



**U.S. Department of Justice  
Federal Bureau of Prisons**

*Central Office  
320 First St., NW  
Washington, DC 20534*

June 3, 2022

Austin Evers  
American Oversight  
1030 15th Street NW, Suite B255  
Washington, DC 20005

Request Number: 2020-06554

Dear Mr. Evers:

This is in response to the above referenced Freedom of Information Act (FOIA) request. Specifically, you requested communications from specified DOJ officials containing various names and terms.

In response to your request, staff located 881 pages of responsive records, which were forwarded to this office for a release determination. After careful review, we determined 201 pages are appropriate for release in full; 255 pages are appropriate for release in part; 224 pages must be withheld in their entirety; 153 pages are duplicates; and, 48 pages must be sent for consultation to the Office of the Deputy Attorney General, the Office of the Attorney General, Justice Management Division, and the Office of Management and Budget. Copies of released records are attached.

Pursuant to the Freedom of Information Act, 5 U.S.C. § 552, records were redacted or withheld in full from disclosure to you under the following exemptions:

(b)(5), Permits withholding information under the deliberative process privilege, including the pre-decisional documents, or information that could be withheld under civil discovery, attorney-client, or attorney-work product privileges.

(b)(6), Permits withholding of records and information about individuals when disclosure would be a clearly unwarranted invasion of personal privacy.

(b)(7)(A), Permits withholding of records when interference with law enforcement proceedings can be reasonably expected.

(b)(7)(C), Permits withholding of records when an unwarranted invasion of personal privacy could reasonably be expected.

(b)(7)(E), Permits withholding of records when techniques and procedures for law enforcement investigations or process would be disclosed or provided such disclosure could reasonably be expected to risk circumvention of law.

(b)(7)(F), Permits withholding of records when endangering the safety or life of any individual could reasonably be expected.

BOP considered the foreseeable harm standard when reviewing responsive records and applying FOIA exemptions.

If you have questions about this response please feel free to contact the undersigned, this office, or the Federal Bureau of Prisons' (BOP) FOIA Public Liaison, Mr. Eugene E. Baime at 202-616-7750, 320 First Street NW, Suite 936, Washington DC 20534, or [bop-ogc-efoia-s@bop.gov](mailto:bop-ogc-efoia-s@bop.gov).

Additionally, you may contact the Office of Government Information Services (OGIS) at the National Archives and Records Administration to inquire about the FOIA mediation services they offer. The contact information for OGIS is as follows: Office of Government Information Services, National Archives and Records Administration, Room 2510, 8601 Adelphi Road, College Park, Maryland 20740-6001; e-mail at [ogis@nara.gov](mailto:ogis@nara.gov); telephone at 202-741-5770; toll free at 1-877-684-6448; or facsimile at 202-741-5769.

If you are not satisfied with my response to this request, you may administratively appeal by writing to the Director, Office of Information Policy (OIP), United States Department of Justice, 441 G Street, NW, 6th Floor, Washington, D.C. 20530, or you may submit an appeal through OIP's FOIA STAR portal by creating an account following the instructions on OIP's website: <https://www.justice.gov/oip/submit-and-track-request-or-appeal>. Your appeal must be postmarked or electronically transmitted within 90 days of the date of my response to your request. If you submit your appeal by mail, both the letter and the envelope should be clearly marked "Freedom of Information Act Appeal."

Sincerely,



K. Scarantino, for  
Eugene E. Baime, Supervisory Attorney

**From:** Gene Beasley

**Sent:** Friday, January 29, 2021 4:22 PM

**To:** Eric (ODAG) Nguyen

**CC:** (b)(6); (b)(7)(C) Michael Carvajal; Zachary Kelton

**BCC:** Gene Beasley

**Subject:** Federal Bureau of Prisons Summary

**Attachments:** TEXT.htm; Federal Bureau of Prisons COVID Response January 2021 Final\_01-29-2021..pdf; Fast Facts\_01-29-2021..pdf; Home Confinement AG and CARES\_01-29-2021..pdf

Hello, Eric.

By way of introduction, I am the Deputy Director of the Federal Bureau of Prisons. During your conversation with Director Carvajal, he advised he would provide you with some quick facts and familiarization materials. Attached are three documents that offer general information and a snapshot of our COVID-19 response efforts and home confinement statistics. In addition, the Director mentioned discussing private facility contracts, which he will cover in more detail during Monday's introductory briefing with the Acting DAG.

I look forward to meeting you and working together during the transition and moving forward. Zachary Kelton will be your Point of Contact for the Director's Office, and (b)(6); (b)(7)(C) is available to further aid in any communications.

**Zachary Kelton, Associate Director/Chief of Staff**

(b)(6); @bop.gov

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

Thank you,  
Gene  
Deputy Director

**BOP Fast Facts**  
**January 29, 2021**

- **Current Inmate Population: 152,071**

- o BOP institutions: 123,202 (82%)
- o Private institutions: 14,122 ( 9%)
- o Home Confinement: 7,799 ( 5%)
- o Residential Reentry Centers: 6,092 ( 4%)
- o Juveniles/Jails: 856 (<1%)

- **Home Confinement:**

- o 21,067 inmates transferred to home confinement since March 26, 2020.
- o Current Attorney General's criteria for CARES Act based home confinement remains in place.
- o Statute does not preclude inmates placed in Home Confinement to return to BOP facility upon declaration the pandemic has concluded.

- **FY 2021 Budget:** \$7.84 billion

- **Current Staffing:**

- o **Total Authorized: 41,622**
  - On Board: 36,533 (*excludes Public Health Service*)
  - On Board Non-Paid: 446 (AWOL, LWOP, Military, etc.)
  - Actual Vacancies: 4,643
  
- o Public Health Service: 658

Hiring initiatives include the establishment of a National Recruitment Office; retention, recruitment, and relocation incentives; above minimal rate pay; approval of Title 38 pay scale; student loan repayment; and Accenture re-branding campaign on social media platform.

- **COVID-19 Vaccinations:**

- o 30,050 doses allocated to date
- o 12,504 staff have received at least one dose
  - 7,523 have received one dose
  - 4,981 have received both doses (complete)

**BOP Fast Facts**  
**January 29, 2021**

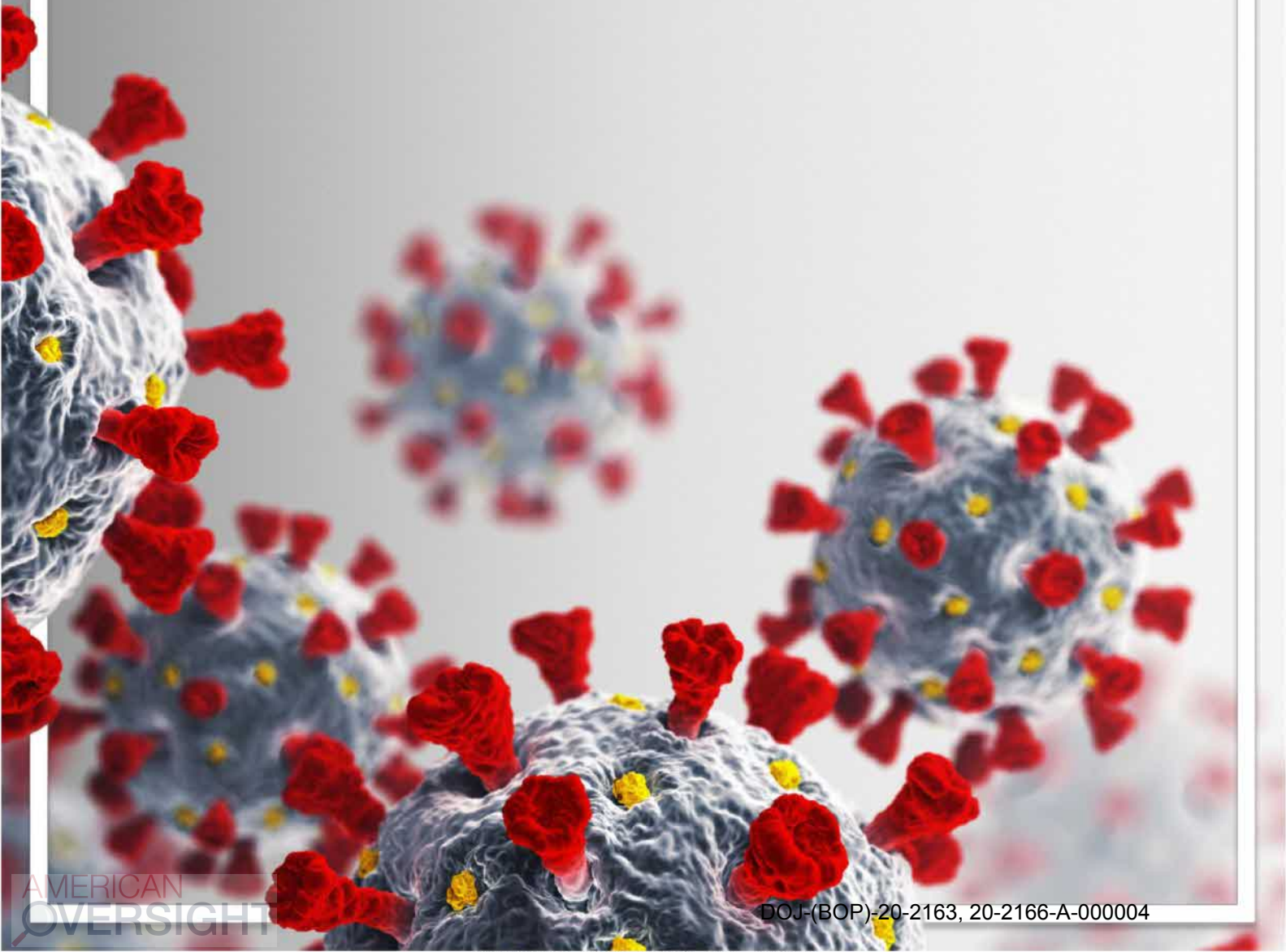
- o 9,074 inmates have received at least one dose
  - 6,052 have received one dose
  - 3,022 have received both doses (complete)
- o By March 31, 2021, it is anticipated all BOP staff and identified high risk inmates will have been afforded the opportunity to receive a COVID-19 vaccination.
- o By August 31, 2021, it is anticipated all inmates will have been offered a COVID-19 vaccination.
- o By February 1, 2021, BOP vaccination data is anticipated to be published on public website.



Office of the Director  
Washington, DC 20534

U.S. Department of Justice  
Federal Bureau of Prisons

# Federal Bureau of Prisons COVID-19 Response



AMERICAN  
OVERSIGHT

DOJ-(BOP)-20-2163, 20-2166-A-000004

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# Federal Bureau of Prisons

## COVID-19 Response

### Summary

The Bureau of Prisons (Bureau) has taken swift and effective action in response to the Coronavirus Disease 2019 (COVID-19), and emerged as a correctional leader in the pandemic. This virus is challenging, as our nation as a whole has seen, and in particular, is even more complex to address given the nature of our correctional environment. Initially, we were challenged by an upsurge in inmate positive cases, but as a result of our mitigation strategies and lessons learned, we were able to flatten the curve, both at our hotspots and in our institutions nationwide. This result is evidenced by the steep decline in inmate hospitalizations and inmate fatalities beginning in early May. Even more telling has been the decrease in the number of hospitalized inmates on ventilators (the sickest inmates infected) which are now in the single digits. These low numbers remain steady, even as inmate movement has increased, and despite communities re-opening. We will continue to evaluate our mitigation strategies and make adjustments as needed, but our practices – and the diligent efforts of our staff – are working to address the pandemic.

### Pandemic Preparedness

Pandemic preparedness is an important aspect of normal operational readiness and planning in the Bureau. The Bureau has long maintained a collaboration with the Centers for Disease Control and Prevention (CDC) regarding correctional medicine. On January 31, 2020, the Bureau issued guidance on Coronavirus Disease 2019 (COVID-19) to all Clinical Directors and other relevant Health Services staff, six weeks ahead of the declaration of the COVID-19 pandemic. Two days after the declaration, the Bureau implemented modified operations to mitigate potential transmission of the virus.

### Mitigation Strategies

On March 13, 2020, the Bureau undertook initial proactive measures to mitigate the exposure risk to inmates, staff, and the public. These measures evolved as information about COVID-19 increased. In particular, the Bureau specifically engaged with the CDC in order to assist that organization in developing guidance specific to the unique nature of correctional environments. This engagement was mutually beneficial. As a result of these collaborative efforts, the CDC published their *Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities* on March 23, 2020; the subsequent update on July 14, 2020, was also issued with Bureau input. Accordingly, the Bureau's COVID-19 pandemic strategies were developed in consultation with the CDC and included key areas such as modifying operations agency-wide to allow for the maximum use of social distancing. Because



prisons are not principally constructed to account for distancing, but rather for aggregate living, these modifications were critical. Actions included in the Bureau's response addressed:

- Suspension of social visits.
- Suspension of volunteers.
- Suspension of contractors except for critical services.
- Limited inmate movement, except for critical transfers required for medical/mental health care and required judicial orders.
- Enhanced medical screening of inmates.
- Enhanced medical screening of staff prior to entry into institutions.
- Direction for all staff to be respirator fit tested in all field locations.
- Issuance of surgical masks and gloves as necessary to all transferring or releasing inmates.
- Modification of inmate program delivery locations and spacing.

## Inmate Movement

Pre-COVID-19, the Bureau and the United States Marshals Service (USMS) collectively moved approximately 10,000 inmates per month. At the onset of the pandemic, the Bureau took aggressive action to limit internal and external movement, understanding that movement could increase the risk of transmission throughout our facilities. On average, during the peak of the pandemic, the Bureau maintained a 98% decrease in movement as compared to the prior year.

On June 30, 2020, the Bureau and USMS collaborated to safely resume routine inmate movement and averaged a 70% pre-COVID-19 normal movement rates, while adhering to safe movement and intake procedures to mitigate the risk of significant increases nationally in COVID-19 positive cases.

## PPE and Face Coverings

The Bureau has a longstanding practice of maintaining logistical sites throughout the United States. These sites maintain a variety of emergency-related equipment, to include Personal Protective Equipment (PPE). With the onset of the pandemic, the Bureau had approximately 34 million pieces of PPE on hand, and throughout the pandemic, the agency has maintained this quantity, with a current inventory of 36 million pieces.

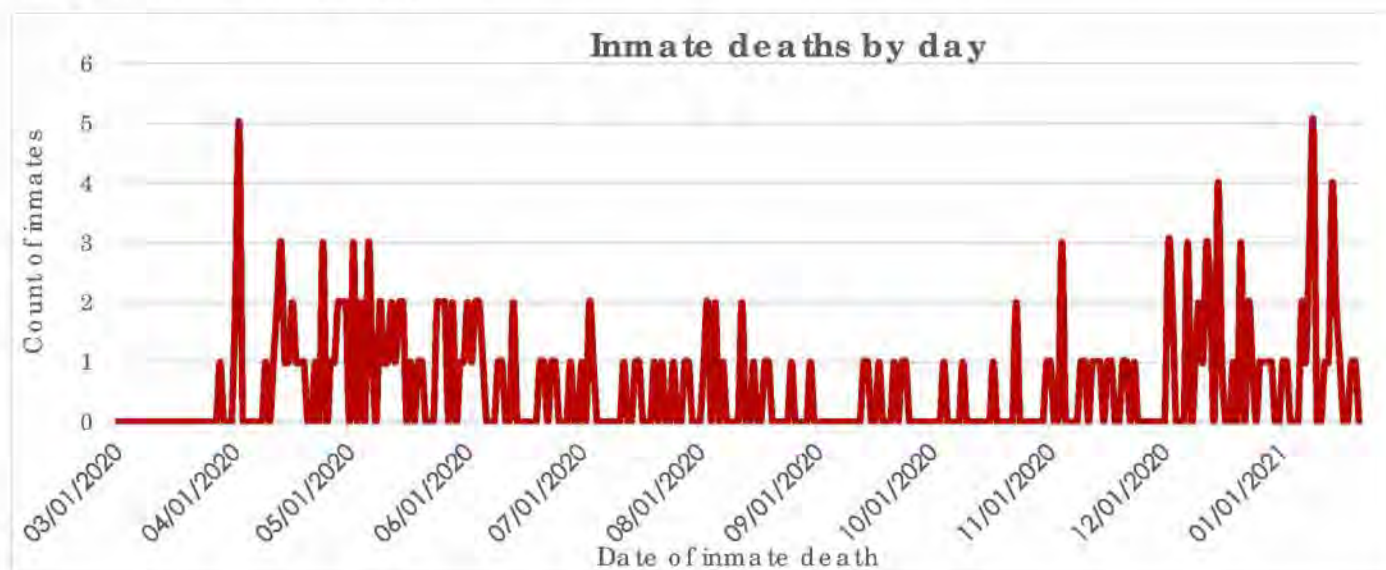
At the onset, we moved swiftly to procure PPE for our 122 institutions, as well as sought to maintain replenishment stockpiles at the logistic sites. Through aggressive research of available markets and using innovative purchasing authorities, the Bureau was able to acquire a robust stockpile of PPE. To further augment our supplies, on March 31, 2020, Federal Prison Industries factories were converted to PPE production, allowing us to be more self-sustaining in production areas, rather than burdening the public supply chain. These factories manufactured cloth face coverings, face shields, gowns, and hand

sanitize it. Additionally, each institution currently maintains a detailed inventory of PPE that is monitored by our Emergency Operations Center in the Bureau's headquarters.

On Friday, April 3, 2020, the CDC released their recommendation for the use of face coverings, and the following Monday, April 6, 2020, the Bureau implemented face covering requirements for all inmates and staff nationwide.

