments for voluntary testing of staff. Additionally, contractor testing was also made available to staff who sought such modality when not available through the local health department. Leave under FFCRA was provided to all employees who were experiencing symptoms associated with COVID or when the employee was carrying for an individual in their home with COVID.

Contractors performing essential services such as medical, mental health, and religious services or necessary maintenance on essential systems, are screened using the same procedures as staff, prior to entry into facilities. The screening consists of symptom and temperature checks along with questions about close contact with symptomatic persons. Individuals who refuse the enhanced health screening or who screen positive are denied entry into the facility and referred to their healthcare provider/local health department for evaluation and testing.

<sup>18</sup> Appendix C BOP Response to CIC Preliminary Covid-19 Report

**BOP Response continued:** The BOP is utilizing the Abbott ID NOW instrument for rapid RNA testing and the BinaxNOW COVID-19 Antigen instrument for rapid antigen testing. Test results are typically received within 15 minutes. Expanding testing with these instruments on asymptomatic inmates on intake or when identified as a close contact of an identified COVID-19 case assists in the slowing of transmission by isolating those individuals who test positive and quarantining close contacts. Currently, the BOP has received 250 Abbott ID NOW instruments, which have been distributed among every BOP facility with some facilities having multiple instruments as deemed necessary.

The deployment of additional resources to include National Guard, CDC and local health departments has been utilized based on facility need to contain widespread transmission and the need for early, aggressive interventions required to slow transmission at facilities with a high number of at-risk inmates such as medical referral centers.

The BOP continues to collaborate with the CDC on the latest guidance regarding testing.

### Medical Treatment for Covid-19

Several respondents had been quarantined or tested positive for coronavirus and described parts of their experience with treatment. An individual at a medical facility stated that inmates returning from outside hospital procedures were not being quarantined or tested before being returned to open units. At another medical facility, one respondent stated that individuals with coronavirus symptoms were given antibiotics and sent back to their units without testing.

A survey respondent who was hospitalized with coronavirus symptoms and tested positive reported that he was returned to his previous cell while still having active symptoms, and his two cellmates later tested positive. Two respondents reported being quarantined as a result of interactions with staff members who reported to work while awaiting their Covid-19 test results, which later came back positive.

Three respondents mentioned that those who tested positive were sent to the disciplinary unit to be quarantined. Another respondent said that the unit being used for quarantine at his facility had not been in operation for several years and had no running water or soap while he was there. A respondent at another facility said that he was also held in quarantine in a cell with no working water and had to wait for an officer to make rounds in order to get water.

The BOP states that all inmates who test positive for Covid-19 or are symptomatic are isolated and provided medical care per CDC guidance. Acute cases are transferred to hospital settings either at the institution or in the community. The BOP also states that the majority of positive inmates are asymptomatic and healthy, and notes the “very low number of hospitalized inmates.”<sup>19</sup> The BOP does not include hospitalization numbers on its dashboard of public information about Covid-19.

*“When any inmate is tested, they have to go into the discipline unit for quarantine and treated as if we have done something wrong.”*

*“I did not or do not give up my rights to be safe, treated by policy in a consistent humane and reasonable manner. I did not come to prison to be a medical experiment. I caught parts of the Coronavirus where I lost my sense of smell, which I let the Lieutenant know [in March 2020] and no action was taken. [In April] I brought it up to the Associate Warden and he said it was nothing but a cold. If I had gotten the full potential of the Coronavirus, I know this virus would have shown me it’s not just a cold, but it’s a KILLER. To this day [June 22, 2020] the Administration still downplays this virus and tries to convince the inmates it’s just a cold.”*

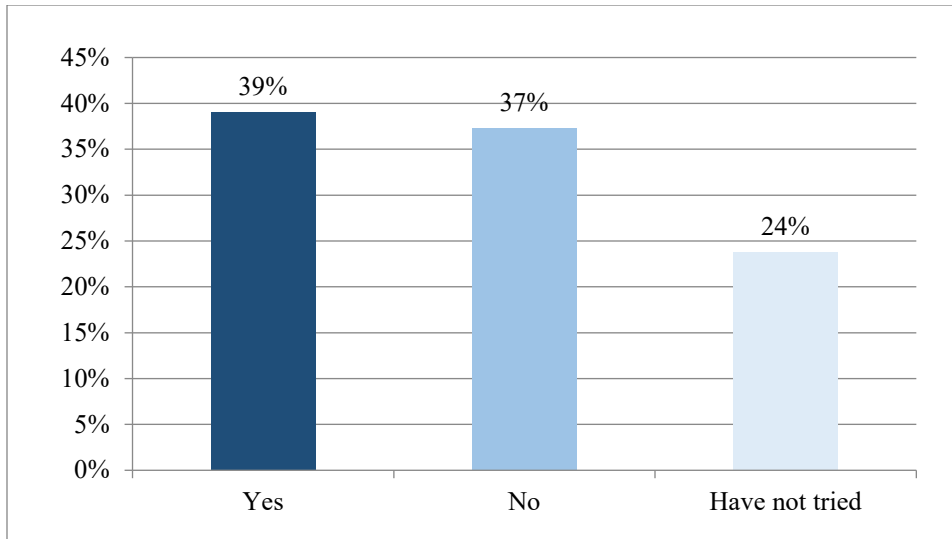
*“As you can imagine, I know personally of at least ten other individuals in my unit who definitely were infected but survived without being discovered by staff (no one wanted to go to the quarantine unit because they leave all of your property behind and put you in solitary with nothing to do.) The only screening that was done was to ask, ‘any symptoms?’ through the door and take your temperature.”*

*“Shortly after being forced on lockdown, my cellmates and I became sick - all of us having many symptoms reported for COVID-19. When we all requested medical treatment and testing, each of our requests were denied. We were told by [staff] in the medical department, that they didn’t have any tests to test inmates here. The only medical attention given from then to now was taking our temperatures twice. Lacking a high temperature reading on both occasions, we were all instructed to go to the commissary and purchase over the counter medication and self-medicate the unknown conditions we were all suffering during that time. Although many inmates in our unit were complaining to medical staff about being sick, very few were tested. They were told to buy OTC medication and self-medicate. Shortly after my cellmates and I somewhat recovered, an inmate two doors down tested positive for COVID-19 and was quarantined along with his cellmates. Several other inmates on another range tested positive and were also quarantined. One reason I think they were given any medical treatment is the deteriorating health, which forced medical to remove them from the unit. When we asked [medical staff] how they knew inmates had tested positive, she said they didn’t have tests to begin with, [then] they obtained a limited amount of tests, which were used for the worst signs of COVID-19 symptoms.”*

*“Well, I was never tested for the Covid-19 here. I even stayed in my cell for two weeks before anybody came to check up on me at all. Also upon going over to the medical here, my fever was 102.7F and the doctor called the Lieutenant that was on [who] told the doctor to just put me in [quarantine] until tomorrow but the doctor told him that he was sending me to the outside hospital, which the hospital confirmed that I had the Covid-19 and I stayed in the hospital for seven days!”*

<sup>19</sup> Appendix C BOP Response to CIC Preliminary Covid-19 Report

**Q: Have you been able to obtain medical care in the past 60 days?**  
**N=508**



BOP publications from early in the pandemic stated that Health Services staff throughout BOP conducted rounds and checked inmate temperatures at least once a day, with twice-daily rounds in locations where inmates were in quarantine or isolation.<sup>20</sup> Outside health care has been limited to urgent and emergent conditions, with routine outside healthcare postponed when clinically appropriate.<sup>21</sup> As of November, "inmate movement is still expected to allow, when necessary, for the provision of required mental health or medical care, including continued Sick Call."<sup>22</sup>

Seventy-six respondents provided additional information about the medical care they have received during the pandemic. Eighteen of these individuals said that they were not receiving regular care for a chronic condition during the pandemic, including three individuals who said they were not receiving regular monitoring of high blood pressure. Fourteen respondents complained that request for medical attention were denied or ignored, and five additional respondents said that medical care was very delayed.

*"I put a sick call sheet 3 weeks ago and I still didn't see anyone. I told them, I was having problem breathing at night before I get to sleep and when I workout. Nobody came to see me for that."*

*"It takes weeks at a time to be seen by medical staff."*

*"Medical here isn't taking care of us unless it is an emergency."*

*"Also the distress button in our cell to alert staff that there is a medical emergency don't work. We often have to wait until staff makes rounds to let them know that someone need medical assistance. Staff doesn't always make their rounds. Living under the COVID 19 lockdowns in the eyes of staff has been treat like the lock down is to punish us and they have been treating as such."*

*"Medical and mental health care here are excellent."*

<sup>20</sup> "Correcting Myths", p.1

<sup>21</sup> "BOP Phase Six Action Plan", p. 4

<sup>22</sup> BOP Modified Operations: [https://www.bop.gov/coronavirus/covid19\\_status.jsp](https://www.bop.gov/coronavirus/covid19_status.jsp)

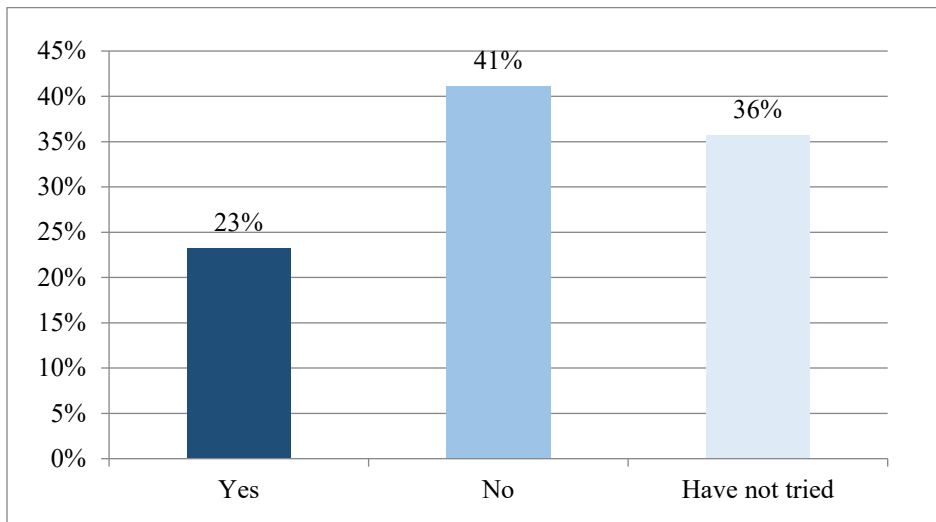
*“Mental health does walk throughs almost daily as does education staff. Medical staff almost never.”*

*“We were told there is 'no sick call' until the lockdown is over - only covid cases would be treated. When medical staff was coming around doing screenings they would not talk to you about anything except covid. I am designated as a 'chronic care' patient, which means I am supposed to be monitored and have check-ins with the MD every few months for my high blood pressure and sleep apnea. I have not seen the doctor for four months.”*

**BOP Response:** All inmates who are positive for SARS-CoV-2 or symptomatic are isolated and provided medical care in accordance with CDC guidance. Symptomatic inmates whose condition rises to the level of acute medical care are transferred to a hospital setting; either at a local hospital, or at an institution's hospital care unit, if they have one. The Coronavirus Phase Five Action Plan dated March 31, 2020, states, “staff are expected to continue conducting daily rounds by all departments and twice a day rounds by Health Services staff.” This guidance has not changed throughout the pandemic.

