

OVERSIGHT OF THE FEDERAL BUREAU OF PRISONS

HEARING BEFORE THE SUBCOMMITTEE ON CRIME, TERRORISM, AND HOMELAND SECURITY OF THE COMMITTEE ON THE JUDICIARY U.S. HOUSE OF REPRESENTATIVES ONE HUNDRED SEVENTEETH CONGRESS SECOND SESSION

THURSDAY, FEBRUARY 3, 2022

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OVERSIGHT OF THE FEDERAL BUREAU OF PRISONS

Thursday, February 3, 2022

HOUSE OF REPRESENTATIVES

SUBCOMMITTEE ON CRIME, TERRORISM, AND HOMELAND SECURITY

COMMITTEE ON THE JUDICIARY

Washington, DC

The Subcommittee met, pursuant to call, at 10:05 a.m., via Zoom, Hon. Sheila Jackson Lee [Chair of the Subcommittee] presiding.

Members present: Representatives Jackson Lee, Bass, Demings, McBeth, Dean, Scanlon, Bush, Cicilline, Lieu, Cohen, Biggs, Chabot, Steube, Tiffany, Massie, and Fitzgerald.

Staff present: John Doty, Senior Advisor and Deputy Staff Director; David Greengrass, Senior Counsel; Cierra Fontenot, Chief Clerk; John Williams, Parliamentarian and Senior Counsel; Merrick Nelson, Digital Director; Keenan Keller, Chief Counsel for Crime; Mauri Gray, Deputy Chief Counsel for Crime; Nicole Banister, Counsel for Crime; Veronica Eligan, Professional Staff Member/Legislative Aide for Crime; Jason Cervenak, Minority Chief Counsel for Crime; Ken David, Minority Counsel; Kiley Bidelman, Minority Clerk; and Carter Robertson, Minority USSS Detailee.

Ms. JACKSON LEE. Good morning. I just had the privilege of attending the Nation's Prayer Breakfast and so as I look at the hearing that we held last week, I am committed that we will have not only justice accountability, but that we will look to prison reform and have restoration. I have the faith that this will happen. I hope this hearing will bring us to that point.

The Subcommittee will now come to order. Without objection, the Chair is authorized to declare recesses of the Committee at any time.

Good morning, again, and welcome to today's Oversight Hearing of the Federal Bureau of Prisons. I would like to remind the Members that we have established an email address and distribution lists to circulate exhibits, motions, or other written materials that the Members might want to offer as part of our hearing today. If you would like to submit materials, please send them to the email address that has been previously distributed to your offices, and we will circulate the materials to the Members and staff as quickly as we can.

I would also ask all the Members to please mute your microphones when you are not speaking. This will help prevent feedback

and other technical issues. You may unmute yourself any time you seek recognition.

I now recognize myself for an opening statement. Today's hearing on Oversight of the Federal Bureau of Prisons is a follow up to the hearing the Subcommittee held on January 21, 2022.

It was our commitment to our Members that they would have the actual representative at this time of the Federal Bureau of Prisons to be able to hear directly from the leadership and to secure answers.

The hearing last week probed the Bureau's implementation of the First Step Act, the impact of COVID-19 on BOP, the Bureau's response to the pandemic, and the implementation used of compassionate release within the Bureau among other topics, very crucial topics in the line of justice and accountability.

During that hearing, many questions were raised and many of our Members thought it best to speak directly to the Director of BOP. Therefore, I am pleased to have Director Michael Carvajal here today so that we may delve deeply into many issues faced by the Bureau. Two years into the pandemic, COVID-19 remains the most pressing and impactful issue facing the Bureau of Prisons as the virus continues to wreak havoc among many of the Bureau's facilities. I am uncomfortable as to whether or not they have met the challenge and met the task.

From the outset, the virus has had exacerbated the increased health risks for people living or working in confined spaces which is especially true for prison systems where social distancing must be balanced with a need to ensure safety and security.

We continue to hear horror stories of BOP facilities struggling to contain the virus. For instance, we heard last week from Senator Chris Murphy that approximately 40 percent of inmates at the Danbury Federal Correctional Institution in Connecticut were in either isolation or quarantined with only 80 correctional officers available for service which means that every officer on duty is responsible for three prison units. We in the Congress must collaborate to ensure that the remnants of the past can be corrected by this Administration that has a new approach, new commitment to the reformation of this system.

Then on Monday, we learned that Federal Medical Center, Carswell, the women's facility in Fort Worth in Texas, my state, has the fourth highest COVID positive numbers of any group facility in the country with 248 inmates and 46 members who are COVID positive. Eight women have died of COVID-19 at FMC, Carswell, since the beginning of the pandemic, while 18 inmates have died of COVID at Fort Worth male facility.

In the past two weeks, the number of COVID-19 positives in the BOP system has fluctuated between 6,000 and 9,000 inmates.

In that same two-week period, five more inmates in BOP custody have died of COVID-19, bringing the number of inmates to die of COVID-19 related illnesses to 284. It appears that there are just too many inmates in the Bureau's custody to control and successfully reduce the spread of COVID-19 and it appears that there has been a slow and ineffective utilization of compassionate release which should be complied with discretion that the Bureau has.

The Bureau of Prisons has several mechanisms within the authority to reduce the number of inmates in its custody, compassionate release, the CARES Act, and the First Step Act, modified even by then Attorney General Barr. Although using overly-restrictive criteria, BOP released thousands of prisoners under the CARES Act who have reestablished themselves with their families and in their communities and importantly, have not re-offended. The Bureau and DOJ should be commended for their decision to rescind the previous Administration's opinion that would have called many of these individuals back into custody unnecessarily.

I think it is important to note that these individuals that had been released were more released on their application for compassionate release as opposed to the BOP assisting their prisoners and determining that they could be released which causes the problems that we have now.

However, thousands of prisoners continue to test positive for COVID-19 and others die, BOP has failed to effectively utilize its authority to request compassionate release for inmates. I think they are just waiting. Some may die.

From January 1, 2020–January 30, 2021, during the height of the pandemic, the Bureau of Prisons filed less than one percent of the total compassionate release motions filed throughout the entire country. In an attempt to respond to this issue and to help alleviate the rise of spreading COVID, we have expanded compassionate release, and later expanded compassionate release again to allow inmates to file their own motions 30 days after they first made a request with their warden. Notably, as few as one fourth of 284 inmates who died in custody of COVID-related illnesses, actually filed a motion for compassionate release, raising questions about efficiency and efficacy of the process.

One is left to wonder how justice was served by the process for the 62 inmates who filed for compassionate release themselves or through counsel and whose preexisting medical conditions were cited by the Bureau after they died of COVID-related illness while in custody. Why couldn't there be a response? The Bureau not only grapples with inmate infections and deaths, but also with staff member infections and death.

In the last two weeks, the number of COVID-19 positive staff members have ranged from 900 to almost 2,000 and 7 staff members have died of COVID-related illnesses. While staffing shortages have long been a problem for the Bureau of Prisons has made a bad situation even worse. Statistics do not hold well for the State of operations for Bureau facilities across the country.

As staff members become infected or are required to quarantine due to exposure, COVID-19 directly affects the remaining staff's ability to provide safety, security, general, and COVID-related medical services, and recidivism-reducing programming to inmates.

I do want to take this moment as I conclude my remarks to be able to give appreciation to the corrections officers and staff that operate with compassion, hopefully sensitivity, and strength as they work every single day. Ninety-eight facilities remain at Level 3 of the modified operational levels which includes social distancing in all areas of Bureau facilities. As of Monday, all Federal prisons are under a national lock down as two inmates died during a fight

involving multiple inmates at U.S. Penitentiary Beaumont, including those in gangs. Although details are not forthcoming due to the on-going FBI investigation, this incident raises concern about the safety and security of the facility, particularly in my backyard, Beaumont, which has been compromised by longstanding staffing shortages.

The consequences of staffing shortages at BOP have been witnessed time and time again. The death of Jeffrey Epstein was linked in part to the hours of overtime that officers guarding him were required to work and augmentation which required an employee who was not a corrections officers to guard him. I went to that facility. I saw the needs, the freezing cold, and the needs of those employees that were there. They begged for help and did not get it. Epstein's death precipitated the closing of the Metropolitan Corrections office. Our Chair has worked very hard on this issue.

So, I hope as we go forward that we will listen to the issues. We know some issues are being investigated by the OIG. We understand that the conditions at many of the prisons are not what they should be. We know that the PATTERN risk assessment tool which is at the core of the implementation of the First Step Act and other programs has not been effectively utilized. We hope to answer that question on the PATTERN program that indicates that the National Institute of Justice identified errors in PATTERN Version 1 that I understand are being addressed to revise the version of PATTERN. Inmates who were assessed under the current version of the tool were disadvantaged by those errors. They must be reassessed under the new version.

Prison is a place of accountability and punishment, but it should also be a place of redemption, restoration, service, and certainly a place that is decent for staff to work at. I look forward to this discussion with our Director, and I look forward to continuing to try and restore the Federal Prison Bureau in the way that it should perform.

Without objection, I will submit into the record the following documents, written testimony submitted by Alison K. Guernsey for the January 21, 2022, Subcommittee hearing entitled "The First Step Act, The Pandemic, and Compassionate Release: What Are the Next Steps for the Federal Bureau of Prisons?" A letter from Alison K. Guernsey, dated February 1, 2022, and two accompanying attachments; written statements submitted by Dr. Homer Venters for the January 21, 2022, Subcommittee hearing, "The First Step Act, The Pandemic, and Compassionate Release: What Are the Next Steps for the Federal Bureau of Prisons?"

[The information follows:]

MS. JACKSON LEE FOR THE RECORD



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February 1, 2022

The Honorable Sheila Jackson Lee
 U.S. House of Representatives
 Chairwoman of the Subcommittee on
 Crime, Terrorism, and Homeland Security
 2426 Rayburn HOB
 Washington, DC 20515

Re: Hearing on *Oversight of the Federal Bureau of Prisons* (Feb. 3, 2022)

Dear Chairwoman Jackson Lee,

As requested, I have enclosed the following information for inclusion in the record at the February 3 hearing on the *Oversight of the Federal Bureau of Prisons* before the House Subcommittee on Crime, Terrorism, and Homeland Security.

The attachments include two different lists of the 281 people who we are able to identify, by name, as having died of COVID-19 in federal Bureau of Prisons and private facilities with federal contracts since March 2020. The first document includes information about whether these people had sought compassionate release before the federal courts at the time of their deaths. The second document includes brief snippets of who these people were, apart from their crime of conviction.

According to our tracking, as of January 31, 2022, at least 302 people have died from COVID-19 in the federal Bureau of Prisons or while in a private prison with a federal contract. This number includes the 284 people listed on the Bureau of Prisons website, and the 18 people whose names we learned through the Freedom of Information Act ("FOIA") process. This number does not include people who have died in Immigration and Customs Enforcement facilities. Of note, there have been at least seven additional deaths since I testified before this Subcommittee on January 21, 2022, less than two weeks ago.

The reason we lack the names of all 302 people who we know have died is because the Bureau of Prisons has not made that information publicly available. Of those 281 people we can track, however, there have been at least 74 who filed motions for compassionate release with the federal courts; there is at least one person who was fully vaccinated (but this number is likely higher, as the BOP does not disclose this information); and there have been

at least 39 people the BOP considered “recovered” from a COVID infection at the time of death. Those people include:

- | | |
|------------------------------|------------------------------|
| 1. William Andrew Davison | 21. Sherri Renee Hillman |
| 2. Chad Noziska | 22. Roy Curtis Berry |
| 3. Jaime Benavides | 23. Gary Johnson |
| 4. Leonard Williams | 24. Ikaika Ryan Chung |
| 5. Fernando Trujillo | 25. Richard L. Blanchard Sr. |
| 6. Shauntae Hill | 26. Armando Ramirez |
| 7. Harry Cunningham | 27. Stacy Bonds |
| 8. Kevin Gayles | 28. Johnny Walter Spragg |
| 9. Carmelo Estrada | 29. Robert Neal Hatchell |
| 10. Christopher Carey | 30. Tavoris Delancy |
| 11. Barry Johnson | 31. Elize Parker |
| 12. Ricky Lynn Miller | 32. Frank Locascio |
| 13. Marie Neba | 33. Daniel Spear |
| 14. Adrian Solarzano | 34. Barney Paschal |
| 15. Paul F. Archambault, Sr. | 35. Rowland Sudbeck |
| 16. Revardo White | 36. Lee Cormier |
| 17. Larry Harris | 37. William Sylvia |
| 18. Laura Ann Palpatoc | 38. Eldon A. Gresham, Jr. |
| 19. Manuel Roach | 39. James Myers |
| 20. Carlous Lindell Daily | |

I appreciate your willingness to continue to lead on this important issue. Increased transparency and accountability in the Bureau of Prisons is truly a matter of life or death.

Sincerely,



Alison Guernsey
Clinical Associate Professor

2020 04 19	Michael Fleming			FCI Terminal Island	No	https://www.biorxiv.org/content/2020/04/19/200412.full.pdf
2020 04 22	Aracelis Alvarado			FMC North Worth	No	https://www.biorxiv.org/content/2020/04/22/200421.full.pdf
2020 04 24	John Ng			FCI Milan	No	https://www.biorxiv.org/content/2020/04/24/200424.full.pdf
2020 04 24	Osair Ortiz			FMC North Worth	No	https://www.biorxiv.org/content/2020/04/24/200424.full.pdf
2020 04 25	Domènec Gubert			FMC North Worth	No	https://www.biorxiv.org/content/2020/04/25/200425.full.pdf
2020 04 26	Richard Nerby			FCI Elkhorn	No	https://www.biorxiv.org/content/2020/04/26/200426.full.pdf
2020 04 27	Daniel Gumburg			FCI Milan	No	https://www.biorxiv.org/content/2020/04/27/200427.full.pdf
2020 04 28	William Walker Mena			FCI Barro Colorado	No	https://www.biorxiv.org/content/2020/04/28/200428.full.pdf
2020 04 28	Andrea Crista Bear			FMC Carwell	No	https://www.biorxiv.org/content/2020/04/28/200428.full.pdf
2020 04 29	Benjamin Bergin, Sr.			FCI Terminal Island	No	https://www.biorxiv.org/content/2020/04/29/200429.full.pdf
2020 04 29	Stephen Cox			FCI Terminal Island	No	https://www.biorxiv.org/content/2020/04/29/200429.full.pdf

2020.04.30	Willie Peterson			FCI Milan	No	https://www.bia.gov/pressroom/bia-pressroom/20200430-willie-peterson	
2020.04.30	Jonathan Baumgart			FCI Terminal Island	No	https://www.bia.gov/pressroom/bia-pressroom/20200430-jonathan-baumgart	
2020.05.02	Kevin Ivy			PMAC North Worth	No	https://www.bia.gov/pressroom/bia-pressroom/20200502-kevin-ivy	
2020.05.02	Douglas Allen Reid			PMAC Oklahoma City	No	https://www.bia.gov/pressroom/bia-pressroom/20200502-douglas-allen-reid	
2020.05.02	Barry Blue			USP Yavapai City	No	https://www.bia.gov/pressroom/bia-pressroom/20200502-barry-blue	
2020.05.04	Edwardo Rodiles Harguin			FCI Terminal Island	No	https://www.bia.gov/pressroom/bia-pressroom/20200504-edwardo-rodiles-harguin	
2020.05.04	Darrel Underhill			PMAC Tawerni	No	https://www.bia.gov/pressroom/bia-pressroom/20200504-darrel-underhill	
2020.05.06	William E. Miller	613-c-06038-DCL-MWP		FCI Butner I	Yes	https://www.bia.gov/pressroom/bia-pressroom/20200506-william-e-miller	Pre-COVID
2020.05.06	Jarvis Draggan			FCI Elkhon	No	https://www.bia.gov/pressroom/bia-pressroom/20200506-jarvis-draggan	
2020.05.06	Jennifer Lee Houshion			USP Lampson	No	https://www.bia.gov/pressroom/bia-pressroom/20200506-jennifer-lee-houshion	
2020.05.08	Michael Broadwater			FCI Elkhon	No	https://www.bia.gov/pressroom/bia-pressroom/20200508-michael-broadwater	

2020.05.09	George Esquivels, Sr.	1.08 c-00337-LP		FD Outside II	Yes	Filed on April 24. Pending at time of death.	https://www.hhs.gov/ncid/covid19/patients-privacy-notice/20200509_00337_LP.pdf	
2020.05.09	Scott Douglas Cutting, Sr.			FD Terminal Island	No		https://www.hhs.gov/ncid/covid19/patients-privacy-notice/20200509_00337_LP.pdf	
2020.05.10	Guadalupe Ramos	5.11 c-816-005 7		FMC North Worth	Yes	Filed on April 31. Pending at time of death.	https://www.hhs.gov/ncid/covid19/patients-privacy-notice/20200510_00337_LP.pdf	
2020.05.11	Vernon Adderley			FMC North Worth	No		https://www.hhs.gov/ncid/covid19/patients-privacy-notice/20200511_00337_LP.pdf	
2020.05.11	Juan Mata			FMC Livingston	No		https://www.hhs.gov/ncid/covid19/patients-privacy-notice/20200511_00337_LP.pdf	
2020.05.12	Thomas Rogers			FMC North Worth	No		https://www.hhs.gov/ncid/covid19/patients-privacy-notice/20200512_00337_LP.pdf	
2020.05.13	James Leno	1.17 c-00645-LFC		FD Terminal Island	Yes	Filed on May 6. Pending at time of death.	https://www.hhs.gov/ncid/covid19/patients-privacy-notice/20200513_00337_LP.pdf	
2020.05.14	Richard Sattell			FMC Livingston	No		https://www.hhs.gov/ncid/covid19/patients-privacy-notice/20200514_00337_LP.pdf	
2020.05.14	Carlos Calderon Mendosa			FMC Livingston	No		https://www.hhs.gov/ncid/covid19/patients-privacy-notice/20200514_00337_LP.pdf	
2020.05.15	Jerry Lynn Dempsey			FD Butner I	No		https://www.hhs.gov/ncid/covid19/patients-privacy-notice/20200515_00337_LP.pdf	
2020.05.15	Charles Winberry			FMC North Worth	No		https://www.hhs.gov/ncid/covid19/patients-privacy-notice/20200515_00337_LP.pdf	

2020.05.30	Stephen Arthur Rubenette	1:11 or 00400 WFO		FCD Banner Low	Yes	Filed on May 13. Pending at the time of death.	https://www.bia.gov/monitors/news/pdf/20200511_arts1110599e.pdf.pdf
2020.05.31	David Grant			FCD Banner Low	No		https://www.bia.gov/monitors/news/pdf/20200511_arts1110599e.pdf.pdf
2020.06.01	Juan Carlos Moreno			FCD Banner Low	No		https://www.bia.gov/monitors/news/pdf/20200511_arts1110599e.pdf.pdf
2020.06.01	Darrell Lee Vidales			FCD Lumpsum	No		https://www.bia.gov/monitors/news/pdf/20200511_arts1110599e.pdf.pdf
2020.06.02	Robert James Herndon			FMC Divests	Unknown - Register number 08134-018 indicates MORT, but unable to find on PACER.	Mental health commitment	https://www.bia.gov/monitors/news/pdf/20200511_arts1110599e.pdf.pdf
2020.06.03	Bobby Lee Medford			FCD Banner Low	No		https://www.bia.gov/monitors/news/pdf/20200511_arts1110599e.pdf.pdf
2020.06.03	Stephen Cook	2:13 or 20005-504M		FMC Lumpsum	Yes	Filed May 12, 2020. Pending at the time of death.	https://www.bia.gov/monitors/news/pdf/20200511_arts1110599e.pdf.pdf
2020.06.04	Andrew Charles Marner			FCD Banner Low	No		https://www.bia.gov/monitors/news/pdf/20200511_arts1110599e.pdf.pdf
2020.06.04	Denysne Antione Mitchell			FCD Youth City Low	No		https://www.bia.gov/monitors/news/pdf/20200511_arts1110599e.pdf.pdf
2020.06.05	John A. Brant			FCD Banner Low	No		https://www.bia.gov/monitors/news/pdf/20200511_arts1110599e.pdf.pdf
2020.06.09	Charles Westbury			FMC Lumpsum	No		https://www.bia.gov/monitors/news/pdf/20200511_arts1110599e.pdf.pdf

2020.06.10	Robert Hoffman				FMC North Worth	No		https://www.bia.gov/immigration/pdf/20200610_petr_000001.pdf	
2020.06.13	Mark E. Roberts				FCI Barter Low	No		https://www.bia.gov/immigration/pdf/20200613_petr_000001.pdf	
2020.06.13	John Morrow				FCI Barter Low	No		https://www.bia.gov/immigration/pdf/20200613_petr_000001.pdf	
2020.06.20	Wayne DeVon Littlejohn				FCI Barter Low	No		https://www.bia.gov/immigration/pdf/20200620_petr_000001.pdf	
2020.06.21	Michael McDonald				FCI Terminal Island	No		https://www.bia.gov/immigration/pdf/20200621_petr_000001.pdf	
2020.06.23	Joe Tysak, III				FCI Barter Low	No		https://www.bia.gov/immigration/pdf/20200623_petr_000001.pdf	
2020.06.24	Norman T. Grooms, Jr.				FCI Barter Low	No		https://www.bia.gov/immigration/pdf/20200624_petr_000001.pdf	
2020.06.28	Vern Gonzalez Ramirez				FCI Miami	No	Pending trial.	https://www.bia.gov/immigration/pdf/20200628_petr_000001.pdf	
2020.07.01	Daniel Morris	3.16-cr-00035-JZ			FMC Lexington	Yes	Filed on July 6, which was after death. Denied as moot.	https://www.bia.gov/immigration/pdf/20200701_petr_000001.pdf	
2020.07.03	John Dalry	4:17-cr-00004-R/W			FCI Barter Low	Yes	Denied April 20.	https://www.bia.gov/immigration/pdf/20200703_petr_000001.pdf	
2020.07.03	Robert Inague Rogers				FMC Fort Worth	No		https://www.bia.gov/immigration/pdf/20200703_petr_000001.pdf	

2020.07.05	Jack Edward Tatham			FCI Bulmer Low	No		https://www.bia.gov/pressroom/pressreleases/20200705_001.htm
2020.07.13	Mathew L. Spruings			FCI Coleman	No		https://www.bia.gov/pressroom/pressreleases/20200713_001.htm
2020.07.15	Sandra Kneidel	3:30-cv-00567 JAW-rHG		FAC Cornwall	Yes		https://www.bia.gov/pressroom/pressreleases/20200715_001.htm
2020.07.16	James Granetzka	3:16-cv-02320 PHS		FCI Seagrave	Yes		https://www.bia.gov/pressroom/pressreleases/20200716_001.htm
2020.07.20	Teresa Ely			FAC Cornwall	No		https://www.bia.gov/pressroom/pressreleases/20200720_001.htm
2020.07.22	Bonnie Rolland	3:14-cv-00291 SCJ-JSA-1		FCI Hoag's Sandline Camp	Yes		https://www.bia.gov/pressroom/pressreleases/20200722_001.htm
2020.07.25	Jarvis Pace			FCI Seagrave	No		https://www.bia.gov/pressroom/pressreleases/20200725_001.htm
2020.07.28	Mark Stamp			FCI Seagrave	No		https://www.bia.gov/pressroom/pressreleases/20200728_001.htm
2020.07.29	Gerald Porter			FAC Livingston	No		https://www.bia.gov/pressroom/pressreleases/20200729_001.htm
2020.08.02	Earl James			USP Maroon	No		https://www.bia.gov/pressroom/pressreleases/20200802_001.htm
2020.08.03	Wendee Margaret Carranza-Perez	3:17-cv-01384-EC		FAC Cornwall	Yes		https://www.bia.gov/pressroom/pressreleases/20200803_001.htm

2020.08.03	Sabrina Johnson	7:15-cv-00045-LA-702		FED Coleman Law	No		Courtesy filed a motion to be appointed to help with CR 3 days before Mr. Johnson died.	https://www.bia.patt.uscourts.gov/crm/patt/2020/08_03/155566.html
2020.08.05	Jose Barragan			FED Miami	No			https://www.bia.patt.uscourts.gov/crm/patt/2020/08_05/155566.html
2020.08.05	Tywan Davis	3:17-cv-30055-AWH		USP Marion	No		Courtesy entered Notice of Appearance on 7/28 for CR motion.	https://www.bia.patt.uscourts.gov/crm/patt/2020/08_05/155566.html
2020.08.07	Eugene Griffin	1:88-cv-00045-LA-CJ45		USP Atlanta	Yes		Motion filed 4/19. Denied on 5/13. Emergency motion filed on 6/6, which was later denied. Denied on 6/26.	https://www.bia.patt.uscourts.gov/crm/patt/2020/08_07/155566.html
2020.08.12	Bergman Margaret	1:15-cv-03209-WV-1		FED Kansas City Law	No			https://www.bia.patt.uscourts.gov/crm/patt/2020/08_12/155566.html
2020.08.12	Jose Mario Gallego Zapata			FED Miami	No			https://www.bia.patt.uscourts.gov/crm/patt/2020/08_12/155566.html
2020.08.15	Wendell Campbell			FMC Carroll	No			https://www.bia.patt.uscourts.gov/crm/patt/2020/08_15/155566.html
2020.08.18	Jose A. Velaz	4:14-cv-03709-JMC-EZ2		FED Coleman	Yes		Filed in February 2020. No mention of COVID. Denied in Feb 2020.	https://www.bia.patt.uscourts.gov/crm/patt/2020/08_18/155566.html
2020.08.19	Norman Duncan			FED Vicksburg	No			https://www.bia.patt.uscourts.gov/crm/patt/2020/08_19/155566.html
2020.08.25	Melvin Neiba	4:15-cv-00591		FMC Carroll	Yes		Mr. Neiba filed numerous motions during the COVID period. He was denied ruling on pending motion filed in the May filing.	https://www.bia.patt.uscourts.gov/crm/patt/2020/08_25/155566.html
2020.08.30	Wendell Lewis			FED Seagrville	No			https://www.bia.patt.uscourts.gov/crm/patt/2020/08_30/155566.html

2020 09 13	Byron Dole Bird			USP Terre Haute	No	https://www.bia.gov/pressroom/press_releases/20200913_usp_terre_haute	
2020 09 14	Tim Hecoff			FCI Terre Haute	No	https://www.bia.gov/pressroom/press_releases/20200914_usp_terre_haute	
2020 09 17	Ricky Lynn Miller			FCI Butner (low)	No	https://www.bia.gov/pressroom/press_releases/20200917_usp_butner_low	
2020 09 21	Melvin Cruz			MCC San Diego	No	https://www.bia.gov/pressroom/press_releases/20200921_mcc_san_diego	
2020 09 24	Thomas Krebs			FMC Lexington	No	https://www.bia.gov/pressroom/press_releases/20200924_fmc_lexington	
2020 09 23	Berry Johnson			FCI Edgarfield	No	https://www.bia.gov/pressroom/press_releases/20200923_berry_johnson	
2020 10 04	Trammy Ray Risk			FCI Petersburg Medium	No	https://www.bia.gov/pressroom/press_releases/20201004_trammy_ray_risk	
2020 10 09	Robert Perce			FCI Big Spring	No	https://www.bia.gov/pressroom/press_releases/20201009_robert_perce	
2020 10 17	Ricky Eagle Elk			USP Coleman II	No	https://www.bia.gov/pressroom/press_releases/20201017_ricky_eagle_elk	
2020 10 23	Dawn Taylor	215-cr-00035 BLW		FCI Big Spring	Yes	https://www.bia.gov/pressroom/press_releases/20201023_dawn_taylor	
2020 10 23	Joe McCallum			FCI El Reno	No	https://www.bia.gov/pressroom/press_releases/20201023_joe_mccallum	

2020.11.12	Quail Allen Rectory				PMAC Banner	No		https://www.khsa.org/records/news/pdf/20201112_pmac_banner_100001.pdf	
2020.11.21	Matthew Student	3.17 or 00020 THAB			FCJ LA Turn	Yes		https://www.khsa.org/records/news/pdf/20201121_fcjl_turn_100001.pdf	
2020.11.23	Robert Colby				USP Tucson	No		https://www.khsa.org/records/news/pdf/20201123_usp_tucson_100001.pdf	
2020.12.02	Stanley Carr				USP Tucson	No		https://www.khsa.org/records/news/pdf/20201202_usp_tucson_100001.pdf	
2020.12.02	Jerry Pryor	5.05 or 00023 KAC			FCJ Ashland	Yes		https://www.khsa.org/records/news/pdf/20201202_fcj_ashland_100001.pdf	
2020.12.03	Derrick Howard	4.05 or 00025 SMC			USP Tucson	Yes	Florida October Subsequent litigation over access to health information. Pending at the time of death.	https://www.khsa.org/records/news/pdf/20201203_usp_tucson_100001.pdf	
2020.12.02	Austin Robinson				MC29 Springfield	No	Sanctified during the pandemic	https://www.khsa.org/records/news/pdf/20201202_mc29_springfield_100001.pdf	https://www.khsa.org/records/news/pdf/20201202_usp_tucson_100001.pdf
2020.12.07	Ronald Henry				FCJ Tucson	No		https://www.khsa.org/records/news/pdf/20201207_fcj_tucson_100001.pdf	
2020.12.07	James Lee Wheeler	3.05 or 00029 SMC			FCJ Terre Haute	Yes	Monks had been pending 3 months when he died.	https://www.khsa.org/records/news/pdf/20201207_fcj_terre_haute_100001.pdf	https://www.khsa.org/records/news/pdf/20201207_usp_tucson_100001.pdf
2020.12.02	Andrew Goldberg	6.17 or 00018 PCH LSH			FCJ Coleman	No	His mission asking for counsel, which was denied	https://www.khsa.org/records/news/pdf/20201202_fcj_coleman_100001.pdf	https://www.khsa.org/records/news/pdf/20201202_usp_tucson_100001.pdf
2020.12.09	John Lewis				USP Allamwood	Unknown	Texas State Conviction	https://www.khsa.org/records/news/pdf/20201209_usp_allamwood_100001.pdf	

2020.12.10	James Jones	4:05-cr-00020-ALM-CAN		FD Ashland	Yes	Did the same day the Court granted his motion	https://www.kstp.com/newsroom/news/pdf/20201210_jones_release.pdf	https://twitter.com/kstp_gannett/status/1336611667966144000
2020.12.11	Robert Taylor			FD Ashland	No		https://www.kstp.com/newsroom/news/pdf/20201211_taylor_release.pdf	
2020.12.07	Horacio Nelson			FD Victorville 1	Unknown - Alaska State Conviction		https://www.kstp.com/newsroom/news/pdf/20201212_nelson_release.pdf	
2020.12.12	Ross Tewarogahewa			FD La Tuva	No		https://www.kstp.com/newsroom/news/pdf/20201212_gross_release.pdf	
2020.12.12	Timothy Bowser	1:17-cr-00086-RJL		FD Ashland	Yes	Day after he died, his motion was denied	https://www.kstp.com/newsroom/news/pdf/20201212_bowser_release.pdf	https://twitter.com/kstp_gannett/status/1336611667966144000
2020.12.12	Rafael Guerrero			MCJP Springfield	No		https://www.kstp.com/newsroom/news/pdf/20201212_guerrero_release.pdf	
2020.12.13	Mary Bailey			UMP Tucson	No		https://www.kstp.com/newsroom/news/pdf/20201213_bailey_release.pdf	
2020.12.13	Armando Velazquez			FTC Oklahoma City	No		https://www.kstp.com/newsroom/news/pdf/20201213_velazquez_release.pdf	
2020.12.10	Michael Gerard Smith	1:17-cr-00575-MW		FD Florence	Yes	Denied 4/22/20	https://www.kstp.com/newsroom/news/pdf/20201210_smith_release.pdf	
2020.12.15	Anthony Casio	1:95-cr-00046-FB		UMP Tucson	Yes	Denied 11/24/20	https://www.kstp.com/newsroom/news/pdf/20201215_casio_release.pdf	
2020.12.15	Terry Drake			UMP Tucson	No		https://www.kstp.com/newsroom/news/pdf/20201215_drake_release.pdf	

2020.12.15	John Rodriguez	1:08 or 00:08 JAO	USP Tucson	Yes	Did two days before the Court was going to hold a hearing	https://www.ktop.gov/newsroom/news/pdf/20201215_jprms_release_14513v20	https://twitter.com/ktop_gomemv/status/1340881194886145796
2020.12.16	Manuel Escobar		MEC Los Angeles	No		https://www.ktop.gov/newsroom/news/pdf/20201216_jprms_release_14513v20	
2020.12.15	Christopher Carey	2:15 or 00:15 KCF PHL	FC Lompoc	Yes	Mission had been briefed and pending for around 4 months at the time of death.	https://www.ktop.gov/newsroom/news/pdf/20201215_jprms_release_14513v20	https://twitter.com/ktop_gomemv/status/1340881194886145796
2020.12.19	Larry Lowell Barnett		FC Memphis	No	Had a motion to reduce sentencing under 15A Section 40A pending at the time.	https://www.ktop.gov/newsroom/news/pdf/20201219_jprms_release_14513v20	
2020.12.21	Carl Meier		FC Beaumont (LAW)	No		https://www.ktop.gov/newsroom/news/pdf/20201221_jprms_release_14513v20	
2020.12.21	Gary Wayne Kigone	1:17 or 00:05 CLC CHS	FC Ashland	No	Had recently gotten counsel, but not enough time to file CR	https://www.ktop.gov/newsroom/news/pdf/20201221_jprms_release_14513v20	https://twitter.com/ktop_gomemv/status/1340881194886145796
2020.12.21	Jimmy Allen Black		FC Talladega	No	Detained during the pandemic.	https://www.ktop.gov/newsroom/news/pdf/20201221_jprms_release_14513v20	
2020.12.23	David Bower	1:11 or 00:05 CCB	FMG Drexton	Yes	Mission was filed in August. Pending when he died.	https://www.ktop.gov/newsroom/news/pdf/20201223_jprms_release_14513v20	https://twitter.com/ktop_gomemv/status/1340881194886145796
2020.12.26	Robert Lorne	2:01 or 00:00 JTH JPK	FC Phoenix	Yes	Mission filed in February. Recommended for COVID. Denied 5/2020	https://www.ktop.gov/newsroom/news/pdf/20201226_jprms_release_14513v20	
2020.12.24	John Charles Buffalo		USP McCrory	No	Pre-SBA case.	https://www.ktop.gov/newsroom/news/pdf/20201224_jprms_release_14513v20	
2020.12.27	Richard James		MECP Springfield	No		https://www.ktop.gov/newsroom/news/pdf/20201227_jprms_release_14513v20	

2020.12.28	James White	1:05-cr-00176-SJB TAB		FBI Ashland	Yes	Pre-arrest filed, no three proceedings stayed so that a lawyer could get involved. Died within the month.	https://www.kitz.gov/newsroom/news/pdf/20201228_james_white_release.pdf	
2020.11.1	Steven Coleman Jr.			FBI Big Spring	No		https://www.kitz.gov/newsroom/news/pdf/20201101_james_release_confirmation.pdf	
2020.12.29	Charles Wilson			FBIAC Drexler	No		https://www.kitz.gov/newsroom/news/pdf/20201229_james_release.pdf	
2020.12.23	Caroleo Estrada	2:11-cr-00162-JPM		MCJP Springfield	Yes	History of motions, including denial for failure to exhaust. But when property seized and searched a lot.	https://www.kitz.gov/newsroom/news/pdf/20201223_james_release_log.pdf	https://twitter.com/kitzgov/status/136021962948812970
2021.01.02	Michael Martinez	1:12-cr-00234-LY		FBIAC Fort Worth	Yes	Denied 11/2020	https://www.kitz.gov/newsroom/news/pdf/20210102_james_release_log.pdf	
2021.01.01	Joe Gary Ross, Jr.	6:05-cr-00043-CRU/20-10360		FBIAC Fort Worth	Yes	Motion had been denied. 5th Circuit affirmed.	https://www.kitz.gov/newsroom/news/pdf/20210101_james_release_log.pdf	https://twitter.com/kitzgov/status/1344241257525124736
2021.01.06	James Graves			FBIAC Drexler	No		https://www.kitz.gov/newsroom/news/pdf/20210106_james_release_log.pdf	
2021.01.07	Stuart Matney	1:05-cr-00278-SJB AB		FBIAC Drexler	Yes	Motion filed in February. Gov't responded in April. Pending for 8 months when denied.	https://www.kitz.gov/newsroom/news/pdf/20210107_james_release_log.pdf	https://twitter.com/kitzgov/status/1344241257525124736
2021.01.08	Nelson Del Rio Rodriguez	1:17-cr-00841-LJL		FBI Williamsburg	Yes	Denied 7/20	https://www.kitz.gov/newsroom/news/pdf/20210108_james_release_log.pdf	
2021.01.09	Fred Keys			FBI Fortson	No		https://www.kitz.gov/newsroom/news/pdf/20210109_james_release_log.pdf	
2021.01.08	Michael Ryle			MCJP Springfield	No		https://www.kitz.gov/newsroom/news/pdf/20210108_james_release_log.pdf	

2021.02.09	Willie Smith				FMC Directives	Unknown - District of Columbia Case		https://www.khsa.gov/newsroom/newsroom/pdfs/20210209_01.pdf	
2021.03.09	Sean McCordle	3:37 cr 00107			FD Forensic City	Yes	Filed 9/2020 Pending at time of death.	https://www.khsa.gov/newsroom/newsroom/pdfs/20210309_release_1.pdf	
2021.03.09	Michael Hollingsworth				MCSP Springfield	No		https://www.khsa.gov/newsroom/newsroom/pdfs/20210309_release_1.pdf	
2021.03.08	Kevin Gyles				FD Innap	No	Had Service 364 motion pending in the Fourth Circuit at the time of death.	https://www.khsa.gov/newsroom/newsroom/pdfs/20210308_release_1.pdf	https://twitter.com/khsa/status/1300691827846133779
2021.03.14	Anderson D. White	2:06 cr 00163			FD Butler II	Yes	Pro se motion had been pending 4 months at the time of death.	https://www.khsa.gov/newsroom/newsroom/pdfs/20210314_release_1.pdf	https://twitter.com/khsa/status/1300691827846133779
2021.03.12	Harry Edward Cunningham				FD Memphis	No	Sequestered during the pandemic and his lawyer argued COVID in mitigation.	https://www.khsa.gov/newsroom/newsroom/pdfs/20210312_release_1.pdf	https://twitter.com/khsa/status/1300691827846133779
2021.03.14	Richard Lee Red Fox				FD Sandstone	No	Conviction per SSA.	https://www.khsa.gov/newsroom/newsroom/pdfs/20210314_release_1.pdf	
2021.03.13	George Maurice Steele				FD Tuleville	No		https://www.khsa.gov/newsroom/newsroom/pdfs/20210313_release_1.pdf	
2021.03.14	Andre Vincent				MCSP Springfield	No		https://www.khsa.gov/newsroom/newsroom/pdfs/20210314_release_1.pdf	
2021.03.19	Robert Gil	1:15 cr 00143, LV-HKS			FMC Directives	Yes	Devised 4/2020	https://www.khsa.gov/newsroom/newsroom/pdfs/20210319_release_1.pdf	https://twitter.com/khsa/status/1300691827846133779
2021.03.16	Thomas Church	1:17 cr 00123 JAW			USP Portsmouth	Yes	Devised two days after put on a ventilator	https://www.khsa.gov/newsroom/newsroom/pdfs/20210316_release_1.pdf	https://twitter.com/khsa/status/1300691827846133779

2021.01.19	Steven Brayfield	6-14 or 400131-14B	USP Lawrenceburg	Yes	Granted but proceedings ceased to allow for travel. Hospitalized and never made it home.	https://www.kent.gov/newsroom/newsroom_attachments/20210119/brayfield.pdf	https://twitter.com/kent_gov/status/1354686727110134400
2021.01.09	Shavarria Hill		FD Terre Haute	No		https://www.kent.gov/newsroom/newsroom_attachments/20210109/hill.pdf	
2021.01.15	Victor Bigham		FD Victorville 8	No		https://www.kent.gov/newsroom/newsroom_attachments/20210115/bigham.pdf	
2021.01.14	William Stahl	2-14 or 400131-14B	FD Williamsburg	Yes	Motion denied for failure to exhaust	https://www.kent.gov/newsroom/newsroom_attachments/20210114/stahl.pdf	https://twitter.com/kent_gov/status/1354686727110134400
2021.01.15	Spencer Lee Sawyer		USP Atlanta	No		https://www.kent.gov/newsroom/newsroom_attachments/20210115/sawyer.pdf	
2021.01.06	Charles McBride		PMAC Doreans	No		https://www.kent.gov/newsroom/newsroom_attachments/20210106/mcbride.pdf	
2021.01.22	George Adams		FD Nashville	Unknown - OC case		https://www.kent.gov/newsroom/newsroom_attachments/20210122/adams.pdf	
2021.01.22	Myron Cribby	1-17 or 400131-14W	FD Fort Dix	Yes	Denied 1/27/20	https://www.kent.gov/newsroom/newsroom_attachments/20210122/cribby.pdf	
2021.01.26	Pedro Lopez Vargas		MCSP Springfield	No		https://www.kent.gov/newsroom/newsroom_attachments/20210126/vargas.pdf	
2021.01.22	Joe Adams		FD Williamsburg	No		https://www.kent.gov/newsroom/newsroom_attachments/20210122/adams.pdf	
2021.01.26	Robert Harrison	5-06 or 400131-4226-02K	FD Edgeland	Yes	Denied for failure to exhaust.	https://www.kent.gov/newsroom/newsroom_attachments/20210126/harrison.pdf	https://twitter.com/kent_gov/status/1354686727110134400

2021.02.10	Grant Lillmore			FMC Drexels	No		https://www.bkg.gov/encours/news/pdf/20210210_fmcs_release.pdf	
2021.03.12	Wayne Sparks	1.04 or 00026 TDS		FCI Edgelyield	No		https://www.bkg.gov/encours/news/pdf/20210312_fmcs_release.pdf	Mr. Sparks filed motion for court to deny the motion for summary judgment and then denied CR without prejudice.
2021.03.27	Johnathan Delaney	CR 16-125-A		FCI Seagoville	No		https://www.bkg.gov/encours/news/pdf/20210327_fmcs_release.pdf	
2021.03.04	Manuelo Ramon Ortiz	4-13 or 00394 USC-562		FCI Oakdale II	No		https://www.bkg.gov/encours/news/pdf/20210304_fmcs_release.pdf	
2021.03.01	Jose Oscar Ali	1.00 or 00388 CCE		USP Florence	Yes		https://www.bkg.gov/encours/news/pdf/20210301_fmcs_release.pdf	Denied.
2021.02.23	Curth Horne			USP Florence	No		https://www.bkg.gov/encours/news/pdf/20210223_fmcs_release.pdf	
2021.03.14	Joelle Carter			FCI Talladega	No		https://www.bkg.gov/encours/news/pdf/20210314_fmcs_release.pdf	
2021.03.25	Fernando Marulanda Trujillo	1-11 or 00349-101		FCI Ft. Da	Yes		https://www.bkg.gov/encours/news/pdf/20210325_fmcs_release.pdf	Filed two motions. One denied 3/23/2020. Second one denied 12/20/20
2021.04.03	Leonard Williams	12-00203-01 CR W-006		MCYP Springfield	No		https://www.bkg.gov/encours/news/pdf/20210403_fmcs_release.pdf	
2021.04.04	James Benavides	5-19 or 03324		MCYP Springfield	No		https://www.bkg.gov/encours/news/pdf/20210404_fmcs_release.pdf	
2021.05.15	Chad Nussba	2-11 or 00022 CHNM		FCI Sheridan	No		https://www.bkg.gov/encours/news/pdf/20210515_fmcs_release.pdf	

2021.04.16	William Andrew Davidson	3:56 or 40045 ILR		USP Tucson	No		https://www.blog.gov/feeds/news_items_release_1.rss	
2021.04.27	Paul F. Archambault, Sr.	1:09 or 60524 GLS		PHC Phoenix	Yes	Devised Because had failed to exhaust	https://www.blog.gov/feeds/news_items_release_1.rss	
2021.05.12	Ronald White	3:45:04.1 HPH		USP Tucson City	Yes	Devised Because determined that he was not a person with COVID. Also noted on new § 3553(a) factors	https://www.blog.gov/feeds/news_items_release_1.rss	
2021.05.03	Larry Harris	8:19 or 446		FD Englewood	Yes	Devised Because of § 3553(a) factors.	https://www.blog.gov/feeds/news_items_release_1.rss	
2021.05.19	Laura Ann Papagallo	CHS 5094 BHS		FD Phoenix	Yes	Devised Because had already tested positive for COVID and was no longer at risk.	https://www.blog.gov/feeds/news_items_release_1.rss	
2021.01.29	Marcel Rauch	6:07:08:0103 001		USP Lawrenceville	No		https://www.blog.gov/feeds/news_items_release_1.rss	
2021.06.14	Joan Renee Hillman	2:19 or 40196 JHC CHS 32		PHC Cranwell	No	Personal status. Had been hospitalized and hospitalized for COVID while in personal detention. Died undergoing competency evaluation.	https://www.blog.gov/feeds/news_items_release_1.rss	
2020.12.2008	Carlos Lindell Daily	0:03 or 40381:077 FLN		USP Milwaukee	No		https://www.blog.gov/feeds/news_items_release_1.rss	
2020.05.18	Felix Reginaldo Martinez	2:16 or 40063 BSA4.1		CI North Lake	No	Subject died. N/A to prepare to file for appeal.	https://www.blog.gov/feeds/news_items_release_1.rss	
2020.12.31	Patrick Webster	2:16 or 40196 GUP		CI Mesa/Phoenix Valley	Yes	Pending when devised. Devised as moot.	https://www.blog.gov/feeds/news_items_release_1.rss	
2021.03.01	Waldemar Lammone	1:01 or 40311 COK		CI Rivers	Yes	Devised Because health exhausted at point CCR for release	https://www.blog.gov/feeds/news_items_release_1.rss	

2020.12.28	Robert Adams	3.15 or 40395.7FM		O. Michaudon Valley	Yes	Ordered because body released or shown SGR for release. Also cited on 1553(h)	No press release - SGP FOIA
2020.11.20	Vicente Dominguez Pacheco	3.18 or 43868.025.1		CI Reventon	No		No press release - SGP FOIA
2020.05.28	Chi Gong Huang	2.07 or 40662.005		CI North Lake	No		No press release - SGP FOIA
2021.02.13	Jose Antonio Ruiz Alvarez	6.09 or 40665.02M-GAC-1		CI Michaudon Valley	No		No press release - SGP FOIA
2021.01.16	Baldomero Lopez	7.04 or 40010.1M-CIVIL-1		CI Michaudon Valley	Yes	Filed two motions. One denied 7/25/20. The second one was filed in September 2020 pending when the date in January.	No press release - SGP FOIA
2020.05.12	Jose Luis Cruz	7.07 or 40018.02.3		CI McBee	No		No press release - SGP FOIA
2020.06.22	Juan Antonio Huerto de Garcia	1.12 or 40410.9		CI Great Plains	No		No press release - SGP FOIA
2020.09.14	James Medina	1.06 or 40212.9CL		CI D Ray James	No		No press release - SGP FOIA
2020.09.07	Vicente Ruiz Mercedes	3.15 or 40366.0AD-1		CI D Ray James	No		No press release - SGP FOIA
2020.08.15	Miguel Angel Valero Ramirez	1.12 or 40109.1M-482-2		CI D Ray James	No		No press release - SGP FOIA
2020.10.28	Ignacio Luis Sandoval	3.20 or 43614.08.1		CI Dalby	No		No press release - SGP FOIA

2020.08.15	Earl Brown	1:18-cr-00108-LJM-HKS-2		CI Daily	No		No press release - RDP FOIA	
2020.12.27	Cynthia Hernandez Rubio	5:18-cr-01075-1		CI Big Spring	No		No press release - RDP FOIA	
2020.10.30	Ramiro Lopez Magallon	2:12-cr-00576-GHW-2		CI Big Spring	No		No press release - RDP FOIA	
2020.07.30	Armando Peticareano Velasco	8:08-cr-00402-MAC-SJH		CI Daily	Yes		No press release - RDP FOIA	
2021.07.28	Ray Curtis Berry	1:85-cr-00712-RCH		FMC Fort Worth	No		https://www.hqs.gov/easources/news/pdfs/20210803_press_release_1104.pdf	
2021.08.03	Derrick Nicholson	5:18-cr-00008-TLB		FC Tuskahoma	No		https://www.hqs.gov/easources/news/pdfs/20210803_press_release_1104.pdf	
2021.08.11	Gary Mack Johnson	1:17-cr-00046-B		FC Joplinville	Yes		https://www.hqs.gov/easources/news/pdfs/20210813_press_release_1104.pdf	
2021.08.12	Julia Ryan Chang	1:18-cr-00872-JLS-1		FC Sheridan	No		https://www.hqs.gov/easources/news/pdfs/20210813_press_release_1104.pdf	
2021.01.19	Richard L. Blanchard Sr.			USP McCrory	Unknown	District of Columbia case	https://www.hqs.gov/easources/news/pdfs/20210803_press_release_mccr_blanchar.pdf	
2021.08.22	Rashawn Kyrren Hicks	5:18-cr-00314-D		FMC Banner	Yes		https://www.hqs.gov/easources/news/pdfs/20210813_press_release_hicks_hicks.pdf	
2021.03.27	Armando Ramirez	4:05-cr-00072		FC Beaumont (Lund)	Yes		https://www.hqs.gov/easources/news/pdfs/20210813_press_release_ramirez_ramirez.pdf	

2021.03.26	Stacy Bonds	4-17-cr-00318-HEA		FCJ Butler (Law)	No	https://www.bop.gov/easources/news/pdf/20210326_stacy_bonds_release_for.pdf	
2021.09.04	Robertson Bucknerville	3-26-cr-00389-MCA-11		FCJ Newsumville	No	https://www.bop.gov/easources/news/pdf/20210904_robertson_bucknerville_release_for.pdf	
2020.11.19	Johnny Walker Springs	2-18-cr-00410-McNis-85C-1		FCJ Tardella	No	https://www.bop.gov/easources/news/pdf/20201119_johnny_walker_springs_release_for.pdf	
2021.09.06	Robert Neal Hutchell	4-18-cr-00576-1		FCJ Beaumont (Law)	No	https://www.bop.gov/easources/news/pdf/20210906_robert_neal_hutchell_release_for.pdf	
2021.09.09	Trenton Delaney	3-20-cr-00034-McNis-88T-1		FCJ Tulkhauser	No	https://www.bop.gov/easources/news/pdf/20210909_trenton_delaney_release_for.pdf	
2021.09.25	William Walker	2-18-00712-KAM-MCF		FCJ Mendota	No	https://www.bop.gov/easources/news/pdf/20210925_william_walker_release_for.pdf	Lawyer filed admission for pro hac vice admission just four days before he died.
2021.09.24	Eric Parker	Unknown		FMIC Trevern	No	https://www.bop.gov/easources/news/pdf/20210924_eric_parker_release_for.pdf	
2021.10.01	Timothy J. Lawrence	5-18-cr-00340-NAM		FMIC Crumwell	Yes	https://www.bop.gov/easources/news/pdf/20211001_timothy_j_lawrence_release_for.pdf	Filed three pro hac motions.
2021.10.05	Frank Lozano	1-90-cr-01051-UG		FMIC Trevern	Yes	https://www.bop.gov/easources/news/pdf/20211005_frank_lozano_release_for.pdf	
2021.10.15	Michael Nadam	2-17-cr-00001-McN	MDPA	FCJ Aldenwood Low	No	https://www.bop.gov/easources/news/pdf/20211015_michael_nadam_release_for.pdf	
2020.6.21	Marceline Kaba	2-15-cr-00091-JAB-1	Q. Kansas	USP Lampson	No	https://www.bop.gov/easources/news/pdf/20200621_marceline_kaba_release_for.pdf	

2021.10.15	Jovella Danielle Treese	2:17-cr-00014-RCS-MCLC-3	ED Tenn	FD Tullahoma	No				
2021.10.23	James Ray Sapp	3:15-cr-00016-LAS-GWW	MDCA	USP Atlanta	No				
2021.7.31	Ruben Joseph Castillo	2:20-cr-00017-KW6-1	D. New Mexico	FD Saltford	No				
2021.11.29	Keith Roddy		D. Columbia Superior Court	FD Hazleton	Unknown- District of Columbia zone				
2021.12.01	Douglas L. Beatty	3:05-cr-00099-ILC-WH and 4:05-cr-00449-ILC-WH-1	MDCA and SOA	FD Seagoville	Yes				
2021.5.10	Daniel Saper	1:14-cr-00484-RBJ	D. Colorado	FD Terminal Island	No				
2021.11.29	Barney Pruchal	1:17-cr-00051-CCC-9	MDMC	FD Banner Medium 1	No				
2021.12.13	Rowland Sudbeck	8:10-cr-00012-BFH-MDH-1	D. Nebraska	FMCC Fort Worth	No	Sentenced during the pandemic, and his surrender date was repeatedly extended because of his medical vulnerability.			
2021.01.29	Gregory Zigar	4:19-cr-00030-BAL-DEM	EDVA	USP Leesburg	Yes	Sentenced during the pandemic. Sentencing occurred remotely because of the dangers of COVID.			
2021.12.28	Lee Cormier	2:05-cr-00100-DC-KL	WD Louisiana	FD Beaumont (East)	Yes	Filed two motions. One in December 2020. Denied. Another in December 2021. Motion pending when died.			
2022.01.07	Jose Francisco Alvarez	1:17-cr-00374-CH4-0	SD Florida	FD Colman Medium	No				

2022.01.10	William S. White	1:15-cr-00026-GJB-1	MD, Maryland	FCJ Loretto	No				
2022.01.14	Jane Christaugh	2:18-cr-00222-GJ	SD New Virginia	PMC Addresson	Yes	Dismissed in April 2021.			
2022.1.12	Rebecca Marie Adams	1:15-cr-04541	MD North Carolina	PMC Addresson	Yes	Filed two motions. One denied 7/28/21. Second one pending when died.			
2022.01.01	Adam Robinson	1:08-cr-00100-MMM-JEH	CD Illinois	FCJ Coleman (Medium)	No				
2022.01.19	David Wayne Gorman	3:18-cr-04480-JAH-1	SD California	FCJ Mandola	No				
2022.01.14	Sergio Negrone Alba	1:08-cr-00010-PMA-1 3:02-cr-00813-PMA-1	MD Texas	PMC Butler (Low)	No				
2022.01.21	Adam A. Gresham, Jr.	3:15-cr-00267-L-1	MD Texas	PMC Fort Worth	No				
2022.01.25	James Myers	1:15-cr-00091-GJC-JCS	SD Mississippi	FCJ Butler (Medium)	No				