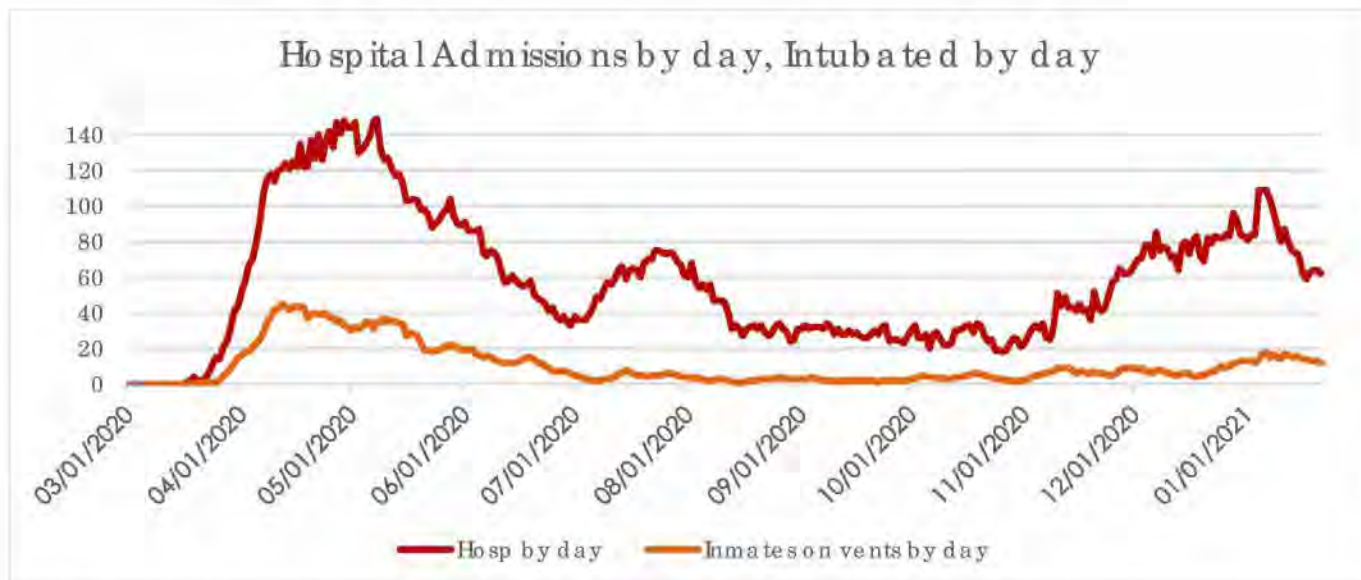
## Quarantine / Medical Isolation Units

On March 26, 2020, quarantine and medical isolation units were established nationwide for all new inmate admissions into a facility based upon a medical intake screening of the inmates. Quarantine units were established for inmates that are new intakes, those identified as post-exposure to COVID-19, and for all inmates prior to transfer or release from an institution. Medical isolation units, which are separate and distinct from non-medical segregation, are used to separate symptomatic and/or COVID-19 positive test confirmed inmates to reduce further exposures within an institution. Institutions have been instructed to ensure chaplains and mental health providers make daily rounds on the quarantine and isolation units.



## Testing Protocols

Bureau testing protocols have evolved throughout the course of the COVID-19 pandemic based on testing resource availability and guidance provided by the CDC. Beginning April 10, 2020, the Bureau procured Abbott ID Now machines in order to provide every institution with a rapid test for COVID-19; in total the Bureau received 250. The Bureau also modified its National Laboratory contract to include high volume testing for COVID-19 on May 8, 2020. Protocols were developed so that institutions can test 100% of all new inmate intakes to an institution, any inmates suspected of exposure to a COVID case, and any inmate prior to release or transfer from an institution.



For testing of staff, institutions worked with the ir community health centers and public health entities to locate community testing resources. The Bureau also obtained a national contract to perform voluntary staff testing and is working towards implementation to supplement our current practice of encouraging staff testing within the local community in the event the local health departments are unable to absorb institutional testing needs, particularly when mass testing or serial testing may be indicated.

## Home Confinement

On March 26, 2020 and April 3, 2020, Attorney General Barr issued memoranda directing the Bureau to increase the use of Home Confinement for vulnerable inmates, particularly at institutions markedly affected by COVID-19. The CARES Act, signed by President Trump on March 27, 2020, further expanded the Bureau's ability to place inmates on Home Confinement by lifting the statutory limitations contained in Title 18 U.S.C. § 3624(c)(2) during the course of the pandemic. As such, the Bureau has increased Home Confinement placements since the start of COVID-19 with over 21,000 Home Confinement placements to date under the authorities contained in the CARES Act and the Attorney General's directive who otherwise may not have been eligible for home confinement. This has resulted in an unprecedented number of inmates residing on home confinement. Elderly Offender Home Confinement Pilot Program placements also continue throughout the pandemic. Finally, the Bureau authorized the use of inmate furloughs to move qualified offenders out of the facilities, to reduce populations and further increase the ability for inmates to socially distance.

## Reducing Populations at Facilities with Dormitory or Open Bay Housing to Maximize Social Distancing

The Bureau quickly understood that facilities which have dormitory or open bay housing created more challenges with social distancing and, therefore, created a higher risk for

COVID-19 transmission. As the inmate population has continued to decrease, the Bureau has identified sufficient ability to reduce the target populations at these facilities to allow the Bureau to achieve maximum social distancing and better protect the health of these inmates. On June 19, 2020, the Bureau released updated target population caps for these facilities and began process of reducing the number of inmates housed within the identified locations.



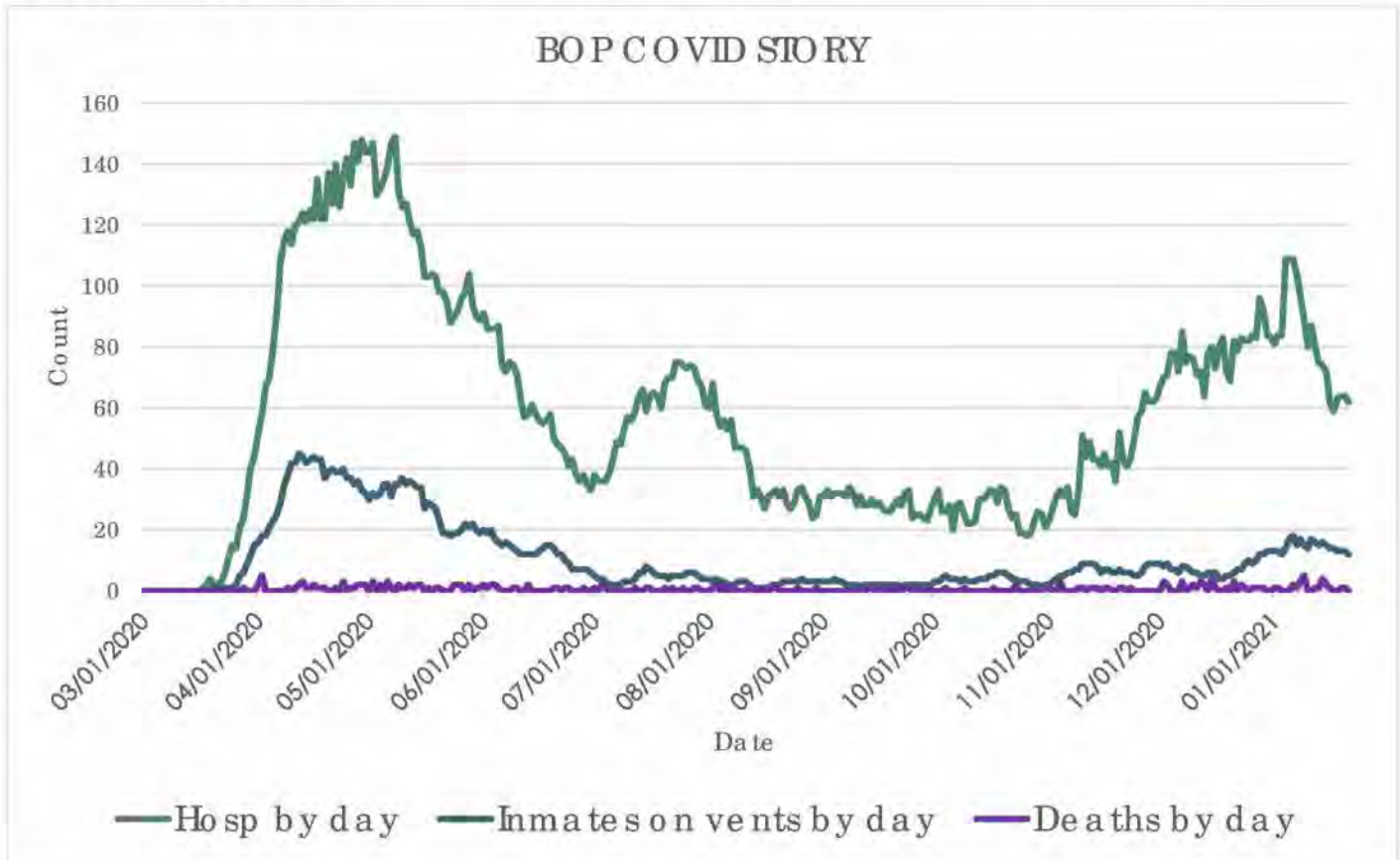
### Programming/First Step Act

Critical services such as mental health care, crisis intervention, and religious observance have continued unabated throughout the pandemic. First Step Act Evidence-Based Recidivism Reduction (EBRR) Programs and Productive Activities (PA) were temporarily suspended until they could be delivered safely. Key EBRR Programs that are residential in nature were generally able to resume quickly, as the inmates are already cohorted together in a single housing unit. In August 2020, the Bureau began resuming other EBRR Programs and PAs in reduced capacity to allow for social distancing. COVID spikes at many locations have continued to force temporary suspension of programs. As of late January 2021, approximately 43,000 inmates were enrolled in EBRR Programs or PAs.

### COVID Compliance Review Teams

On August 10, 2020, the Bureau's Program Review Division began conducting unannounced COVID-19 Compliance Review Team (CCRT) reviews at Bureau facilities. The purpose of these reviews is to evaluate compliance, monitor response, and develop further mitigation strategies to the COVID-19 pandemic. Checklists were created to conduct the reviews, which combine CDC and Bureau guidance and directives related to the management of COVID-19 and mitigation of disease transmission.

CCRT reviews will continue throughout the pandemic. As of January 2021, reviews have been completed at 95% of our facilities, and reviews and re-reviews are continuing. The Bureau collected and published *Recommendations & Best Practices for Preventing/Reducing Transmission COVID-19* as a result of these reviews and this information has been shared with all institutions. Issues and concerns noted in the CCRT reviews are further reviewed and addressed with the Wardens, allowing them to quickly take corrective action.



# Home Confinement Use

Last Updated: January 29, 2021

## General Information:

- In compliance with the Coronavirus Aid, Relief, and Economic Security Act and Attorney General Guidance, the Bureau has placed unprecedented numbers of inmates into Home Confinement with an increase of over 200% since March 26, 2020.
- The majority of inmates are monitored by Residential Reentry Center contractors (94%) while a small percentage is monitored under agreement with the Administrative Office of the Courts, United States Probation Office (6%).
- Inmates on Home Confinement are generally accounted for by Global Positioning Systems, telephonic contacts, and in person visits.
- Inmates with primary offense which includes Violence or a Sex Offense are generally inappropriate for placement on Home Confinement under the CARES act and Attorney General Guidance.
- Current practice is that inmates are ordinarily quarantined inside the institutions for 14 days prior to transfer to Home Confinement.

## Current Statistical Data:

- 7,799 inmates are currently on home confinement, and a total of 21,067 inmates have transferred to Home confinement since March 26, 2020.
- Approximately 60% of the inmates currently on home confinement were CARES Act placements.
- 378 of the inmates currently on home confinement were placed under the Elderly Offender authority.
- 2,490 of the inmates currently on home confinement have a release date of 1 year or more.

## Home Confinement Use

Last Updated: January 29, 2021

- 312 of the inmates currently on home confinement have a release date of 5 years or more.
- 11 of the inmates currently on home confinement have a release date of 10 years or more.
- 854 of the inmates currently on home confinement have a release date of more than 1 year, and are over 60 years old.

From: Michael Carvajal (b)(6);(b)(7)(C)@bop.gov]  
Sent: Thursday, December 17, 2020 1:57:37 PM  
To: Gene Beasley  
Subject: Fwd: Re: Year in Review Video Draft

Attachments: Year in Review-Final (12-17-2020).docx

see attached revised. Final as far as I go...make any changes you want.

>>> Gene Beasley 12/17/2020 1:09 PM >>>

>>> (b)(6);(b)(7)(C)@gmail.com> 12/17/2020 1:05 PM >>>  
It reads well. In addition, I like the handoffs between you and Mike.

On Thu, Dec 17, 2020 at 9:22 AM Gene Beasley (b)(6);(b)(7)(C)@bop.gov> wrote:

Please go through this quickly... Show mark-ups...



## Director/Deputy Director Video Script 2020 Year in Review/Holiday Message

Each year, as we prepare to celebrate the holidays, we have an opportunity to reflect on the events of the year that has passed. As 2020 comes to an end, I am grateful, optimistic, and look forward to leading this agency through the year to come.

First and foremost, on behalf of myself, Deputy Director Beasley, and the entire Executive Staff, thank you all for your hard work, loyalty, and dedication. Without your tireless efforts we would not have been able to accomplish our mission while combating a worldwide pandemic. You are truly valued as professionals and continue to set a very high bar for all law enforcement components throughout the country. The Executive Staff and I are well aware of the personal sacrifices you have made, and continue to make, in fulfilling the Bureau's important mission. We also know that you often endure much scrutiny from various outside stakeholders.

On a personal note, the tremendous support I have received from you has made the challenges of my first year as Director a little easier, and for that, I sincerely thank you. I wish I had been able to speak directly with more of you, and to observe, first-hand, your professionalism, flexibility, and courage to perform such an important role within the Department of Justice.

The year 2020 will be remembered as the year that tested our mettle, both personally and professionally. But I want to focus on the many positive initiatives and Executive Staff decisions that were made this year. Early in 2020, the Bureau began taking strong actions to recruit and retain qualified staff in an effort to fill the vacancies caused by hiring freezes and staffing cuts, as well as those hard-to-fill positions and locations. We implemented several group recruitment, relocation and retention incentives. We expanded the existing Title 38 special pay authority for certain medical positions - with great results. A national recruitment and branding campaign was created to highlight the rewards of working in our agency. We expanded this into a social media recruitment initiative.

Our efforts are paying off! As of November 21, the Bureau had hired 3,541 employees in 2020. This far exceeds the number of new hires we made each year for the past 12 years! As such, the Executive Staff approved the expansion of the National Recruitment Office allowing each Region to now have dedicated staff to implement targeted recruitment strategies and maintain a standing inventory of viable candidates.

Also early in 2020, we began re-establishing Employee Development Offices throughout the Bureau. This will ensure staff receive the dynamic and appropriate instruction needed for their correctional and specialty job requirements. As all staff are correctional workers first, the Executive Staff approved an additional week of training during Introduction to Correctional Techniques phase I, requiring all new employees to shadow an experienced Correctional Officer. Correctional Officers will also be receiving enhanced training once the newly approved Correctional Officer Training (CTO) Program is implemented.

I am proud of the many staff safety initiatives we were able to approve and begin implementing over the past

year. We approved the use of restraint chairs at all locations, the use of MK-9 OC Spray at specific posts at all Low and above security levels, and the use of MK-4 OC Spray at Minimum security institutions. We are also developing an enhanced outer stab vest.

Staff are the Bureau's most valuable resource – and the Executive Staff is committed to supporting a variety of strategies to attract, train, retain and compensate staff. We are bolstering our training requirements and developing new curriculums. And, we continue to explore new technologies to implement, along with additional options for keeping staff safe. The Executive Staff has also approved the development of a new uniform that may include an opportunity for staff to proudly display their career status through rank designation, and their accomplishments through ribbons and citations. You are the Bureau's ambassadors and it is important for you to feel that way as you represent the Agency both on and off duty.

I am equally proud of the work we did this year to continue the implementation of the First Step Act. The COVID-19 pandemic has impacted the entire country;

however, we have not stopped doing our job nor have we stopped preparing inmates to be productive law abiding citizens. Risk and Needs Assessments for every inmate were completed by the statutory deadline. We published the FSA Approved Programs Guide of our reentry programs. These approved programs are standardized across institutions, described in our national policies, implemented with dedicated resources, and regularly reviewed to ensure program fidelity. We also continued our work in other areas of the First Step Act, including Medication Assisted Treatment, Second Chance Act Provisions, and the various Criminal Justice Provisions.

Directly related to the pandemic, were the memoranda issued by Attorney General Barr directing us to maximize the use of Home Confinement for vulnerable inmates, particularly at institutions that were markedly affected by COVID-19. The CARES Act further expanded our ability to place inmates on Home Confinement by lifting the statutory limitations during the course of the pandemic. I am pleased that the diligent efforts of our staff have resulted in the transfer of over 18,000 inmates to Home Confinement since March 26, 2020.

Despite the negative narrative you may be hearing, the Bureau has a sound pandemic plan in place and a well-established history of managing and responding to various types of communicable disease outbreaks. Early on, we leveraged and implemented guidance from relevant experts and used it to develop protocols for screening inmates and staff with potential COVID exposure risk factors. We have continued this strong collaboration throughout the pandemic, and have invited the CDC and public health officials into our facilities to evaluate our work. They have praised our planning and implementation in the wake of the pandemic.

We continue to strive to mitigate COVID-19's impact. The Bureau is managing the health and treatment of approximately 130,000 inmates in our institutions and RRCs by following the same CDC guidance as community doctors and hospitals with regard to treatment, quarantine, and medical Isolation procedures. As the pandemic, and the response to it, has evolved in both our prisons and the community, we have seen significant increases in positive cases as exposures spike and mass

testing occurs. As the cases resolve, we see significant increases in recovered cases, just as in our communities.

The Bureau's response to and management of COVID has received a great deal of Congressional, media and stakeholder interest and scrutiny. To be transparent about our plans, operations, and statistics, the Bureau has published one of the most detailed and thorough COVID pandemic resource areas in the federal government on our public website. As a further commitment to transparency, the Bureau updates the statistics on this site daily.

To successfully get through the challenge that COVID-19 presents will require courage. Courage to work together. Courage to keep going. Courage to ensure that data and science drive our decisions. Now that a vaccine is available, we need to get our second wind and double our efforts so we can all get past this pandemic and remain healthy. Again, I look forward to walking with you through the new year.

