

COVID-19 Survey Preliminary Findings

**District of Columbia
Corrections Information Council**

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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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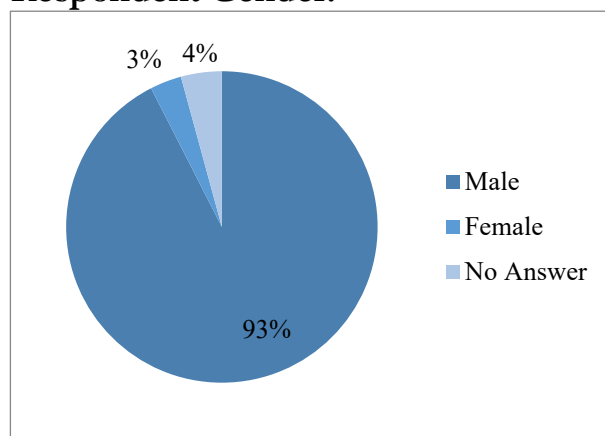
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Survey Respondent Demographics

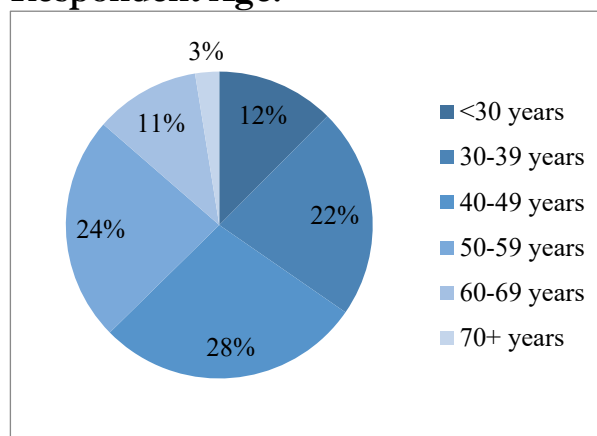
Surveys Sent: 1,750 to 111 facilities
Respondents: 519 from 90 facilities

Respondent Average Age: 44.9

Respondent Gender:



Respondent Age:



I. Introduction

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 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 2020.¹ 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. These results are reported below. The CIC is continuing to analyze the qualitative data received, and will provide that information in a forthcoming report. Information from BOP resources is included below each chart to provide context.

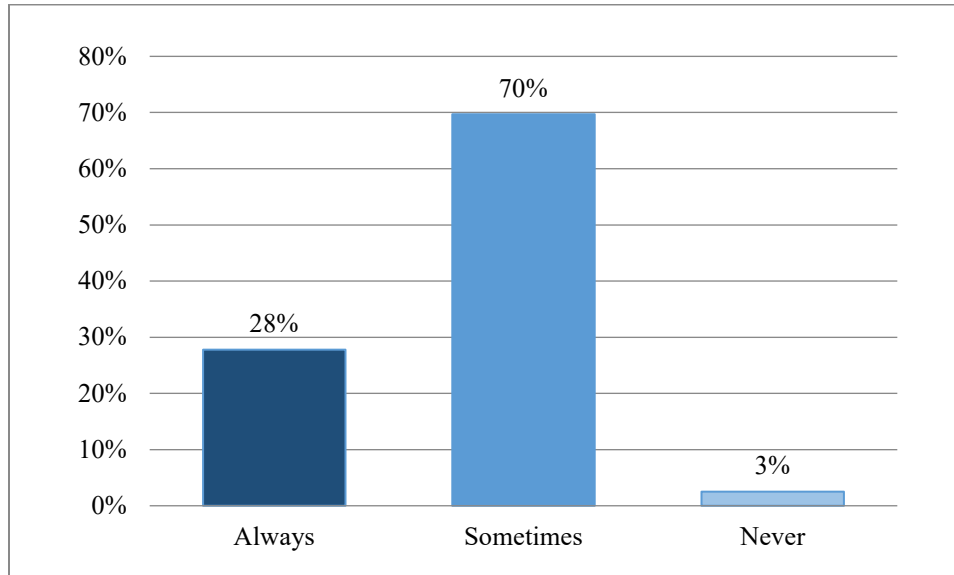
Per the CIC's Memorandum of Understanding with the BOP, this report was provided to the BOP in advance of publication for comment. Information provided by the BOP in response to the report draft is included in the text of the report, and the full text of the agency's response is included as Appendix C.