302 DEATHS IN BOP CUSTODY¹, AN INCALCULABLE LOSS**They Were Us.**

Patrick Jones, 49, FCI Oakdale I • **Nicholas Rodriguez**, 43, FCI Oakdale I • **Frank McCoy**, 76, FCI Elkton, a veteran of the armed services and a long time managerial-level engineer • **Wallace Holley, Jr.**, 56, FCI Oakdale I • **Margarito Garcia-Fragoso**, 65, FCI Elkton • **David Townsend**, 66, FCI Oakdale I, took a plea deal to avoid life • **Woodrow Taylor**, 53, FCI Elkton, Father of 3 and no prior federal criminal history • **George Jeffus**, 76, FCI Oakdale I • **Charles Richard Rootes**, 81, FCI Butner I • **Andre Williams**, 78, FCI Butner I, Father of two and underwent cardiovascular surgery during pendency of his trial in 2005 • **Gary Edward Nixon**, 57, FCI Butner I • **Bradley James Ghilarducci**, 73, FCI Terminal Island, Air Force Veteran • **Alvin Turner**, 43, FCI Elkton, AUSA at sentencing stated "he's a young man and maybe he will come out and benefit his family as well as society" • **John Doe**, FMC Devens • **John Doe**, 46, FCI Butner I • **David Ehle**, 71, FCI Elkton • **Michael Lilley**, 55, FCI Oakdale I • **Fabian Tinsley**, 67, FCI Butner I • **William Hutsell**, 62, FCI Elkton • **Oliver M. Boling**, 66, USP Lompoc • **Anthony David Gentile**, 59, FCI Danbury, father and Business Systems Analysts • **Michael Fleming**, 59, FCI Terminal Island •

Arnoldo Almeida, 61, FMC Ft. Worth • **Oscar Ortiz**, 78, FMC Ft. Worth, Father to a reconnected daughter due to adoption • **John Ng**, 43, FCI Milan • **Donnie Grabener**, 65, FMC Ft. Worth • **Richard Nesby**, 55, FCI Elkton, father to 15 children who knew him to be funny and family-oriented and a versatile handyman • **Daniel Kimbrough**, 53, FCI Milan, attended Bemidji State University and was known to be a wonderful singer and avid gardener • **Walker Minto**, 73, FCI Butner I, husband • **Andrea Bear**, 30, FMC Carswell, was in her 3rd trimester of pregnancy at the time of her death • **Stephen Cino**, 54, FCI Terminal Island, wheelchair bound • **Rex Damon Begay, Sr.**, 80, FCI Terminal Island, member of the Navajo Nation • **Willie Peterson**, 51, FCI Milan, father of four • **Leonard Auerbach**, 73, FCI Terminal Island, University of Wisconsin Madison graduate, UC Berkley PhD, former professor at St. Mary's College, father of two sons • **Randy Bise**, 57, USP Yazoo City, truck driver • **Kevin Ivy**, 59, FMC Ft. Worth • **Douglas Reid**, 56, FTC Oklahoma City, no prior criminal history and was gainfully employed his whole life • **Eduardo Robles-Holguin**, 58, FCI Terminal Island, an immigrant • **Darrel Underhill**, 76, FMC Devens • **William E. Miller**, 58, FCI Butner I • **Jimmie Lee Houston**, 75, USP Lompoc, single father and was in the early stages of

kidney failure at the time of sentencing • **James Drugan**, 70, FCI Elkton, former United States Marine, Vietnam Veteran and father of two • **George Lewis Escamilla Sr.**, 67, FCI Oakdale II Satellite Camp, classified as a T3 paraplegic due to Black Heel Illness • **Michael Brookwalter**, 56, FCI Elkton • **Scott Douglas Cutting, Sr.**, 70, FCI Terminal Island • **Guadalupe Ramos**, 56, FMC Ft. Worth • **Vernon Adderley**, 56, FMC Ft. Worth • **Juan Mata**, 59, FMC Lexington • **Thomas Jackson Rogers**, 79, FMC Ft. Worth • **James Xavier Lino**, 65, Terminal Island, was six months away from release and on May 6, 2020, his request for transfer to home confinement was denied • **Carlos Caldero Mendoza**, 60, FMC Lexington, was extremely close with wife and children and this was his only involvement in the criminal legal system • **Richard Saettel**, 66, FMC Lexington • **Jerry Lynn Dempsey**, 59, FCI Butner I • **Charles Lyn Hanberry**, 74, FMC Ft. Worth, while in the military he received the Air Force Commendation Medal for Meritorious Service on two different occasions and the Armed Forces Radio & Television Service Director's Award in recognition of outstanding personal efforts contributing to the professional excellence of military broadcasting • **Bich Ngoc Tran**, 50, FMC Ft. Worth • **Joseph Michael Young**, 63, FMC Ft. Worth • **Fidel**

Torres, 62, FMC Lexington • **Gregory Phinton Glenn**, 56, USP Terre Haute • **Eric Spiwak**, 73, FCI Butner I, while serving in Vietnam, received a Purple Heart and Bronze Star Medal for Valor • **Isaac Lamar Byers**, 52, FCI Butner I • **Bernardo Luis Olarta-Loaiza**, 63, FCI Butner I • **Dongfan Greg Chung**, 84, FCI Butner I • **Mohamed Yusef**, 37, FCI Lompoc • **Steve Arthur Robinette**, 79, FCI Butner • **David Grant**, 63, FCI Butner, known to have a real Godly heart and was an inspiration to the whole family • **Daniel Lee Vadnais**, 56, FCI Lompoc, skilled marine mechanic and father of two • **Juan Ledoux-Moreno**, 74, FCI Butner • **Robert Herndon**, 62, FMC Devens, died while committed by court order for mental health issues • **Bobby Lee Medford**, 74, FCI Butner, former Buncombe County sheriff • **Andrew Charles Markovci**, 56, FCI Butner • **Stephen Cook**, 48, FMC Lexington • **Emanuel Brewster Jr.**, 50, FCI Yazoo City • **John A. Brust**, 77, FCI Butner • **Charles Woolsey**, 69, FMC Lexington, Air Force Veteran and father • **Dewayne Antonio Mitchell**, 43, FCI Yazoo City, Devoted father to five children, nicknamed "G-Wayne" and known to have a "heart of gold" • **Robert Hoffman**, 75, FMC Fort Worth • **Mark E. Hebert**, 61, FCI Butner, Was diagnosed with bipolar disorder and suffered from five heart attacks before sentencing •

John Marrone, 85, FCI Butner • **Wayne Delvin Littlecrow**, 55, FCI Butner • **Michael McDonald**, 80, FCI Terminal Island • **Joe Tapia**, 55, FCI Butner, Husband and father of two • **Norman F. Grimm Jr.**, 66, FCI Butner • **Jack Edward Talledo**, 61, FCI Butner • **Robert Hague-Rogers**, 83, FMC Fort Worth, Sole owner of a company • **Daniel Morris**, 70, FMC Lexington, Voluntarily Surrendered into custody • **Ivan Gonzalez Ramirez**, 68, FDC Miami, Was awaiting trial • **John A. Dailey**, 62, FCI Butner, Had filed a Compassionate Release Motion less than two months prior to his death • **Malcolm L. Scarborough**, 85, FCI Coleman • **James Giannetta**, 65, FCI s • **Sandra Kincaid**, 69, FMC Carswell, A mother and grandmother and known to go out of her way to help others • **Teresa Ely**, 51, FMC Carswell, Mother and grandmother • **Romie Roland**, 61, FCI Jesup's Satellite Camp, Was a physician • **Jacky Pace**, 78, FCI Seagoville • **Mark Stamps**, 59, FCI Seagoville • **Gerald Porter**, 73, FMC Lexington • **Earl James**, 65, USP Marion • **Veronica Martinez Carrera-Perez**, 44, FMC Carswell, Was denied a sentence reduction 4 months before her death • **Saferia Johnson**, 36, FCI Coleman's Satellite Camp, Mother of two children and worked with the juvenile justice department • **Jose Barragan**, 69, FCI Miami • **Taiwan Davis**, 39, USP Marion, Had been in custody for less than a year at the time of his death • **Eugene Griffin**, 80, USP Atlanta • **Jose Mario Gallego Zapata**, 66, FDC Miami • **Wendy Campbell**, 56, FMC Carswell, Has been at FMC Carswell since March, 2020 • **Luis A. Velez**, 58, FCI Coleman • **Norman Duncan**, 50, FCI I Victorville, Father • **Marie Neba**, 56, FMC Carswell, Mother to three sons and suffered from terminal breast cancer • **Wendell Eaves**, 63, FCI Seagoville • **Byron Dale Bird**, 65, USP Terre Haute • **Ricky Lynn Miller**, 62, FCI Butner • **Tim Hocutt**, 53, FCI Terre Haute, Father to a son who died at the age of 14 • **Victor Cruz**, 47, MCC San Diego, Loved father and grandfather • **Thomas Krebs**, 72, FMC Lexington • **Barry Johnson**, 48, FCI Edgefield • **Tommy Sisk**, 62, FCI Petersburg • **Robert Pierce**, 52, FCI Big Spring • **Ricky Eagle Elk**, 52, USP Coleman II • **Darin Taylor**, 60, FCI Big Spring, Known as a pillar of intent and integrity among his community and daughters • **Joe McDuffie**, 58, FCI El Reno • **Glenn Coleman Jr.**, 48, FCI Big Spring, Designated as a disabled adult • **Colin Bobsy**, 52, MCFP Springfield, Suffered 54 cardiac arrests in less than three years • **Gary Tubby**, 60, MCFP Springfield • **Samuel Prieto**, 58, MCFP Springfield, Filed for Compassionate Release in April 2020 • **Waylon Young Bird**, 52, MCFP Springfield, Wrote a letter begging to be released one week before his death • **Rice Stanley**, 60, USP Tucson, Married • **David Cross**, 45, MCFP Springfield • **Jimmie Largo**, 48, MCFP Springfield • **Torrick Lyle**, 43, MCFP Springfield, Filed for Compassionate Release and sent 3 letters to his sentencing judge begging for release • **Edwin Trout**, 69, FCI Talladega • **Ralph Thomas**, 87, MCFP Springfield, had already served longer in prison than any sentence that would have been imposed under the law as it exists today • **Charles Fankhauser**, 64, FCI Bastrop • **Louis Allen Rector**, 62, FMC Butner • **Matthew Shubart**, 41, FCI La Tuna, a chef and beloved son, his motion for release was denied less than two months before his death • **Robert Dobyns**, 48, USP Tucson • **Stanley Carr**, 66, USP Tucson • **Avery Poynter**, FCI Ashland, Loved son, His motion for Compassionate Release was denied less than two months before his death • **Derrick Howard**, 51, USP Tucson, His motion for compassionate release was pending when he died • **Félix Repilado Martinez**, 67, CI North Lake, Cuban, had a passion for folkloric dance, father • **Austin Robinson**, 46, MCFP Springfield, Father • **Ronald Hovey**, 67, FCI Texarkana, Founded the Grace for All Ministries, which serviced those without homes and who struggled with addiction • **James Lee Wheeler**, 78, FCI Terre Haute, Loving brother and friend, His motion for compassionate release was pending when he died • **Andrew Goldberg**, 38, FCI Coleman • **John Lewis**, 70, USP Allenwood • **James Jones**, 79, FCI Ashland, Loving husband and father • **Robert Taylor**, 46, FCI Ashland • **Horace Nelson**, 64, FCI Victorville • **Ross Tewangoitewa**, 74, FCI La Tuna, member of the Hopi Nation and a Village of Songoopavi elder • **Timothy Bower**, 56, FCI Ashland, a brother and Michigander, compassionate release motion was denied the day after his death • **Rafael Guerrero**, 70, MCFP Springfield • **Michael Gerard Smith**, 59, FCI Florence, Loving uncle who wanted to show his nieces and nephews people can change, died just 5 months from his release date • **Armando Velasquez**, 70, FTC Oklahoma City, Father to 6 daughters, farmworker, and truckdriver • **Murry Malone Bailey**, 71, USP Tucson • **Anthony Casso**, 78, USP Tucson, Father • **Terry Drake**, 73, USP Tucson • **John Rodrigues**, 65, USP Tucson, Died two days before a hearing on his compassionate-release motion • **John Doe**, Butner Low • **Manuel Dikran Sassounian**, 78, MDC Los Angeles, Born in Scotland • **Christopher Carey**, 72, FCI Lompoc, A motion for compassionate release had been pending since 8/24/2020 • **Larry Lanell Bennett**, 49, FCI Memphis, He worked as a cook and wanted to get home to his daughter • **Carl Merlo**, 59, FCI Beaumont, Navy veteran who served on the USS Wainwright, loving father and grandfather, phlebotomist • **Gary Wayne Kilgore**, 72, FCI Ashland, Brother and friend • **Jimmy Allen Monk**, 60, FCI Talladega • **David Rowe**, 73, FMC Devens, His motion for compassionate release was pending for 4 months; he filed an emergency motion the day before his death • **Robert Levine**, 79, FCI Phoenix, Attended NYU, heavily involved in charities and foundations, taught GED courses while serving his sentence • **James Velez**, 61,

FCI Ashland • **John Charles Buffalo**, 51, USP McCreary • **Richard James**, 61, MCFP Springfield, Kind-hearted, generous person and a good father • **John Doe**, MCFP Springfield • **Charles Winters**, 84, FMC Devens, a Californian • **Carmelo Estrada**, 58, MCFP Springfield, a Texan • **Michael Martinez**, 75, FMC Fort Worth, Veteran and Brother • **Joe Gary Rivas, Jr.**, 75, FMC Fort Worth, Loving Uncle and former restaurant owner • **James Graves**, 65, FMC Devens • **Stuart Manley**, 78, FMC Devens • **Nelson Del Rio Rodriguez**, 65, FCI Williamsburg, Cubano, Father, brother, and grandfather • **Fred Keys**, 57, FCI Fairton, Father and one of 6 children • **Michael Ryle**, 77, MCFP Springfield • **Sean McQuiddy**, 54, FCI Forrest City, His fiancé, brother, and grandmother always held out hope that he would come home • **Willie Smith**, 73, FMC Devens • **Michael Hollingsworth**, 60, MCFP Springfield, • **Kevin Gayles**, 38, FCI Jesup, Loving brother and father, in the process of obtaining his GED • **Antwonne D. White**, 55, FCI Butner II, Father • **Harry Edward Cunningham**, 54, FCI Memphis, Trucker and Father of two • **Richard Lee Red Fox**, 59, FCI Sandstone, Blackfeet Nation member • **George Maurice Steele**, 37, FCI Talladega • **Andre Vasquez**, 76, MCFP Springfield, Welding Instructor • **Ruben Gil**, 54, FMC Devens • **Thomas Eugene Church**, 63, USP Leavenworth, Father and Grandfather • **Steven Brayfield**, 63, USP Leavenworth, Loving Brother and Son • **Shauntae Hill**, 44, FCI Terre Haute, Known as an excellent Father and the backbone of the family • **Spencer Lee Sarver**, 65, USP Atlanta, Georgian • **William Dahl**, 60, FCI Williamsburg • **Charles McRae**, 69, FMC Devens • **George Adams**, 68, FCI Hazelton • **Myron Crosby**, 58, FCI Fort Dix, Father and Grandfather • **Pedro Lopez-Vargas**, 59, MCFP Springfield • **John Doe**, Lompoc • **Victor Bigman**, 58, FCI Victorville II, Born and raised in Oakland, California, Member of the Kaibito Community, welder, husband, and father to three sons • **Robert Ivan Horton**, 52, FCI Edgefield • **Joe Lee Adams**, 64, FCI Williamsburg • **Charles Purly Romero**, 64, USP Tucson, Member of the Taos Pueblo Nation • **Omar Adonis Guzman-Martinez**, 48, MCFP Springfield, Citizen of the Dominican Republic, Father of three children • **Toribio Ornelas Vasquez**, 79, FCI Florence, Husband and Father • **Mark Anthony Sealy**, 56, MCFP Springfield • **Theodore Kootswatewa**, 70, Member of the Hopi Nation • **William Ray Wooten**, 70, FCI Butner II • **Otis Morris**, 69, FCI Gilmer, Honorably discharged Veteran and Father • **Edwin Segarra**, 46, MDC Brooklyn, Loving Father of four, Brother, Participant in classes at Columbia University • **John Doe**, FCI Butner Low • **Joseph Lee Fultz**, 52, FCI Terre Haute, Maintained a career in computer networking and technical support • **Abdul-Aziz Rashid Muhammad**, 64, FCI Butner II, Father • **Chester Ray Stitts, Jr.**, 55, FCI Forest City • **Girard Lafortune**, 63, FMC Devens • **Wayne Spinks**, 75, FCI Edgefield • **Johnathan Delargy**, 60, FCI Seagoville, sole provider for his family • **Marcelo Ramos-Ortiz**, 59, FCI Oakdale II • **John Doe**, USP Florence • **Icee Omar Ali**, 61, USP Florence, Proud Uncle • **Jesse O. Carter**, 54, FCI Talladega • **Curtis Horne**, 59, USP Florence • **Fernando Marulanda Trujillo**, 69, FCI Fort Dix, Columbian National • **Jaime Benavides**, 49, MCFP Springfield, a Texan • **Leonard Williams**, 53, MCFP Springfield • **Chad Noziska**, 47, FCI Sheridan, a Montanan • **William Andrew Davison**, 61, USP Tucson, member of the Coeur D'Alene Tribe of Idaho • **Paul F. Archambault, Sr.**, 83, FMC Devens • **Revardo White**, 61, USP Yazoo City, Loving Son • **Larry Harris**, 74, FCI Englewood • **Laura Ann Palpallatoc**, 67, FCI Phoenix, Loving daughter and mother • **Manuel Roach**, 42, USP Leavenworth, Father of two • **Carlous Lindell Daily**, 57, USP Victorville, Minnesotan • **Sherri Renee Hillman**, 54, FMC Carswell, Tennessean • **Ramiro Lopez Manjarrez**, 64, CI Big Spring • **Cipriano Hernandez Rubio**, 62, CI Big Spring, Mexican citizen, loving husband, agricultural worker • **Amadeo Portocarrero Velasco**, 69, CI Giles W. Dalby, Colombian citizen, father, restaurant and rental-property owner • **Earl Brown**, 58, CI Giles W. Dalby • **Ignacio Solis Sandoval**, 50, CI Giles W. Dalby, loving husband and father to 7 children, Mexican citizen, warehouse laborer • **Miguel Angel Valero Ramirez**, 46, CI D. Ray James, father and stepfather, Ecuadorian citizen, boat captain, and described as an "efficient, responsible, and respectful" employee • **Juan Antonio Hurtado Garcia**, 59, CI Great Plains • **Ynocencio Arias Mercedes**, 47, CI D. Ray James, woodworker, former student at the Dominican Republic Maritime Military Academy, boxer, husband, and father • **Jamie Medina**, 63, CI D. Ray James, Colombian • **Jose Luis Cruz**, 61, CI McRae • **Robert N. Adams**, 70, CI Moshannon Valley, British, husband, and former music business owner • **Patrick Walker**, 54, CI Moshannon Valley, Jamaican, performer, and described as an "industrious" home remodeler, • **Baldomero Lopez**, 60, CI Moshannon Valley • **Jose Antonio Avila Almira**, 74, CI Moshannon Valley, Cuban and former member of the Cuban military, brother, and father • **Chi Cuong Hoang**, 51, CI North Lake, born in Vietnam • **Waldemar Lorenzana Lima**, 81, CI Rivers, Guatemalan, father of 7, and described by the mayor of his hometown as a "humanitarian" who worked to establish a school and childcare facility • **Venustiano Dominguez Pacheco**, 62, CI Reeves III, known as "Benny," beloved husband, father, godfather, and uncle • **Derrick Nicholson**, 53, FCI Texarkana, loving brother and skilled logger • **Roy Curtis Berry**, 74, FMC Fort Worth • **Gary Mack Johnson**, 64, FCI Seagoville, Texan • **Ikaika Ryan Chung**, 42, FCI Sheridan, he was loved • **Richard L. Blanchard, Sr.**, 74, USP McCreary • **Rasheem**

<p>Kireen Hicks, 42, FMC Butner, music lover, DJ, father and grandfather • Armando Ramirez, 71, FCI Beaumont, loving father • Stacy Bonds, 58, FCI Butner • Rakeem Baskerville, 46, FCI Bennettville • Johnny Walter Spragg, 29, FCI Talladega • Loving son • Robert Neal Hatchell, 63, FCI Beaumont • Tavoris Delancy, 42, FCI Tallahassee • William Waller, 56, FCI Mendota, loving husband, grandfather, and U.S. Air Force Veteran, CASA Volunteer • Elize Parker, 75, FMC Devens • Tammy Lamere, 50, FMC Carswell, lyricist and jail ministry volunteer • Frank Locascio, 89, FMC Devens, loving father and fan of Frank Sinatra • Michael Hadam, 66, FCI Allenwood, loving father, postal worker, and accomplished mechanic • Mamoudou Kaba, 24, USP</p>	<p>Lompoc, son and brother, had aspirations to become a truck driver • Joneka Treece, 41, FCI Tallahassee, eldest daughter and loving mother • James Ray Sapp, 75, USP Atlanta • Ruben Joseph Castillo, 50, FCI Safford • Keith Roddy, 68, FCI Hazelton • Douglas Beatty, 77, FCI Seagoville, life-connection program mentor and loving brother • Daniel Spear, 55, FCI Terminal Island • Barney Paschal, 48, FCI Butner Medium II • Roland Sudbeck, 64, FMC Fort Worth • Gregory Ziglar, 62, USP Lewisberg, loving son, brother, and father, Army Veteran • Lee Roy Cormier, 71, FCI Beaumont Low • Jose Francisco Alvarez, 77, FCI Coleman, El Salvador native, known as an “exceptional father” and “kind man” • William Sylvia, 78, FCI Loretto • Bree Eberbaugh,</p>	<p>30, FPC Alderson, loving niece and granddaughter, studied early childhood education • Adrain Robinson, 57, FCI Coleman, loving father and good friend • Rebecca Marie Adams, 59, loving mother and wife, former business owner • Daniel Wayne Gorman, 35, FCI Mendota • Sergio Negrete-Alba, 47, FMC Butner, citizen of Mexico • Eldon A. Gresham, Jr., 76, FMC Fort Worth • James Myers, 73, FCI Butner Medium, loving brother •</p>
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¹ This number includes the 284 reported deaths in BOP facilities, community-based facilities, and home confinement; the 7 currently listed deaths in the Government-contracted, privately managed prisons; and the 11 people who died while imprisoned at D. Ray James, Moshannon Valley, Rivers, Great Plains, Big Spring (Flightline), and Big Spring CI who are no longer listed on the BOP's website.

Venters.117th Congress, 2nd session.1.21.22

Statement of Dr. Homer Venters

Adjunct Faculty, NYU College of Global Public Health

United States House of Representatives Subcommittee on Crime, Terrorism, and

Homeland Security, Judiciary Committee

January 21, 2022

Venters.117th Congress, 2nd session.1.21.22

Good morning, Chairwoman Jackson Lee, Chairman Nadler, Ranking members Biggs and Jordan and Members of the Committee, thank you for the opportunity to submit this testimony. My name is Homer Venters. I'm a physician and epidemiologist who has spent the past two years performing inspections of jails, prisons and immigration detention facilities across the country to assess the adequacy of COVID-19 responses. I have been appointed by Federal Courts and individual States to monitor COVID-19 responses in carceral settings and have conducted multiple inspections of Bureau of Prisons (BOP) facilities (Appendix 1). I previously served as the Medical Director and Chief Medical Officer of the NYC Correctional Health Services, one of the few jail or prison health services in the United States that is an independent health authority and not part of the correctional department.

At the core of this work are two principles that I believe should apply to the BOP; 1) that incarcerated people have a right to ethical, evidence-based care and 2) that a correctional health must be subject to transparent oversight and accountability, just as with community health systems.

The BOP is at a crucial juncture regarding health care for detained people, and I fear that many critical lessons from the COVID-19 pandemic may be ignored or left unaddressed. My greatest area of concern is that pre-existing deficiencies in the health services provided to people in BOP custody, which contributed to the spread and lethality of COVID-19, remain unaddressed. Approximately 10,000 detained people and staff within the BOP currently have COVID-19 and

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approximately 300 people in these two groups have died with COVID-19 infection. We must replicate the strengths and address the deficiencies in how the agency has responded.¹

My investigations have revealed a disturbing lack of access to care when a new medical problem is encountered. This process, called ‘sick call’ in most carceral settings, relies on the ability of incarcerated people to submit a written or electronic concern and then be seen in a face-to-face encounter with a day or two. In the first BOP facility I inspected, the Metropolitan Detention Center in Brooklyn NY, it quickly became apparent that not only were many people reporting that their sick call requests (including COVID-19 symptoms) were being ignored, but that the facility was actually destroying their original requests, which violates basic correctional standards.² With such a system, a facility could claim that most people they scheduled for a sick call appointment ultimately received one, and there would be no record of people who were never scheduled for care and no record of what symptoms were being reported. This theme, of undocumented or ignored sick call requests, including COVID-19 symptoms, was common throughout my COVID-19 inspections and represented a significant source of mistrust and acrimony between BOP health staff and their patients. At the root of this problem was often a lack of appreciation for the critical role of sick call, as well as chronic understaffing for the number of sick call requests.³ As a result, when COVID-19 arrived, incarcerated people relied on broken systems of sick call to seek care. Many of the public statements I encountered about nobody having COVID-19 symptoms in a facility reflected a lack of looking, not a lack of illness. While some facilities implemented proactive screening for COVID-19, these approaches

¹ <https://www.bop.gov/coronavirus/> accessed 1/19/22.

² <https://theintercept.com/2020/05/01/mdc-brooklyn-jail-coronavirus-medical-records/> and <https://www.clearinghouse.net/chDocs/public/PC-NY-0082-0026.pdf> pp 3,4.

³ <https://bloximages.chicago2.vip.townnews.com/lompocrecord.com/content/tncms/assets/v3/editorial/d/f3/df325d91-1e1d-5fc6-b1e4-c6b9c16fd1ed/5f748b8696819.pdf> and https://oig.justice.gov/sites/default/files/reports/20-086_0.pdf.

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often failed to ask people about their symptoms, simply relying on temperature checks, which can be unreliable especially with the Omicron variant.

Chronic care and behavioral health are two more areas where pre-existing weakness in the BOP health services worsened the morbidity and mortality of COVID-19. In speaking with patients and reviewing their medical records, I am concerned that many people do not have the severity of their illness correctly identified, so that people the BOP considers as ‘well controlled’ for diabetes or hypertension or depression may be people who have gone long periods in between care and who struggle to access sick call to report worsening symptoms. Patients with conditions that the CDC has identified as placing them at higher risk of death from COVID-19 should be receiving a higher level of care and prevention, but too often they are not.

One example is the ‘take it or leave it’ approach to COVID-19 vaccination in BOP’s large scale vaccination events. This approach may suffice for some, but for patients on multiple medications, with complicated health histories and many questions, it simply does not suffice. Every high-risk patient who becomes vaccinated represents a potential life saved. I have similar concerns about how high-risk patients are being monitored during exposure quarantine and medical isolation settings. The BOP needs to improve these areas of care, but the principles laid out in Attorney General Barr’s memo from early in the pandemic stand today; there is a compelling and unrealized rationale for release of high-risk patients who pose minimal public safety risks. This approach is even more important to consider during the Omicron outbreaks, because of the tremendous lack of staffing inside facilities.

There is one critical task that remains unaddressed regarding the BOP and COVID-19; we must have an independent assessment of all COVID-19 deaths, including those that occurred in private facilities. In my work, I have encountered a great many strengths in the overall and local

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COVID-19 responses-like effective staff screening, addressing specialty referral backlogs and creating new inpatient treatment capacity.⁴ But I have also encountered significant deficiencies in how or whether basic CDC guidelines and BOP policies were being implemented. There is no doubt that many of these strengths saved lives and conversely, that many of these deficiencies led to preventable illness and death. One cannot be true without the other. In fact, when I have reviewed the cases of people who died from COVID-19, I have found that both the internal review, and the external review that BOP has paid a consultant for, come to the same conclusion-that there were no deficiencies in care, despite clear and systemic issues being apparent.

To date, there has not been any systemic and independent review of deaths from COVID-19 in BOP custody, although a recent call for exactly this type of analysis was sent to the Inspector General of the DOJ.⁵ I strongly support this proposal, but it highlights a more fundamental problem for the BOP; the lack of independent assessment in how deaths are reviewed and more broadly, the lack of meaningful oversight by a health organization. Every other sector of health care in the United States has independent and professional health organizations reviewing the quality of care, but in the BOP and in other carceral spaces, we leave these crucial assessments to law enforcement to review its own provision of health care.

In order for the BOP to improve its overall health services, and prepare for the next infectious disease outbreak, I believe the following recommendations are essential.

⁴ <https://www.lisa-legalinfo.com/wp-content/uploads/2021/07/VentersReportDkt239-20cv4450-1.pdf>.

⁵ https://www.cnn.com/world/live-news/coronavirus-pandemic-vaccine-updates-03-18-21/h_da9af577035e29c42d4024c22840c8dc.

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1. An independent assessment of COVID-19 related deaths among people in BOP and Marshalls custody should occur, with focus on;

- a. whether each person received the standard of care and
- b. whether delays/denials of care or other environmental issues contributed to their death.

2. Design of an independent authority to oversee and report on all aspects of health care inside BOP facilities, including the performance of BOP in the following areas;

- a. Identification and treatment of chronic disease morbidity mortality and level of control.
- b. Creation an injury surveillance and prevention program, including traumatic brain injury, that both tracks the rates of various injuries and also works to implement injury reduction programs and their effectiveness
- c. Implementation of a plan for suicide prevention and substance use treatment that is based on evidence from the CDC and SAMHSA and includes regular reporting on the resources required to fully implement access to methadone and suboxone and minimize the use of isolation.
- d. Identification of racial, gender and other disparities in how care is provided or accessed

The BOP faces an important choice in how they respond to COVID-19 and work to improve their health services. In community health settings, we do not allow a hospital or clinic to be the arbiter of how well they are doing. Instead, we rely on external agencies and authorities with health expertise for this critical work, whether through the state or federal oversight. Currently,

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the BOP is left to make its own assessments about the quality and scope of its health care, and only sporadic investigations by the Inspector General of the Department of Justice provide any alternative viewpoints. This is wholly insufficient and leaves incarcerated people at a systematic disadvantage because the organizations and structures that measure and promote health for the rest of the nation are excluded from the care they receive. The BOP has an opportunity to start addressing this unequal system of care, and it must start with an honest assessment of COVID-19 deaths and partnership with the CDC and other true health organizations. Thank you for the opportunity to provide this testimony.

Homer Venters, MD MS

1/21/22

A handwritten signature in black ink, appearing to read 'H. Venters', with a stylized, cursive script.

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Appendix 1. COVID-19 inspections

- MDC Brooklyn (BOP), NY
- MCC Manhattan (BOP), NY
- FCI Danbury (BOP), CT
- Cook County Jail, IL
- Broome County Jail, NY
- Sullivan County Jail, NY
- Shelby County Jail, TN
- Farmville Detention Center (ICE), VA
- Lompoc Prison (BOP), CA
- Southern Mississippi Correctional Facility, MS
- Central Mississippi Correctional Facility, MS
- FDC Philadelphia (BOP), PA
- Osborn Correctional Institution, CT
- Robinson Correctional Institution, CT
- Hartford Correctional Center, CT
- Dallas County Jail, TX
- Cheshire Correctional Institution, CT
- Calhoun County Jail, MI
- York Correctional Institution, CT
- Chesapeake Detention Facility Re-inspection, MD
- Pender Correctional Institution, NC
- Craven Correctional Institution, NC
- Central Prison, NC
- North Carolina Correctional Institution for Women, NC
- Chesapeake Detention Facility Re-inspection, MD
- Broward County Jail, FL
- Lompoc Prison Re-inspection (BOP), CA
- Maricopa County Jail, AZ
- Northeast Florida State Hospital, FL
- Florida State Hospital, FL
- Western Regional Jail, WV
- Northern Regional Jail, WV
- Tygart Regional Jail, WV
- Women's Community Correctional Center, HI
- Halawa Correctional Facility, HI
- Oahu Community Correctional Center, HI
- Maui Community Correctional Center, HI
- Kauai Community Correctional Center, HI
- Clayton County Jail, GA
- Cummings Unit Prison, AK
- Varner Unit Prison, AK
- Ouachita Unit Prison, AK
- East Arkansas Regional Unit, AKkkk

Ms. JACKSON LEE. I now recognize the distinguished Member from Arizona, the Ranking Member for his opening statement. Thank you and welcome, Mr. Biggs.

Mr. BIGGS. Thank you, Madam Chair, and I first thank you, Madam Chair, for holding this hearing and I also thank you for bringing in Director of Prisons, Director Carvajal, because I think about your swift response to many of us who requested that his presence be here and I appreciate your response to that, Madam Chair, and we are grateful for that.

I welcome Director Carvajal as well. Thank you for your service, sir. We are glad to have you here today.

The Federal Bureau of Prisons is tasked with protecting society by confining offenders in the controlled environments of prisons and community-based facilities. BOP's duty is not merely to provide housing, food, and security for Federal inmates, but also to help inmates become law-abiding citizens upon release.

All Americans have an interest in BOP's mission because the vast majority of Federal inmates, well above 90 percent, will someday be released into our communities regardless of our efforts to reduce recidivism. BOP's job is not an easy task, and it has only become more complicated due to COVID-19. In response to COVID-19, BOP undertook a number of steps to safeguard the health, safety of inmates, Bureau of Prisons staff and the public. BOP prioritized inmates for home confinement who did not pose significant risk to the public, restricted the number of visitors, and limited the movement of inmates among detention facilities. These are reasonable measures, but my colleagues on the other side of the aisle want to go even further. They have tried to use COVID-19 as a reason to let more convicted criminals back on to our streets. They even wrote Attorney General William Barr, urging him to "use every tool at his disposal to release as many prisoners as possible."

They even passed legislation in the House that would pay states to release inmates in State prisons and local jails. Think about that. My colleagues across the aisle want to use our tax dollars to incentivize States to put more convicted criminals on the streets earlier.

The consequence of these actions has deadly real-world results as we have unfortunately seen. In March of 2021, Eric Reinbold was released from BOP custody after being granted compassionate release based on COVID vulnerability. By July, just four months later, Reinbold was accused and charged with murdering his wife. Just a few weeks ago in Oregon, Clifford Uptegrove was charged with first degree robbery, first degree theft, and felony fleeing and unlawful use of a weapon. Uptegrove had been granted compassionate release for COVID-related reasons the previous year.

In spite of these innumerable crimes that have been committed by inmates released early, my colleagues across the aisle are calling for more inmates to be released regardless of their crime or prison sentence. Democrats on this Committee want to open the jails and defund the police. They are turning a public health crisis into a public safety crisis as well.

I tell you, Director Carvajal, to please pass on our appreciation to your officers and employees. They have a tough job and I want

them to know they have our support. To that end, I understand that many BOP officers have voiced concern over the Biden vaccine mandate. I strongly oppose any efforts to mandate COVID-19 vaccines and have introduced legislation to prevent Federal agencies from imposing COVID-19 vaccine mandates.

I look forward to hearing from Director Carvajal today. I also request that, Madam Chair, that we soon have the D.C. Director of the U.S. Marshals Office in for a hearing as well. I think some of the evidence that came out of last week's hearing would do well for both sides of the aisle to hear from the Marshals Office. I appreciate you again bringing in Director Carvajal. It is good to have him here.

I thank you, Madam Chair, and I yield back the balance of my time.

Ms. JACKSON LEE. I thank the Ranking Member for his statement. I acknowledge at this time the service of our Chair, Mr. Nadler, and the service of our Ranking Member, Mr. Jordan. I thank them for their leadership of this Committee.

It is now my pleasure to introduce today's Witness Michael Carvajal, who is the Director of the Federal Bureau of Prisons. He began his career with the Bureau of Prisons in 1992 as a correctional officer at the Federal Correctional Institute, Three Rivers, Texas. He is, in essence, a committed, dedicated servant to the Federal Bureau of Prisons. He served in position of leadership in Texas, Kansas, Louisiana before becoming the Regional Director of Northeast Region in 2016.

Mr. Carvajal became the Assistant Director for the Correctional Programs Division in 2018 and held that position until he was appointed Director in 2020 in the last Administration.

Let me again take note of his service and as well, the many corrections officers that I have had and staff, the privilege of meeting throughout the system. As I indicated, our task here is to provide a reform and restoration and continue the improvement on the institution of the Federal Bureau of Prisons. We welcome you, Mr. Carvajal, Director Carvajal, and we thank you for your participation.

I will begin by swearing in our Witness. I ask our Witness to turn on your audio and make sure that I can see your face and raise your right hand while I administer the oath.

Do you swear or affirm under penalty of perjury that the testimony you are about to give is true and correct to the best of your knowledge, information, and belief, so help you God?

Mr. CARVAJAL. Yes, I do.

Ms. JACKSON LEE. Thank you. Let the record show the Witness answered in the affirmative. Thank you. Please note that your written statement will be entered into the record in its entirety. Accordingly, I ask that you summarize your testimony in five minutes. To help you stay within the time frame, there is a timing light on your screen. When the light switches from green to yellow, you have one minute to conclude your testimony. When the light turns red, it signals that your five minutes has expired. I now recognize Director Carvajal for five minutes. Thank you. You are recognized.

STATEMENT OF MICHAEL CARVAJAL

Mr. CARVAJAL. Thank you and good morning, Chair Jackson Lee and Ranking Member Biggs, other distinguished Members of the Committee. It is my honor to speak today on behalf of the 37,000 Bureau of Prisons correction professionals who worked day-in and day-out to support our critical law enforcement mission.

The Bureau's work is incredibly challenging and has been exacerbated by the COVID-19 virus. Our management of the pandemic has been highly scrutinized despite the fact that we have worked in lockstep with the CDC in shaping the guidance for the benefit of everyone who works in the corrections environment. The Bureau was one of the first Federal agencies to offer COVID testing and vaccinations and in January 2021, the CDC recognized the Bureau for leading all jurisdictions and Federal entities in its rate of vaccination utilization. Approximately 80 percent of our staff and 70 percent of our inmates have been fully vaccinated and we continue to increase those rates.

After issuance of the CARES Act, the Bureau began screening and transferring both vulnerable and eligible inmates to residential re-entry centers and home confinement. The Bureau has transferred more than 37,000 inmates to community custody with more than 9,000 of those transferred pursuant to the CARES Act, after review of medically vulnerable inmates for potential placement and home confinement continues, based on assessments and the balance with our law-enforcement mission.

Another common criticism is that we are under-staffed. The narrative is routinely misrepresented without reference to factual data. We have approximately 1,100 correctional officer vacancies. However, 7 institutions out of the 121 make up almost 40 percent of these vacancies. Increasing and maintaining our staffing levels within appropriated funding levels remains our priority. Last calendar year, we hired over 3,000 staff and at one point, advance hired 1,000 staff above our funding levels. We have proven that we can hire employees. Although hiring is not an issue at the majority of our locations, we are routinely outbid by competing State and local corrections or law enforcement agencies who pay a higher wage. Accordingly, we continue to work with the Department to consider the use of additional incentives so we may be more competitive.

Another area of misguided criticism is the implementation of the First Step Act. The Bureau worked with the Department on the development of the risk and needs assessment system and supported the National Institute of Justice who developed the approved risk assessment, called PATTERN. Staff were trained on the First Step Act including the new PATTERN tool and we worked with the union to negotiate policies to support implementation of the law. We recomputed the sentences of over 153,000 inmates to ensure that they received good conduct time under the new law. We are delivering more than 80 different programs based on individual inmate assessments. We hired additional staff to expand our re-entry program, and we initiated additional activities to support inmates about mental health issues, disabilities, or other special needs.

We have expanded programming for female inmates, drug treatment, and vocational training. Over 75,000 inmates participated in

First Step Act programs by the end of 2021 in spite of the constraints caused by the pandemic. We are modernizing the inmate education platforms to include the use of tablets for better program assess ability and we have created an online system to directly connect the community volunteers to BOP facilities.

Additionally, we are exploring ways to provide inmates with ID cards compatible with State requirements under the REAL ID Act. We engaged external experts to evaluate our inmate programs and we are working with the NIJ to engage academic consultants to review our risk and needs assessment system.

We are also developing a stronger data analytics platform to enhance monitoring and evaluation of our programs and our spending. The BOP worked in concert with the Department to finalize the role regarding First Step Act time credits. We applied the Rule retroactively and immediately released almost 4,000 inmates from home confinement and RSD. We are releasing approximately 1,600 inmates from BOP facilities and transferring nearly 2,500 inmates into pre-release custody. In sum, over 8,000 inmates have had their time credits applied towards pre-release custody or supervised release.

The Bureau supports and has always been committed to the implementation of the First Step Act and we are statutorily compliant. Last year, the Government Accountability Office reported highlighted areas where the Bureau needed to improve and in response, I established a task force to address these identified areas. As a result of the task force's work, eight of the priority recommendations identified are now closed. Our work in this area continues.

Chair Jackson Lee, Ranking Member Biggs, and other distinguished Members of the Committee, this concludes my statement.

[The statement of Mr. Carvajal follows:]



Department of Justice

STATEMENT OF

**MICHAEL D. CARVAJAL
DIRECTOR
FEDERAL BUREAU OF PRISONS
UNITED STATES DEPARTMENT OF JUSTICE**

**BEFORE THE COMMITTEE ON THE
JUDICIARY**

**UNITED STATES HOUSE OF
REPRESENTATIVES**

**AT A HEARING ENTITLED
“OVERSIGHT OF THE BUREAU OF PRISONS”**

PRESENTED FEBRUARY 3, 2022

Good morning Chairwoman Jackson Lee, Ranking Member Biggs, and Members of the Subcommittee. You have asked me to come before you today to discuss a variety of topics, including the Bureau of Prisons' (Bureau's or BOP's) COVID-19 pandemic response and its impact on our operations. As always, I speak today on behalf of the Bureau's 37,000 staff – all of whom are corrections professionals who support the agency's critical law enforcement mission. I have previously announced my plans to retire but have agreed to remain until the Attorney General has named my replacement. Until that time, I remain committed to ensuring that Bureau staff are guided by our core values of respect, integrity, courage, and correctional excellence.

I have been honored to work alongside the finest corrections professionals in the world. I have spent 30 years in the Bureau following my service in the military, starting as a Correctional Officer, moving up through the ranks of Correctional Services to become a Warden, Regional Director, Assistant Director, and now Director. Having served in those multiple roles, I understand the complexities and challenges in fulfilling our agency's mission – particularly during budget constraints, natural disasters, hiring freezes and yes, most recently, a worldwide pandemic. I was appointed to serve as the Bureau's eleventh Director on February 25, 2020, approximately four weeks before the Bureau's first inmate COVID-19 positive case.

As an agency, and throughout the ranks of its dedicated staff, the Bureau continuously works to ensure the safety of staff, inmates, and surrounding communities in 121 active locations spread out throughout the U.S., including Hawaii and Puerto Rico. Our goal is to continue improving the efficiency and effectiveness of our operations and to set new standards in the field of corrections. We are specifically focused on several priority areas:

- Increasing staffing at our correctional institutions nationwide;
- Increasing and incentivizing First Step Act (FSA) program participation;
- Strengthening agency management and operations; and
- Investigating and reducing criminal activity within our agency;

Increasing Staffing at Our Correctional Institutions Nationwide

One of our key priorities is fully staffing our institutions. Hiring and retention of staff remains a priority for the Bureau, as higher staffing levels afford the Bureau the flexibility and stability needed to carry out its mission, including the expansion of programs as required by the First Step Act.

In 2021, the Bureau made a successful push to hire new employees. By June, BOP had filled over 94% of its "Line" Correctional Officer (COs) positions, the highest level in recent years. In October, the Bureau focused hiring on maintaining some of its previous staffing gains, ending 2021 with over 92% of Line CO positions filled. The success of BOP's hiring effort was due to its ability to run targeted recruitment campaigns for specific positions and regions. In 2019, the Bureau contracted with an outside consultant to develop a comprehensive recruitment campaign to fill vacancies. That contract involved: 1) creating a new agency branding campaign that is based on extensive research about public perceptions of the BOP, its mission, and impediments to hiring; 2) improving the messaging and visual appeal of BOP's job postings and website; 3) launching online recruitment events and targeted ad campaigns, including extensive use of social media; and, 4) developing new data analytics capabilities to measure the effectiveness of these efforts. The Bureau now has a national

recruitment coordinator who supervises a staff of 20 individuals who are responsible for recruitment and hiring for positions across the agency.

Currently, the Bureau has an FTE level of 35,161. As of December 2021, about 400 of roughly 1100 CO vacancies were in seven facilities – FCC Beaumont, FCI Berlin, FCC Florence, FCI Herlong, FCI Mendota, USP Thomson, and FCC Yazoo City. These facilities are chronically difficult to staff for a variety of reasons due to competition from state and local organizations who pay a higher salary or due to the rural location of the facility. The Bureau is taking steps to increase staffing at these facilities and to explore additional avenues for doing so. For example, in summer 2021, we secured approval from the Office of Personnel Management (OPM) to offer an increased group retention incentive at USP Thomson. Since the Bureau began offering recruitment, relocation, and retention incentives at Thomson, the CO fill rate increased from 56% to 78%. In addition, BOP plans to provide direct assistance to USP Thomson, FCC Florence, and FCC Yazoo City by announcing National Recruitment Specialist positions at each facility. The specialists will focus on hiring at each of those facilities. Given the recent promising results at Thomson, we will consider the use of additional incentives at other facilities. However, it is important to note that incentives are expensive. For the last quarter of FY21, BOP budgeted \$2.3M for the new 25% group retention incentive at USP Thomson.

We are also pursuing additional strategies to modernize our hiring across the Bureau to give us the flexibility and stability we need to carry out our mission successfully. Our hiring strategies are designed to reduce overreliance on overtime and augmentation when fellow staff with equivalent law enforcement training provide necessary coverage for correctional officer positions. We believe these efforts will have a significant impact on the safety, security, and programming opportunities at our facilities. In particular, staffing is a key component to the Bureau's successful implementation of the FSA. As described in more detail below, the Bureau has sufficient types of programs, but the only way to increase capacity is by hiring additional qualified professionals to deliver these programs.

The Bureau recognizes the need to fully address the causes and potential impacts of our staffing challenges. To identify and analyze these challenges, the agency has solicited and awarded a contract to a consulting firm to assess institutional staffing levels, and use of overtime and augmentation. With this information, the contractor will provide recommended strategies for assessing overtime usage so that the agency may make more informed staffing decisions. Specifically, through this contract, the Bureau will be focusing on several areas: recommendations for a process to calculate staffing levels continuously across Bureau locations and positions; recommendations based on analysis of current staffing incentives, as well as market and industry research to determine the best way to deploy incentives maximizing return on the investment; evaluation of the negative impacts and risks associated with overtime and augmentation usage and mitigation strategies; and how usage of employee assistance programs can be used and their effectiveness based on resiliency outcome metrics (e.g. retention, suicide, safety incidents, absenteeism).

The Bureau is currently using several national recruitment incentives to help bring great candidates on board. A 5% retention incentive was offered to all staff eligible to retire in 2019 to encourage experienced staff to remain with the agency past their eligibility date to help maintain our staffing levels. Additionally, to address our medical staffing challenges, the Bureau recently expanded the coverage of its existing Title 38 special pay authority to include not only psychiatrists, but all employed physicians and dentists. Title 38 pay authority permits the payment of salaries that

significantly exceed the Title 5 pay cap and permits us to compete with other federal agencies with medical personnel, as well as private sector salaries in certain locations.

Staffing is a key component to successful implementation of the First Step Act (FSA). While we have sufficient types of programs, the only way to increase capacity is by hiring additional qualified professionals to deliver these programs. Staff positions allotted under the FSA have already been utilized to expand capacity in female programs, mental health and drug treatment, and career and technical training. We are committed to maximizing the use of FSA funds for position allotments, as authorized, to ensure all interested and eligible inmates are able to benefit from our many programs. The Bureau is committed to maintaining appropriate staffing levels as doing so is critical to the safety and security of federal prisons.

Increasing and incentivizing First Step Act (FSA) Program Participation

The Bureau has prioritized full implementation of the First Step Act (FSA), including most recently the publication of the rule for FSA time credits. The FSA contains comprehensive and complex requirements, and the Bureau thus welcomes the opportunity to clarify the scope and breadth of the Bureau's work in this area, even in the midst of a global pandemic. In addition to modifying various policies relating to compassionate release and elderly offender home confinement very shortly after the passage of the FSA, the Bureau began working with the Department on the development of the new risk and needs assessment system, supporting the NIJ consultants who developed what is now the approved Prisoner Assessment Tool Targeting Risk and Need (PATTERN).

During the same timeframe, the Bureau recomputed the sentences of over 150,000 inmates to ensure they received good conduct time under the changed law; we updated and provided training for staff regarding restrictions against restraining pregnant and post-partum offenders; we updated policies relating to juvenile confinement, dyslexia screening, secure firearm storage, feminine hygiene products, designations within 500 miles, release planning, and elderly offender home confinement; and we trained staff on the new PATTERN tool once it had been released. We continued our work with the FSA by hosting listening sessions with stakeholders and engaging subject matter experts in the area of needs assessment to help us define and refine our own system. This improved needs assessment system, collectively known as the Standardized Prisoner Assessment for Reduction in Criminality (SPARC-13), was launched in January 2020 when every inmate in BOP custody for more than 28 days was provided with the individualized results of the inmate's risk and needs assessment, and inmates began enrolling in programs designed to address identified needs. This new system included the development of tracking assignments, the addition of new assessment measures, and automation of the process to ensure accuracy and consistency.

The Bureau developed and implemented new FSA policies, including a new Needs Assessment policy and a new Incentives policy after negotiation with the BOP's Union. To address inmate needs identified via SPARC-13, the Bureau's 80-plus Evidence-based Recidivism Reduction (EBRR) programs and Productive Activities (PA) are designed to address the individual needs of each inmate

to mitigate recidivism risk. The most robust of our programs are Cognitive Behavioral Therapy (CBT) interventions addressing mental health and substance use disorders, anger management, and criminal cognitions. Educational programs range from adult basic education through high school equivalency to post-secondary college courses. They also include approximately 200 Career and Technical Education programs widely available, and reentry-focused programs, such as parenting, offered at all sites. Because the agency has such a large menu of programs covering a variety of need areas, the Bureau has put forth considerable effort to build adequate capacity for these programs, and has been able to expand access to additional inmates by hiring staff into the positions authorized by Congress under the FSA. We identified gaps in services for women and were able to enhance our offerings. We now offer more than 25 programs designed specifically for women in addition to our gender-neutral offerings, and we created new institution-based positions to deliver these important programs. We also offer specialized programming for veterans or persons with disabilities.

Other innovations are underway to enhance programs. These include modernizing the inmate education platform to allow inmates to use tablets to supplement program delivery, so that inmates have opportunities for self-paced and monitored study even when classrooms are unavailable. The Bureau has also improved recruitment of skilled volunteers. It is exploring opportunities to provide inmates with identification cards that will be more compatible with state requirements under the Real ID Act, which will assist inmates in navigating their return to the community with greater ease. We have also engaged consultancy services to enhance recruitment efforts for psychology staff members, many of whom deliver key programs and services.

While the pandemic certainly impacted the delivery of FSA programs in institutions, critical services such as mental health care, crisis intervention, and religious services have continued unabated. As we have learned more about virus mitigation strategies and continue the process of vaccinating staff and inmates, we have been able to resume much of our programming. More than 75,000 inmates are currently participating in FSA programs despite social distancing requirements and other limitations imposed due to COVID-19.

We have begun awarding inmates FSA earned time credits for successful participation in FSA programs and moving eligible inmates to supervised release or pre-release custody. These credits are governed by a new regulation that the Bureau issued in January 2022. Working closely with other Department of Justice components, we are exercising our discretion to apply time credits towards supervised release for the sentences of over 4,900 inmates and anticipate moving over 2,500 inmates to Home Confinement or a Residential Reentry Center based on the published final rule governing the awarding of FSA earned time credits.

Additionally, while the Bureau issues many different forms of guidance as part of our FSA implementation, we have also prioritized the negotiation of FSA-related policies that require Union negotiations. To date, 12 FSA-related policies have been issued including those addressing inmate needs assessments and assisting inmates in obtaining identification. These efforts contribute to the

timely and successful implementation of the FSA and its goals of increasing opportunities for self-improvement and reducing risks of recidivism.

In response to the recommendations of the Independent Review Committee to the Attorney General, and recognizing the need to show the valuable impact our programs have on the lives of inmates and their communities, we have funded partnerships with credentialed researchers from the academic community to evaluate our programs. Similarly, we are working with the National Institute of Justice to fund additional program evaluation research. All of the Bureau's programs are grounded in research literature and rely on widely accepted practices, such as the cognitive behavioral model of treatment. These evaluations will provide specific outcomes for the federal prison population and, in some cases, update previous studies.

Staffing is a key component to the Bureau's successful implementation of the FSA. As described earlier, the Bureau has sufficient types of programs, but the only way to increase the capacity of those programs is by hiring additional qualified professionals to deliver these programs. Staff positions allotted under the FSA have already been used to expand capacity in female programs, mental health and drug treatment, and career and technical training. We are committed to maximizing the use of FSA funds for position allotments, as authorized, to ensure all interested and eligible inmates are able to benefit from our many programs.

Strengthening Agency Management and Operations

COVID-19 Management and Institution Operations

The onset of the COVID-19 pandemic has ushered in a difficult period for the country and the Bureau, including the tragic loss of staff and inmates. Throughout the pandemic, the Bureau has engaged and leveraged all operational components to incorporate lessons learned and identify innovative ways to support agency operations, including the safe delivery of inmate programming.

Pandemic preparedness is an important aspect of operational readiness and planning in the Bureau. The Bureau's management of COVID-19 began in January 2020 with the activation of its existing pandemic plan based on a well-established history of managing and responding to various types of communicable disease outbreaks common in congregate settings. We used our pandemic plan as a springboard for our COVID-19 response planning, where our medical leadership began consulting with relevant experts, including the Centers for Disease Control and Prevention (CDC), the U.S. Public Health Service, the Office of Personnel Management (OPM), and the Office of the Vice President. The Bureau issued guidance on COVID-19 to all Clinical Directors and other relevant Health Services staff six weeks ahead of the presidential declaration of the COVID-19 pandemic, and began implementing modified operations to mitigate potential transmission of the virus.

Drawing on our history of collaboration with the CDC regarding correctional medicine, the Bureau engaged with the CDC to assist in developing guidance specific to the unique nature of correctional environments. The CDC then published its *Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities* on March 23, 2020. Since that time, the Bureau has continued to provide input into CDC guidance when those recommendations are updated based on new scientific data and information. We have continued this strong collaboration throughout the pandemic and have invited the CDC and local public health officials into our facilities to evaluate our work. The CDC has reviewed and praised our planning and implementation in the wake of this evolving pandemic.

In an effort to be transparent about our plans, operations, and statistics, the Bureau has published (online) one of the most detailed and thorough COVID-19 pandemic resource areas for corrections in relation to infections, testing and vaccination rates. The Bureau has published increasing amounts of data and information on our public website at <https://www.bop.gov/coronavirus/> since the early days of the pandemic. After initially describing our pandemic planning, the resource area has expanded to include infection data per facility and nationally, vaccination doses administered per facility and nationally, and testing data nationally and per facility. As a further commitment to transparency, the Bureau generally updates the statistics on this site daily.

Screening, Quarantine, and Visitation

In the Bureau's initial guidance, we implemented enhanced screening of staff and inmates and social distancing procedures to the greatest extent appropriate within the prison environment. Prisons are not designed for social distancing. Nonetheless, we modified our operations to minimize co-mingling and group gatherings. We suspended social visiting, tours, and the admission of volunteers to decrease the flow of individuals from the community into the prison, particularly at the height of the pandemic. Understanding the importance of visitation to the inmate population, we significantly increased telephone minutes for the inmates from 300 to 500 minutes on March 13, 2020, and later, on April 8, 2020, in accordance with the CARES Act, made telephone calls free for the inmate population. We also made video-visiting free of charge, which we have available at our female facilities. The impact of this program is clear—telephone minute usage increased by nearly 50% the next day. This program remains in place today.