**Q: Have you been able to obtain mental health care in the past 60 days?**

**N=514**



BOP guidance states that mental health treatment should continue to be offered during to the extent practicable during Covid-19-related lockdowns.<sup>23</sup> In response to a preliminary report, the BOP stated that, “critical services such as mental health care...have continued unabated throughout the pandemic.”<sup>24</sup>

<sup>23</sup> “COVID-19 Action Plan: Phase Five”, March 31, 2020. Available at: [https://www.bop.gov/resources/news/20200331\\_covid19\\_action\\_plan\\_5.jsp](https://www.bop.gov/resources/news/20200331_covid19_action_plan_5.jsp)

<sup>24</sup> Appendix C BOP Response to CIC Preliminary Covid-19 Report



Twenty-six survey respondents shared additional information about mental health care. Five individuals said that psychology staff made rounds at least weekly, while four individuals said that they never see psychology staff at their institution.

*“Psych has never come to conduct wellness visits on any inmates during the entire crisis.”*

*“Psychology staff tries to accommodate the populace but are understaffed.”*

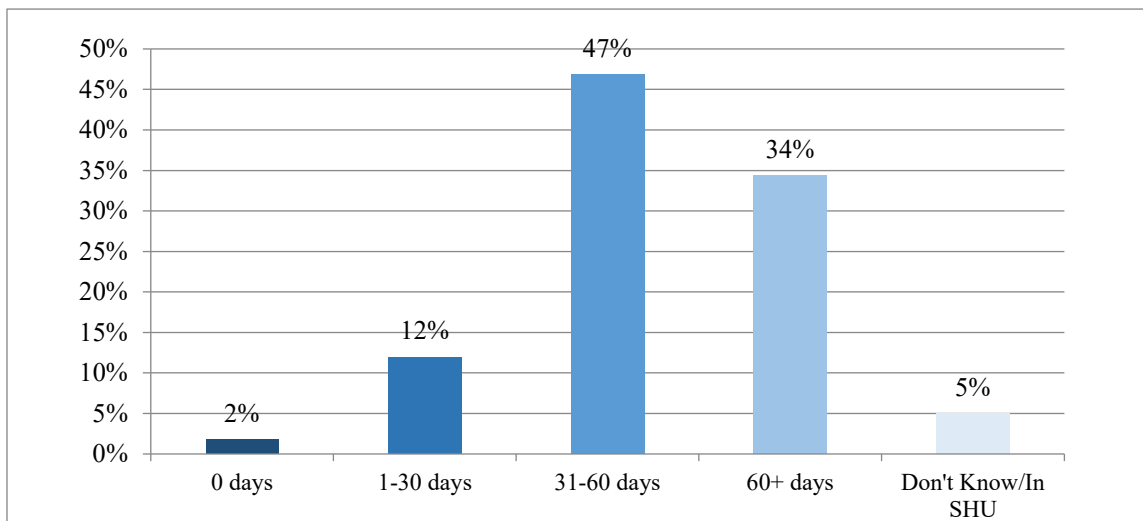
*“Psychology does a walkthrough everyday, 7 days a week.”*

*“When it comes to our mental health the last time psychology was in our unit the beginning of May, we are not allowed to talk to our loved ones, work on our cases, see our families on visits, or be out of our cells even when it is told to us that in our unit we don't have cases of covid but to see others going to work, using the phone or email when we are not allowed, tell me how you think we feel?”*

*“We inmates are having "cabin fever" and other mental health issues, we have not been given any assistance for our psychological pains other than sleeping pills.”*

## V. Communication and Movement

**Q: How many days has your facility been on lockdown<sup>25</sup> in the past 60 days?**  
N=403<sup>26</sup>



Many respondents shared that their facility had been on lockdown for longer than the last 60 days. Forty-one respondents said their facility had been on lockdown 90 days or more, a further 38 respondents said 120 days or more, and an additional 32 respondents said 150 days or more. Sixteen respondents indicated either that they did not know how long their facility had been on lockdown

<sup>25</sup> The CIC uses the word “lockdown” in the colloquial sense that DC residents in the BOP use it, which is to describe significant restrictions to inmate movement, regardless of reason. As noted below, the BOP distinguishes between “lockdown” and “enhanced modified operations.”

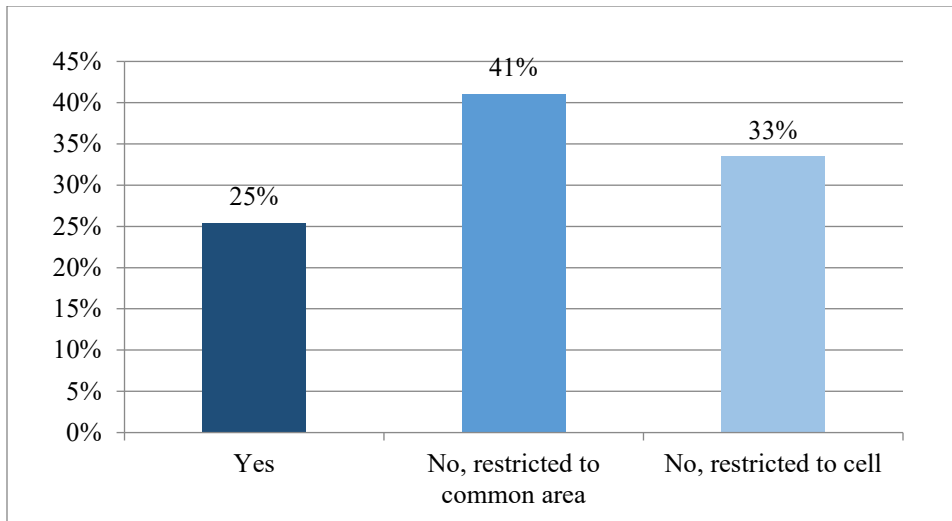
<sup>26</sup> Due to question design, this question had a large number of invalid answers.

because they were currently in solitary confinement, or that their facility is a “lockdown facility” meaning that residents are typically confined to their cells 23 hours a day.

Thirty individuals answered that their facility was on modified lockdown, and described what modifications were in place, but did not provide the duration of the modified lockdown.

**Q: Are you currently able to leave your housing unit?**

**N=508**



BOP information regarding the level and duration of movement restriction has fluctuated during the pandemic. In the BOP’s Phase Five guidance dated March 31, 2020, the agency instituted a 14-day period in which inmates were required to stay in their cells with “limited group gathering...afforded to the extent practical to facilitate commissary, laundry, showers, telephone, and Trust Fund Limited Inmate Computer System (TRULINCS) access.”<sup>27</sup> Subsequent BOP Phase memos extended this guidance through July 2020. The BOP’s Phase Nine memo, dated August 5, 2020, described policies for resuming legal visits, recreation access, modified residential programming (e.g. RDAP, BRAVE), and limited non-residential programming (e.g. GED, Anger Management).<sup>28</sup>

In response to the preliminary version of this report, the BOP noted possible confusion between the terms “lockdown” and “enhanced modified operations.” The BOP stated that all facilities have been on enhanced modified operations since April 1, 2020, which limited inmate movement in order to mitigate the spread of the virus. The BOP specified that movement limitations were imposed to “mitigate exposure and spread of Covid-19,” not as punishment.<sup>29</sup> Survey respondents used “lockdown” and “modified lockdown” as general terms for significant restrictions to movement and programming access. Respondents expanded on the term using additional comments to describe the various levels of restriction they experienced.

<sup>27</sup> “Action Plan: Phase Five”.

<sup>28</sup> “Coronavirus (Covid-19) Phase Nine Action Plan”, p. 3. August 5, 2020. Available at <https://www.themarshallproject.org/documents/7016444-BOP-Phase-9-COVID-Action-Plan>

<sup>29</sup> Appendix C BOP Response to CIC Preliminary Covid-19 Report

Thirteen survey respondents said that at the time of the survey they were on lockdown “23 and 1,” meaning out of their cell for one hour a day. Seventeen respondents said that they were able to leave their cells for one hour each weekday. Eleven respondents said that they were able to leave their cells for one hour two or three days a week. Six individuals said that they were able to leave their cell for three hours each day. Five individuals said that they were only able to leave their cells to pickup meals or shower. Several survey respondents also described changes in the level of lockdown at their facility over the course of the pandemic.

*“Our lockdown is not a full lockdown. We can access phones, TV, computers for 3 hours each day; while meals and laundry and commissary are brought to us.”*

*“For the last 60 days [this] institution has been on a modified lockdown. We’ve received two memorandums with vague to no information on when the modified lockdown would end. For instance, the last memorandum was issued June 1, 2020 suggesting that the lockdown is not a result of punitiveness. However, the restrictions that’s been imposed are consistent with disciplinary sanctions. Following the second memorandum we were experiencing 5 minute showers and 15 minute phone calls Monday, Wednesday and Friday, on the weekends it’s 1 hour.”*

*“We can walk to mainline wearing our masks, and shower Monday, Wednesday, and Friday, for 2 hours- no more!”*

*“For the last 3 months our living conditions have been restricted to the cells. The time that we are allowed out of the cell rotates back and forth from 3 hours to 1 hour. For instance, for 2 or 3 weeks we are only allowed 1 hour out of cell time. We have just come off a week and half period in which we were only allowed out of the cell to take a shower. When we are allowed out of cell time, it is done in 20 cell rotations or close to 40 inmates at one time. During out of cell time we have to get everything done during that time period; this includes taking a shower, using the phone or email, or exercising in the housing unit.”*

*“We were locked in our cells only coming out 5 cells at a time to shower, use email and make phone calls for 30 mins, M/W/F. This lasted until 6/1/20. June 1-7, we were locked in our cells because of the protest, given cold meals, no outside contact and was not made aware of what was going on. June 8, 2020 we were let out for 45 mins with 8 cells to then contact our families.”*

*“We were locked down in the units for 2-3 weeks in March, then fully locked down April 1. We’ve remained locked down ever since. This means locked in cell 24-7 except three times a week you are allowed out of cell for 45 minutes - 1 hour for a maximum of 3 hours a week, to take a shower, use phone/email, and sweep out cell. Which is less time out of the cell than you get when you are on disciplinary segregation/SHU, and at least there you have a shower in your cell.”*

**BOP Response:** First Step Act Evidence-Based Recidivism Reduction (EBRR) Programs and Productive Activities (PA) were temporarily suspended in some locations until they could be delivered safely. Key EBRR Programs that are residential in nature were generally able to continue, as the inmates were already a cohort in a single housing unit. In August 2020, the BOP began resuming other EBRR Programs and PAs in reduced capacity to allow for social distancing. As of early September 2020, approximately 50,000 inmates were enrolled in First Step Act programs.