**[Consider Deputy Director Beasley covering non-Covid accomplishments: ]**

2020 has not been solely about the pandemic, in the midst of your diligent work nationwide to counter COVID-19, on April 13 FCI Estill was struck by a tornado that caused extensive damage to both the medium and minimum security institutions. Over the next four days, we were able to safely and securely move more than 800 inmates to USP Lewisburg. The Bureau has plans in place to deal with situations such as these, and despite the complexities that the COVID-19 pandemic adds to the implementation of those plans, these experiences reflect just how well-trained and prepared our staff and leadership are to handle whatever the next challenge may be.

In June, the Attorney General requested assistance in Washington, DC in response to extensive protest activity related to the death of George Floyd. As a result, we deployed SORT and DCT teams from across the country. I was proud of the exercised restraint and the high level of skills and training they displayed as professionals, despite the emergent and tense situations they faced. Their professional response yielded the expected results and aided in de-escalating tensions and aggression. The



deployment and execution of this special mission is a testament to the Bureau's ability to readily assist our law enforcement partners nationwide.

Following the concerns that our SORT and DCT were not easily identifiable during the deployment, the Executive staff has granted approval to standardize and purchase new equipment agency-wide.

Later that month, the Attorney General directed the Bureau to schedule the executions of four federal death-row inmates. Each inmate had exhausted appellate and post-conviction remedies, and no legal impediments prevented the government from carrying out the sentence imposed by the justice system. These were the first federal executions in 17 years, and between July and December 10, court-ordered executions were fulfilled. August, September and October brought a very active Hurricane season to our facilities in the South Central and Southeast regions. Three facilities sustained significant damage from Hurricane Laura in August. As with any type of emergency, we carefully assess how best to ensure the safety of staff, inmates and the public. All potentially affected Bureau institutions remained

operational and supplemental resources and staff were staged to assist with relief efforts and to enable the local staff to attend to personal affairs and their families. Despite personal challenges, staff remained at their posts, under sometimes very trying conditions.

Consistent with our proud tradition, each time Bureau staff answered the call for assistance; from volunteering to help relieve affected staff, working with our state and local counterparts as members of the community, to even providing emergency services to citizens in need. Regardless of the various challenges and the personal and professional struggles we have faced this year, you have consistently worked to make a difference in the lives of the inmates in our custody and those that we released back to their communities. You have carried out our mission while exhibiting our core values, demonstrating your dedication to public service, commitment to correctional excellence, professionalism, integrity, respect and courage that have characterized Bureau employees throughout our agency's history.

This year we celebrated our 90th anniversary as the Bureau of Prisons. Looking back at our history, we can

see that our agency has successfully managed many difficult challenges. Our nation and the business of corrections are very different than they were in 1930, but one important area of continuity for our agency is the emphasis on building a strong, well-trained, professional staff. Adhering to our core values helps to ensure our readiness to effectively deal with whatever extraordinary situations come our way. And, as **the Director** mentioned earlier, to get through our challenges requires courage. This includes the courage to defend the Agency, the courage to stand up and shut down the naysayers, and the courage to make decisions that will move us forward to explore new opportunities. We must correct the record with facts. We have a great story to tell and should all be proud to share it!

**[Consider a pass back to the Director for the ending]**

We have been fortunate that it has been nearly 8 years since one of our own has been killed by an inmate. But this year has brought tragedies in other ways. Earlier this month, Senior Officer Specialist (b)(6)-(b)(7)(C) was brutally attacked by an inmate at USP Allenwood. He is recovering and in the thoughts and prayers of Bureau

staff and retirees nationwide. And, tragically, COVID-19 has taken the lives of our co-workers, colleagues and friends.

Please keep these staff, as well as our staff on active military duty, in your thoughts and prayers. While the holiday season is a joyous one for most, it can be difficult for those who will face the holidays alone, who are separated from their family members, or who have lost loved ones this year. As many of you find yourselves away from home and family during the holidays because duty calls, please know that every day you touch lives in ways you may never know. The sacrifices you make as a public servant do not go unnoticed.

Law enforcement work is never easy, but we are committed to taking care of our own. Our staff deserve the best possible resources and, accordingly, we have upgraded our Employee Assistance Program to provide improved and expanded services. EAP is available to your spouse or domestic partner and your dependent children. The situations we face at work each day can cause stress and anxiety. Our work can have an effect on our physical health, our emotional lives, and our families.

During the pandemic, the effects have been even greater. Be supportive and reach out to others who face struggles in their daily lives and encourage them to seek assistance.

Likewise, continue to be supportive of those who are less fortunate. I have always appreciated the generous support shown by Bureau staff in community service and charitable activities. We participate in food and clothing drives, community-based blood drives, tutoring children in need, the Combined Federal Campaign, and so much more. I am proud to lead such an outstanding group of individuals, who so willingly give of themselves and share their many blessings with others.

For 2021, I hope and pray each of us is able to return home to our loved ones, safe and sound, at the end of our day. I hope that along with the vaccine, our World leaders and experts are able to lessen, and ultimately end the devastating impact COVID-19 has had on our lives. I hope that we make sound decisions in carrying out our responsibilities, and that we strive to do our best in all aspects of our lives. If we can do all of these things, I believe everything else will take care of itself.

You are indeed the best in corrections, and I am humbled to serve as your Director. Together we are stronger. Together we continue to make a difference. Together we will lead the field of corrections for another 90 years.

On behalf of Deputy Director Beasley and the entire Executive Staff, I wish each of you a joyous, peaceful and healthy holiday season.

From: Michael Carvajal [redacted]@bop.gov]  
Sent: Thursday, January 28, 2021 6:57:53 AM  
To: Gene Beasley; [redacted] Zachary Kellon  
Subject: Update TP

Attachments: Federal Bureau of Prisons COVID Response January 2021 Final.docx; Home Confinement AG and CARES 1.13.21.docx; HC Overview-MDC (11-23-2020).docx; Fast Facts - BOP.docx; Privatization.docx

[redacted]  
[redacted]

Please see me this morning regarding this.

N:Director's Topics,1

Thank you.

Michael

Page 0284 of 4222 to Page 0304 of 4222

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(b)(5)

of the Freedom of Information and Privacy Act



**From:** Zachary Kelton

**Sent:** Friday, January 22, 2021 8:13 AM

**To:** Gene Beasley

**CC:** (b)(6);(b)(7)(C)

**Subject:** Re: fwd: Update to COVID Response Paper

**Attachments:** Federal Bureau of Prisons COVID Response\_Final.pdf; Federal Bureau of Prisons COVID Response\_Final.docx

Gene,

Boss is asking for the COVID narrative paper to be updated, and I know you were giving that to (b)(6);(b)(7)(C) as an ongoing project. Has she reported any updates to you on it?

>>> Gene Beasley 12/8/2020 2:44 PM >>>

Thank you!! I concur. I will get her on it now.

>>> Zachary Kelton 12/8/2020 12:41 PM >>>

Gene,

Not sure if you are still looking for projects for (b)(6);(b)(7)(C) but keeping this document up to date might be a good one for her; thoughts?

>>> Zachary Kelton 11/24/2020 1:15 PM >>>

Director and Deputy Director,

Word and PDF copies of the updated COVID narrative attached, based on current data. Much thanks to IPPA and HSD for getting the data and graphs updated to current.

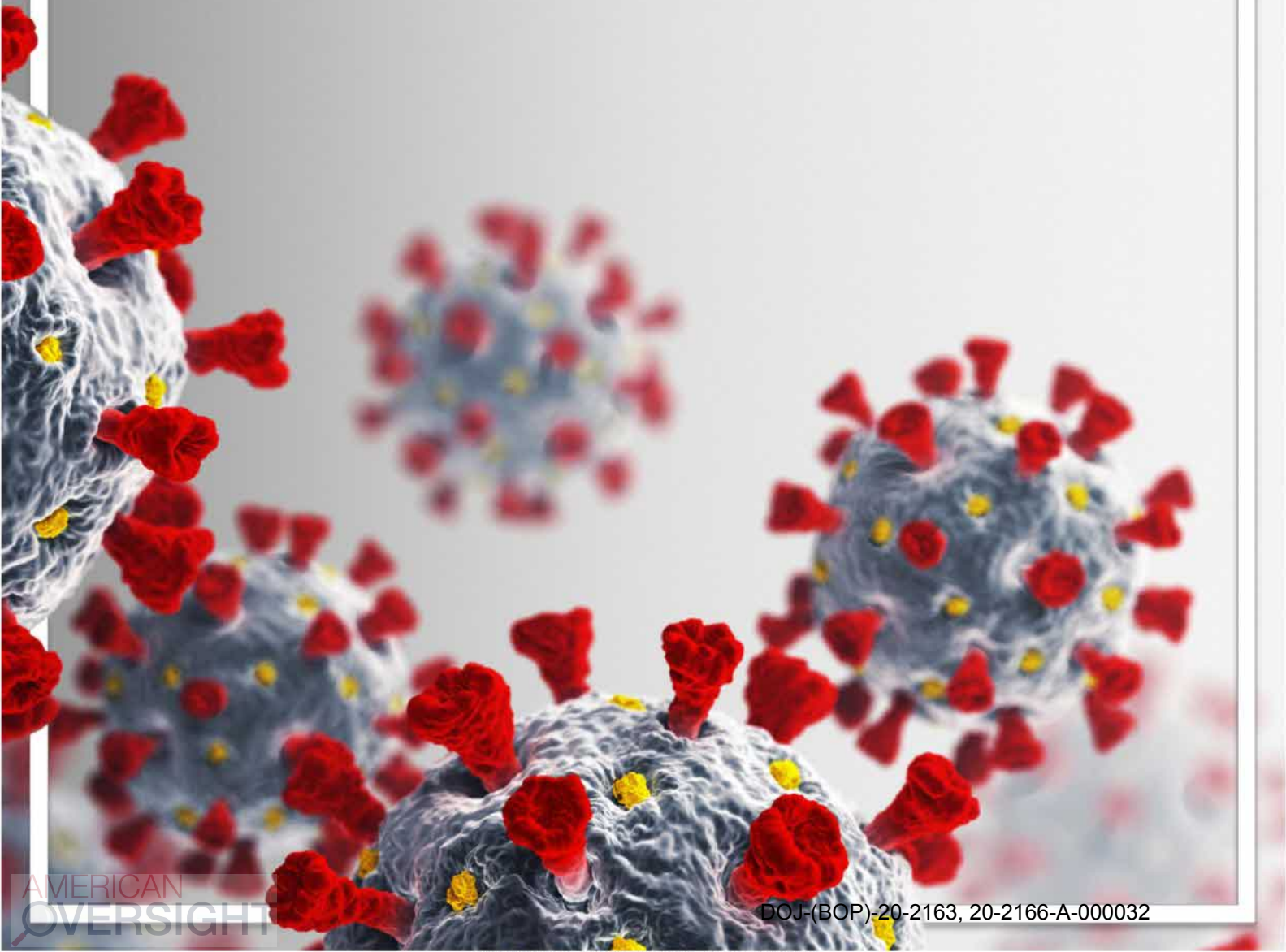
Zach



Office of the Director  
Washington, DC 20534

U.S. Department of Justice  
Federal Bureau of Prisons

# Federal Bureau of Prisons COVID-19 Response



AMERICAN  
OVERSIGHT

DOJ-(BOP)-20-2163, 20-2166-A-000032

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# Federal Bureau of Prisons COVID-19 Response

## Summary

The Bureau of Prisons (Bureau) has taken swift and effective action in response to the Coronavirus Disease 2019 (COVID-19), and has emerged as a correctional leader in the pandemic. This virus is challenging, as our nation as a whole has seen, and in particular, is even more complex to address given the nature of our correctional environment. Initially, we were challenged by an upsurge in inmate positive cases, but as a result of our mitigation strategies and lessons learned, we were able to flatten the curve, both at our hotspots and in our institutions nationwide. This result is evidenced by the steep decline in inmate hospitalizations and inmate fatalities beginning in early May. Even more telling has been the decrease in the number of hospitalized inmates on ventilators (the sickest inmates infected) which are nearly zero today. These low numbers remain steady, even as inmate movement has increased, and despite communities re-opening. We will continue to evaluate our mitigation strategies and make adjustments as needed, but our practices – and the diligent efforts of our staff – are working to address the pandemic.

## Pandemic Preparedness

Pandemic preparedness is an important aspect of normal operational readiness and planning in the Bureau. The Bureau has long maintained a collaboration with the Centers for Disease Control and Prevention (CDC) regarding correctional medicine. On January 31, 2020, the Bureau issued guidance on Coronavirus Disease 2019 (COVID-19) to all Clinical Directors and other relevant Health Services staff, six weeks ahead of the declaration of the COVID-19 pandemic. Two days after the declaration, the Bureau implemented modified operations to mitigate potential transmission of the virus.

## Mitigation Strategies

On March 13, 2020, the Bureau undertook initial proactive measures to mitigate the exposure risk to inmates, staff, and the public. These measures evolved as information about COVID-19 increased. In particular, the Bureau specifically engaged with the CDC in order to assist that organization in developing guidance specific to the unique nature of correctional environments. This engagement was mutually beneficial. As a result of these collaborative efforts, the CDC published their *Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities* on March 23, 2020; the subsequent update on July 14, 2020, was also issued with Bureau input. Accordingly, the Bureau's COVID-19 pandemic strategies were developed in consultation with the CDC and included key areas such as modifying operations agency-wide to allow for the maximum use of social distancing. Because

prisons are not principally constructed to account for distancing, but rather for aggregate living, this modification was critical. Actions included in the Bureau response addressed:

- Suspension of social visits.
- Suspension of volunteers.
- Suspension of contractors except for critical services.
- Limited internal inmate movement, except for critical transfers required for medical/mental health care and required judicial orders.
- Enhanced screening of inmates.
- Enhanced staff screening prior to entry into institutions.
- Direction for all staff to be respirator fit tested in all field locations.
- Issuance of surgical masks and gloves as necessary to all transferring or releasing inmates.
- Modification of inmate programming delivery locations and spacing.

## Inmate Movement

At the onset of the pandemic, the Bureau took aggressive action to limit internal and external movement, understanding that movement could increase the risk of transmission throughout our facilities. On average, during the peak of the pandemic, the Bureau maintained a 98% decrease in movement as compared to the prior year. Pre-COVID-19, the Bureau and the United States Marshals Service (USMS) collectively moved approximately 10,000 inmates per month.

In order to meet statutory obligations, the Bureau and the USMS have collaborated to transfer inmates into the Bureau to serve their sentences. Based upon these protocols, movement projections indicate an approximate 70% return to normal movement rates, with the Bureau and USMS adhering to safe movement and intake procedures to mitigate the risk of significant increases nationally in COVID-19 positive cases.

## PPE and Face Coverings

The Bureau has a longstanding practice of maintaining logistical sites throughout the United States. These sites maintain a variety of emergency-related equipment, to include some Personal Protective Equipment (PPE). With the onset of the pandemic, the Bureau had approximately 34 million pieces of PPE on hand, and throughout the pandemic, the agency has maintained this quantity, with a current inventory of 36 million pieces.

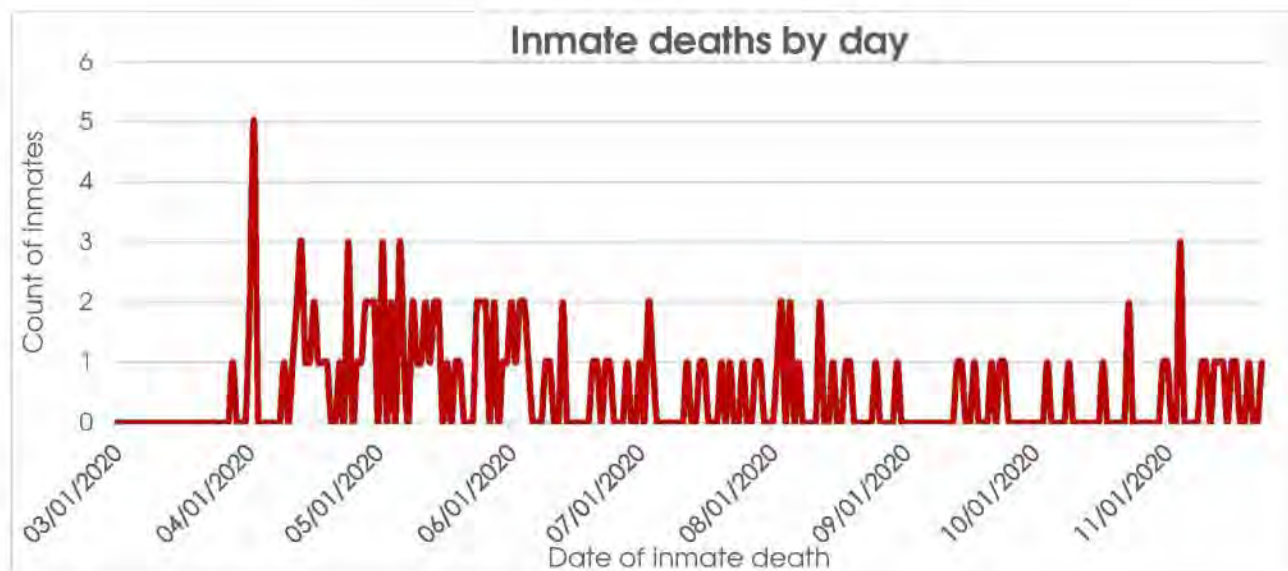
At the onset, we moved swiftly to procure PPE for our 122 institutions, as well as sought to maintain replenishment stockpiles at the logistic sites. Through aggressive research of available markets and using innovative purchasing authorities, the Bureau was able to acquire a robust stockpile of PPE. To further augment our supplies, on March 31, 2020 Federal Prison Industries factories were converted to PPE production, allowing us to be more self-sustaining in production areas, rather than burdening the public supply chain. These factories manufactured cloth face coverings, face shields, gowns, and hand

sanitizer. Each institution currently maintains a detailed inventory of PPE that is also monitored by our Emergency Operations Center in Bureau's headquarters.

On Friday, April 3, 2020, the CDC released their recommendation for the use of face coverings, and the following Monday, April 6, 2020, the Bureau implemented face covering requirements for inmates and staff nationwide.