¹ For more information on survey methodology, see Appendix A.

II. 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 are required to wear masks and gloves. Staff are not required, but can opt to wear masks while walking on the compound.²

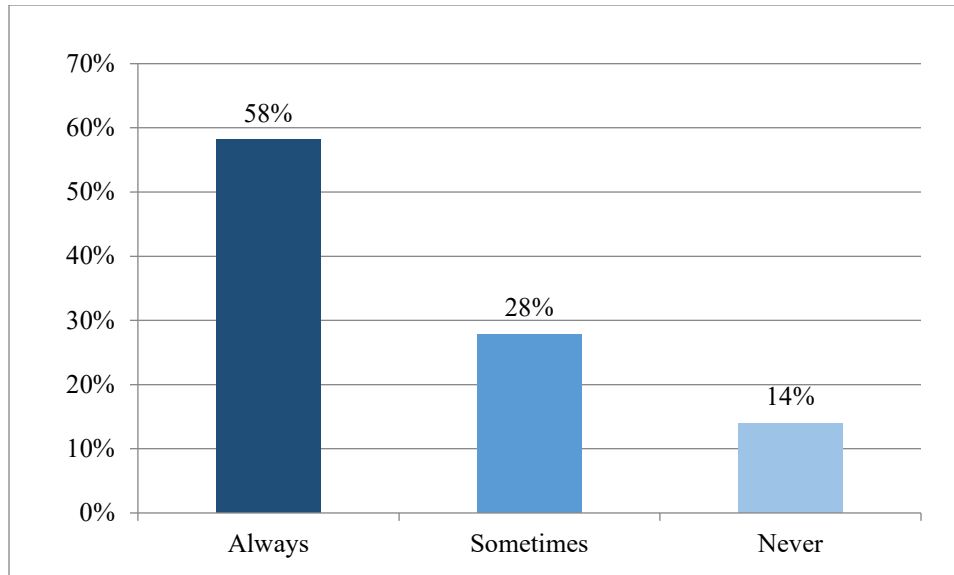
In response to a draft version of this report, the BOP stated that surgical masks were issued to staff and inmates at all facilities on April 3rd, and cloth face coverings were distributed as well. The BOP response added that guidance as to where and when to wear PPE, and which type to wear was provided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

² "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

³ 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,⁴ 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 and etc.) throughout facilities.⁵

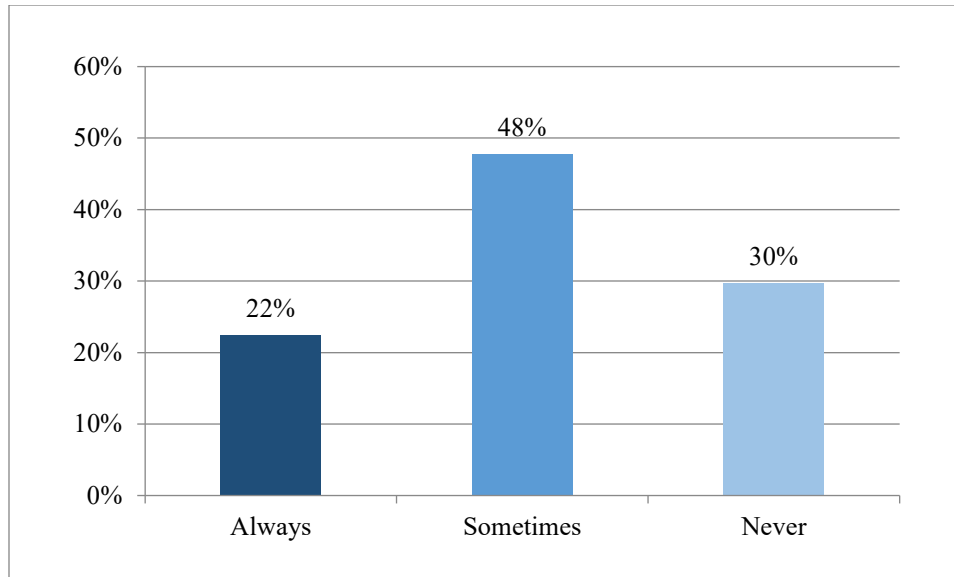
In response to a draft version of this report, the BOP stated that “soap is available throughout our institutions in cells and common areas at each facility (e.g. restrooms, work sites). In addition to providing hand soap in common areas and to indigent inmates who do not have the means to purchase soap, 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.”⁶

⁴ “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

⁵ “Correcting Myths” p. 3

⁶ Appendix C, BOP Response to CIC Preliminary Report.