## Recreation

Fifty-four survey respondents volunteered information about their access to outside recreation during the pandemic. Twenty-eight of these individuals said that they were able to go outside for one hour each week, though four noted that outside recreation was a recent change. Five individuals said that they were able to go outside three times at week. Three individuals said that they had gone outside a

few times but were not able to go regularly. Eight survey respondents said that they had not been able to go outside for recreation for two or three months.

*“We have not been allowed to get fresh air since the pandemic has started.”*

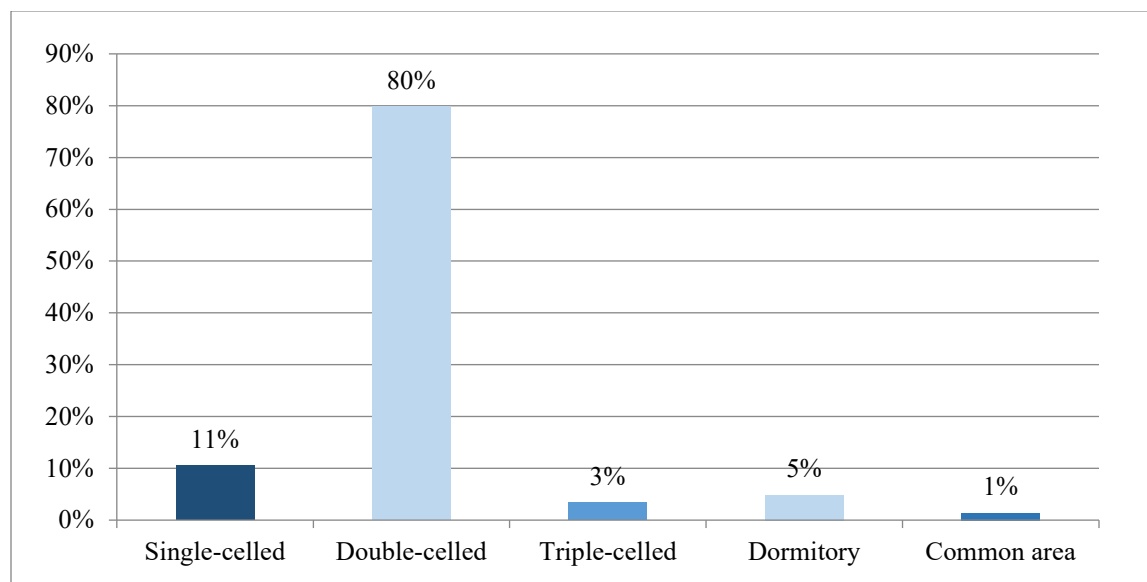
*“We’ve only had outside recreation 3 times since March for 90 minutes each time. We now get rec 1 time per week for 90 minutes outside. But they’ve been letting us exercise in the unit.”*

*“At the very start of the lockdown, we had absolutely no recreation. Then we were allowed to attend inside rec and outside rec (unit by unit- some attempt at social distancing). Later all recreation was cancelled. Then, only outside recreation was allowed (unit by unit with social distancing encouraged). This is our current practice now. Social distancing is impractical, therefore not attempted by most on housing units.”*

*“We are able to have outside rec for 1 hour a week. However, we are not allowed to exercise on our unit. I feel like I’ve gotten older and my physical self is deteriorating.”*

### Q: What is your current housing?

N=503



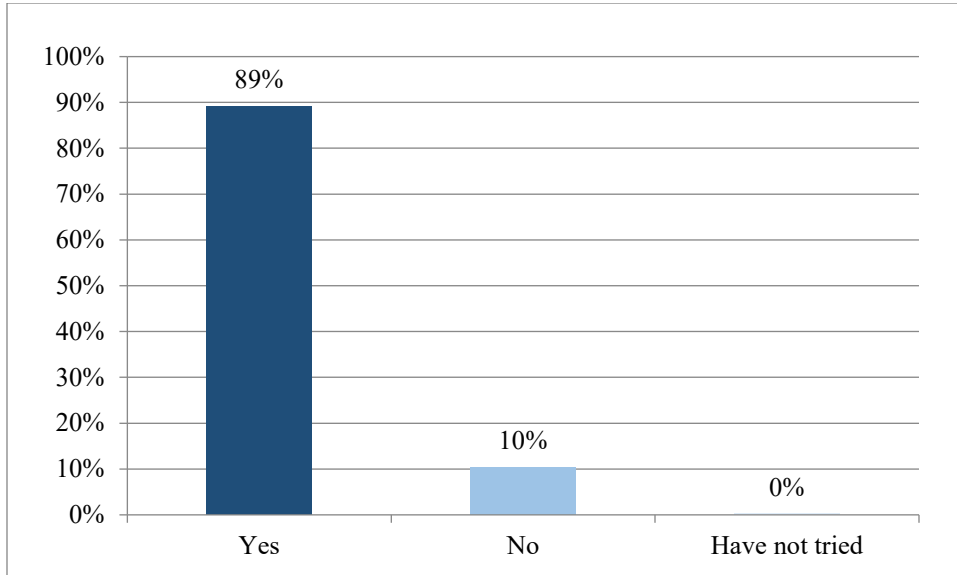
The type of housing available in BOP facilities varies by security level. Minimum and low-security facilities typically have dormitory-style housing, while medium and high-security facilities typically have cell-based housing. Administrative facilities, including medical and transfer facilities, tend to have a variety of housing types.<sup>30</sup> Cells can be designed for single-occupancy, double-occupancy, or rarely for housing more than two individuals. “Triple-celled” refers to three people sharing a cell designed to house two people. In some cases, individuals sleep on cots in the common area of units rather than in cells. Three survey respondents said that they were “quad-celled,” two said they were housed in a 6-person cell, and two more said they were in an 8-person cell.

BOP guidance indicated that strategies for accomplishing social distancing should be evaluated, especially in open bay/barracks-style living quarters.<sup>31</sup>

<sup>30</sup> [https://www.bop.gov/about/facilities/federal\\_prisons.jsp](https://www.bop.gov/about/facilities/federal_prisons.jsp)

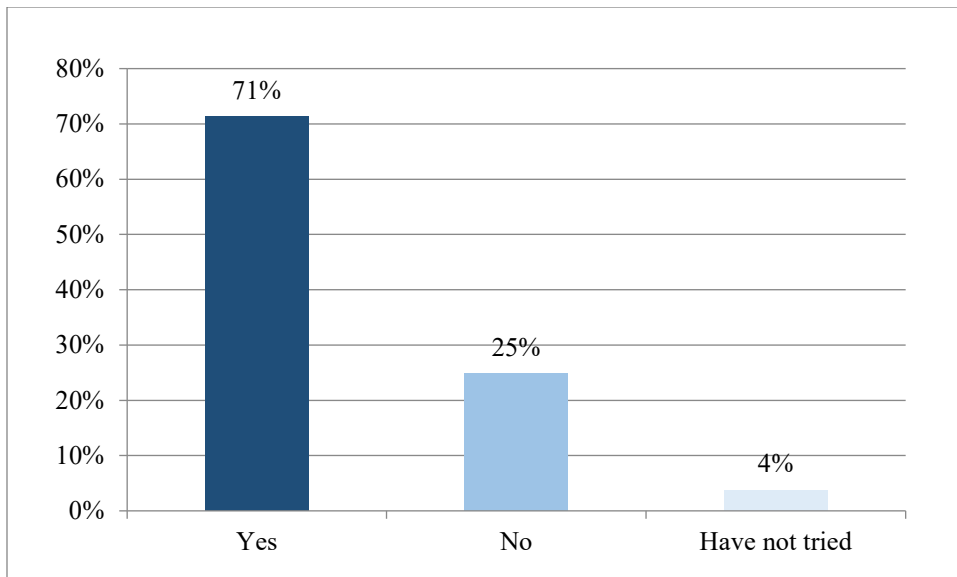
<sup>31</sup> “BOP Phase Six Action Plan”, p. 5.

**Q: Are you able to make phone calls?**  
**N=513**



BOP guidance regarding access to phone calls during the period of the survey is vague. The BOP’s public website about modified conditions indicated that when social visits were suspended, inmate telephone system minutes were increased to 500 minutes per month. In the BOP’s March 31, 2020 guidance, the agency stated that they were allowing limited group gathering “to the extent practicable” to provide access to phones. Most respondents addressed phone and email access together, so these comments are combined below.

**Q: Are you able to send emails?**  
**N=515**



Guidance provided by the BOP regarding access to email only states that limited group gathering should be allowed “to the extent practicable” to provide access to TRULINCS, the limited email program available to inmates.

Nineteen survey respondents said that they could only use the phone, email and shower during their one hour of out-of-cell time each weekday. An additional sixteen individuals said that they were only allowed to access phone, email, and showers for an hour three to four times a week. Another sixteen respondents said that they could access phones and email fewer than three times a week. Thirteen respondents mentioned difficulty accessing phones with many individuals trying to use a small number of phones (often 4-6) and computer terminals all in one 45-minute or hourlong period. Several individuals stated that this led to conflict and violence between inmates. Five individuals expressed gratitude for the free phone calls, and two said they were not able to benefit from the free minutes because of the short periods of time out of their cells.

Ten individuals in SHU explained that they were restricted to one 15-minute phone call per month and not benefitting from the additional free phone time provided to those in general population. Several individuals pointed out that they had served their SHU time but were being kept in SHU due to the pandemic, or were on administrative segregation status, yet they were still being limited to one phone call per month. Three individuals complained that no provisions had been made at their facility for video visitation.