We also implemented enhanced daily monitoring and established quarantine and medical isolation procedures for inmates. Quarantine units are established for new intakes to an institution, those identified as post-exposure to COVID-19, and for all inmates prior to transfer or release from an institution. We further implemented enhanced modified operations to increase social distancing while continuing to ensure all critical services are delivered. Chaplains, psychologists, and medical staff visit inmates in their housing areas when inmates cannot leave that space for safety reasons. Beginning on April 7, 2020, to maintain the safety of inmates leaving our facilities and the public, we instituted requirements for all inmates due to be released from the Bureau or transferred to a Residential Reentry Center (RRC) or Home Confinement be placed on 14-day quarantine prior to their anticipated release or transfer.

As vaccines became available and CDC Guidance changed, BOP modified its requirements such that all inmates continue to be tested prior to transfer to an RRC or home confinement and those who are not fully vaccinated continue to complete the required quarantine.

Testing

As is taking place in communities across the country, Bureau testing protocols have evolved throughout the course of the COVID-19 pandemic based on testing resource availability and guidance provided by the CDC for Correctional and Detention Facilities. Testing within the Bureau includes commercial RT-PCR testing, as well as point of care testing such as Abbott ID NOW and Abbott Binax Now. By June 2020, the Bureau had deployed 250 Abbott ID NOW testing systems, and adequate testing supplies for their use were procured. We then procured testing kits and services for all Bureau institutions so that they are able to test all new inmate intakes to an institution; all inmates with symptoms of COVID-19; inmates suspected of exposure to a COVID-19 case; and any inmate prior to release or transfer from an institution. As of January 5, 2022, 963,509 total inmate tests have been completed on 202,326 total inmates.

For testing of staff, institutions work with their community health centers and public health entities to locate community testing resources. For those staff unable to locate or utilize community resources, the Bureau has contracted with a national lab service to provide staff testing.

Personal Protective Equipment and Other Protective Supplies (PPE)

The Bureau has a longstanding practice of maintaining a supply of Personal Protective Equipment (PPE) and other emergency-related equipment. With the onset of the pandemic, the Bureau had approximately 34 million pieces of PPE on hand. To maintain an adequate supply, we proactively pursued available markets and use of emergency purchasing authorities to acquire and maintain a robust stockpile of PPE. Each institution maintains a detailed inventory of PPE which is also monitored by our Emergency Operations Center in headquarters, to include N95 respirators, surgical masks, cloth face coverings, goggles/face shields, gloves, gowns, hand sanitizer, and cleaning supplies. In addition, each of our six regions maintains a regional stockpile, where items can be shipped in one day to an institution that needs additional PPE. Throughout the pandemic, all institutions have had ample PPE, cleaning products, disinfectant, and soap available and the Bureau continues to follow CDC guidance on face coverings. The Bureau's headquarters procurement staff issue solicitations to replenish supplies as needed.

Inmate Movement

Early in the pandemic, the BOP sought to significantly limit movement in and out of our federal prisons. On average, during the early peak of the pandemic in 2020, the Bureau maintained a 98% decrease in movement compared to the prior year. While there was often criticism of the limited movement that did occur, such movement was and is necessary to carry out required tasks such as for court-ordered forensic studies, federal writs, execution of Interstate Agreements on Detainers, for necessary medical and mental health treatment, and the transfer of inmates to Residential Reentry

Centers (RRCs) or home confinement near the conclusion of their sentences. In addition, because individuals in the community continue to commit crimes, arrests continue to be made, and federal courts continue to adjudicate and sentence offenders. Thus, new admissions to the Bureau from the United States Marshals Service (USMS) continue throughout the pandemic, as legally required. These detainees and sentenced inmates continue to enter our system. We have been and remain obligated to take these individuals from the courts and cannot control when the courts place them into our system. Working closely with the Department of Justice (Department) and the USMS, we initially slowed the entrance of some of these new admissions during the initial height of the pandemic until additional testing capability was acquired. Recognizing that our Minimum and Low security facilities were more adversely affected by COVID-19 due in large part to their open dormitory style housing units, the Bureau also temporarily reduced the target population levels at these types of facilities to allow for more social distancing.

With the advent of vaccination and improved testing, inmate movement throughout the agency has resumed to near pre-pandemic levels, which includes both bus routes and airlifts. The Bureau continues to follow CDC guidelines for testing, quarantining, and isolation to ensure movement is conducted in a safe manner. The BOP currently has specific requirements for transfers between institutions depending upon the institution's current COVID-19 [Operational Level](#), ranging from symptom screen and temperature check to 14 day quarantine for the inmates in-transit.

If institution concerns arise, the Bureau reevaluates movement plans as necessary. The total movement into and inside the agency in 2021 was 99,655 inmates.

Vaccination

The Bureau's response to COVID-19 has mirrored that of the community. With the advent of vaccinations, the agency pursued an aggressive strategy to administer the vaccine in all institutions, in close coordination with the CDC and the Federal Government's Countermeasures Acceleration Group (formerly known as Operation Warp Speed). **On January 28, 2021, the Bureau was presented a certificate of achievement recognizing the agency for leading all jurisdictions and federal entities in its rate of vaccination utilization, having the highest percentage of vaccines administered per doses allocated across all of the United States.** At that time, COVID-19 vaccines had been delivered to staff and inmates at more than half of our correctional facilities across the country. As of January 26, 2022, approximately 80 percent of Bureau staff are fully vaccinated, and 70 percent of inmates are fully vaccinated against COVID-19.

The Bureau continues to offer and encourage both booster and primary vaccine doses to all inmates upon arrival at a Bureau facility and to all staff. We achieved a milestone in the distribution and administration of COVID-19 vaccines, exceeding 288,000 total doses administered, as of January 26, 2022, to staff and inmates. The vast majority of our inmates who test positive are asymptomatic or only mildly ill. The number of hospitalized inmates – those who are significantly ill – is much smaller. The number of hospitalized inmates is on a significant downward trajectory, suggesting that our efforts to minimize new cases are becoming more effective. Detailed Covid-19 data can be found on the

agency's website at www.bop.gov. With regard to staff vaccinations, the BOP is complying with federal directives.

Home Confinement and Compassionate Release

A key component of COVID-19 management is mitigating the risk of disease complications for vulnerable inmates. After issuance of the CARES Act, the Bureau began screening the entire inmate population for vulnerable and eligible inmates appropriate for transfer to a Residential Reentry Center (RRC) or Home Confinement. Based on the March 26, 2020 and April 3, 2020 guidance issued by Attorney General Barr, the Bureau began and continues to migrate eligible inmates to Home Confinement. I am pleased to report that since March 26, 2020, the Bureau has transferred more than 37,000 inmates to community custody, with more than 9,000 transferred directly pursuant to the authority granted by the CARES Act. Review of medically vulnerable inmates for potential placement in home confinement remains ongoing and will continue for the duration of the pandemic.

While we are always dedicated to the protection of our inmates' health and safety, we must also consider public safety, and the risk that an inmate would pose in the community when considering transfer to home confinement. Similarly, we cannot transfer inmates who do not have safe or appropriate housing for themselves (e.g., returning an inmate to a household with a domestic violence history or a sex offender to a community or household with potential victims) or whose medical condition was well-considered by the judiciary prior to and during sentencing. Thus, public safety factors and judicial intent must be considered, and these decisions are made using sound correctional judgement and our many years of experience overseeing such transfers.

As the Committee is aware, the Department's Office of Legal Counsel recently issued an opinion indicating that the Bureau may use its preexisting authorities and discretion to permit prisoners granted CARES Act Home Confinement to continue such placements after declaration of the end of the COVID-19 Emergency. The Department of Justice is preparing regulations to implement this decision.

In managing COVID-19, the Bureau has also utilized other authorities such as compassionate release. Specifically, the Bureau has used its policy-based process for evaluating compassionate release requests, to ensure that every offender's individual and unique "extraordinary and compelling circumstances" are fully considered. While the Bureau's decision-making in this area is often criticized or second-guessed, the Bureau adheres closely to the authority of the statute and considers severe conditions such as a terminal illness or debilitating medical condition when considering requests. The Department of Justice has agreed that, in certain circumstances, increased risk of severe illness from COVID-19 may establish extraordinary and compelling reasons that would permit a sentence reduction if the district court determines that other statutory requirements are met. BOP has also made vaccines, which can greatly reduce the risk of severe COVID-19, available to all BOP inmates. Nevertheless, in all cases where the inmate files a motion for compassionate release in federal court, a decision to grant a compassionate release is a decision made by the court, not the

Bureau. Notwithstanding the government's actions in this area, the First Step Act of 2018 paved the way for an inmate to file directly with the sentencing court, after the inmate has fully exhausted the internal appeals process, or 30 days after the warden received the inmate's compassionate release request. Since the enactment of the FSA, we are aware of 4,025 compassionate releases regardless of the tens of thousands which have been sought. Since the passage of the CARES Act, 3,851 inmates have been released via compassionate release. The Bureau cannot track inmate-filed motions, as the Bureau is not a party to those cases. The United States Sentencing Commission's most recent (September 2021) report on compassionate release cases found that of 12,926 motions filed in 2020, 2,611 (20.2%) were granted. The report also found that of 7,639 motions filed in 2021, 997 (13.1%) were granted.

The Elderly Offender Home Detention Program was reauthorized by the FSA, and it allows certain elderly federal inmates to seek placement on home confinement before the expiration of their prison sentence. Since passage of the FSA, the Bureau has approved 1,177 inmates to home confinement under this program.

Normalizing Operations

The Bureau is taking steps to normalize operations in stages as safety and security permit, including inmate movement, food service, and ramping up programming in all facilities. The Bureau's modified operational plan and matrix, developed with CDC, is helping to ensure that Bureau facilities operate safely during the COVID-19 pandemic, and make operational decisions in a data-driven manner consistent across all institutions. And while it has been an extraordinary period with many challenges, we continue to look forward and advance our priorities.

Strengthening Management of Staff and Resources

A key priority area that the Bureau is squarely focused on is our work with the Government Accountability Office (GAO) related to its audits of agency operations and in turn, strengthening management of staff and resources. In an effort to accelerate this work, I established a cross-agency Task Force to work towards resolving all open GAO recommendations in a timely manner. The Task Force's mission also includes assessing current business practices that have caused the Bureau to experience challenges in responding to and preparing for external audits and reviews; making suggestions to improve our process for responding to external audits; and making recommendations to leadership regarding strategic management approaches.

The Task Force was initially created to focus on fourteen open GAO recommendations from three audits: Actions Needed to Evaluate Program Effectiveness (FPI), Improved Planning Would Help BOP Evaluate and Manage its Portfolio of Drug Education and Treatment Programs, Better Planning and Evaluation Needed to Understand and Control Rising Inmate Health Care Costs. Only eight of these original fourteen remain open, 43% have received closure. The Bureau continues to review its overall management of Health Services as well as the Advisory and Assistance report from the National Academy of Public Administration (NAPA) to streamline Health Services Operations in

the Bureau. As part of this review, effective April 1, 2021, the Bureau has realigned its Regional Health Services Administrators nationwide to improve accountability, and enhance coordination and communication on all health service initiatives across the agency.

Since its inception, several additional audits have been initiated or published by both GAO and OIG, including a priority GAO audit regarding Bureau's staffing challenges and Employee Wellness Program. As a result, the Task Force has expanded its efforts to review and assist with these additional audits and recommendations. Through this work, several additional recommendations have been closed as implemented, including most recently, one of the two Bureau recommendations regarding pregnant women in Department custody. GAO specifically indicated in its closure notice that the Bureau successfully developed and implemented a policy to identify and collect data on postpartum individuals during intake to better position itself to ensure staff have the information they need to provide appropriate postpartum care. GAO has also communicated over the past six months that the Bureau has made positive strides in its responsiveness to GAO audit recommendations and that it has closed out all recommendations pre-dating calendar year 2020. The Bureau also continues to address, resolve, and close recommendations made by the Department of Justice Office of Inspector General via formal audits and informal Management Advisory Memos.

We are also engaging external organizations to assist us in assessing our operations across a range of areas to further these goals. As was mentioned earlier, the Bureau has contracted with an outside firm to, among other tasks, assist in developing and implementing a reliable method for calculating staffing levels and assist with analyzing data to help identify and address the causes and potential impacts of staffing challenges on staff and inmates. The contract is well underway and this past January, Bureau officials met with the contractor concerning the development of a tool that will assist agency in calculating optimal staffing levels for its various locations. We are also partnering with other organizations to assist in aggregating and analyzing data to assess FSA implementation goals. We will be looking at developing a stronger data analytics effort to intensify monitoring and evaluation of programs and spending.

Reducing Criminal Activity Within Our Agency

The Bureau is committed to eradicating all criminal activity and unethical behavior in the agency. With regard to illegal activities, BOP policy, specifically the Program Statement 3420.011, Standards of Employee Conduct (PS 3420). The policy is found at: https://www.bop.gov/policy/progstat/3420_011.pdf and provides that employees are to obey not only the letter of the law, but the spirit, when engaged in personal or official activities. Misconduct allegations are referred for investigation under Program Statement 1210.024, Office of Internal Affairs (OIA) (https://www.bop.gov/policy/progstat/1210_024.pdf). OIA reports violations and allegations of violations of staff misconduct per the Standards of Employee Conduct, including criminal matters, to the U.S. Department of Justice, Office of the Inspector General (OIG).

All staff are subject to discipline for failing to follow operational policy guidance and the ethical guidance provided in PS 3240. Specifically, the Program Statement explicitly states that “it does not and cannot specify every incident that would violate the Standards of Conduct. In general, the Bureau expects its employees to conduct themselves in such a manner that their activities both on and off duty do not discredit the agency.” Among the specific prohibitions provided are illegal drugs; inappropriate use of alcohol; emotional, physical, sexual, or financial involvement with inmates; providing an inmate or inmate’s associate anything not authorized in the performance of staff duties; the use of force beyond that reasonably necessary to subdue an inmate; and any behavior that would be demeaning to inmates, fellow employees, or others. The Program Statement also discusses prohibitions on the introduction of contraband, the requirement to participate fully in an authorized investigation, and a general prohibition of illegal activities, among other matters.

Reporting Misconduct

Staff members, pursuant to PS 3420, are under an obligation to report misconduct. Failure to report allegations of misconduct is itself misconduct, although Wardens are trained to clarify when matters may be better addressed as performance issues in the first instance (e.g., an inadvertent failure to follow policy, a late arrival) as a discretionary matter. Misconduct allegations are also received from other sources including the Union, inmates, the public, OIG, and other law enforcement agencies, and if uncovered during review processes described above. There is no limitation to who may submit allegations. Because allegations can and do come from varied sources, many allegations are reported more than once. The vast majority of investigations conducted by DOJ OIG of Bureau staff misconduct result from referrals from BOP.

The nature and complexity of the allegations, among other factors, will determine which office will investigate an allegation, but criminal investigations are investigated by the OIG, and serious administrative investigations, including those involving Wardens, are investigated by BOP Office of Internal Affairs (OIA). If allegations are sustained by OIG, that office will work with local U.S. Attorney’s Offices for criminal prosecution, or refer the case back to BOP for administrative action.

The Bureau has a robust infrastructure to educate and train staff as to prohibited actions and to advise all persons (staff, inmates and the public) as to how to report misconduct. The agency emphasizes accountability and cooperation with the DOJ OIG.

Inmate Misconduct – Contraband Interdiction

The Bureau, like most correctional systems, continues to combat the threat of contraband introduction into our prisons, particularly introduction via the use of Unmanned Aircraft Systems (UAS). During FY2021, there have been over 116 documented UAS sightings and over 6 UAS

recovered by BOP staff. The security threat of UAS to Federal prisons remains high and expanding. The Bureau has leveraged available mitigation strategies to address this threat.

All BOP correctional facilities are subject to UAS specific flight restrictions issued by the Federal Aviation Administration (FAA) per 14 CFR 99.7. We continue to investigate suspected violations of the national defense airspace (49 USC 46307) over our federal prisons, in some cases for purposes of introducing illegal, dangerous contraband in violation of 18 USC 1791. Some of the most recent UAS security breaches introduced dangerous contraband including large amounts of drugs, cellphones, and, in one instance, escape paraphernalia.

In Fall 2020, the Bureau conducted a comprehensive test of UAS detection and Counter-Unmanned Aircraft Systems (CUAS) technology in collaboration with several DOJ components, elements of the Department of Defense and the Intelligence Community, and other federal law enforcement partners. The test was coordinated with the FAA, FCC, and NTIA. The Bureau plans to deploy UAS detection technology based on the results of those tests and appreciates the continued support of Congress to protect Federal prisons.

Conclusion

As the Subcommittee recognizes, the Bureau's mission is complex but with appropriate support, the agency can effectively reintegrate individuals back into the community following release from prison to reduce the likelihood of future criminal behavior and associated victimization. The Bureau's recidivism rate is lower than that found in most studies of state prisons using comparable definitions and methodologies.¹ And with the ongoing implementation of the FSA, the Bureau seeks to improve these outcomes. Despite the challenges affecting our nation and agency, the agency's efforts to carry out its mission are a testament to the hard work of our dedicated professional staff who support public safety and promote reentry.

Chairwoman Jackson Lee, Ranking Member Biggs, and Members of the Subcommittee, I am honored to speak on behalf of the Bureau, its staff in our institutions, and our administrative offices nationwide. Our mission is extremely challenging, but critical to the safety and security of the public, our staff, and the inmates in our facilities. I thank you for the opportunity to speak with you today, and for your support as we move forward successfully in these critical priority areas.

This concludes my formal statement.

¹ An estimated 68% of prisoners released from 30 state prisons were arrested within 3 years. Source: BJS, Office of Justice Programs "2018 Update on Prisoner Recidivism: A 9-Year Follow-up Period (2005-2014)" May 2019. The BOP's 2018 Second Chance Act study (of inmates released FY 2011-13) shows that approximately 45% were re-arrested or had their supervision revoked over a three-year period; see also U.S. Sentencing Commission, *Recidivism Among Federal Offenders: A Comprehensive Overview*, 16 (Mar. 2016), https://www.ussc.gov/sites/default/files/pdf/research-and-publications/research-publications/2016/recidivism_overview.pdf (finding that 33.7% of federal offenders recidivated within three years of release [Table 2]) and US Sentencing Commission: *Recidivism of Federal Offenders Released in 2010*, https://www.ussc.gov/sites/default/files/pdf/research-and-publications/research-publications/2021/20210930_Recidivism.pdf (finding that 35.4% of federal offenders recidivated within three years of release [Figure 9]).

Mr. BIGGS. Madam Chair, I think you are still on mute.

Ms. JACKSON LEE. That is because of my very delicate fingers. I pressed it and it doesn't seem to want to open up, so try to hit it real hard.

Let me do something a little different, if I might, and I am not sure if Ms. Bass here on?

Ms. BASS. Yes, yes. I am here.

Ms. JACKSON LEE. Ms. Bass, I am going to yield to you for beginning at this time and I will follow. Thank you so very much.

Ms. Bass is recognized for five minutes.

Ms. BASS. Thank you very much, Madam Chair.

Good morning, Director Carvajal. I am glad to have you here before the Committee today and I am sure you are aware that two weeks ago, this Subcommittee held a hearing on matters pertaining to the Bureau of Prisons, the First Step Act, and the COVID epidemic. I was glad to hear from several experts on these topics, but I am afraid I am still left with a few questions, questions that I believe you might be the one to answer.

Let me just take a minute to thank you for your service to BOP and then also to acknowledge your quick responsiveness on several occasions when I reached out with particular specific situations.

One of the ways the CARES Act attempted to address the COVID epidemic within our prison system was by providing the BOP with additional authority to grant compassionate release for incarcerated persons who met a number or criteria to demonstrate a low risk of re-offense as opposed to the way it was described a few minutes ago, Democrats asking for the prison doors to just be opened indiscriminately.

Can you tell me how many people within the BOP have been granted early release under this program? I wanted to know for those people that were granted, how many re-offended?

I know there have been individual cases, but I want to know if you have numbers overall or percentages of how many people were re-incarcerated due to a technical violation such as missing a curfew or a phone call? Or how many people were released and are unaccounted for? How many people offended again with violent crimes?

Mr. CARVAJAL. Thank you, Congresswoman Bass, and I appreciate the opportunity to make some distinctions here. I think that there is often confusion. I am going to try to clarify while I am up here. First, as I stated in my opening remarks, we released over—or transferred over 37,000 under the CARES Act to home confinement and community placement.

Compassionate release is a separate entity. The BOP does not have the authority to independently release someone from our custody. Under the statute and our current policy, we make a recommendation to the court. The court makes the final decision, not the Bureau of Prisons. The Bureau of Prisons doesn't take a position on the motion in and of itself. As you stated, there is criteria.

We use our policy criteria to evaluate and ensure that each individual case is compelling and—extraordinary and compelling circumstances that they are fully considered. These are individualized cases. We also take into account public safety and victim impact,

but I stress that we do not independently do that, and the court makes the final decision.

We do not track data. I don't have it in front of me for compassionate release because when the inmate receives a reduction in sentence, they are no longer in our custody.

I can answer the other part of your question of the 37,000 that we transferred to home confinement in the community, approximately 9,000 of those were specific to the CARES Act. Three hundred twenty, approximately 320 that I am aware of have committed violations have been brought back to secure custody. Eight of those were new crimes that I am aware of. One was a serious crime. I don't have the details in front of you. I am sure that we can get them for you.

Ms. BASS. You said again 320, could you repeat that again?

Mr. CARVAJAL. Yes, 320 of the inmates under CARES Act home confinement have re-offended and have been brought back to secure custody.

Ms. BASS. So, you don't know of those 320 how many were technical violations that brought them back? You said eight committed new crimes. Could I assume that the rest were technical or not?

Mr. CARVAJAL. Yes, I can clarify that. I appreciate that, Congresswoman Bass. The most common offense, about 160 of the 320, were for abuse of alcohol or drugs. Some of them were escapes. They weren't where they were supposed to be. Most of them were violations of that nature, some with misconduct. Eight of those were new crimes committed. The rest were technical violations.

Ms. BASS. Can you talk about, in my remaining seconds, vaccine distribution, (1) among staff, how many staff have been vaccinated, and (2) the inmates?

Mr. CARVAJAL. Sure, our staff, we have approximately 80 percent of our staff, which is about 30,000 staff that are fully vaccinated. We have about 95,000 inmates, 93,000–95,000 inmates, it is a moving target, changes constantly, that is about 70 percent of our population. We continue to offer the vaccine and the booster to all inmates and of course, people can change their mind at any time if they choose to come back and get it, we make the vaccine available.

Ms. BASS. For the 20 percent of the staff that are not vaccinated, what protocols do you have in place? Do they have to get tested weekly or what is in place?

Mr. CARVAJAL. Yes, prior to the mandate, we were offering weekly testing. It was voluntary. Obviously, when the mandate came out, we mandated weekly testing for unvaccinated. There was a preliminary injunction issued in January by a judge. We are observing that. We ceased enforcement of the vaccine mandate and all processes with it, but we continue to encourage staff and inmates to become vaccinated, and as I say, that is a moving target, but we average about 80 percent staff, 70 percent inmates.

Ms. BASS. Thank you. My time has expired.

Ms. JACKSON LEE. My fingers are now working, Ranking Member Biggs, and it is my pleasure to yield to you your five minutes for your questioning of the Director. Thank you very much.

Mr. BIGGS. Thank you, Madam Chair. Director Carvajal, again, thanks for being here today. A Federal court issued an injunction to block implementation of President Biden's vaccine mandate for

Federal employees. Were any BOP employees fired for not receiving the vaccine prior to the injunction being issued?

Mr. CARVAJAL. Congressman, I don't have the exact numbers off my head, but we can certainly follow up and get that information back to you.

Mr. BIGGS. So, Director, are you saying that, yes, you believe some were required, but you don't have the exact number?

Mr. CARVAJAL. I do believe some were, Congressman, but I do not have that information in front of me, and I could certainly get it back to you.

Mr. BIGGS. Thank you.

Do you know if those employees will be rehired?

Mr. CARVAJAL. Congressman, again, I will consult with my human resource directors. There are processes. So, we are observing the processes, and they do have a new process. So, we can get back to you with that exact information.

Mr. BIGGS. Thank you very much.

Other Federal agencies are creating databases to track employees who request religious exemptions to President Biden's vaccine mandate for Federal employees. Has the BOP created a database to track religious exemption requests?

Mr. CARVAJAL. Again, Congressman, with the mandate, we were exploring and reviewing and approving, as necessary, religious and medical exemptions. We have ceased that process because of the preliminary injunction, and we are following the guidance given to us, and we—

Mr. BIGGS. Okay. I just want to make sure I understand this. I am sorry, I didn't mean to interrupt. I just want to make sure I understand this. So, you were constructing a database and you are not now? Is that what I understood? That is what I understood.

Mr. CARVAJAL. Yes, Congressman, obviously, we track it. We have a process to keep track of the information. So, yes, there is a database. Along with everything else we do, it is tracked for accountability purposes, so that we know what the status is and things of that nature. We have since ceased the enforcement of that.

Mr. BIGGS. Okay. I appreciate Ms. Bass' line of questioning because I have a lot of the similar-type questions. In my opening statement, I mentioned a couple of examples of individuals released from BOP custody because of COVID-19, and they committed serious crimes afterwards. Is BOP tracking recidivism rates to see if individuals who have been released because of COVID-19 have committed crimes after their release?

Mr. CARVAJAL. Congressman, the recidivism data that we use, our recidivism rate for the Bureau of Prisons is 43 percent. The States actually own the recidivism data. We work with them. I don't know that enough time has elapsed since the passage of the CARES Act, but I would have to ask specific questions about that. Again, there is a difference between someone we release and tracking them and someone who is still in our custody in home confinement.

Mr. BIGGS. So, I understand that the court makes the final determination on a compassionate release petition. Are you tracking

those who have been released on compassionate release for recidivism rates?

Mr. CARVAJAL. Congressman, I don't want to misspeak. Again, when we release someone from our custody, we do not, the Bureau of Prisons does not track them. They are released from our custody. They are returning citizens. The State, again, owns the recidivism data. We work with them and other entities to get that, but I can have my staff get back with you. I, obviously, don't know the exact procedures, but we can get that information for you.

Mr. BIGGS. So, okay. I appreciate that. I wish you would and reach out to my staff.

In particular, for instance, I want to make sure I understand this. So, in Arizona, if someone is given a compassionate release, you guys don't track it, but the Arizona law enforcement, Department of Corrections, maybe the Department of Public Safety, somebody is tracking it and gives you data? Is that your understanding?

Mr. CARVAJAL. Yes, Congressman. It is a collaboration of us working with the State and other law enforcement entities. There are a lot of moving parts here. Again, it is way above my head, but, yes, that data, obviously, being tracked.

Mr. BIGGS. Yes, and I guess I have been asking about compassionate release, and I would assume the First Step Act, the same thing under a recidivism issue?

Mr. CARVAJAL. Yes. Obviously, there is interest in our First Step Act data, and we are working with NIJ and outside consultants to review data and things like that. We are working on a platform. I know one of the criticisms early on is that we didn't have that data. Again, there is a lot of moving parts. It isn't because we don't want to track it. There is a lot of entities here. We have to collaborate with other local, State, and Federal law enforcement agencies to appropriately do that.

Mr. BIGGS. Well, Director, I hope that we can get that information sooner rather than later. Whatever we can do to help facilitate that, please let me know. I will have my office reach out to you, and if you would have yours reach out to mine. I think this information is critical because I think everybody wants to understand that.

Thanks again for being here.

Madam Chair, my time has expired. I yield back.

Ms. JACKSON LEE. I thank the Ranking Member very much. I will now yield myself the customary 5 minutes.

My time is short, Mr. Carvajal. Thank you so very much. I appreciate your respect of that.

Following the deaths of two inmates in the U.S. Penitentiary in Beaumont, Texas, on Monday, all BOP facilities have had a lockdown. Can you explain the decision to institute the lockdown, the national lockdown, and how long are inmates confined to their cells during the 24-hour period? If you can just give a brief answer on that, we will take a longer one in writing. Director?

Mr. CARVAJAL. Yes, Congresswoman, a decision to lockdown the entire agency is a serious one. We did it because we felt we needed to find out what is going on. I won't get into specific operational things, but the groups involved, there are approximately 2,500 in our custody spread throughout the agency. We need to make sure

that we separate them and secure them. I am hoping that the lockdown will be short-lived. We do not like keeping inmates, again, in their cells, and we will do our best to get them out quickly but keeping the safety of everyone in mind.

Ms. JACKSON LEE. Thank you.

If you would give this Committee an update on the moment that the lockdown stops, we would appreciate it, for all the Members.

Following up, Beaumont Low in Texas, a low-security facility, currently has 10 infected inmates; 942 inmates have recovered from COVID—that seems very high—out of 1,974 total inmates, including the camp and the correctional institution, which includes low-offense individuals. That is almost half of the inmate population that has been infected with COVID-19. Twenty staff are COVID-positive right now and 40 have recovered.

How many inmates were placed into home confinement from FCI Beaumont Low? How many inmates were released on the compassionate release from FCI Beaumont Low? Are old inmates at low-security facilities such as FCI Beaumont Low given priority to be assessed for release under the CARES Act compassionate release or First Step Act? If so, what age inmates are given priority? If not by age, are any inmates at FCI Beaumont Low given priority to be assessed for release? You can answer the last question first, please. Director?

Mr. CARVAJAL. Yes, Congresswoman. I don't have the exact data for every specific institution like Beaumont Low. We could certainly get you that data. I know we have it; I just don't have it off the top—

Ms. JACKSON LEE. Thank you. Do you use the CARES Act? Is that ongoing to be utilized today since it is still operable in law? Do you use that?

Mr. CARVAJAL. Absolutely. We continue to screen inmates for the appropriate placement under the CARES Act.

Ms. JACKSON LEE. Under the CARES Act, with your discretion, individuals do not have to meet the 50 percent time of their sentence, is that correct?

Mr. CARVAJAL. That is one of the criteria, along with others. There are only four hard criteria.

Ms. JACKSON LEE. It is correct—right, but they do not have to meet a 50 percent incarceration rate of their sentence?

Mr. CARVAJAL. In instances like that, we do have the discretion. There usually is a higher-level review. If the staff at the institution feel that it is appropriate outside of the CARES Act, we have procedures in place to review cases such as that.

Ms. JACKSON LEE. Yes, but you have that authority. Mr. Manafort and Mr. Cohen, to your knowledge, did not have 50 percent of their sentence, is that correct?

Mr. CARVAJAL. I am not going to talk about individual specific cases, Congresswoman, but we have procedures in place. We have a Committee that reviews them. I can certainly go through that process if you would like.

Ms. JACKSON LEE. Thank you. I would appreciate it if you could provide us in writing, if you are not going to discuss it on the individuals released under the 50 percent rule.

Let me ask you, what are you doing to prevent more COVID-19 deaths in the BOP facilities?

Mr. CARVAJAL. Congresswoman, we have been in lockstep with the CDC and other entities from day one. We are doing the same thing that everyone else in the country and the world is doing. We are learning how to mitigate this virus. As stated earlier, it is hard to social distance inside a prison. We have learned from that. That is why we appreciate the ability under the CARES Act to transfer people out, because we were able to lower our population in those low-security facilities, as the one you described, who it is harder to maintain. We are following CDC guidance. We do everything in collaboration with them. Frankly, our pandemic plan actually assisted in writing the correctional guidance for the pandemic.

Ms. JACKSON LEE. Thank you. Thank you, Director. I will get the rest in writing. Thank you very much.

Are you aware of the racially disparate impact of the PATTERN risk assessment tool, and that inmates of color may be more likely to be scored as high risk than white? With this in mind, have you considered revising the threshold cutoff between risk categories, which would enable more individuals to earn credits for an early release and maximize the benefits of the First Step Act, and take away the racial disparity that we see very clearly? Director?

Mr. CARVAJAL. Yes, Congresswoman, I want to stress one thing. The PATTERN tool, the BOP did not develop it. It is developed by NIJ and approved by the Attorney General. We are aware of changes. We appropriately make those adjustments and rescore inmates anytime there is a change. We work with the Department to do that. We are the end user of that tool; we did not create it.

Ms. JACKSON LEE. Finally, do you think it would help inmates on the compassionate release if BOP filed the motions rather than the inmates?

Mr. CARVAJAL. Congresswoman, as I stated earlier, we don't have the authority to independently release someone. We work with the Department of Justice, and we make recommendations to the court. The judiciary makes the final decision. We do make staff available to gather documents. We work with the attorneys. We work with the public defenders and the courts to ensure that all the documents are available, so that we can go—it is just not a quick process. That is what people need to understand. The compassionate release process is a difficult one, and it has to be done individually. Each individual case has to be fully considered under its unique circumstances. It is not a fast process.

Ms. JACKSON LEE. Thank you. My time has expired. Thank you very much. We will pursue that with you.

I now yield 5 minutes to the gentleman from Ohio, Mr. Chabot.

Mr. CHABOT. Thank you, Madam Chair.

I want to thank you, Director Carvajal, for being here with the Committee today.

Before coming to Congress over a quarter century ago now, I served as a local elected official on the Cincinnati City Council and on the County Commission, Hamilton County, Ohio. In those two capacities, I was very involved with our incarceration at the local level—things like double-celling inmates to help with the overcrowding situation that we had, and then, work release programs,

where we got inmates out picking up trash on the highways, cutting down weeds, two-for-one-type programs, and those types of things.

So, when I got here to Congress and onto this Committee, the Judiciary Committee, I wanted to continue in that effort. One of the closest things was prison industries are now UNICOR, which I wanted to discuss here in a second.

I also got involved and worked with, for example, former Representative Rob Portman, who is now a United States Senator. He was one of the principals moving forces for the Second Chance Act, which we worked with him on, and then, the First Step Act, which we passed some time ago. I worked with Adam Schiff in a bipartisan manner on the Justice Reinvestment Initiative, to make sure that Members—we have sent out letters over the years urging Members to support funding for that particular program.

So, before I ask you about UNICOR Prison Industries, I just wanted to say that most of the inmates we have at the Federal level—this is certainly the case at the local level as well—these inmates, whereas, most of them, for the most part, do need to be removed from society because they have committed a crime, and, yes, punishment is involved. The fact is the vast majority of these folks are going to be out on our streets someday. So, we are a lot better off as a society if we recognize that and, if possible, reform some of them and get them job skills that they can actually work in the private sector someday, to keep them from coming back. Now, it doesn't work perfectly, but it can work. I strongly support those and will continue to do that.

Back to prison industries, which, then, transformed into UNICOR, this is the program that we have where the prisoners at the Federal level actually are in work programs. So, they are learning a skill that they will, hopefully, be able to carry over into the private sector, which should help recidivism rates, which means that people don't come back to prison. The recidivism rates are far too high, as we know; people do tend to come back. This is one where the rates tend over time to better when you actually give these people a skill. Oftentimes, we might think of a stereotype of people are making license plates, or something, but it could be furniture; it could be a whole range of things.

So, I would just like to give you a little time here, if you could, to tell us how that program is going; what your experience has been. How has it affected recidivism rates? Is it a positive thing, those types of things, Mr. Director?

Mr. CARVAJAL. Yes, thank you, Congressman.

UNICOR absolutely is a benefit to the agency. It was established by Congress in 1934. The sole mission of UNICOR is to train and employ inmates, for exactly what you said, and give them a skill to return as productive members of society.

The last recidivism review they did on UNICOR, which is several years old, 24 percent of inmates that worked for Federal Prison Industries were less likely to recidivate; 16 percent of them were more likely to be gainfully employed upon release. So, it is a good program. We like to say it is one of our No. 1, if not the No. 1, evidence-based programs because it teaches the skills you spoke of.

You are correct, approximately 95 percent of people in our custody are going to return to society. So, it is important to do that.

We have a board of directors. They take their statutory responsibilities very seriously. They do minimize the impact to any given industry. Certainly, we do that through public comment, board hearings, things of that nature. For those that think we are taking from local industry, there are procedures in place to stay compliant with that.

Mr. CHABOT. Thank you very much.

I don't have a lot of time left. So, just let me ask one other thing. I know that one of the greatest challenges that you all have when inmates are there, they are criminals, so they have got there because they committed a crime. They can prey on each other, or they can make it very dangerous for the guards. So, a program like prison industries, is that also a mechanism for a tool for maintaining kind of good behavior and making sure that it is a less dangerous environment than it otherwise might be?

Mr. CARVAJAL. Absolutely, Congressman. One of the biggest things that we battle in a prison is idle minds. So, anything we can do to keep people productive and learning a trade or a skill is our goal.

Mr. CHABOT. Thank you very much. I think my time has expired, Madam Chair. So, I yield back.

Ms. JACKSON LEE. The gentleman's time has expired. Let me for a moment thank the Members who are here today. I will yield to Ms. Demings in a moment, but I want to acknowledge Congresswoman Dean, Congresswoman Scanlon, Congressman Cicilline, Congressman Lieu, Congressman Cohen, Congressman Biggs, Congressman Chabot, Congressman Steube, Congressman Tiffany, Congressman Massie, Congresswoman Spartz, Congressman Fitzgerald, and Congressman Owens. Thank you for your presence here today.

It is my pleasure now to yield 5 minutes to the gentlelady from Florida. You are now recognized, Ms. Demings. Thank you so very much for your service.

Ms. DEMINGS. Well, good morning, and thank you so much, Madam Chair. Thank you for the exceptional work that you are doing in this particular area.

Director Carvajal, it is great to see you, and thank you for joining us.

I just want to, first, just make it quite clear that we all understand that there are some people who need to be locked up, but we also understand that many of them will integrate back into society, and it is incumbent upon us to make sure that they have the training, tools, techniques that they need to be successful. We all understand that.

Director, you spoke a little bit about UNICOR and how successful it has been. Could you just talk a little bit more about that program and how we can even improve upon the success of that program? How can Congress be a better partner in helping those that will be coming back into society?

Mr. CARVAJAL. Yes, I appreciate that, Congresswoman. I think speaking about it and being able to support the program, in and of itself—oftentimes, we are criticized that we are taking jobs from

the local communities. As I stated earlier, we have a Board of Directors who oversees that. It is a great program—the more that we can keep inmates, teaching them the trades and working.

The other thing that I think that hits home is that we are teaching them the soft skills of re-entry. Some of these folks have never had an actual job in a factory and punched a clock, so to speak. They are also earning a decent living for being incarcerated. Part of that is paying their financial responsibility. A lot of them are able to help support their families. Again, teaching that soft skill, which is 50 percent of our mission, re-entry.

I have to stress that we want the same thing. We want people to go back to society as productive members of society, and we are committed to doing that. Half of our mission is keeping people safe and secure. The other half, which we are equally committed to, is making sure that they get the skills to go back and be productive members of the community.

Ms. DEMINGS. Director, thank you for that.

You also talked about in your opening statement some of the challenges that you have in terms of needing staff and requirements, that you are being outbidded by other State and local organizations or agencies. I am certainly sensitive to that.

Could you talk a little bit more about what—look, increased salaries are probably “the answer,” but could you talk about some of the other maybe creative ways that you are looking to not only recruit COs, but to retain them?

Mr. CARVAJAL. Yes. Thank you, Congresswoman. Very much a priority for us. It always has been. Again, I stated earlier that there is a narrative out there that we can’t hire. That is not true. We have proved we can hire.

We have several locations that are chronically difficult to staff. In those places, as you stated, we have a hard time competing with local industry or other correctional agencies. We don’t set the pay bands for that. OPM does that. We are working with the Department on other types of incentives. We use recruitment and retention incentives. We use relocation incentives. All of those are things that we work with to get approval from the Department and support going to OPM to be able to look at these areas.

Some of the hard-to-staff places, as the Congresswoman stated earlier, are Beaumont. Beaumont, as the rest of the U.S. pay scale, it is really hard to compete with local industry there, when they, frankly, can get paid more working down the street. That is one of the challenges. Beaumont is a great facility. I spent four years of my career there. So, it is not the facility; it is us being able to compete with the location.

Ms. DEMINGS. Director, finally, I remember hearing some concerns about or centered around officer safety because of staffing shortages, where personnel that weren’t necessarily trained as correctional officers, if you will, were being utilized in that capacity. Could you talk a little bit more about that? If that is just a rumor, set all of us at ease about it.

Mr. CARVAJAL. Yes, Congresswoman, I absolutely appreciate the opportunity to set the record straight here. First, we would not put untrained people in there. We are very fortunate, as a correctional agency—it is one of the things we pride ourselves on—that all our

staff are correctional-trained correctional workers. They receive the same training regardless of where they work. We have uniformed staff that are correctional officers, and the nurses, the food service people, the teachers, everyone goes through the exact same training. That gives us the ability to utilize these staff safely, Okay? So, that narrative is inaccurate when you hear it.

We are challenged with staffing. I will tell you that we are funded at 90 percent. During my tour as Director, our priority has been staffing. We have funded all the positions that we get money for. As I mentioned earlier, at one point, I hired 1,000 over. My staff went 1,000 over. We are able to do that because our human resources know our attrition rate. So, we try to get ahead of it, but it is a constant challenge. There is a lot of moving parts. It is a very large organization. Thirty-eight thousand staff is a lot of people to keep track of. Ms. Demings. Thank you so much, Director.

Madam Chair, I am out of time. I yield back. Thank you.

Ms. JACKSON LEE. The gentlelady yields back. Her time has expired. Thank you so very much.

My pleasure to yield now 5 minutes to Congressman Steube. You are recognized.

Mr. STEUBE. Thank you, Madam Chair.

Director, thanks for being here. Obviously, the Committee has a lot of questions, and we appreciate your attendance today.

On July 1st of last year, I wrote a letter to both you and the Director of the D.C. Department of Corrections about the treatment of the January 6th suspects. Your office responded on July 21st. The D.C. Department of Corrections has so far refused to answer, and we are almost a year after the fact that I sent the letter.

Director, I recognize that many of the most egregious examples of mistreatment of January 6th inmates happened not in your system, but in the D.C. Jail. It has reported that January 6th inmates in the D.C. Jail who are not vaccinated for COVID-19 are forced into solitary confinement for 14 days after meeting with their attorneys. Yes or no, does BOP have the same policy in your facilities?

Mr. CARVAJAL. No, Congressman, we do not.

Mr. STEUBE. Well, I am glad to hear that, and that also highlights how out of step and illegal the policies are of the D.C. Jail regarding January 6th inmates.

It has also been reported that January 6th inmates in the D.C. Jail have not been allowed haircuts or to attend religious services unless they are vaccinated for COVID-19. Yes or no, does BOP have the same policy?

Mr. CARVAJAL. No, Congressman, we treat all people in our custody—everybody has equal access and is treated with dignity and has access to everything equally, regardless of—

Mr. STEUBE. Thank you for your response. This further shows how egregious the D.C. Jail's mistreatment are of January 6th inmates.

It has further been reported that January 6th inmates in the D.C. Jail have been denied medical treatment. This was largely the basis for a Federal judge finding the warden in contempt. In your experience as a career law enforcement officer and a prison official, is this acceptable conduct by a correctional institution to deny medical treatment?

Mr. CARVAJAL. Congressman, I am not going to comment on what another correctional agency does without knowing all the information. I just stress to you that, in the BOP, which is who I represent, everyone has equal access to medical care programs, community placement, things of that nature. I would refer you to D.C. Corrections.

Mr. STEUBE. Well, I did, and they are not answering my questions. So, I am just highlighting the differences in how you run your agency and how they are running theirs.

Additionally, I would like to ask for an update on the statistics provided to me in your office's response to that July 1st letter. If you know the answers offhand, that would be great, but I understand if you don't have that in front of you or you don't know. I would like your commitment today to follow up with my office on the following:

First, the number of January 6th inmates in your, in BOP's custody that are awaiting trial and the number of such inmates who are in special housing units.

Second, the number of January 6th inmates serving sentences and the number of such inmates who are in special housing units.

I would ask your commitment today to get me those responses.

Mr. CARVAJAL. Yes, Congressman, I could get you those responses. I am aware of we have 19 in our custody. Eight of those are pretrial. As to their specific housing today, I don't want to misspeak, but I will certainly follow up with that information with your staff.

Mr. STEUBE. Okay. I would appreciate that.

You said 19 in custody, and how many in pretrial confinement?

Mr. CARVAJAL. Nineteen in custody. Eight of those are pretrial. I don't know their exact status today. I don't want to misspeak.

Mr. STEUBE. If you could provide the details of that, not just to me, but I am sure the Members of this Committee would also be interested in that information.

I have got a little bit of time left. So, one more question. In your office response to my letter, it was noted that judges, quote, "routinely make recommendations to the Bureau regarding placement of an inmate at a specific institution or enrolled in programs." Your office also noted that the Bureau's policy requires, and I quote, "a good-faith effort to follow these judicial recommendations."

I would point out that such judicial recommendations are often very much at the discretion of the judge. While I generally have faith in our judiciary to fairly call balls and strikes on purely legal matters, on discretionary issues such as this, it is obviously possible for personal biases to come into play.

So, my question is this: If a judge makes a recommendation on the terms of a January 6th inmate's custody, and that recommendation was influenced by the judge's political leanings, BOP would be compelled by policy to make a good-faith effort to follow the recommendation, is that correct?

Mr. CARVAJAL. Congressman, recommendations that are made by the judiciary, we certainly respect them and work with them, but there is a lot of moving parts inside our agency. We make the final determination. It is simply that, a recommendation, and we give it

the look, but, ultimately, we make those decisions based on the best place to quarter and keep people safe and secure.

Mr. STEUBE. Thank you, Madam Chair. My time is expired.

Ms. JACKSON LEE. The gentleman's time has expired. Thank you.

It is my pleasure to now yield 5 minutes to the gentlelady from Pennsylvania, Congresswoman Dean.

Ms. DEAN. I thank you, Madam Chair, for hosting this important hearing.

I thank you, Director Carvajal, for your work.

I was happy to hear last April before a Senate Judiciary Committee that BOP was working to expand mental health treatment and vocational training and life skills. I also hope the BOP is expanding substance use disorder treatment, recovery therapy, and the rest.

One thing I have in mind, in particular, are educational opportunities. We know they make all the difference in helping to break this cycle of recidivism and reincarceration, which is why I introduced Elijah Cummings' PREP Act, legislation that would ensure that incarcerated individuals receive educational opportunities they need to successfully re-enter their communities, re-enter their lives after completing their sentences.

Can you give us information on the number of people today enrolled in your system in educational opportunities?

Mr. CARVAJAL. Yes, Congresswoman. The current information is we have over 75,000 inmates enrolled in one of our 80 Evidence-based Recidivism Reduction Programs and Productive Activities. Even since COVID, although we were hindered by the pandemic and we had to slow things down, over 151,000 inmates completed programming. Of course, the literacy programs, the GED, we offer many trades. We have over 200 career technical educations. We have done a lot of work with expanding programs specifically for the female offenders. We have dedicated staff just to make sure that we process that population's special and unique needs. We are working with the Department of Labor to expand apprenticeship programs because we know that vocational trades help people get jobs when they go out.

Ms. DEAN. Some of the things that the PREP Act would do would be higher education, college credits. What percentage of inmates are enrolled in educational programming?

Mr. CARVAJAL. Congresswoman, I don't have the exact numbers off the top of my head, but I will certainly follow up. I am sure we could get you that information.

Ms. DEAN. Okay. Terrific. If you would share that with the Committee, that would be great.

What programs are in place regarding addiction and substance use disorder? What percentage of inmates struggle with either mental health or addiction? How many are being offered treatment?

Mr. CARVAJAL. Congresswoman, we have many drug-abuse programs available. We have a Residential Drug Abuse Program that is one of our best evidence-based programs. We also, under the First Step Act, expanded our MAT treatments. It targets a specific subset for people with opioid use disorder. We currently work on expanding those treatments.

I don't know the exact percentage. It is a high amount of people that come into our system with drug and alcohol abuse programs. I don't have the exact percentages, but we could certainly get them to you.

Ms. DEAN. I would really appreciate it if we could get the percentages and, also, to understand if treatment is universally available throughout the system. We know that there is a high correlation of addiction and substance use disorder and incarceration.

On to the solitary confinement in the few minutes that I have left. We read reports; we hear from inmates and their families on the dangerous side effects of solitary confinement, the serious, lasting psychological damage, contrary to the very set of questions I just asked you.

Pre-pandemic, it was conservatively estimated that 60,000 to 80,000 people were confined to solitary, and we understand that solitary may have been used as a substitute during COVID for isolation, medically required isolation. Can you give us an update on the use of solitary confinement, and importantly, I hope on a recognition that it is a failed practice?

Mr. CARVAJAL. Yes, Congresswoman. We average around 9,000 inmates at any given time in our restrictive housing units. About 8,000 of those are for administrative purposes—pending placements and conducting investigations. Sometimes there are separations for their own safety. There was 1,100 in there pending disciplinary action. We try to use alternative sanctions. We try to limit the time that someone spends in restrictive housing.

One of the things that we have done to address this issue, for just some of the reasons you stated, is that we have expanded what we call our Reintegration Housing Unit Program, which allows that group of inmates who tend to spend time in restricted housing a general-population-type atmosphere, a smaller general population, so that we can remove them from restricted housing.

So, that is something that we monitor daily. We are committed to ensuring that everyone in there has access to programming. They do medical and everything else. We also ensure that we make rounds daily and check on the inmates. They have constant inmate contact.

Ms. DEAN. Director, I thank you for your answers and I look forward to the information coming to the Committee.

I yield back.

Ms. JACKSON LEE. I thank the gentlelady. Her time is expired.

I am pleased to yield 5 minutes to Mr. Tiffany. Mr. Tiffany, you are recognized for 5 minutes.

Mr. TIFFANY. Thank you, and good morning, Madam Chair.

Ms. JACKSON LEE. Good morning.

Mr. TIFFANY. First, Director, can those that were fired, your staff, as a result of not taking the vaccine, can they get their jobs back?

Mr. CARVAJAL. Congressman, we have processes for all that, and I'm certain that we will follow them and afford us the appropriate due process, following OPM guidance and regulations and all the rules and laws.

Mr. TIFFANY. Are prison ministries allowed in the Bureau of Prisons?

Mr. CARVAJAL. Yes, Congressman, they are.

Mr. TIFFANY. Have they been in during COVID?

Mr. CARVAJAL. Well, we had to restrict through our COVID operations, obviously, people coming in, for their safety and for ours. We don't want to introduce COVID into our environments. So, it's been restricted, but we worked on that and we have a matrix out there operational.

The institution CEO, if they fall into that criterion, they can make those adjustments daily. So, for any given place, Congressman, I can't answer that today, but we can certainly get you the information if you're interested in a specific location.

Mr. TIFFANY. Please do that. With the explosion in crime in the United States in the last couple of years, have you seen an increase in the inmate population in the Bureau of Prisons?

Mr. CARVAJAL. Actually, Congressman, our population has decreased over the last several years.

Mr. TIFFANY. Is part of that as a result of the COVID releases that you've done? I think you detailed those numbers earlier.

Mr. CARVAJAL. Yes, Congressman, it is. Please keep in mind that we're on the back end of the criminal justice system, so it takes time to go through the system. So, I would defer some of that information probably to the DOJ. We get them at the back end of it.

Mr. TIFFANY. Thank you very much. Whether you're vaccinated or unvaccinated, you can still contract COVID-19. Why are we still releasing inmates?

Mr. CARVAJAL. Congressman, if I understand your correction—or your question correctly, under the CARES Act, is that what your question is, why are we releasing inmates under the CARES Act?

Mr. TIFFANY. Yeah, yes.

Mr. CARVAJAL. Because it is a statute, we're following it, the guidance that we were given. So, we follow the law, Congressman.

Mr. TIFFANY. Do you think we should rethink that, as the Congress sets this policy, or can change the policy?

Mr. CARVAJAL. Congressman, I would defer to you and the Members of Congress to answer that.

Mr. TIFFANY. So, we had the two stabbing deaths down in I believe it's the Beaumont facility in Texas. Prior to the stabbing incident, if these two people would have had COVID, is it possible they could have asked for release under the law?

Mr. CARVAJAL. Well, Congressman, I want to make sure I paint the right picture here. We're going to appropriately review everybody by the criteria, but the level, the security level where this incident happened and the fact that these individuals were members of a security threat group and at a high security, the chances of them being released were probably very slim.

Because one of the criteria is you cannot have a crime of violence, and it appears that these individuals were involved in violence, precisely why prisons exist. There is a small fraction of people, as these, that are going to continue their criminal activity.

Mr. TIFFANY. It's not completely ruled out that they could have gotten released.

Mr. CARVAJAL. Congressman, that's why we have the criteria, and we utilize our good discretion and judgment and follow that statute.

Mr. TIFFANY. Federal prison inmates are keeping large sums of money, as much as \$100,000 each in government-run deposit accounts, effectively shielded from court orders, including people like the pedophile Larry Nasser, the Boston bomber, and Mr. Tsarnaev. What's specific plans does the Bureau have in place to ensure victims get what they are owed?

Mr. CARVAJAL. Hey, Congressman, good question. First, I want to stress something that currently the BOP does not have the authority to seize funds independently from an inmate without their consent. We are working with the Department of Justice to change that Rule that will allow us to automatically encumber funds or a portion of their funds to pay fines and restitution. Our inmate trust fund collections about six million annually to make sure that they pay restitution, but I stress again that we don't independently have the authority to retrieve funds.

We work with other law enforcement entities. In that case, the United States Marshal's Office, the United States Attorney's Office, and the courts, in those matters when we have to do that.

Mr. TIFFANY. Yeah, I think that's something, Madam Chair, that should really be looked at. The other thing that I would urge, Madam Chair, we need to hear, after hearing Mr. Steube's questioning, and I'm so glad the representative from Pennsylvania was concerned about the solitary confinement.

We need to have a hearing on the January 6th detainees. We need to have a full airing of what is going on with those January 6th detainees, because they are being submitted to conditions that many on this Committee, including the other side of the aisle, find reprehensible. It's time to have a hearing on January 6th detainees.

I yield back.

Ms. JACKSON LEE. I thank the gentleman. The gentleman's time has expired, and I'm pleased to yield to the gentlelady from Pennsylvania, Ms. Scanlon. You're recognized now for five minutes.

Ms. SCANLON. Thank you, Madam Chair, appreciate you having this hearing today. Thank you, Director Carvajal, for being with us.

I was hoping you could help me clarify just for a minute what the baseline population that we're talking about here, sorry. As I understand it, the inmate population for the Bureau of Prisons from 1940–1980 was around 24,000. Is that right?

Mr. CARVAJAL. Yes, ma'am. If my memory serves me correctly, yes. I don't have that information right in front of me.

Ms. SCANLON. I'm actually pulling it off your website here. Then the population doubled in the '80s to about 58,000, doubled again in the '90s to 136,000, and continued to climb until 2013, at which point the Bureau of Prisons was housing about 217,000 people. Is that right?

Mr. CARVAJAL. That is correct.

Ms. SCANLON. Okay, what is your current census of inmates in the Bureau of Prisons?

Mr. CARVAJAL. I'm not sure I understand your question, Congresswoman.

Ms. SCANLON. Are you currently housing about 153,000 inmates?

Mr. CARVAJAL. Oh, yes, I'm sorry, I just didn't hear you. About 153,000, 134,000 at our 120 Bureau facilities. There's about 62,000

in for—private contract facilities, 7,100 in RRCs, and the 5,400 I mentioned in home confinement for CARES Act.