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



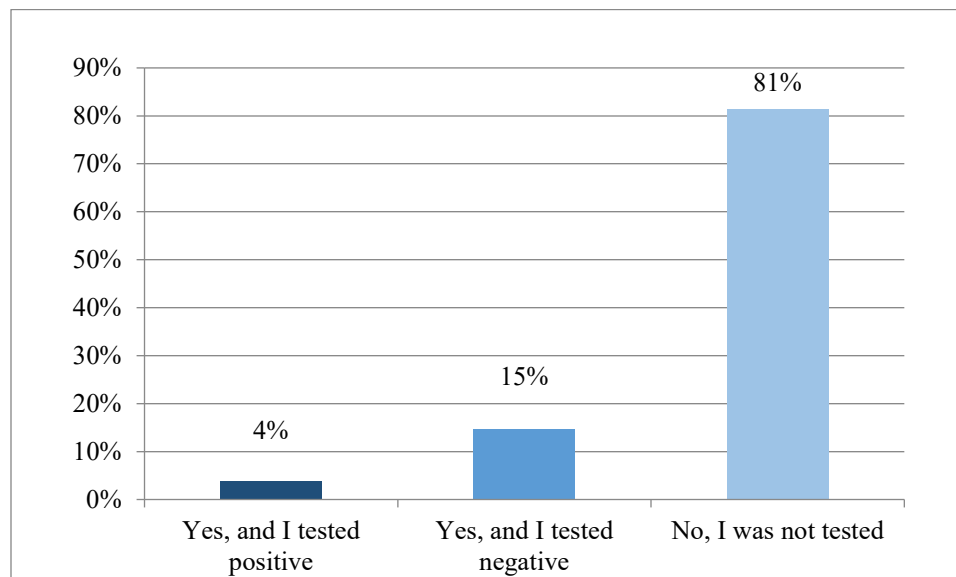
BOP guidance states that regular cleaning and disinfecting of high-touch surfaces should be emphasized to the inmate population, and that wardens must ensure cleaning supplies are readily available for all inmates.⁷

⁷ “BOP Phase Six Action Plan”, p. 5.

III. 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.⁸ The BOP stated that effective March 26, 2020, all newly admitted inmates are screened and temperature checked by employees wearing PPE.⁹ 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.¹⁰ The release also stated that the BOP expected to receive additional testing 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.¹¹

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.¹²

⁸ "BOP Implementing Modified Operations" Accessed September 16, 2020. Available at https://www.bop.gov/coronavirus/covid19_status.jsp

⁹ Appendix C, BOP Response to CIC Preliminary Covid-19 Report

¹⁰ "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

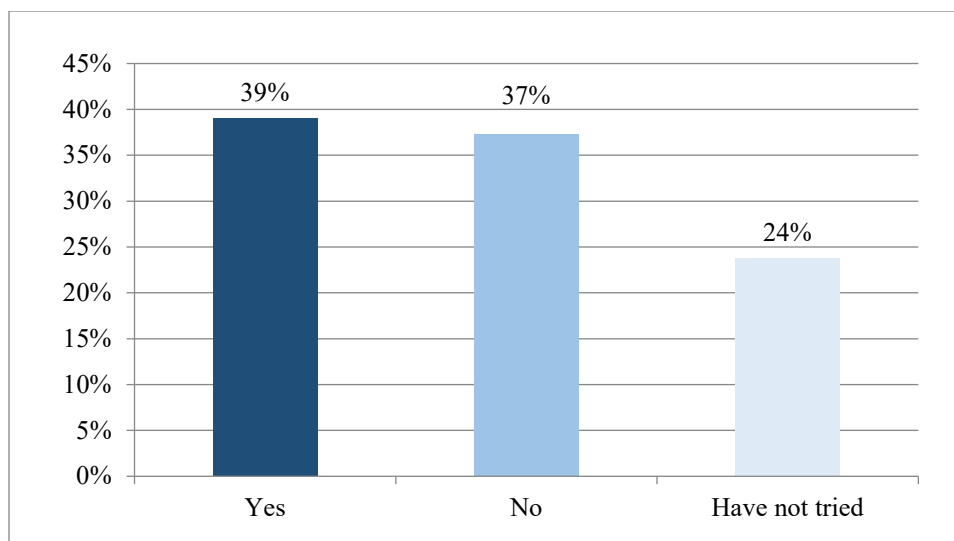
¹¹ The CIC requested updated data on August 24, 2020. After repeated unanswered requests, on September 16, 2020 the CIC was instructed to file a FOIA request for the information. The FOIA request is currently pending.