*“Yes, the only positive thing out of this pandemic is we don't have to pay for any phone calls. Lines are a little longer but yes we can [make phone calls].”*

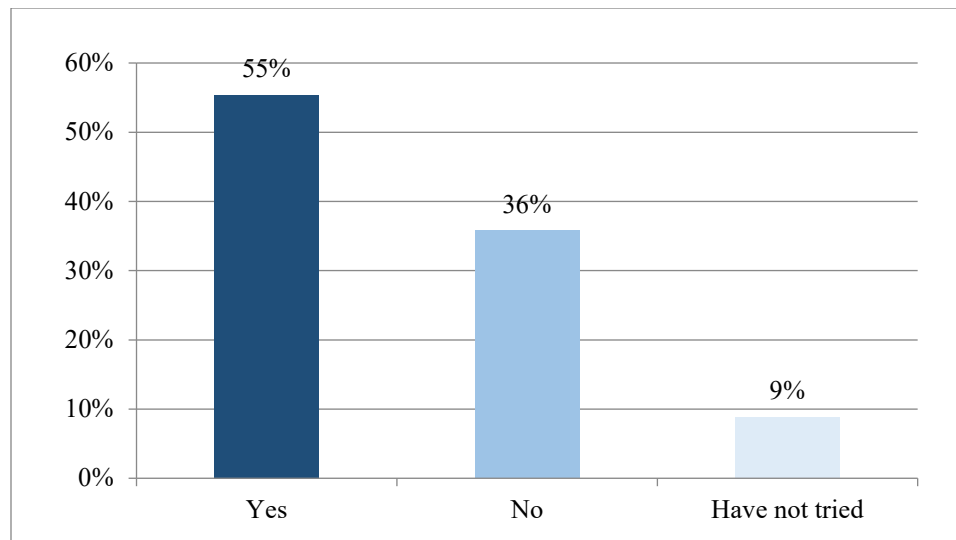
*“When we are allowed out of cell time, it is done in 20 cell rotations or close to 40 inmates at one time. During out of cell time we have to get everything done during that time period; this includes taking a shower, using the phone or email, or exercising in the housing unit. So, technically we have access to the phones, but because there are so many inmates trying to use the phone during a 3 hour period, you may not get a chance to use the phone. Our housing unit contains 4 phones, but only 3 phones work; 1 phone has not been working since I came to this facility.”*

*“There are only 4 computers in unit of over 100 inmates, and at any given time only 2 or 3 of them work. With the short amount of time you are allowed out of your cell, this is a big obstacle to using email.”*

*“They give people on the yard an extra 200 minutes but the ones in the SHU get no extra minutes. We should be able to get the same as the ones on the yard. Most people in the SHU done their SHU time.”*

*“We're supposed to come out of our cells an hour a day to take a shower, use the phone and computer, but we only get it sometimes because depending on the officer working, we might only get 40 to 45 minutes.”*

*“Our phone calls are free and we've been given 200 extra minutes a month. Here's the problem: instead of the usual 15 minute phone calls they have been shortened to 10 minutes. After each phone call there is a 30 minute waiting cycle before the system allows another call. We are allowed 1 hour recreation every Monday, Tuesday.”*

**Q: Are you able to use the law library?****N=504**

Prior to the BOP's Phase Nine Action Plan, access to law library materials, either electronic or physical, was not discussed in BOP guidance. The Phase Nine Action Plan indicated that wherever possible, inmates "should be permitted access to the Electronic Law Library (ELL) under conditions determined by the Warden at each facility," and recommended that a schedule to permit fair and timely access to this information be established and provided to inmates.<sup>32</sup>

Survey respondents shared a wide variety of experiences with access to law library resources. Thirteen respondents said that they were only able to use a law library computer during their hour of daily time outside the cell, and ten respondents noted that because only one computer on their unit was equipped with legal resources, demand for that computer was too high for them to access it. Eight individuals said that their institution's law library was available for limited times, seven other individuals said that they could access the law library by request, and two individuals said that inmates with open cases could access the law library. Six individuals said that the law library at their facility had recently re-opened. An additional six individuals said that they could not copy or print law library materials.

*"In the housing unit, one email station has been converted into a law research station. And special cases have been allowed to physically go to the law library."*

*"The Warden tells our Unit team to let us out to use the law library on the computer on Tues, Thurs, the days we don't come out, but they don't adhere to it. We can't do it on the days we come out we only have an hour. Between phone and email it's impossible. I myself has had to write the court for a time extension because I can't get to the law library."*

*"Law library in the last 30 days has picked up all one has to do is send a (request) and you be put on the list when your unit is called the next week."*

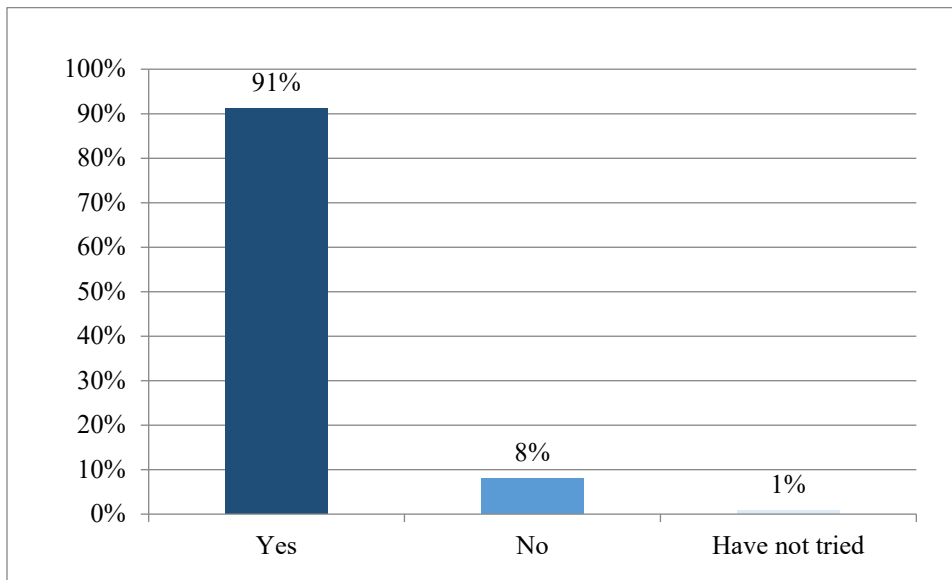
<sup>32</sup> "Phase Nine Action Plan", p. 3

*“No legal work can be done. Out of the six computers available to us only one gives access to the electronic legal library. Besides, nothing can be accomplished in 1 hour considering the need for showers, phone calls, and cleaning our cells. No copies can be made and there's no typewriter.”*

*“The administration has limited legal access. For example, my cellie submitted proof that he had an immediate court deadline but was not permitted to use the law computer for additional time, get assistance from jailhouse lawyers nor copier machine access etc.”*

**Q: Are you able to purchase items from the commissary?**

**N=509**



As with phone and email access, the BOP advised that movement in small numbers was allowed for the purposes of accessing commissary.

Sixty-seven respondents shared comments about their access to commissary during the pandemic. Seventeen respondents said their facility had imposed a \$50 limit on their purchases. Ten respondents said they had to shop from a limited list, four respondents said that they were limited to a certain number of total items, and seven respondents said that they were not allowed to purchase hygiene items, particularly soap. Four individuals said that their facility had very limited stock. Six individuals reported that their access to commissary was inconsistent. Several respondents also noted that without jobs they were unable to purchase items from commissary at all.

*“Also, they just got commissary. We went a whole month without it and they only give us a \$50 limit to spend, which is not enough to get hygiene and food - and yes, we need food. They give us 1 hot meal a day.”*

*“For 3 weeks, we were only allowed to purchase items off of a limited commissary list. Now, we can spend \$50 weekly. Not our regular \$360 monthly limit.”*

*“At the beginning of the lockdown on April 1, commissary put a \$25/week spending limit so commissary has been limited a lot, plus inventory is very spotty. Since almost everyone lost their jobs due to lockdown, there is no money for commissary anyway.”*



*“Medical often directs inmates to purchase OTC drugs from the commissary, but often items like ibuprofen and naproxen are not available due to the trust funds failure to keep items in stock.”*

*“Yes, we were allowed a \$20 limit, hygiene, some food items, but as an African American and this population mainly black, we are lacking products that we need such as lotion, hair grease, combs and two blade razors. Also we were allowed to purchase one Dial soap to last for over a month. We need access to more than one bar.”*

## Transfers

Eleven individuals shared concerns about the lack of transit between facilities during the pandemic, including three who said they were unable to receive various services because of being in transit status when the BOP stopped movement, and seven people who said they were designated to be transferred to another facility and were not able to move. Several individuals also expressed concern about new inmates arriving at their facility during the pandemic.

In response to a preliminary report, the BOP stated that it “took aggressive action to limit internal and external movement” because of the increased risk of Covid-19 transmission. The agency noted that though it has the authority to control and limit intra-agency movement, it is required by federal statute to accept inmates remanded to its custody.<sup>33</sup>

**Response:** Under modified operations, inmates are limited in their movements within the institution, with inmate movement in small numbers authorized for access to commissary, laundry, showers, telephone and electronic messaging access, medical and mental health care, and some essential work details or work assignments. Just as in communities nationwide who have been required to shelter-in-place, the BOP implemented this course of action to mitigate the spread of the virus.

At the onset of the pandemic, the BOP took aggressive action to limit internal and external movement, understanding that movement could increase the risk of transmission throughout our facilities. However, the BOP is required to accept inmates awaiting trial remanded to our custody and must also accept newly-convicted inmates for service of their sentence. This requirement is based in federal statute (see the Bail Reform Act, Title 18 U.S.C. § 3141); if a federal judge orders a pre-trial offender to be detained, the Federal government, which includes BOP facilities, must assume custody and care of the inmate. To be clear, while the BOP can control and limit its intra-agency movements, it has no authority to refuse inmates brought to it by the US Marshals Service. As a more normalized inmate movement pattern resumes, any inmate with a known positive SARS-CoV-2 test, or who has fever or symptoms, or is a close contact (who has not yet been released from quarantine) of a known COVID-19 case, will not be permitted to transfer.

During the pandemic, the BOP has partnered and consulted with the CDC to evaluate and develop procedures for correctional environments to mitigate the spread of SARS-CoV-2. As the agency’s mitigation efforts evolve, the BOP will continue to collaborate with the CDC as an integral part of its best practices to prevent the spread of the virus.

<sup>33</sup> Appendix C BOP Response to CIC Preliminary Covid-19 Report

## VI. Additional Comments

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Many survey respondents offered additional information about their experiences in areas the survey did not specifically cover. The most common among these were staff treatment, meals, communication about Covid-19, and the special challenges of individuals in Special Housing Units (SHU).

### Staff Treatment

The CIC received more than 55 comments regarding staff behavior, both generally and specifically during the pandemic. The most common complaint (12 respondents) was that staff was unresponsive, particularly to grievances and to applications for compassionate release or home confinement. Eight respondents said that staff were rude or disrespectful, and four mentioned that staff were treating the lockdown as a punishment for inmates rather than a health and safety precaution. Seven individuals said staff were assaulting inmates, including individuals at three different facilities who mentioned either experiencing or witnessing staff assaulting inmates who were restrained.