Ms. SCANLON. Okay, thank you, I was having trouble figuring out where all the numbers were.

Mr. CARVAJAL. Yes, those are rough estimates, they change daily.

Ms. SCANLON. Okay, I think everyone on the Committee knows that by the time we got to 2013, or so we had widespread agreement, everyone from the Koch brothers to the Obama Justice Department saying we are over-incarcerating people in this country and it's a huge financial drain as well as a huge waste of human capital and a human rights problem.

Now, there's been some emphasis on the purpose of the Bureau of Prisons to be punishment, but it also has a rehabilitative purpose, doesn't it?

Mr. CARVAJAL. Yes, Congresswoman. I'd like to stress something, that we're not here for punishment. The taking of their time by the courts and the criminal justice system, that's the punishment. We're here to house people that are remanded to our custody, and more importantly, to prepare them to re-enter society, keep them safe while we're here.

We're not here as punishment, that's not how we look at this agency.

Ms. SCANLON. Okay, I'm particularly interested, as some of my colleagues have been, in the rehabilitative function, the efforts that are made to ensure that when people are released from prison, they're able to successfully re-enter, and that they're not worse off than they were before they went in. Because that doesn't seem to serve society well either.

What is the current recidivism rate, to your knowledge, from the Federal prisons?

Mr. CARVAJAL. It's about 43 percent.

Ms. SCANLON. Okay, you might want to update the website, it's saying 34 percent. Has there been a significant change in recent years?

Mr. CARVAJAL. No, ma'am, I'll have to have my staff look at that website. I've never—I'm not familiar with it being in the '30s.

Ms. SCANLON. It's on the home page.

Mr. CARVAJAL. We'll correct that.

Ms. SCANLON. So, with respect to—my colleague Ms. Dean talked a little bit about some of the educational programs. I recently had a constituent reach out about a relative's participation in the Bureau of Prison's Drug Abuse Rehabilitation Program, or RDAP.

They've encountered problems getting all their earned credits counted towards release because the program was paused by COVID-19. Eventually this constituent's relative was able to get the credits, but they had to go to court, and that's not a particularly cost-effective method of dealing with this for anyone.

I know that RDAP was paused at many facilities. Is that still the case? If not, is it back up and running at all facilities where it was previously offered?

Mr. CARVAJAL. Yes, Congresswoman. As I stated earlier, COVID certainly impacts our institutions. We have an operational matrix dictates how they operate. We have been affected by it. I know that

certain inmates have been affected. We expect our staff to work with them.

I'm not familiar with the particular case you're talking about, but we can certainly get back with you on that, the specifics of that case.

Otherwise, we go to the point of trying to work with them so that they can benefit from home confinement, finishing the program, getting their time credits in. The whole goal is for them to get the time credits.

Again, I'd like to stress that we're not trying to keep people in except unless they need to be in. If they earn any time credits, we want them to go back to society as appropriate.

Ms. SCANLON. Okay, one last question, I'm running out of time. I was very interested in the effort to put more apprenticeship programs in there so that people have hard skills that are going to enable them to become employed when they get out. What is the trajectory on that? How many places have apprenticeship programs, and what efforts are being made to expand that?

Mr. CARVAJAL. We're—

Ms. JACKSON LEE. The gentlelady's time has expired. Director, I'll allow you to answer the question. Thank you.

Ms. SCANLON. Thank you.

Mr. CARVAJAL. Congresswoman, we can get back to you with that specific information. We are working with Department of Labor to grow that program.

Ms. SCANLON. Okay, thank you, appreciate it. Yield back.

Ms. JACKSON LEE. Thank the gentlelady for her questioning.

Now, it's my privilege to yield five minutes to Mr. Massie. The gentleman is recognized for five minutes.

Mr. MASSIE. Thank you, Madam Chair.

I want to thank you, Director Carvajal, for your staff being responsive to one of my inquiries about how many vaccination exemptions have been granted at the BOP. It looks like, as of January 20, there were 4,738 exemptions. Most of them were religious exemptions.

Instead of asking you, I want to inform you that this has had a very negative effect on the morale of the officers, that fact they are required to live under a vaccine mandate and the inmates are not. It's interesting that the inmates have more rights than the officers themselves.

They also resent that they've had to apply for religious exemptions when, in fact, they should have been granted a medical exemption. At least some of them have been able to get the exemptions.

You may want to check in on whether you completely suspended this mandate, because there are officers who are still required to do the weekly testing if they're not vaccinated, per the mandate, and also to certify that they have a religious exemption. Even as of this week they've had to do that.

I appreciate the accommodations that you have made, because it will negatively affect morale in recruiting if we do keep this vaccine mandate in place.

I want to ask you how many correctional officers were budgeted for the BOP by Congress? I'll give you my number, it's not a

gotcha. The number I have, I'm just trying to see if it's correct, is 20,446.

Mr. CARVAJAL. That, yes, Congressman. Again, I appreciate the opportunity to clarify that. Specific correctional officers, what we call the correctional officer that work those posts, is approximately 14,000.

The 20,000 you're referring to is 6,000 additional support positions that fall under the correctional officer series. This is a classification issue, and it's often confusing, that encumbers other positions that work in correctional services. The actual, true correctional officers that we look at is approximately 14,000.

Mr. MASSIE. Have the 6,000 been hired?

Mr. CARVAJAL. We have a currently, Congressman, about 1,100 correctional officer vacancies right now. Almost half of those are at seven locations that are hard to fill.

Mr. MASSIE. Okay. There's one facility in my district, Ashland FCI, where five years ago they had 130 officers, and now they have 100 and they're told they're going to 98, yet they've got more inmates. We see that augmentation is being used there.

So, I'm concerned that the inmates are going up and the officers are going down. Because I'd like for it to be a safe environment, and I think if it's understaffed, it's not safe. Also, they're utilizing overtime virtually every day at that facility, and it would be cheaper for the taxpayers if we had more slots filled.

I've heard that augmentation is being used there to backfill some of those slots. I'm not going to debate whether they're trained enough, you've already addressed that, and you assured us they are. What is augmentation and where do those people come from when they go serve in roles that correctional officers might otherwise fill?

Oh, I think you're muted, Director.

Mr. CARVAJAL. Sorry. Augmentation is a necessary tool that we use in our agency to make sure that we complete the first part of our mission, and that's to keep everyone safe and secure, to be able to do the second part of our mission, which is give people a chance to return.

As you stated, we often use, we try not to do it, but it's certainly a tool that we have to use, we use people from other disciplines, such as teachers, nurses, and things of that nature. We try to limit that. Those decisions are based upon a roster locally. The CEO makes those determinations.

I stated earlier we have approximately 1,100 correctional officer vacancies. I'd like to stress, Congressman, that we are funded at 90 percent. We have 38,884 positions. We are funded for 35,161. That's about 3,723 vacancies, about \$500 million we're short.

Our correctional official fill rate has got as high as 94 percent, it's currently 92 percent. So, our goal is to fill every single position that we are funded for, but I can't spend money we don't have.

Mr. MASSIE. Okay. I would for you to look specifically at Ashland FCI. My concern about augmentation should be a concern we all have, is when you take away from being teachers to being guards or other services, then the teaching doesn't happen. Then we can see higher recidivism, because we know that vocational schools and education correlate to recidivism.

I would hope that you can get those slots filled, that we get more slots. We can rely less on overtime and less on pulling those teachers away who are so important and the other people who are important for complying with First Step Act.

Thank you, Madam Chair, for indulging me, and I yield back.

Ms. JACKSON LEE. Thank you, the gentleman's time has expired. It's my privilege now to yield five minutes to the gentlelady from Georgia, and I thank her for her very powerful remarks this morning at the National Prayer Breakfast. The gentlelady from Georgia, Ms. McBath, is recognized for five minutes.

Ms. MCBATH. Thank you, Chair Lee, and good afternoon, Director Carvajal. I thank you for being here today, and I thank you for your service as the Director, as you will soon be leaving the Bureau. We just want to thank you for your service.

During this Subcommittee's last hearing, we had an opportunity to review implementation of the First Step Act. At the BOP, and the impact that COVID-19 has had on the BOP operations.

I used that opportunity to inquire at that time into the BOP's policies addressing the treatment and care of pregnant women. Specifically, the BOP's alignment with national guidance for the health and safety of pregnant woman.

Since that time, I was pleased to hear that the BOP has taken actions to better align its policies on about five of the eight care topics that the GAO found to not fully be aligned with the national guidance recommendations.

I hope that the Bureau will continue to work to ensure that all eight of those care topics are met, so that the health and wellbeing of pregnant women at the BOP facilities are fully protected and cared for.

Today, however, I do want to examine how BOP is handling its re-entry services. The successful re-entry of citizens into society is integral to annual recidivism efforts, crime in our communities, and the financial health of these offenders' rejoining society.

However, it's difficult to, I guess actually to assess recidivism patterns unless you are properly collecting the data on it. For example, the last Federal justice statistics publication on recidivism of Federal offenders that I was able to locate was published in June 2016.

The latest publication on the employment statuses on released Federal offenders was published last December but cover Federal inmates released back in 2010. So further, the latest, the latest BOP publication on recidivism that I was able to find was from 2006.

Director Carvajal, what steps has the BOP taken to improve its data collection to effectively track the progress of incarcerated individuals as they transition from prison to re-entry centers or home confinement?

Does the BOP have plans to create standard metrics to evaluate re-entry outcomes, such as job placement, recidivism, so that the BOP facilities can share their best practices?

Mr. CARVAJAL. Yes, Congresswoman. I appreciate your interest in this. This is very important to us. It's a very complicated process for the gathering of recidivism data. We work in conjunction with

the States and other law enforcement entities. We are not sole owners of that data.

I will tell you that staff are working with other components to set up a platform, and we're committed to working on bettering that platform to get that data and to track it.

Ms. MCBATH. Sir, then once that is done or initiated and completed, could you just please, I'd love, my staff, we would love to have what that platform looks like and what it entails, if you would.

Mr. CARVAJAL. Yes, we can do that, Congresswoman.

Ms. MCBATH. Thank you. I'm also curious to know how many re-entry coordinators did the Board of Prisons have per prison or per prisoner? How many vacancies are there for these jobs? You've made mention of the number of vacancies that you have, but how many vacancies are for these jobs and what steps has the Board of Prisons taken to fill these positions?

Mr. CARVAJAL. Yes, Congresswoman. We are committed to filling all our vacancies. As I stated earlier, we strive to do that. I don't know the exact number of re-entry affairs coordinators, but those are positions that we strive to fill, as we do all our positions.

As I stated earlier, we have filled every position we have funding for, and we're committed to continue to do that. I can get you the exact numbers, I can get back with you on that, I don't have them in front of me.

Ms. MCBATH. No, we really appreciate that effort. I think my colleagues and I would be really interested to have that information, and I really appreciate that.

Well, as has been stated by many of my colleagues before me, we're very, very concerned about, actually people say that criminals have rights. Yes, they do have rights, just as victims have rights.

We just want to make sure that when those that are incarcerated do have the ability to have fair treatment while they are incarcerated. Because at the end of the day, they're human beings too.

Thank you so much, Madam Chair, I yield back the balance of my time.

Ms. JACKSON LEE. The gentlelady had yielded back, thank you. It is my privilege now to yield five minutes to the gentleman, Mr. Fitzgerald, you are recognized for five minutes. Thank you.

Mr. FITZGERALD. Thank you, Madam Chair, sorry about that.

My colleagues on the other side of the aisle introduced several pieces of legislation that would eliminate bail in the Federal system and make States then utilize bail for pretrial release, ineligible for grants under the Edward Byrne Memorial Justice Assistance Grant Program.

These reforms continue to be pushed in the wake of the tragic events where violent criminals are released, either on bond or when they're involved in some of these terrible crimes, of which some of my colleagues have been talking about this morning.

Jurisdictions in California, Maryland, New Jersey, New York, and in my own district, which I represent Milwaukee County, has modified their bail practices to eliminate or de-emphasize the use of monetary bail systems.

Coupled with some of my colleagues' desire, which has been going on for a year, discussions about defunding or dismantling po-

lice department or bail reform efforts, it's troubling. It's making some of the communities less safe or it's sending the wrong signal or message to some of these individuals that ultimately commit these crimes.

Additionally, the Pretrial Integrity and Safety Act will provide grants to States if they eliminate their money bail systems. Then things like the Minnesota Freedom Fund, which even Vice President Harris was involved in for a period of time. So, this fund and others that are similar have contributed to this overall concern.

Then right in my back yard, in the 5th Congressional District in Wisconsin, we had the national attention given to the Waukesha Christmas parade murders that happened. Darrell Brooks, the individual, was released on a \$1,000 bond after running over a woman with a vehicle. This is prior to the parade.

Then he was released on bail, despite having a lengthy criminal history, including a charge for aggravated battery and an outstanding warrant in Nevada after skipping bail for a sex-related crime. Then, as you know, he subsequently drove his car through the Christmas parade in Waukesha, Wisconsin, killing six individuals, one of whom was an eight-year-old boy.

Bail reform policies such as cashless bail that have been supported by some of my colleagues actually do more harm than help, in what would be consider some of the minority communities, that could have benefitted from some of these reforms, as we discuss them at the State and Federal level.

So, Director, I guess crimes that are considered felonies are being treated as misdemeanors or civil infractions in controlling the criminal and the justice system from the perspective of the benefit always goes kind to the criminal, what's the fallout? I know you talked about this earlier, but under the First Step, the Act calls upon prisons to create rules around evidence-based recidivism reduction programs and productive activity.

Can you comment? There must be a relationship between those incarcerated and certainly the set of statutes, both at the State and Federal level and how they affect that. What's the interaction, during your period of time as Director?

Mr. CARVAJAL. Congressman, I'm not sure I understand your question. We're committed to re-entry. That's 50 percent of our mission. That other is keeping people safe and secure. We don't control who comes to our custody, that's on the front end of the justice system. The courts determine that.

So, when they come in here, our mission is to keep everyone safe, secure, and ensure that they have equal access to programming. As I stated before, 95 percent of those people return to society.

Mr. FITZGERALD. Just one more quick one then. One of my experiences as a State legislator, as well as in the kind of relationship that I've tried to develop with the Federal system within the State of Wisconsin, one of the things that's always linked is the literacy rate compared to recidivism.

We find that if an inmate can read at an eighth grade level, they're far more likely to recommit. Is that something you guys have looked at or checked into, and is it something that you monitor?

Mr. CARVAJAL. Yes, Congressman, we have lots of literacy programs, a high school equivalency, GED. We encourage inmates, that's part of the risk and needs assessment when they come in.

We assess them and we address their needs. We assign them programs to address their needs. That's precisely what the First Step Act is for. We were doing that all along. We've had a risk and needs assessment, we just formalized it under the First Step Act.

Mr. FITZGERALD. Thank you, Madam Chair, I yield back.

Ms. JACKSON LEE. I thank the gentleman for his questioning.

Now, I'm pleased to yield to the gentlelady from St. Louis, Missouri, Vice Chair of this Committee. Congresswoman Bush, you are recognized for five minutes.

Ms. BUSH. St. Louis and I thank you, Chair, for convening this important hearing.

I ask unanimous consent to enter into the record the experiences of 17 women across five Federal facilities which have been provided by the National Council of Incarcerated and Formerly Incarcerated Women and Girls.

Ms. JACKSON LEE. Without objection, so ordered.

[The information follows:]

MS. BUSH FOR THE RECORD

1-19-22

★ FPC Anderson ★

Friday they refused to test me because I didn't report symptoms out temp check. After I requested for higher up I fell out and then I was taken to be tested, etc.

Saturday 20 more inmates were refused testing. The A2 unit tested positive Tuesday (1-18-22) A4 the covid unit / quarantine won't be testing out. Dr. Wright said central in bc said there was to be no more testing. there have been 5 deaths due to covid.

We here are having trouble getting shampoo body wash, over the counter medication, etc.

The warden we feel is against us.

Staff isn't being tested period. Only "temp checks," but not everyone has symptoms.

IT'S HORRIBLE here!!!



Catherine Sevchenko <csevchenko@thecouncil.us>

ALICEVILLE, AL

1 message

Phyllis Hardy <phardy@thecouncil.us> Wed, Jan 12, 2022 at 6:59 PM
To: Catherine Sevchenko <csevchenko@thecouncil.us>

D

well i was born with a heart murmur n have ir egular heart beat and take med cine and because i haven t had a stroke or heart attack i was denied to see a car iology and i feel pa tions all the time to the point i have to sometimes doubl my dose to get my heart to beat normal grandma i know there is something going on with my heart and there is no close hospital around here if

something was to happen the closes hospital is a hour away they are giving us expired food that is almost a yr old and expired medical isnt checking on there sick calls w en u put it in u have to keep putting the sick calls in over n over and months later they will see u we are lockdown and come out to shower every other day there isnt much we can do really but sleep eat sleep read write thats about it knowing this place they will put me in the shu for telling my family the current living here and w at they are giving us so below ill put her info for u please call her and get with her asap and stuff grandma i need out of here and they need to know wat there doing to us in here is wrong thanks for being concern it means a lot to me and others i m sending my love to u

C.H.

we also haven't had commissary at all since the outbreak, no real medical attention other than what I told you about, I am on a chemo pill treatment for my liver and sick with covid which is horrible, I have not been able to call my 17 year old son but once because of the schedule we are on and the fact that he is still in school when I am let out of my cell, this is horrible we are doing hard time and getting nothing out of it. I worry that if I don't get out of here being high risk and catch this virus again I won't do as good as I have done this time around. medical care here is a joke, we are understaffed have been for quite some time, they put

us in a unit that has been shut down since before i got to this prison a year ago so we are suffering working out the broke stuff while we live in our cells. we dont have books to read i sit stay in my bible praying everyday god is good and will help us through this cris s i have strong faith. I pray that i am released here soon because i don't know how much more i can handle honestly.

C

I ended up catching covid but i received something from my prosecuting attorney asking the court for a extension on giving a answer to my compassionate release praying it is a good thing. I have been very sick and was put in the shu for 5 days before being moved to a unit to be locked down, we get out for a hour and a half every other day to do what we have to do and that is it. It has ran through the compound it is shut down until further notice not that we ever reopened anyway but they just gave up profin and took our temps and that is it. keep us in your prayers please

C

COVID.... The omicron is hitting us hard.... its over 100 people infected with omicron.... We are lockdown and comes out every other day for 1.5 hours... This is our 2nd week on it and we don't know when we are coming off this schedule

B on 1/12/2022 9:51:06 AM wrote
hey! ok we are locked down 47 hrs every 2 days out for an hr then we are being
fed hot lunch but boxed or bagged dinners that are always way expired. other
than thats its chill here

>

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Catherine Sevchenko <csevchenko@thecouncil.us>

ALICEVILLE

1 message

Phyllis Hardy <phardy@thecouncil.us>

Thu, Jan 13, 2022 at 8:07 PM

To: Catherine Sevchenko <csevchenko@thecouncil.us>

K

well as of right now we are on full lock down only coming out for an hour every other day. All inmate work details have been shut down so the officers are having to run everything...such as the kitchen and laundry. We just now got clean sheets and blankets today! We still have not been able to shop commissary, and we get a hot meal for lunch and sandwiches for dinner...which is not very filling. we have a lot of positive covid cases here so I do understand...but it is rough.

C.E.

WELL everyone here is getting sick with the covid, word is that a guard brung it in, and a girl in the laundry got it which cause every ne in here to get i bet there

are over 70 cases with covid, my roommate had it but im negative. we are on complete lockdown, only getting out a 1hr and a half evry other day. one hot meal thats all. i dont know when things will clear up here i hope soon, it crazy that we are forced to wear the masks but the guards dont have to and some dont even have the vacine thank you for everything your doing for us it really helps to have someone know where your coming from and have a voice for the ones who cant speak out, thank you and god bless you



Catherine Sevchenko <csevchenko@thecouncil.us>

ALICEVILLE

1 message

Phyllis Hardy <phardy@thecouncil.us>

Fri, Jan 14, 2022 at 11:04 AM

To: Catherine Sevchenko <csevchenko@thecouncil.us>

I

Well as before we are the ones that are locked down and only let out every other day for an hour and a half sometimes just one hour because something happens. Everyday they take inmates to the SHU because they are infected obviously. This all started on Jan 1 around noon. As soon as we got our New Years dinner we were locked down because they sent an officer that had worked the previous day at an infected unit to our unit and she looked like she was sweating. Later we find out that she went home ill. Several inmates heard when she told the Lietenant on the camp during breakfast pick up that she was ill and he still sent her to our unit B2 anyway. We only get one hot meal daily and the evenings we get bread and cheese and every other day we will get bolony or whatever it is. The commissary has been closed and we just found out we will get to shop for only \$25 between the 24th through the 28th which hopefully is enough to hold us through this pandemic time. The officers even say that it is wrong that we get daycare food. Some inmates complain that they are still hungry. Usually lunch was served at 11-12 daily and lately it has been served before 11 so until 4ish or 5ish that the inmates get sandwiches they are starving, especially the ones that are new that have not been able shop for extra food. We hear that officers are doing extra time because either they don't have staff who want to work or refuse to work or maybe are sick, who knows. One hour and a half is not enough time for us to speak with family members especially if there is problems at home. We have to suffer because of the COVID infected officers which is not fair at all. We can not buy medication and they barely want to attend to our medical needs here. We inmates get treated as if this place was HIGH facility. There is a lot of racism here. They give the non citizens the same punishments as citizens however they do not want the classes and other programs and activities apply the same to all but they make us take the programs anyway. Citizens don't even want to do the programs and those that are non citizens do but they will not give them the credited time for it. So unfair ---

>

D ALICEVILLE

i just got out of the shu from having covid again did 10 days and then they sent me back to the same unit and the same room how do i know if i wasn't still pos don't wanna get anyone else sick feel good but that don't mean anything and they treated us poorly back there didn't wanna give us toilet paper or pads we had to keep begging them to give us what we needed i so sad thanks for the concern love u

H

CARSWELL

My home girl told me its 2 pregnant girls over in 1 south. that came from NCC unit which is the hospital, I have no idea why they would do that to those two girls normally pregnant when are not housed with general population, It should have been better planning just to throw them in an all positive unit and they are pregnant is crazy, they should have isolated them, separately somewhere else b/c they are with child.

All this mixing and moving just needs to stop. They have moved these people back in here while we are still waiting on the results, so I'm just going to sit and wait and see how they are going to handle the madness when the test come back and people are positive

Right now in this moment, its people moving from the hospital part of the prison from units like unit 6 and CC5. They are moving into 1south. Its the all positive unit. Those inmates are the ones that are very sick they are battling kidney disease, and different forms of cancer. Their immune systems are really compromised

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S

CARSWELL

Sick Call at Carswell is limited to ONE complaint ONLY per 2.00 visit. If you have more than one complaint you have to pick the one you want to address first. You must come back for each additional complaint and pay \$2.00. So basically it is \$2.00 per complaint. This has been going on since at least the pandemic began in March-April of 2020. No exceptions.

SANDRA COOK (05034051)CARSWELL

The high rise building at Carswell is setup with rooms without doors that circle an atrium. The rooms are made for single cells. Originally one bed one locker. Then bunk beds, the taller locker was taken out and two small lockers were stacked. Then two double bunks were put in and 4 lockers. One small desk with a swing seat fits between the bunks. Last year during the lock down they gave each inmate 2 boxes to pack their stuff and put at the end of their bunk to be ready to move at any time. We did not have room to stretch our legs out and had to sleep in the fetal position because there was no room on the floor to put the boxes down. Only one person can move in the cell at a time. This year they scrapped the boxes. We have not had daily recreation since the beginning of 2020. I have an administrative remedy in about recreation that made it to central but they have failed to respond. Mail was curtailed to no books for awhile because of drugs, now it's hit and miss. I have 4 administrative remedies in about the mail, noting that the only time my mail gets delivered is if its certified. Books from Barnes and Noble, Books N Things, Amazon, and Hamilton Books have all been returned sent to me personally. Daily planners are considered stationary and returned. Inmate "PH" has an administrative remedy in about her routine dental care not being scheduled until at least 2025, which is 7 years in the waiting since she arrived, and their response was "their routine dental care is consistent with BOP policy". I have been waiting since 2017 for routine dental care, with two broken front caps that they won't fix because it is "cosmetic". I don't understand why the ability to "bite" is cosmetic. I have only had my teeth cleaned once since my arrival in 2017. So my question is "Where is the benchmark for what is acceptable and what is not?" My programs have been cut short due to staff misconduct or lockdowns. I have been asking for mental health medication changes for months. I was put into physical therapy due to COVID related muscle atrophy and after 6 sessions deemed recovered. Two women I know have cancer. They found out by reading their medical records trying to apply for compassionate release. They brought it up to medical staff and are waiting for treatment as their cancer spreads. Staff is being augmented because of shortages. The gov't touts that the BOP has a robust Pandemic plan, but I have read the 2012 Pandemic Plan and it has no provisions on how we get our mail, our food, our recreation, our programming, our medical needs, proper housing classifications, etc. This is how the CARES Act has failed. I am at the only medical facility for women. There is no where else for us to go. We are dependent on short staffed and over worked people that are being stretched to the brink. Their pandemic plan has no provisions for this. I came here for Hepatitis C treatment, which was denied because my viral load is not high enough. So how much damage has to be done? What happen to preventative health and dental care at a medical center? Staff implemented Central laundry for the high rise only during December. However when Omicron flared up they had to bring washers and dryers back to the high rise because they could not keep up with washing our clothes and giving us fresh linen. Our commissary is restricted to 25.00 every two weeks of hygiene only. I thought to my self even Mr. Weisel in the Nazi concentration camp was given a cup of coffee every day. Now we have a 25.00 spending limit of whatever items we want. Why are we being punished? Restricting commissary is a punitive sanction. Some rooms can't see the TV. So some girls are locked down to the top of their bed with absolutely nothing to do. No books in the mail, no library books being rotated in and out, no T.V. and no space to even move around with 3 others in the same position. The food is in short supply and not up to FDA. But we are getting two hot meals a day, when last year we did not. I don't believe they have turned on the heat yet, as we are all wearing thermals under our sweat suits, with our beanie's and gloves to stay warm. I will update on the sick call procedure, how the inmates have been treated in isolation (the sickest) and I have a recent summary from a traveler from the hospital unit. More to follow.

A.G.

Listen to how chaotic and trying this experience has been for me...

On 12/30 Thurs 3 South was locked down because 3 ladies tested positive for covid...so then they did a mass testing and we all tested negative.

On 12/31 Fri 3 more ladies tested positive

On 1/1 Sat 2 more ladies tested positive

On 1/2 Sun 4 more ladies tested positive..we were told that there would be a mass testing on Mon of our unit

On 1/3 Mon 3 South was told we were going to be getting roommates, but instead a few hours later we were all told to pack all of our belongings, mattresses and all and move to 1N where 1 lady just tested positive and she was transferred to SA the quarantine unit...1N was not mass tested after the one lady already tested positive. 1N bottom bunks on 1 side of the unit transferred to 2N so that 3S bottom bunks could move into those bunks. That night 6-7 ladies from 3S tested positive and were transferred to 1S, another quarantine unit.

1/4 Tues all of 1N was mass tested and approx. 50 of us tested positive and were transferred to 1S (quarantine unit)

1/15 Sat back to 3S after 10 days of quarantine

1/16 3S "recovered" unit ladies were put in the kitchen to work even though some of us already have other jobs (chapel clerk)-working very hard (pushing 50 yrs old) when the 20 yr olds are running and hiding to get out of work.

1/21 Fri All of 3S pack up AGAIN to move to 2S-mattress loaded with ALL belongings to drag across the compound -fingernails bent backwards, cuts on hands, etc...lady in front of me seized during transfer...

I got to this new unit and had a breakdown when my friends gathered around me and asked me if I was okay and I told them no, I am not , I can't do this anymore and just started crying....People have no idea what stress it has on our bodies, minds and souls to go through all that we are going through in here during these times and the decisions that are being made for us that we have no control over.

I just wanted to share with you both what my transfers and experience with covid has been like since you asked how I was doing...I am okay today, but you never know what tomorrow will bring when your life is no longer your own.

LOVE U BOTH

Ms. BUSH. Thank you. In these emails, women in Federal custody detail horrifying accounts of not being allowed to get out of their beds all day because of COVID lockdowns, being forced to eat expired food, having little to no access to medical services to treat cancers and other underlying conditions, having to pay two dollars to file a sick complaint.

This is happening under your watch. These are complaints coming from not one or not two facilities, but five different facilities, which makes clear that these issues are not isolated, but they're systemic. These women cannot hold you accountable, Mr. Carvajal, they cannot, but we can.

I would like to use this opportunity to ask you questions that they cannot directly ask you out of fear of retaliation. Mr. Carvajal, yes or no, are you aware of these complaints across so many of your facilities?

Mr. CARVAJAL. Congresswoman, I'm not aware of those particular complaints, but I'm certainly interested in hearing from you or staff so that we can look into them. If that happened, I find it unacceptable.

Ms. BUSH. Thank you, thank you. Our staff will be in touch, thank you for that.

Are complaints filed by people in BOP custody being logged and am I able to access those logs?

Mr. CARVAJAL. We absolutely keep a log of complaints. We take all allegations seriously. We have an Office of Internal Affairs.

We follow the process, we work with the Office of Inspector General, and when needed other law enforcement agencies, and certain the FBI and investigatory agencies. We take all those complaints and allegations seriously and we look into them.

Ms. BUSH. Am I able to access the logs?

Mr. CARVAJAL. Congresswoman, if you'd like I could have my staff reach out to you—

Ms. BUSH. Okay.

Mr. CARVAJAL. See, if there is particular information you're interested in, and if we can, we will provide that to you.

Ms. BUSH. Thank you, thank you. In the midst of a raging pandemic that has made incarcerated individuals uniquely vulnerable, rather than allowing people to serve their sentences from their homes with their families and away from the trauma and abuse of the BOP system, the Federal prison population has grown. Keeping them in prison is an Act of cruelty.

In April of last year, you told the Senate Judiciary Committee that 50–75 percent of those incarcerated have been reviewed for home confinement, and that 24,000 out of over 150,000 people in Federal custody have been placed in home confinement.

As of today, have all those incarcerated been reviewed for home confinement now, instead of the 50–75 percent?

Mr. CARVAJAL. Congresswoman, we review all eligible inmates for home confinement under CARES Act. We did that, we've placed over 37,000 inmates. Nine thousands of those, more than 9,000, were specific under CARES Act placement. Those are 9,000 inmates who would not be out in community custody at this point in their incarceration.

Our population is actually reduced, Congresswoman.

Ms. BUSH. Okay, well, we looked at the website earlier today, so is the website inaccurate?

Mr. CARVAJAL. I'm not certain which information you're referring to.

Ms. BUSH. We went to the Federal Bureau of Prisons website.

Two weeks ago, I along with Representative Bonnie Watson Coleman, we sent a letter seeking clarification from the Bureau on the implementation of the Office of Legal Counsel's new guidance for those on home confinement under the CARES Act.

We asked for a response no later than February 7 of this year. Can we get a commitment from you that such a response is forthcoming, Mr. Carvajal?

Mr. CARVAJAL. Congresswoman, I'm aware of your letter, and we are certainly working on answering it. Understand, please, that there is a clearance process which I do not control. We are committed to getting you a response to your letter.

Ms. BUSH. Thank you. My office will be in contact. I yield back.

Ms. JACKSON LEE. The gentlelady yields back. Thank you very much. It's my pleasure now to yield to the gentleman from Iowa, Mr. Owens, for five minutes. Mr. Owens, you're recognized for five minutes.

We'll then be happy now to move to the gentleman from Rhode Island, Mr. Cicilline. We're pleased to yield Mr. Cicilline five minutes, you are recognized now.

Mr. CICILLINE. Thank you, Madam Chair, and thank you, Director, for being here. I, too, joined the letter that Congresswoman Bush just referenced, and very much look forward to your response to that.

We held a hearing on January 21, 2022, to learn more about the Bureau of Prison's response to the pandemic and specifically discuss compassionate release as a tool to reduce prison occupancy and keep people safe.

My first question is I have a piece of legislation that would expand compassionate release availability during a public health emergency. Given all the evidence we've seen about successful reintegration through compassionate release during COVID, it seems to me that it makes sense to fully utilize this tool.

So, my first question is what is the Bureau of Prison's current policy for considering compassionate release of individuals at high risk of serious illness from COVID-19?

Mr. CARVAJAL. Congressman, the compassionate release process is sometimes confused with the home confinement, which we use. It's a quicker placement.

The reduction in sentence process is much more difficult. It wasn't designed to be a timely process. Each individual has to be reviewed and unique, extraordinary, and compelling circumstances—

Mr. CICILLINE. Director, so is it my understanding, you don't use compassionate release or recommend compassionate released to people who have a serious risk of illness with COVID-19, you don't use that process at all?

Mr. CARVAJAL. Under the CARES Act, we review everyone for placement on home confinement. Yes, we do, if they file a reduction

in sentence motion, we do evaluate it and assess it under our policy. We just don't independently release someone from our custody.

Mr. CICILLINE. No, I know you don't, my question is do you use compassionate release of individuals at a high risk of serious illness from COVID, and what is your current policy in terms of applying compassionate release to such individuals? That's not a hard question.

Mr. CARVAJAL. If they submit a request, we follow our policy in the statute and review it. If it's appropriate, we make the motion, and if not, it is denied.

Mr. CICILLINE. Okay. Healthcare workers across the country are obviously experiencing incredible burnout after two years fighting on the front lines of this pandemic. I presume that correctional staff feel similarly, especially during outbreaks in the facilities.

Given the statistics I've seen on overtime and infection rates and considering the ongoing risk of COVID-19 and continued staffing shortages and BOP's expanded authority to release individuals to home confinement, why is BOP not utilizing mitigation strategies like compassionate release more fully to reduce the number of incarcerated individuals in Federal prison?

Mr. CARVAJAL. We are utilizing it, Congressman. We make recommendations to the court as appropriate. The court makes the final decision, not the BOP.

If the motion is made up, the inmate, under the First Step Act, which they can do that after 30 days, we don't take a position on the motion. We're not party those cases, it goes through the system.

Mr. CICILLINE. Director, my colleague Congresswoman Dean raised questions about solitary confinement, and the number she referenced I concur with. The number increased 500 percent in 2020, with about 300,000 people in solitary confinement at any one time. The policy of using solitary or restrictive housing as a substitute for CDC-recommended medical isolation has caused unbelievable harms to incarcerated individuals.

My question is what steps has the BOP leadership taken to ensure that it's following the appropriate guidance, like the CDC guidance to place people in medical isolation not solitary confinement or restrictive housing during this or in any future public health emergency?

Mr. CARVAJAL. Congressman, we follow the CDC guidance. In some cases, we go above and beyond. I'd like to clarify, though, that medical isolation is often confused with solitary confinement. There are instances when inmates placed in restricted housing are isolated also, medically isolated. In those cases, it's appropriate.

We don't place people from the general population who are placed in medical isolation, we don't place them in restricted housing. If there's a case where it's an issue where we're out of space or something, they're appropriately tacked—there's different rules for that.

Mr. CICILLINE. Director, in February 2020, the UN Special Rapporteur on Torture issued a statement related to the use of solitary confinement in United States prisons, stating that, and I quote, "The severe and often irreparable psychological and physical consequences of solitary confinement and social exclusion are well-

documented and range from progressively severe forms of anxiety, stress, and depression to cognitive impairment and suicidal tendencies. This deliberate infliction of severe mental pain or suffering may well amount to psychological torture,” end quote.

My question is, is the BOP aware of the mental and physical damage of solitary confinement on the individuals in their care? Do you have policies in place to try to reduce the use of solitary confinement?

Will you furnish this Committee with all the background and supporting documents to reveal to us really the status of the use of solitary confinement and your efforts to mitigate it?

I think you're on mute, Mr. Director.

Mr. CARVAJAL. Sorry. Yes, Congressman, that's a lot of information. We will certainly get that to you. I will tell you that we are committed to continuing to appropriately reduce our use of restrictive housing.

In some cases, there's a reason for it and we do, but we have policies in place. Making rounds, making sure that they have access to programming and earning time credits. We can get you all that information, and we can answer any questions you'd like regarding that.

Mr. CICILLINE. I appreciate that. Director, one final point. The making rounds is not, the fact, that you check in on somebody while they're experiencing what has been described as psychological torture isn't sufficient, so I look forward to that information.

I thank the Chair, and I yield back.

Ms. JACKSON LEE. Thank you, the gentleman's time has expired, thank you. My pleasure now to yield the distinguished gentleman from California, among many of our Members on this Committee. We yield to you, Mr. Lieu, for five minutes. You're now recognized for five minutes.

Mr. LIEU. Thank you, Chair Sheila Jackson Lee, for holding this important oversight hearing. Thank you, Director Carvajal, for your public service.

Approximately how many COVID-19 vaccines did the Bureau of Prisons administer?

Mr. CARVAJAL. Congressman, we've administered to date over 292,000 doses to both staff and inmates. Eighty percent of our staff, give or take, 80 percent are vaccinated, and about 70 percent of our inmate population.

It's a moving target because there's always people coming in and out. Every single person is offered the opportunity to be vaccinated.

Mr. LIEU. Did anyone die as a result of getting the COVID-19 vaccine?

Mr. CARVAJAL. Congressman, I do not know that. I would have to get you information from a medical doctor. I don't have that information in front of me.

Mr. LIEU. Sir, you would have been told if someone died after getting COVID-19 vaccine, wouldn't you have?

Mr. CARVAJAL. I'm sure I would have, Congressman, I just don't have that information in front of me.

Mr. LIEU. Okay. Why don't you get back to us, but I'm going to tell you, you would have been told if that, in fact, happened.

Now, did you see that the CDC recently came out saying that if you get a COVID-19 vaccine and a booster shot, you are 97 times less likely to die than if you're unvaccinated, from COVID, are you aware of that?

Mr. CARVAJAL. Yes, Congressman.

Mr. LIEU. Okay, I want to agree with the former President, who said that COVID-19 vaccines are one of the greatest achievements of mankind. I want to talk about the religious exemptions.

I happen to be Catholic. The Pope, who is also called the Vicar of Christ, has said that getting a COVID-19 vaccine is a "moral obligation." What I want to know is, was the Bureau of Prisons giving any religious exemptions to folks who were Catholic, and if so, what possible basis could that be on?

Mr. CARVAJAL. Congressman, I don't personally review those exemptions. We have processes in place, and I'm certain that we can get you that information. We have actually ceased because of the preliminary injunction; we've ceased the process of religious and medical exemptions for the time being.

Mr. LIEU. If you could get me that information, that would be great.

Chair Jackson Lee, I'd like to enter two articles for the record. The first is from Forbes Magazine, June 19, 2020, it's entitled, "Bureau of Prisons Special Tactical Forces Under Scrutiny for Use in DC Protests and Training Mishaps."

The second article is entitled, "The Story Behind Bill Barr's Unmarked Federal Agents," from Politico, and it's dated June 5, 2020.

[The information follows:]

MR. LIEU FOR THE RECORD

Jun 19, 2020, 08:09am EDT | 3,143 views

Bureau Of Prisons Special Tactical Force Under Scrutiny For Use In DC Protests And Training Mishaps

**Walter Pavlo** Contributor

Personal Finance

I write and consult on federal criminal law and criminal justice.

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When federal prisons experience unrest among inmates, they dispatch special tactical teams to subdue them. The Federal Bureau of Prisons (BOP) has a Special Operations Response Teams (SORT) located in different prisons around the country that can be summoned to quell prison riots, most of which are associated with high security prisons and violent inmates. The history of SWOT dates back to the riots and hostage situations at the U.S. Penitentiary in Atlanta and the Federal Correctional Institution in Oakdale, La., in November 1987.

<https://www.forbes.com/sites/walterpavlo/2020/06/19/bureau-of-prisons-special-tactical-force-under-scrutiny-for-use-in-dc-protests-and-training-mishap...> 1/5

2/17/22, 1:29 PM

Bureau Of Prisons Special Tactical Force Under Scrutiny For Use In DC Protests And Training Mishaps



Police face off with demonstrators, minutes before curfew, near the White House to protest the death ... [+] AFP VIA GETTY IMAGES

BOP institutions maintain their own SORTs, which typically consist of 15 team members, led by a commander. Each year, SORT members are required to meet qualification guidelines issued by the BOP's Office of Emergency Preparedness (OEP), and part of that is a physical training exercise where they replicate real-life situations the team may encounter.

SORT operates under a strict criteria of how and when to use force in its actions. According to an [Office Of Inspector General report](#), SWOT, under the authorization of a Lieutenant or higher ranking Correctional Services Official "... must supervise a calculated use of force and use of Oleoresin Capsicum (OC), Chemical agents, Distraction Devices, Specialty Impact Munitions, and Less Than Lethal delivery systems." However, the OIG concluded that the guidelines established by the BOP did not address the appropriateness of the use of force during its own training exercises ... which lead to a few bad incidents.

According to the an [OIG report issued on June 17, 2020](#), during a SORT mock exercise, the SORT deployed two "flash bang" type munitions to enter the location of the exercise. One those hit a BOP staff member role player and detonated, causing significant injury requiring surgery and ongoing treatment. The BOP subsequently determined that the particular flash bang deployed during the exercise was not an authorized distraction device munition listed in BOP policy. After the incident, the BOP issued guidance prohibiting the use of this device in future mock exercises.

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Bureau Of Prisons Special Tactical Force Under Scrutiny For Use In DC Protests And Training Mishaps

In another incident, BOP administrative staff members who were not involved in the mock exercise due to medical conditions that prohibited them from participating, secured themselves in a business office to stay out of the way of the SWOT exercise. However, during the exercise, SORT members beat on the door and started screaming at the BOP staff who had locked themselves in the room to stay away from the tactical exercise. SORT, believing that the situation was part of the exercise, breached the room using a crow bar and then sprayed the unprotected BOP staff with pepper spray, and started shooting stinging paintballs rounds from their automatic weapons. According to OIG's report of the incident, a fight ensued between SORT and the BOP staff who were in the room who finally brought the situation under control by yelling, "We're out of role. We're out of role!"

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The OIG's conclusion, again this report came out this month, was that, "... the BOP has inadequate policies governing mock exercises." So with that, why not swing SWOT into action on the front lines of the White House?

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2/17/22, 1:29 PM

Bureau Of Prisons Special Tactical Force Under Scrutiny For Use In DC Protests And Training Mishaps

On Monday, June 1, Park Police, National Guard and members of the Federal Bureau of Prisons SWOT, surrounded the White House [at the request](#) of U.S. Attorney General William Barr. Because of the national unrest associated with the [death of George Floyd](#), the potential for unrest in prisons and the deployment of SWOT away from prison settings, inmates were put on lock down at every federal institution in the country.


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Now, Congress wants to have more information on the use of SWOT at the White House and the exposure the tactical team had to thousands who were protesting outside the White House. In a [letter to BOP Director Michael Carvajal](#), Congress asked if members of BOP's SWOT were going to be tested and quarantined as a result of their participation in addressing national protests in both Washington and Miami. The concern comes from notification that members of DC National Guard who responded to the protests had tested positive for COVID-19. The letter specifically stated that, "federal inmates are being disproportionately impacted by COVID-19 and BOP officers appear **not** to have taken recommended precautions to prevent spread of the virus," by not wearing masks and obviously not social

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Bureau Of Prisons Special Tactical Force Under Scrutiny For Use In DC Protests And Training Mishaps

distancing. The BOP has been asked to provide information on whether any of the SWOT tested positive or if they went through a quarantine period.

According to Jack Donson, who worked at the BOP for 23 years as a corrections treatment specialist, "My sources tell me that SORT teams deployed had to undergo a two week quarantine at home upon returning from duty and must have a negative COVID test before return to work."

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Walter Pavlo

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The Story Behind Bill Barr's Unmarked Federal Agents- POLITICO

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LAW AND ORDER

The Story Behind Bill Barr's Unmarked Federal Agents

The motley assortment of police currently occupying Washington, D.C., is a window into the vast, complicated, obscure world of federal law enforcement.

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The Story Behind Bill Barr's Unmarked Federal Agents- POLITICO



Law enforcement monitor protesters in Washington, D.C. | Tasos Katopodis/Getty Images

By GARRETT M. GRAFF
06/05/2020 08:08 AM EDT



Garrett M. Graff (@vermontgmg) is a journalist, historian, and author, most recently, of the New York Times bestseller **THE ONLY PLANE IN THE SKY: An Oral History of 9/11**. He is now at work on a history of Watergate. He can be reached at garrett.graff@gmail.com.

Few sights from the nation's protests in recent days have seemed more dystopian than the appearance of rows of heavily-armed riot police around Washington in drab military-style uniforms with no insignia, identifying emblems or name badges. Many of the apparently federal agents have refused to identify which agency they work for. "Tell us who you are, identify yourselves!" protesters [demanded](#), as they stared down the helmeted, sunglass-wearing mostly white men outside the White House. Eagle-eyed

2/17/22, 1:30 PM

The Story Behind Bill Barr's Unmarked Federal Agents- POLITICO

protesters have identified some of them as belonging to Bureau of Prisons' riot police units from [Texas](#), but others remain a mystery.

The images of such military-style men in America's capital are disconcerting, in part, because absent identifying signs of actual authority the rows of federal officers appear all-but indistinguishable from the open-carrying, white militia members cosplaying as survivalists who have gathered in other recent protests against pandemic stay-at-home orders. Some protesters have compared the anonymous armed officers to Russia's "Little Green Men," the soldiers-dressed-up-as-civilians who invaded and occupied eastern Ukraine. House Speaker Nancy Pelosi [sent](#) a letter to President Donald Trump Thursday demanding that federal officers identify themselves and their agency.

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To understand the police forces ringing Trump and the White House it helps to understand the dense and not-entirely-sensical thicket of agencies that make up the nation's civilian federal law enforcement. With little public attention, notice and amid historically lax oversight, those ranks have surged since 9/11—growing by roughly 2,500 officers annually every year since 2000. To put it another way: Every year since the 2001 terrorist attacks, the federal government has added to its policing ranks a force larger than the entire

Nearly all of these agencies are headquartered in and around the capital, making it easy for Attorney General William Barr to enlist them as part of his vast effort to "flood the zone" in D.C. this week with what amounts to a federal army of occupation, overseen from the [FBI Washington area command post](#) in

<https://www.politico.com/news/magazine/2020/06/05/protests-washington-dc-federal-agents-law-enforcement-302551>

3/14

Chinatown. Battalions of agents were mustered in the lobby of Customs and Border Protection's D.C. headquarters—what in normal times is the path to a food court for federal workers. The Drug Enforcement Administration has been given [special powers](#) to enable it to surveil protesters. It is the heaviest show of force in the nation's capital since the protests and riots of the Vietnam War.

As large as the public show of force on D.C.'s streets has turned out to be—Bloomberg [reported](#) Thursday that the force includes nearly 3,000 law enforcement—it still represents only a tiny sliver of the government's armed agents and officers. The government counts up its law enforcement personnel only every eight years, and all told, at last count in 2016, the federal government employed over [132,000 civilian law enforcement officers](#)—only about half of which come from the major “brand name” agencies like the FBI, ATF, Secret Service, DEA and CBP. The Federal Law Enforcement Training Center, which serves as the general academy for federal agencies who don't have their own specialized training facilities, lists around [80 different agencies](#) whose trainees pass through its doors in Georgia, from the IRS' criminal investigators and the Transportation Security Administration's air marshals to the Offices of the Inspector General for the Federal Deposit Insurance Corp. and the Railroad Retirement Board. Don't forget the armed federal officers at the Environmental Protection Agency or the National Oceanic and Atmospheric Administration's Office of Law Enforcement, whose 150 agents investigate conservation crime like the Tunas Convention Act of 1975 ([16 USC § 971-971k](#)) and the Northern Pacific Halibut Act of 1982 ([16 USC § 773-773k](#)).

In and around D.C., there are more than a score of agency-specific federal police forces, particularly downtown where protests have played out over the past week, nearly every block brings you in contact with a different police force. A morning run around the National Mall and Capitol Hill might see you cross through the jurisdictions of the federal U.S. Capitol Police, the Park Police, the National Gallery of Art police, the Smithsonian Office of Protective Services, the Postal police, Amtrak police, the Bureau of Engraving and Printing police, the Supreme Court police, the Uniformed Division of the Secret Service, the Government Publishing Office police, and the Department of Homeland Security's Federal Protective Service. (Only recently did the Library of Congress police merge with the Capitol Police across the street into one unit.) Run a bit farther and you might encounter the FBI Police or the U.S. Mint police. And that's not even counting the multistate Metro Transit police and the local D.C. Metropolitan Police.

AD

The public has little understanding or appreciation for the size of some of these agencies, each of which has its own protocols, training, hiring guidelines and responsibilities. On the lighter side, few tourists know, for instance, that the National Gallery of Art—home to some of the world's most famous artwork—has a [shooting range](#) for its police tucked away above its soaring central

rotunda. On the darker side, the roughly 20,000 federal prison guards known formally as the Bureau of Prisons—whose riot units make up a sizable chunk of the officers imported to D.C. and who represent the single largest component of federal officers in the Justice Department—are concerning to see on the streets in part because they're largely untrained in civilian law enforcement; they normally [operate](#) in a controlled environment behind bars with sharply limited civil liberties and use-of-force policies that would never fly in a civilian environment.

There are more gun-carrying agents employed across the federal government by inspectors general—the quasi-independent watchdogs responsible for rooting out fraud and abuse of taxpayer dollars—than there are ATF agents nationwide; the roughly 4,000 inspector general agents nationwide, in fact, is roughly equivalent to the entire size of the DEA. The Department of Veterans Affairs' police department, who guard the nation's veteran hospitals, facilities and cemeteries, is larger than the entire U.S. Marshals Service.

Beyond those 132,000 federal civilian law enforcement, the U.S. has tens of thousands of military law enforcement officers, including military police units and investigators like the 2,000 agents of the Air Force Office of Special Investigations, the 1,200 agents of the Naval Criminal Investigative Service or the 900 agents of the Army's Criminal Investigation Division. Plus, the 40,000 armed personnel of the U.S. Coast Guard, which has broad law enforcement powers on the nation's rivers, lakes and oceans, but is counted as part of the military.

Then there are the officers who can be spotted across Northern Virginia in white marked patrol vehicles labeled only as "[United States Police](#)," the purposefully vague public name given to what is formally known as the CIA's [Security Protective Services](#), who provide security to the CIA and the Office of Director of National Intelligence. They carry weapons, but have limited law enforcement authority. (As one agent told me, only half-joking, "We can't arrest you, but we can kill you.")

The list of crimes these agents and officers collectively enforce is [endless](#), so much that a [tongue-in-cheek Twitter feed](#) daily shares the most obscure federal criminal penalties. One of this week's [examples](#): "21 USC §331, 333, 343 & 21 CFR §150.160(b)(2) make it a federal crime to sell jam made from a combination of more than five fruits." It's hard to even say who might even be in charge of enforcing that one—perhaps the agents of the Food and Drug Administration Office of Criminal Investigations? (You should check out its ["Most Wanted"](#) page, in case you happen to have seen Cellou Jumaïne, wanted for importing 990,000 counterfeit tubes of Colgate toothpaste.)

AD

The Justice Department can't even come up with a [reliable count](#) of the number of federal crimes on the books to enforce; it's somewhere north of 3,000 but federal law is so voluminous and convoluted that no one has really tried to count it since 1982. When I was writing a history of the FBI, the bureau couldn't even tell me the total number of criminal provisions it was specifically responsible for enforcing.

Many federal agencies have broad law enforcement powers—and can end up enforcing laws that wouldn't on the surface appear to have much to do with their stated *raison d'être*. Fun fact: The [vast majority](#) of the total arrests made by the Pentagon police, formally known as the Pentagon Force Protection Agency, are for drunk driving. Roughly every two or three days, an intoxicated driver gets lost in the maze of interstate roads around the Defense Department headquarters and takes a wrong turn into one of its parking lots. Such

incidents account for as many as four out of five arrests the PFPA make annually.

The rise of so many specialized federal forces—and so many federal law enforcement officers overall—is a relatively recent phenomenon; the FBI was unarmed until the mid-1930s and modern incarnations of the DEA and ATF, for example, were only founded in the 1970s, as part of President Richard Nixon's law and order push. Historically, it's not altogether surprising that many of the personnel on D.C.'s streets this week have come from the [Border Patrol](#) and the Bureau of Prisons, which have long served as the nation's "surge" national police force.

What is surprising is that those two agencies now facing down Black Lives Matter and crowds protesting systemic racism historically have been enlisted by the federal government to *protect* blacks against white protesters. Attorney General Robert F. Kennedy, for instance, deputized officers from the Border Patrol and the Bureau of Prisons to work as U.S. marshals and secure the University of Mississippi in 1962 to protect James Meredith as he enrolled at the school after desegregation. Similarly, the Border Patrol once watched over the Freedom Riders in Alabama and Mississippi in the 1960s.

The biggest—and most troubling—shift in the makeup of federal law enforcement has come in the decades after 9/11, as the number of armed personnel has surged, law enforcement agencies have proliferated and oversight reins have loosened.

Whereas for years, the Department of Justice—which typically has strict oversight regimes and whose leadership is made up primarily of lawyers and prosecutors—accounted for the bulk of federal officers and agents, the post-9/11 growth of DHS has meant that it alone now accounts for nearly half of all sworn federal law enforcement officers. (There's even a special [80-person police force](#) within the Federal Emergency Management Agency, a component of DHS, that guards the president's doomsday bunker at Mount Weather in Berryville, Virginia.) That shift means agencies like Immigration and Customs Enforcement which after 9/11 replaced the Justice Department's Immigration

2/17/22, 1:30 PM

The Story Behind Bill Barr's Unmarked Federal Agents- POLITICO

Enforcement, which after 9/11 replaced the Justice Department's Immigration and Naturalization Service, are now instead led by a department [less grounded in the Constitution](#) and whose leadership is more political appointees than career prosecutors.

AD

More broadly, though, many federal agencies exist with little sustained oversight and continue to struggle with training, recruiting and use of force incidents. The Department of the Interior's Park Police, one of the agencies that has served as the front ranks of the riot security in Lafayette Park, has long been one of the capital region's most troubled law enforcement entities, with complaints and [questions](#) about its [use of force](#) and even a five-year-long lawsuit over the [firing](#) of its police chief after she complained about inadequate staffing. (This week, D.C. Mayor Muriel Bowser, who thanks to the District's odd nonstate status finds herself in the odd position of not controlling the police forces patrolling her own city, [blasted](#) the U.S. Park Police and officers from the Secret Service—normally tasked with guarding the White House and foreign embassies in D.C.—for clearing Lafayette Park Monday night to allow Trump to walk across the street for a photo op at St. John's church.) The Federal Protective Service, which oversees security at 9,000 federal buildings across the country, has been reorganized and reshuffled numerous times since 9/11, rarely spending more than a few years in the same box on DHS org charts. And after a hiring surge caused it to lower recruiting standards, CBP has struggled with a decade of rampant crime and corruption in its own ranks—so much so that for most of the past decade, a CBP officer or agent was [arrested](#) on average every single day—and its use of force has been widely

<https://www.politico.com/news/magazine/2020/06/05/protests-washington-dc-federal-agents-law-enforcement-302551>

9/14

arrested on average every single day and its use of force has been widely criticized, even by professional policing organizations. (For a period of time during the Obama administration, the FBI actually declared CBP's corruption was the nation's biggest threat at the border.)