## Quarantine/Medical Isolation Units

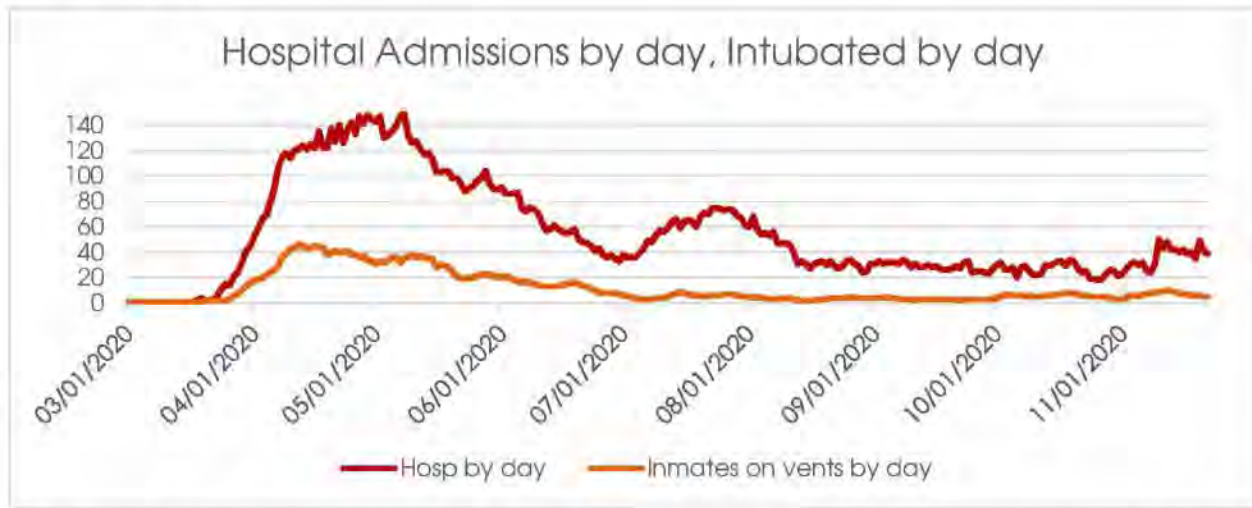
On March 26, 2020, we established quarantine and medical isolation units nationwide for all new inmate admissions into a facility based upon screening of the inmates. Quarantine units were established for inmates that are new intakes, those identified as post-exposure to COVID-19, and for all inmates prior to transfer or release from an institution. Medical isolation units, which are separate and distinct from non-medical segregation, are used to separate symptomatic and/or COVID-19 positive test confirmed inmates to reduce further exposures within an institution. Institutions have been instructed to ensure chaplains and mental health providers make daily rounds on the quarantine and isolation units.



## Testing Protocols

Bureau testing protocols have evolved throughout the course of the COVID-19 pandemic based on testing resource availability and guidance provided by the CDC. Beginning April 10, 2020, the Bureau procured Abbott ID Now machines in order to provide every institution with a rapid, Point of Care test for COVID-19; in total the Bureau received 250. The Bureau also modified its National Laboratory contract to include high volume testing for COVID-19 on May 8, 2020. Protocols were developed so that institutions can test 100% of all new inmate intakes to an institution, any inmates

suspected of exposure to a COVID case, and any inmate prior to release or transfer from an institution.



For testing of staff, institutions worked with their community health centers and public health entities to locate community testing resources. The Bureau has also obtained a national contract to perform voluntary staff testing and is working towards implementation to supplement our current practice of encouraging staff testing within the local community in the event the local health departments are unable to absorb institutional testing needs, particularly when mass testing or serial testing may be indicated.

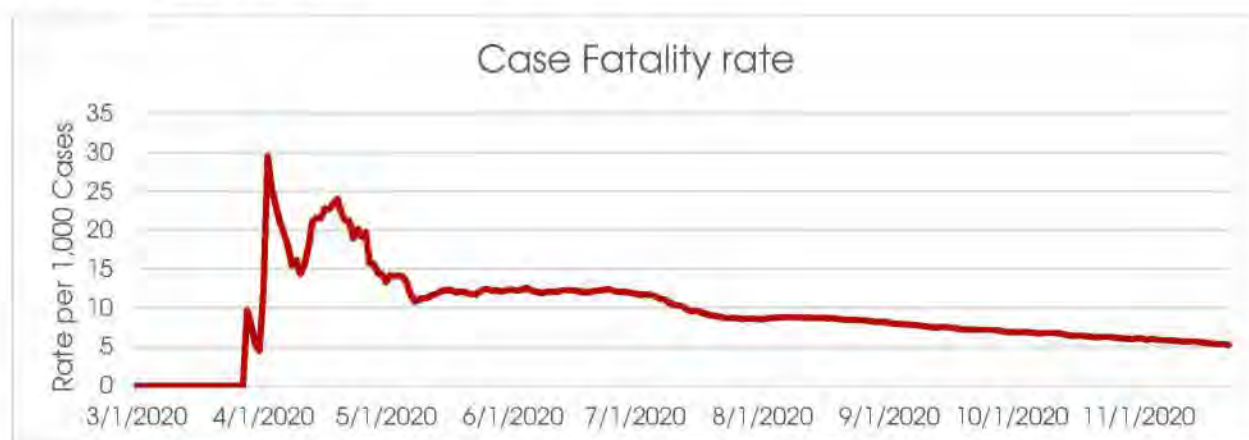
## Home Confinement

On March 26, 2020 and April 3, 2020, Attorney General Barr issued memoranda directing the Bureau to increase the use of Home Confinement for vulnerable inmates, particularly at institutions markedly affected by COVID-19. The CARES Act, signed by President Trump on March 27, 2020, further expanded the Bureau's ability to place inmates on Home Confinement by lifting the statutory limitations contained in Title 18 U.S.C. § 3624(c)(2) during the course of the pandemic. As such, the Bureau has increased Home Confinement placements since the start of COVID-19 by approximately 300%. Elderly Offender Home Confinement Pilot Program placements also continue throughout the pandemic. Finally, the Bureau authorized the use of inmate furloughs to move qualified offenders out of the facilities, to reduce populations and further increase the ability for inmates to socially distance.

## Reducing Populations at Facilities with Dormitory or Open Bay Housing to Maximize Social Distancing

The Bureau quickly understood that facilities which have dormitory or open bay housing created more challenges with social distancing and, therefore, created a higher risk for COVID-19 transmission. As the inmate population has continued to decrease, the Bureau has identified sufficient ability to reduce the target populations at these facilities

to allow the Bureau to achieve maximum social distancing and better protect the health of these inmates. On June 19, 2020, the Bureau released updated target population caps for these facilities and began process of reducing the number of inmates housed in them.



## Programming/First Step Act

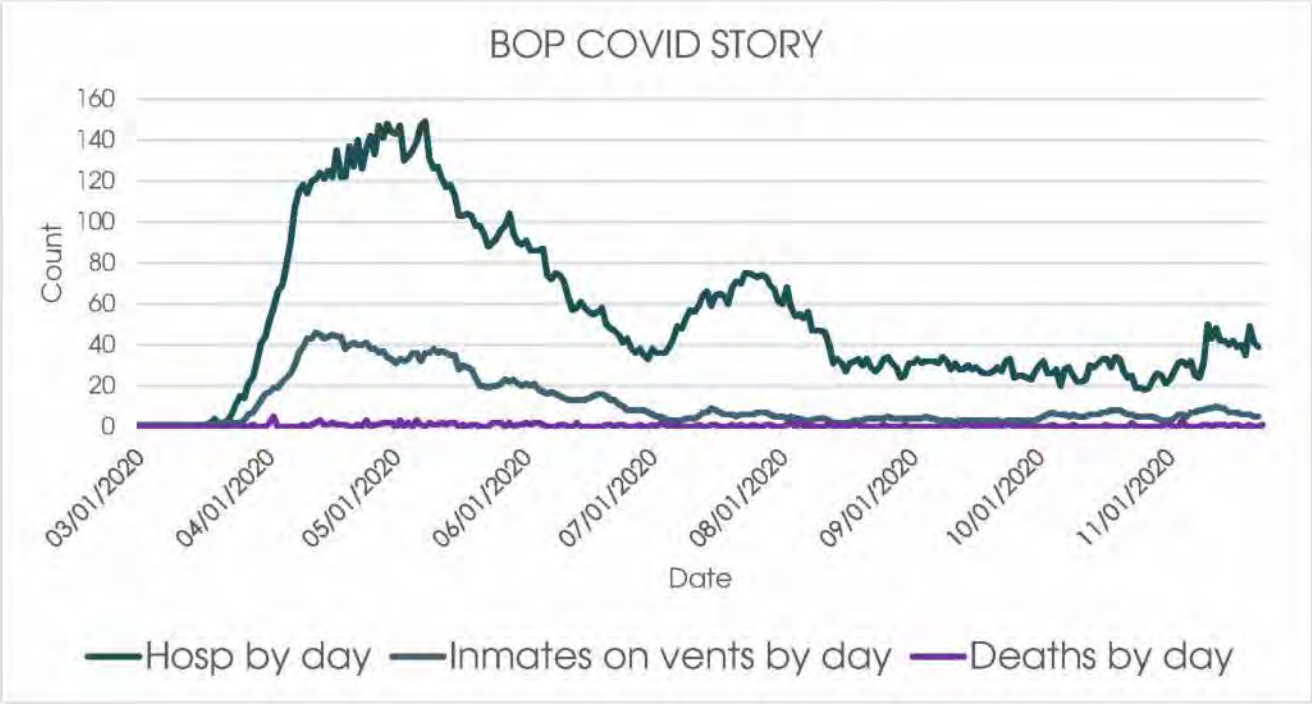
Critical services such as mental health care, crisis intervention, and religious observance have continued unabated throughout the pandemic. First Step Act Evidence-Based Recidivism Reduction (EBRR) Programs and Productive Activities (PA) were temporarily suspended until they could be delivered safely.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

## COVID Compliance Review Teams

On August 10, 2020, Program Review Division began conducting COVID-19 Compliance Review Teams (CCRT) reviews at Bureau facilities. The purpose of these reviews is to evaluate compliance, monitor response, and develop further mitigation strategies to the COVID-19 pandemic. Checklists were created to conduct the reviews, which combine CDC and Bureau guidance and directives related to the management of COVID-19 and mitigation of disease transmission.

We will continue conducting CCRT reviews throughout the pandemic, ensuring every Bureau facility is reviewed. As of September 10, 2020, reviews have been completed at 52% of our facilities. The Bureau collected and published *Recommendations & Best Practices for Preventing/Reducing Transmission COVID-19* as a result of these reviews and this information has been shared with all institutions. Issues and concerns noted in the CCRT reviews are further reviewed and addressed with the Wardens, allowing them to quickly take corrective action.





**From:** (b)(6); (b)(7)(C)  
**Sent:** Wednesday, January 27, 2021 5:49 PM  
**To:** L. Cristina Griffith  
**CC:** Gene Beasley  
**Subject:** Fwd: 2021 Warden VTC Agenda Items  
**Attachments:** TEXT.htm; 2021 Warden VTC Agenda Items.docx

Hi, Cristina.  
Mr. Beasley said to take this off your plate. We'll take first stab at it.  
Thank you!

(b)(6);

>>> Zachary Kelton 1/27/2021 10:03 AM >>>

Cristina,

Clearly someone is going to have to pare this down to an appropriate list of key issues that can be addressed in a couple of 2-3 hours videoconferences. Is HR willing/able to use these suggestions to create a draft agenda for two 2-3 hour sessions for Gene and the Director to consider?

>>> Gene Beasley 1/27/2021 9:56 AM >>>

Please see the attached. Sorry Zach for the additional e-mail.

>>> (b)(6); (b)(7)(C) 1/27/2021 9:03 AM >>>

Attached are agenda items and topics that ADs and RDs provided for the upcoming Warden's VTC.

Page 0436 of 4222 to Page 0447 of 4222

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of the Freedom of Information and Privacy Act

**From:** Gene Beasley  
**Sent:** Monday, December 14, 2020 1:03 PM  
**To:** Gene Beasley; (b)(6); (b)(7)(C)  
**Subject:** Fwd: Year in Review Video Draft Script  
**Attachments:** Year in Review Video Draft.docx

>>> Zachary Kelton 12/11/2020 2:14 PM >>>

Attached is an initial draft of the "Year in Review" script for the two of you to review. (b)(6); (b)(7)(C) intentionally made it long so that you could cut/edit if there were parts you didn't want to ultimately include. There are a couple of natural "hand off" points flagged, but they can be adjusted as you prefer. I think it's a great draft. Let me know how you would like us to refine it.

Zach

Page 0801 of 4222 to Page 0814 of 4222

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(b)(5)

of the Freedom of Information and Privacy Act

From: Michael Carvajal (b)(6);(b)(7)(C) [mailto:mcarvajal@bop.gov]  
Sent: Monday, November 2, 2020 7:41:04 AM  
To: Zachary Kelton  
CC: Gene Beasley  
Subject: Fwd: (b)(6);(b)(7)(C)

Attachments: (b)(6);(b)(7)(C) Sept Last Invoice.pdf; (b)(6);(b)(7)(C) Sentencing\_Transcript.pdf;  
(b)(6);(b)(7)(C) Judgment.pdf; (b)(6);(b)(7)(C) Good Cause Form-Completed.pdf

Zach,

See attached. Please coordinate an appropriate review and response.

Thank you.

Michael

>>> Rabbi (b)(6);(b)(7)(C) [mailto:rabbi@unitedjewish.org] 11/2/2020 7:30 AM >>>  
Dear Director Carvajal,

I hope this email finds you well.

Leading the BOP during regular times is a complex job but during a pandemic is even more challenging and to do it successfully, as you have been doing, is a real testament to your incredible experience and leadership at the BOP.

As you know, I reach out to you sparingly. However I find myself compelled to assist the above referenced individual because I personally know the situation well and to the best of my knowledge is something that can only be assisted by you in this very difficult matter.

(b)(6);(b)(7)(C) has been sentenced for 3 months for violating election law. As you can see in the quotes below from the sentencing transcript (attached) the Judge believed that given his young age he was being used by the other defendants in the case. The judge said that the other defendants in the case looked at (b)(6);(b)(7)(C) and said

\* "This is a young man that we can, we can get him involved,\*\*and he's, he's unsophisticated enough and unworldly enough \*\*that, you know, he'll, he'll go along with it. He'll do the\*\* things that we think he ought to do. (page 35)\*

The Judge also said about the case in general:

\*The amount of cynicism involved in that is \*\*extraordinary. I think that -- I think that (b)(6);(b)(7)(C) \*\*is -- didn't have quite that. I really don't. I think he \*\*had some of it. I don't think he had as much as the others,\*\* in part, because he planned to live in the community. (Page 24)\*

Nonetheless, a crime was committed which of course we don't condone and he was sentenced to 3 months. (b)(6);(b)(7)(C) is supposed to report to Otisville in about 45 days. However, I feel it is important to bring to your attention that his mother-in-law (b)(6);(b)(7)(C) is gravely ill with stage 4 pancreatic cancer.

I am very familiar with (b)(6);(b)(7)(C) situation because my office assisted her in getting the appropriate medical coverage once she received this devastating Cancer diagnosis and began chemotherapy treatment as you can see from the attached documents from her Oncologist.

(b)(6);(b)(7)(C) wife (b)(6);(b)(7)(C) daughter) is intimately involved in (b)(6);(b)(7)(C) cancer care and is desperately needed at (b)(6);(b)(7)(C) side. (b)(6);(b)(7)(C) is therefore the one responsible to be taking care of his 4 children who are between the ages of 4-12. Going away to prison for 3 months at such a difficult time will put indescribable pressure on (b)(6);(b)(7)(C) wife as she cares for (b)(6);(b)(7)(C) will have to make a very difficult decision to care for her dying mother or her children, or alternatively try to juggle both caring for her mother and her young children and not do either well enough. If (b)(6);(b)(7)(C) were designated to a halfway house, he could serve his sentence, pay his dues to society, and be involved in his kids childcare by phone on a daily basis and be home on the weekends while (b)(6);(b)(7)(C) is spending time at her mother's bedside during her final days.

I hope you find it fit to have (b)(6);(b)(7)(C) designated to a halfway house so he

can complete his sentence and ensure his mother-in-law gets the help and support she so desperately needs during this extremely challenging time for the family.

Looking forward to hearing from you.

Respectfully,

\*Rabbi [redacted] (b)(6);(b)(7)(C)  
[redacted] (b)(6);(b)(7)(C)

United Jewish Organizations of Williamsburg and North Brooklyn  
32 Penn St | Brooklyn, NY 11249

P: [redacted] (b)(6);(b)(7)(C) | F: [redacted] (b)(6);(b)(7)(C)

[redacted] (b)(6);(b)(7)(C) @unitedjewish.org |  
<https://protect2.fireeye.com/v1/url?k=f1b460c7-ae2f58fc-f1b344e2-ac1f6b0176a2-3f82e5fea2ddfa65&q 1&e 3157fe6e-2042-4780-aa33-ca065805d69d&u http%3A%2F%2Fwww.unitedjewish.org%2F> |  
@unitedjewish  
<<http://twitter.com/unitedjewish>>

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of the Freedom of Information and Privacy Act



From: Michael Carvajal [redacted]@bop.gov]  
Sent: Friday, October 30, 2020 12:40:12 PM  
To: Andre Matevousian; [redacted] Gene Beasley; Jared Rardin; Zachary Kelton  
Subject: RE: OM-Home Detention CARES Act

thank you Jared

>>> Jared Rardin 10/30/2020 10:36 AM >>>  
Gentlemen, please find the requested CPD information below:

- A total of 51 inmates with a Broad Publicity CIM assignment have been reviewed by the Central Office Committee. Of those, a total of 31 were placed into Home Confinement in accordance with the CARES Act. You will find the list of these attached.

- On April 6, 2020, agency guidance was issued to all CEO's encouraging the use of Crisis Furloughs to remove inmates from secure environments and mitigate the spread of COVID-19.

- There are currently 29 inmates in the BOP on crisis furloughs.

- The total number of inmates in the agency on crisis furloughs at any one time peaked on May 19, 2020, with a total of 373.

- The Correctional Programs Division provides the Executive Office of the United States Attorney a list of newly designated inmates to Home Confinement on a bi-weekly basis. This list includes those inmates reviewed at the institution level, as well as those reviewed by the Central Office Committee.

Please don't hesitate to reach out if you need anything else.