Four survey respondents said that they had experienced retaliation for complaining about staff conduct, and three said they had been threatened by staff. Five individuals expressed concern that staff behavior outside of work was increasing the risk of Covid-19 transmission in the facility. Three individuals submitted positive comments about staff handling of the pandemic.

*“Staff treat us as if we're on punishment instead of lockdown because of coronavirus. COs don't really care about our concerns or feelings and being indifferent towards the pandemic. Us inmates are at greater risk because we wonder if the COs are going to bring us the coronavirus any day. They touch our doors, pass out our food, commissary and mail. It's hard not to keep contact with staff. Living conditions are horrible, inmates that meet the requirements of compassionate release are not being released. Every day it's something new with modified lockdown, COs take this stressful time to confiscate things from us with punitive behavior.”*

*“I'm wondering why they put a memo up saying don't send the Warden no more requests for compassionate release. It is said that the Warden has 30 days to respond to that type of request. I sent one in on 5/14/20, and yesterday they told us not to send the Warden any more requests. It's past my 30-day mark, and I have not gotten a reply from the Warden or my Unit team.”*

*“No one from the administration come to see us to give the inmates an update and we haven't seen the Warden since the pandemic began. My counselor is never on the block and I don't get access to him, my unit manager is on a different block then I'm on so I don't have access to her and my case manager is also on another block. When you write your unit team, they don't respond to your request. when you want to file an informal resolution for a grievance the counselor tries to discourage you from submitting your grievance. There is no accountability for any of the staff here.”*

*“Even with the lack of information, staff here have responded quickly to the pandemic and done what was needed to keep Covid-19 out of this institution. We have had zero confirmed inmate cases as of today, 25 June 2020.”*

*“When the protesting started for George Floyd, the staff here treated us as if we were enemies - they would come by the cells and mock beating blacks with mock sticks. They would say, 'long live Trump' and other racist undertones in their dealings with us.”*

## Meals

Fifty-three inmates volunteered comments about the food they received. Fifteen individuals commented that they received hot meals once a day. Fourteen individuals mentioned that food that was intended to be hot was cold by the time they received it. Nine respondents expressed concerns about highly processed or sugared foods exacerbating their health conditions. Seven respondents mentioned seeing food being served without masks or gloves, in one case by individuals who were known to have Covid-19. Six individuals reported receiving spoiled food, and three noted the portions were too small.

*“Also since April 1, 2020 for breakfast we get cereal, spoiled milk and a cake, a hot lunch, and for dinner 1 slice of meat 1 slice of cheese and four slices of bread and a cake. I really feel that they are putting us at risk for diabetes.”*

*“But here in SHU we are being treated like wild animals. We're even being fed spoiled food at times and the portions of food are so small it wouldn't be enough for a 7 year old kid.”*

*“We receive 2 sack lunches per day: at breakfast, cereal, milk, fruit, sweetener, sweet cake of some sort; at lunch and dinner, 8 slices of bread, luncheon meat (either bologna, ham, or turkey), peanut butter packets, and cheese, chips, and 2 fruits. This is given to us no later than 12 PM. There are no hot meals issued.”*

*“They are not letting us buy food from the store. vitamins or water. We need food from the store because we are starving in here.”*

*“We are not receiving 2000 calories nor the whole BOP national menu at all times we are lucky if we receive 1400 or 1500 calories. I have lost a lot of weight since I've been in this hole as well as all the other inmates that's in here and food services has sent us spoiled food three different times!”*

## Communication About Covid-19

The survey the CIC conducted did not specifically ask how well facility leadership has communicated about the response to COVID-19, but ten respondents volunteered comments in this area. Four individuals mentioned memos received from facility leadership or BOP Central Office explaining Covid-19 responses or testing procedures. Three individuals said facility staff or leadership told them testing was occurring, but they only saw temperature screening, no testing. Two individuals stated that facility leadership was not transparent about the number or existence of confirmed coronavirus cases.

*“This administration is not transparent. One of their officers working over in the camp three months ago was asymptomatic [and] infected 50 or 60 inmates. The administration waited two months before they informed the general population.”*

*“If an inmate has tested positive for COVID-19 they're not telling us, and neither are they telling us if a staff member tested positive.”*

*“Here at [facility] the staff is constantly saying no one here has tested positive for the Covid-19 when that is not true, because for one they don't test us here for Covid-19. They just do temperature checks once a week. Staff members have tested positive and been gone for months due to falling ill to the coronavirus. Inmates at [other facilities] here at the complex have died from the covid-19.”*

*“[The] Warden specifically announced that he had made a decision to only utilize nasal testing for current infections whereas they are not trying to conduct antibody testing to determine the people who have already been infected at this institution. However, most if not all inmates have not seen any nasal testing either. We cannot confirm but know that our units have not seen any testing of any kind.”*

*“It has been told to us for months that we are the only facility that has no cases, there have not been any testing, so how do they know?”*

*“No one from the administration come to see us to give the inmates an update and we haven't seen the Warden since the pandemic began.”*

### Special Housing Unit

Twenty-two survey respondents mentioned in their comments that they were in a Special Housing Unit (SHU). Individuals in held in these units experience different circumstances than those in general population units, due to increased security and restricted access to programming and privileges. Five individuals complained that they continued to be restricted to one phone call a month during the pandemic, while individuals in general population were provided 500 free minutes of phone time per month. The other top concerns from SHU residents concerned hygiene (3), lack of cleaning supplies (3), and lack of access to newspapers or radios (3).

*“Guys are getting frustrated because we are being held in the SHU for an indeterminate amount of time, with limited to no information to what is going on in the world as it pertains to the virus. We cannot communicate with our families; we are only getting one phone call a month. We are supposed to be getting at least 2, but I have not received 2 calls a month since I have been housed in the SHU. We need access to newspapers and/or radio.”*

*“I am currently being housed in the special housing unit, we are being provided limited sanitation products. Staff rarely wear protective gear, we are rarely allowed to communicate with our families, and this section of the facility is highly infested with insects. Administrative officials here have a limited level of caring for the inmates housed in this unit.”*

## VII. Conclusion

The findings of this survey reflect a wide variety of resident experiences across the spectrum of BOP institutional settings. Survey responses came from 90 facilities at all different security levels, with a range of population and staff sizes, in locations around the United States. At the time respondents were completing the survey, some were located at facilities with active Covid-19 outbreaks, while

others were at facilities with no confirmed cases yet. Responses were received from individuals in general population units, Special Housing Units, and facilities with specialized populations, including individuals in transit and those with intensive medical needs.

Managing and mitigating the impact of the Covid-19 pandemic throughout the varied institutional settings in the BOP is an incredible challenge. BOP institutions do not easily lend themselves to social distancing, and systems for distributing resources are complex. Nevertheless, the BOP is responsible for the safety and welfare of over 170,000 staff and residents and must meet this challenge. Common concerns raised by DC residents in the BOP suggest serious discrepancies between the BOP's stated policies and DC residents' experiences, particularly with respect to staff wearing cloth masks or PPE inconsistently or incorrectly, insufficient access to soap for handwashing, irregular access to medical and mental health care, and significant challenges accessing phone and email communication during the limited out-of-cell time provided.

The BOP's response to the CIC's preliminary report states that the agency, "has taken swift and effective action in response to Covid-19, and has emerged as a correctional leader in the pandemic." However, the Office of the Inspector General identified a number of failures in the BOP response to Covid-19 at FCC Lumpoc<sup>34</sup> and FCC Oakdale,<sup>35 36</sup> and Congressional representatives,<sup>37</sup> advocacy organizations,<sup>38</sup> and BOP employees<sup>39</sup> have criticized the BOP response to the pandemic throughout 2020. The BOP also states that Covid transmission rates in BOP institutions, "generally mirror those found in local communities."<sup>40</sup> However, the Covid-19 infection rate in the BOP overall ranged from

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<sup>34</sup> "Remote Inspection of Federal Correctional Complex Lumpoc," Department of Justice Office of the Inspector General. July 2020. Available at: [https://oig.justice.gov/sites/default/files/reports/20-086\\_0.pdf](https://oig.justice.gov/sites/default/files/reports/20-086_0.pdf)

<sup>35</sup> "Remote Inspection of Federal Correctional Complexes Oakdale and Pollock," Department of Justice Office of the Inspector General. November 2020. Available at: <https://oig.justice.gov/sites/default/files/reports/21-003.pdf>

<sup>36</sup> There were five DC residents at FCC Lumpoc and eight DC residents at FCC Oakdale as of the July 2020 roster provided to CIC by the BOP.

<sup>37</sup> "Murphy, Blumenthal Demand Answers on BOP's Failure to Respond to Covid-19 Outbreak at FCI-Danbury," Senator Chris Murphy Press Release, May 5, 2020. Available at: <https://www.murphy.senate.gov/newsroom/press-releases/murphy-blumenthal-demand-answers-on-bops-failure-to-respond-to-covid-19-outbreak-at-fci-danbury>;

"Warren, Durbin slam government's 'failing' efforts to contain coronavirus in federal prisons," Washington Post, October 5, 2020. Available at: <https://www.washingtonpost.com/politics/2020/10/05/warren-durbin-bop-letter/>;

"Congressmen Kim and Keller Release Statement on COVID-19 Risks at Bureau of Prisons Facilities," Insider NJ, December 4, 2020. Available at: <https://www.insidernj.com/press-release/congressmen-kim-keller-release-statement-covid-19-risks-bureau-prisons-facilities/>

<sup>38</sup> "The COVID-19 Crisis in Federal Detention | December 2020," Sentencing Resource Counsel for the Federal Public Community Defenders, December 1, 2020. Available at:

[https://www.fd.org/sites/default/files/covid19/bop\\_jail\\_policies\\_and\\_information/sentencing\\_resource\\_counsel\\_fact\\_sheet-december.pdf](https://www.fd.org/sites/default/files/covid19/bop_jail_policies_and_information/sentencing_resource_counsel_fact_sheet-december.pdf); "I Begged Them To Let Me Die": How Federal Prisons Became Coronavirus Death Traps," The Marshall Project, June 18, 2020. Available at: <https://www.themarshallproject.org/2020/06/18/i-begged-them-to-let-me-die-how-federal-prisons-became-coronavirus-death-traps>

<sup>39</sup> "Prisoners and guards agree about federal coronavirus response: 'We do not feel safe,'" Washington Post, August 24, 2020. Available at: <https://www.washingtonpost.com/nation/2020/08/24/prisoners-guard-agree-about-federal-coronavirus-response-we-do-not-feel-safe/>; "Federal Prison Employees Fear Staff Shortages and Mass Reassignments as COVID-19 Cases Spike," Government Executive, December 1, 2020. Available at: <https://www.govexec.com/workforce/2020/12/federal-prison-employees-fear-staff-shortages-and-mass-reassignments-covid-19-cases-spike/170399/>

<sup>40</sup> Appendix C BOP Response to CIC Preliminary Covid-19 Report

two to three times the nationwide rate of infection in April 2020<sup>41</sup> to as high as six times the nationwide rate in June<sup>42</sup>, and remained at five times the nationwide rate from August<sup>43</sup> through October 2020.<sup>44</sup>

As the pandemic has progressed, the BOP's response has evolved. The CIC is encouraged to hear that the BOP has established Covid-19 Compliance Review Teams, which will visit each facility throughout the pandemic to review and evaluate responses and share recommendations and best practices.<sup>45</sup> The CIC strongly encourages the BOP to share any updates to its practices that result from these evaluations. The CIC is also encouraged to hear that the BOP has begun offering the Covid vaccines to staff and some inmates.<sup>46</sup> The CIC plans to continue to survey DC residents in the BOP throughout the duration of the pandemic and compare their reported experiences to the Bureau's stated policies and practices to identify inconsistencies and amplify the voices of incarcerated residents of the District of Columbia.