The Bureau of Prisons has been dogged for years with questions about its management, training and tactics. Amid the protests in Minneapolis after the killing of George Floyd, a federal inmate also with the last name Floyd (no relation) died this week in an encounter with guards in New York City after being pepper-sprayed in his cell.

Similarly, watchdogs have complained for years about the odd status of the U.S. Marshals Service, a federal agency with roots in the frontier and Wild West that today is in charge of protecting courts and judges, securing federal prisoners and hunting fugitives. The national service is still led across the country by 94 local politically appointed marshals whose posts are handed out as favors, not because of their law enforcement acumen. (The *Boston Globe* once famously surveilled for 10 days the U.S. marshal in Massachusetts, appointed after a stint on the security detail of the state's governor, and found he worked an average of only four hours a day.)

Under the Trump administration, Cabinet officials have come under scrutiny for using the government's law enforcement agents as a sort of Praetorian Guard: EPA Administrator Scott Pruitt resigned amid scandals that included his unprecedented 20-agent round-the-clock security detail, who picked up his dry cleaning and moisturizing lotion; Education Secretary Betsy DeVos is protected by a detail of U.S. marshals at a cost of roughly \$500,000 a month, and Secretary of State Mike Pompeo is under investigation after a whistleblower complained he was using his Diplomatic Security Service agents to pick up Chinese food or look after his dog. Even obscure Cabinet secretaries who could pass all-but unnoticed on any street in the country now warrant security: Want to be the special-agent-in-charge of guarding the Agriculture secretary? The Executive Protective Operations Division of the USDA's Office of Safety, Security and Protection is hiring right now!

AD

Concerningly, under the Trump administration, many of these agencies have been rudderless—overseen by rotating series of acting officials. More than half of all federal civilian law enforcement right now is being led by temporary acting officials, everything from ICE and CBP to DEA. (That calculation doesn't even count the thousands of special agents in inspectors general offices that have recently seen an [administrationwide purge](#) of the government's watchdogs.) The Bureau of Prisons was being overseen by an [acting director](#) last summer when Jeffrey Epstein managed to commit suicide while supposedly under strict monitoring. The DEA, with its special temporary powers for the protests, is currently led by an [acting administrator](#) who has been on the job for just days.

Such leadership voids are not solely a recent problem of the Trump administration: Thanks to pressure from the National Rifle Association on Republican lawmakers about the agency's firearms investigations, the ATF has had a Senate-confirmed director for a total of only two years since 2003. Last month, the Trump administration [withdrew](#) its most recent nominee to be ATF director, Chuck Canterbury, a former police union leader who had been deemed by Republican senators as too liberal on guns. (Yes, you read that right: The former head of the Fraternal Order of Police was considered too liberal for the GOP.)

The proliferation of federal officers across government—and the proliferation of watchdogs watching those government agencies—means that you might one day be woken up by a SWAT team-style raid by the [Department of Education](#) or

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the [EPA](#). And the number keeps growing: Congress was surprised when the Special Inspector General for Afghanistan Reconstruction—known as SIGAR—began procuring its own ammunition, flashing lights and body armor for its special agents. Just like its laws, there are too many federal agents for the government to keep track of.

The Covid-19 pandemic has even spawned what will apparently be the nation's newest federal investigator: The Senate [confirmed on Tuesday](#) a [special inspector general](#) to oversee the \$500 billion pandemic recovery spending. He, presumably, will be recruiting his own agents and equipment soon.

FILED UNDER: LAW AND ORDER, WILLIAM BARR, GEORGE FLOYD, DEREK CHAUVIN

Huddle

A play-by-play preview of the day's congressional news



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Mr. LIEU. Director Carvajal, I'd like to ask you, were Bureau of Prisons personnel used to crack down on protesters, and were they, in fact, unmarked?

Mr. CARVAJAL. Congressman, we did assist the Department of Justice and other law enforcement components during those protests. Initially, and I answered this, I was asked this question during a press conference, initially, within the first few days, our staff were not properly marked.

In essence, for the people on the civilian side to recognize them, they had local institution logos. We corrected that within a couple of days. We appropriately marked them to show they were Bureau of Prisons personnel.

It was an oversight, and when it came to our attention, we appropriately marked them. They all now, when deployed, if deployed, they are appropriately marked to indicate they are operating under the Federal Bureau of Prisons if they are Federal officers.

Mr. LIEU. So, for any future occurrences, they will all be identified, am I understanding that correctly?

Mr. CARVAJAL. They were. We corrected the issue before the end of that, and we have deployed them since, and they are all appropriately identified as Federal Bureau of Prisons officers.

Mr. LIEU. There are also allegations that there was excessive use of force, that some of them may have used tear gas and other actions that were not appropriate. So, my question goes to training. These Bureau of Prison folks, they're trained to deal with prison issues, but do they also get training on dealing with crowds who are exercising their First amendment right to free speech?

Mr. CARVAJAL. Yes, Congressman. I know that some of those things are under current review, so I don't think it would be appropriate for me to comment on them. I can check back with my staff and get the status of that, and we can answer your questions off-line.

I don't want to misspeak in this forum. If the matter is still under review.

Mr. LIEU. Thank you, if you give that information. It's important, because I'm going to introduce a bill with Congressman Earl Blumenauer that will prevent the Attorney General from randomly deputizing, actually the U.S. Marshals from randomly deputizing Bureau of Prison folks and then sending them out to cities to crack down on First amendment free speech, folks who are exercising that right.

With that, I yield back.

Ms. JACKSON LEE. That was my fingers again, but thank you very much, Mr. Lieu, for your questioning. It's certainly my privilege now to yield to another important, distinguished Member of this whole body, and that is Mr. Cohen of Tennessee. Mr. Cohen of Tennessee, you are recognized for five minutes.

Mr. COHEN. Thank you, Madam Chair, and thank you for holding this hearing. If I ask any questions that have been asked earlier, Mr. Carvajal, let me know, I've been at a hearing of the Helsinki Commission. We had the Polish Foreign Minister, and very involved in those issues.

These are important issues as well and I wanted to make this hearing, and I'm happy I can. The pandemic has highlighted many of the failing of our Federal prison system, and the Bureau of Prisons has unfortunately failed to protect the health of those within their custody and their staff from COVID-19, or address chronic understaffing.

The BOP has also lacked transparency and vigor in implementing important criminal justice reforms, such as the First Step Act, Mr. Carvajal. What lessons have you learned during your tenure and what advice do you have for your successor to address some of these issues that we've seen within the Bureau of Prisons? Mr. Carvajal?

Mr. CARVAJAL. Congressman, yeah, sorry.

Mr. COHEN. Yes, sir.

Mr. CARVAJAL. Trying to unmute here. Well, if you're asking about the lessons learned from the pandemic, first, we followed the CDC guidance from day one. We learned that we need to protect the most vulnerable, the elderly, isolate the sick, and quarantine the exposed, the same lessons that the rest of the country and the world have known. Restrict movement, communicate better.

Those are some of the lessons learned. I think that we've gotten good processes in place. We work with the CDC; we've invited them into our institutions. They have visited us. Our pandemic plan is worked in collaboration with the CDC.

Mr. COHEN. Well, let me ask you about the First Step Act. That was one of the few successes Mr. Trump had, that and the Operation Warp Speed. I'd say it seemed like it should have been pursued with vigor, and it wasn't.

Why was First Step Act and trying to get individuals that should be eligible for release not operation warp speed for the Bureau of Prisons?

Mr. CARVAJAL. Congressman, I'm not sure I know what you're referring to. We are fully compliant, statutory compliant, with the First Step Act. We had implemented a risk and needs assessment way ahead of the time it was due. We formalized it.

We've released inmates under the First Step Act, they're earning time credits. I'm not certain what you're referring to.

Mr. COHEN. Was there a date in late January that you needed to have a certain report in on folks that would be eligible for release? Maybe you got it done, I don't know, but at one point it wasn't done.

Mr. CARVAJAL. Well, we were awaiting the finalization of the rule, that's a process which I don't control. We submitted that draft Rule under the last Administration at the end of January 2020, and it was finalized in January. We are statutorily compliant with the First Step Act, Congressman.

Mr. COHEN. Excellent, well, that's good. I led a letter along with Representative Bonnie Watson Coleman and the Biden Administration urging them to avoid the reincarceration of those released to home confinement under the CARES Act, allowing those released to apply for commutations of their sentences.

In your view, was home confinement under the CARES Act successful, number one. Do you agree that those released have largely

proven their ability to successfully assimilate back into their homes, families, and communities?

Mr. CARVAJAL. Congressman, we're always committed to returning people to society. Ninety-five percent of our people will go. We understand this is important to the CARES Act, we've done so.

We've released over 37,000 to home confinement, 9,000 of those under the CARES Act. Only 320 of those have reoffended, and we follow the statute and the rules. So, we follow the laws that are implemented, and we continue to do so.

Mr. COHEN. The Department of Justice Office of Legal Counsel published a memorandum concluding that the Bureau of Prisons was not required to return those released to home confinement under the CARES Act to prison once the emergency period ended.

Has the Bureau of Prisons under your guidance begun taking steps to effectuate the Department of Justice memorandum and new interpretation of the law so that the people who are on home confinement would be able to remain on home confinement and then apply for commutations?

Mr. CARVAJAL. Yes, Congressman, I'm aware of the OLC opinion, we're working with the Department. We have not yet nailed down the how. When we do that, we will be as transparent as possible to make sure that everyone gets the information.

We certainly take the information and guidance of the Attorney General and will continue to follow the laws.

Mr. COHEN. Thank you, sir. Let me ask you this: You were the head of the Bureau of Prisons, were you not, when Mr. Epstein allegedly committed suicide?

Mr. CARVAJAL. No, I was not, Congressman.

Mr. COHEN. You weren't? Okay. You were there, though, when Michael Cohen was arrested and brought back and put in solitary confinement when he tried to exercise his First amendment rights, were you not?

Mr. CARVAJAL. I believe that did happen under my tour, yes.

Mr. COHEN. Did you have—were you asked—did you have anything to do with that, were you made aware of it, the desire to have him brought back into custody and put into solitary confinement?

Mr. CARVAJAL. No, Congressman, I was not made aware of that prior to. I was briefed on it afterwards because he's a high publicity case, as any high publicity. I was not directly involved in that decision.

Mr. COHEN. Thank you. Based on Mr.—last question, Madam Chair. Since Mr. Epstein committed suicide, and the security there was awful, have you seen to it that Ms. Maxwell's had better care or supervision to make sure she doesn't do anything to end her life?

Ms. JACKSON LEE. I'll let the Director answer the question, the gentleman's time has expired. Director, you may answer.

Mr. CARVAJAL. Yes, Congressman. I don't want to discuss specific security issues on any individual, but we appropriately ensure that people in our care have the appropriate supervision and security.

Mr. COHEN. Thank you, sir. Thank you, Madam Chair.

Ms. JACKSON LEE. Thank you very much. This has been an important hearing, insightful approaches by our Members on both sides of the aisle.

As we come to a conclusion, Mr. Biggs, as Ranking Member, do you have any additional points that you might want to place on the record at this time?

Mr. BIGGS. Thank you, Madam Chair. First, thank you, Director, again, for being here. I look forward to the number of responses that you indicated to me that you would have your staff give to me.

I look forward to seeing those, and Madam Chair, I'll yield back to you.

Ms. JACKSON LEE. I thank the gentleman very much. Director, just one final point that comes out of the testimony of Dr. Homer Venters, who is an adjunct faculty at the NYU College of Global Health, who was with us in our previous hearing.

His investigation revealed a disturbing lack of access to care when a new medical problem is encountered. We've heard those questions, line of question, coming from several Members.

This process called sick call in most carceral setting relies on the ability of incarcerated people to submit a written or electronic concern and then be seen in a face-to-face encounter with a day or two.

In the first BOP facility that he had the time to—had the opportunity to visit, as he inspected the Metropolitan Detention Center in Brooklyn, New York, it quickly became apparent that not only were many people reporting that their sick call requests, including COVID-19 symptoms, were being ignored, but that the facility was actually destroying their original request, which violates basic correctional standards.

As this is an accountability hearing and it is a recognition that there should be, if you will, accountability in the exercise of punitive measures. We all have concluded that these are human beings deserving of restoration and dignity, men and women.

Can you comment on that kind of action?

Mr. CARVAJAL. Yes, Congresswoman. I appreciate you allowing me to clarify that. First, I am aware of the report. We looked into it, and we followed up. I won't discuss that specific incident, but I will reassure you that each of our institutions has an outpatient care clinic.

It's overseen by a board, state-certified physician and a medical director. We have outside oversight, we have joint commission, AAAHC, ACA. We receive the same reviews that any outside clinic or nursing home would.

Our mortalities are reviewed by independent review. So, I'm not sure—I mean, we get oversight. If there's a mistake made or something of that nature, we're going to investigate it and do something about it, correct the issue.

Ms. JACKSON LEE. Thank you, Director. What I would ask specifically is some of the questions that may not have been answered more thoroughly, our staff will get with you so that we can get answers in writing.

That, in particular, at the Metropolitan Detention Center in Brooklyn, New York. Your memory, or it may not come to your attention, I want a direct response and answer on that matter. I thank you for that.

I'm also going to suggest that there is a Board of Health oversight for the Department of Prisons—Federal Bureau of Prisons. I know that you do have a number of other agencies. I think one that

is specifically focused on helping the Bureau going forward will be very helpful.

Let me finally submit into the record “Man is 16th to Die of COVID-19 at Fort Worth Prison, Cases Spike At Women’s Facility.”

[The information follows:]

MS. JACKSON LEE FOR THE RECORD

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CORONAVIRUS

Man is 16th to die from COVID-19 at Fort Worth prison; cases spike at women's facility

BY KALEY JOHNSON

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A man incarcerated at a federal prison in [Fort Worth died on Dec. 13 from COVID-19](#), the Bureau of Prisons said in a press release.

On Sept. 21, 14 days after Rowland Sudbeck arrived at Federal Medical Center Fort Worth prison, the 64-year-old tested positive for COVID-19. He was placed in medical isolation, according to the BOP press release. On Oct. 1, Sudbeck was considered recovered and had no symptoms, the BOP said.

However, Sudbeck had a stroke on Dec. 4 and was taken to the hospital. On Dec. 10, he had improved and was taken back to FMC Fort Worth, which is a medical facility for incarcerated men. Three days later, Sudbeck died.

TOP VIDEOS


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2/2

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Sudbeck had pre-existing medical conditions that the Centers for Disease Control consider risk factors for developing complications from COVID-19, the BOP said. The press release does not specify what Sudbeck's medical conditions were.

Sudbeck was sentenced in the District of Nebraska to 46 months for possession with intent to distribute methamphetamine.

Sudbeck is the [16th man to die from COVID-19 at FMC Fort Worth](#), according to BOP data. At the prison 10 incarcerated men and seven BOP staffers had confirmed COVID-19 cases as of Thursday. According to BOP data, 1,190 of the 1,243 men incarcerated at the prison have been fully vaccinated for COVID-19.

People incarcerated in prisons are [at least 4.77 times more likely to be infected with COVID-19](#) than the general population, according to the Federal Public Community Defenders.

At the federal women's prison in Fort Worth, FMC Carswell, 70 women tested positive for COVID-19 as of Thursday and 22 BOP staff members had the virus. According to BOP data, FMC Carswell, — which is also a federal medical facility — had the sixth highest number of cases of all BOP facilities as of Thursday. According to the BOP, 1,508 women at FMC Carswell out of 1,313 have been fully vaccinated for COVID-19.

Holli Wrice, a woman incarcerated at FMC Carswell, said one unit in the prison ran out of hand soap and paper towels for women to use, despite the uptick in COVID-19 cases.

"Again this is a medical facility," Wrice wrote to the Star-Telegram. "You would think soap, tissue and basic amenities would be provided at all times. If not, the option is still there, start releasing medically vulnerable inmates."

All BOP facilities are operating under the [COVID-19 Pandemic Plan](#), according to the BOP website, which includes that supplies for hand washing (soap, running water, hand dryers or paper towels) should be readily available and continually restocked as needed.

"The Bureau of Prisons (BOP) is carefully monitoring the spread of the COVID-19 virus. As with any type of emergency situation, we carefully assess how to best ensure the safety of staff, inmates and the public," a statement on the BOP's website says.

<https://www.star-telegram.com/news/coronavirus/article256948972.html>

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Ms. JACKSON LEE. I conclude, Director, let me say I'm not sure of whether or not you'll appear before this Committee or a Committee in the other body. Let me take this opportunity to show our appreciation from a person who has chosen as his career to serve the nation.

Obviously coming into the Bureau many, many years ago, you have continued to make a commitment to serve this nation. It is my privilege to be able to say thank you for your service. It should go unnoticed you've served under many Administrations, Democratic and Republican.

You've chosen to commit yourself to, hopefully, the lives and the ultimate liberty of individuals that we hope will be restored and will enter society, and never to return again. I hope that is your vision. You've stayed.

I thank you; I want to make sure that we thank the hardworking officers who go by the appropriate mixture of reform, accountability, and compassion.

Thank you again for your testimony this morning and your service to the nation. This concludes today's hearing. Thank you to our distinguished Witness for attending.

Without objection, all Members will have five legislative days to submit additional written questions for the Witness or additional materials for the record. The hearing is now adjourned. I hope that was heard. Thank you very much.

[Whereupon, at 12:03 p.m., the Committee was adjourned.]

APPENDIX

The Leadership Conference
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**STATEMENT OF
JESSELYN MCCURDY, MANAGING DIRECTOR OF GOVERNMENT AFFAIRS
AND
SAKIRA COOK, SENIOR DIRECTOR, JUSTICE PROGRAM
THE LEADERSHIP CONFERENCE ON CIVIL AND HUMAN RIGHTS**

**UNITED STATES HOUSE OF REPRESENTATIVES
COMMITTEE ON THE JUDICIARY
SUBCOMMITTEE ON CRIME, TERRORISM, AND HOMELAND SECURITY**

**“Oversight of the Bureau of Prisons”
February 2, 2022**

Chairwoman Jackson Lee, Ranking Member Biggs, and members of the subcommittee: Thank you for the opportunity to submit a statement for the record for this critical hearing. On behalf of The Leadership Conference on Civil and Human Rights, a coalition of more than 230 national organizations committed to promoting and protecting the civil and human rights of all persons in the United States, we thank you for holding this hearing on “Oversight of the Federal Bureau of Prisons.” We write to express several key concerns related to the Federal Bureau of Prisons’ (BOP) duties to adequately respond to the COVID-19 pandemic and implement provisions related to the Coronavirus Aid, Relief, and Economic Security (CARES) Act and the release of individuals from facilities.

The Bureau of Prisons Has Failed to Protect Individuals in Facilities and Curb the Spread of COVID-19 in Prisons

The death and trauma caused by the COVID-19 pandemic has left few communities unscathed. Indeed, as of February 2, 2022, the Bureau of Prisons reports that at least 284 people have died in its custody due to the virus.¹ Since the onset of the pandemic, more than 41,000 people in federal prisons and detention, residential reentry centers, and in home confinement have tested positive for COVID-19.² Countless complaints, lawsuits, and personal accounts sadly point to severe inadequacies in the bureau’s response, causing needless pain, illness, and death. These unprecedented circumstances offer an opportunity for the Bureau of Prisons to reevaluate its traditional utilization of early release mechanisms in order to protect public health, with additional benefits and lessons for advancing justice.

The BOP has failed to protect the individuals housed in federal facilities and curb the spread of COVID-19 in prisons. This is particularly troubling as incarcerated individuals are much more likely to be people with disabilities or to have preexisting health conditions, making them exceptionally vulnerable due to

¹ “COVID-19 Coronavirus.” *Federal Bureau of Prisons*. Accessed Feb. 2, 2022. <https://www.bop.gov/coronavirus/>.

² Ibid.



overcrowding, unsanitary prison conditions, and a lack of access to quality health care services.³ Moreover, the emergence of new strains of the virus that are potentially more contagious and deadly means that the need to protect high-risk individuals remains as urgent as ever.⁴

Although the overall BOP population has dropped, as the pandemic continues to rage, many individuals remain crowded together in institutions that are incapable of delivering adequate medical care in the best of times.⁵ In general, the mortality rate among incarcerated individuals is more than twice that of the general population when adjusted for age, sex, and race/ethnicity.⁶ Additionally, infection and death rates have been exacerbated due to misguided attempts to mitigate the spread through increased use of solitary confinement in lieu of medical isolation.⁷ Individuals in prison are nearly five times more likely to become infected and more than two times more likely to die from COVID than the general population, and have other risk factors that put them at increased risk of complications.⁸ For example, approximately 20 percent of the federal prison population is over age 50⁹ and, according to the BOP, approximately 45 percent have multiple chronic health conditions.¹⁰ Moreover, historic patterns of over-policing and the overcriminalization of Black and Brown individuals has created a prison population that overrepresents communities of color and exacerbates the disproportionate impact of the coronavirus on these communities more broadly.¹¹ Depopulating prisons to address the coronavirus pandemic is not only a public health issue and a justice reform issue, but a racial justice issue as well.

³ Vallas, Rebecca. *Disabled Behind Bars: The Mass Incarceration of People with Disabilities in America's Jails and Prisons*. Center for American Progress. July 2016. https://cdn.americanprogress.org/wp-content/uploads/2016/07/18000151/2CriminalJusticeDisability-report.pdf?_ga=2.163727420.2027820979.1614090622-1709328763.1614090622.

⁴ Centers for Disease Control and Prevention. "What You Need to Know About Variants." *Cdc.gov*. February 2022. <https://www.cdc.gov/coronavirus/2019-ncov/transmission/variant.html>.

⁵ Florio, Nicholas. "Despite Biden's big promises and a far better understanding of the virus, Covid-19 is still raging through the nation's prisons." *Stat News*. Feb. 2, 2022. <https://www.statnews.com/2022/02/02/biden-promises-covid19-prisons/>.

⁶ Schnepel, K. *COVID-19 in U.S. State and Federal Prisons*. National Commission on COVID-19 and Criminal Justice. (Sept. 2020). —need new cites

https://cdn.ymaws.com/counciloncj.org/resource/resmgr/covid_commission/FINAL_Schnepel_Design.pdf

⁷ "Solitary Confinement is Never the Answer: A Special Report on the COVID-19 Pandemic in Prisons and Jails, the Use of Solitary Confinement, and Best Practices for Saving the Lives of Incarcerated People and Correctional Staff." *Unlock the Box*. June 2020.

<https://static1.squarespace.com/static/5a9446a89d5abbfa67013da7/t/5ee7c4f1860e0d57d0ce8195/1592247570889/June2020Report.pdf>.

⁸ Marquez, N., Parish, K., Ward, J. A. Saloner, B., & Dolovich, S. "COVID-19 Incidence and Mortality in Federal and State Prisons Compared With the US Population, April 5, 2020, to April 3, 2021." *JAMA*. 326(18):1865-1867. 2021. <https://jamanetwork.com/journals/jama/fullarticle/2784944>.

⁹ "Inmate Age." *Federal Bureau of Prisons*. Accessed Feb. 2, 2022. https://www.bop.gov/about/statistics/statistics_inmate_age.jsp.

¹⁰ Bureau of Prisons. *Federal Prison System FY 2022 Performance Budget Congressional Submission*. 2021. Pg. 28. <https://www.justice.gov/jmd/page/file/1398306/download>. ("Approximately 45 percent of offenders have multiple chronic conditions that, despite management with medications and other therapeutic interventions, will progress and may result in serious complications.")

¹¹ Reinhart, R. and Chen, D. *Incarceration and Its Disseminations: COVID-19 Pandemic Lessons From Chicago's Cook County Jail*. HEALTH AFFAIRS. (June 4, 2020).

https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2020.00652?utm_campaign=covid19fasttrack&utm_medium=press&utm_content=reinhart&utm_source=mediaadvisory.



As of February 2, 2022, according to BOP, there were 7,738 coronavirus cases among the approximately 134,896 individuals in BOP custody along with 1,996 cases among federal correctional facility staff.¹² Additionally, 47,211 individuals in BOP custody and 9,793 staff members have recovered from COVID.¹³ Moreover, BOP claims that 284 people in federal custody and seven staff have died.¹⁴ As this committee heard from Professor Alison K. Guernsey a few weeks ago, BOP seems to be underreporting COVID deaths and infection rates to the public, so these numbers may not be entirely accurate.¹⁵ Courts across the country have noted that the BOP has frequently undertreated or ignored COVID-related symptoms,¹⁶ and a lawsuit filed on behalf of individuals incarcerated at North Carolina's Butner Correctional Complex, which includes a medical center, has alleged that when people have gotten sick with COVID-19, "treatment is almost nonexistent" and hospital transfers do not occur until individuals "are already experiencing respiratory failure."¹⁷ By not providing even the bare minimum of appropriate medical care to one of its most vulnerable populations, the United States is failing its duty to maintain safe, secure, and humane detention facilities.

The Bureau of Prisons Has Failed to Implement Key Provisions of the CARES Act

Congress granted the Department of Justice authority in 2020 under the CARES Act to reduce the federal prison population and alleviate crowding by lengthening the period a person can spend on home confinement.¹⁸ Then-Attorney General William Barr severely limited the effect of this new authority, however, by creating a long list of eligibility criteria, including that individuals must have a certain PATTERN risk score, have completed at least 50 percent of their sentence, and reside in a low- or minimum-security facility. Unfortunately, an updated memorandum issued in April 2021¹⁹ only slightly modified the long list of eligibility criteria, despite criminological evidence that if released many more incarcerated people would not pose an unreasonable public safety risk. For example, the department's criteria ignore research that finds older people in prison have very low rates of recidivism upon release regardless of their offense type or history of violent behavior.²⁰ Known as "aging out of crime," this phenomenon has been long established and should be considered in decisions to determine whether or not

¹² "COVID-19 Coronavirus." *Federal Bureau of Prisons*. Accessed Feb. 2, 2022.

<https://www.bop.gov/coronavirus/>.

¹³ Ibid.

¹⁴ Ibid. This number includes deaths in privately-managed prisons, which are reported separately on BOP's website.

¹⁵ Testimony of Alison K. Guernsey, U.S. House of Representatives Committee on the Judiciary Subcommittee on Crime, Terrorism, and Homeland Security: The First Step Act, The Pandemic, and Compassionate Release: What Are the Next Steps for the Federal Bureau of Prisons?

<https://docs.house.gov/meetings/JU/JU08/20220121/114349/HHRG-117-JU08-Wstate-GuernseyA-20220121.pdf>.

¹⁶ See, e.g., *United States v. Cassidy*, 17-CR-1165 (W.D.N.Y. May 13, 2020); *United States v. Cassidy*, CRIMINAL ACTION NO. 2:18cr95-MHT (WO) (M.D. Ala. Jun. 4, 2020).

¹⁷ Complaint, *Hallinan et al v. Scarantino et al*, 5:2020ct03333 (2020).

¹⁸ P.L. 116-136, Sec. 12003.

¹⁹ "Memorandum for Chief Executive Officers." *Federal Bureau of Prisons*. April 13, 2021.

https://www.fd.org/sites/default/files/news/2021.4.13_-_bop_home_confinement_cares_memo.pdf.

²⁰ National Research Council. "The Growth of Incarceration in the United States: Exploring Causes and Consequences." 2014. <https://www.nap.edu/catalog/18613/the-growth-of-incarceration-in-the-united-states-exploring-causes>.



an individual presents a threat to public safety and is suitable for transfers. According to BOP data, approximately 20 percent of its population is age 51 or older.²¹ This population also represents a cohort of individuals most at risk of serious illness if infected by the virus. The data show that releasing individuals has had no deleterious effect on public safety: According to Director Carvajal, of the 9,000 individuals transferred to home confinement under the CARES Act, only 320 have been returned to federal custody due to violations, and only eight of those individuals committed new crimes.²² BOP must act to expand home confinement, loosening the strict eligibility standards and safeguarding the health and wellness of those in BOP custody as well as that of BOP staff.

The Bureau of Prisons Inappropriately Utilizes PATTERN as a Factor Determining Priority Treatment in Transfer and Release

We also take issue with the BOP's failure associated with the implementation and use of PATTERN — a risk assessment system built as a result of the First Step Act — as a factor in determining which currently incarcerated individuals may receive “priority treatment” in transfer and release decisions. On March 26, 2020, as mentioned above, then-Attorney General William Barr issued a memorandum directing the BOP to transfer some vulnerable people from prisons to home confinement in the name of minimizing their exposure to COVID-19.²³ The restrictions identified in this memo for home confinement eligibility were extremely troubling: The memorandum issued guidance that the BOP should rely upon PATTERN, which numerous civil rights and legal organizations have previously warned is problematic and likely to perpetuate racial disparities in decision-making.²⁴ The directive to the BOP regarding PATTERN's use for home confinement decisions during an emergency health crisis was not its intended use, and it limits transfer prioritization to those assessed as “minimum risk.” The use of a tool like PATTERN to make life or death decisions is alarming and serves to only attempt to excuse leaving tens of thousands of people — mainly people of color — unprotected and at the mercy of a deadly pandemic.

The Department of Justice has advanced PATTERN as a new gender-specific risk and needs assessment tool that fulfills the First Step Act's statutory requirement to assign a “recidivism score” to each incarcerated person that predicts their risk of committing a new crime within three years of release.²⁵ In May 2018, The Leadership Conference urged the House Judiciary Committee to vote “No” on the First Step Act because we feared its lack of transformative “front end” reform would stall our justice system in the broken status quo.²⁶ Further, we criticized the bill for “using risk assessment tools in an

²¹ “Inmate Age.” *Federal Bureau of Prisons*. Accessed Dec. 13, 2021.

https://www.bop.gov/about/statistics/statistics_inmate_age.jsp.

²² Testimony of BOP Director Michael Carvajal. House Judiciary Subcommittee on Crime, Terrorism, and Homeland Security. Feb. 3, 2022.

²³ Barr, William. Prioritization of Home Confinement As Appropriate in Response to COVID-19 Pandemic. *United States Department of Justice*. March 26, 2020. <https://www.justice.gov/file/1262731/download>.

²⁴ The Leadership Conference on Civil and Human Rights. “Comment Letter to Department of Justice on PATTERN First Step Act.” <https://civilrights.org/resource/comment-letter-to-department-of-justice-on-pattern-first-step-act/>.

²⁵ 18 U.S.C. § 3632(a)).

²⁶ Letter from The Leadership Conference on Civil & Human Rights. “Vote “No” on The FIRST STEP Act.” May 8, 2018. <https://civilrights.org/resource/voteno-first-step-act/>.



unconventional manner [because they] are unreliable and exacerbate racial and socioeconomic disparities.”²⁷ After members of Congress made key changes to move the bill toward meaningful reform, we ultimately supported the legislation while continuing to articulate concerns regarding the use of a “risk and needs assessment tool.”²⁸

It seems that our fears have been substantiated. BOP continues to use PATTERN to make release decisions, even though experts have cautioned that it is scientifically unverified and built on historically biased data resulting in bias against Black people, Latino people, poor people, unhoused people, and people with mental illness. In fact, a January 2021 report by the National Institute of Justice reveals that the Department of Justice was unable to revalidate PATTERN due to errors and inconsistencies — meaning the Bureau of Prisons is using an unvalidated risk-assessment tool to make life and death decisions during a global pandemic.²⁹ The Department of Justice’s development of this tool has been opaque, undermining accountability and frustrating the ability of outside researchers and advocates to effectively test tools and advocate for those who are incarcerated. BOP should abandon the use of PATTERN for any form of release recommendation or decision-making, now and in the future. Given the unprecedented and immediate risk that COVID-19 poses to people in prison and prison workers, we categorically reject the use of PATTERN or any other recidivism risk assessment tool to excuse leaving vulnerable people incarcerated.

The Bureau of Prisons Must Employ Expanded Use of Compassionate Release

Despite the intensity of the pandemic, the BOP has continued to deny Compassionate Release/Reduction in Sentence (RIS) requests at alarming rates and has issued decisions with complete opacity. In the first year following the First Step Act’s enactment, the BOP director granted only 55 compassionate release requests (or 3 percent of the requests filed), without tracking reasons for denials.³⁰ In calendar year 2020, as COVID-19 tore through the Bureau of Prisons, BOP’s director approved only 43 RIS requests; in 2021, as of the release of BOP’s FY22 budget submission, it had approved only nine such requests.³¹

It is deeply concerning that the BOP’s approval rate has decreased during the COVID-19 pandemic, despite the fact that national and international health organizations promptly raised the alarm about the uniquely deadly impact the virus would have on correctional facilities. In the first 13 months of the pandemic, the BOP received more than 30,969 compassionate release requests, yet it approved only 36

²⁷ Ibid.

²⁸ See “The ACLU and The Leadership Conference Urge Members of Congress to Support S. 756, the FIRST STEP Act,” *The Leadership Conference on Civil and Human Rights*, Dec. 19, 2018. <https://civilrights.org/resource/the-aclu-and-the-leadership-conference-urge-members-of-congress-to-support-s-756-the-first-step-act/>.

²⁹ “2020 Review and Revalidation of the First Step Act Risk Assessment Tool,” *National Institute of Justice*, Jan. 2021. <https://www.ojp.gov/pdffiles1/nij/256084.pdf>.

³⁰ “Federal Prison Officials Granted Only 36 of 31,000 Compassionate Release Requests During Pandemic,” *Equal Justice Initiative*, June 6, 2021. <https://eji.org/news/federal-prison-officials-granted-only-36-of-31000-compassionate-release-requests-during-pandemic/>.

³¹ Bureau of Prisons, *Federal Prison System FY 2022 Performance Budget Congressional Submission*, 2021, Pg. 28. <https://www.justice.gov/jmd/page/file/1398306/download>.



cases, or 0.1 percent.³² These shortcomings have had tragic implications: at least 35 of those who have died in BOP custody were waiting for a decision on a compassionate release petition.³³

If a global pandemic that is disproportionately deadly for the elderly and medically vulnerable does not qualify as an “extraordinary and compelling circumstance” for compassionate release, it is difficult to imagine what would qualify under the BOP’s criteria. Indeed, federal prosecutors have followed BOP’s lead by opposing the majority of petitions for compassionate release.³⁴ This must change. We urge the BOP to reform its harsh and unjustifiable approach to compassionate release petitions from people in federal custody now and in the future. BOP must bring compassionate release motions for medically vulnerable individuals and DOJ should provide guidance to line prosecutors on how to better support those compassionate release motions filed directly by medically vulnerable individuals.

The Bureau of Prisons Must Ensure That Its Rule Relating to Individuals on CARES Act Home Confinement is Fair and Just

On December 21, 2021, Attorney General Merrick Garland announced³⁵ that DOJ would be rescinding the January 2021 Office of Legal Counsel memo³⁶ that determined that thousands of people who are currently serving sentences on home confinement through a provision of the CARES Act would need to return to federal custody after the termination of the federal COVID-19 emergency. The attorney general further announced that the department would embark on a rulemaking process to ensure that those who have “made rehabilitative progress and complied with the conditions of home confinement, and who in the interests of justice should be given an opportunity to continue transitioning back to society, are not unnecessarily returned to prison.”³⁷

We celebrated this reversal of the Trump-era memo,³⁸ but remain concerned about the rulemaking process, especially given the December 10, 2021 BOP memo that showed the agency would instead be focusing on sentence length, rather than compliance and rehabilitation, in deciding who would be re-imprisoned.³⁹ While this memo was written before the attorney general’s announcement, we remain concerned that BOP will advocate for sentence length to be a major factor in re-imprisonment

³² Blakinger, Keri & Neff, Joseph. “31,000 Prisoners Sought Compassionate Release During COVID-19. The Bureau of Prisons Approved 36.” *The Marshall Project*. June 11, 2021. <https://www.themarshallproject.org/2021/06/11/31-000-prisoners-sought-compassionate-release-during-covid-19-the-bureau-of-prisons-approved-36>.

³³ *Ibid.*

³⁴ *Ibid.*

³⁵ “Discretion to Continue the Home-Confinement Placements of Federal Prisoners After the COVID-19 Emergency.” Office of Legal Counsel. Dec. 21, 2021. <https://www.justice.gov/olc/file/1457926/download>.

³⁶ Mascott, Jennifer. “Memorandum Opinion for General Counsel, Federal Bureau of Prisons: Home Confinement of Federal Prisoners After the COVID-19 Emergency.” Jan. 15, 2021.

<https://www.justice.gov/sites/default/files/opinions/attachments/2021/01/17/2021-01-15-home-confine.pdf>.

³⁷ *Ibid.*

³⁸ “Department of Justice Corrects Course with New Guidance on Home Confinement.” *The Leadership Conference on Civil and Human Rights*. Dec. 21, 2021. <https://civilrights.org/2021/12/21/departments-of-justice-corrects-course-with-new-guidance-on-home-confinement/>.

³⁹ Hyle, Ken. “Memorandum for Christopher H. Schroeder: Views Regarding OLC Opinion “Home Confinement of Federal Prisoners After the COVID-19 Emergency” dated January 15, 2021.” *Bureau of Prisons Office of the General Counsel*. Dec. 10, 2021. <https://www.aclu.org/memorandum-christopher-h-schroeder>.



determinations. In the memo, BOP notes that if an individual has a longer time left on their sentences, that longer time will “provide the agency a more meaningful opportunity to provide programming and services to the offender in a secure facility.”⁴⁰ The assertion that an individual would benefit more from being incarcerated than remaining with their family and community (and receiving services while still in the community) is highly disturbing. There is no reason that BOP should return an individual to prison simply because of supposed services available in BOP custody, especially because the programming and services available in federal prison “varies wildly.”⁴¹ The length of sentence remaining for an individual who has engaged in rehabilitation and has remained in compliance with rules should not be a significant factor in a reincarceration decision. We will be closely monitoring the rulemaking process to ensure the final rule is fair, just, and equitable.

Conclusion

We urge this body to take into strong consideration the concerns with the Federal Bureau of Prisons expressed herein and encourage the Bureau of Prisons to utilize its existing and expanded authority under the CARES Act to adequately protect individuals from the COVID-19 pandemic. This includes transferring as many people as possible into home confinement, without any of the limitations articulated in previous guidance.

We recognize that Director Carvajal will soon step down from leadership of BOP. We hope that the next BOP director will be respectful of human rights and lead BOP into a new era of better care for those in federal custody and for BOP staff. We encourage this body to continue its active oversight of BOP to ensure the bureau is meeting the needs of those in its care.

⁴⁰ Ibid. Pg. 21.

⁴¹ Morton, Jessica, and Spence, Samara. “Home Rule.” *Inquest*. Feb. 4, 2022. <https://inquest.org/home-rule/>.

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DOJ algorithm that picks inmates for early release flawed by racial disparities : NPR



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January 26, 2022 - 5:00 AM ET
 Heard on Morning Edition



CARRIE JOHNSON

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A prisoner looks out of his jail window as protesters gather outside the federal detention center in Miami on June 12, 2020, during a demonstration over the death of George Floyd.

Chandan Khanna/AFP via Getty Images

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1/1C

2/1/22, 11:29 PM

DOJ algorithm that picks inmates for early release flawed by racial disparities : NPR

Thousands of people are leaving federal prison this month thanks to a law called the First Step Act, which allowed them to win early release by participating in programs aimed at easing their return to society.

But thousands of others may still remain behind bars because of fundamental flaws in the Justice Department's method for deciding who can take the early-release track. The biggest flaw: persistent racial disparities that put Black and brown people at a disadvantage.

In a report issued days before Christmas in 2021, the department said its algorithmic tool for assessing the risk that a person in prison would return to crime produced uneven results. The algorithm, known as Pattern, overpredicted the risk that many Black, Hispanic and Asian people would commit new crimes or violate rules after leaving prison. At the same time, it also underpredicted the risk for some inmates of color when it came to possible return to violent crime.

Article continues after sponsor message



LAW

Thousands Freed From Prison Custody As DOJ Implements Sentencing Reform Law

"From the beginning, civil rights groups cautioned Congress and the Justice Department that use of a risk assessment tool to make these determinations would

<https://www.npr.org/2022/01/26/1075509175/justice-department-algorithm-first-step-act>

2/1C

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DOJ algorithm that picks inmates for early release flawed by racial disparities : NPR

lead to racial disparities," said Aamra Ahmad, senior policy counsel at the American Civil Liberties Union.

"The Justice Department found that only 7% of Black people in the sample were classified as minimum level risk compared to 21% of white people," she added. "This indicator alone should give the Department of Justice great pause in moving forward."

The rule of unintended consequences



An American flag flies outside the Department of Justice in Washington in March 2019.

Andrew Harnik/AP

Risk assessment tools are common in many states. But critics said Pattern is the first time the federal justice system is using an algorithm with such high stakes.

Congress passed the First Step Act in 2018 with huge bipartisan majorities. It's designed to prepare people in prison for life afterward by offering credits toward early

<https://www.npr.org/2022/01/26/1075509175/justice-department-algorithm-first-step-act>

3/1C

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release for working or taking life skills and other classes while behind bars.

Lawmakers like Sens. Sheldon Whitehouse of Rhode Island and John Cornyn of Texas took inspiration from similar criminal justice reforms in states, which they said led to drops in both prison populations and crime. The senators pointed out that some 9 in 10 people in prison eventually return home, and they contended that preparing them for release made good sense for formerly incarcerated people and for public safety.



POLITICS

3 Months Into New Criminal Justice Law, Success For Some And Snafus For Others

Only inmates who pose a low or minimal risk of returning to crime can qualify for the programs, with that risk level determined using the Pattern algorithm.

"The significance of this risk assessment tool is that it divides all federal prisoners essentially into two groups: people who can get credit for doing this programming and get out early, and people who can't," said Jim Felman, an attorney in Tampa, Fla., who has been following the First Step Act for years.

The implementation has been rocky. The Justice Department finished the first version of Pattern in a rush because of a tight deadline from Congress.

It then had to make tweaks after finding Pattern suffered from math and human errors.

About 14,000 men and women in federal prison still wound up in the wrong risk categories. There were big disparities for people of color.

"The legislation, I think, came from a good place," said Melissa Hamilton, a professor of law and criminal justice at the University of Surrey who studies risk assessments. "It's just the rule of unintended consequences is not really realizing the impediments it was going to have."

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Risk assessment tool "sounds highly technical, but it's not"

"You use a term like 'risk assessment tool,' it has this patina of science, it sounds highly technical, but it's not," said Patricia Richman, who works on national policy issues for the Federal Public and Community Defenders. "A risk assessment tool is just a series of policy decisions."

Those policy decisions are made by determining what counts as a risk factor and by how much.

Criminal history can be a problem, for example, because law enforcement has a history of overpolicing some communities of color. Other factors such as education level and whether someone paid restitution to their victims can intersect with race and ethnicity, too.

LAW

Matthew Charles Becomes One Of The First Inmates To Benefit From First Step Act

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In its December report, the Justice Department concluded that some of the disparities could be reduced, "but not without tradeoffs" such as less accurate risk predictions. The department also said using race as a factor in the algorithm could trigger other legal concerns.

Still, it is consulting with experts about making the algorithm fairer and another overhaul of Pattern is already underway.

Attorney General Merrick Garland has directed the department to look for ways to assess racial bias and make the tool more transparent, a spokeswoman said.

One option is to adjust the cutoff points between the risk categories, allowing more prisoners to earn credits for release, which would "maximize access to First Step Act

2/1/22, 11:29 PM

DOJ algorithm that picks inmates for early release flawed by racial disparities : NPR

relief while ensuring public safety," she said.

Ultimately, Garland will have to sign off on a new version. Then, Justice has to reevaluate the 14,000 people in prison who got lumped into the wrong category.

"This is just one example of the ways that harmful artificial intelligence systems are being rolled out in everything from the criminal legal system to employment decisions to who gets access to housing and social benefits," said Sasha Costanza-Chock, director of research and design for the Algorithmic Justice League, which studies the social implications of artificial intelligence.

Costanza-Chock said the burden is on the Justice Department to prove the Pattern tool doesn't have racist and sexist outcomes.

"Especially when systems are high risk and affect people's liberty, we need much clearer and stronger oversight," said Costanza-Chock.

The Metropolitan Detention Center prison in Los Angeles

David McNew/Getty Images

<https://www.npr.org/2022/01/26/1075509175/justice-department-algorithm-first-step-act>

6/1C

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Looking for resolution

Felman, the Florida lawyer working with the American Bar Association, worried that the tool will continue to put many prisoners of color at a disadvantage.

"We will start to see more prisoners get out early," he said. "My concern is that the color of their skin will not be reflective of fairness."

The ACLU's Ahmad said she's seen enough.

"There are no technical fixes to these problems that could make Pattern and similar tools safe and fair to use," Ahmad said. "We would urge the Justice Department to suspend the use of Pattern until it can adequately address these concerns."

Hamilton, who studies risk assessments, thinks the Pattern tool may be worth saving. Consider the alternative, she said: decisions made by people who have all kinds of biases.

"So that's the unfortunate thing is, it's better than gut instinct of the very flawed humans that we all are, and can we improve it more than marginally, and that's what we're all working on?" Hamilton said.

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7/1C

2/1/22, 12:55 PM

Fatal Gang Fight Spurs Nationwide Lockdown of Federal Prison System - The New York Times

The New York Times<https://www.nytimes.com/2022/01/31/us/politics/ms13-texas-prison-fight.html>**Fatal Gang Fight Spurs Nationwide Lockdown of Federal Prison System**

The Bureau of Prisons' unusual step indicated that it was concerned that the violence could have a ripple effect on other facilities.



By Katie Benner

Jan. 31, 2022

WASHINGTON — The federal prison system was placed on a nationwide lockdown on Monday after a gang fight at a high-security penitentiary in Beaumont, Texas, left two inmates dead, the Bureau of Prisons said in a statement.

While deadly fights break out with some regularity in federal penitentiaries, the bureau rarely locks down all 120 of its facilities in response.

"In an abundance of caution, the Bureau of Prisons (B.O.P.) is securing our facilities as a temporary measure to ensure the good order of our institutions," Kristie Breshears, a bureau spokeswoman, said in a statement. "We anticipate this security measure will be short-lived."

Ms. Breshears said the bureau would monitor events within its facilities and adjust its operations as the situation evolved, but declined to elaborate further for safety and security reasons.

The lockdown was reported earlier by The Associated Press.

Several inmates at the Beaumont prison started a violent altercation around 11:30 Monday morning, and four people were taken to a hospital for treatment, according to the Bureau of Prisons.

Two of those inmates — Guillermo Riojas, 54, sentenced to 38 years in prison for carjacking and interfering with interstate commerce, and Andrew Pineda, 34, sentenced to six and a half years on racketeering charges — were pronounced dead by hospital staff members, the bureau said.

No staff members or other inmates were injured in the altercation at Beaumont, a high-security prison that houses 1,372 male inmates. The Federal Bureau of Investigation was called in to investigate.

Officials worried that the deadly fight, which included members of the violent Salvadoran street gang MS-13, would set off violence at other facilities, according to a person briefed on the bureau's decision, who spoke on the condition of anonymity to discuss a continuing investigation.

Officials began to lock down all federal prison facilities on Monday afternoon, meaning that inmates were generally confined to their cells.

While the bureau's unusually severe response indicates that the fight was unique in its potential to create ripple effects, the violence was also in keeping with troubles that have long plagued the Bureau of Prisons.

This year alone, the bureau has announced four inmate deaths and three escapes, as it continues to struggle with staff shortages, health issues stemming from Covid-19, violence, mismanagement and employee misconduct.

This month, Michael Carvajal, who was appointed to run the Bureau of Prisons in February 2020, said he planned to resign. Mr. Carvajal agreed to stay on until a successor was in place.

The A.P. reported in November that more than 100 employees at the bureau had been arrested and convicted of or sentenced for crimes in the past three years, prompting Senator Richard J. Durbin, Democrat of Illinois and the chairman of the Judiciary Committee, to call for Mr. Carvajal's resignation.

1/31/22, 11:38 AM

Reducing Jail and Prison Populations During the Covid-19 Pandemic | Brennan Center for Justice

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Reducing Jail and Prison Populations During the Covid-19 Pandemic



ASSOCIATED PRESS

Prisons, jails, and other correctional authorities must make every effort to release unnecessarily incarcerated people and improve healthcare and conditions of confinement.

LAST UPDATED: January 7, 2022

PUBLISHED: March 27, 2020


**End Mass
Incarceration**

 Cutting Jail & Prison
Populations

Prisons and jails frequently suffer from overcrowding. Even in the best of times they are, by definition, facilities where people are placed in close contact with each other on a near-constant basis. Factor in the **unique health challenges** faced by incarcerated people and the **limited availability of quality healthcare**, and it's no surprise that correctional facilities are uniquely vulnerable to diseases such as Covid-19.

Correctional administrators have limited control over how long people spend incarcerated, but they can use what authority they possess to release people outright or direct people to less restrictive forms of confinement. They can also ease conditions of confinement and increase access to health products. Some correctional authorities have already begun this work.

1/31/22, 11:38 AM

Reducing Jail and Prison Populations During the Covid-19 Pandemic | Brennan Center for Justice

Between March and June, more than 100,000 people were released from state and federal prisons. According to analyses by [The Marshall Project](#) and The Associated Press, this constitutes an 8% decrease in the national prison population since the pandemic started.

As the coronavirus pandemic continues to ravage the country, and particularly its incarcerated populations, government actors have turned their attention to vaccine distribution as the solution to this health crisis. Though some states have explicitly included incarcerated individuals in their vaccination plans, many have [not yet provided information](#) as to how and when those behind bars will be granted access to this protection.

Reducing Jail and Prison Populations

Brennan Center Recommendation: Elderly and sick people and those incarcerated for parole violations should be released or recommended for release under compassionate release provisions or another authority. Barring that, prison officials should use their discretion to transfer people to community corrections options.

Spring 2020

On April 6, Attorney General Barr sent a [memo](#) to federal prosecutors urging them to consider Covid-19 related risk when making bail decisions. The memo cited the risk inherent in increasing jail populations during the pandemic, as well as concerns about risks to individuals. Notably, the memo still instructs prosecutors to detain people who pose a public safety threat, despite concerns about the virus.

On March 31, the Bureau of Prisons [announced](#) that, effective April 1, everyone currently incarcerated in the federal prison system would be confined to their cell for 14 days.

On April 5, the Bureau of Prisons [issued](#) an update to their home confinement policy in response to Covid-19. Notably, individuals can be released to home confinement without submitting a request. At the same time, anyone who thinks they're eligible for home confinement may apply for release and provide a release plan to their case manager.

On April 20, some people incarcerated in BOP custody were told that officials were no longer [considering](#) early releases for inmates who have served less than half their sentence, a reversal of an April 9 announcement from BOP staffers. According to advocates and family members, many individuals had already been put into pre-release quarantine before the reversal was announced.

As of April 23, the Trump Administration once again [changed](#) the criteria used to consider incarcerated individuals for early release. The new standard broadened the conditions for release to include incarcerated individuals who have served at least 25 percent of their sentences and who have less than 18 months remaining on their term.

On May 12, a federal judge [ordered](#) a federal prison in Connecticut to [speed up](#) its process for releasing incarcerated people who are at serious risk for COVID-19. The court found that prison officials' failure to quickly release at-risk individuals, thereby putting them at risk of serious harm, was in violation of the 8th Amendment.

On May 20, the BOP [asked](#) the U.S. Supreme Court to halt a federal judge's order to release or transfer incarcerated individuals from FCI Elkhart in Ohio. On May 26, the Supreme Court [announced](#) that they would not block U.S. District Judge James Gwin's order to move at-risk incarcerated individuals from FCI Elkhart.

Summer 2020

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By June, local jails across the country had largely followed **three trajectories**. The most common pattern, occurring in 527 counties studied by the Vera Institute, was a sharp decline in jail populations in March that remained low as the pandemic continued. In 270 other counties, the jail population quickly declined at the beginning of the pandemic, but soon began increasing again--reaching pre-pandemic levels by the summer. In 454 additional counties across the country, jail populations never decreased in response to the pandemic.

On July 14, US District Court Judge Consuelo Marshall **ruled** that federal prison authorities must begin transferring medically vulnerable people from Lompoc, CA's prison complex to home confinement, after a Covid outbreak at the prison killed four incarcerated people and infected more than 1,000 others. Judge Marshall found that the BOP had "likely been deliberately indifferent to the known urgency to consider inmates for home confinement, particularly those most vulnerable to severe illness or death."

On August 21, a group of public health officials in Massachusetts **released** a study calling for decarceration in the state's carceral facilities by showing that the rate of Covid-19 among incarcerated individuals is at least three times that of the general Massachusetts population and five times the U.S. rate.

On August 28, a federal judge began considering appointing a "**special liaison**" in charge of reducing Covid-19 exposure risks in North Carolina's prison system, in response to a lawsuit filed by the NAACP, Disability Rights North Carolina, ACLU, and others.

On September 4th, the Washington state prison system **proposed** a significant restructuring that includes a "significant and permanent reduction in prison population". Changes include direct prison population reductions, sentencing reforms, and alterations to community supervision/support.

Fall 2020

Despite Attorney General Barr's instructions to utilize compassionate release, home confinement, and other release levers to protect elderly and at-risk populations from Covid-19 exposure behind bars, federal prosecutors in Florida **argued** against the release of Atilano Dominguez (an 80-year-old man serving a life sentence for marijuana-related convictions) because COVID-19 is simply "one more way to perish in prison."

According to data obtained by the Marshall Project and published on October 7, 10,940 federal prisoners applied for compassionate release in the first three months of the Covid-19 pandemic. Wardens approved only 156 of those petitions, **denying or ignoring** over 98 percent of petitions.

On October 3, Senator Elizabeth Warren **introduced** legislation to require weekly Covid-19 testing in federal prisons. Sen. Warren also joined with Senator Richard Durbin to send letters to Attorney General William Barr and Bureau of Prisons Director Michael Carvajal, **suggesting** that the government has failed to respond to Covid-19 in its carceral facilities. The letters additionally question the BOP's reliance on solitary confinement to isolate those who are diagnosed with Covid-19, rather than granting compassionate release.

The recent spree of federal executions by the Trump Administration at the federal prison in Terre Haute, Indiana, has been **linked** to a coronavirus outbreak at the facility. A BOP staff member involved in the first execution on July 14 tested positive for the virus, after reporting extensive contact with incarcerated people and other staff members at the prison. The BOP did not test everyone in the facility, nor did the department require infected staff members to quarantine for a full 14 days, allowing them to return to work after just 10 days without symptoms and without being retested.

On October 22, after reviewing evidence that an employee in a Vermont prison was infected with Covid-19 after repeated, short interactions with incarcerated individuals who had contracted the virus, the CDC **updated** its definition of a close contact with a Covid-19 patient to include multiple, brief exposures.

The federal Bureau of Prisons **resumed** in-person visitation in October, after seven months of banning social visitation. No physical contact is allowed, and individual facilities may pause visitation at any point in response to outbreak concerns.

Winter 2020-2021

On December 2, the Prison Policy Initiative **released** data illustrating the nation's failure to mitigate the risk of Covid-19 infection behind bars. The report states that: "While state prison populations have slowly declined from pre-pandemic levels, the pace of these modest reductions has slowed since the spring, even as national infection rates continue to rise." Additionally, the country's network of county jails have failed to implement reductions that were promised months ago. These failures have brought deadly consequences to incarcerated people across the country, and the inhumane risks will continue until the pandemic ends or the system acts to release people.

According to the Council on Criminal Justice's December report on Covid-19 in U.S. prisons, "approximately 12 of every 100 individuals in state and federal prisons had recovered from or were experiencing a COVID-19 infection as of Nov. 13, 2020." This number **far outpaces** the corresponding rate of roughly three in 100 U.S. residents.