¹² Appendix C BOP Response to CIC Preliminary Covid-19 Report

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.”¹³ 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 their day 14 or later follow-up test before they are admitted into the general population.¹⁴

The BOP also indicated that its testing capabilities have expanded as testing resources have become more widely available, and that the inmate population is now tested more broadly as compared to during the survey period in June 2020.¹⁵

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 the 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.¹⁶ Outside health care has been limited to urgent and emergent conditions, with routine outside healthcare postponed when clinically appropriate.¹⁷ 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.”¹⁸

¹³ BOP, BOP Modified Operations, November 25, 2020: https://www.bop.gov/coronavirus/covid19_status.jsp

¹⁴ BOP Modified Operations, November 25, 2020.

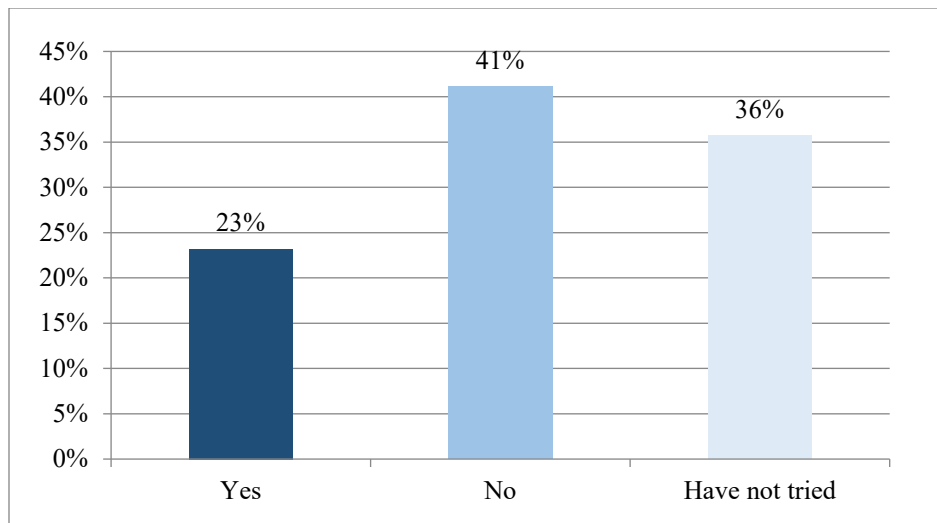
¹⁵ Appendix C BOP Response to CIC Preliminary Covid-19 Report

¹⁶ “Correcting Myths”, p.1

¹⁷ “BOP Phase Six Action Plan”, p. 4

¹⁸ BOP Modified Operations: https://www.bop.gov/coronavirus/covid19_status.jsp

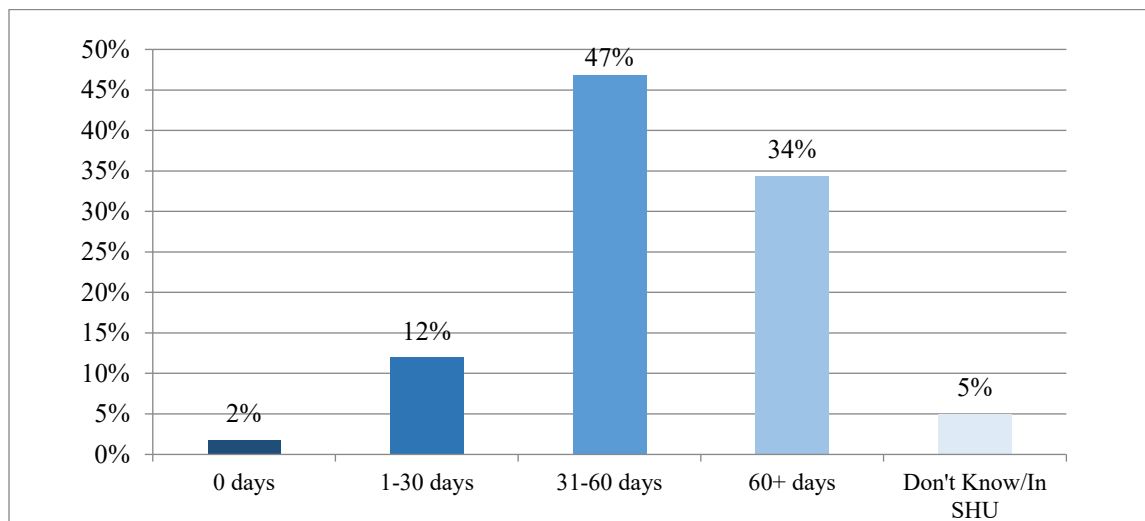
Q: Have you been able to obtain mental health care in the past 60 days?
N=514