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<sup>41</sup> "COVID-19 Rate of Infection for Various Populations," Federal Defenders of New York, April 28, 2020. Available at: [https://federaldefendersny.org/assets/uploads/BOP\\_COVID-19\\_Charts\\_and\\_Graphs.4.28.pdf](https://federaldefendersny.org/assets/uploads/BOP_COVID-19_Charts_and_Graphs.4.28.pdf)

<sup>42</sup> "Senators Query Prison Officials on COVID-19 Actions," MedPage Today, June 4, 2020. Available at: <https://www.medpagetoday.com/infectiousdisease/covid19/86872>

<sup>43</sup> "COVID-19 Rate of Infection for Various Populations," Federal Defenders of New York, August 10, 2020. Available at: [https://federaldefendersny.org/assets/uploads/BOP\\_COVID-19\\_Charts\\_and\\_Graphs.8.10.pdf](https://federaldefendersny.org/assets/uploads/BOP_COVID-19_Charts_and_Graphs.8.10.pdf)

<sup>44</sup> "COVID-19 Rate of Infection for Various Populations," Federal Defenders of New York, October 6, 2020. Available at: [https://federaldefendersny.org/assets/uploads/BOP\\_COVID-19\\_Charts\\_and\\_Graphs.10.6.2020.pdf](https://federaldefendersny.org/assets/uploads/BOP_COVID-19_Charts_and_Graphs.10.6.2020.pdf)

<sup>45</sup> Appendix C BOP Response to CIC Preliminary Covid-19 Report

<sup>46</sup> "Update on COVID-19 Vaccinations" Federal Bureau of Prisons, January 15, 2021. Available at: [https://www.bop.gov/resources/news/pdfs/20210115\\_press\\_release\\_vaccination.pdf](https://www.bop.gov/resources/news/pdfs/20210115_press_release_vaccination.pdf)

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## Appendix A: Methodology

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The CIC drafted a twenty-question survey focused primarily on institutional hygiene, access to medical care, communication, and movement. The survey was sent to a subset of just over half of DC Code offenders based on a list provided by the Federal Bureau of Prisons (BOP) on May 15, 2020. In order to obtain information from as many facilities as possible as well as limit the sample size to allow the CIC to process and report on data in a timely manner, a subset of survey recipients was chosen. At every facility with less than 30 DC individuals, the CIC mailed a survey to every DC individual. At every facility with more than 30 DC individuals, the CIC mailed a survey to 30 individuals selected at random to represent that facility. The CIC sent 1,750 surveys to individuals at 111 facilities between approximately June 16, 2020 and June 24, 2020. The CIC received 519 completed surveys between June 25, 2020 and August 15, 2020 for a response return rate of 30 percent.

The CIC received 35 surveys from individuals who were not on the original recipient list, including three surveys from FCI Dublin, though only two surveys were mailed to that facility. The CIC is not able to explain this result. Twenty-nine of these 35 surveys are from individuals who can be identified as part of the DC population.

The CIC compiled survey responses using SurveyMonkey, a business intelligence tool, with unique identifiers used to protect confidentiality. Data was exported to Microsoft Excel, and CIC analysts applied statistical weights to the responses so that the data would more accurately reflect the full population of DC individuals in the BOP. Analysts counted responses from facilities with less than 30 DC individuals as approximately half of one response, and counted responses from facilities with 30 or more DC individuals as approximately 1.5 responses.

Charts were produced through Microsoft Excel. Charts and other analysis do not include non-responses. Chart totals may not equal 100 due to rounding.

CIC analysts coded qualitative responses using Dedoose, a mixed qualitative/quantitative data analysis tool. Some quotes from survey respondents have been lightly edited for readability.

The CIC produced a preliminary report based only on the quantitative data received from surveys. The CIC provided the BOP with a draft version of the preliminary report for review and comment. Clarifications and additional information provided by the BOP in response to the preliminary report informed the content of the final report.

Without the ability to travel to BOP facilities, CIC staff was unable to confirm the concerns raised by respondents. Throughout the report the CIC included information publically available on the BOP website about the Bureau-wide response alongside survey analysis and direct quotations from survey respondents. Much of the public information available was vague, leaving the details of implementation to individual facility leadership based on their circumstances. While this is understandable, it made it impossible to match inmate feedback directly with facility policies.

The CIC provided the BOP with a draft version of the report for review of factual information and an opportunity to respond to follow-up questions and any other information in the report. The BOP response is included at the end of this report.

## Appendix B: Responses by Facility

Facility Code	Facility Name	Surveys Sent	Responses Received	Response Rate	Covid-19 Positive Tests?
ALD	FPC Alderson	3	1	33%	No Info
ALF	FCI Allenwood Low	21	3	14%	Yes
ALI	FCI Aliceville	6	4	67%	Yes
ALM	FCI Allenwood Medium	30	7	23%	Staff Only
ALP	USP Allenwood	30	8	27%	Staff Only
ASH	FCI Ashland	10	5	50%	Yes
ATL	USP Atlanta	30	6	20%	Yes
ATW	USP Atwater	30	12	40%	Yes
BAS	FCI Bastrop	1	0	0%	Yes
BEC	FCI Beckley	30	7	23%	Yes
BEN	FCI Bennettsville	30	14	47%	Yes
BER	FCI Berlin	30	10	33%	Inmates Only
BIG	FCI Big Spring	2	1	50%	Yes
BML	FCI Beaumont Low	4	2	50%	Yes
BMM	FCI Beaumont Medium	8	3	38%	Yes
BMP	USP Beaumont	30	11	37%	Yes
BRO	MDC Brooklyn	7	1	14%	Yes
BSC	CI Big Spring	1	1	100%	No Info
BSY	USP Big Sandy	30	11	37%	Yes
BTF	FCI Butner Medium II	30	20	67%	Yes
BUF	FCI Butner Low	14	10	71%	Yes
BUH	FMC Butner	27	6	22%	Yes
BUT	FCI Butner Medium I	23	4	17%	Yes
CAA	USP Canaan	30	7	23%	Yes
CCC	MCC Chicago	1	0	0%	Yes
CLP	USP Coleman II	30	7	23%	Yes
COL	FCI Coleman Low	11	3	27%	Yes
COM	FCI Coleman Medium	18	9	50%	Yes
COP	USP Coleman I	30	12	40%	Yes
CRW	FMC Carswell	15	6	40%	Yes
CUM	FCI Cumberland	30	4	13%	Yes
DAL	CI Giles W. Dalby	1	0	0%	No Info
DAN	FCI Danbury	13	3	23%	Yes
DEV	FMC Devens	30	10	33%	Yes
DRJ	CI D. Ray James	4	1	25%	No Info
DUB	FCI Dublin	2	3	150% <sup>47</sup>	Yes
EDG	FCI Edgefield	30	14	47%	Yes

<sup>47</sup> The CIC received 35 surveys from individuals who were not on the original recipient list, including three surveys from FCI Dublin, though only two surveys were mailed to that facility. The CIC is not able to explain this result.



Facility Code	Facility Name	Surveys Sent	Responses Received	Response Rate	Covid-19 Positive Tests?
ELK	FCI Elkton	16	6	38%	Yes
ENG	FCI Englewood	4	1	25%	Yes
ERE	FCI El Reno	3	1	33%	Yes
FAI	FCI Fairton	30	11	37%	Yes
FLF	FCI Florence	2	0	0%	Yes
FLM	USP Florence ADMAX	28	1	4%	No Info
FLP	USP Florence High	30	0	0%	Staff Only
FOM	FCI Forrest City Medium	8	2	25%	Yes
FOR	FCI Forrest City Low	6	0	0%	Yes
FTD	FCI Fort Dix	30	11	37%	Yes
FTW	FMC Fort Worth	4	2	50%	Yes
GIL	FCI Gilmer	30	0	0%	Yes
HAF	FCI Hazelton	30	4	13%	Staff Only
HAZ	USP Hazelton	30	7	23%	Yes
HER	FCI Herlong	4	0	0%	Yes
HOU	FDC Houston	1	0	0%	Yes
JES	FCI Jesup	17	10	59%	Yes
LEE	USP Lee	30	1	3%	Yes
LEW	USP Lewisburg	30	14	47%	Yes
LEX	FMC Lexington	10	4	40%	Yes
LOM	USP Lompoc	6	0	0%	Yes
LOR	FCI Loretto	25	4	16%	Yes
LVN	USP Leavenworth	18	7	39%	Yes
MAN	FCI Manchester	15	5	33%	Yes
MAR	USP Marion	17	9	53%	Yes
MCA	CI McRae	3	0	0%	No Info
MCD	FCI McDowell	30	5	17%	Staff Only
MCK	FCI McKean	25	9	36%	No Info
MCR	USP McCreary	30	4	13%	Yes
MEM	FCI Memphis	8	4	50%	Yes
MEN	FCI Mendota	7	4	57%	Yes
MIL	FCI Milan	1	1	100%	Yes
MRG	FCI Morgantown	4	0	0%	Staff Only
MVC	CI Moshannon Valley	6	3	50%	No Info
NLK	CI North Lake	2	0	0%	No Info
OAD	FCI Oakdale II	2	1	50%	Yes
OAK	FCI Oakdale I	6	5	83%	Yes
OKL	FTC Oklahoma City	22	7	32%	Yes
OTV	FCI Otisville	11	4	36%	Yes
OXF	FCI Oxford	3	2	67%	Yes
PEK	FCI Pekin	2	0	0%	Yes
PEM	FCI Petersburg Medium	30	5	17%	Yes