>>> Alix McLearn 10/29/2020 9:25 PM >>>  
Thanks, Zach. I have accepted your additions and added the population numbers. The HC number we use is current placements, so I have left it as is. This should be the final document.

Everyone have a great night,  
Alix

>>> Zachary Kelton 10/29/2020 8:49 PM >>>  
Alix, these talking points look great to me. A few comments/recommended edits for consideration attached, but it's very well done and comprehensive. Thank you!!

Zach

>>> Kenneth Hyle [redacted]@bop.gov> 10/29/2020 5:38 PM >>>  
Thanks Alix - the talking points look good to me. Nothing further from my end -

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

From: Alix McLearn [redacted]@bop.gov>  
Date: 10/29/20 4:34 PM (GMT-05:00)  
To: Gene Beasley [redacted]@bop.gov>, Michael Carvajal [redacted]@bop.gov>  
Cc: [redacted]@bop.gov>, [redacted]@bop.gov>, [redacted]@bop.gov>, [redacted]@bop.gov>, [redacted]@bop.gov>, Kenneth Hyle [redacted]@bop.gov>, Jared Rardin [redacted]@bop.gov>, Zachary Kelton [redacted]@bop.gov>, Andre Matevousian [redacted]@bop.gov>  
Subject: Re: OM-Home Detention CARES Act

>>> "Alix McLearn" 10/29/2020 16:34 >>>  
Attached are the talking points with some updated numbers and information. Of note, HSD reported a high positivity rate of 10.5%, which is different than what we discussed.

CPD will be sending some additional information about broad publicity cases and furloughs. Ken and Zach will let us know if they think other topics need to be addressed.

Have a good evening,  
Alix

>>> Alix McLearn 10/29/2020 3:31 PM >>>  
Director and Deputy Director,

DOJ-(BOP)-20-2163, 20-2166-A-000047

Attached is OM on CARES HC procedures. This version includes Ken's edits and the items we discussed when we met.

Please let us know if you need anything further to move this forward.

Thanks,  
Alix

From: Michael Carvajal [redacted]@bop.gov]  
Sent: Monday, October 26, 2020 9:48:50 AM  
To: Zachary Kelton  
CC: [redacted] Gene Beasley; Terry Windsor  
Subject: Re: NIC AB Remarks

Attachments: NIC Advisory Board Remarks (10-26-2020).doc

See attached final copy for your records.

>>> Zachary Kelton 10/26/2020 9:13 AM >>>  
Director,

Shaina also reviewed [redacted] script, and recommended the following edits for your consideration; if you send me the latest version you've been working on, I can add them in if you like.

"In the second paragraph where Norm Carlson is mentioned, the Director could [redacted]

[redacted]

She also pointed out that [redacted]

[redacted]

Zach

# Director's Talking Points NIC Advisory Board Meeting October 26, 2020

Thank you Madam Chair [Colette Peters, Director, Oregon Department of Corrections] for the kind introduction and good afternoon to everyone.

I want to start today by briefly paying tribute to Norman A. Carlson, fourth Director of the Bureau of Prisons and long-time member of the Advisory Board. During Norm's administration the BOP moved beyond simply providing examples and began to provide direct and tangible support and instruction to other prison systems through the National Institute of Corrections. He was involved in the planning and creation of NIC after the idea was first proposed in 1971. His legacy will live on through the continued contributions of NIC to the field of corrections. He was committed to assisting corrections professionals at the federal, state, and local levels, and we all have benefited from the many years of training, technical

assistance and publications NIC has provided. I sincerely thank Director Carlson and the National Institute of Corrections for your continued commitment to excellence.

To the field of corrections, and corrections professionals worldwide, NIC is an invaluable resource. To myself, and the Bureau of Prisons, NIC is a crucial conduit to the best practices, and lessons learned, that are coming out of the state departments of corrections.

Prisons and prison systems are continuously changing environments and changes affect their orderly operation, both positively and negatively. To successfully achieve our mission, we must be able to address the changes effectively and evolve accordingly. In corrections, it can mean the difference between life and death – as it is with our current challenge: a worldwide pandemic.

The bureau is both a partner and client of NIC and that allows us to “be smarter together.” We are able to share what we are doing to mitigate

the spread of COVID on a federal level and learn from the experiences of our counterparts at the state, and sometimes even local level.

The COVID virus is vexing and the corrections environment, in particular, creates additional complexity in addressing and containing the disease.

Whether facing daily operational challenges in a prison, life threatening emergency situations, or an unprecedented pandemic, there is no secret formula or magic phrase we can use to lead an organization through troubled times. Leaders must have trust, credibility, and operational experience. They must be skilled in critical thinking and problem solving. They must listen and, most importantly, take decisive action.

I am thankful for the many leadership opportunities I have had throughout my career that have taught me innumerable lessons and allowed me to hone my own personal style and traits. But, I have also benefitted from a number of training courses and professional relationships

built over the years, including several NIC courses, both on-line and in-person. Training provides a “safe” place to learn about new and innovative approaches and to experiment with the results of applying, or not applying, them in various scenarios.

NIC’s focus on training provides individuals and organizations a unique opportunity to participate in corrections centric courses alongside correctional staff from other jurisdictions and to learn from each other and from some of the best practitioners in the field.

COVID has certainly forced us to change the way we think about our future and the way we do business. New business models in response to the challenges of COVID are popping up daily, and as we have discovered in government, telework, flex schedules and virtual meetings have become the norm, at least for the immediate future. However, we also recognize most of those business models won’t work for corrections, simply because of the nature of our mission. With

that said, we are also changing our prison environments and doing things that are sometimes uncomfortable for us: reducing the population at individual facilities by adjusting population caps and transferring historic numbers of inmates to Residential Reentry Centers and home confinement; imposing a nationwide hold on all visiting, and leveraging technology to ensure inmates maintain contact with their friends, family, and legal counsel; and putting detailed operational information – including daily updates on inmate and staff COVID infection numbers – on our public facing website are but a few of the dramatic changes we have made in rapid fashion to help ensure the safety of our staff and inmates and to assure all outside stakeholders that – contrary to what some media outlets would have them believe – we are, in fact, adapting to and successfully managing prison life under COVID.

I appreciate the important service this Advisory Board provides NIC as it strives to influence correctional policies and practices in areas of



concern to correctional professionals and legislators. I am looking forward to a long, mutually beneficial relationship.

I thank you for the opportunity to say a few words and I am happy to answer any questions you have for me.

From: Michael Carvajal (b)(6);(b)(7)(C) [redacted]@bop.gov]  
Sent: Wednesday, October 28, 2020 8:15:33 AM  
To: (b)(6);(b)(7)(C) [redacted] Zachary Kelton  
CC: Gene Beasley  
Subject: HC information update

Attachments: HC Options-OAG-DAG (10-28-2020).docx

See attached. Do you have the current numbers on page 2 of this document? This is the document we sent to OAG that was not widely shared. I need the original so I can update ASAP.

Page 1420 of 4222 to Page 1424 of 4222

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From: Michael Carvajal (b)(6);(b)(7)(C) [redacted]@bop.gov]  
Sent: Thursday, October 1, 2020 12:26:43 PM  
To: (b)(6);(b)(7)(C) [redacted]  
CC: Gene Beasley; Zachary Kelton  
Subject: 15th message-Final

Attachments: Director's Message-15 (10-01-2020).docx

Ready to record....

Page 1441 of 4222 to Page 1445 of 4222

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**From:** Michael Smith (b)(6); (b)(7)(C) @bop.gov>  
**Sent:** Sunday, September 27, 2020 2:48 PM  
**To:** Gene Beasley  
**Subject:** RE: Mandatory Meeting Monday Morning - 7:30 a.m.  
**Attachments:** TEXT.htm

Will be there.

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

**From:** Gene Beasley (b)(6); (b)(7)(C) @bop.gov>  
**Date:** 9/27/20 10:14 (GMT-05:00)  
**To:** David Paul (b)(6); (b)(7)(C) @bop.gov>, (b)(6); (b)(7)(C) @bop.gov>, Kenneth Hyle (b)(6); (b)(7)(C) @bop.gov>, Zachary Kelton (b)(6); (b)(7)(C) @bop.gov>, Kevin Pistro (b)(6); (b)(7)(C) @bop.gov>, (b)(6); (b)(7)(C) @bop.gov>, Andre Matevousian (b)(6); (b)(7)(C) @bop.gov>, Michael Smith (b)(6); (b)(7)(C) @bop.gov>  
**Subject:** Mandatory Meeting Monday Morning - 7:30 a.m.

>>> "Gene Beasley" 09/27/2020 10:14 >>>

Good morning everyone! If you are receiving this e-mail please be in the Director's conference room tomorrow, September 28, 2020, no later than 7:30 a.m.

We need to have an A through Z conversation surrounding all aspects of home confinement, specifically the transfers which have occurred as a result of Covid.

To give everyone a perspective and to allow for some preparation, below are a few examples of what needs to be one topic of discussion.

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In short, this topic is the priority for the day so please make appropriate scheduling adjustments and bring any appropriate support staff that you need.

Please respond to me today and let me know you have received this email, that you will be in attendance, and who else will be attending with you.

If you have any questions or need more information, please give me a call.

Gene

Sent from my Verizon, Samsung Galaxy smartphone

From: Michael Carvajal [redacted] bop.gov]  
Sent: Thursday, October 1, 2020 1:34:59 PM  
To: [redacted] Gene Beasley; [redacted] Zachary Kelton  
Subject: Final

Attachments: Director's Message-15 FINAL (10-01-2020).docx

## Fifteenth Director's Message

Hello everyone. I want to highlight the Federal Employee Viewpoint Survey. OPM has sent an email invitation to every Federal employee to complete the survey – and I have completed mine.

Each year, this survey allows us an opportunity to provide Department of Justice and agency leaders with information about what works well and what needs improvement. This year's survey is streamlined with a set of core questions to assess the impact of the COVID pandemic. I encourage all of you to use this opportunity to share your perspective about your workplace conditions within the agency. Although your feedback is anonymous, it will generate thought, influence change and allow us to improve and continue being the gold standard of Corrections.

Previously, I spoke about defining moments during the past year which provided opportunities to reevaluate priorities, create new ways of doing things and raise the bar within the corrections profession. One of the outcomes of the last Executive Staff meeting was the decision to add a fourth Core Value: **Courage**. It takes **Courage** to address difficult subjects, deliver tough feedback



and share a dissenting opinion. It is much easier to go along with the status quo – to do or not do something because that is how it has always been done. Instead, we must find the **Courage** to stand up and challenge the status quo and to make difficult decisions. We must also demonstrate courage and set the record straight when people disparage or discredit our agency, with inaccurate or misleading information.

The Bureau has taken calculated and effective actions in response to COVID, and has emerged as a correctional leader in mitigating and responding to the pandemic. The virus is vexing and the entire world has been affected. As you are well aware, the corrections environment, in particular, creates complexity in containing the disease. Initially we were challenged by an upsurge in inmate positive cases, but as a result of our mitigation strategies and lessons learned, we were able to flatten the curve, both at our hotspots and our institutions nationwide. This result is evidenced by the steep decline in inmate hospitalizations and inmate fatalities beginning in early May. Even more telling has been the decrease in the number of hospitalized inmates on ventilators which are nearly zero today.

These low numbers remain steady, even as inmate movement has increased, and despite communities re-opening. We continue to

evaluate our mitigation strategies and make necessary adjustments. Our best practices and your attentive efforts are working to mitigate and contain the virus.

You continue to do an excellent job of maintaining order and control of our facilities, keeping everyone safe, mitigating the spread of the virus, and protecting the inmates entrusted to our care. Our response and mitigation efforts have helped lead to the recovery of more than 13,000 inmates and more than 1,100 staff members. To date, we have tested over 58,000 inmates, 14,655 have tested positive. Sadly, there have been 124 federal inmate deaths, 4 occurring while the inmate was on home confinement. And, the deaths of 2 of our own staff members are attributed to COVID. But these results could have been much worse.

Our testing protocols have evolved throughout the pandemic based on testing resource availability and guidance provided by the CDC. We now have 250 Abbott ID Now machines that provide every institution with a rapid, Point of Care test for COVID. Our national laboratory contract was also modified to include high volume testing for COVID. We now test 100% of inmates entering our institutions, any inmate suspected of exposure to a COVID case and any inmate being released or transferred.

As a result of the CARES Act, the Bureau has increased Home Confinement placements by approximately 300%. We have also authorized the use of inmate furloughs to move other qualified offenders out of our facilities. These actions have reduced the inmate population, increased the ability for social distancing within our facilities, and protected the health of inmates, staff and the public.

I cannot emphasize enough that we must maintain our efforts to control the spread of this disease. As inconvenient as it may seem, we must continue following best practices at all times, including wearing appropriate face coverings, social distancing and using universal precautions. We must clean and disinfect regularly. We simply cannot become complacent. It is our responsibility to protect each other at work and set the example within our communities.

I am very proud of the work each of you do to successfully accomplish our mission. It is an honor to stand with people who have the **Courage** to **Respect** differences, to lead with **Integrity**, and to maintain the highest standards of **Correctional Excellence**. We are stronger together. Together we make the difference.

Thank you.

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Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

From: Michael Carvajal [redacted]@bop.gov]  
Sent: Wednesday, September 30, 2020 3:11:59 PM  
To: Gene Beasley; Kevin Pistro; [redacted] Zachary Kellon  
Subject: OIG Leadership DRAFT

Attachments: OIG Leadership Conference Speaker Notes-MDC (09-30-2020).docx

See attached....."whew" needs some cleaning up...see if it makes "some" sense.

Page 1469 of 4222 to Page 1489 of 4222

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

From: Michael Carvajal [redacted]@bop.gov]  
Sent: Monday, September 14, 2020 1:53:24 PM  
To: Zachary Kellon  
CC: Gene Beasley  
Subject: Fwd: COVID - daily update - 9/14/2020

Zach,

Should we have some talking points regarding the [redacted] (b)(5)

[redacted] (b)(5)

[redacted] (b)(5) ...just thinking out loud....don't do it if you don't think it is worthy of getting the information out...this could be also how we answer media and congressional inquiries, the numbers don't lie, facts are facts.

>>> Kevin Pistro 9/14/2020 1:24 PM >>>

Of note:

- Confirmed, positive inmates cases increased today (70) alongside a modest increase of inmate recoveries (42).
- Bulk of recoveries today coming from MCC San Diego, CA (19), and FCC Victorville (medium #1; 22).
- Will inquire as to increase of activity as reported today at FCI Beckley, WV; it is a medium security facility with an adjacent minimum security camp (all males). Will inquire of increased positive activity at FCI Sandstone as well; it is a low security facility.
- Increase in COVID-activity at a RRC in Puerto Rico is a result of a large number of residents (and contract staff) being offered free testing with positive results ensuing despite all being asymptomatic in presentation.
- Re: increased activity at FCI Manchester, KY, as reported yesterday - in short, they received positive inmate cases from the JSMS as revealed by contact tracing; inmates are tested upon arrival with appropriate quarantine and isolation procedures being utilized. The increase in some numbers reported yesterday was due to testing inmates on quarantine status (asymptomatic) following JSMS movements - 60 PCR tests were administered with some positive cases being revealed; more results forthcoming.
- Re: increased activity at FTC Oklahoma City, OK, as reported yesterday - a large portion of cases at Oklahoma City are a result of entering inmates entering the facility from county jails/JSMS new commitment movements. The group with the most significant increase in positive cases are female holdovers from Grady County Jail, OK. Continuous testing occurs at this facility given that it is the transit hub; as a result, active cases may continue to increase. Appropriate testing and quarantine/isolation practices are employed.
- Ventilator and hospitalization cases remain relatively steady with 1 ventilator case (no change) and 29 hospitalizations today (3 more hospitalizations since yesterday).
- Additional inmate death as reported earlier from Terre Haute; Terre Haute also had another death that is being reviewed for COVID-implications; will advise as appropriate.
- Awaiting update from the private contract prison realm; no update available at this time.

\*\*\*\*\*  
\*\*\*\*\*

Inmates - Confirmed/Tested Positive Total  
1931 (for public website posting today  
(calendar:T5:Today) - 1917 yesterday)  
70 additions since yesterday

New Inmate Positive cases (by location)  
Atwater, CA (1); Beckley, WV (10); Leavenworth, KS (1); Miami, FL (detention center - 2);  
Oklahoma City, OK (2); Petersburg, VA (1); Sandstone, MN (11); Terre Haute, TN (3);  
Victorville, CA (medium #1 - 8); Victorville, CA (medium #2 - 3); Waseca, MN (8); RRC  
Cincinnati, OH (3); RRC San Juan, PR (17)

Inmates - Presumed Cases Total  
Today  
(calendar:T5:Today) - 265 (includes 2 Clinically Probable [no testing but symptomatic]  
and 263 Suspected [symptomatic, tested and awaiting results])  
Yesterday - 257 (includes 2 Clinically Probable [no testing but symptomatic] and 255  
Suspected [symptomatic, tested and awaiting results])

Inmates on ventilators - Total  
Today  
(calendar:T5:Today) - 1 Yesterday - 1

Inmates at the hospital - Total  
Today  
(calendar:T5:Today) - 29  
Yesterday - 26



Asymptomatic/Symptomatic - Totals \*(Rough estimate and uses many proxy data points. BOP facilities only, not RRCs or private prisons)

Asymptomatic: 952 Yesterday: 989

Symptomatic: 842 Yesterday: 824

Inmate deaths - Total

119 (1 addition since yesterday)

Inmates recovered - Total

Today

(calendar:T5:Today) - 11476 Yesterday - 11434

Current as of 9/11/2020 - Private Facility Reporting - (11 facilities privately managed for BOP by contractors - total inmate population in private prisons = 14,075)

? 1304 currently in quarantine

? 191 inmates in isolation, with 3 in isolation at a local hospital

? 2052 inmates have been preliminarily COVID-19 tested based on symptom presentation

? 609 of these tests have returned positive with 492 having recovered, and 8 inmate

deaths, to date. Of 117 positives, 57 inmates are at the D. Ray James Correctional Facility (GA); 1 inmate is at the Great Plains Correctional Facility (OK); 46 inmates are at the Big Spring Correctional Facility (TX); 12 inmates at Reeves Correctional Facility (TX); and 1 inmate is at the McRae Correctional Facility (GA). All are being appropriately treated and isolated per CDC guidelines

? 1072 of 2052 tests have returned as negative - 375 of these 2052 remain pending test outcome

Staff - Confirmed/Tested Positive Total

636 (for public website posting today

(calendar:T5:today) ; 631 yesterday)

8 additions since yesterday

1045 recovered (total); 3 since yesterday

Staff deaths - Total

2

New Staff positive cases (by location)

Coleman, FL (penitentiary #1 - 1); Coleman, FL (penitentiary #2 - 1); McDowell, WV (1);

Miami, FL (low - 1); Oklahoma City, OK (1); Petersburg, VA (medium - 1);

Facilities affected by COVID

115 - Total positive (inmate and/or staff tested positive cases; not including RRCs)

39 - Total RRCs

0 additional facilities presumed (clinically probably or suspected COVID activity)

Home Confinement (HC) \*\*HC data unchanged from yesterday as the data system was down today for maintenance\*\*

Total in HC since March 26: 7633

Number approved and in pipeline: 285

HC as reported yesterday:

Total in HC since March 26: 7629

Number approved and in pipeline: 262



**From:** Michael Smith (b)(6); (b)(7)(C) @bop.gov>  
**Sent:** Sunday, September 27, 2020 3:04 PM  
**To:** Gene Beasley  
**Subject:** RE: Mandatory Meeting Monday Morning - 7:30 a.m.  
**Attachments:** TEXT.htm

Bringing Dr Allen.