BOP guidance states that mental health treatment should continue to be offered to the extent practicable during Covid-19-related lockdowns.¹⁹ In response to the preliminary version of this report, the BOP stated that, “critical services such as mental health care...have continued unabated throughout the pandemic.”²⁰

IV. Communication and Movement

Q: How many days has your facility been on lockdown in the past 60 days?
N=403²¹



¹⁹ “COVID-19 Action Plan: Phase Five”, March 31, 2020. Available at: https://www.bop.gov/resources/news/20200331_covid19_action_plan_5.jsp

²⁰ Appendix C BOP Response to CIC Preliminary Covid-19 Report

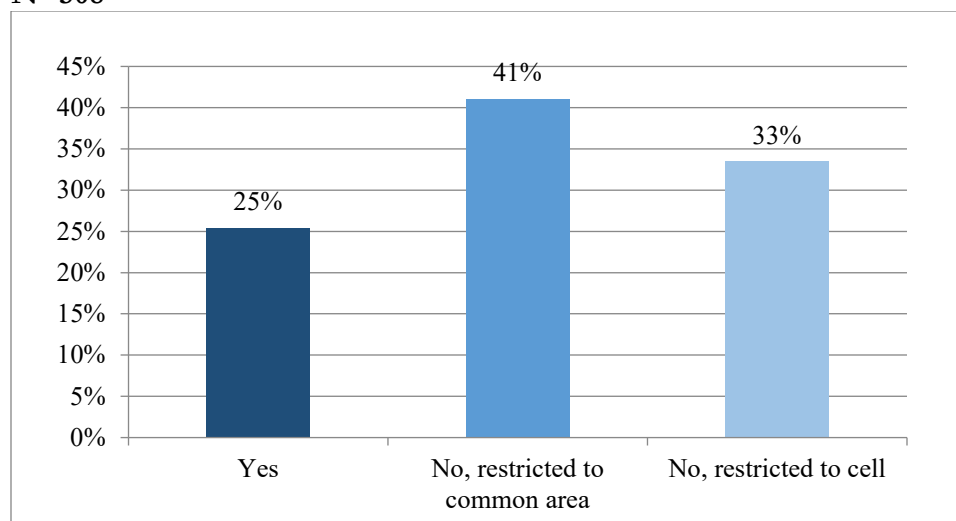
²¹ Due to question design, this question had a large number of invalid answers.

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 because they were currently in solitary confinement, or that their facility is a “lockdown facility”, meaning that residents are typically confined to their cells for 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 the lockdown has fluctuated during the pandemic. In the BOP’s Phase Five guidance dated March 31, 2020, the agency instituted a 14-day full “lockdown”, requiring inmates to stay in their cells with “limited group gatherings...afforded to the extent practical to facilitate commissary, laundry, showers, telephone, and Trust Fund Limited Inmate Computer System (TRULINCS) access.”²² 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.)²³

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.²⁴

²² “Action Plan: Phase Five”.