Facility Code	Facility Name	Surveys Sent	Responses Received	Response Rate	Covid-19 Positive Tests?
PET	FCI Petersburg Low	28	7	25%	Yes
PHL	FDC Philadelphia	30	7	23%	Yes
PHX	FCI Phoenix	3	2	67%	Yes
POL	USP Pollock	30	9	30%	Yes
POM	FCI Pollock	13	3	23%	Yes
RBK	FCI Ray Brook	17	5	29%	Yes
RCH	FMC Rochester	11	3	27%	Yes
REE	CI Reeves I and II	3	2	67%	No Info
RIV	CI Rivers	30	6	20%	No Info
SCH	FCI Schuylkill	30	8	27%	Yes
SEA	FCI Seagoville	3	0	0%	Yes
SHE	FCI Sheridan	5	3	60%	Inmates Only
SPG	MCFP Springfield	30	13	43%	Yes
SST	FCI Sandstone	1	0	0%	Inmates Only
TAL	FCI Tallahassee	5	2	40%	Yes
TCN	FCI Tucson	1	1	100%	Yes
TCP	USP Tucson	30	8	27%	Yes
TDG	FCI Talladega	16	7	44%	Yes
TEX	FCI Texarkana	2	1	50%	Yes
THA	FCI Terre Haute	4	1	25%	Yes
THP	USP Terre Haute	30	11	37%	Yes
TOM	AUSP Thomson	30	14	47%	Yes
TRM	FCI Terminal Island	1	0	0%	Yes
TRV	FCI Three Rivers	1	0	0%	Yes
VIM	FCI Victorville Medium I	4	0	0%	Yes
VIP	USP Victorville	30	12	40%	Yes
VVM	FCI Victorville Medium II	4	0	0%	Yes
WAS	FCI Waseca	2	0	0%	Yes
WIL	FCI Williamsburg	27	0	0%	Yes
YAM	FCI Yazoo City Medium	19	5	26%	Yes
YAP	USP Yazoo City	5	2	40%	Yes
YAZ	FCI Yazoo City Low	10	6	60%	Yes

Regularly updated information on the number of completed, pending, and positive tests at each BOP facility is available on the BOP's website at <https://www.bop.gov/coronavirus/>.

## Appendix C: BOP Reponse to Preliminary Report

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### **BOP COMMENTS TO CIC REGARDING THE ATTACHED REPORT:**

Because the BOP has expanded testing and precautionary measures taken since June (when the CIC's report was written), we would like to provide you with more comments than normal so that you have the opportunity to update your current report or another forthcoming report that may discuss more details with respect to qualitative observations provided in your survey as noted on page 13 in the attached report.

As observed in our feedback from prior years, we cannot always speak to a survey respondent's opinion but we can share the following factual information on what the BOP is doing in response to COVID-19.

For **Section II "Institutional Cleaning"** (page 5), we can confirm that all cleaning, sanitation, and medical supplies have been inventoried at the BOP's facilities. Currently, an ample supply is on hand and ready to be distributed or moved to any facility as deemed necessary. As the COVID-19 outbreak continues to evolve, the BOP updates and refines its recommendations based on CDC guidance, and protocols, and will continue to provide helpful information to staff, inmates and federal, state and local partners.

Since the onset of the pandemic, the BOP has maintained an abundance of personal protective equipment (PPE) supplies and is utilizing them in accordance with CDC guidance. As has been made clear by the CDC (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>), supplies of PPE and prudence dictates that equipment is used to optimize the limited supply available in both the private and public sectors. As a nationwide system, we have been able to leverage and transfer resources to correctional institutions with the greatest need.

Soap is available throughout our institutions in cells and in common areas at each facility (e.g., restrooms, work sites). In addition to providing hand soap in common areas and to indigent inmates who do not have the means to purchase soap, individual bars of soap are available as needed for the inmate population, or can be purchased for personal use in the inmate commissary, if an inmate prefers. Inmates have been educated on CDC guidelines for hand washing, coughing/sneezing in a sleeve or tissue, and no physical contact. Additionally, staff, including all executive staff and department heads, are readily available to address any concerns by the inmates, and if an inmate reports feeling ill, he/she is immediately screened by health services personnel. Inmates presenting as symptomatic are isolated in accordance with CDC guidance and public health directives.

In response to the April 3<sup>rd</sup> updated guidance from the CDC, we issued surgical masks to everyone – staff and inmates – in our prisons. Federal Prison Industries (FPI, or UNICOR) factories began production on cloth face coverings for our staff and inmate population, non-surgical medical gowns for medical facilities, and packaging hand sanitizer for use within the BOP and other agencies. While we are no longer manufacturing PPE or hand sanitizer, we distributed the cloth face coverings as they were produced to preserve surgical masks for quarantine and screening purposes with the goal being, consistent with CDC guidance, to limit transmission of coronavirus by “asymptomatic” or “pre-symptomatic” persons, when social distancing cannot be achieved.

Guidance as to where and when PPE such as N95 masks should be worn have been provided to all sites, is consistent with CDC guidance, and depends on several factors, including whether or not an institution has an active case and each employee's job description. As noted in guidance from the CDC and Occupational Safety and Health Administration (OSHA), there are several types of respiratory masks as well as surgical face masks; certain masks are appropriate and effective in certain scenarios and not in others. Some scenarios would require an employee to wear the N95 mask, whereas it would not be necessary in other cases. Guidance on what types of PPE are necessary and under what circumstances is available here [www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html](http://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html). Staff working in areas of medical isolation and quarantining are required to wear full PPE.

For **Section III "Medical Care"** (page 7), we would like to point out that the BOP follows CDC guidance the same as community doctors and hospitals with regard to quarantine and medical isolation procedures, along with providing appropriate treatment. The majority of inmates who test positive for COVID-19 are asymptomatic (positive with no symptoms) and do not require the level of care offered in a hospital setting. While a prison setting is unique when addressing a pandemic, the care and treatment of an identified positive COVID-19 case is not.

All inmates who are positive for COVID-19 or symptomatic are isolated and provided medical care in accordance with CDC guidance. Symptomatic inmates whose condition rises to the level of acute medical care will be transferred to a hospital setting; either at a local hospital, or at an institution's hospital care unit, if they have one.

Effective March 26, 2020, the BOP issued guidance that all newly admitted inmates into the BOP are screened and temperature checked by employees wearing PPE, to include surgical masks, face shields/goggles, gloves, and gowns in accordance with CDC guidance.

Effective June 19, 2020, all inmates entering or departing any BOP facility, to include voluntary surrenders, BOP-to-BOP transfers, or transfers from outside the BOP system, are screened and tested by medical staff for COVID-19 upon arrival, and placed in quarantine or medical isolation. Quarantine in the context of COVID-19 refers to separating inmates (in an individual room or unit) apart from other incarcerated individuals not in quarantine. If an inmate tests negative and is asymptomatic (with no symptoms), they remain in quarantine for at least 14 days and are observed for symptoms and signs of the illness during the incubation period, and must test negative again with a commercial PCR test prior to being placed in general population. If an inmate tests positive and/or is symptomatic for COVID-19, the inmate is placed in medical isolation until they are considered recovered by medical staff as determined by CDC guidelines listed at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>. All institutions have areas set aside for quarantine and medical isolation. Inmates are treated at the institution unless medical staff determine they require hospitalization. All inmates are managed per CDC guidelines.

All inmates releasing or transferring from BOP facilities to other BOP facilities or other agencies, or to the community are placed in a test-in/out pre-release quarantine for a minimum of 14 days prior to their scheduled departure from the institution. This includes but is not limited to Full Term releases, Good Conduct Time releases, releases to detainers, furloughs, and transfers to Residential Reentry Centers (RRC's or halfway houses) or home confinement. The only exception to this

guidance are inmates with a history of COVID-19 infection who have met criteria for release from medical isolation; within 90 days of their initial symptom onset (for symptomatic cases) or initial positive COVID-19 test (for asymptomatic cases). In these cases, these inmates do not need to be placed in quarantine, and should not be tested. Following the 14-day quarantine period, an inmate who tests negative and is asymptomatic is approved to transfer/release. If the inmate tests positive or becomes symptomatic, the inmate is placed in medical isolation and is not permitted to transfer until they are considered recovered by medical staff as determined by CDC guidelines. If an inmate has active COVID-19 or is in medical isolation on their release date, or is an immediate release because of statutory or judicial requirements, the institution notifies the local health authorities in the location where the inmate is releasing. Institution staff also coordinate with local Health Department authorities to minimize exposure with the public, upon release. Transportation that will minimize exposure is used, with an emphasis on transportation by family and friends, and inmates are supplied a cloth facial covering to wear.

While in general population, any inmate displaying symptoms for COVID-19 will be tested and placed in medical isolation. A contact investigation is conducted per CDC guidance to identify any potential exposures and may include widespread testing, as clinically indicated.

Staff, contractors, and other visitors to the institution also must undergo a COVID-19 screening and temperature check by a staff member or contractor wearing appropriate PPE prior to entering the facility, with those who register a temperature of 100.4° Fahrenheit or higher denied access to the building. As much as possible, staff are being assigned to the same posts and not rotating, as an additional measure to mitigate the spread of the virus.

For those staff who are presenting with symptoms or have been identified as a close contact of a COVID-19 diagnosed individual, given the critical role our staff play with regard to public safety, we have developed a letter for staff who are in close contact of a COVID-19 positive individual to provide to the local Health Department, to ensure such persons receive priority COVID-19 testing. In addition, the BOP has also obtained a national contract to perform staff testing. This contract supplements the testing of staff within the local community in the event the local health departments are unable to absorb institutional testing needs, particularly when mass testing or serial testing may be indicated. Symptomatic or positive staff self-quarantine at their homes.

For more information about COVID-19, to include the BOP's COVID-19 Action Plan, the number of inmates tested, the number of open, positive test, COVID-19 cases for staff and inmates, and the official number of COVID-19 related deaths, please visit the BOP's Coronavirus resource page on our public website here <https://www.bop.gov/coronavirus/index.jsp>. Scroll down to the "Full Breakdown and Additional Details" link under the "COVID-19 Cases" heading for the number of cases at each institution.

Due to the rapidly evolving nature of this public health crisis, the BOP will update the open COVID-19 confirmed-positive test numbers, the number of COVID-19 tests conducted, and the number of COVID-19 related deaths every weekday at 3:00 p.m. The positive test numbers are based on the most recently available confirmed results involving open cases from across the agency as reported by the BOP's Office of Occupational Health and Safety. The number of open positive test cases only reflects current cases that have not been resolved. The total number of open, positive tests, COVID-19 cases fluctuates up and down, as new cases are added and resolved cases are removed.