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

**From:** Gene Beasley (b)(6); (b)(7)(C) @bop.gov>  
**Date:** 9/27/20 10:14 (GMT-05:00)  
**To:** David Paul (b)(6); (b)(7)(C) @bop.gov>, (b)(6); (b)(7)(C) @bop.gov>, Kenneth Hyle (b)(6); (b)(7)(C) @bop.gov>, Zachary Kelton (b)(6); (b)(7)(C) @bop.gov>, Kevin Pistro (b)(6); (b)(7)(C) @bop.gov>, (b)(6); (b)(7)(C) @bop.gov>, Andre Matevousian (b)(6); (b)(7)(C) @bop.gov>, Michael Smith (b)(6); (b)(7)(C) @bop.gov>  
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Gene

Sent from my Verizon, Samsung Galaxy smartphone

**From:** David Paul (b)(6); (b)(7)(C) @bop.gov>  
**Sent:** Sunday, September 27, 2020 10:58 AM  
**To:** Andre Matevousian; (b)(6); (b)(7)(C) Gene Beasley; Kenneth Hyle; Kevin Pistro; (b)(6); (b)(7)(C) Michael Smith; Zachary Kelton  
**Subject:** RE: Mandatory Meeting Monday Morning - 7:30 a.m.  
**Attachments:** TEXT.htm

I will be there

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

**From:** Gene Beasley (b)(6); (b)(7)(C) @bop.gov>  
**Date:** 9/27/20 9:14 AM (GMT-06:00)  
**To:** David Paul (b)(6); (b)(7)(C) @bop.gov> (b)(6); (b)(7)(C) @bop.gov>, Kenneth Hyle (b)(6); (b)(7)(C) @bop.gov>, Zachary Kelton (b)(6); (b)(7)(C) @bop.gov>, Kevin Pistro (b)(6); (b)(7)(C) @bop.gov> (b)(6); (b)(7)(C) @bop.gov>, Andre Matevousian (b)(6); (b)(7)(C) @bop.gov>, Michael Smith (b)(6); (b)(7)(C) @bop.gov>  
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Sent from my Verizon, Samsung Galaxy smartphone

**From:** David Paul (b)(6); (b)(7)(C) @bop.gov>  
**Sent:** Sunday, September 27, 2020 2:06 PM  
**To:** Andre Matevosian; (b)(6); (b)(7)(C) Gene Beasley; Kenneth Hyle; Kevin Pistro (b)(6); (b)(7)(C) Michael Smith; Zachary Kelton  
**Subject:** RE: Mandatory Meeting Monday Morning - 7:30 a.m.  
**Attachments:** TEXT.htm

Im adding (b)(6); (b)(7)(C) to attend too

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

**From:** Gene Beasley (b)(6); (b)(7)(C) @bop.gov>  
**Date:** 9/27/20 9:14 AM (GMT-06:00)  
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Gene

Sent from my Verizon, Samsung Galaxy smartphone

**From:** Chris Bina  
**Sent:** Wednesday, September 16, 2020 12:48 PM  
**To:** Andre Matevousian; (b)(6);(b)(7)(C) David Paul; Jeffery D. Allen; Kevin Pistro; Sonya Thompson; Zachary Kelton  
**CC:** Gene Beasley; Michael Carvajal  
**Subject:** Re: BOP Response Timeline  
**Attachments:** TEXT.htm; BOP Response Timeline\_1.docx

Here are HSD's recommendations/considerations for this afternoon's discussion.  
Chris

>>> Andre Matevousian 9/16/2020 8:34 AM >>>  
My recommendations - See attached

>>> Carvajal, Michael (Sonya Thompson) 9/15/2020 7:50 PM >>>  
Here's a first cut draft of seminal events. We can add in some bullets re: inmate movement and then plug in the data points once we receive them so we can shape the narrative accordingly.

**From:** Michael Carvajal  
**To:** Beasley, Gene; Bina, Chris; Carvajal, Michael; Kelton, Zachary; Matevousian, Andre; Paul, David; Pistro, Kevin; (b)(6);(b)(7)(C) Thompson, Sonya; (b)(6);(b)(7)(C)  
**CC:** Allen, Jeffery; (b)(6);(b)(7)(C)  
**Date:** 9/15/2020  
**Time:** 2:00 PM - 3:00 PM  
**Subject:** PREP for DAG Briefing - Contingency Planning for Second Wave of COVID  
**Place:** Director's Conference Room

Page 1585 of 4222 to Page 1593 of 4222

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

From: (b)(6);(b)(7)(C) @aleph-institute.org>  
Sent: Tuesday, August 25, 2020 10:16 PM  
To: Gene Beasley  
Subject: Re: As per our conversation - (b)(6);(b)(7)(C)

You're so kind! G-d bless you for caring and email past 10pm your time!

On Tue, Aug 25, 2020, 7:07 PM Gene Beasley (b)(6);(b)(7)(C) @bop.gov> wrote:  
I will follow-up with you tomorrow. Sorry I was unable to call you back today.

Gene

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

From: (b)(6);(b)(7)(C) @aleph-institute.org>  
Date: 8/25/20 6:42 AM (GMT-05:00)  
To: Gene Beasley (b)(6);(b)(7)(C) @bop.gov>, (b)(6);(b)(7)(C) @aleph-institute.org>  
Subject: As per our conversation - (b)(6);(b)(7)(C)

>>> (b)(6);(b)(7)(C) 08/25/2020 06:42 >>>  
BH

Dear Deputy Director Beasley

Thank you for your time - and kindness - yestrday. And thank you for agreeing to look into the matter of (b)(6);(b)(7)(C)

(b)(6);(b)(7)(C) is 67 years old, (a significant risk factor for Covid). With the CDC's updated guidelines and the inclusion of hypertension (b)(6);(b)(7)(C) who, as her BOP medical records will show, suffers from hypertension, now has a second listed risk factor. Importantly, there is also a history of cardiac disease in her family, as her father died suddenly of cardiac arrest.

Additionally, as you know, Coleman has seen a very significant outbreak of COVID, with 3 inmate deaths. Given the near impossibility of physically isolating in a prison setting, especially in a Prison Camp setting, in a manner that would help protect her from contracting COVID from others, her husband and only child are in a state of panic.

(b)(6);(b)(7)(C) who served more than 30% of her sentence, also suffers from other medical issues, for which she takes many medications. She has trouble with how she walks, has chronic back pains. Her husband also had cancer and now needs another surgery. I've attached her progress report - which highlights the many programs she took in prison. She is a model inmate with clear conduct! As her medical records indicate, she cannot stand for prolonged times. She is in pain when she stands or walks.

There is almost a zero chance of her re-offending because the entire situation stemmed from her taking over her fathers company - which was clearly over her head - and there were practices in place (related to fraudulent billing, recruiting patients, etc) which she was convicted of continuing. The company is not theirs anymore and she would not be going to work.

Notably, she struggled with infertility for many years and her dream of giving birth to a son never materialized - causing her immense anguish. She and her husband adopted a son whom they love dearly. (b)(6);(b)(7)(C) left work for a few years to focus on her son - who was struggling immensely - emotionally and mentally. She dedicated her life to helping him succeed - which she did. When she went to prison, he fell apart and turned to the drugs, the streets etc. It was torture for her to watch his decline helplessly from prison - trying her best to train her husband to fill her role as a mother... Her sons dream is to be reunited with his mother.

She is truly a changed person and considering its the BOP's discretion to make the final decision (and perhaps precisely for this reason - that prosecutors often have a hard time seeing the case objectively) we're hopeful that the prosecutor still being upset that she went to trial, will not impede the life-saving relief provided for by the AG for people exactly like her - who her in "ground zero" of covid outbreak and is eligible for life saving relief, in the form of home confinement for the duration of the pandemic. IF there are any concerns, perhaps a set of terms or conditions can be formulated to address them?

The sentencing judge is known to hand out draconian sentences. A 25 year sentence for a 60 year old woman on a first time, financial offense is unfathomable. It's interesting to note she was offered a 7 year plea - which had she accepted she would have been home already.

Thank you so very much for your courage and for considering this heartfelt request

Warmly,

(b)(6);  
(b)(7)(C)

An excerpt from her sons attached letter follows:

*Federal agents came into my room at 6 am, asking me to show my hands. I was still in my underwear when they escorted me downstairs, and I then watched as they led my mother out of the house in handcuffs. My mother's absence took a great toll on every aspect of my life. My grades plummeted, my behavior became erratic and sadness permeated our home. I was severely traumatized. My father realized that I needed an intervention. Through therapy, I learned that having a loved one taken away from you in such a manner can lead to the same grief associated with that person dying altogether. ...I am terrified that my mother will catch Covid-19. As of today, 46 women in my mother's unit tested positive for Covid-19 and were moved into isolation. It is spreading. If my mother is one who contracts it, she may not survive. My mother has high blood pressure. It is a major underlying medical condition that leads to death. Her father, my grandfather died of cardiac arrest. She is vulnerable. I am begging you to please have compassion for my mother. She is a good woman, an amazing mom. Please allow her to serve her sentence at home or I fear it will be a death sentence.*

---

(b)(6); (b)(7)(C)

**The Aleph Institute**

*No One Alone. No One Forgotten*

T: (b)(6); (b)(7)(C)  
E: (b)(6); (b)(7)(C) [aleph-institute.org](http://aleph-institute.org)

*The information contained in this e-mail, and any attachments, may be attorney-client privileged and/or work-product confidential material. If the reader of this message is not the intended recipient, please notify me immediately via email and delete the original message. Receipt by anyone other than the intended recipient(s) is not a waiver of the attorney-client or other privilege. Thank you.*

From: Michael Carvajal (b)(6);(b)(7)(C) [redacted]@bop.gov]  
Sent: Wednesday, August 26, 2020 2:44:42 PM  
To: (b)(6);(b)(7)(C) [redacted] Gene Beasley  
CC: Kevin Pistro; Zachary Kelton  
Subject: Re: (b)(6);(b)(7)(C) [redacted] inmate with COVID

Prepare talking points for this specific case which will draw attention.

>>> (b)(6);(b)(7)(C) [redacted] 8/26/2020 9:05 AM >>>

This is the inmate that's been on the radar since earlier this month. See Alix's comments below as to her current status.

>>> Alix McLearn 8/26/2020 8:53 AM >>>

She remains asymptomatic and in quarantine. She was approved for HC, and then her residence became non-viable. She has provided a new address and it is being investigated. Bottom line - we cannot send her to HC until there is a safe home available.

>>> (b)(6);(b)(7)(C) [redacted] 8/26/2020 8:32 AM >>>

Good morning! Do you know the status of this inmate?

Thanks, (b)(6);(b)(7)(C) [redacted]

>>> Alix McLearn 8/14/2020 11:46 AM >>>

Inmate (b)(6);(b)(7)(C) [redacted]

(b)(6);(b)(7)(C) [redacted]

She is COVID positive and currently in isolation in the negative pressure room. Her PATTERN score is LOW RISK and she is MINIMUM Security Level. The institution is preparing a referral for Home Confinement; RRMB has not yet received it. Once the referral is received, the committee will review her. The primary issue is that she has only served 4% of her sentence. If the committee approves her, her case will still require concurrence of the US Attorney's office. Regardless, she cannot be moved until her COVID symptoms abate.

If Home Confinement is not appropriate we will then consider (b)(6);(b)(7)(C) [redacted]

After (b)(6);(b)(7)(C) [redacted]

(b)(7)(A) [redacted]

>>> Alix McLearn 8/14/2020 10:14 AM >>>

Inmate (b)(6);(b)(7)(C) [redacted]

(b)(6);(b)(7)(C) [redacted]

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If Home Confinement is not appropriate we will then consider (b)(6);(b)(7)(C) [redacted]

There is one other thing we should discuss about this case if you or Mr. Beasley can call me at (b)(6);(b)(7)(C) [redacted]

>>> (b)(6);(b)(7)(C) [redacted] 8/14/2020 8:57 AM >>>

Good morning,

Can you provide us with the current status of this inmate? I know she was scored, but was she reviewed by the committee, approved/disapproved, has she been moved out from the institution (whether (b)(6);(b)(7)(C) [redacted]), and can you provide any pertinent details to share with the Deputy Director?

Thanks, (b)(6);(b)(7)(C) [redacted]

----- Original message -----

From: Alix McLearn (b)(6);(b)(7)(C) [redacted] bop.gov>

Date: 8/7/20 9:36 AM (GMT-05:00)

To: Gene Beasley (b)(6);(b)(7)(C) [redacted] bop.gov>, Nicole English (b)(6);(b)(7)(C) [redacted] bop.gov>, Sonya Thompson

(b)(6);(b)(7)(C) [redacted] bop.gov>, Andre Matevousiar (b)(6);(b)(7)(C) [redacted] bop.gov>

Cc: Zachary Kelton (b)(6);(b)(7)(C) [redacted] bop.gov>, Kevin Pistro (b)(6);(b)(7)(C) [redacted] bop.gov>, (b)(6);(b)(7)(C) [redacted]

DOJ(BOP)-20-2163, 20-2166-A-000078



(b)(6);(b)(7)(C) @bop.gov>

Subject: (b)(6);(b)(7)(C) inmate with COVID

>>> "Alix McLearen" 08/07/2020 09:36 >>>

Good Morning,

Given DOJ's interest in (b)(6);(b)(7)(C) I wanted to let you know I was just notified a (b)(6);(b)(7)(C) positive for COVID. The inmate is (b)(6);(b)(7)(C) She is 31 years old and the institution has not yet scored her in PATTERN. We have been in touch with the facility regarding housing/management, and once they get her scored, we will look at the possibility of (b)(6);(b)(7)(C) or Home Confinement.

Please advise if you have questions,  
Alix

**From:** Zachary Kelton (b)(6); (b)(7)(C) @bop.gov>  
**Sent:** Saturday, August 29, 2020 11:09 AM  
**To:** Gene Beasley  
**Subject:** RE: Media request BET  
**Attachments:** 1FXT.htm

Thank you, sir!

Original message

**From:** Gene Beasley (b)(6); (b)(7)(C) @bop.gov>  
**Date:** 8/29/20 11:06 AM (GMT-05:00)  
**To:** Michael Carvajal (b)(6); (b)(7)(C) @bop.gov>, Zachary Kelton (b)(6); (b)(7)(C) @bop.gov>  
**Subject:** Iwd: Media request BET

>>> "Gene Beasley" 08/29/2020 11:06 >>>  
Just an fyi..

>>> David Paul (b)(6); (b)(7)(C) @bop.gov> 8/28/2020 2:26 PM >>>  
Gene,

Just keeping you in the loop for fyi purposes. A reporter with BET Networks has requested through OPA (IPPA) to interview inmate (b)(6); (b)(7)(C) for a documentary. The Detroit RRM is overseeing his home confinement and of note, the inmate is a 'Black Mafia' drug dealer. He has been on HC since early May.

Alix spoke to OGC (Wills) and OGC indicated there are no reasons to deny the request. (b)(6); (b)(7)(C) office will coordinate with the local RRM office to ensure all media inquiries procedures are followed along with COVID-related precautions.

David

**From:** David Paul  
**Sent:** Friday, August 28, 2020 10:49 AM  
**To:** Gene Beasley; James Petrucci  
**Subject:** Re: Fwd: (b)(6);(b)(7)(C)  
**Attachments:** 1FXT.htm

thank you. I have (b)(6);(b)(7)(C) monitoring this and will keep everyone updated, too.  
David  
>>> James Petrucci 8/28/2020 9:44 AM >>>

Thank you both for forwarding and I received the below information from Warden Quintana this morning:

Of interest:

On August 26, 2020, we received a new commit from Carter County Detention Center who tested Abbott positive for COVID upon intake. The inmate reported a past positive, but no Medical Information was received, so we treated the case as a positive until information could be obtained.

Carter County Detention Center was contacted and provided the inmate's records. The records reflected COVID test results as follows:

7/13/20-positive

7/20/20 positive

7/27/20-negative

8/3/20 positive

8/12/20-negative

8/26/20 positive Abbott test upon arrival here

The inmate was placed on quarantine as we do for new arrivals. Staff were initially concerned due to the lack of information.

The inmate is a female offender (b)(6);(b)(7)(C). We are working to submit a request for home confinement, followed by a request for the (b)(6);(b)(7)(C) if home confinement doesn't work out.

>>> Gene Beasley 8/28/2020 10:10 AM >>>

I am making sure you are aware of the below. Also, please make sure we monitor this closely and please keep me posted.

Thank you!

Gene

>> (b)(6);(b)(7)(C) 8/28/2020 10:04 AM >>>

We are now in custody of (b)(6);(b)(7)(C) with COVID 19. See below.