By December 21, at least 14 of the roughly 50 men held on federal death row at the federal penitentiary in Terre Haute, Indiana had **tested positive** for Covid-19 at the same time. These men include two of the three people scheduled to be executed before Donald Trump leaves office, Corey Johnson and Dustin John Higgs. Their lawyers have raised the highly contagious virus as reason for delaying their executions, which could mean their lives are spared if the dates are delayed until after Joe Biden takes office.

The Council on Criminal Justice's National Commission on Covid-19 and Criminal Justice **released** a report in December that identifies weaknesses in the nationwide response to Covid-19 in carceral and community correction settings and provides concrete recommendations for building a fairer and more resilient criminal legal system during the recovery period of this pandemic.

In an examination of mass incarceration's impact on community spread of the coronavirus, the Prison Policy Initiative **documented** that across the country, mass incarceration added more than a half million coronavirus cases in just three months and grew Covid-19 caseloads much more quickly among counties in multicounty economic areas with more people incarcerated.

On January 5, Senator Elizabeth Warren joined the cofounders of the COVID Prison Project in an **op-ed** calling for more transparency and data collection on the status of the Covid-19 pandemic within the country's prisons and jails: "We know it's bad, but because comprehensive data isn't being collected, we don't know exactly how bad it is."

Under the new Biden administration's Covid-19 strategy, jails, prisons, and detention centers are priority areas for vaccination. In the National Strategy for the Covid-19 Response and Pandemic Preparedness plan, the federal government **acknowledges** that "incarcerated individuals and facility staff are at high risk of infection and in many cases severe illness and death," and promises to coordinate a vaccination program through the BOP while also "working with states and localities to encourage the vaccination of incarcerated individuals along with facility staff as supply is available."

On January 15, the BOP **announced** plans to force some people released to home confinement during the pandemic back into carceral facilities. Those people sent home during the pandemic did not receive any "date of return" paperwork, leading most to **believe** that they were "home for good with their sentence ending when their ankle bracelet was removed."

As the federal government raced to execute incarcerated individuals before the Biden administration was sworn in, the BOP **knowingly withheld** positive coronavirus diagnoses from media witnesses and declined to conduct any contact tracing after exposures at the executions. Multiple journalists were exposed while acting as media witnesses and many have since tested positive. On January 27, the BOP confirmed that they had known about positive test results for days, but decided not to take any action.

Spring 2021

On March 16, the Associated Press and the Marshall Project **reported** that staff in US prisons have been refusing the Covid-19 vaccine at alarmingly high rates. These sources attribute refusals to staff worrying about side effects of the vaccine, latching onto conspiracy theories, and a lack of trust in prison administration. Advocates fear that having unvaccinated staff could lead to future coronavirus outbreaks among incarcerated people who have yet to be vaccinated and are not able to avoid unmasked and unvaccinated staff.

As of March 17, vaccination rates among incarcerated people **varied** widely between states. Recommendations from the Centers for Disease Control have encouraged states to prioritize incarcerated people in their vaccine distribution plans, only about half of states included incarcerated people in the early stages of their vaccine rollout plan.

On March 26, the U.S. Department of Justice **directed** the Bureau of Prisons to expand the home confinement program, which moves people out of federal prisons to be surveilled in their homes. The decision comes as numbers of Covid-19 cases continue to rise in jails and prisons despite vaccine distribution among incarcerated people in some states.

On April 1, the National Commission on COVID-19 and Criminal Justice **reported** that in states with "limited" Covid-19 testing in jails and prisons, rates of infection were almost eight times higher among incarcerated people than the rest of the population.

As of April 5, four new studies **have** been released showing how overcrowded facilities, transferring of incarcerated people between institutions, limited testing and PPE, and high vaccine hesitancy within jails and prisons have all contributed to the large spread of Covid-19 in prisons and jails.

As of April 15, the US Bureau of Prisons did not **have** immediate plans to send people back to prison who were released during the pandemic. BOP Director Michael Carvajal argued in a televised hearing that Congress needs to change existing law to prevent those people from being sent back to incarceration in the future.

As of April 16, prisons across the country began **reporting** halts in their Covid-19 vaccination efforts due to the pause in the Johnson & Johnson vaccine. The Johnson & Johnson vaccine is both easier to store because it does not require freezing and easier to distribute because it is one dose.

On the same day, Federal Bureau of Prisons director, Michael Carvajal, **announced** that all people incarcerated in federal prisons will have an opportunity to receive a Covid-19 vaccine by mid-May. All federal prison staff are currently eligible to be vaccinated, and just over half of them have taken the vaccine.

In an analysis of state and federal court records and data and interviews with prosecutors, judges, defense attorneys and court administrators, the *New York Times* **found** that dozens of incarcerated people died behind bars this year after being approved for release by a parole board or while being held in jail without a conviction.

On June 11, The Marshall Project **reported** that 31,000 prisoners sought compassionate release during the Covid-19 pandemic. The Federal Bureau of prisons approved just 36.

Summer 2021

On June 30, the Marshall Project **reported** that a half-million people got Covid-19 in prison, emphasizing the need to create consistent policies to prevent future health crises from ravaging facilities and sickening thousands.

On July 19, the Biden administration legal team **decided** that the 4,000 individuals released from federal prison under the CARES act will be required by law to return to prison one month after the official state of emergency for the pandemic ends.

After analyzing data from 1,605 counties, Dr. Eric Reinhart (Northwestern University Feinberg School of Medicine) and Daniel Chen (Toulouse School of Economics and the World Bank) **linked** an 80% reduction in the

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U.S. jail population to a two percent drop in the growth rate of daily Covid-19 cases. Regarded as a "conservative estimate", this difference attests to millions of Covid-19 cases and tens of thousands of deaths that could have been prevented if the U.S. had done more to reduce its incarceration rate.

Fall 2021

On October 4th, the Marshall Project and Solitary Watch [released](#) original research documenting that solitary confinement use increased across the country during the pandemic, from roughly 50,000 people to nearly 300,000 on any given day.

On October 27, researchers at the University of California-Los Angeles released data showing that several states such as Texas, Georgia, and Florida have ["cloaked"](#) their Covid-19 figures, intentionally not publishing information on the number of cases, tests performed, deaths and vaccinations among incarcerated people and staff. These states have also hiding demographic information of the incarcerated population that would illustrate the age, ethnicity, and race of prison populations who have been the most vulnerable to Covid-19.

On November 16, Senator Dick Durbin, chairman of the Senate Judiciary Committee, [demanded that Attorney General Merrick Garland fire Michael Carvajal](#), Director of the Federal Bureau of Prisons. The move came after an Associated Press [investigation](#) revealed that more than 100 BOP employees have been arrested, convicted, or sentenced for crimes since the start of 2019. The investigation additionally revealed that the agency does not investigate misconduct and rarely suspends those who have been arrested for crimes.

Winter 2021

On December 21, Attorney General Merrick Garland [released](#) a directive reversing the Trump administration's decision to require people released into home confinement during the pandemic under the CARES Act [to return](#) to prison at the conclusion of the health emergency.

State/Local Responses and Vaccinations

Alabama

In April, the Alabama DOC opened a dedicated coronavirus quarantine ward at Draper Correctional Facility, which had been [closed](#) in 2018 due to unsanitary and inhumane conditions, such as "rats, maggots, open sewage and toxic fumes". People incarcerated there during the pandemic have [reported](#) no working toilets, no social distancing, insufficient Covid-19 testing, and limited access to hygiene and sanitary products.

On July 14, Alabama DOC [announced](#) expanded testing protocols in an attempt to slow the spread of Covid-19 in its correctional facilities. Previously, only inmates showing symptoms, those leaving for medical appointments, or new admissions to a facility were tested.

On September 21, the Southern Poverty Law Center [issued](#) a report illustrating that Alabama has been mass-denying the parole applications of incarcerated people who are particularly at-risk of contracting Covid-19.

On January 21, Tuscaloosa County Sheriff Ron Abernathy [announced](#) his jurisdiction's plans to start vaccinating people held at the local jail as soon as more doses become available, providing hundreds of incarcerated individuals with some protection from Covid-19.

As of April 14, Covid-related deaths [remained](#) high in Alabama prisons. The state is the fifth highest for Covid-19 deaths in prisons, while vaccine supply continues to be limited for incarcerated populations. The state's

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Department of Public Health opened Covid-19 vaccine eligibility to incarcerated populations on February 8.

On July 15, Alabama Live **reported** a Covid-19 outbreak at St. Clair County Jail in Ashville. Currently, 37 of the 160 people incarcerated there have tested positive for Covid-19.

On July 27, the ADOC began **offering** \$5 canteen "grab bags" to incarcerated people who elect to get vaccinated.

By August 18, nearly 200 people incarcerated at Elmore Correctional Facility **tested positive** for Covid-19, after an outbreak prompted mass testing for everyone at the prison.

On October 1, the Alabama legislature **approved** \$400 million to be siphoned off from the state's two-billion-dollar pandemic relief fund to be used for a billion-dollar prison construction plan.

On November 17th, the Alabama Department of Corrections **announced** that after a rise in Covid-19 cases at the Staton Correction Facility in Elmore, they tested all asymptomatic men and received 75 more positive test results. Since September, the facility has been operating at over 250 percent capacity.

In March 2020, the state of Alabama shut down in-person visitation for incarcerated individuals, citing concerns of spreading Covid-19. On December 4, 2021, the state **began reopening** its doors to in-person family visits.

On December 18, over 20 organizations signed a letter **imploing** the U.S. House Financial Services Committee to investigate Alabama's plan to use \$400 million in pandemic relief funds to build two prisons in the state.

Alaska

On April 15, Corrections Commissioner Nancy Dahlstrom **announced** that early release for incarcerated people with elevated Covid-19 risk "is not on the table".

As of July 1, all people entering a jail in Alaska will be tested for Covid-19 and placed in 14-day quarantine within the facility, totaling about 600 people **tested** each week. Anyone leaving or entering jails, such as those transferring between facilities or exiting for medical appointments, will also be tested.

On November 3, the Alaska Department of Corrections **announced** that at least 22 incarcerated people, plus five staff members, at the Goose Creek Correctional Center have tested positive for Covid-19. This outbreak follows one at the Fairbanks Correctional Center, which reported at least 88 positive tests during the month of October.

On December 27, the Hiland Mountain Correctional Center **reported** over 100 new active cases of Covid-19, an infection rate of over 25% of the women housed at the facility. The prison entered lockdown over the Christmas holiday in an attempt to limit the spread of this developing outbreak.

On March 16, the Alaska Department of Corrections **announced** that the state will begin allowing incarcerated people to meet with their attorneys in-person starting March 17, after these meetings were halted indefinitely in March 2020.

On April 6, an Alaska judge **ruled** that incarcerated people will be allowed to meet with their attorneys in person, regardless of if they are vaccinated. The ruling is in response to a lawsuit filed by Alaska defense attorneys on behalf of their clients in January.

On April 19, the Alaska Department of Corrections **announced** that it will begin in-person visits between incarcerated people who are fully vaccinated and the public. The state's prisons have been closed to visitors since March of 2020.

On Tuesday, August 3, Hiland Mountain Correctional Center in Eagle River **reported** 18 Covid-19 cases, prompting a lockdown of the facility.

Arizona

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Advocates in Arizona have been **calling** for an immediate stop to prison admissions, after officials announced on August 4 that 517 people (nearly half of the incarcerated population) at Tucson's Whetstone Unit have tested positive for Covid. Only a small portion of people incarcerated in Arizona state prisons have been tested for the coronavirus.

By September, 2,577 incarcerated people in Arizona had tested positive for the coronavirus, a number that is likely much lower than the actual rate of infection--incarcerated people have been **reporting** for months that they are not able to easily access testing, common areas are not being safely maintained, and that they are not being given necessities such as soap, cleaning supplies, and masks.

According to a **memo** released on November 17 by Pima County Administrator Chuck Huckelberry, the county's dramatic rise in infections is at least partially attributable to an outbreak at its federal prison. The facility **reported** 500 infections in the two weeks prior, but on-site medical services continue to be limited to "outpatient acute care" from a team of four nurse practitioners or mid-level providers, 12 supporting nurses/paramedics and the facility's medical director.

On December 8, the Arizona DOC **reported** that 655 people inside a single unit at its Yuma prison facility has tested positive for Covid-19. In the same week, over 600 women incarcerated at the Perryville prison did not have running water, nor did two units of men incarcerated at a prison in Goodyear. Advocates for incarcerated people in both prisons have filed lawsuits arguing that the unsanitary conditions at Arizona facilities are further endangering those locked inside, exposing them to more risk of contracting Covid-19.

In December, the state **announced** that it will begin a second round of Covid-19 testing for all incarcerated individuals in 2021, as well as launching rapid testing for prison employees. The revised testing protocol follows at least 6,411 cases and 26 Covid-related deaths within Arizona's prison system in 2020.

On February 14, corrections officials in Arizona **reported** that the state's prison population had declined by 11% throughout the pandemic. These numbers come as a result of fewer sentences and probation revocations.

There has also been a reluctance for people charged with crimes to take plea deals because of a fear of the spread of Covid-19 in prisons, but many counties around the state have paused or limited jury trials during the pandemic.

As of May 21, the Arizona Department of Corrections had **distributed** more than 43,500 first and second-dose vaccines at its ten state facilities. Private prisons have administered 9,792 vaccines.

Arkansas

On April 19, Gov. Asa Hutchinson of Arkansas **announced** that his office is asking the state's parole board to compile a list of people to be considered for release due to Covid-19. The list is limited to those convicted of nonviolent offenses and those who are due for release within the next 6 months.

By June 2, over 1,200 people had been made eligible for parole consideration under the Covid-19 considerations. However, only 300 of them had been **released**.

On December 12, officials at four prisons in Arkansas **began reopening** in-person family visitation. The visits in this pilot program are limited to two adults from an immediate family group, allowed to meet for up to one hour in rooms divided by plastic-glass barriers.

On January 6, Arkansas **began vaccinating** prison officials and staff, prioritizing those who have not yet contracted Covid-19 before opening the vaccination to all facility staff. The state has not begun to vaccinate incarcerated individuals, and state health department officials have announced no timeline for doing so.

As of June 12, the Arkansas Department of Corrections is **expanding** modified in-person visitation to all Department of Correction prison facilities.

Several incarcerated people at an Arkansas jail have reported that they were **unknowingly given** Ivermectin, an antiparasitic drug, to treat Covid-19. There is no known empirical evidence that such a treatment is effective or

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safe.

California

On March 18, Gov. Newsom of California **signed** an executive order that includes \$50 million to lease hotel rooms or buy travel trailers for homeless people, including those recently released from jails.

On March 31, California **decided** to release 3,500 incarcerated individuals in an attempt to reduce overcrowding in state prisons during the Covid-19 pandemic. The accelerated prison discharges apply to those who were set to be released within the next 60 days.

As of April 19, Los Angeles County has **released** close to 25 percent of its jail population.

San Francisco has made significant progress in reducing its jail population. As of May 5, San Francisco's jail **population** was 715, down from 1,110 in early March.

On May 1, the presiding judge of Los Angeles County announced that 250 people are set to be **released** from jail to help combat the spread of Covid-19. This announcement came after a statewide ruling that sets bail amounts to \$0 for many misdemeanor and some felony offenses.

On Tuesday, June 16, the California DOC announced that they will be **releasing** about 3,500 additional incarcerated individuals due to COVID-19. Their "community supervision plan" will allow the release of people who have six months or less to serve on their sentences, on the condition that they remain "under close supervision" for the rest of their sentence.

On July 6, California **replaced** its state correction system's top medical officer. The announcement came after Gov. Newsom criticized the transfer of hundreds of people to San Quentin, who had been incarcerated at a Chino facility with a bad outbreak, resulting in six deaths as of July 6. Newsom announced that the population at San Quentin would be reduced by about 900 people over the next few weeks.

In the first week of July, active cases at San Quentin State Prison in California **increased** from 1,000 to nearly 1,400, or by 40%. People incarcerated there **reported** horrific conditions, as well as widespread illness and death. The prison is currently housing about 700 people over its capacity.

The California Department of Corrections and Rehabilitation **announced** on July 29 that it was suspending intake at multiple youth facilities due to a recent spike in juvenile cases, after restarting intake on May 26.

In Sacramento County, Sheriff Scott Jones has **refused** to provide Covid-19 testing and case information to an oversight board in charge of monitoring the state's jails.

On August 6, state prison officials in California announced that as many as **17,600 people** incarcerated there may be released early due to the coronavirus. This would be 70% more than previously estimated, and may include some people incarcerated for violent offenses.

As of Aug. 28, the California state prison system has **identified** 10,377 confirmed Covid-19 cases, 859 of which tested positive in the last two weeks. For the first time in months, the San Quentin prison has **reported** less than 50 cases, with no new positive cases in the last two weeks.

By September 29, California officials **reported** that half of all those incarcerated in the Folsom State Prison have tested positive for Covid-19.

On October 20, a three-judge panel in the 1st District Court of Appeals **ordered** that the San Quentin state prison must release or transfer more than 1,000 people currently incarcerated there, "after showing 'deliberate indifference' to prisoners' health during an outbreak of the novel coronavirus". Under the ruling, San Quentin can house no more than 1,775 people - a steep reduction from the 2,900 people at the facility at the time of the decision.

On November 24, the Metropolitan Detention Center in Los Angeles **reported** 231 active cases of Covid-19 within its walls, 219 among incarcerated people and 12 between staff members. This flood of cases represents

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the fourth largest active outbreak in the federal prison system in the pandemic so far, and the facility shut down all visits in response.

On December 2, the Department of Corrections **disclosed** that nearly 1,000 people held at the California Substance Abuse Treatment Facility and State Prison have active infections of Covid-19; nearly all of the cases were reported within two weeks of the announcement.

Within Los Angeles County's juvenile detention system, more than 58 percent of children **were quarantined** during the week of December 7 due to Covid-19 exposure. The department provides daily updates on the status of Covid-19 within its facilities, and the numbers of quarantined people have continued to rise as more and more children present virus symptoms.

On December 12, a Superior Court judge in Orange County **ordered** that the county's jail cut its population in half, finding that "the sheriff had shown 'deliberate indifference' to the serious harm that the virus can pose to medically vulnerable people in custody, violating their state constitutional rights."

According to research **released** on January 28, California's prisons and jails have been undercounting deaths related to Covid-19. Despite the surges in official numbers, true cases and death counts in the state's carceral facilities are likely much higher, due to reporting mistake, delays in tracking, and differences in data collection across facilities.

A report released by the state inspector general on February 1 **blamed** the "hastily executed transfer" of nearly 200 people from the California Institute for Men in May 2020 for spreading Covid-19 to the San Quentin state prison, where hundreds of incarcerated people began testing positive for the coronavirus and dozens of people died.

On February 5, Cal/OSHA **fined** San Quentin \$421,880 for its Covid-19 outbreak. Cal/OSHA cites a lack of training and equipment for staff coming into contact with people who had contracted Covid-19 in the institution and that staff at San Quentin who were exposed to a Covid-positive patient did not have access to necessary services like contact tracing, testing, and medical referrals. The outbreak, which caused 2,240 Covid-19 cases and 28 deaths among people incarcerated at San Quentin, occurred because of improper execution of testing and coronavirus-related preparation procedures before transferring 122 people from the California Institute for Men to San Quentin.

On February 11, a report from the Sacramento County Sheriff **stated** that a major Covid-19 outbreak had occurred in Sacramento County's Elk Grove jail after 55 people were transferred from the county's downtown jail.

After less than a year of the Covid-19 pandemic, 94 percent of the men incarcerated at Avenal state prison have contracted Covid-19, and at least eight have died. The facility represents the largest cluster of coronavirus cases in U.S. prisons, and advocates for people incarcerated there **maintain** that California's prison officials have not learned from or implemented appropriate policy changes due to the disaster.

As of March 7, Covid-19 cases among people incarcerated in California state prisons had **dropped** 98% since January of this year. The drastic decline has experts speculating that the prison system has reached herd immunity for Covid-19; 78% of people incarcerated in the state's prison system have either been previously diagnosed with Covid-19 or vaccinated for the virus.

On April 8, an investigation of Donovan state prison in San Diego **revealed** that there had been a significant lack of medical attention for incarcerated people with Covid-19. Three Covid-19 patients incarcerated in the institution were found unresponsive in their cells.

As of April 28, people being held at Los Angeles County jails were **motivated** to receive the Covid-19 vaccine in hopes that they would be transferred to state prisons more quickly, but advocates do not know if this will necessarily happen due to legal factors involved in the transfer. The transferring of people who have been convicted and sentenced from jails to state prisons has been slowed significantly due to Covid-19.

On April 27, the Richard J. Donovan Correctional Facility in Otay Mesa, California had **gone** into Phase 1 lockdown, the most restrictive tier of coronavirus protocols, as a result of a Covid-19 outbreak at the facility. The

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institution also had outdated infection numbers on its website throughout the week.

By mid-May, **less than half** of workers in 30 of California's 35 prisons have gotten the coronavirus vaccine, despite having been eligible and offered vaccinations for months. This refusal to get vaccinated has increased risk for prison staff and incarcerated people alike. A higher proportion of incarcerated people in these facilities have **opted into** the Covid-19 vaccine.

On May 20, after a court-ordered medical inspection of the BOP Lompoc Prison Complex, epidemiologist Dr. Homer Venters **expressed** extreme concern about the roughly 50% vaccination rate inside the facility. He attributed the low vaccination rate among incarcerated people to the prison staff neglecting to address their concerns and questions about the vaccine.

In July 2021, California prison correctional officers negotiated new contract terms with the state that will ensure they **receive** nearly \$5,000 in Covid-19 pandemic bonuses over two years.

By mid-August, several of California's main law enforcement agencies were **reporting** Covid-19 vaccination rates significantly below those of the general population, along with seven state prisons that disclosed that less than a third of their officers are vaccinated.

On October 5th, federal judges in the Ninth Circuit Court of Appeals **ruled** against a California law banning private prison contracts, which went into effect last year.

On October 13, a temporary restraining order was **placed** on the federal ruling mandating that all prison guards in California must be vaccinated against Covid-19. While the preliminary injunction filed only protects unionized guards and peace officers, the mandate remains for other workers at prisons with healthcare facilities.

On October 25, the San Benito County Jail in Hollister, California began **reinstating** in-person visits as well as educational programs for incarcerated people after 18 months without either.

On November 2, the Tulare County Jail **announced** that its month-long outbreak of Covid-19 is nearly over, with 72 out of the 75 positive cases being fully recovered.

On November 3, Sacramento County Officials **reported** that Covid-19 cases in its two facilities continue to rise and have accounted for 94 active cases.

On November 18, Marin County Superior Court Judge Geoffrey Howard **ruled** that the California Department of Corrections and Rehabilitation inflicted cruel and unusual punishment on people incarcerated at the San Quentin State Prison during a Covid-19 outbreak last summer that left more than 2,6000 people infected. The ruling states that the CDCR acted with deliberate indifference and violated the constitutional rights of nearly 300 people.

On November 27, a federal appeals court **blocked** an order requiring all prison workers to be vaccinated against Covid-19 by January 12. The appellate court has postponed the deadline until March, when the next hearing will occur.

Colorado

On March 25, the Gov. Jared Polis signed an **executive order** that places a moratorium on new prison intakes during the pandemic. It also grants the director of the Department of Corrections broad authority to **release** people within 180 days of their parole eligibility date and to suspend limits on awarding earned time. As of September 9, judges in Colorado had **granted** only 12% of early release requests related to Covid-19.

On November 4, the El Paso County jail **reported** 755 cases of Covid-19 in a single week after the Sheriff's Office completed testing for all people incarcerated there. The same day, outbreaks were ongoing at the Van Cise-Simonet Detention Center (742 cases, nine more than the week before), the Sterling Correctional Facility (706 cases, 21 more than the week before), and the Fremont Correctional Facility (583 cases, up 164 from the week before).

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On Sunday, November 8, the El Paso County Jail **reported** that 859 of the 1,246 people incarcerated there tested positive for the coronavirus, in addition to 66 staff members.

On November 19, the Jefferson County Detention Facility **reported** that 57 incarcerated people and 13 employees tested positive for Covid-19. Though they are conducting regular testing, results continue to be delayed between seven and nine days, resulting in confusion and continued transmission with the facility. As part of a settlement with the ACLU of Colorado, the Weld County Sheriff's Department **agreed** in December to avoid taking some people accused of low-level offenses into custody. The settlement also promises that the sheriff's office will do more to protect those held at the county jail, particularly people over 65 or with pre-existing medical conditions.

On December 9, the federal prison in Jefferson County, Colorado **reported** the largest outbreak in the federal prison system, with over half of the people incarcerated there experiencing Covid-19 infections at the same time (451 active cases), in addition to 50 staff members.

On December 14, incarcerated people at the El Paso County jail **filed** a class action lawsuit, alleging that jail staff and the sheriff put their lives at risk by not providing masks and failing to protect people from the spread of Covid-19. Before early November, when the jail finally provided some masks, people tried to fashion face coverings from underwear and bedsheets but were punished for doing so, according to the lawsuit.

On December 28, the Colorado DOC **reported** that four incarcerated people died from Covid-19 over the Christmas holiday weekend. Despite a decline in positive tests across the state, people inside prisons and jails continue to face elevated risk of contracting the disease and limited access to healthcare if they do.

As incarcerated individuals **continue to die** from coronavirus-related causes, the Colorado DOC continues to decline to say whether those people ever tested positive for the disease, while also withholding their names, leaving peers in the dark about their exposure risks. As of January 4, at least 700 incarcerated people had active infections according to the state database.

On March 7, the first three cases of B.1.351 variant of Covid-19, originating in South Africa, were **found** in Colorado at Buena Vista Correctional Complex in Chaffee County. Two staff members and one incarcerated person tested positive for the new variant, which may spread faster, be more deadly, and reduce the effectiveness of currently available vaccines.

On April 1, the Colorado Department of Public Health and Environment **reported** that, while the state overall had the fewest active Covid-19 cases since October, numbers continued to increase in correctional institutions.

On May 25, El Paso County **agreed** to pay \$65,000 to settle a lawsuit alleging that mismanagement by the sheriff led to an outbreak of Covid-19 within the county jail last year. The lawsuit was filed after more than 1,000 people held at the jail contracted the coronavirus last fall.

On July 1, the Colorado Court of Appeals **revived** a lawsuit filed by incarcerated people against Gov. Jared Polis at the beginning of the pandemic. The lawsuit, which was dismissed by lower courts, sought to reduce the prison population with compassionate release to prevent the spread of Covid-19 and aimed to prioritize incarcerated people for receiving vaccines.

The Colorado Department of Corrections **spent** nearly \$2 million on a Covid-19 vaccine incentive program, but as of August 2, just 57% of Colorado Department of Corrections staff are fully vaccinated. The vaccination rate is slightly higher among incarcerated people with 64% being vaccinated.

On August 17, the Colorado Department of Corrections **announced** that it will require all staff members within correctional facilities to get vaccinated against Covid-19.

Connecticut

In May, the DOC Commissioner of Connecticut **granted** discretionary release to 560 people who had served at least 40% of their sentences.

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Following a federal lawsuit, as of June 6, the Connecticut Department of Correction is now **required** to identify people 65 and older who meet specific medical criteria to “fast track” them for release consideration. Families and advocates of people incarcerated in Connecticut prisons have **continued to push** for the release of those held on bail across the state, who face elevated risks of exposure to Covid-19 behind bars without even being convicted of any crime. On October 1, more than 2,800 people were held on bail in Connecticut’s correctional facilities, more than 60 percent of whom had bond amounts of \$100,000 or higher.

On Monday, February 1, Connecticut correctional staff and some elderly incarcerated people **began receiving** Covid-19 vaccinations. Both staff and incarcerated people are among the prioritized groups of Phase 1B, but the state is choosing to delay making inoculations available to incarcerated people under age 75.

On December 8, the Connecticut Department of Corrections **suspended** in-person visitation at all state prisons. The agency claims that visitation will resume when the Covid-19 positivity rate dips under five percent.

On January 5, Sen. Richard Blumenthal (D-CT), Sen. Chris Murphy (D-CT), and Rep. Jahana Hayes (D-CT) sent a letter to Attorney General Merrick Garland **calling** for an investigation into the federal women’s prison in Danbury. The letter alleges that when more than half of the women incarcerated at the prison tested positive for Covid-19, staff did not immediately isolate them or inform people that they had tested positive for the virus, instead returning more than a dozen people with active positive cases to general population dorms.

On January 6, Connecticut’s prison system **reported** a system-wide outbreak of Covid-19, with roughly 600 active cases among incarcerated people in the state. Almost one fifth of the DOC staff, over 1,000 people, has also tested positive as part of the same omicron outbreak.

Delaware

Delaware’s Sussex Correctional Institution **reported** 130 cases on July 10, after all of Delaware’s state prisons were declared Covid-free in late May. SCI reported its first three cases on July 1, and the cases increased to 58 by July 6, doubling as of the 10th.

On March 5, Delaware Department of Corrections officials **announced** that people incarcerated in the state’s prison system will be able to have in-person visitors starting March 16. The DOC suspended in-person visits in November when Covid case rates were high throughout the state, especially in prisons.

On March 9, Delaware corrections commissioner, Claire DeMatteis, **announced** that the state’s prison system will begin allowing in-person visitors again starting March 16. The prisons have been closed to the public since November of 2020.

State Representative Melissa Minor-Brown **introduced** a bill that would give incarcerated people extra credit for the time they spend behind bars during a public crisis. For every month served in crisis, their sentence would be reduced by six months and the maximum reduction would be one year. The bill would apply to both Covid-19 and any future public health crisis, and it is currently awaiting action on the House floor.

On October 21, Gov. John Carey **announced** plans to implement the **Recidivism Reduction Blueprint**, a program aimed at reducing recidivism in Delaware by strengthening vocational training options in its prisons and helping those recently released with securing job placements.

On December 8, York County **announced** that it would extend the lockdown of the county’s prison facility as Covid-19 cases continue to rise. In-person visitation and non-essential travel remain suspended under the lockdown.

District of Columbia

After DC reduced its jail population by 500 inmates, a US District judge **ordered** changes on June 18 to better protect incarcerated individuals from Covid-19 at the DC Jail. She noted that there was evidence that the DOC

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was "aware of the risks" and "disregarded those risks" by failing to take appropriate steps to stem the virus's spread.

On April 14, the Washington Lawyers' Committee for Civil Rights and Urban Affairs, School Justice Project, and Terris Pravlik & Millian LLP jointly **sued** DC Public Schools, the Office of the State Superintendent of Education, and the District of Columbia for providing inadequate educational services to students with Individualized Education Programs in the DC jail. These students are entitled to special education until age 22, but since the pandemic, their instruction has been limited to inconsistent short work packets and little to no feedback from instructors.

As of April 19, the DC jail had **been** on a 23 hour a day lockdown for over 400 days. Jail officials argue that the lockdown is the only way for them to prevent Covid-19 outbreaks in the facility, but advocates argue that the excessive time in lockdown has become a human rights issue.

As of May 4, the DC Department of Corrections was **letting** people held at the DC jail leave their cells for two hours a day instead of the one they have been allowed since the beginning of the pandemic. The DOC plans to continue to adjust the amount of time that incarcerated people can leave their cell as vaccinations increase and restrictions are dropped.

Beginning May 15, the DC jail partially relaxed its 22-hour-a-day lockdown by **allowing** vaccinated people behind bars to resume some of their pre-pandemic activities.

Florida

As of August 7, at least 14 parole-eligible men have **died** behind bars in Florida from Covid-19. The Florida House Criminal Justice Chairman James Grant, continues to **claim** that it is not an "acceptable approach" to let people out of prison because of the pandemic.

Just before Thanksgiving, the Florida Department of Corrections **began re-allowing** visitation to its facilities, under a "modified visitation" plan. No visit can exceed three hours, and plastic screens separate incarcerated people from their visitors. No form of physical contact is permitted, vending machines are off-limits for visitors, and no children under 12 are allowed in the facilities. Despite concerns about the virus being brought by visitors, corrections officers and other staffers have not been isolated in any way and continue to enter and leave the facilities every day.

In the midst of two large, ongoing Covid-19 outbreaks at different prisons, the Florida Department of Corrections **eliminated** much of its public data about coronavirus in its prison system, removing prison-by-prison data and testing information from the site, and now only updating the dashboard weekly. The changes make it impossible to determine positivity rates across the state's network of prisons, and further obfuscates access to information about the status of Covid-19 within a specific facility. The dashboard also now only provides the number of positive staff cases for all facilities, which used to be broken down by facility.

On January 26, the Palm Beach sheriff **announced** that more than 100 people had tested positive at County jails in the past two weeks, resulting in more than a third of the nearly 1300 people held at the main jail being placed in quarantine awaiting further test results.

During the same week, staff at Florida prisons **began asking** incarcerated people if they would volunteer to be vaccinated, but did not provide information about the process or the vaccine itself. Across the state, incarcerated people were "given the choice to fill out a vaccine refusal form or add their name to a vaccine sign-up list," without other details being announced.

As of March 10, Gov. DeSantis had yet to **make** Covid-19 vaccines available to individuals incarcerated in Florida's state prisons. Incarcerated people over 65, whose age qualifies them for a vaccine as part of the state's current distribution phase, have not received it. Gov. DeSantis' office has not provided a timeline for when vaccines will be available to people in Florida state prisons.

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On March 22, Marion County jail **began** vaccinating people over 60, making them some of the first incarcerated people to be vaccinated in Florida.

On April 7, Florida state officials **reported** that they will make Covid-19 vaccines available to incarcerated people and prison staff throughout the state over the course of the next two weeks. Advocates argue that vaccine distribution should be accompanied by widespread information about the vaccine, so incarcerated people will have adequate knowledge to decide whether they want to be vaccinated.

On May 3, a survey of incarcerated people in Florida reported that many **remain skeptical** of the Covid-19 vaccine. Lack of access to information and a history of medical racism resulted in only 40% of the state's prison population indicating that they would seek vaccination.

On June 24, the Florida Department of Corrections (FDC) **announced** its facilities were returning to "normal, non-emergency operations," citing the availability of vaccines and the lack of Covid-19 cases. The FDC will no longer report Covid-19 data or require face masks for staff, visitors, and incarcerated people. This change is contrary to the latest guidance from the CDC which says that people in prisons should continue to wear masks.

Georgia

On September 14, the Southern Center for Human Rights **filed** a letter urging the Department of Justice to intervene in Georgia's prison system to address the state's handling of the Covid-19 pandemic. Concerns in the letter include understaffing, unprecedented suicide rates in response to "extreme neglect of persons with psychiatric disabilities", homicides within the prisons, and riots that have broken out in multiple facilities after incarcerated people were "left locked in their cells, nearly 24/7, for weeks or months, often in reprehensible conditions".

On March 26, Fulton County Manager, Dick Anderson, **estimated** that it will take the Georgia county, which includes the city of Atlanta, 36 months and \$60 million to clear the backlog of approximately 10,000 cases in the county. Approximately 50% of people incarcerated in the county's jail have not been formally indicted, and as of mid-February, 735 people held at that jail had been there for over a year.

Local Georgia judges in Hall County and Dawson County are **offering** sentence reductions to incarcerated people who choose to get vaccinated. By June, several dozens of people have been offered sentence reductions.

Hawai'i

Beginning August 19, some incarcerated individuals in Hawai'i's largest jail were **released early** due to the ongoing Covid-19 outbreak inside OCCC.

By late November, the Covid-19 outbreak among people incarcerated out of the Hawaii prison system serving time in a privately operated facility in Arizona **had grown** into the largest infection cluster in the Hawaii correctional system. More than half of the people serving time at the Arizona facility were infected, and one incarcerated person was confirmed to have died on Tuesday, November 19.

On December 16, a union representing hundreds of Hawaii prison employees **protested** that the state is failing to protect incarcerated people and staff from an outbreak of Covid-19. The union also reported that employees at the Halawa facility have been working up to 36-hour shifts under hazardous conditions, increasing health concerns.

On May 17, half of the new recruits being trained to serve as correctional officers in Hawai'i's prisons and jails **tested** positive for Covid-19 after the vast majority of the class declined offers to get vaccinated.

On May 29, more than five dozen people held at the Hawaii Community Correctional Center **received** positive results on tests for Covid-19. The jail remains on lockdown in response to the outbreak, which has only infected one staff member so far.

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On June 10, a class-action lawsuit was **filed** on behalf of incarcerated people in Hawaii, arguing that the state has failed to protect incarcerated people from Covid-19. The lawsuit reports that five out of nine facilities have experienced "uncontrolled outbreaks," which have resulted in at least nine deaths.

As of June 12, 198 incarcerated people at Hawaii Community Correctional Center in Hilo have **tested** positive for Covid-19. At the time of the announcement, 119 were active Covid-19 cases, and two staff members had been hospitalized.

As of June 25, more than half of Hawaii's prison population have been **vaccinated** against Covid-19. Vaccination rates range from 89% in Kulani Correctional Facility to just 23% at Hilo jail.

On July 13, a federal court **ordered** the Hawaii Correctional system to actually abide by its own Pandemic Response Plan, but did not appoint anyone to oversee efforts to prevent infections.

On Thursday, August 5, the Hawaii Department of Public Safety **reported** that 20 out of 106 incarcerated individuals at the Maui Community Correctional Center and 18 out of 86 incarcerated individuals at Halawa Correctional Center tested positive for Covid-19.

On September 1st, the State Office of Public Defenders **filed** its third petition to the Hawaii Supreme Court, hoping to address overcrowding in the state's prison facilities amid a surge in Covid-19 cases.

On October 16, Hawaii's Department of Public Safety **announced** it would credit \$50 to the accounts of incarcerated people who become fully vaccinated against Covid-19. This comes as a result of a state-wide spike in coronavirus cases, which also suspended all jury trials until November 16.

Idaho

As of September 28, nearly 30% of men incarcerated in Idaho who had been transferred to a private prison in Arizona have **tested** positive for Covid-19.

On March 19, Idaho's top vaccine planning panel **voted** to allow incarcerated people to receive the Covid-19 vaccine in the state's current vaccination phase. Rollout to incarcerated people will not be based on age.

On May 20, the Idaho state courts **announced** updated Covid-19 guidelines, including a case-by-case approach to opting for online or in-person court proceedings and changing the mask mandate to an advisory.

On July 14, the Associated Press **reported** that prisons in Idaho are so understaffed that correctional officers are working mandatory 16-hour shifts, leaving them just eight hours to sleep, eat, and see their families before returning to work. About one-quarter of correctional officer positions are vacant.

Illinois

On September 8, the Seventh Circuit Court of Appeals in Chicago **overturned** key parts of an earlier court order that prevented the Cook County Jail from using double-occupancy cells or dorm-style housing, both of which have been exacerbating components of Covid-19 outbreaks in prisons and jails.

Illinois' updated Covid-19 vaccination plan, **released** on January 19, will prioritize incarcerated people along with all other residents of congregate settings, placing them above people under the age of 65 with high-risk medical conditions.

On February 12, Illinois representatives **reported** that the state will begin vaccinating incarcerated the following week. The decision came after the state revised its vaccine distribution guidelines in late December.

Individuals held at the St. Clair County Jail have **reported** "nine months without personal protective devices, inconsistent disinfecting efforts, spotty testing, and chronic overcrowding," which they believe has led Covid-19 to spread consistently throughout the jail while staff and the state health department ignore their concerns. The jail's public affairs officer acknowledged face coverings, hand sanitizer, and social distancing measures have all been limited, in part due to the jail's near-constant operation over capacity.

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On March 12, the Cook County sheriff's office **announced** that in-person visits would resume at the county's jail for the first time since November. The decision comes after the number of positive cases in the facility has remained under 20 in the two weeks before the announcement.

On March 25, the Illinois Department of Corrections **reported** that more than 1,000 people incarcerated in the state's prisons will be eligible for early release following a lawsuit aimed at protecting vulnerable populations from Covid-19.

On March 23, the Illinois Department of Corrections **settled** an April 2020 lawsuit to protect medically vulnerable and elderly incarcerated people, which will result in either early release or electronic home monitoring for over 1,000 incarcerated people in Illinois. The state's Department of Corrections will give those who are released credit for good behavior within nine months of their release and another 60 days to those who are deemed low and medium risk within the next month.

As of May 4, 69% of incarcerated people and 36% of corrections staff had been **vaccinated** for Covid-19 in Illinois. The state is phasing back in-person visits and counties are pushing to transfer people from county jails to state prisons.

On May 10, a study **found** that "relatively brief stays at the Cook County Jail — many lasting only hours or days — were strongly associated with the early spread of COVID-19 in Chicago," where each person released in March 2020 led to about five additional cases of Covid-19 in that person's ZIP code of residence.

At a press conference on May 17, Cook County Sheriff Tom Dart **demande**d that the state prison system restart transfers from the Cook County Jail, where the sheriff's department has spent more than \$38 million housing individuals rather than transferring them to state prisons. These delays were intended as temporary stopgaps to prevent the spread of Covid-19 in prison facilities, but have resulted in some people being held for the year without any of the programming or support offered in prisons that are not available at county jails.

In Chicago this spring, legal advocacy groups have been implementing education campaigns to **combat** vaccine hesitancy among incarcerated individuals. The Illinois Department of Corrections has also designated specific currently incarcerated people to be vaccine ambassadors.

By the end of June, the Chicago Sun-Times **reported** that less than half of the 13,000 people who work in Illinois' state prisons have been vaccinated, while two-thirds of all incarcerated people are vaccinated.

On August 4, Gov. J.B. Pritzker **announced** a vaccine mandate for state prison employees, a response to the low rates of vaccination among prison staff in the state.

Indiana

The state of Indiana has allowed county courts to decide whether people would be released early from state prisons, after Gov. Holcomb **stated** in March that he did not "believe in releasing those low-level offenders." As a result, only 3.8% of Indiana's prison population was released between March and June.

To prevent the spread of Covid-19 this summer, the Indiana Women's Prison has been locking the doors to housing units, but the units do not have air conditioning. Women incarcerated there are **reported** to have passed out from heat exhaustion and experienced seizures.

On January 8, Indiana Gov. Eric Holcomb **announced** that the state's vaccine prioritization plan would not include incarcerated individuals, while prison staff have already begun receiving the vaccine.

As of April 19, the Tippecanoe County jail in Indiana was **using** modified mask protocols in which people are not required to wear masks in secured areas. The jail currently does not have any Covid-19 cases, but the county sheriff reports that the jail would shift to a stricter masking procedure if case numbers increase.

As of May 24, the Indiana Department of Corrections **reported** it had a 78% vaccine acceptance rate among incarcerated people, which is higher than Indiana's general population vaccine acceptance rate.

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The American Civil Liberties Union of Indiana **filed** a lawsuit on behalf of six people incarcerated at Miami Correctional Facility near Peru, Indiana. The lawsuit alleges that the facility's conditions amounted to cruel and unusual punishment as the six men were held in isolation cells with no lights and some of them suffered cuts from broken window glass and were shocked from dangling wires from a broken light fixture.

Iowa

On April 20, the Iowa Department of Corrections **announced** that the DOC is in the process of letting 482 incarcerated people out early to help prevent the spread of the Covid-19. 90 more people have been approved for future releases.

Iowa, as the only state without a compassionate release law, employed a second parole board to prioritize the release of medically vulnerable incarcerated people. By September 14, the state's **incarcerated population** was at a 20-year low.

In one weekend, the number of Covid-19 cases in the Iowa prison system **jumped** from 601 to 1,136. On November 8, the Iowa Department of Corrections announced that the Anamosa State Penitentiary housed 485 active cases, while the Clarinda Correctional Facility reported 368 cases over the weekend and the North Central Correctional Facility reported 253 active cases.

The Iowa Department of Corrections **reported** its first Covid-19-related staff death on November 18, in addition to three deaths of incarcerated people in the same week.

Following the twelfth death of an incarcerated person during the state prison system's coronavirus outbreak, on December 11, the Iowa Department of Corrections **reported** 313 active infections of Covid-19 among incarcerated people. In addition to the people left to die behind bars, two staff members of the Iowa prison system have died from Covid-19.

Despite vaccinations becoming available to prison staff and educational campaigns run by the state, almost half of Iowa's correctional employees had **refused** to take the Covid-19 vaccine by January 8, with only 52 percent of workers agreeing to receive the vaccine.

On February 3, data from 2020 **showed** that the rate at which parole petitions were granted in Iowa dropped by 4% compared to 2019. However, the number of parole hearings rose by 8% and the total number of incarcerated people approved for parole also increased by 4%. The new data comes from a report **released** by the Prison Policy Initiative.

As of April 22, the Iowa Department of Corrections **resumed** vaccinations of incarcerated people after almost a three month pause. The state's DOC has not received more doses from the state but is working with county health departments to secure more doses for people in state prisons. On April 23, the Iowa State Penitentiary in Fort Madison **vaccinated** at least 77 people incarcerated at the institution with six times the recommended dose of the Pfizer Covid-19 vaccine. The DOC halted administration of the vaccine at the prison and two nurses who had been administering the vaccine were placed on leave pending an investigation.

On June 7, the Iowa Department of Corrections **announced** it will resume in-person visitation for incarcerated people who have been fully vaccinated against Covid-19. At the time, the Iowa Department of Corrections reported that more than 58% of people incarcerated in the state's prison system were fully vaccinated.

On June 15, the Iowa Department of Corrections **announced** that two nurses who gave Covid-19 vaccine overdoses to 77 incarcerated people at a Fort Madison Maximum Security Prison had been fired. Since receiving up to six times the recommended dose of Pfizer, the 77 individuals have been monitored and are reported to be in good health. One of the two nurses fired for giving incarcerated people large overdoses of the Covid-19 vaccine is **appealing** her termination, arguing she is "blameless" for the accident.

On August 18th, The Iowa Department of Corrections information that incarcerated women at the Iowa Correctional Institution in Mitchellville are being paid to assemble Covid-19 at-home test kit in a joint project

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with Iowa Department of Public Health and State Hygienic Lab.

On August 25th, The Iowa Department of Corrections **reported** that prison populations statewide are down significantly from their record a decade ago, due to the implementation of Covid-19 mitigation policies. The pandemic slowed new admissions due to delays in court hearings and trials, and the state also implemented a more aggressive approach to identifying people eligible for parole or work release.

Kansas

On April 9, the ACLU **filed** a class-action petition asking the Kansas Supreme Court to immediately release incarcerated people in Kansas DOC facilities who have preexisting medical conditions, which leave them especially vulnerable to Covid-19. The petition also seeks to immediately free incarcerated individuals who are within 18 months of completing their sentences as well as those imprisoned for minor offenses.

In response to a mid-July **second spike** in Covid-19 cases, Kansas prisons are attempting to spread out dormitory housing, which comprises about a third of the state's prison beds. The Kansas DOC continues to dispute accusations by incarcerated people that there are not sufficient hygienic practices or PPE available in the prisons.

On November 12, Sheriff David Duke **announced** that the Wichita County Jail would limit new admissions to the jail, only holding people charged with "serious felonies and violent crimes."

At the Topeka Correctional Facility, a cohort of newly incarcerated people is being held at an "intake isolation unit" inside an unused portion of the prison. The quarantine period, during which no one may leave the unit grounds, is reportedly 21 days. However, family members of incarcerated people have **protested** that the entire cohort must test negative before anyone is transferred to the prison's general population. Anytime someone is infected, the 21-day clock resets on the entire group, leaving people in a "moldy" tent with "one bathroom for the 38 women and cold temperatures each morning, while the mandate to be socially distant is all but impossible." In an interview on December 23, Gov. Laura Kelly repeatedly **indicated** her support for vaccinating Kansas' incarcerated population before the general public, explaining: "We do know that congregate living centers are hotspots, whether you talk about prisons, you talk about nursing homes...the only way ultimately to rid those kinds of facilities of the virus is for the vaccination to come. It makes all sorts of sense for us to include all congregate settings in the first line of vaccines."

As of February 14, Kansas Gov. Laura Kelly **had** not granted clemency to anyone incarcerated in the state's prison system. The state government has received more than 100 request for clemency (double the number of requests in previous years), many of which are related to concerns about Covid-19.

On March 17, the Kansas state Senate **approved a bill** to suspend a law that protects people's right to a speedy trial, requiring that a trial take place within five months if a person is in jail and six months if they are out of jail on bond. The law will be suspended until May 1, 2023 in an effort to allow prosecutors to catch up on a backlog of trials introduced by the pandemic.

On September 14th, Charlie Hunt, the deputy director of the Johnson County Department of Health and Environment, **reported** that vaccinations have proven their impact in the state's jails and prisons. With 78 percent of incarcerated people in Kansas being vaccinated, cases declined from 6,114 in early 2020 through March 2021 to only 72 cases from March through September 2.

On October 7, the Kansas Department of Corrections **stated** that people incarcerated at the El Dorado Correctional Facility are spending more time in their cells and have less access to programs and activities due to staffing shortages. The facility has declared an emergency since 2019 when staff shortages led to multiple disturbances and this issue has yet to resolve.

Kentucky

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On March 30, Kentucky Gov. Andy Beshear signed an executive order that will **release** nearly **900 people** detained in state prison, in the state's first phase of reducing their prison population. Before their release, each individual will be tested for Covid-19 and the state will verify whether they have a home in which they can be quarantined.

In response to a late-July spike in cases, Kentucky Governor Andy Beshear **authorized** the early release of nearly 700 more individuals from state prisons at the beginning of August. The release criteria is the same as those used in the early release of 1,200 individuals at the onset of the pandemic, prioritizing those vulnerable to Covid-19 and excluding those convicted of sexual and violent crimes.

In an outbreak that began in mid-December, the Eastern Kentucky Correctional Complex **reported** on January 13 that 728 people were actively infected (about 50 percent of the facility's incarcerated population). In addition, 80 staff members were actively infected, with the outbreak showing no signs of slowing down.

As of March 12, two prisons in Lyon County, Kentucky **reported** 851 combined Covid-19 cases among staff and incarcerated people; three incarcerated people have died between the two prisons in this outbreak. The state's Department of Corrections says it has instituted increased sanitary measures as well as a mask mandate in prisons.

As of March 23, 50.9% of the Kentucky Department of Corrections staff **had** received the Covid-19 vaccine. The state has had the second worst infection rate among all prisons in the United States.

On April 12, Kentucky **announced** that it will allow vaccinated visitors in the state's prisons once 80% of incarcerated people have been vaccinated. 69% of the state's prison population has been vaccinated so far.

On June 20, Kentucky prisons will begin **allowing** in-person visitation for vaccinated visitors. At the time of the announcement, 76 percent of the states prison population had been vaccinated against Covid-19.

Louisiana

Between March and June, the Louisiana Department of Corrections began a furlough program intended to reduce overcrowding and release those at highest risk of contracting Covid-19 behind bars. However, out of the 1,100 eligible cases, the review panel only considered 594 and released just 68 on furlough. Of those 68, only 34 have been entirely released from state custody. The panel was **suspended** in mid-June.

According to a report **released** on December 15, correctional officials at all levels of the Louisiana prison, jail, and immigration detention systems failed to do enough to protect people from the spread of Covid-19, leading to "unnecessary death and suffering" during the pandemic.

By the end of January, Louisiana had **offered** the first shot of a Covid-19 vaccine to all people over the age of 70 who are incarcerated in a state-run facility. About 82 percent volunteered to receive the shot, which was made available to incarcerated people roughly a week after the general public (those above the age of 70) was allowed access.

As of March 11, the Louisiana Department of Corrections **announced** that it will begin phasing in in-person visits in the state's prisons starting March 13. Visits have been suspended since March of 2020. Visitors will be required to be registered as an approved visitor, maintain social distancing, wear a face covering, and pass a temperature screening before entering.

On March 16, the Orleans Parish Sheriff **reported** that their office had began vaccinating people in its custody. The office is waiting to receive more doses of the vaccine and plans to target them toward incarcerated people over 55.

As of April 6, just under a quarter of people held in the New Orleans jail had been **vaccinated** for Covid-19. Everyone over the age of 16 is eligible to be vaccinated in Louisiana as of late March.

Data from the Louisiana Department of Corrections **showed** that about 40% of the incarcerated population tested positive for Covid-19. However, the Louisiana Legislative Audit emphasized that the review only paints

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half a picture as the LDOC did collect tests results or infection rates from local jails.

In early July, the Louisiana auditor's office **reviewed** expenses reimbursed to the Louisiana State Penitentiary by the state's Coronavirus Relief Fund and found that 99 percent of the expenses "did not have documentation to support that the expenditure was incurred due to [a] public health emergency." Some of the questionable expenses include the purchase of lawnmowers, horse feed, and tractors.

On July 27, the LDOC **suspended** in-person visitation and volunteering until at least August 16th due to the increase in Covid-19 cases. There are currently 45 Covid-19 cases among incarcerated people and 36 among LDOC employees.

Between the first and second weeks of August, the number of Covid-19 cases among people incarcerated in Louisiana state prisons has gone up nearly 150 percent. The largest outbreak is again at Dixon Correctional Institute in Jackson, where 52 incarcerated people and 15 staff members **tested positive** within days of each other.

On October 16, the Louisiana prison system **announced** it would begin allowing in-person visitation again, after pausing visits for three months. In order to participate, all parties must be fully vaccinated.

On January 5, the Louisiana state prison system **announced** that it would again be shutting down all in-person visitation, a week after it suspended all volunteer activities inside facilities. The state will instead offer two free phone calls per week, while still charging for video calls.

Maine

By September 5, 46 people incarcerated at the York County Jail tested positive for coronavirus after an employee attended an indoor wedding then brought Covid-19 back to the jail. Before the **outbreak**, no one at the facility was required to wear a mask.

On November 3, the Maine Department of Corrections **reported** an outbreak at the Maine Correctional Center, with 72 incarcerated people testing positive for the coronavirus. The same week, at least nine staff members were also diagnosed with Covid-19.

As of March 5, Dr. Nirav Shah, director of the Maine Center for Disease Control and Prevention, **stated** that he does not know when the state will begin vaccinating incarcerated people. Shah says the state intends to vaccinate incarcerated people based on the age categories in the state's vaccine distribution plan. Currently, Maine residents who are 60 years or older are eligible for the vaccine.

On April 30, 24 women incarcerated at the Women's Center at the Maine Correctional Center in Windham had **tested** positive for Covid-19 in the most extensive outbreak at the facility.

As of April 30, just 17% of Maine's incarcerated population had **received** their final Covid-19 vaccine doses.

Vaccination rates among people incarcerated in jails ranged from 0% in Wiscasset County to 70% in Piscataquis County.

On November 29, Kennebec County Sheriff **reported** a Covid-19 outbreak at the Kennebec County Correctional Facility, resulting in the infection of 10 people. The prison is limiting the number of intakes till the coronavirus spread slows.

Maryland

On April 19, Maryland Gov. Larry Hogan **signed** an executive order that expedites the release of individuals incarcerated at state prisons who were eligible for release within four months. The order also directs the Maryland Parole Commission to accelerate consideration of parole for individuals convicted of nonviolent crimes who are older than 60 and have an approved plan for re-entry to society. The Governor's office estimates that the order will altogether affect close to 800 people.

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On April 27, Maryland's secretary of juvenile services announced that the state has **released** nearly 200 people from juvenile detention centers amid Covid-19 concerns.

On October 21, Maryland's DOC **reported** that more than 70 incarcerated people and 16 employees at the Cecil County jail tested positive for Covid-19 within a week of each other, the largest outbreak in the Maryland state system since the pandemic began in March.

On November 17, Maryland Gov. Larry Hogan **issued** an executive order that allows some incarcerated people to be released early, in an effort to stem the pandemic among both incarcerated people and prison employees.