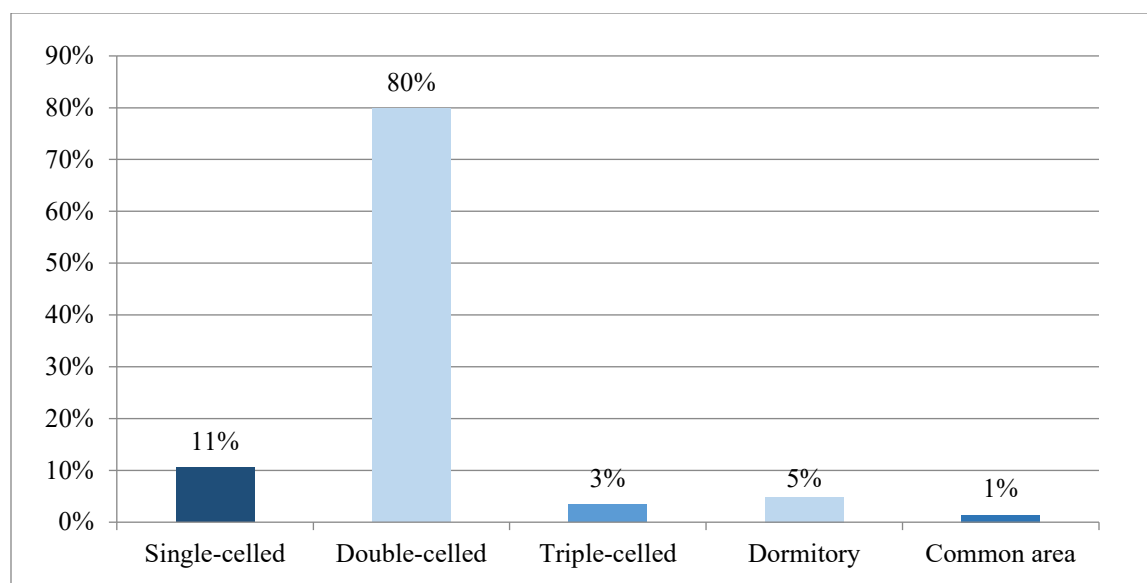
²³ “Coronavirus (Covid-19) Phase Nine Action Plan”, p. 3. August 5, 2020. Available at <https://www.themarshallproject.org/documents/7016444-BOP-Phase-9-COVID-Action-Plan>

²⁴ Appendix C BOP Response to CIC Preliminary Covid-19 Report

Survey respondents used “lockdown” and “modified lockdown” as general terms for significant restrictions to movement and programming access. Respondents expounded on the terms using additional comments to describe the various levels of restrictions experienced, which will be included in a forthcoming report.

Q: What is your current housing?

N=503



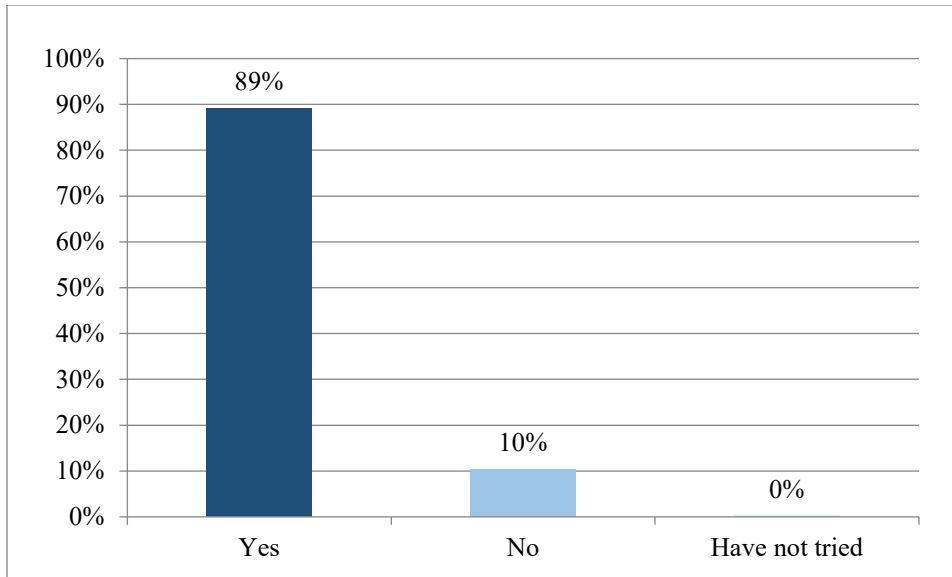
The type of housing available in BOP facilities varies by security level. Minimum and low-security facilities typically have dormitory-style housing, while medium and high-security facilities typically have cell-based housing. Administrative facilities, including medical and transfer facilities, tend to have a variety of housing types.²⁵ 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.