As testing resources have become more widely available, we are testing our inmate population more broadly, which is helping us to quickly identify and isolate positive cases to rapidly flatten the curve when outbreaks occur. As a result of our expanded testing capabilities and the BOP's robust pandemic plan, we currently have significantly more staff and inmates recovered from COVID-19 than are positive. Also, there has been a steep decline in the number of inmate hospitalizations, inmates requiring the use of a ventilator, and inmate deaths, since early May, 2020.

The BOP continues to provide testing for COVID-19 symptomatic inmates, as recommended by the CDC. The bulk of our testing conducted by the BOP is rRT-PCR testing through commercial labs. Test kits are obtained as necessary from these contract labs. These samples are then sent back to the respective labs (e.g. Quest Diagnostics, Lab Corps, local hospitals) for processing.

The BOP is also utilizing the Abbott ID NOW instrument for Rapid RNA testing. Test results are typically received within 10-15 minutes. Expanding the testing with the Abbott ID NOW instruments on asymptomatic inmates assists in the slowing of transmission by isolating those individuals who test positive and quarantining contacts.

The deployment of these additional resources will be based on facility need to contain widespread transmission and the need for early, aggressive interventions required to slow transmission at facilities with a high number of at-risk inmates such as medical referral centers. Currently, the BOP has received 250 Abbott ID NOW instruments, which have been distributed among every BOP facility with some facilities having multiple instruments as deemed necessary. Increased testing of these inmates with the Abbott ID NOW instruments may increase the number of COVID-19 positive cases reflected on the BOP's website.

Please note that COVID-19 transmission rates among staff and inmates in the BOP's correctional institutions generally mirror those found in local communities. Fortunately, the BOP is using critical testing tools to help mitigate the spread of the virus. Like in every community, the number of positive cases reported in prison typically rises with increased testing (not primarily as a result of transfers between prisons). However, the majority of the BOP's positive inmates are asymptomatic and healthy. The efficacy of the BOP's mitigation strategies can be seen in the very low number of hospitalized inmates.

Critical services such as mental health care, crisis intervention, and religious observance have continued unabated throughout the pandemic. First Step Act Evidence-Based Recidivism Reduction (EBRR) Programs and Productive Activities (PA) were temporarily suspended in some locations until they could be delivered safely. Key EBRR Programs that are residential in nature were generally able to continue, as the inmates are already a cohort in a single housing unit. In August, 2020, the BOP began resuming other EBRR Programs and PAs in reduced capacity to allow for social distancing. As of early September, 2020, approximately 50,000 inmates were enrolled in First Step Act programs.

For **Section IV "Communication and Movement"** (page 9), all BOP institutions were on enhanced modified operations as of April 1, 2020, under our Phase 5 Action Plan found here [https://www.bop.gov/resources/news/pdfs/20200331\\_press\\_release\\_action\\_plan\\_5.pdf](https://www.bop.gov/resources/news/pdfs/20200331_press_release_action_plan_5.pdf). This

action was taken as a means to further mitigate exposure and spread of COVID-19 at the facility. Please note that some people, possibly including a number of inmates who responded to your survey, confuse the terms 'lockdown' and 'enhanced modified operations'. Enhanced modified operations are not a lockdown, but rather a means to minimize inmate movement, to minimize congregate gathering, and maximize social distancing among the inmate population. Under enhanced modified operations, inmates are limited in their movements within the institution, with inmate movement in small numbers authorized for access to commissary, laundry, showers, telephone and electronic messaging access, medical and mental health care, and some essential work details or work assignments. Symptomatic inmates are not placed on any work details or work assignments. Just like in communities nationwide who have been required to shelter-in-place, the BOP implemented this course of action to mitigate the spread of the virus.

Phases 6 and 7 generally extended the guidance of the Phase 5 Action Plan. Phase 8 of the COVID-19 Action Plan extended the guidance of the Phase 5 Action Plan, and provided additional guidance to staff to assist with the planning of in-person court appearances, ceasing the use of the quarantine site model for newly arriving inmates into BOP custody, as well as additional guidance to staff in regard to inmate transfers and releases. On Wednesday, August 5, 2020, the Director of the Bureau of Prisons ordered the implementation of Phase 9 of its COVID-19 Action Plan. This phase extended all measures from Phase 8, to include measures to modify and control movement and decrease the spread of the virus. We realize that suspending social visiting has an impact on inmates and their loved ones. Therefore, on August 31, 2020, a modification to the Phase 9 Action Plan was implemented to specifically address reinstating social visiting. The Phase 9 Action Plan, along with this modification guidance, will remain in place until further notice.

At the onset of the pandemic, the BOP took aggressive action to limit internal and external movement, understanding that movement could increase the risk of transmission throughout our facilities. However, the BOP is required to accept inmates awaiting trial remanded to our custody. We must also accept newly-convicted inmates for service of their sentence. This requirement is based in federal statute (see the Bail Reform Act, Title 18 U.S.C. § 3141); if a federal judge orders a pre-trial offender to be detained, the Federal government, which includes BOP facilities, must assume custody and care of the inmate. To be clear, while the BOP can control and limit its intra-agency movements, we have no authority to refuse inmates brought to us by the US Marshals Service. As we return to a more normalized inmate movement, movement nationwide can be simple, short-distance transfer, or a complex, multi-day, multi-institution process. However, any inmate with a known positive COVID-19 test, or who has a fever or symptoms, will not be permitted to transfer.

The BOP recognizes the importance for inmates to maintain relationships with friends and family. During modified operations in response to COVID-19, the BOP suspended social visitation; however, inmates were afforded 500 (instead of just 300) telephone minutes per month at no charge to help compensate for the suspension of social visits. As a modification of the BOP's Phase Nine Action Plan, and in accordance with specific guidance designed to mitigate risks, social visits are being reinstated, where possible to maintain the safety of our staff, inmates, visitors, and communities. Each individual institution has made plans consistent with their institutional resources (including physical space) and will continuously monitor their visiting plan, and make prompt modifications, as necessary, to effectively manage COVID-19. Such modification may include limiting or postponing visitation, providing visitation by appointment, or other adjustments as appropriate.

All visits will be non-contact and social distancing between inmates and visitors will be enforced, either via the use of plexiglass, or similar barriers, or physical distancing (i.e., 6 feet apart). Inmates in quarantine or isolation will not participate in social visiting. The number of visitors allowed in the visiting room will be based on available space when utilizing social distancing. The frequency and length of visits will be established to ensure all inmates have an opportunity to visit at least twice a month. Visitors will be symptom screened and temperature checked; visitors who are sick or symptomatic will not be allowed to visit. Both inmates and visitors must wear appropriate face coverings (e.g. no bandanas) at all times and will perform hand hygiene just before and after the visit. Tables, chairs and other high-touch surfaces will be disinfected between visitation groups; all areas, to include lobbies, will be cleaned following the completion of visiting each day.

During the pandemic, access to legal counsel remains a paramount requirement. As such, based on available resources at the local level, in-person attorney-client visitation will be accommodated to the extent possible and will follow preventative protocols (e.g., face coverings required), and confidential legal calls will be allowed in order to ensure inmates maintain access to counsel. When/where possible, we are also facilitating attorney client-visitation, as well as judicial proceedings, via video conference, primarily at our detention centers. Whenever possible and consistent with social distancing protocols and safe institution operations, inmates are permitted access to the Electronic Law Library under conditions determined by the Warden at each facility. For **Section V. "Conclusion"** (page 13), we would like to add that the BOP has taken swift and effective action in response to COVID-19, and has emerged as a correctional leader in the pandemic. As with any type of emergency situation, we carefully assess how to best ensure the safety of staff, inmates and the public. All of our facilities are implementing the BOP's guidance on mitigating the spread of COVID-19. That guidance can be found on our website's Coronavirus resource page at <https://www.bop.gov/coronavirus/index.jsp>. We will continue to evaluate our mitigation strategies and make adjustments, as needed.

The BOP has instituted a comprehensive management approach that includes screening, testing, appropriate treatment, prevention, education, and infection control measures. The BOP has been coordinating our COVID-19 efforts since January 2020 (six weeks ahead of the declaration of the COVID-19 pandemic), using subject-matter experts both internal and external to the agency, including guidance and directives from the Centers for Disease Control and Prevention (CDC), the Office of Personnel Management (OPM), the Department of Justice (DOJ), and the Office of the Vice President. In particular, the BOP engaged with the CDC in order to assist them with developing guidance specific to the unique nature of correctional environments. The engagement was mutually beneficial. As a result of these collaborative efforts, the CDC published the Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities on March 23, 2020; the subsequent update on July 14, 2020, was also issued with BOP input.

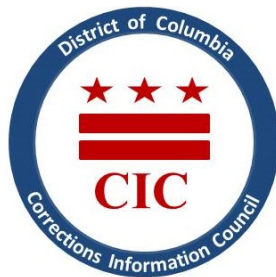
Using the Incident Command System (ICS) framework, we developed and implemented an incident action plan that addressed our Continuity of Operations Program (COOP), supply management, inmate movement, inmate visitation, and official staff travel, as well as other important aspects. Our Central and Regional Offices, and the National Institute of Corrections continue to coordinate planning and guidance with state and local prisons, jails, and health authorities. The first phases of our nationwide action plan were vital steps essential to slowing the spread of the virus. These actions included establishing a task force to begin strategic planning



and building on our already existing procedures for managing pandemics. We started limiting facility-to-facility transfers, and other inmate movement, as well as implementing screening, quarantine and medical isolation procedures. In addition, we suspended social and legal visits, cancelled staff training and travel, limited access for contractors and volunteers, and established enhanced screening for staff and inmates, including temperature checks. We began inventorying sanitation, cleaning, and medical supplies and procuring additional supplies of these items. All of these actions were carried out with the goal of reducing the risk of introducing and spreading the virus inside our facilities.

To ensure all of our facilities are in compliance with CDC and BOP guidance and directives related to the management of COVID-19 and the mitigation of disease transmission, COVID-19 Compliance Review Teams were established in August, 2020, as a component of our Program Review Division. These teams will visit every facility throughout the pandemic to conduct a thorough review, evaluating compliance measures, monitoring response techniques, and developing further COVID-19 mitigation strategies. Recommendations and best practices will be shared with and implemented at all of our facilities, as deemed appropriate.

This virus is challenging, as our nation as a whole has seen, and in particular, is even more complex to address given the nature of our correctional environment. Initially, we were challenged by an upsurge in inmate positive cases, but as a result of our mitigation strategies and lessons learned, we were able to flatten the curve, both at our hotspots and in our institutions nationwide. We remain deeply concerned for the health and welfare of those inmates who are entrusted to our care, and for our staff, their families, and the communities we live and work in. It is our highest priority to continue to do everything we can to mitigate the spread of COVID-19 in our facilities.



**District of Columbia  
Corrections Information Council**

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