Under the **order**, those eligible for early release or home detention include people whose prison term is set to expire within the next four months and who are not serving time for a violent or sexual offense. Age, medical conditions, and other special needs are also to be considered in release decisions.

On April 15, a lawsuit **filed** against the Maryland Department of Public Safety and Correctional Services by people incarcerated at the Chesapeake Detention Facility in Baltimore was settled. The settlement requires the state to provide vaccines to people incarcerated at the institution, inspect the facility monthly, and enforce social distancing and sanitation measures to reduce the spread of Covid-19.

On April 21, the Maryland public defender **filed** a complaint against the Harford County Detention Center after the jail stopped allowing virtual meetings for attorneys with their clients. The public defender's office argued that eliminating the practice "unreasonably infringes" defendants' rights to counsel and puts attorneys and clients at risk for contracting or spreading Covid-19.

On May 10, a federal judge **ordered** the state of Maryland to "provide status reports and updates" detailing ongoing Covid-19 outbreaks, in addition to vaccination distribution data, for all incarcerated individuals at the Baltimore Central Booking and Intake Center.

In May, the Maryland DOC **began offering** snack packages and other food items as an incentive for incarcerated people to sign up for the Covid-19 vaccine. These packages—which include two dozen items such as rice, tuna, cookies, crackers and chips—will also be distributed to those who already volunteered and received the vaccine.

On January 5, the Baltimore Sun **published** an analysis of TrueCare24's distribution of spoiled Covid-19 vaccines to incarcerated people in Maryland. At least 28 percent of the contractor's doses were mishandled or contaminated, and the state health department waited months to notify the hundreds of people affected—while also not terminating TrueCare24's contract.

Massachusetts

By June 4th, only ten people had been **released** from Massachusetts correctional facilities in response to Covid-19 concerns, despite outbreaks at multiple facilities. The Massachusetts Supreme Court **declined** to order immediate releases while simultaneously acknowledging concerning conditions in Massachusetts' prisons, including a months-long lockdown, limited and inconsistent sanitization, and an inability to socially distance. After ordering facility-wide Covid-19 testing at MCI Norfolk, the Massachusetts Department of Corrections **reported** on November 6th that at least 140 people held at the jail had tested positive. In response, the facility temporarily suspended in-person visits.

On November 14, outbreaks at multiple Massachusetts correctional facilities prompted the state to **order** two weeks of Covid-19 testing for all incarcerated people and staff members. All 16 state prisons entered modified lockdown to conduct tests, suspending in-person visitation but allowing attorney visits and releases to continue. Facing a lawsuit and public pressure to release people into home confinement during the coronavirus pandemic, the Massachusetts Department of Correction **began** taking steps to implement a lackluster home confinement program that would release on 20 to 25 incarcerated people at a time. The program, set to launch in early 2021, follows the Department of Correction's decision to release two people on medical parole just hours before their deaths from Covid-19.

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After two incarcerated people died from coronavirus-related illnesses right after being granted medical parole, the Department of Corrections **decided** to include the number of Covid-positive people released on medical parole to the Special Master of the state Supreme Judicial Court. The change in the reporting process follows an investigation by WBUR that uncovered that the state had denied medical parole for the two individuals until they were hospitalized and likely to die from Covid-19.

A Superior Court Judge in Suffolk County **reported** on December 8 that he will review an emergency motion to allow the home release of some Massachusetts prisoners due to the coronavirus pandemic. Prisoners Legal Services of Massachusetts presented the **motion** alleging that the state must do more to protect incarcerated individuals from Covid-19 outbreaks within carceral facilities.

Gov. Charlie Baker **announced** that corrections staff and incarcerated people are among the first people who will be vaccinated under Massachusetts' vaccine distribution plan, placing both groups in the Phase 1 category. This phase of vaccination also includes health care workers, police, fire and emergency responders, people residing in long term care facilities, and those living and working in homeless shelters.

Middlesex County Sheriff Peter Koutoujian **surveyed** incarcerated people in his jurisdiction about their willingness to be vaccinated against Covid-19. By January 12, only 40 percent of the 406 respondents said they would "take an approved Covid-19 vaccine right now" if it were offered to them, free of charge.

Vaccinations in Massachusetts prisons **began** on January 20, as Gov. Charlie Baker **announced** that all willing volunteers of the "about 6,500 inmates and 4,500 staff" at DOC facilities would be inoculated by the second week of February. Staff members **began receiving** vaccinations on January 7, but incarcerated individuals were not offered vaccine doses until two weeks later.

On January 28, Massachusetts Commissioner of the Department of Corrections, Carol Mici, **announced** that Massachusetts has been offering the COVID-19 vaccine to incarcerated people as part of the first phase of their vaccine distribution plan, and so far over 3,500 people in the state's DOC have received it. Additionally, incarcerated people in Massachusetts will receive 7.5 days of Earned Good Time after receiving both doses of the vaccine and completing educational materials on it.

On February 3, Massachusetts **rescinded** its promise to offer "good time" credits to incarcerated individuals who took both doses of the vaccine and read/watched educational materials about it. The decision came from Gov. Charlie Baker, who deemed the credits "not consistent with the Administration's policies regarding reduced prison terms."

On February 8, the state of Massachusetts **reported** that over half of the state's DOC staff have refused the Covid-19 vaccine. Officials worry that Covid-19 will continue to plague prisons, as the virus is brought into the institutions through staff.

On March 22, Massachusetts attorney general, Maura Healey **stated** that she thinks all state correctional officers and police should be required to receive the Covid-19 vaccine. More than half of the state's DOC staff have refused the vaccine.

On March 24, Gov. Baker **pushed** back against Massachusetts Democrats' call to mandate Covid-19 vaccines for the state's correctional officers and police. The governor encouraged the state to start by vaccinating as many people who want to receive the vaccine.

On April 30, the Massachusetts Trial Court began **using** a ballroom as a space to hold socially distanced trials. The court has a backlog of approximately 3,700 cases due to the pandemic.

On September 14th, the Massachusetts Supreme Judicial Court **heard** oral arguments from prisoner's rights advocates concerning the overcrowding prison population in the state. According to the brief submitted by Prisoners' Legal Services, about half of all incarcerated people in these facilities are double or triple bunked – sleeping so close to one another that they can touch each other's beds. Additionally, five prisons in the state are operating above capacity. The argument stated that the Department of Corrections has not utilized all the possible tools to mitigate the spread of the virus in prisons such as home confinement, furloughing some

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incarcerated people, and expanding use of “good time” or other sentence-reduction programs to reduce the population in these facilities.

On October 26, MDOC Commissioner Carol Mici **announced** in a memo that visitors, volunteers, and attorneys at state prisons must undergo rapid Covid-19 testing in order to enter facilities, starting October 27.

On November 15, Essex County Sheriff’s Department **reported** an outbreak at the Middleton House of Corrections, with active Covid-19 cases reaching about 100.

Michigan

On March 29, Michigan Gov. Gretchen Whitmer **signed** an executive order calling for the release of the following people from county jails, prisons, and juvenile detention centers: elderly and/or chronically ill individuals, people who are pregnant, people who are nearing their release date, people who were incarcerated for a traffic violation or failure to appear or pay, and anyone with behavioral health problems who could safely be diverted for treatment.

On May 21, Judge Linda Parker ruled that medically vulnerable people must be **released** from the Oakland County jail. The order required the jail, within three business days, to provide to the court a list of all medically vulnerable incarcerated individuals, their health vulnerabilities and their criminal histories.

On August 15, Gov. Whitmer **signed** an executive order that requires jails and prisons to test individuals for Covid-19 upon entering, transferring to/from, or being released out of the state’s facilities.

On October 14, Michigan Department of Corrections spokesman Chris Gautz **reported** that roughly 120 of the 300 staff members at Marquette’s Branch Prison were not eligible to work because they had either been diagnosed with Covid-19, had symptoms and were awaiting test results, or had come into close contact with another staff member who tested positive.

By December 2, 40 percent of people incarcerated in Michigan prisons had **tested positive** for Covid-19 since the start of the pandemic. The state has continued to provide little protection for incarcerated people and prison staff, whose exposure risks continue to climb during the winter months.

Michigan’s state health department **began reviewing** cases of possible Covid-19 reinfection on December 12, after more than 100 people tested positive for a second time while incarcerated.

On December 30, Michigan **began vaccinating** health care staff at its prisons and jails against Covid-19, prioritizing those who provide direct care to elderly people in long-term care settings. The entirety of prison employees will be eligible in the second phase of vaccination, which includes all essential workers in the state. However, incarcerated people will not themselves be eligible for vaccination in Michigan until the statewide, general population rollout at some point in 2021.

On January 12, the state prison in Saginaw **entered** “outbreak status” when 774 individuals (more than half the facility’s population) tested positive for Covid-19 at the same time. Additionally, the facility reported more than 300 additional people in the “step-down” phase, meaning they had been medically cleared as no longer contagious but still carried the virus.

On February 10, the Michigan DOC **issued** a notice to staff and people incarcerated in the state that a staff member at Bellamy Creek Correctional Facility in Ionia had tested positive for the B.1.1.7 variant of Covid-19. This variant is more contagious than previous strains of the virus.

On February 26, the Wayne County Sheriff’s Office **announced** that it would be the first correctional facility in the U.S. to install air purifiers that are intended to “kill COVID-19 particles,” utilizing filters that recently gained an emergency use authorization from the FDA. In general, Michigan jails have **continued to deny** access to testing, appropriate distancing measures, or PPE to the people held there.

In the Kalamazoo Circuit Court, jury trials will **resume** on April 12. Because no trials have been held in over a year, the backlog of people facing charges that could result in a life sentence is nearly three times the typical

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pre-pandemic amount.

On March 12, the Michigan Department of Corrections **announced** that it will resume in-person visits after pausing them in March 2020. The DOC is putting Covid-related precautions into place, including rapid coronavirus tests for incarcerated people and their visitors, plexiglass barriers, shortened visits, and no physical contact.

On September 8th, Muskegon County Sheriff **stated** that “our jails were not designed for this” as local officials struggle to control Covid-19 outbreaks while state-level have managed a drop in Covid-19 cases.

In an attempt to remedy the effect of the state’s 1998 Truth in Sentencing Act, which requires those incarcerated to serve minimum sentences before being considered for parole, Michigan House and Senate lawmakers **introduced** multiple bills this fall to allow sentence reductions of up to 20 percent for “good behavior” and participation in rehabilitation programs.

Minnesota

In April, Minnesota announced a plan to rely upon Conditional Medical Releases (CMRs) to **reduce** its prison population in response to Covid-19. Of the 2,300 applications received, the CMR board had only released 143 people by September 3. An additional 586 incarcerated people were deemed “at great risk,” but not released. By September 24, roughly half of the 600 people incarcerated at the women’s prison in Waseca had **contracted** Covid-19, most within a two-week span. By September 30, the BOP **reported** that 70 percent of the women had tested positive.

On Saturday, October 10, Stillwater prison **began** a new lockdown period after discovering 90 positive cases of Covid-19 among the 1,273 people incarcerated there.

On October 22, the ACLU of Minnesota **filed** a class action lawsuit alleging that the Minnesota Department of Corrections and Commissioner Paul Schnell did not adequately protect incarcerated individuals from Covid-19 by failing to implement appropriate protocols to stop or slow virus transmission and denying medical release to high-risk individuals.

On November 13, the state prison in St. Cloud **instituted** a full lockdown after 53.7 percent of incarcerated people within the facility tested positive for Covid-19. Cases were found in every single unit of the prison, as well as among 59 staff members. The facility expressed that it would remain on lockdown until the outbreak receded. As of Nov. 27, at least 941 incarcerated people at the Stillwater Correctional Facility have been **diagnosed** with Covid-19, a staggering 75 percent of the prison’s total population. At least one person has died. The prison had been under medical lockdown since Oct. 12, but this lockdown does not appear to have stemmed the outbreak within its walls.

In December, the ACLU of Minnesota **filed** a suit against the federal women’s prison in Waseca, alleging that the prison failed to take measures that would prevent an outbreak of Covid-19, such as releasing people with medical conditions to home confinement and reducing the prison’s population to allow social distancing. At the time of filing, about 70 percent of the prison’s incarcerated population had tested positive for the coronavirus since March.

On March 19, a statewide survey in Minnesota **showed** that 50% of the states corrections officers do not want to receive the Covid-19 vaccine. The DOC commissioner, Paul Schnell, expressed that his department may have to implement different PPE requirements for unvaccinated staff or have them work in separate areas.

On April 4, a report from the Minnesota Department of Corrections and criminal justice experts **showed** that the state experienced disproportionately high rates of Covid-19 in prisons due to lack of ventilation and cramped conditions that did not allow for social distancing. Some incarcerated people reported that prisons put them in cells with coronavirus patients, and the state denied others with health conditions medical release.

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On November 4, the Minnesota DOC **announced** that employees of state prisons must show proof of vaccination or submit to weekly testing.

On November 11, Calvin Miller, program director at Minnesota Correctional Facility-St. Cloud, **reported** 87 active cases of Covid-19. This outbreak represents 95 percent of the state's current cases. The facility has suspended visitation and new admissions.

On December 8, the Waseca County Prison **reported** 133 cases of Covid-19, an increase of seven since December 7th. The prison remains at a "modified operations status," which requires facility-wide mask usage, social distancing in all areas, and consistent screening for symptoms.

Mississippi

Following a late-June **outbreak** at a correctional facility in Pearl, Mississippi, there have been 132 confirmed cases in Mississippi DOC facilities. Less than 2% of the 17,400 people in Mississippi state custody have been tested, as the MDOC has stated that only people with a fever and upper respiratory symptoms qualify for testing.

By September 28, only 1,087 incarcerated people had been **tested** for Covid-19 in Mississippi prisons, 601 of whom have received positive test results.

As of November 30, the Mississippi Department of Corrections **reported** 902 confirmed cases of Covid-19 among the incarcerated population and only 1,380 incarcerated individuals who have tested negative. Family members and advocates continue to report a lack of social distancing procedures or other protectionary measures, despite facility lockdowns purportedly intended to insulate the incarcerated population from virus spread.

On April 1, activists in Mississippi's prison system **reported** that the state's Department of Corrections is threatening consequences for those who do not take the Covid-19 vaccine, such as relinquishing visitation rights, access to work programs, and consideration for movement to different facilities. The DOC is also not providing adequate information about the vaccine to incarcerated individuals to be able to make an informed decision.

As of April 7, Mississippi prisons have been **offering** incarcerated people a bag of "Famous Amos cookies" as an incentive for receiving the Covid-19 vaccine, and Georgia prisons have been offering a "warden's pack" which includes items such as cookies, chips, and candy for being vaccinated. These incentives are an attempt to increase vaccination rates in prisons where low numbers of incarcerated people have accepted the vaccine, in part due to lack of trust of prison staff.

On May 10, the Mississippi DOC **began** "temporary in-person visitation." Under the visitation policy, incarcerated folks are allowed one visitation per month, a max of two visitors per session, and children under the age of 18 are not allowed to visit the MDOC.

On July 26, the MDOC **suspended** in-person visitation due to the rising Covid-19 cases until further notice. The program had just been reinstated in May 2021 after fifteen months without in-person visits.

On September 13th, The Mississippi Department of Corrections **reported** that 89 percent of incarcerated people in state-operated prison are fully vaccinated.

Missouri

By August 1, roughly 20 percent of the women incarcerated at Chillicothe Correctional Center in Missouri had **tested** positive for Covid-19, after Gov. Mike Parson refused to implement any coronavirus-related changes to prison operations except using federal funding for testing.

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On September 11, incarcerated people and activists **reported** that “cleaning supplies have been ‘watered down’ at the Bonne Terre facility” in the Missouri Eastern Reception, Diagnostic and Correctional Center, and that there “aren’t visible signs encouraging social distancing or hand-washing.”

On April 4, people held at the City Justice Center in St. Louis **participated** in another uprising to protest the inhumane conditions in which they are being held and the indeterminate delays on many cases spurred by the pandemic. A recent **report** by the Corrections Task Force called for an independent oversight board that could force changes to the jail’s operations, such as addressing the lack of Covid-19 precautions alleged by people behind bars and the extreme lengths of time they are being held awaiting trial.

On April 4, 60 incarcerated people in the St. Louis City Justice Center jail staged an uprising from their cells in **protest** of long wait times for trials and the high risk of Covid-19 exposure in the institution. This is the second protest at this jail in 2021.

As of May 4, 47% of people incarcerated in Missouri state prisons had been **vaccinated** for Covid-19. The state’s prison system currently has 23 active coronavirus cases.

On October 25, a study analyzing Covid-19 rates in Missouri prisons **found** that among the state’s 22 prisons, the four facilities that intake people directly from county jails have significantly higher Covid-19 rates than the rest. The study highlights the need for uniform standards and the enforcement of protective policies in prisons by showcasing the rapid spread of the delta variant.

During the first week of January, Gov. Mike Parson announced that he would not extend Missouri’s state of emergency in response to the Covid-19 pandemic, citing the state’s flexibility of response. Just days later, Missouri’s prisons, juvenile facilities, and mental health treatment centers all **reported** surges in Covid-19 cases, likely due to the omicron variant’s rapid spread throughout the state.

Montana

On September 28, private prison operator CoreCivic **announced** that over two dozen people incarcerated at the Crossroads Correctional Facility in Shelby, Montana tested positive for Covid-19 in the span of two days. The facility does not plan to test all those incarcerated there, and has not released the number of people who will be tested.

On October 27, the Montana Army National Guard was **dispatched** to respond to the Covid-19 outbreak at the Deer Lodge state prison. 67 volunteer soldiers were sent to assist in distributing mail, meals, and laundry for at least two weeks, or as long as the outbreak continues. At the time of dispatch, the prison was struggling with 203 active cases among incarcerated people and at least 75 involving staff.

On February 9, the Montana Department of Corrections **vaccinated** 110 individuals incarcerated in the state’s prison system as part of Phase 1B of Montana’s vaccine distribution plan. Those who received the vaccine included people at risk for complications from Covid-19, such as incarcerated people over 70. Incarcerated people who have not been deemed “high risk” will be eligible to receive the vaccine in Phase 1C.

On April 9, the Montana corrections director, Brian Gootkin, **announced** that the state will begin allowing in-person visitors in its correctional institutions starting April 24. The facilities have been closed to visitors for over a year due to the pandemic.

Nebraska

On September 24, the Nebraska State Penitentiary **entered** a modified lockdown period, limiting internal movement due to staff absences because of Covid-19 cases. Over 100 incarcerated people have also tested positive inside the facility.

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On November 24, Nebraska officials **reported** nearly 300 active cases of Covid-19 within the state's prisons. The announcement included 112 cases at the Omaha Corrections Center, 71 at the Lincoln Corrections Center and 98 at the prison in Tecumseh. Around 60 staff members also tested positive in the ten days prior to the announcement, and the Department of Corrections began investigating six deaths among incarcerated people that are likely related to the outbreak.

On May 26, the Nebraska DOC **announced** visitation had returned to normal operations and wearing masks would be voluntary.

As cases rise around the state, Nebraska prison official began providing soap and face masks upon request. On August 18, 33 people incarcerated at the Diagnostic and Evaluation Center in Lincoln **tested positive** for Covid-19, a risk amplified by the facility's average daily population over the last year representing over 200 percent of its operational capacity.

On October 10, Governor Pete Rickett's office **refused** to release prison reform reports that were intended to address and explain the state's prison overcrowding. The refusal came a day before the Nebraska Department of Correctional Services Director Scott Frakes appeared before a state judiciary committee to testify about prison overcrowding.

On October 11, a report from the Nebraska Judicial System **revealed** that people are spending ever-more time in state prison facilities and because of this, overcrowding has worsened. The report states that between 2011 and 2021, Nebraska's incarcerated population increased 21 percent, even though the state's prison admission numbers dropped during the ten-year period.

Nevada

On April 27, Nevada's Sentencing Commission **rejected** three separate proposals to even consider reducing the state's incarcerated population, with one of its judges proclaiming that "we're the ones who put those people in prison and I'm not interested in letting them out".

In December, numerous corrections officials **reported** to the state Sentencing Commission that they would "rather quit than be forced to take" the coronavirus vaccine. At the same time, department officials reported that they are drafting legislation to force incarcerated individuals to be vaccinated.

On February 26, the Nevada DOC **announced** that it had been incorrectly reporting Covid-19 cases in its facilities, supposedly due to data entry errors. A review of the state's records showed that the errors incorrectly lowered the cumulative case counts among incarcerated people and staff to drop by 268 since the week before.

On April 22, the Nevada Department of Corrections **announced** that the department will begin allowing in person visitors at state prisons beginning May 1. Visitation has been suspended at the state's prisons since March of 2020 due to the pandemic.

On June 24, the Nevada DOC **announced** fully vaccinated incarcerated folks and staff will no longer be required to wear masks. Additionally, fully vaccinated incarcerated people will be allowed three visitors, rather than two, and visits will be increased to every two weeks.

On September 10th, Nevada officials **voted** to require state employees who work at health care facilities and prisons to get vaccinated against Covid-19. The requirements come into effect November 1 for prison and health care facility employees who don't qualify for religious or medical exemptions. Those who choose not to get vaccinated will face administrative leave or reassignment.

New Hampshire

By Wednesday, May 27, 2020, only 17 of the 2,360 people incarcerated by the New Hampshire Department of Corrections had **received tests** for Covid-19, despite continuing interstate transfers and intakes of newly

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incarcerated individuals.

As of April 17, New Hampshire jails had **begun** distributing Covid-19 vaccines to people incarcerated in the state's ten jails. The state's prison system has been vaccinating incarcerated people since February.

On April 30, New Hampshire advocates **reported** that the state's jail inspection policies are insufficient. The state has county commissioners monitor the workings of county jails, and these individuals are not trained in issues related to incarceration. The policy led the Valley Street Jail in Manchester to pass inspection in December and suffer a Covid-19 outbreak soon after.

On October 21, the Valley Street jail in Manchester, New Hampshire, **reported** that a Covid-19 outbreak has led to infections among at least 120 incarcerated people and six staff members.

New Jersey

On April 10, New Jersey Gov. Phil Murphy **announced** plans to sign an executive order to allow some "low risk" individuals to be moved to home confinement for the duration of the Covid-19 pandemic. To be eligible for release, an individual must be in an at-risk category, either because of age or health status. People whose sentences are about to expire in the next three months or who have been denied parole within the last year may also be eligible for release.

As of July 30, New Jersey lawmakers are expected to approve **a bill** that could free more than 3,000 people incarcerated in state prisons – nearly 20% of their total prison population. These widespread releases would be accomplished by allowing the release of people incarcerated for certain violent offenses, as well.

On September 13, the New Jersey legislature **announced** more plans to grant early releases to thousands of incarcerated people in its ongoing response to Covid-19. These releases would help justify a proposed \$60 million cut to the New Jersey Department of Corrections budget.

On October 19, Gov. Phil Murphy signed **S2519**, reducing the sentences of thousands of people incarcerated in New Jersey state prisons. The law takes time off a person's sentence for every month spent behind bars during a public health emergency, first going into effect on November 4, 2020. The first round of early releases **includes** over 2,000 incarcerated people who have experienced the pandemic in the New Jersey correctional system, and releases will continue on a rolling basis as long as the public health emergency persists.

On November 4, New Jersey **released** 2,258 incarcerated people as part of one of the largest-ever single-day reductions of any state's prison population. Under S2519, at least 1,000 additional people are expected to be released by March — a 35 percent total reduction in New Jersey's prison population.

On November 9, a group of New Jersey state Congress members **called** for a pause in transfers to Fort Dix Correctional Institution, which at the time held the record for the second most ongoing cases of Covid-19 out of any federal prison. The lawmakers expressed "grave concerns" over how prison officials are managing the ongoing coronavirus crisis.

Prisoners and their family members of those incarcerated at Fort Dix have continued to raise alarm about the lack of medical treatment in the facility, **describing** people banging on their doors for hours in order to get medical attention, being only given Tylenol for their symptoms, and rarely being allowed access to a doctor or a nurse.

Only three weeks after its last major outbreak, Fort Dix **reported** on January 5 that roughly 600 incarcerated individuals at the facility have tested positive for Covid-19, again raising concerns about those trapped within the prison walls who have had to endure multiple lockdowns and extensive virus spread.

The Fort Dix federal prison **began receiving** coronavirus vaccines for distribution to incarcerated individuals on January 19, at a time when at least 460 people were actively experiencing Covid-19 infections.

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On February 1, the warden of Fort Dix federal prison was **reassigned** to an administrative post in Philadelphia, signaling the BOP's acknowledgement of his failure to contain (or curtail in any way) the massive coronavirus outbreak within the facility. According to official BOP case data, roughly 1,500 incarcerated people in Fort Dix have tested positive for Covid-19.

On February 11, the New Jersey Supreme Court **rejected** a case proposing to release approximately 650 people from jail after six months of awaiting trial. However, the Court conceded that lower courts should still consider releasing some people from jail after six months, especially if their health puts them at a greater risk for complications related to Covid-19.

Despite the state technically allowing incarcerated individuals to receive Covid-19 vaccinations, county jails in New Jersey have **reported** difficulty accessing the state's vaccine supply, leaving them unable to move forward with their full inoculation plans or meet demand inside the jails.

On May 1, New Jersey state prisons will **begin** allowing in person visitors for the first time since the pandemic started in the spring of 2020. Visitors will reserve slots and all visits will occur outdoors and socially distant.

New Mexico

On April 6, New Mexico Gov. Lujan Grisham **signed** an executive order releasing some people from prison in response to Covid-19. Only individuals who were scheduled to be released in the next 30 days are eligible, though the Governor's office noted that the list of eligible individuals will be reassessed every day.

New York

On March 31, New York announced plans to **release** 1,100 people incarcerated across the state who were imprisoned because of parole violations. This number does not include people with prior convictions for violent offenses or people who could not provide evidence of adequate housing upon release. Michael Tyson, the first person to die from Covid-19 in the NYC jail system, was **incarcerated** on a technical parole violation, but had not been recommended for release under the Governor's guidelines because of a prior violent crime conviction. For up-to-date data on the number of Covid-19 cases in the New York State prison system, see [here](#).

By October 7, less than half of those incarcerated within the New York State prison system have been tested since the beginning of the Covid-19 pandemic. Advocates **testified** that the state is slowing down the number of tests per week, despite rising concerns over access to coronavirus testing and flu vaccinations.

By October 21, multiple New York state prisons **began reporting** new Covid-19 outbreaks within their facilities, with 278 incarcerated people at the Elmira Correctional Facility receiving positive test results within a two-week span (when reporting the outbreak, the facility was still awaiting the results of another 475 tests). On the same day, county officials announced that at the Greene Correctional Facility, 80 incarcerated people and 26 employees had tested positive - up from two positive cases as of Oct 1.

By October 27, almost 40 percent of incarcerated people at the Elmira state prison had **tested positive** for Covid-19, continuing an outbreak that prompted a full facility lockdown on October 21.

According to an Inspector General report **released** on November 10, the Metropolitan Detention Center in Brooklyn has been waiting two months to schedule sick call requests for people held there, despite growing concerns of Covid-19 spread and ongoing unrelated health issues. The same report **credited** a lack of accessible testing as masking the true extent of Covid-19 outbreaks at the facility.

According to data **released** by the state, only five people were granted medical parole and let out between March 16 and November 10 by the New York State Parole Board, despite the multitude of incarcerated people with pre-existing medical conditions that make them more susceptible to Covid-19.

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On December 8, the Monroe County jail **began** universal coronavirus testing, after nearly 200 people at the jail were placed in quarantine for possible Covid-19 exposure. Almost immediately, over 70 people tested positive for Covid-19.

On December 16, the Onondaga County jail **announced** that 22 incarcerated individuals, four staff members, and one food vendor all tested positive for the coronavirus in two days, prompting the facility to restrict all activity and bring meals to people in their cells.

Between December 12 and January 5, the state's 52 correctional facilities **reported** at least nine deaths and over 1,000 active infections among incarcerated individuals, exemplifying New York's inability to keep incarcerated people safe from infection.

On January 6, Mayor Bill de Blasio **announced** that some New York City jail staff are now eligible to be vaccinated, in addition to the medical employees who were already eligible. However, only the highest-risk patients inside the jail will be vaccinated in this phase.

In the first weeks of 2021, positive cases in the New York state prison system skyrocketed, with almost 2,000 people **testing positive** from December 1 through January 12. The state did not announce any plans to vaccinate incarcerated individuals in response to this surge.

On January 28, the New York State attorney's office **released** a report indicating that the state's health department may have undercounted the Covid-19 death toll in state nursing home residents by as much as 50%. The investigation is ongoing.

On January 28, authorities **began administering** Covid-19 vaccinations to jail staff and some incarcerated people in New York City's federal jails. The staff were given first access to the vaccines, though some have declined protection. In city-run jails, roughly 200 incarcerated people had been vaccinated by the end of January, prioritizing the most elderly and vulnerable. Those held in state prisons, however, are not yet eligible for vaccinations.

While the state resists calls to offer vaccinations to incarcerated people, Covid-19 cases in the New York state prison system continued to spiral out of control, with nearly 150 active cases being **reported** at the Franklin Correctional facility on February 3 alone.

In response to these state failures, two men being held on Rikers Island **filed** a lawsuit on February 4, arguing that the state's rules "allowing immunizations for residents of other congregate settings— nursing homes, shelters and long-term care facilities—while excluding incarcerated people is 'arbitrary and capricious'."

On February 5, Gov. Cuomo **announced** that people held in New York City jails who are over the age of 65 or "medically frail" can begin receiving the Covid-19 vaccine. This announcement came as a result of the above lawsuit filed on behalf of incarcerated people at Rikers, who claimed that exclusion from vaccination is a violation of their rights under the 14th amendment's equal protection clause.

On February 18, advocacy groups and state lawmakers **called** on the New York DOC to reform Covid-related responses. The advocates were particularly concerned about prisons sending Covid-positive people who needed to quarantine to solitary confinement in the Specialty Housing Units.

On March 8, a report from the Board of Corrections **revealed** that conditions in New York City jails have not improved in the year since the pandemic began. The report showed that the jails do not have comprehensive distancing measures and mask mandates in place, despite research over the past year about how the virus spreads.

As of March 10, there **were** over 5,500 people being held in New York City jails, a higher population than before the pandemic started. Doctors are concerned that the increase in the number of people coupled with unsanitary conditions and a lack of social distancing and masking in jails could lead to another major outbreak in the jails.

On March 30, a New York judge **ordered** Gov. Cuomo to offer Covid-19 vaccines to people incarcerated in the state, asserting that the denial of vaccines was "by definition arbitrary and capricious." The decision comes after incarcerated people sued Gov. Cuomo and the New York Commissioner of Health, Howard Zucker, nearly two months ago requesting access to the vaccine.

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On April 20, about one in five women incarcerated at Bedford Hills Correctional Facility, a New York prison for women that holds pregnant women and has a nursery program for newborns, **tested** positive for Covid-19 during the institution's most recent outbreak. The states Department of Corrections and Community Supervision reported that babies who test positive remain with their mothers during quarantine.

On May 11, the federal monitor tasked with investigating New York City jails **reported** that the lack of reforms in the NYC jail system is "frustrating and disappointing," with an "alarming" and "pervasive" level of "disorder and chaos" defining the experience of people **held** at Rikers Island jail facilities.

On June 25, NYC jails **resumed** in-person visits. Visitors must practice social distancing, wear masks, undergo temperature checks, and complete a self-screening for Covid-19.

In September, the NY State Department of Corrections and Community Supervision will **restart** its Family Reunion Program after a nearly 18-month suspension due to the pandemic. The program allows incarcerated individuals and their families to have extended visits in a "private home-like setting."

As of late July, New York state prisons are **offering** incentives like barbecues, \$75 care packages, and conjugal visits to increase vaccines. By July 29, all 32,000 people incarcerated in New York State prisons have been **offered** the Covid-19 vaccine, but only 46% have actually been vaccinated.

On September 10th, Ross MacDonald, the Chief Medical Officer of the New York City jail system, **sent** a letter to City Councilman Keith Powers urging for outside help to help the "disorder and chaos" in the New York City Jails. MacDonald states that the "collapse in basic jail operations" has led to an increase in jail-attributable deaths. The letter states that the spread of COVID-19 in these facilities outpaces the spread in the city and that the situation has been grossly mismanaged.

On October 22, Gov. Kathy Hochul **signed** a package of criminal justice reform legislation to provide more rights to the formerly incarcerated—including easing access to "Good Behavior" certificates and empowering bona fide work to not violate parole.

On November 1, the Genesee County Jail **announced** that all in-person visitation will be suspended until November 22 due to an influx in Covid-19 cases inside the facility.

On November 29, it was **reported** that 23% of New York DOC employees have not yet received their first Covid-19 vaccination shot, and 30% of those unvaccinated staff have not been submitting weekly Covid-19 tests as required by the state's vaccine and testing mandate.

North Carolina

As of July 15, North Carolina's Department of Public Safety began a **90 day contract** with a Quality Inn & Suites in Durham, enabling them to quarantine people who have completed their sentences and are being released. After six weeks and 3.3 million dollars of testing, North Carolina officials **announced** that 2.1 percent of the state's incarcerated population tested positive for Covid-19.

Between December 3 and December 7, four incarcerated men in North Carolina **died** of the coronavirus. They bring the death toll of individuals incarcerated by the state of North Carolina to 28, a number that has doubled since the end of September. According to the state's public database, 6,059 people in the state prison system have tested positive for the virus since the beginning of the pandemic, representing one in six people held in state prison facilities.

The first 1,000 doses of Covid-19 vaccines for incarcerated people and prison staff in North Carolina **arrived** on January 20th. The initial doses will be offered to staff and "housing units where offenders have tested positive for the virus and inmates 75 years or older," before moving onto incarcerated people between 65 and 74 years of age. The state has **considered** incentivizing vaccination among incarcerated individuals, and may offer rewards for volunteering once vaccinations are available to the general prison population.

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In an inspection report [released](#) January 28, the BOP found that Butner Correctional Complex mishandled its response to the Covid-19 pandemic, with improper mask usage, risky and unnecessary movement of incarcerated people, and a botched implementation of the attorney general's directive to release at-risk individuals.

On February 9, a North Carolina Health News investigation in partnership with VICE News [reported](#) that North Carolina has been under reporting the number of incarcerated people who have died of Covid-19. The state failed to report all Covid-related deaths that occurred in prisons during the first seven months of the pandemic. On February 24, North Carolina [settled](#) a lawsuit with the NAACP, filed on behalf of incarcerated people in the state, ensuring that its prison system will release at least 3,500 people over the next six months. The lawsuit was filed 11 months ago in response to the abysmal conditions faced by incarcerated people during the pandemic, and represents the largest decarceration effort to come from the court system since the onslaught of Covid-19.

As of April 15, North Carolina prison officials [reported](#) that while about 50% of the state's prison population has been vaccinated for Covid-19, the number of people in prison, both incarcerated people and staff, who want to be vaccinated is slowing down. Health officials are concerned that low vaccination levels may hinder whether prisons can reach herd immunity.

As of June 2, nearly 10,000 incarcerated individuals had their sentences [reduced](#) by five days as a part of the state's program to incentivize Covid-19 vaccines. Other incentives offered include \$5 credit at the prison canteen, four extra visits from loved ones, a free ten-minute phone call, and an earlier return to an assigned job. On October 20, the North Carolina Department of Public Safety [implemented](#) changes to how incarcerated people receive mail. Mail such as handwritten cards, artwork, and photos will now only be available to those in the form of a digital scan.

North Dakota

On July 15, North Dakota began [implementing](#) antibody testing for all correctional staff, with plans to roll out to incarcerated people in the future. Each incarcerated person has been tested at least once, with ongoing testing planned as long as the pandemic continues. The department's total corrections population went from a daily average of 1,515 in March to 1,271 in June.

On November 11, North Dakota's Department of Corrections and Rehabilitation [announced](#) that it had resumed admissions to the State Penitentiary in Bismarck, which had been temporarily halted on October 19th in response to increased spread of Covid-19.

On March 12, the North Dakota Department of Corrections and Rehabilitation [announced](#) that they will begin allowing in-person visitors at the state's prisons on March 29 after a year of lockdown at the prisons. All guests will be required to have a negative Covid-19 test within five days of the visit, wear an N-95 mask, and pass a temperature check screening.

As of Friday, May 21, about 72% of North Dakota's prison population had been fully [vaccinated](#) against Covid-19, exceeding the vaccination rate of the general population.

On November 2, the North Dakota Department of Corrections [reported](#) a surge in coronavirus cases at the North Dakota State Penitentiary, with a total of 82 people testing positive.

Ohio

On April 7, Ohio Gov. Mike DeWine [announced](#) that his office recommended that 141 incarcerated people in minimum security prisons, who are within 90 days or less from release, be released by the end of the week.

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On April 22, a federal judge **ordered** officials at the Elkhon Federal Correctional Institution to identify their medically-vulnerable prisoners and transfer eligible incarcerated individuals out of the facility. The ruling came after a class action habeas petition **filed** on April 16 by the ACLU of Ohio and the Ohio Justice and Policy Center, following an outbreak of Covid-19 inside the prison. As of April 22, 6 incarcerated individuals had died at Elkhon from Covid-19.

Between March 10th and May 13th, the Cuyahoga County, Ohio jail has **released** about 900 people, reducing its population by more than 30%. This reduction was largely a result of an increase in court orders and special hearings intended to expedite the release of people from local jails.

Gov. DeWine has **refused** ongoing requests to ramp up Covid-related releases. These requests were made because of the 6,000 positive tests as of July 20 (including both incarcerated people and correctional employees), and reports from prison employees that the current prison conditions are **chaotic**.

On November 16, the Cuyahoga County Jail **stopped** admitting those arrested on new misdemeanor charges, except in cases of domestic violence. The decision was intended to reduce the number of people incarcerated at the jail and limit the spread of Covid-19.

On December 11, 17 percent of people held at the Cuyahoga County jail had tested positive for Covid-19 (237 cases), almost **fifty** of them in a single day. In response to the growing outbreak, the Ohio National Guard began staffing the jail, in addition to the 12 other Ohio carceral facilities where the Guard was already supplanting depleted staff.

On December 14, the Cuyahoga County jail **announced** that they would release some people convicted of misdemeanors, in order to reduce the number of people held at the jail. Some of those released will be immediately transferred to another facility, and those convicted of domestic violence charges are not eligible for release under this measure.

The next day, Gov. Mike DeWine **announced** that his administration has not yet decided when incarcerated people and staff will be eligible for the Covid-19 vaccine, even as cases among prison employees in Ohio have risen more than 80 percent in the last month, and over 500 incarcerated people tested positive in the first two weeks of December.

On December 23, Gov. Mike DeWine **announced** that the state does not have a plan for vaccinating all incarcerated people or prison staff members yet, though facility employees will be prioritized above the majority of incarcerated people. The state distributed vaccines to some extremely vulnerable folks in prison medical care units at the end of December, but the majority of the state's prisons remain uncertain as to when they will receive enhanced protection from Covid-19 outbreaks.

On March 15, Ohio Valley officials **reported** that correctional facilities throughout the region in Ohio, Kentucky, and West Virginia continue to be overcrowded. They attribute the increase in prison population throughout the pandemic to the area's opioid crisis; the number of drug-related crimes in the area went up during the pandemic. Advocates argue that the Covid-19 mitigation strategies in the region's prisons have not been sufficient and that the states should prioritize incarcerated people for coronavirus vaccines.

On April 1, about 1/3 of people held at the Summit county jail in Ohio were **vaccinated** with the one-dose Johnson & Johnson Covid-19 vaccine. The jail has not scheduled another vaccine clinic, and the CDC's pause of vaccinations using this vaccine has delayed other possible clinics.

On April 12, the ACLU of Ohio **filed a lawsuit** against the Ohio Department of Rehabilitation and Correction arguing that the seizure of incarcerated people's Covid-19 relief stimulus checks to pay fines and fees violates the equal protection clause of the state's constitution.

On April 29, the Ohio Supreme Court **ruled** that the state's Department of Corrections and Rehabilitation has to pay Mark Griffin, who is incarcerated at the Toledo Correctional Institution, after failing to fulfill his request for information about the institution's rate of Covid-19 cases among staff and incarcerated people.

On May 17, voluntary vaccinations began at the Cuyahoga County Jail. While only two housing pods were **offered** the Johnson & Johnson vaccine on the first day of the program, all eligible people accepted the shot.

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On May 18, Ohio state officials **announced** that incarcerated individuals are not eligible for the Ohio Vax-a-Million lottery drawings. The drawings will give up to five \$1 million prizes to Ohioans 18+ who have gotten at least one dose of the Covid-19 vaccine and up to five four-year, full-ride scholarships (including room and board, tuition, and books) to any Ohio state college or university for Ohioans 12-17 years old.

Oklahoma

On April 10, Oklahoma Gov. Kevin Stitt **commuted** the prison sentences of more than 450 incarcerated individuals to decrease prison overcrowding and reduce the risk of a Covid-19 outbreak in prisons. According to VICE News, the Grady County Jail in Oklahoma has earned a reputation as a "super-spreader" facility, as it has been **identified** as the source of outbreaks at federal institutions across the country. "In an internal Bureau of Prisons email sent in August...a senior regional official warns staff, 'Should you receive inmates who have been housed in Grady County (OK) Jail, it would be a good idea to assume they are positive for Covid-19.'"

A report released on January 7 **revealed** that commutation approvals in Oklahoma plummeted during the Covid-19 pandemic, with the parole board approving 33 percent fewer Stage 1 commutation in 2020 as compared to 2019, despite considering over 1,000 more applications.

On January 23, the Oklahoma DOC **announced** that it will begin vaccinating prison employees and incarcerated people in February, beginning with professional medical personnel (followed by staff, then incarcerate people). The plan does not fully prioritize incarcerated people, but provides more of a structure for vaccinating them than many other states.

On March 16, the Oklahoma state Department of Corrections **announced** that they will begin allowing in-person visits again at the state's prisons starting April 1. The prisons have been closed to visitors since September 30, 2020. Visitors will be allowed for a period of two hours and must wear a face mask supplied by the prison, complete a health screening and maintain 6 feet of social distancing.

As of April 12, 53% of people incarcerated in Oklahoma's state prison system had **been** vaccinated for Covid-19. Advocates argue that education about the vaccine is essential to increasing the number of people willing to be vaccinated in prisons.

On May 10, Oklahoma prisons **began allowing** in-person visitation again for the first time in over a year. The state will also begin re-allowing volunteers who lead religious services and skills-based classes later this month. The Oklahoma Department of Corrections has **abandoned** its promise to conduct mandatory Covid-19 testing despite its recent surge of the Delta variant. While the Department of Corrections claims it follows CDC guidelines concerning contact tracing, masking, quarantining, and isolation, the agency does not follow guidelines for COVID testing.

Oregon

On April 8, Oregon Gov. Kate Brown **asked** for information from state and local corrections officials regarding the possible early release of incarcerated individuals to limit the spread of Covid-19 spread in Oregon prisons. In Oregon, many incarcerated individuals are **resisting** Covid-19 testing because they may lose their limited privileges if they are transferred to DOC quarantine units.

On June 15, the Oregon House and Senate released a "**decompression**" plan that requires the Department of Corrections to immediately release adults in custody who are at high risk for Covid-19, as well as individuals who are a few months away from the end of their sentence and have housing available.

Following a **surge** in Oregon's correctional cases, more than a third of people incarcerated in the state were in quarantine as of July 20 – about 3,000 individuals total.

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On August 25, Gov. Brown asked for the Oregon DOC to compile a list of people whose sentences could be **commuted** due to Covid-19 medical vulnerability. This is the second such list that the state has compiled, the first of which led to the commutation of 57 sentences in June.

By October, Covid-19 was consistently being **transmitted** inside prisons at ten times the rate of community spread outside correctional facilities, stoking widespread fear from those behind bars.

A December grand jury report **found** that population reduction at the Multnomah County Jail, which dropped from operating at 95 percent capacity in the early spring to 66 percent capacity by winter, led to a positive impact on facility operation, particularly in mitigating the spread of Covid-19 within its walls. The report "encouraged the sheriff's office to look for alternative ways to address the mental health needs of those who have remained in custody, and to resume offering free phone calls in places without in-person visitation."

On December 2, Gov. Kate Brown **announced** another expansion of the criteria for early release from prison in response to the Covid-19 pandemic. The announcement signals the third time since March that the governor has ordered the Department of Corrections to review people for potential release, this time including those within six months of release from prison.

On December 16, A federal judge **ruled** that state officials in Oregon are not protected from liability claims if they did not implement appropriate safety measures to limit the spread of Covid-19, allowing a suit from seven currently and formerly incarcerated people to proceed in the court system. The lawsuit alleges that the state violated their Eighth Amendment right against cruel and unusual punishment by negligently refusing to carry out protection measures.

On December 28, DOC officials in Oregon **announced** that nurses, doctors and corrections officers who are in close contact with incarcerated individuals who have contracted Covid-19 are the highest priority for the vaccines. They also included a small number of incarcerated people responsible for cleaning housing units in this priority group, but only 400 total doses of the vaccine were made available to the agency by the end of 2020.

On Tuesday, February 2, a judge **ordered** that all people incarcerated by the Oregon prison system must be prioritized for vaccination from Covid-19. The preliminary injunction makes all incarcerated people in the state immediately eligible for the vaccine, along with all other people living in congregate settings (such as nursing homes). The next day, Gov. Kate Brown **decided** not to appeal the decision and instead move ahead with the vaccinations.

On February 10, Oregon state officials **estimated** that 55% of prison staff will choose to receive the Covid-19 vaccine, despite all but one of the Covid-19 outbreaks in Oregon's prisons being traceable to staff's contact with people outside prisons.

On March 11, Gov. Brown **signaled** that she will consider shortening prison sentences for incarcerated people in Oregon who worked as firefighters during the state's 2020 wildfires. The Department of Corrections identified 164 individuals, including people convicted of violent crimes, who may qualify for early release. Some district attorneys have opposed the proposal, arguing that early release for people incarcerated for violent crimes would diminish public safety.

On March 24, the Oregon Department of Corrections **reported** that the state has been facing pushback among correctional officers about receiving the Covid-19 vaccine. At Snake River Correctional Institution in Malheur County, especially, many correctional staff, most of whom live in Idaho, do not believe the virus is serious, that masking is effective, and are concerned about unsupported vaccine side effects such as infertility.

By mid-May, the Oregon state prison system **reached** a 70 percent vaccination rate inside its facilities, greater than the state's general population. The vaccination push was prompted by a judge's orders in February to immediately start vaccinating all incarcerated people in Oregon, and no one inside the state's prisons has died of Covid-19 since.

On June 22, The Oregonian **reported** that 25 people incarcerated at Multnomah County's Inverness Jail had tested positive for Covid-19.

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On August 13, a public defender in Oregon **filed** a lawsuit on behalf of the over 1,500 people incarcerated at Sheridan federal prison; the filing claims that during the pandemic, "those in custody report 'dangerous and unbearable conditions' that 'could reasonably be considered excessive punishment'."

Prison officials from the Oregon Department of Corrections **estimate** that only 50-55 percent of the agency's 4,500 employees have received some version of the Covid-19 vaccine, despite facilities having been sites of some of the largest outbreaks of coronavirus across the state.

Pennsylvania

On April 10, Pennsylvania Gov. Tom Wolf **issued** an executive order that could lead to the release of between 1,500 and 1,800 "non-violent, at-risk" individuals incarcerated in Pennsylvania state prisons who are several months from their scheduled release.

On April 10, Gov. Wolf ordered the Pennsylvania Department of Corrections to establish a temporary reprieve program. The administration estimated that up to 1,800 people were eligible for release. As of May 8, fewer than 150 people have been **released** through the program.

On May 20, Philadelphia **began** universal Covid-19 testing for the 3,800 people incarcerated in its four city jails, regardless of whether or not they have symptoms.

As of June 2, Gov. Wolf had still not released the 1,800 individuals eligible for release under his April 10 **reprieve order**, inspiring **hunger strikes** across a coalition of organizations.

Pennsylvania DOC Secretary John Wetzel has continued **drafting** a plan to shift operational capacity for its state prisons, with the intention of releasing at least 2,000 currently incarcerated people at greater risk of contracting Covid-19 while they remain behind bars. In the first week of September, 33 new positive cases were **confirmed** in a single Pennsylvania county prison.

At the Laurel Highlands State Correctional Institution, which functions partially as a long-term-care facility for many of the oldest and sickest men in Pennsylvania's prison system, 444 incarcerated people **tested positive** for the coronavirus in the month of November alone. By December 2, eight men had died of the virus in the past two weeks, and 49 staff members were also confirmed positive for Covid-19.

At the Federal Correctional Institution in Loretto, incarcerated people have been granted compassionate release but not actually been released. On December 9, at least one of those people **tested positive** for Covid-19, adding to the facility's rapidly spreading outbreak. According to the BOP, 538 incarcerated people and 22 staff members were experiencing active infections.

Within a single week in December, 228 people held in Philadelphia jails **tested positive** for Covid-19. Staff and incarcerated people alike continue to allege that even more cases are going undetected, due to inadequate testing and a lack of contact tracing.

On January 14, a federal judge in Pennsylvania **ordered** Philadelphia jails to relax some of their most extreme Covid-19 lockdown measures in order to protect the mental health of incarcerated individuals there.

By February 2, over 13,000 people in the Pennsylvania prison system had **tested positive** for Covid-19, with at least 100 deaths directly caused by the coronavirus.

On February 9, spokespersons for Lehigh and Northampton Counties in Pennsylvania **reported** that Covid-19 cases were down significantly from previous months in jails in both counties. There are currently two active cases among people being held in the Lehigh County jail and zero cases in the Northampton jail.

On March 17, the Pennsylvania Department of Corrections **reported** that two of the state's prisons have vaccinated more than 70% of people incarcerated in the facilities. They attribute the high rate of vaccination to an incentive program in which people who receive the vaccine are eligible for a \$25 commissary credit toward items such as clothing and food. The money for the incentive program comes out of the Inmate General Welfare Fund, which is funded by fines and fees incarcerated people pay to the DOC.

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On March 19, allegations from incarcerated people and staff at Lycoming County Prison in Pennsylvania **reported** that the prison lacked sufficient quarantine procedures when there was an outbreak at the institution. Sources state that people who tested positive were not separated from the rest of the population.

On April 5, the Pennsylvania Department of Corrections **began** administering the Johnson & Johnson Covid-19 vaccine to incarcerated people throughout the state. At least eleven of the state's prison have received doses of the vaccine, so far.

On April 26, Westmoreland County in Pennsylvania **announced** that incarcerated people in the county's prison will receive a \$25 credit to the commissary after receiving a Covid-19 vaccine.

On May 2, people held at the Allegheny County Jail in Pennsylvania **reported** that throughout the past year, the jail's kitchen had "filthy" working conditions, including roaches and rats, lack of coronavirus precautions, poor food quality, and workers quitting. Kitchen workers said the conditions stemmed from contracts with companies like Summit Food Service and the jail's generally poor administration and management practices. Beginning on May 22, the Pennsylvania DOC started **phasing in** the resumption of in-person visitation at its facilities. The program began with SCI Laurel Highlands, then will resume at four other state facilities by the beginning of June. The intention is to resume in-person visits at all state facilities by the summer.

The Philadelphia Inquirer **reported** that by mid-June, more than 75% of Pennsylvania's prison population had been vaccinated against Covid-19. On the other hand, according to voluntary reports, just 22% of the department employees were vaccinated.

On June 30, the Pennsylvania DOC **announced** that four additional facilities have finalized plans to reinstate in-person visitation. SCI Smithfield and SCI Somerset will begin visitations on July 8 and SCI Frackville and SCI Mercer will begin visitations on July 9.

The Pennsylvania Department of Corrections **announced** that effective August 9, in-person visitation will be suspended until further notice for the unvaccinated incarcerated population only. Additionally, incarcerated individuals will be assigned housing based on their vaccination status.

After approximately three months without a Covid-19 outbreak, in August, the Lancaster County Prison **found** over 60 positive cases within a week among incarcerated people.

On October 6th, the Philadelphia Inquirer **released** an investigation documenting "unsustainable, dangerous and unacceptable" conditions in Philadelphia prisons. The report was published following an increase in violence, particularly homicides, within the facilities. The prisons are currently banning in-person visits, limiting phone calls and showers, delaying medical care, and remaining short-staffed by about 500 officers.

On November 30, the York County spokesman **announced** that the York County Prison in Springettsbury Township will remain in lockdown due to a Covid-19 outbreak that has infected at least 140 people.

Rhode Island

The Director of the Rhode Island Department of Corrections is **submitting weekly** lists of people being held on low bail amounts to the public defender's and attorney general's offices for assessment in efforts to have them released. The state has also been evaluating people with less than 4 years on their sentences to see if they can retroactively apply "good time" credits for early release.

On November 30, the Rhode Island Department of Corrections **announced** that 488 incarcerated people and 112 staff members have tested positive for Covid-19. In November alone, the state's maximum-security unit confirmed coronavirus cases among 316 of the 354 people held there.

During the last week of December, Rhode Island **began vaccinating** incarcerated people in the state. The vaccinations are in accordance with Phase One of its distribution plan, which prioritizes "older adults in congregate or crowded settings".

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On March 17, Dr. Justin Berk (Medical Director for the Rhode Island DOC) **reported** that 70% of correctional staff and 73% of incarcerated people in the state have registered to receive the Covid-19 vaccine so far. The DOC attributes their high rates of vaccination sign up to educational campaigns and outreach.

A report from the US Sentencing Commission **found** those who were incarcerated in federal prison in Rhode Island and sought compassionate release were approved 40% of the time. Of the 78 people who requested early release, 30 were granted, 45 were denied, and three were withdrawn.

On November 17, the Rhode Island Department of Corrections **reported** an increase of 57 cases of Covid-19 infections at the Anthony P. Trivisono Intake Service Center in Cranston.

South Carolina

As of September 29, South Carolina Department of Corrections (SCDOC) has reported 31 deaths among incarcerated people, in addition to 2,140 positive cases. Incarcerated people remain in charge of cleaning the prison facilities, and the SCDOC has **acknowledged** the near-impossibility of social distancing behind bars, yet the state has not embraced a mass-release strategy to cope with virus concerns.

On June 2, the South Carolina Department of Corrections **announced** select prisons will begin in-person visitation on June 19 for incarcerated people who are fully vaccinated.

On October 6, South Carolina's Joint Bond Review Committee **approved** \$92 million in improvements to be made in prisons statewide, after a 2018 riot at Lee Correctional Institution left 7 people dead and showcased the need for adequate staffing and security upgrades.

South Dakota

In late July, South Dakota's Pierre Community Work Center began reinstating some of its community service projects. By September, the 172 women incarcerated there had tested positive for Covid-19, and the work release programs were **indefinitely paused** again.

Between October 23-27, the South Dakota prison system **reported** 897 new positive cases among incarcerated persons and staff, and almost half of all incarcerated people in the state have **tested positive** for Covid-19.

On November 9, the first Covid-19 death of an incarcerated person in South Dakota was **reported** by the state Department of Corrections. The same day, the department reported that out of the 3,990 Covid-19 tests administered within its facilities, 1,870 incarcerated people have tested positive.

Beginning March 8, very limited in-person visitation will **resume** in the South Dakota prison system, with several precautionary measures in place to account for social distancing measures and coronavirus-related concerns.

On April 1, the South Carolina Department of Corrections was **preparing** to increase their volume of vaccinations in the state's jails and prisons. As of the end of March 729 incarcerated people above 65 or with a health condition had been vaccinated in the state.