>>> (b)(6);(b)(7)(C) 8/28/2020 9:43 AM >>>

(b)(6);(b)(7)(C) arrived at SCP Lexington via USMS as a supervised release violator on 08-26-2020. The institution confirmed she is both COVID positive (b)(6);(b)(7)(C) a full term release date of 12-20-2020. (b)(6);(b)(7)(C) was appropriately placed in COVID 19 isolation on 08-26-2020. Currently, staff at the facility are working with her to establish a viable release residence and referring her for home confinement placement.

**From:** David Paul  
**Sent:** Friday, August 28, 2020 10:19 AM  
**To:** Gene Beasley  
**Subject:** Re: Fwd: (b)(6);(b)(7)(C)  
**Attachments:** 1FXT.htm

will do....I was in the process of sending you a message, too.

David

Gene Beasley 8/28/2020 9:13 AM >>>

Please monitor the below case and provided me with necessary updates. I sent the RD the below e-mail for his awareness too.

Thanks!

Gene

>>> Gene Beasley 8/28/2020 10:10 AM >>>

I am making sure you are aware of the below. Also, please make sure we monitor this closely and please keep me posted.

Thank you!

Gene

>>> (b)(6);(b)(7)(C) 8/28/2020 10:04 AM >>>

We are now in custody of (b)(6);(b)(7)(C) with COVID-19. See below.

>>> (b)(6);(b)(7)(C) 8/28/2020 9:43 AM >>>

(b)(6);(b)(7)(C) arrived at SCP Lexington via USMS as a supervised release violator on 08-26-2020. The institution confirmed she is both COVID positive (b)(6);(b)(7)(C) a full term release date of 12 20 2020. (b)(6);(b)(7)(C) was appropriately placed in COVID 19 isolation on 08 26 2020. Currently, staff at the facility are working with her to establish a viable release residence and referring her for home confinement placement.

**From:** Kevin Pistro  
**Sent:** Tuesday, August 18, 2020 4:35 PM  
**To:** Gene Beasley; Thomas Kane  
**Subject:** Re: FW: August 20, 2020 Teleconference - FPI Board of Directors'  
**Attachments:** TEXT.htm; FPI Board Meeting\_08202020.docx

Absolutely.

Made a hybrid document attached below - let me know if either of you think other areas may be of interest - typically the Board meetings are very touch and go with broad overview - authored the attachment as such.

>>> Gene Beasley 8/18/2020 3:20 PM >>>  
Kevin,

Will you send Tom some general talking points, population, covid, etc.....

Gene

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

From: (b)(6);(b)(7)(C)@usdoj.gov>  
Date: 8/17/20 2:35 PM (GMT-05:00)  
To: (b)(6);(b)(7)(C)@frontiernet.net>, (b)(6);(b)(7)(C)@gmail.com>, (b)(6);(b)(7)(C)@mkcoop.com>, Lee Lofthus (b)(6);(b)(7)(C)@usdoj.gov>, (b)(6);(b)(7)(C)@usmc.mil" <(b)(6);(b)(7)(C)@usmc.mil>  
Cc: "Gene (BOP) Beasley" <(b)(6);(b)(7)(C)@usdoj.gov>, "Kevin (BOP) Pistro" <(b)(6);(b)(7)(C)@usdoj.gov>, (b)(6);(b)(7)(C)@usdoj.gov>, "Michael (BOP) Carvajal" <(b)(6);(b)(7)(C)@usdoj.gov>, (b)(6);(b)(7)(C)@usdoj.gov>, "Thomas(BOP) Kane" <(b)(6);(b)(7)(C)@usdoj.gov>, Maureen Lyons <(b)(6);(b)(7)(C)@usdoj.gov>, (b)(6);(b)(7)(C)@usdoj.gov>, (b)(6);(b)(7)(C)@usdoj.gov>, "Patrick T. O'Connor" <(b)(6);(b)(7)(C)@usdoj.gov>, (b)(6);(b)(7)(C)@usdoj.gov>, (b)(6);(b)(7)(C)@usdoj.gov>, (b)(6);(b)(7)(C)@usdoj.gov>, (b)(6);(b)(7)(C)@usdoj.gov>, (b)(6);(b)(7)(C)@usdoj.gov>, (b)(6);(b)(7)(C)@usdoj.gov>, (b)(6);(b)(7)(C)@usmc.mil>  
Subject: August 20, 2020 Teleconference - FPI Board of Directors' Briefing

## Quick Talking Points – FPI Board Meeting

August 20, 2020

### BOP (General stats – all figures as of August 13, 2020)

- **156,968** total federal inmates
- **128,107** federal inmates in BOP custody
- **14,454** in privately managed facilities
- **13,689** in community-based facilities
- Population has decreased by **20,246** offenders in FY 2020
- The BOP staff complement is approximately **36,000**.

### COVID (all figures as of August 18, 2020)

- Inmates
  - ✓ Confirmed/Tested Positive Total: **1378**
  - ✓ Recovered: **9957**
  - ✓ The numbers of inmates hospitalized and on ventilators has drastically decreased during the past several months – 1 inmate on a ventilator; 29 hospitalized as of 8/18/2020.
  - ✓ Deaths: **114**
  - ✓ RRC inmates - currently tracking **825** inmates with **613** positive for COVID, **407** in recovered status after positive COVID-19 test results and **9** deaths.
- Staff
  - ✓ Confirmed/Tested Positive Total: **592**
  - ✓ Recovered: **843**
  - ✓ Deaths: **1**
- 109 total BOP facilities with positive COVID-activity (not including RRCs)
- 47 total RRCs with positive COVID-activity
- Home Confinement - total current in HC since March 26 AG memo: **7514**

**From:** Kevin Pistro  
**Sent:** Wednesday, August 12, 2020 6:31 PM  
**To:** Alix McLearn; Gene Beasley  
**Subject:** Re: High Profile Inmate  
**Attachments:** 1FXT.htm

I'll take key points from this and meld into the other - unless I misunderstood, the key element is the contractor approves the employment in HC circumstances, not BOP. Is that correct?

>>> Alix McLearn 8/12/2020 6:28 PM >>>

Please let me know if more information is needed.

- (b)(6);(b)(7)(C) is currently on home confinement under the supervision of the (b)(6);(b)(7)(C)
- On August 10, 2020 the BOP received a request for employment for (b)(6);(b)(7)(C)
- The agreement describes a consultancy to provide multimedia content including appearances on television, digital and radio media events. The contract references (b)(6);(b)(7)(C)
- This arrangement pays (b)(6);(b)(7)(C)
- Ordinarily, inmates on home confinement are encouraged to seek employment, as this is part of the program. Contractors typically approve the work placements without consulting the BOP.
- Because of the high profile nature of this case, the contractor notified BOP upon receipt of the request.
- OGC reviewed the request and determined our policies allow and encourages home confinement participants to work.
- The court previously ordered that approval of (b)(6);(b)(7)(C) employment not be unreasonably withheld.

>>> Kevin Pistro 8/12/2020 5:53 PM >>>

I'll need a brief bulleted summary of info/details you shared with the DEP DIR to adjoin the information you sent earlier - I can compile it, but need those crucial details to give better context to decisions made, largely by the contractor. Thanks.

>>> Alix McLearn 8/12/2020 5:51 PM >>>

Mr. Beasley,

Just wanted to follow up with a little bit of detail in case it comes up:

(b)(6);(b)(7)(C) is being monitored by the GEO Bronx facility CNK 3YK while on home confinement. He is residing at (b)(6);(b)(7)(C);(b)(7)(F)

(b)(6);(b)(7)(C)

Have a good night,

Alix

>>> Gene Beasley 8/12/2020 3:49 PM >>>

Call me.

>>> Alix McLearn 8/12/2020 1:20 PM >>>

Good Afternoon,

This email is to ensure you are aware (b)(6);(b)(7)(C) is being approved to work as a media consultant, and there is clear intent to be involved in politics as part of this role. OGC is aware and has found no legal concerns with this work.

Please advise if I can provide further information.

Thanks,

Alix

**From:** Zachary Kelton  
**Sent:** Friday, August 14, 2020 12:31 PM  
**To:** Gene Beasley; Kevin Pistro  
**Subject:** Re: FW: COVID - daily update - 8/14/2020

-DIR  
I'll get started on a brief breakdown of the percentages of symptomatic vs asymptomatic.

>>> Michael Carvajal (b)(6);(b)(7)(C)@bop.gov> 8/14/2020 12:27 PM >>>  
I need some talking points regarding the actual symptomatic (physically-visibly) ill versus the asymptomatic and how it compares, %age wise to overall positives and inmates tested...

Messaging....

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

From: (b)(6);(b)(7)(C)@bop.gov>  
Date: 8/14/20 12:20 PM (GMT-05:00)  
To: (b)(6);(b)(7)(C)@usdoj.gov>, (b)(6);(b)(7)(C)@usdoj.gov>, (b)(6);(b)(7)(C)@usdoj.gov>  
(b)(6);(b)(7)(C)@usdoj.gov>, (b)(6);(b)(7)(C)@usdoj.gov>  
Cc: Gene Beasley (b)(6);(b)(7)(C)@bop.gov>, Michael Carvajal (b)(6);(b)(7)(C)@bop.gov>, Zachary Kelton (b)(6);(b)(7)(C)@bop.gov>, Kevin Pistro (b)(6);(b)(7)(C)@bop.gov>  
Subject: COVID - daily update - 8/14/2020

>>> (b)(6);(b)(7)(C) 08/14/2020 12:20 >>>

Of note:

- New positive inmate cases at institutions are off-set by recoveries today, overall confirmed positive cases remains the same since yesterday
- Hospitalizations and ventilator cases remain steady, only 1 inmate intubated and 30 hospitalized

\*\*\*\*\*

Inmates - Confirmed/Tested Positive Total  
1296 (for public website posting today  
(calendar:T5:today) - 1296 yesterday)  
52 additions since yesterday

New Inmate Positive cases (by location)

Beaumont, TX (5); USP 2 Coleman, FL (2); Coleman Low, FL (7); Forrest City, AR (1); Manchester, KY (1); McCreary, KY (1); FDC Miami, FL (7); Montgomery, AL (1); New York, NY (4); Oklahoma City, OK (1); Seagoville, TX (1); SeaTac, WA (1); Three Rivers, TX (2); Victorville Medium, CA (8); Yazoo City, MS (1); \*RRC Lebanon, VA (3); RRC Dania, FL (2); RRC Chicago, IL (1); \*RRC Toledo, OH (1); RRC Omaha, NE (1); RRC Garden Grove, CA (1)  
\* New positive facility

Inmates - Presumed Cases Total

Today  
(calendar:T5:Today) - 144 (includes 0 Clinically Probable [no testing but symptomatic] and 144 Suspected [symptomatic, tested and awaiting results])  
Yesterday - 141 (includes 0 Clinically Probable [no testing but symptomatic] and 141 Suspected [symptomatic, tested and awaiting results])

Inmates on ventilators - Total

Today  
(calendar:T5:Today) - 1  
Yesterday - 1

Inmates at the hospital - Total

Today  
(calendar:T5:Today) - 30  
Yesterday - 29

Asymptomatic/Symptomatic - Totals \*(Rough estimate and uses many proxy data points. BOP facilities only, not RRCs or private prisons)

Asymptomatic: 732 Yesterday: 690  
Symptomatic: 443 Yesterday: 436

Inmate deaths - Total

113 (1 addition since yesterday)

Inmates recovered - Total

Today  
(calendar:T5:Today) - 9858  
Yesterday - 9824

Current as of 8/14/2020 - Private Facility Reporting - (11 facilities privately managed for BOP by contractors - total inmate population in private prisons = 14,429)



- 2056 currently in quarantine
- 103 inmates in isolation, with 8 in isolation at a local hospital
- 1022 inmates have been preliminarily COVID-19 tested based on symptom presentation
- 454 of these tests have returned positive with 396 having recovered, and 5 inmate deaths, to date. Of 58 positives, 2 inmates are at the Giles W. Dalby Correctional Facility (TX); 1 inmate is at the McRae Correctional Facility (GA); 38 inmates at the D. Ray James Correctional Facility (GA); 10 inmates at the Great Plains Correctional Facility (OK); 3 inmates at the Rivers Correctional Facility (NC); and 4 inmates at Reeves Correctional Facility (TX); and all are being appropriately treated and isolated per CDC guidelines
- 350 of 1022 tests have returned as negative - 213 of these 1022 remain pending test outcome

Staff Confirmed/1ested Positive Total  
 570 (for public website posting today  
 ( calendar:T5:today) ; 571 yesterday)  
 9 additions since yesterday  
 827 recovered (total); 10 since yesterday

Staff deaths - Total  
 1

New Staff positive cases (by location)  
 Allenwood, PA (1); Bastrop, TX (1); Big Sandy, KY (2); Florence, CO (1); Greenville, IL (1); Lee, VA (1); Phoenix, AZ (1); San Diego, CA (1)

Facilities affected by COVID  
 112 - Total positive (inmate and/or staff tested positive cases; not including RRCs)  
 50 - Total RRCs  
 3 additional facilities presumed (clinically probably or suspected COVID activity)

Home Confinement (HC)  
 Total in HC since March 26: 7504  
 Number approved and in pipeline: 334  
 HC as reported yesterday:  
 Total in HC since March 26: 7465  
 Number approved and in pipeline: 354

From: Michael Carvajal [redacted]@bop.gov]  
Sent: Wednesday, August 12, 2020 6:29:52 PM  
To: Gene Beasley; Zachary Kelton  
CC: [redacted] Kevin Pistro; [redacted]  
Subject: Re: Key Transfer/Release Statistics

Thank you

>>> Zachary Kelton 8/12/2020 12:55 PM >>>  
Director and Deputy Director,

Attached are the most recent statistics for First Step Act releases, transfers to home confinement during the COVID pandemic, and overall releases for CY 2020 to date.

Summary of key changes since last week:

Increase in First Step Act compassionate releases: +106  
Increase in First Step Act releases due to crack cocaine sentence reductions: +23  
Increase in transfers to home confinement: +133

I will bring down hard copies for both of your binders.

Zach

**From:** Freddy Garrido

**Sent:** Saturday, August 1, 2020 4:39 PM

**To:** Gene Beasley

**CC:** Juan Baltazar

**Subject:** Re: Covid-19

**Attachments:** TEXT.htm; (b)(6); (b)(7)(C) Timeline.docx; IMG\_2989.JPG; 1636554204\_20200723\_155730\_3417580\_resized.jpg; ClinicalEncounterFinalizeGetDocument.faces.pdf; Talking Points for COVID-19 Response\_1\_2.docx; ClinicalEncounterFinalizeGetDocument 2.pdf; ClinicalEncounterFinalizeGetDocument 3\_1.pdf; ClinicalEncounterFinalizeGetDocument.pdf; 23502-479 Update; (b)(6); (b)(7)(C) monitoring.docx

Mr. Beasley,

Here is the response to your request below.

Also, the inmate was evaluated by a physician at 2:04 PM who indicated his vital signs were stable and his exam was unremarkable. Please see the note from (b)(6); (b)(7)(C) our contract doctor below. The doctor reviewed the examination from the ER doctor, who diagnosed him with COVID-19 pneumonia. The ER doctor prescribed a Z-Pak, Hydrochloroquine and an albuterol inhaler. The inmate was given an albuterol inhaler. The inmate would normally have the availability of the medication in Pyxis, but it was taken out of Pyxis on March 24, 2020. Wellpath staff is headed to the local pharmacy to get a prescription for Z-pak filled. I spoke with (b)(6); (b)(7)(C) about this and she was OK with it.

[https://sallyport.bop.gov/co/hsd/infectious\\_disease/covid19/docs/change\\_to\\_hydroxychloroquine\\_azithromycin\\_formulary\\_status.pdf](https://sallyport.bop.gov/co/hsd/infectious_disease/covid19/docs/change_to_hydroxychloroquine_azithromycin_formulary_status.pdf)

Please let me know if you have any questions.

Freddy

F. J. Garrido

Warden

Federal Correctional Complex

Low Security Institution

P.O. Box 26025

Beaumont, TX 77720

>>> Gene Beasley (b)(6); (b)(7)(C) @bop.gov> 8/1/2020 11:21 AM >>>

As we discussed,

I will need an update tonight at 5:00 p.m., regarding inmate (b)(6); (b)(7)(C)

Below are some specifics that would need to be identified.

What were the results of medicals routine isolation rounds and specifically the status of inmate (b)(6); (b)(7)(C)

Please see documents below. According to the documentation below, (b)(6); (b)(7)(C) never indicated he had any symptoms during symptom check until 7/31/2020. He has never had a fever.

Again, make sure they are asking him directly how do you feel and what are his symptoms. The symptom and temperature check is being done with all inmates in the isolation area. Make sure they are checking his temperature and physically evaluating and monitoring his condition as it relates to our isolation guidance. They are being followed boss. This should be the same for all inmates which should not be an issue. Also, they are at a camp and the process is somewhat simplified.

Have someone listen to his phone calls if he is being allowed to make any while in isolation. What is he saying? And address any concerns revealed. Please see my timeline below on the calls. I have addressed any issues in the calls and emails that needed to be addressed. Also, I included a copy of the inmate's email assessment below.

To this point, ensure proper sanitation is occurring if being allowed phone/emails.

The inmates have an opportunity to fill their sanitation bottles at least 3 x day with a bleach solution.

I will need pictures of the isolation unit (visiting room) and a picture of (b)(6); (b)(7)(C) bunk/area. I'm assuming there is appropriate distance even though it is a temporary isolation unit. See the pictures below of the VR and of (b)(6); (b)(7)(C) bunk. There is plenty of room in the VR to spread out. We have told the inmates to do this. There are 53 bunks available and only 30 inmates assigned to the visiting room.

If any inmate from this particular isolation unit is hospitalized or symptoms within the unit worsen, I need to know ASAP. Copy that boss.

Let me know of any covid related hospitalizations across the complex. We do have a COVID related

hospitalization across the Complex and it is an inmate from the Medium. (b)(6); (b)(7)(C) His condition has improved greatly. He has never been on a vent.

Make sure we are aware if any inmate is placed on a ventilator. Yes sir.

A brief synopsis on all your covid mitigation practices, e.g., tents, unitor buildings, VT, areas, other visiting rooms, etc.. I have attached our COVID mitigation practices. Also, as it pertains to the Camp, we have four housing units and 3 temporary housing units (VR, education and inside recreation). When GC unit went hot and inmates tested + for COVID, any negative inmate was taken out and placed in another housing unit which did not have positive inmates. As units began to have positive inmates we took them out and placed them in temporary housing and kept testing the inmates in the unit to identify the COVID + inmates. As opposed to what (b)(6); (b)(7)(C) is alleging we did not mix sick (COVID +) inmates with those that were not. Our tent area has not been used yet.