BOP guidance indicated that strategies for accomplishing social distancing should be evaluated, especially in open bay/barracks-style living quarters.²⁶

²⁵ https://www.bop.gov/about/facilities/federal_prisons.jsp

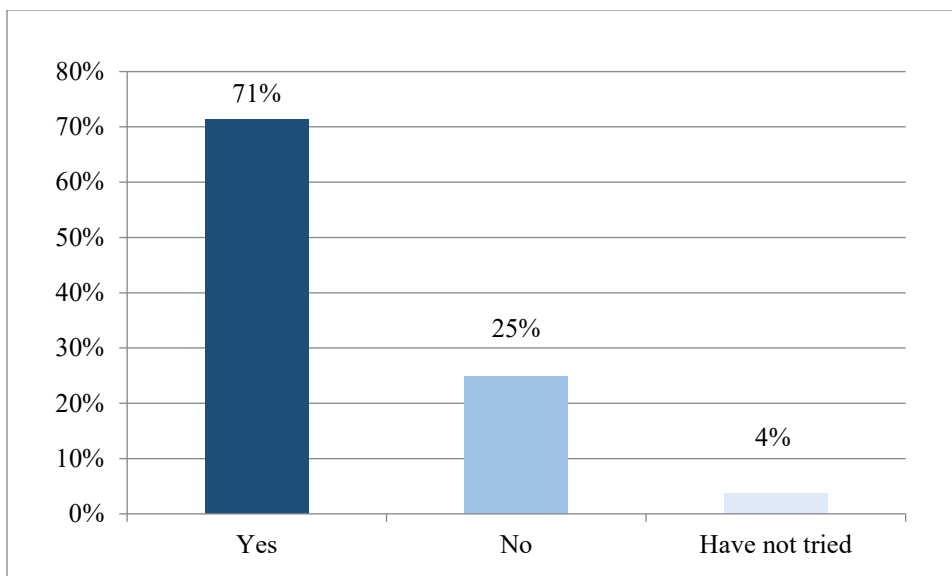
²⁶ “BOP Phase Six Action Plan”, p. 5.

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



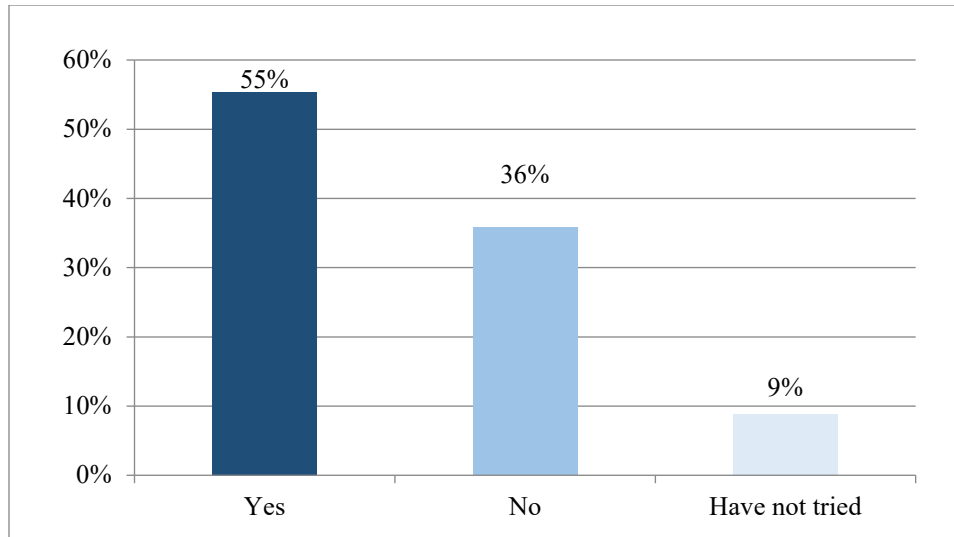
BOP guidance regarding access to phone calls during the period of the survey is vague. The BOP's public website about modified conditions indicated that when social visits were suspended, inmate telephone system minutes were increased to 500 minutes per month. In the BOP's March 31, 2020 guidance, the agency stated that they were allowing limited group gatherings "to the extent practicable" to provide access to phones.