On July 27, Gov. Kristi Noem **ended** the mask mandate in the South Dakota prison system.

On October 27, the South Dakota Women's Prison **reported** a Covid-19 outbreak in its facility. The prison then faced criticism as sources revealed that staff had been told to come into work even with a Covid-19 diagnosis. Witnesses also report a lack of masks in the facility and that people are not being separated from the general population while awaiting Covid-19 test results.

Tennessee

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On August 31, state officials **announced** that nearly 1,000 of the 1,410 incarcerated people tested at the South Central Correctional Facility have been diagnosed with Covid-19.

As of February 9, experts in correctional health **worried** that Covid-19 had worsened pre-existing weaknesses in Tennessee prisons' medical systems. The medical care in the state's prisons, which was already limited, now has even slower response times for routine and specialty care because of Covid-19. Addiction treatment programs in the state's prison system have also been reduced by the pandemic, and the number of overdoses in these institutions has increased during the pandemic.

In early March, a Tennessee advisory panel **concluded** that despite incarcerated people being a high-risk population, prioritizing them for inoculation could be a "public relations nightmare;" therefore, the state decided to leave them among the last group of state residents to become eligible to receive Covid-19 vaccinations.

On March 9, a spokesperson for the Tennessee Department of Corrections **reported** that the state had begun vaccinating incarcerated people over 65 who qualified for the state's vaccine rollout phase due to their age. The DOC has ordered more doses of both the Moderna and Johnson & Johnson vaccine and plans to first vaccinate older incarcerated individuals and then those with health risks.

A report from the US Sentencing Commission **found** that those who were incarcerated in federal prison in Tennessee and sought compassionate release were approved 18% of the time. Of the 336 motions that were filed, only 61 individuals were released.

On October 18, the Tennessee Department of Corrections **reported** that Covid-19 test positivity rates at Trousdale Turner and South Central Correctional Facilities of 31 percent and 28 percent, respectively, while the state average remains around 8 percent. Both facilities are managed by CoreCivic and overseen by TDOC, and both facilities do not require employees to be vaccinated or provide negative test results.

Texas

In Texas, at least 10,500 people have been approved for release by the parole board, but remain incarcerated while they wait to complete **pre-release programs** that have been suspended by Covid-19. **Calls** to release these potential parolees have been largely ignored by the **governor**.

As of July 23, tens of thousands of parole-approved people are **still incarcerated** in Texas. Many have been waiting six months or longer for release, and during that time, more people incarcerated in Texas **have died** from the virus than in any state prison system in America.

As of Friday, Aug. 14, there were 65 positive Covid-19 cases inside the federal prison in Beaumont, Texas, **raising alarm** among families and advocates of people incarcerated there.

On September 29, Federal District Judge Keith Ellison of the Southern District of Texas **issued** a permanent injunction in favor of the plaintiffs in *Valentine v. Collier*, a case challenging the lack of Covid-19 precautions being taken in a prison facility operated by the Texas Department of Criminal Justice (TDCJ). At the time of his ruling, about 40% of the population was infected and 20 incarcerated people had died.

In November, the Covid, Corrections, and Oversight Project **released** a profile of Covid-19 deaths in carceral facilities in Texas. The report identifies that at least 204 people behind bars have died since the pandemic began, in addition to at least 27 staff members. It also found that in Texas' county jails, almost 80 percent of the people who died from Covid-19 between March and October had not been convicted of a crime.

Coronavirus-related deaths became so overwhelming in El Paso, Texas, that the Medical Examiner began forcing incarcerated people on work release to assist with **transporting** the overflowing number of bodies at the local morgue.

On December 13, investigative journalists **released** data showing that the Texas Department of Criminal Justice's lackluster response to the pandemic has increased the spread of Covid-19 behind bars, potentially exacerbating outbreaks in carceral setting and further endangering surrounding communities.

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A federal judge **ordered** the Harris County Jail to "swiftly review" roughly 2,000 people for bail reductions, pretrial release, or post-conviction release by the end of January, hoping to prevent the rapidly overflowing jail from becoming more of a "killing field".

On January 20, it was **revealed** that the El Paso County Sheriff's Office spent more than \$80,000 on face masks from April through September, but did not provide any of the masks to incarcerated people.

By January 2021, multiple county jails in Texas are **out of space** to hold people, due to the pandemic's stalling of the criminal legal system coupled with the state's reluctance to release those held in police or DOC custody. The lack of space in many county jails has made the already difficult tasks of social distancing and quarantining new arrivals completely impossible, and incarcerated individuals continue to die at alarming rates.

By February 2, the Texas Department of Criminal Justice had **administered** more than 5,500 doses of the Covid-19 vaccine, but not a single shot went to incarcerated people—even those who qualify for vaccinations under the state's current implementation phase.

Also on February 2, Nueces County, Texas Judge Barbara Canales **announced** that the county will delay the return of in-person jury trials, which were supposed to begin February 10. Nueces County currently has 18 people in jail waiting to be tried for capital murder.

As of February 16, approximately 1,000 women **incarcerated** at FMC Carswell medical prison in Fort Worth, Texas, 31 of whom had Covid-19 at the time, had not had heat or hot water for multiple days as a result of the winter storm in Texas.

On March 9, the Texas Department of Criminal Justice **announced** that in-person visitors will again be allowed at state prisons. Incarcerated people will be allowed two in-person visits per month, each with one adult at a time in order to maintain distancing requirements. All visitors will need to test negative on a rapid Covid-19 test before entering, face masks will be required, and physical contact will not be allowed.

A study by the Lyndon B. Johnson School of Public Affairs at the University of Texas at Austin **found** that 18 people died of Covid-19 after being approved for parole and waiting to be released.

The Texas Department of Criminal Justice **reported** its Glossbrenner Unit in Duval County has 61 active Covid-19 cases among incarcerated people and four active Covid-19 cases among staff. 377 incarcerated individuals are in medical isolation.

On October 19th, The Bexar County Jail in San Antonio, Texas, **announced** that it would be giving \$100 commissary care packages to people being held there who volunteer to get vaccinated against Covid-19 and also encourage other people to volunteer for both doses.

Utah

At Washington County jail in Utah, nearly 60 out of 300 incarcerated individuals tested positive for Covid-19 in the last week of June. Despite this recent spike, the Utah Supreme Court has **stood by** its decision to limit releases.

On October 6, the Utah State Prison **reported** an increase of 194 coronavirus cases in just two weeks. The outbreak was isolated within two cell blocks; after discovery of the infections prison staff were provided full PPE but incarcerated individuals were only given masks.

As of April 29, all people incarcerated at the Utah State Prison in Draper and at the Central Utah Correctional Facility in Gunnison had been **offered** at least one Covid-19 vaccine. The Utah Department of Corrections plans to continue to offer the vaccine to people incarcerated in the state.

On April 30, the Utah Department of Corrections **announced** that in-person visits, volunteers, and religious programs can begin again starting early June. Visits have been suspended since March 2020.

On July 27, nearly 1,000 incarcerated people in Utah state prisons **received** a Covid-19 vaccine.

Vermont

On September 4, the Vermont Supreme Court **ruled** that coronavirus-related trial delays are not reason enough to release people detained pre-trial, denying the appeal of a man who has spent more than two years in jail awaiting trial on sex charges. All criminal trials in the state have been cancelled due to the pandemic, and there are no plans to resume trials before 2021.

In testimony to state lawmakers on February 3, interim Corrections Commissioner Jim Baker **expressed concern** about the state's reliance upon isolation to quell the spread of Covid-19 behind bars. A 14-day quarantine period has forced prison facilities to place many people in solitary confinement, and Baker informed the state legislature that some held in isolation have attempted self-harm, with at least one suicide.

During the last week of February, the Northern State prison **found** 127 cases of Covid-19 among its incarcerated population, roughly one-third of the individuals held there. The facility entered a lockdown after 22 cases were detected during a single day.

On March 11, Vermont corrections officials **reported** that a coronavirus outbreak at Northern State Correctional Facility in Newport is continuing to spread, with 10 new cases this week. So far, there have been upwards of 150 Covid-19 cases associated with the outbreak.

On April 21, experts **reported** that Vermont's extreme isolation measures in its prisons system have resulted in it being the only state in which no incarcerated people have died of Covid-19. However, the protocols and a lack of access to typical mental health services have also had disastrous consequences for incarcerated people's mental health including at least one suicide and one attempted suicide in the prison's isolation cells where people incarcerated in the facility quarantined.

On June 16, the Vermont Department of Corrections **announced** that it hopes to resume in-person visits on July 1. Currently, between 65% and 75% of the state's incarcerated population have been vaccinated.

On Thursday, August 5, the Vermont Department of Corrections **announced** that three correctional center staff members tested positive for Covid-19 this week. Contact tracing by the state did not reveal any close contact with incarcerated people.

On November 1, the Northeast Correctional prison in St. Johnsbury went into a full **lockdown** after nine incarcerated individuals tested positive. Everyone in the facility was tested on November 2 and again on November 5.

On November 22, the Northern State Corrections Facility in Newport, Vermont **reported** an increase in positive Covid-19 cases with a total of 32 active cases in the facility.

Virginia

In late April, Virginia lawmakers granted the Virginia DOC the power to **release people** convicted of non-violent crimes early, so long as the individual had a year or less left before their original release date.

At the beginning of September, the Pamunkey Regional Jail in Hanover, Virginia began experiencing a Covid-19 **outbreak**, with at least 120 inmates and 20 staff members testing positive despite emergency protocols officials say have been in place since March to prevent the contagion from infiltrating the facility. An official remarked that preventing outbreaks in carceral settings is "virtually impossible," because of the densely packed shared space that constitutes jails and prisons.

In response to an outbreak in November, officials at the Chesapeake Correctional Center **allowed** every incarcerated person to be tested for Covid-19. These tests, administered to 859 incarcerated people and 360 staff members on November 21, indicated 232 incarcerated people with the virus in addition to four deputies. With the facility's average daily population hovering around 985 people, the infection rate as of November 27 is roughly 23 percent.

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On December 10, the Virginia DOC **reported** 593 active cases of coronavirus among incarcerated people, in addition to 227 active cases among staff. Since March, at least 35 incarcerated individuals have died from Covid-19 in the Virginia system.

By January 20, some counties progressed to Phase 1B of their vaccination efforts, extending eligibility to incarcerated people in Virginia. In order to encourage people to volunteer for vaccination, the VDOC began by **offering** "free email stamps and telephone credits as well as a care package filled with commissary items, including snacks" to those willing to be first in line.

On February 12, staff at the Prince William County Adult Detention Center in Virginia **reported** a Covid-19 outbreak among people incarcerated at the facility. The jail has vaccinated 150 of the 572 people held at the jail. Virginia's early release program, which was implemented to limit the spread of Covid-19 inside VDOC facilities, will **end** on July 1. Since the pandemic began, 2,100 people have been released through the program. The VDOC also reports that about 70% of its incarcerated population has been vaccinated against Covid-19.

Washington

On April 13, Gov. Jay Inslee's office **announced** that Washington state would commute the sentences of up to 950 incarcerated people who are part of vulnerable populations. This announcement came a few days after the Washington Supreme Court ordered the Governor and the Washington DOC to "immediately exercise their authority to take all necessary steps to protect the health and safety" of inmates in response to the Covid-19 outbreak."

On April 23, a divided Washington Supreme **denied** a request to release thousands of inmates from the state's prisons due to the coronavirus outbreak. The Court said that the incarcerated individuals who had sued failed to show that the Washington DOC was not properly addressing the risk of Covid-19.

After their first positive case on June 15, Yakima County Jail in Washington has at least 73 confirmed cases as of July 2. All 408 of the people incarcerated there have been tested, with about 200 results still pending. The jail's Chief has **noted** that it is difficult to contain a prison outbreak when there is concurrent community spread. According to an investigation by the independent ombuds office, officials at the Coyote Ridge Corrections Center in Franklin County were responsible for worsening its recent outbreak of Covid-19. The investigation **found** that missteps by administrators led to 350 infections and the deaths of two incarcerated people.

Among the first people to receive vaccinations in the state of Washington are incarcerated people and staff members in medical care units. Though the first phase of vaccine distribution in December only **provided** a small number of vaccines to the Department of Corrections, prison staff and those behind bars will continue to be prioritized according to the highest level of risk.

On February 2, Spokane County, Washington **opened** a book-and-release trailer for people accused of low-level crimes, which allows for increased social distancing during the booking process and houses a professional navigator to help defendants access social services. The county hopes the center will curb the spread of Covid-19 because the approximately 13% of people taken to jail who qualify for immediate release will now go through this center.

By February 4, at least 40 percent of incarcerated people in Washington had **tested positive** for Covid-19, with no end in sight to the outbreaks and an official count that is likely far below the actual number of cases.

As of March 26, more than 50 people **tested positive** for Covid-19 during an outbreak at the King County jail. Incarcerated people over 65 have been vaccinated and the Department of Adult and Juvenile Detention staff recently became eligible to receive the coronavirus vaccine, but vaccine clinics for incarcerated people under 65 are not scheduled until at least April 6.

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On March 30, Columbia Legal Services, a Seattle-based legal aid group, **announced** that they are **suing** the Washington state Department of Corrections demanding that the DOC make Covid-19 vaccines available immediately to people incarcerated in Washington prisons. The lawsuit asserts that denying incarcerated people access to the vaccine violates the constitution's ban on "cruel and unusual punishment."

On May 6, staff at a state prison in Monroe, Washington **gave** 208 incarcerated people a dose of the Moderna vaccine that was past its "beyond use" date. Moderna reports that the vaccines should still be effective at protecting against Covid-19.

On November 24, the Yakima Health District **announced** that 51 people at the Yakima County jail are infected with Covid-19. Health officials have isolated the 47 incarcerated people and 4 staff members who recently tested positive.

On November 26, officials at the Monroe Corrections Complex **stated** that nearly 60 people were moved into medical isolation due to a new outbreak of Covid-19. The facility has suspended visitation until the end of the quarantine period.

West Virginia

On May 2, correctional officers at USP Hazelton in West Virginia **protested** the Bureau of Prisons Director Michael Carvajal, citing his handling of the Covid-19 pandemic.

As of March 30, people incarcerated in state prisons in West Virginia **had** not been offered the Covid-19 vaccine. The state opened vaccine eligibility to all adults, and the federal government is vaccinating people incarcerated in federal prisons, but those in state prisons have not heard when they will have the opportunity to be vaccinated.

Wisconsin

Between March 2 and May 4, the Wisconsin DOC **released** nearly 1,600 incarcerated individuals in response to Covid-19. The majority of those individuals were incarcerated because they had violated the terms of their parole or probation.

Wisconsin has **decreased** the average daily population of its youth facilities to 76 as of July 10, which is roughly half of its pre-pandemic population.

On Tuesday, October 6, Wisconsin's Kettle Moraine Correctional Institution **reported** 431 active cases of Covid-19, the largest outbreak at a Wisconsin prison yet. On the same day, the Oshkosh Correctional Institution — the most populous prison in the state — reported more than 300 active cases of Covid-19 within its facility.

On October 31, the Wisconsin Department of Corrections **released** data for the first time on the number of incarcerated people who have died from Covid-19. At least five people have died from the virus while incarcerated there.

On February 8, the Wisconsin DOC **announced** that 25 incarcerated people had died of Covid-19 in the state. Currently, there are 45 active cases in Wisconsin prisons.

On February 13, Wisconsin state officials **reported** that 10,786 people, more than half of those incarcerated in their state's prison system, had been infected with Covid-19. Incarcerated people in the state continue to report crowded conditions that do not allow for the necessary social distancing restrictions to curb the spread of Covid-19.

The Racine County Sheriff's Office **announced** on February 26 that its jail had been coronavirus-free for 18 days, including all incarcerated people, staff, contractors, and volunteers.

On March 25, a **report** from the Wisconsin Policy Forum **determined** that the state's jail population declined by more than a third in 2020. The jail populations have increased slightly as vaccinations become more readily

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available but are still 24% lower than a year ago.

As of April 9, 7% of the Wisconsin prison population had **been** vaccinated against Covid-19. Incarcerated people were included in the state's phase 1B of their vaccine rollout plan, and all adults in the state are now eligible to be vaccinated.

By May 28, nearly half of all incarcerated people (including those at juvenile detention facilities) in Wisconsin had been fully **vaccinated** against Covid-19. The vaccine acceptance rate among incarcerated people in the state remains higher than the general population.

On June 7, the Wisconsin Department of Corrections **announced** it will resume in-person visitation beginning on July 6. Video visits and two free phone calls a week will still be available until the facilities return to "pre-pandemic operations."

On June 30, the Wisconsin Department of Corrections **announced** there were zero active Covid-19 cases among its 37 facilities, including those for youth. Three active cases remain for staff who are currently quarantining at home.

Beginning on December 6, people incarcerated in Wisconsin prisons will receive **photocopies** of their mail instead of the originals. The Department of Corrections states that the change in policy looks to "stop the infiltration of paper laced with the drug K2."

On November 18, the Marathon County Jail in Wausau **implemented** stricter Covid-19 protocols and a recent outbreak left 27 incarcerated people and three employees infected. The jail is now limiting the people it takes in and diverting people convicted of lower-level offenses to alternative forms of supervision and monitoring.

On January 6, the Milwaukee County Jail began full quarantine for almost the entire facility, as more than 200 people being held there **tested positive** for Covid-19 at the same time.

Wyoming

Starting the week of July 13, Wyoming **began testing** all incarcerated people for Covid-19. Wyoming is one of the only two states that has not yet confirmed a positive case among those who are incarcerated, but will still test everyone in their state prisons, which is just over 2,000 people.

On September 7th, the Wyoming Department of Corrections **announced** that twice as many Covid-19 cases have been found among the staff as compared to incarcerated people in the state's prisons. While about 65 percent of incarcerated people in the state have been vaccinated, only about 35 percent of employees have accepted a vaccination against Covid-19.

On October 19, the Wyoming Department of Corrections **reported** an outbreak among five facilities statewide, noting an increase from 19 to 148 cases in a week. One facility, Wyoming Medium Correctional, comprised 109 of the 148 cases and attributed the increase to a lack of isolation space as "dozens of people have been sleeping on the floor of the facility's gym".

On December 2, The Wyoming Department of Corrections **reported** its fifth death due to Covid-19 since November 1, as well as 77 active cases of Covid-19. WDOC does not track or mandate staff vaccination rates but reports that 59% of people incarcerated have had at least one dose of the vaccine.

U.S. Territories

After a Pentagon report to Congress on August 14, **11 senators** publicly expressed concern over the federal government's plan to mitigate the spread of Covid-19 inside its prison at Guantánamo Bay, Cuba.

On July 19, the Biden Administration **transferred** its first detainee from Guantánamo Bay, reducing the prison population to 39.

Telephone and Video Calls

Brennan Center Recommendation: Correctional authorities should make telephone and video calls free for the duration of the crisis and, where necessary, work with private vendors to achieve this goal.

These jurisdictions have begun offering free video or phone calls, but they cap the number that can be made: Shelby County, Tenn.; Pennsylvania; Oklahoma (applicable to some facilities); and Utah (applicable to some facilities).

The Minnesota Department of Corrections, as of March 13, **plans** to use video systems for visitation at no cost to those behind bars.

After suspending in-person visitation due to Covid-19, Middlesex County Sheriff Peter J. Koutoujian is **offering** four free calls per week to individuals who are incarcerated as an interim step while they explore video visitation and electronic messaging.

The South Carolina Department of Corrections has **given** all incarcerated individuals access to a free call program, including for those who had lost phone privileges.

The Nevada Department of Corrections is **providing** eligible incarcerated individuals up to two free phone calls per week as a way of mitigating the impact of suspended visits during the Covid-19 pandemic.

Effective April 9, the Federal Bureau of Prisons made calling and video visitation **free** for people incarcerated in BOP facilities.

Pennsylvania is **piloting** a new program that allows incarcerated people to have up to one 45-minute video call per week using Zoom, depending on scheduling availability.

Officials at Saginaw Correctional Facility in Michigan **waived** a ban on communication between volunteer teachers and incarcerated students so that Delta College professors could instruct their students over email.

In response to visitation limitations due to Covid-19, Maine Correctional Facility officials **reconfigured** a prison classroom to hold classes over Zoom using the Internet from an administrator's computer.

Three BOP facilities — in Lompoc and Terminal Island — have **suspended** incarcerated people's access to email and phone lines, drawing outrage from families who have not heard from loved ones.

The Florida DOC **extended** its ban on visitors to prisons through June 28, which has been in place since March 11, promising two free phone calls per prisoner each week until July 5.

As of June, pre-release programming **continued** in the Montana DOC in groups fewer than 10, utilizing video conferencing when possible.

In June, BOP facilities **restricted** telecommunication access in response to ongoing protests, so some inmates have only been able to communicate through the postal system.

A **lawsuit** has been brought by prisoners at Prince George's County Detention Center in Maryland, who say that the officers, among other failures of hygiene and safety, banned them from making phone calls while quarantined.

A class action suit was **filed** in Maryland against three companies (Securus Technologies and Global Tel*Link Corp. and 3Cinteractive Corp.) that facilitate collect calls made from US jails and prisons. They have allegedly colluded to inflate the cost of such calls for a decade. Although Securus has **offered** some free call credits to those incarcerated, this inflation has continued throughout the pandemic, with Securus and GTL pocketing much of the call costs.

Despite widespread limits to their communications, many people who are currently incarcerated have been **sharing** their daily experiences, as well as complaints about jail and prison conditions, on TikTok, a video streaming app. Although cellphones are generally contraband, some accounts have amassed hundreds of thousands of followers, and provided crucial information about poor health conditions in prisons during the pandemic.

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On July 23, the Michigan DOC **announced** that it will be launching video calls at seven of its 29 prisons, after the completion of necessary WiFi infrastructure updates that may take three or more months. Global Tel Link will provide the video calls for 16 cents a minute, which is the same rate for phone calls.

This July, incarcerated people and their families are advocating for provisions in the coming stimulus bill that **cap** the costs of prison phone calls. This would be in addition to the US House's passage of the Martha Wright Phone Justice Act in May, which would give the FCC authority to regulate all prison and jail calls. The FCC does not yet have the power to set caps for about 80% of those calls.

California Assemblymember Sydney Kamlager is **advocating** for the expansion of cell phone availability in California state prisons. In a video for The Appeal on July 22, she explained that cellphones would streamline necessary legal communications, help maintain the mental health of incarcerated people, and reduce prohibitive phone call costs for their loved ones.

Senate democrats are pushing to **include** a provision in the next relief package that would provide access to free phone and video calls for people incarcerated in federal prisons, due to concerns about **affordability** for the families of those incarcerated.

During the first week of August, Arizona **extended** its suspension of in-person visitations through September 13. People with visitation privileges will still be eligible for two free 15-minute phone calls and a free 15-minute video visit each week.

A bill **pending** in the Massachusetts legislature this August seeks to make phone services provided to people in DOC facilities and county houses free of cost.

In early August, the FCC **adopted** a new rule to reduce rate caps for interstate prison calls and regulate the costs of ancillary fees for all calls, but intrastate calls remain out of the FCC's jurisdiction.

According to the **Prison Policy Initiative**, many jurisdictions have rolled back access to free communication services. Middlesex County, Massachusetts **stopped** offering free phone calls in September. Delaware **ended** its free calling offer in August; Vermont **ended** free video calls in June. "California, which in April offered three 'free calling days' per week, has **reduced** its offering to two days per month. Pennsylvania has **reduced** its offer from five free phone calls a week to just one."

On June 16, Connecticut Governor Ned Lamont **signed** a bill, making phone calls free for incarcerated people and their loved ones. The bill will go into effect on October 1, 2022, for juvenile facilities and October 22, 2022, for adult facilities. Connecticut is the first state to make phone calls free for incarcerated people.

Hygiene and Access to Healthcare

Brennan Center Recommendation: Correctional authorities should further waive commissary fees for soap, toilet paper, and other hygienic essentials for the duration of the crisis.

According to the Prison Policy Initiative, only two states have not **suspended** medical co-pays for people in state prisons: Nevada and Hawaii.

In Pennsylvania, the Department of Corrections **increased** production of antibacterial soap to ensure broad access throughout its institutions. The soap is being provided free of charge to imprisoned people. Medical co-pays have also been waived for imprisoned people presenting with an influenza-like illness.

Arizona's Department of Corrections began **waiving** medical co-pays for imprisoned people with cold and flu symptoms, and it has made soap available for free.

As of March 20, the Minnesota Department of Corrections announced it would **waive** medical co-pays for imprisoned people indefinitely. Extra bars of soap will also be sent to each facility. "The agency is committed to

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ensuring that individual economic concerns do not limit an inmate's willingness to seek medical care," according to the release.

The ACLU-DC and the DC Public Defender's Office **brought** a class-action lawsuit against the DC Department of Corrections (which includes the D.C. Jail and the Correctional Treatment Facility). The lawsuit **alleges** that the DOC has not adequately screened or tested inmates for Covid-19, and that it has not done enough to prevent the virus from spreading. The DC corrections workers union **backed** the lawsuit, saying that officials were "guaranteeing and accelerating the rampant spread of Covid-19" by providing no masks, gowns, disinfectants or comprehensive screening and that "the Jail is the lowest priority among the health and safety community." A federal judge **heard** the lawsuit on Tuesday, April 7. On April 13, Deon Crowell **became** the first person incarcerated in the DC Jail to die from Covid-19. He was 51.

On April 16, a federal judge in Houston **ordered** the Texas Department of Criminal Justice to provide people incarcerated at one Texas prison with hand sanitizer, masks and unrestricted access to soap. The order came after the death of an incarcerated individual who'd tested positive for Covid-19. On April 17, TDCJ **appealed** the ruling in the 5th U.S. Circuit Court of Appeals and asked Judge Ellison to pause his order pending the appeal. The judge granted a five-day stay — putting the ruling into effect on April 22 — while he "writes up a more detailed memorandum on the factual and legal basis for his order." On September 29, he **issued** a permanent injunction for the plaintiffs.

Alabama prison officials are **requiring** incarcerated individuals to sign a consent form before giving them masks that could help fight Covid-19. Advocates and medical experts have criticized the decision, arguing that PPE should be given "with no strings attached."

On April 24, a coalition of activists in Los Angeles called Covid-19 Rapid Response, as well as a number of incarcerated individuals, **sued** Los Angeles County and the L.A. County sheriff, citing a failure to safeguard the health of incarcerated individuals. They are **demanding** that the L.A. County sheriff implement constitutionally mandated procedures to protect incarcerated people from contracting Covid-19 and to comply with guidelines issued by the CDC and the CA Department of Public Health.

On May 1, Gov. Murphy **announced** that the New Jersey DOC would begin universal COVID-19 testing for incarcerated people and corrections staff.

On May 3, incarcerated individuals on death row at a Texas prison **asked** to join a lawsuit, filed by the Texas Innocence Network, against the Texas Department of Criminal Justice, claiming health and safety concerns put them at risk of contracting Covid-19.

In early May, the Arkansas DOC housed Covid-negative prisoners in holding cells without access to toilets or showers, which **resulted** in inmates urinating and defecating on cell floors, and washing themselves with hoses.

On May 14, the Supreme Court **denied** a request from two incarcerated people in a Texas geriatric prison to reinstate a trial judge's order instructing TDCJ officials to take steps to protect them from Covid-19. Justice Sonia Sotomayor and Justice Ruth Bader Ginsburg **issued** a seven-page statement expressing concern about conditions in prison and jails around the country, and about the risks facing incarcerated individuals who are exposed to Covid-19.

Incarcerated individuals at the California Institution for Men in Chino — home of the deadliest Covid-19 outbreak in the state's prisons — were **not tested** for the virus for weeks before nearly 200 were **transferred** by bus to other facilities on June 8, including one in the Bay Area.

Despite mass releases granted by Gov. Newsom, incarcerated individuals in California **noted** that they have not had access to food, water, or basic medical care while quarantined, and have been disciplined for wearing face coverings and trying to sanitize their surroundings.

In Connecticut, prison healthcare workers began striking as on June 15, **protesting** the understaffing that they say is due to poor benefits and incentives. Staff is being augmented by work agency nurses, who according to corrections staff have not been sufficiently trained in prison safety and security.

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The Arizona Department of Corrections, Rehabilitation and Reentry **issued** a department-wide directive on June 19, requiring correctional officers to wear face masks.

After Covid-19 cases **tripled** at San Quentin, organizers began calling on officials to expand job assignments so that incarcerated individuals can afford to buy hygiene products from the prison commissary.

After Covid-19 cases **jumped** in Missouri state prisons, women incarcerated at the Chillicothe Correctional Center have expressed concerns that the lax mask policies for guards may be helping spread the virus. It has been **reported** that most of the guards do not wear masks, and there are no Department of Corrections rules requiring that they do wear them outside of quarantine areas. (July 15)

In a letter to the state health department on July 20, a top health official in California **revealed** that state contractors for the CDCR have allowed infected nurses to transmit Covid-19 by not using PPE and improperly monitoring themselves for signs of infection. There is also evidence that nurses improperly swabbed incarcerated people being tested, and did not change their gloves between tests.

Arkansas Gov. Asa Hutchinson addressed Arkansas' spike in Covid-19 cases on July 29, **attributing** the high per capita infection rate in the Arkansas prison system to the state's practice of mass testing. People incarcerated in Arkansas are **infected** at a rate 1,715% higher than the rest of the state.

A suit filed against the Baltimore County Detention Center in July **alleges** that people incarcerated there were denied Covid-19 testing, and that some were forced to remain in their cells after raw sewage leaked and overflowed into their cellblock. The suit also alleges that the detention center has not been providing proper food or exercise opportunities to people incarcerated there during the pandemic.

Families of people incarcerated in Georgia's state prisons **alleged** in August that prison conditions continue to be deplorable, as there is apparently little access to nutritious food, running water, or proper hygiene. These allegations come days after an alleged riot **protesting** these conditions took place at Ware State Prison in Georgia.

The Correctional Medical Authority that oversees care in Florida's prison system has **stopped** all in-person visits because of the pandemic.

On September 3, activists and family members began **protesting** outside the Eddie Warrior women's facility in Tulsa, Oklahoma in response to the Covid-19 outbreak there. The group is calling for more support for the 700 women there who have tested positive, as well as expanded access to medical care for those who are not yet infected—but whose exposure feels imminent due to the current standards of care inside the facility.

In an interview published on December 3, aging-in-prisons expert Stephanie Prost **explains** that "even before the arrival of Covid-19, medical care in U.S. prisons and jails has been typically inadequate, often bordering on life-threatening." But the pandemic has exacerbated these issues, as older populations are more susceptible to the virus and prisons are particularly unable to care for or protect against its spread.

In a follow-up to its **survey** of medical co-pay policies during the pandemic, the Prison Policy Initiative **discovered** in December that three states have made their policies more restrictive in the midst of the pandemic: "Arkansas, Idaho, and Minnesota had previously suspended all co-pays as of March, but have since reinstated co-pays for non-flu-like symptoms. They are now among 29 states that currently suspend co-pays *only* for visits involving respiratory, flu-related, or COVID-19 symptoms — a policy that discourages many from seeking treatment. Even worse, Nevada has continued to charge co-pays throughout the pandemic, regardless of symptoms."

In the same survey, the Prison Policy Initiative **found** that three states have improved their policies during the pandemic, as New Jersey suspended all medical co-pays while Delaware and Hawaii suspended co-pays for those with flu-like symptoms.

On July 1, the Marshall Project **reported** that multiple top Federal Bureau of Prisons officials had no hands-on health care experience and, in some instances, no formal medical education.

Also on July 1, the New Jersey Department of Corrections **began** housing folks based on their gender identity, providing greater protections for incarcerated transgender, intersex, and nonbinary people.

1/31/22, 11:38 AM

Reducing Jail and Prison Populations During the Covid-19 Pandemic | Brennan Center for Justice

From 2001 to 2018, the number of people who died from drug overdoses or alcohol intoxication in state prisons **increased** by more than 600% and in county jails by more than 200%.

In the Spring of 2021, a judge ruled that the healthcare at the Louisiana State Penitentiary violated incarcerated people's Eighth Amendment rights. Lois Ratliff **told** the story of her son Ferrell's death through the Marshall Project.

On July 22, the Marshall Project **reported** that incarcerated people in Michigan are waiting months, sometimes years, to access dental care.

Under the Healthy Start Act, pregnant women in Minnesota's prisons will be **allowed** to serve their sentences in community alternatives, such as halfway houses or addiction rehabilitation centers, keeping mothers with their babies.

Community Supervision

Brennan Center Recommendation: Jurisdictions should implement alternative methods — such as video or telephone — for people released on some form of community supervision to stay in touch with their supervising officer and waive the need for in-person meetings except in extraordinary cases.

A statement signed by dozens of "probation and parole executives and associations" **called** for supervision departments to forego reporting altogether for those who pose a lower risk or to have people report via telephone, online, or via postcard. They also recommended suspending or severely limiting the use of technical violations for the duration of the coronavirus crisis.

The Arkansas Department of Corrections **suspended** face-to-face office meetings for 21 days, with few individuals still required to check-in by phone. It also waived user fees for the month of April, citing increasing unemployment.

The Rhode Island Department of Corrections **announced** that probation and parole offices will not hold in-person check-ins.

Gwen Levi, 76, who was released from prison because of the pandemic, was **sent** back to prison for missing phone calls from her supervision officer; when her officer called, she was in her computer word-processing class. On July 6, a judge **ordered** her immediate re-release.

Early data **shows** that electronic ankle monitoring and house arrest rose nationwide during the pandemic. In Chicago for example, the Cook County Sheriff Office's use of ankle monitoring for adults awaiting trial increased from 2,600 in April 2020 to over 3,500 in December 2020.

Additional Resources

For more on how Covid-19 is impacting incarcerated people, correctional officers and other personnel, see this [resource](#) from UCLA Law.

For state-specific information on clemency and the reprieve power, see this [resource](#) from NYU Law's Center on the Administration of Criminal Law.

For more on Covid-19 infection rates in juvenile facilities, see this [resource](#) from the Sentencing Project.

For information on each state's plan to vaccinate incarcerated individuals, see [these resources](#) from the Prison Policy Initiative and COVID Prisons Project.

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Report: Bureau of Prisons staff confused by COVID guidance | Fort Worth Star-Telegram

**Fort Worth Star-Telegram**

CORONAVIRUS

Cases spike at Fort Worth prison; whistleblower complaint says top staff have no COVID plan

BY KALEY JOHNSON

UPDATED JANUARY 31, 2022 2:23 PM



A file photo of FMC Carswell federal women's prison in Fort Worth. AMANDA MCCOY AMCCOY@STAR-TELEGRAM.COM

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Report: Bureau of Prisons staff confused by COVID guidance | Fort Worth Star-Telegram



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Two years into the pandemic, federal prisons — including one in Fort Worth — still do not have COVID-19 under control.

Executive staff at federal prisons are failing to follow the Bureau of Prisons' COVID-19 response plan, according to a federal report. FMC Carswell, a women's medical prison in Fort Worth, does not have a facility-specific plan, employee union representatives said.

Women incarcerated at the facility described chaos and confusion throughout January as COVID-19 cases once again ran through the prison walls. As of Sunday, 248 women had confirmed COVID-19 cases and 46 staff members had the virus. Carswell had the third highest COVID-19 numbers of any federal prison facility in the country as of Friday.

TOP VIDEOS



Can the Cowboys win without one of the NFL's dynamo QBs?

Since the beginning of the pandemic, eight women have died from COVID-19 at Carswell.

"It's been pure chaos," Holli Wrice, who is incarcerated at the prison, said. "Carswell is still without a plan."

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CLAIM OFFER

The BOP developed a [detailed, agency-wide pandemic response plan](#) that all facilities are supposed to follow. However, a report from the Government Accountability Office found staff at facilities reported confusion on how to implement the plan's procedures.

Jennifer Howard, union president of American Federation of Government Employees Local 1006 representing more than 400 staff members at FMC Carswell, said executive staff leave union representatives out of the loop on COVID-19 discussions and safety plans.

During the most recent meeting between union representatives and Carswell executive staff, Howard said, an executive staff member told reps, "I wish we could tell you we had a plan right now."

"Executive staff told the union representatives that the response was fluid and they were addressing issues as they arose," said Howard, who has been the president of local 1006 since 2021. "That's the problem with staff and the union wanting to get the information out there, and every day is different."

The Star-Telegram was unable to reach Warden Michael Carr or other executive staff members at Carswell for comment.

At the men's federal prison, FMC Fort Worth, executive staff and union representatives worked together to create a plan specific to the facility, said Gregory Watts, the union president of FMC Fort Worth's AFGE Local 1298. While the prison still has some COVID-19 cases, the facility had 28 reported cases as of Monday as opposed to the 248 at Carswell.

Howard said while she speaks for the staff and cannot speak on behalf of the women incarcerated at Carswell, staff as a whole "are here to make sure the institution is providing health, safety and security for all."

"We cannot do that effectively if we do not have guidance," Howard said.

'PURE CHAOS'

The lack of a plan caused confusion and frustration among women incarcerated at Carswell. Five women messaged the Star-Telegram throughout January about increasing COVID-19 cases and frustration at the facility.

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The day after Christmas, Wrice — who is housed in Unit 1 North — said COVID-19 cases were picking up at the facility and the unit had no hand soap. On Jan. 2, Faith Blake — housed in Unit 2 North — said her unit also had no soap, no tissues and “basically ... we have the same dangerous living conditions as last time.” In September 2020, Blake and more than 70 other women in her unit filed a lawsuit against Carswell alleging they faced medical neglect and malicious treatment during the height of the pandemic at the prison.

On Jan. 2, Windy Panzo told Star-Telegram the prison was “pure chaos” as panic spread about the virus and was “like last year all over again.”

Wrice said staff started to move women to different units in the prison in an attempt to isolate those who had been exposed to COVID-19. The “mixing and mingling” seemed to have the opposite effect, Wrice said. She said no one was tested before they moved to other units, potentially exposing more people.

“This move was crazy. You think they would have learned from last year, but no,” Wrice said in an email. “Last night, I couldn’t sleep much, I tossed and turned all night, from noises of inmates coughing and hacking and moans of sickness and body aches. It reminded me of a hospital’s emergency rooms.”

On Jan. 4, staff tested many of the women at the prison, but staff did not change out gloves and placed all the swab tests into the same four biohazard bags, Wrice said, potentially contaminating the tests.

By Jan. 12, most women were receiving daily temperature checks and had their oxygen levels checked by staff, wrote Megan Kemp, a woman housed in Unit 1 South. However, she said staff continued to move people around, running out of options of where to house sick women.

“You would think that they would learn by now.. Then again, they’re also limited,” Kemp wrote in an email. “Bcuz if you leave them in the unit, they’ll get others sick, however, put them in another place, IDK.. It’s crazy.”

Six days later, staff moved people from the hospital unit into Unit 1 South, which was filled with people who had tested positive for COVID-19, Wrice said.

“Those inmates are the ones that are very sick, they are battling kidney disease, and different forms of cancer,” Wrice wrote. “They immune systems are really compromised.”

On Wednesday, some women had been moved multiple times, sometimes back and forth between units, Dominga Balderas wrote in an email to the Star-Telegram. Some of the staff would not leave their office because they did not want to get sick, Balderas said.

STAFFING SHORTAGES

Staff are short-handed at many BOP facilities, the GAO report found, and Howard and Watts reported their facilities had at least 20 vacancies each.

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The Carswell local union 1006 filed a whistleblower complaint on Jan. 18 about the lack of guidance at the prison and staff shortages. The complaint, filed with Congressman Marc Veasey's office, says executive staff have not created a facility-specific plan for Carswell, which the BOP pandemic plan says each facility should do. At Carswell especially, Howard said, a specific plan is necessary, because the facility is the only federal medical facility for women in the country.

"I see that we are two years in this pandemic, it's not new anymore," Howard said. "We should have something in writing or some type of guidance to go by. Staff need to be made aware of that guidance."

The government's report said staff shortages are a problem across the BOP. At Carswell, Howard said, staffing levels in the medical unit are "unacceptable for a medical facility."

"Nursing staff are overworked," Howard said. "As positions go unfilled, Carswell administration continues to add additional job duties to nurses, who are already stretched incredibly thin. One nurse might be doing the work of three jobs."

Nursing staff might be pulled from their designated areas, leaving even fewer nurses to provide care. According to the BOP's policy, "insufficient staffing will have an adverse effect on the quality, continuity, and cost-effectiveness of health care."

The prison currently employs 420 people, with 22 vacancies. Howard said the staff shortage is even greater than those numbers show because the agency has eliminated so many positions.

At FMC Carswell, 441 occurrences of overtime were requested by custody staff alone in the last three weeks, Howard said, and staff sometimes work 16-hour shifts. COVID-19 exacerbates the problem — at one point in January, Howard said, 34 staff members were out at one time due to exposure or a positive test.

At FMC Fort Worth, Watts said they have similar staffing problems. Typically, one correctional officer oversees a unit of 280 to 300 men. The facility has 20 unfilled positions, and the shortage will likely become worse, Watts said. About 30 positions at FMC Fort Worth are being eliminated and will not be filled once the employee currently filling that position leaves, Watts said.

"It's not secret there are limited staff here," he said.

The staffing problems at FMC Fort Worth, Carswell and other facilities are a result of Congress and the Department of Justice eliminating thousands of positions and not properly funding the BOP, Watts said. In 2018, according to a February 2021 report from the Government Accountability Office, [the BOP eliminated 5,100 authorized positions across the country.](#)

"We definitely need more staffing in the Bureau of Prisons," Watts said. "I know for years, we've asked for more funding. The only way we're going to get out of this crisis is to get more funding and more staffing."

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Executive staff at Carswell are also not following the BOP's procedures for testing, Howard said.

The BOP recommended facilities start to offer weekly testing for staff in August 2021, but Carswell has not offered that to staff, Howard said. Unvaccinated staff are offered weekly testing, but the testing site is located inside the facility, resulting in unnecessary potential exposure, she said.

When any staff member is exposed at work, the facility is supposed to provide tests for employees. That was not happening until recently either, Howard said, and staff had to "use their own time and resources to obtain a test within a community which is already strained for testing."

LACK OF COMMUNICATION

Federal agencies should coordinate with union representatives to ensure safe COVID-19 conditions, according to an executive order President Joe Biden issued in January 2021. Carswell executive staff are not following that order, Howard said.

In regards to the executive order, Howard said, "the agency locally and nationally has not consulted with unions during this pandemic in coming up with a pandemic response prior to implementing any changes to our working conditions."

At FMC Fort Worth, the federal men's prison, Watts said, union representatives have effective communication with executive staff.

"The big difference at Fort Worth and Carswell is the warden at Fort Worth is willing to work with us," Watts said. "We are part of the decision process at Fort Worth."

The Government Accountability Office's report found a lack of communication between executive staff and employees across the BOP.

BOP officials hold conference calls and identify what COVID-19 practices are working or not working. However, the report says, the officials do not share that information with facility staff.

In response, the Government Accountability Office recommended the BOP implement an approach to share best practices for responding to COVID-19 and future public health emergencies and ensure its facilities apply those best practices.

The BOP also has "ongoing challenges with leadership instability and staff shortages," the report notes. In a four-year period between 2016 and 2020, the BOP has had five different directors. In January, the current BOP director announced he will retire after facing public criticism of how the bureau has handled the pandemic.

The report offered recommendations to the BOP to address its deficiencies in three categories: inadequate management of staff and resources, inadequate planning for new programs or initiatives that help inmates prepare for a successful return to the community and insufficient monitoring and evaluation of those inmate programs.

This story was originally published January 31, 2022 5:00 AM.

<https://www.star-telegram.com/news/coronavirus/article257745318.html>

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Stroke Victim 'Dumped' By Prison Guards At Bus Stop, Massive Search Launched: Attorney

by Valerie Musson and Cecilia Levine
02/02/2022 9:32 a.m.



Kevin Flythe Photo Credit: *Michelle Necie Royster*

A recent stroke victim with limited ability to speak has been missing since he was released from prison and was expected to arrive in Washington DC, according to his attorney.

Kevin Flythe, 52, was released from the FCI Gilmer prison in Glennville, WV on Thursday, Jan. 27, 2022, according to his family's attorney, Claire Madill.

Flythe was resentenced to time-served on Jan. 25, because government officials conceded he was non-dangerous. Over the course of the next three days, Madill sent multiple emails and placed multiple phone calls to FCI Gilmer to coordinate Flythe's release, she said.

"The prison utterly ignored me and just released Kevin without telling me," she said.

A Bureau of Prisons spokesperson confirmed that Flythe was released from custody on Jan. 27 but could not provide further details.

"For privacy, safety, and security reasons, we do not provide additional information on inmates not in BOP custody," the spokesperson said.

Flythe has been missing since Jan. 27 around 6:30 a.m., when FCI Gilmer "dumped him" at the Charleston, WV bus station. Madill says.

While Flythe's relative initially stated in the Facebook post that Greyhound told the family he never used his ticket, Madill received an update from the contracting bus company, Barons Bus. "Barons Bus says the ticket was used, and someone at the station says they saw Kevin get on the bus," says Madill.

"...We now think he did, in fact, get on the bus in Charleston."

A [missing person's flyer](#) says the 52-year-old man may also be in Cambridge, OH; Pittsburgh, PA; Baltimore, MD; or Washington DC.

"We only found out the bus route Kevin was supposed to take through the bus company, not FCI Gilmer," the attorney said. "My office is now trying to oversee a massive missing person's search that spans multiple states."

**QUESTIONS AND RESPONSES FOR THE
RECORD**

Oversight of the Federal Bureau of Prisons**Bureau of Prisons Director****Michael Carvajal****Questions****BOP National Lockdown due to deaths at USP Beaumont**

- On Monday night, two inmates were killed at U.S. Penitentiary Beaumont in Beaumont, Texas after multiple inmates were found fighting. A decision was made to place all Bureau facilities on lockdown. BOP rarely locks down all of its facilities: BOP implemented the measure in April 2020 as coronavirus cases began skyrocketing in prisons nationwide, in response to the killing of George Floyd and Black Lives Matter protests, again after the insurrection at the U.S. Capitol on Jan. 6, 2021, and shortly before the inauguration of President Joe Biden.
 - Why was the decision made to institute a national lockdown this time? What are the parameters of the lockdown? How long are inmates confined to their cells during a 24-hour period?
- Are you providing additional sanitizing products to inmates during this lockdown? What is BOP doing to make sure inmates still have access to their attorneys during this lockdown?
- With the numbers of COVID-19 infections still at almost 8,000 inmates across BOP facilities, how will BOP manage to social distance inmates while keeping them confined to their cells? How long do you expect this lockdown to last?

**BOP National Lockdown due to deaths at USP Beaumont
(continued)**

- How is this lockdown modified from the Bureau's standard lockdown procedures to account for the risk of COVID-19 infection?
- How is the Bureau specifically protecting the most vulnerable members of the inmate population from contracting COVID-19 during this lockdown?
- Federal Correctional Institution Beaumont Low, a low security facility, currently has 10 infected inmates and 946 inmates who have recovered from COVID-19 out of 1,974 total inmates including the camp and the correctional institution. That is almost half of the inmate population that has been infected with COVID-19. 20 staff are COVID positive right now and 40 have recovered.
 - How many inmates were placed into home confinement from FCI Beaumont Low?
 - How many inmates were released under Compassionate Release from FCI Beaumont Low?
 - Are older inmates at low security facilities, such as FCI Beaumont Low, given priority to be assessed for release under the CARES Act, Compassionate Release, or the First Step Act? If so, what age inmates are given priority? If not by age, are any inmates at FCI Beaumont Low, given priority to be assessed for release?

Staffing Issues

- How many correctional officer positions are vacant within BOP currently?
- How many medical staff positions are vacant within BOP currently?
- Reducing the prison population is the most effective way to reduce further COVID-19 outbreaks, while also addressing the shortage of correction officers that has led to reduced safety, security, and programming within BOP. What is BOP doing to identify more inmates who can be released under the authority of the CARES Act, the First Step Act, or Compassionate Release?

COVID-19

- How many inmates have been infected with COVID-19 since the start of the pandemic – including inmates who have been released, confined in private facilities, or died?
- Knowing that the omicron variant is highly transmissible, more so than previous variants, how has BOP modified efforts to reduce the spread of COVID-19 in its facilities?
- Knowing that the omicron variant is highly transmissible, more so than previous variants, presenting a greater risk of infection to inmates with preexisting conditions, what is BOP doing now to protect those inmates from infection?
- Are more inmates being considered for home confinement now that BOP is dealing with the omicron variant?

Compassionate Release

- Is BOP continuing to assess inmates for Compassionate Release? Is BOP continuing to assess inmates for release under the CARES Act?
- How many Motions for Compassionate Release have been filed by BOP from March of 2020 through today?
- Were you aware that BOP had filed less than 1% of granted Compassionate Release motions between January 1, 2020 and June 30, 2021, as reported by the U.S. Sentencing Commission in September of last year?
- Were you surprised by the Compassionate Release statistics reported by the U.S. Sentencing Commission? (96 percent of granted motions were filed by the inmate while only 0.9 percent of granted motions were filed by BOP)
- Knowing these dismal statistics, which were made public in September of 2021 by the U.S. Sentencing Commission, did BOP make any changes to the way staff assessed inmates for Compassionate Release?

Compassionate Release (continued)

- The March 26, 2020 memo from then Attorney General William Barr entitled *Prioritization of Home Confinement As Appropriate in Response to COVID-19 Pandemic* provided a non-exhaustive list of discretionary factors to consider when assessing whether an inmate should be granted home confinement.
 - One of the factors in the Barr memo is “the age and vulnerability of the inmate to COVID-19, in accordance with the Centers for Disease Control and Prevention (CDC) Guidelines.” How did the Bureau define “vulnerability of the inmate to COVID-19” for those staff members who would be carrying out these assessments? What parameters were set for the age of the inmates that were to be given priority for release or considered the most vulnerable of the population?
 - One of the factors in the Barr memo requires verification that the inmate would be confined upon release under conditions that would present a lower risk of contracting COVID-19 than the inmate would face in his or her BOP facility. In advising BOP staff members carrying out these assessments, what circumstances did BOP consider to be a greater risk for infection than being confined to a prison, where experts say effective social distancing is almost impossible?

Compassionate Release (continued)

- One of the factors in the Barr memo is the inmate score under PATTERN, which at some point was clarified to require that an inmate has either a Low or Minimum PATTERN recidivism risk score. How is it fair or reasonable to include the risk assessment score in the assessment for home confinement when the National Institute of Justice, the Independent Review Committee, and advocates have raised concerns about the racial disparity and flaws that exist in the PATTERN tool and there is a pending recommendation to adopt a new version of the PATTERN tool?
- My staff reviewed many of the press releases issued by the Bureau following an inmate's death due to COVID-19 related illnesses. They found that BOP cited preexisting conditions and sometimes, long-term preexisting conditions, that placed at least 62 individuals who had requested compassionate release at greater risk of more severe COVID-19 disease when describing their deaths.
 - Based on this pattern, is BOP now going through the inmate population to identify inmates with similar preexisting and long-term preexisting conditions?
 - Is BOP tracking deaths that occurred as the result of preexisting or long-term preexisting conditions?
 - Has a directive been issued to staff to identify inmates with similar preexisting conditions to inmates who passed away?

Compassionate Release (continued)

- BOP has had at least 284 inmates die of COVID-related illness during the pandemic and countless other inmates hospitalized for complications due to COVID-19. I have been told that one of the most heartbreaking and stressful experiences for family members is to have an incarcerated loved one who is hospitalized, especially if their loved one is hospitalized within a prison. Family members have tried to call the prisons and even the regional offices to find out the status of their loved ones.
 - What is BOP's policy for contacting loved ones when an inmate is hospitalized? What is BOP's policy for contacting loved ones when an inmate passes away?
 - How are loved ones supposed to check on the health of an inmate or request status updates, especially when an inmate is placed on a ventilator or is otherwise unable to make a phone call?

FMC Carswell (Fort Worth) COVID-19 and staffing issues

- The Carswell local union for staff at Federal Medical Center Carswell, a women’s medical prison in Fort Worth, Texas filed a whistleblower complaint on January 18th regarding the lack of guidance at the prison and staff shortages. Then, this Monday, the Fort Worth Star-Telegram reported that union representatives say they do not have a facility-specific plan and that staffing levels in the medical unit are “unacceptable for a medical facility.”
 - What is BOP doing to respond to the whistleblower complaint?
 - Do you agree that Carswell needs a facility-specific plan? Why or why not?
 - What are you doing to increase the medical staff at Carswell?
 - If you are unable to increase the medical staff at Carswell, what is BOP doing to reduce the inmate population to a level that is manageable for available staff?
 - Knowing that the Government Accountability Office (GAO) found that 59 percent of BOP staff thought that BOP’s COVID-19 guidance was unclear, what is BOP doing to clarify it’s guidance to Carswell staff?

- The Government Accountability Office (GAO) recommended that BOP implement an approach to share best practices for responding to COVID-19 and future public health emergencies and to ensure that BOP facilities apply those best practices. Did BOP agree with this recommendation? If so, what has BOP done to begin implementation of an approach to share and apply best practices?

FCI Butner Low

- Federal Correctional Institution Butner Low has had the second highest number of inmate deaths due to COVID-related illness during the pandemic among all BOP facilities – 18. This is the highest number of inmate deaths among nonmedical BOP facilities. More than half of the inmates at FCI Butner Low have been infected with COVID-19. The BOP website currently shows 6 infected inmates and 428 recovered inmates out of a total population of 733 inmates.
 - Knowing these infection and death rates, how many inmates from FCI Butner Low have been released to home confinement or granted Compassionate Release? How many motions has BOP filed for Compassionate Release for inmates from FCI Butner Low?
 - If Compassionate Release or some other form of home confinement is not recommended for inmates at Butner, what is BOP doing specifically to reduce the spread of COVID-19?

PATTERN Risk Assessment Tool (FSA Implementation)

- Roughly 14,000 inmates were placed in the wrong risk category due to errors in the PATTERN risk assessment tool.
 - What is BOP doing to remedy this problem? Does BOP plan to reassess these inmates? If so, when? And, if not, why?
- Will BOP provide to inmates an explanation of the information used to calculate the scores inputted into the risk assessment tool? (At most, incarcerated people received a score sheet with a number for the individual categories, but had no way to ensure that this number was calculated correctly. Manual entry errors were reported but not corrected.)
- Are you aware of the racially disparate impacts of the PATTERN risk assessment tool? And, that inmates of color may be more likely to be scored as high risk than white inmates?
- What is BOP doing to identify which factors in the PATTERN tool are most closely associated with race?
- How were the risk level category cutoffs set in PATTERN version 1.2? Why did BOP choose to replicate these cutoffs?
- Why did BOP increase the weight attributed to infractions during incarceration in PATTERN version 1.2?

**PATTERN Risk Assessment Tool (FSA Implementation)
(continued)**

- Has BOP considered resetting the threshold cutoffs between the risk categories, which would allow more prisoners to earn credits for release, thereby maximizing access to First Step Act relief and encouraging participation among inmates while ensuring public safety?
- Given PATTERN's reliance on infractions to predict recidivism, how does BOP account for racial disparities in discipline during incarceration?
- Programming is at a premium now that inmates can receive earned time credits to reduce their time in custody. Inmates have previously been allowed to teach classes. I was informed recently that BOP is drawing up policy memos that will limit the programming that qualifies for earned time credits by no longer allowing inmates to teach classes. Is this true and, if so, why was this decision made?