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



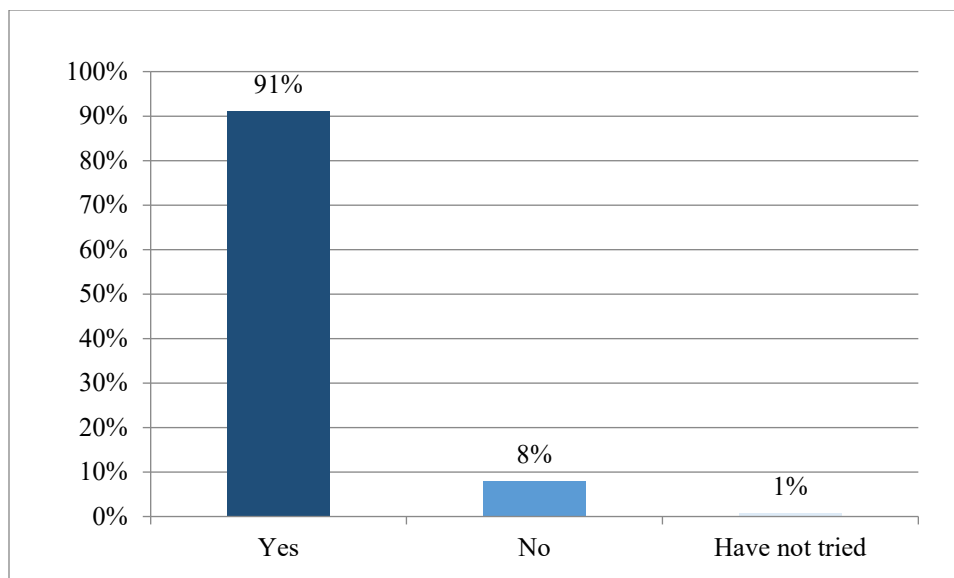
Guidance provided by the BOP regarding access to email only states that limited group gatherings should be allowed "to the extent practicable" to provide access to TRULINCS, the limited email program available to inmates.

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.²⁷

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.

²⁷ "Phase Nine Action Plan", p. 3

V. Conclusion

The respondents to this survey are from 90 facilities with different security levels, population and staff sizes, and locations around the United States. The CIC received responses from facilities with a wide variety of Covid-19 exposure ranging from those with only a few positive Covid-19 tests to facilities where significant outbreaks have occurred or were occurring at the time the responses were sent. Responses were also received from facilities with specialized populations, including individuals in transit and those with intensive medical needs.

Survey respondents provided a wealth of additional qualitative information about their daily experiences during the months in which the BOP has been responding to the threat and/or presence of Covid-19 in its facilities. This preliminary report aims to capture a very broad snapshot of the experience of DC individuals in the BOP during Covid-19. The forthcoming final report of the results of this survey will include analysis of the qualitative information, as well as direct quotations from survey responses.

This survey reflects a snapshot of the experiences of DC residents in the BOP between late June and early August 2020. The CIC is in the process of conducting a follow-up survey asking about current experiences of DC residents in the BOP as the agency's response to the pandemic has changed.

Appendix A: Methodology

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, while limiting 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, every DC individual was mailed a survey. At every facility with more than 30 DC individuals, surveys were mailed 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 surveys were compiled 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. Responses from facilities with less than 30 DC individuals were counted as approximately half of one response, while responses from facilities with 30 or more DC individuals were weighted 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. In the interests of timeliness, only quantitative responses have been included in this preliminary report. Qualitative responses from the surveys are being compiled and analyzed by the CIC and will be included to provide context in the CIC's final report on this survey.

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 responses to the CIC preliminary report are 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% ²⁸	Yes
EDG	FCI Edgefield	30	14	47%	Yes

²⁸ 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 Draft Report

BOP's 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 3rd 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. 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 detainees, 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. 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.

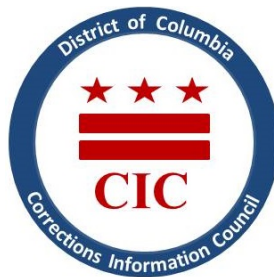
The BOP has instituted a comprehensive management approach that includes screening, testing, appropriate treatment, prevention, education, and infection control measures. The BOP has been coordinating our COVID-19 efforts since January 2020 (six weeks ahead of the declaration of the COVID-19 pandemic), 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**

The electronic version of this report is
available on the CIC website:
<http://www.cic.dc.gov/>