How are they being fed in the isolation unit? Hot meals? How many? The inmates are currently getting two hot meals (lunch and dinner) and a cold breakfast. The meals are delivered to them in a styrofoam tray. When 3/4 of the Camp was in isolation and 1/4 was in quarantine, the inmates would get one hot meal which was trayed in the Low FS and delivered to the Camp.

Considering it is the camp, are they allowed to get some sunlight? Just asking...

The inmates have access to a shower trailer which sits on a cement pad and has a temporary fence

around it. You can see the door at the end of the visiting room photo. When they exit that door, inmates can take out a plastic chair from the visiting room and sit outside to get sun.

DOJ-(BOP)-20-2163, 20-2166-A-000089

The first report will be the most cumbersome. As long as things maintain course, I will only need daily/evening updates on (b)(6); (b)(7)(C) and the overall stats related to Covid. Copy.

Please ensure the interactions with (b)(6); (b)(7)(C) are accurately documented. Document, document, and document. Copy.

Again, please address all these points in your synopsis tonight. Feel free to add anything relevant that I did not think of, or you feel is relevant. Copy.

I appreciate it Freddy!

Gene

Sent from my Verizon, Samsung Galaxy smartphone

(b)(7)(E); (b)(7)(F)



**From:** (b)(6);(b)(7)(C)  
**Sent:** Saturday, August 1, 2020 3:37 PM  
**To:** Freddy Garrido  
**CC:** (b)(6);(b)(7)(C)  
**Subject:** (b)(6); Update  
**Attachments:** 1FXT.htm

Inmate vitals were checked this AM and noted to have a 99 temp and 97% O2 sat. A follow up exam was conducted by myself to review ER discharge notes, patient assessment and vitals. Vitals during afternoon visit were:

Temp 97.2  
O2-96%  
BP-130/70  
Heart rate 80  
Respirations 19

The exam indicated the inmate had clear lung sounds, presented well with no acute distress or respiratory distress. I am prescribing albuterol inhaler, not a nebulizer treatment, as this would aerosolize the virus. The inmate did mention he currently had an inhaler in his possession. I am submitting a Non Formulary order for both the Z pak and Plaquenil pending Regional Pharmacy approval. I have also ordered increased monitoring of the inmate to obtain full vitals 2X daily.

Following RN exam on 7/31/2020, inmate was sent to local ER where he was diagnosed with CoVid, pneumonia. While at the hospital he was given an GI Cocktail, Albuterol Inhaler, Rocephin and Plaquenil. He was prescribed Plaquenil and Azithromycin upon discharge from the ER. Per 3/23/2020 Guidance from (b)(6); Additionally, azithromycin should be removed from all night stock locations including Omnicell and PYXIS medstations immediately and returned to pharmacy stock. As above, providers are encouraged to use alternative formulary medications, when able. Non formulary requests for hydroxychloroquine and azithromycin will be monitored and responded to on a daily basis. (b)(6);(b)(7)(C) confirmed neither of these medications are on-site at BMX.

The inmate is scheduled for a chest x ray on 8/3/2020, as there is no indication in the discharge paperwork provided to date of one being conducted at the local hospital.

NOTE: Nurses are aware to be looking and asking **ALL** isolation inmates if they have any signs or symptoms. If noted, these individuals are scheduled to be seen by the Provider. In reviewing the BEMR entries for the inmate regarding the daily monitoring of the inmate since being placed on Isolation, see below. Temps prior to this were when he was on Quarantine status:

- 8/1 AM-Temp: 99, O2: 97% on room air-BEMR ENTRY: No symptoms
- 7/31 Temp: 97.4, O2: 96% on room air BEMR ENTRY: Pt denies symptoms at this time.

A copy of his discharge summary is forthcoming.  
Thank you.

Page 2195 of 4222 to Page 2205 of 4222

Withheld pursuant to exemption

(b)(6); (b)(7)(C)

of the Freedom of Information and Privacy Act



AMERICAN  
OVERSIGHT

DOJ-(BOP)-20-2163, 20-2166-A-000094



I monitored every phone call placed by inmate (b)(6); (b)(7)(C) from 7/16/2020 to 8/01/2020. Inmate (b)(6); (b)(7)(C) does make some statements about lack of medication, and treatment. Outgoing on 7/31/2020 to (b)(6); (b)(7)(C) the female participant mentions a cellphone, inmate (b)(6); (b)(7)(C) then mentions, "I do not have access to that", and the female on the phone becomes confused.

Outgoing 7/17/2020 to (b)(6); (b)(7)(C) states a town hall was held and that Camp Administrator (b)(6); (b)(7)(C) stated the Congressional program review division is responsible for making decisions.

Outgoing 7/16/2020 to (b)(6); (b)(7)(C) states he was told that someone very high up denied his release.

I monitored inmate (b)(6); (b)(7)(C) outgoing Emails, from 7/1/2020 to today. Many of the emails do not contain anything pertaining to his treatment. A Few emails do contain statements, blaming the Warden and staff for mistreatment, and putting his life in danger. The following statements I copied directly from inmate (b)(6); (b)(7)(C) TRULincs email account.

7/19 outgoing email stated they now have over 400 with the virus and only 63 that don't. So far I have not tested positive yet it's weird they are doing everything to keep me here - very high risk to me. Inmates stated, they are trying to "Epstein" me... a bit too much lack of concern here.

7/19 outgoing email. In another outgoing email (b)(6); (b)(7)(C) writes Virus update:

- 2) All elderly inmates who are dependent on insulin have been released but me.
- 3) Inmate (b)(6); (b)(7)(C) has appealed to Judge Rosenthal. She was not going to let him go to home confinement because the BOP lied about Beaumont prison and stated that virus wasn't here. (b)(6); (b)(7)(C) let his attorney know that the guards have it and they are not testing inmates. (Not testing assures that no one has it - like don't ask, don't tell policy) His court appointed lawyer was surprised to hear that the administration here misrepresented the truth.
- 4) If you go on the BOP site you can read the numbers. Interesting that the new cases from the day before yesterday are not reflected in the numbers on the site.
- 5) Yesterday infections: Two of the guards who oversee food preparation are in quarantine and so is the head of safety. Instead of testing the inmates, they moved 2 inmates - who worked with the head of safety to solitary. The incubation period for the virus can be as long as two weeks. So by not testing, they are allowing the inmates- if we have it, to spread the virus. Not smart. I also found out that the guards not the medical staff are the ones running the virus program. In fact, the medical staff ask us who has the virus... pretty weird.

In a 7/18 outgoing, 13 paragraph email, (b)(6); (b)(7)(C) blames staff and lists names, dates and things he has tried to do get released, as well as the following written statement copied directly from TRULincs. "June 30 when the virus broke out, they removed inmate (b)(6); (b)(7)(C) with the virus. Again, this inmate was removed because he had the virus. He was from the LOW (where the virus was spreading)

NOT the camp. The inmate (b)(6);(b)(7)(C) was put in our virus free unit (UNIT B), spreading the virus. (Recall the back in May (b)(6);(b)(7)(C) stated I would be safer in prison then at home)."

According to sentry inmate (b)(6);(b)(7)(C) was moved into G-B from the low after spending 16 days in different Shelter in place (SIP) units. On the 30<sup>th</sup> of June inmate (b)(6);(b)(7)(C) was moved from G-B to a quarantine unit G-05.

7/02 incoming email from (b)(6);(b)(7)(C) reads. A while back I wrote to (b)(6);(b)(7)(C) complaining I thought you were being singled out for mistreatment. Of course, being politicians, they can't touch it with a 10 foot pole. It really is despicable you're being singled out like this.

## Isolation Timeline

7/28/2020 –

GB Unit, our quarantine unit at the Camp with 108 inmates, was COVID tested via Lab Corp.

7/30/2020 –

The Lab Corp results of the 7/28/2020, GB tests were received. Of the 108 COVID tests, there were 79 inmates who tested negative and 29 who tested positive. The negative inmates were kept in GB and the 29 inmates who were placed in the Visiting Room in isolation. Inmate (b) (6), (b) (7)(C) is transferred from GB unit to the Visiting Room to be placed in isolation.

7/31/2020 –

10:00 AM Spoke with wife and says he felt sick, but has not asked for meds. Informed his wife he is now in the visiting room with other positive inmates. The inmate was coughing while talking to wife. Wants wife to research material regarding pre-existing conditions and the possibility of death due to the COVID virus. Says he feels weak and had to sleep sitting up. Occasional cough while speaking with wife.

1:52 PM Spoke with wife indicating he has trouble breathing at night. Occasional cough while speaking with wife. Inmate alleges he was told by medical staff he would have to purchase Claritin via the Commissary. Says his coughing and difficulty breathing was mainly at night. Says he has tightness in his chest and feels congested.

6:26 PM Spoke with wife and told her he needs medication for his condition. Says he spoke with (b) (6), (b) (7)(C) about what to do. Occasional cough while speaking with wife. Spoke with wife about making statements through various sources about his medical condition and putting out stories in a favorable light about his medical condition. Says he was seen by medical staff, but was not happy about being told his vital signs were stable. Inmate continued to discuss strategies with wife about his release due to COVID. Says he has access to phones in the visiting room, but not access to emails. The inmate admitted he has access to the commissary. The inmate told his wife he would let medical know he needed to sit up at night to breathe. His wife indicated how he should be in the hands of COVID specialists and not regular nurses.

9:21 PM Spoke with wife about how the facility put sick inmates in with those that were not sick. He talked about how his wife was on TV and how the inmates in the visiting room were cheering her on. He told his wife he was going to make sure he received some medication. He spoke to his wife about the protest on Sunday. Repeated that he spoke with medical when making rounds about getting more Claritin and he was told to purchase it in the commissary. Says he is now taking cough drops and some type of medication from the commissary. Told his wife the nurse was going to get him more medications. The inmate told his wife there was no phone connection. The wife told the inmate someone should have the staff use a cellphone. The inmate was quick to say he does not have access to one and he doesn't know why she would say that. The inmate said another inmate in the visiting room is sick and needs attention, a 69 year old from VA. The inmate and his wife were happy about what they were seeing on TV.

8/1/2020 7:44 AM the inmate says he was coughing a lot last night, but is getting better with the medications he was taking. He told his wife the medical staff took him to Baptist Hospital last night. He says the x-rayed him and told him he had an inflamed lung and had a little pneumonia. Says he was given medication at the hospital via IV, some pills and an inhaler. Says he was able to keep the inhaler and was waiting on medical to get him the pills the prescribed for him (Hydroxychloroquine and Azithromycin – Z-Pak). His wife insists he should have nebulizer treatment. The inmate says he wanted to receive a copy of his prescriptions and staff (no one named) told him no. The inmate told the doctor he was placed in close quarters. The inmate says he has noted improvement since receiving the medication at the hospital and the one from the commissary. The inmate says he was able to get some sleep. His wife told him to sleep on his stomach. The inmate indicates the medication given to him was cheap and should be given to all inmates who have COVID since its super cheap. The ER doctor told him there was a lot of controversy surrounding taking Hydroxychloroquine, but the medication really worked.

12:52 PM Spoke with wife and said someone came into the visiting room and took a picture of his living area. Says he still has not received the medication prescribed from the ER visit. The wife tells the inmate his lawyer called the facility earlier in the morning and asked for him. The person who answered the phone allegedly indicated the inmate was not at FCC Beaumont. The inmate told his wife medical was trying to get his prescription filled. The inmate told his wife not to give false information to people who were helping him.

## Talking Points

### FCC Beaumont COVID-19 Response

- The Federal Correctional Complex (FCC) Beaumont is composed of four institutional components, the United States Penitentiary (USP) housing approximately 1,087 inmates, the Federal Correctional Institution Medium (FCIM) housing approximately 1,441 inmates, the Federal Correctional Institution Low (FCIL) housing approximately 1,433 inmates, and the Federal Prison Camp (FPC) housing approximately 447 inmates. The Complex houses approximately 4,408 inmates.
- FCC Beaumont's staff complement is currently 776. The Human Resources Department is fully engaged in processing new applicants. We recently hired 12 correctional officers.
- FCC Beaumont is unique as it is the only facility in the Bureau where medical is contracted out 100%. FCC Beaumont has a complement of 61 medical staff members.
- Since early March, FCC Beaumont has aggressively worked to carry out all the measures in the BOP Coronavirus (COVID-19 Action Plan). Our experience has been similar to what the community is experiencing. Our COVID-19 response and mitigation efforts include:
  - Enhanced staff and visitor screening at our Front Gate. Prior to entry, all individuals undergo a health screening and temperature reading.

- All staff and inmates are required to wear face coverings (masks). Cloth facial coverings were issued to all staff and inmates (3 each) the week of April 6, 2020.
- Inmate masks are laundered weekly and replaced as needed. Inmate masks were replaced this month.
- Intensified cleaning efforts using chemicals based on CDC recommendations are used throughout the facilities. Inmates are given plenty of cleaning products.
- Inmates are released at varying times throughout the day in groups of 10 to use the phones, showers, and TRULINCS system.
- Inmates are released to the common areas at varying times to reduce large group gatherings.
- Directional patterns/markings are located throughout the facilities to indicate proper physical distance when inside common areas.
- Mass testing was initiated at the Camp and increased testing throughout the Complex as a step to slow the spread of the virus.
- Inmates are informed of their test results. Also, inmates may request a written copy of their COVID-19 test results or medical records through electronic requests to BOP staff.
- Inmates with positive test results for COVID-19 are not housed in the same area with inmates who are negative for COVID-19 at FCC Beaumont.
- During the pandemic, we have augmented staff out of necessity and also to keep officers from working multiple doubles.



FCC Beaumont communicates with both entities regarding our COVID cases.

We do not discuss specific inmates without a Release of Information.



From: Michael Carvajal [redacted]@bop.gov]  
Sent: Thursday, August 6, 2020 9:00:56 AM  
To: Gene Beasley; Zachary Kelton  
CC: [redacted] Kevin Pistro; [redacted]  
Subject: Re: Key Transfer/Release Statistics

Thank you Zach

>>> Zachary Kelton 8/5/2020 9:11 AM >>>  
Director and Deputy Director,

Attached are the most recent statistics for First Step Act releases, transfers to home confinement during the COVID pandemic, and overall releases for CY 2020 to date.

Summary of key changes since last week:

Increase in First Step Act compassionate releases: +102  
Increase in First Step Act releases due to crack cocaine sentence reductions: +27  
Increase in transfers to home confinement: +124

Zach

From: Michael Carvajal [redacted]@bop.gov]  
Sent: Friday, July 31, 2020 1:12:42 PM  
To: Alix McLearn; Gene Beasley; Kevin Pistro; Zachary Kelton  
CC: [redacted] Kenneth Hyle; Nicole English; Sonya Thompson  
Subject: Re: Fwd: SIGNIFICANT INCIDENT REPORT: JOHNSON, Guy #73467-280-- UPDATE-- INMATE DEATH

Thank you

>>> Zachary Kelton 7/31/2020 12:39 PM >>>  
OAG/ODAG notified.

Zach

>>> Alix McLearn 7/31/2020 12:12 PM >>>  
Please see the below information regarding the death of an RRC inmate from COVID, and please also advise if any additional information would be helpful.  
Best,  
Alix

>>> [redacted] 7/31/2020 12:04 PM >>>  
INMATE: JOHNSON, Guy  
Reg No. : 73467-280  
DOB: 12/01/1960 (59)  
DSTD: 05/20/2020  
PRD: 10/17/2021  
PRM: GCI Release  
OFFENSE: CIPWITD Cocaine  
FACILITY: DISMAS CHARITIES HATTIESBURG (CMY 4U4)  
PROGRAM: Home Confinement- (COVID-19 REFERRAL)  
PARENT FACILITY: Forrest City

UPDATE #1

On 07/31/2020, at 9:55 AM, Montgomery RRM was notified by Dismas Charities RRC [redacted] [redacted] that I/M JOHNSON, Guy, #73467-280, has died due to COVID-19 on 07/30/2020, at 1:15 PM, at Merit Health Central, 1850 Chadwick Drive, Jackson, MS. I/M JOHNSON had been hospitalized since July 7, 2020, with COVID-19 and was on a ventilator at the time of his death. I/M JOHNSON's death was verified by the ICU Charge Nurse at Merit Health Central. The body is at Spence Funeral Home in Fayette, MS and Hattiesburg RRC is making arrangements to fingerprint and photograph the body for identification today.

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On Wednesday, July 7, 2020, at approximately, 2:22 PM, Dismas Charities Hattiesburg notified the RRM Office via email that the family of I/M JOHNSON, Guy #73467-280, notified Dismas Charities Hattiesburg RRC, that I/M JOHNSON was being admitted to Merit Health Central, 1850 Chadwick Drive, Jackson, MS, due to COVID-19 symptoms including shortness of breath and low oxygen levels. The RRC does not have any test results that I/M JOHNSON is positive for COVID-19 but they are working to get the test results. I/M JOHNSON's family reports he should be released from the hospital on July 8, 2020. The RRC spoke with a nurse at the hospital who confirmed I/M JOHNSON was being admitted. I/M JOHNSON is a COVID-19 Referral Home Confinement inmate.

From: Michael Carvajal [redacted]@bop.gov]  
Sent: Thursday, July 23, 2020 1:37:28 PM  
To: Gene Beasley; Kevin Pistro; Sonya Thompson  
Subject: IRC Remarks

Attachments: IRC Briefing (07-23-2020).docx

Final product

## First Step Act Independent Review Committee Meeting

July 23, 2020

It is my pleasure to be here today to speak to the Committee about the Federal Bureau of Prisons. I look forward to meeting each of you in person in the near future.

I was appointed to serve as the Bureau's eleventh Director on February 25, 2020, by Attorney General Barr. I have spent nearly 30 years in the Bureau, starting as a Correctional Officer, moving up through the ranks of Correctional Services to become a Warden, Regional Director, Assistant Director and now Director.

I became Director about four weeks before the Bureau's first inmate COVID-19 positive case and since that time I have seen more than 36,000 corrections professionals work tirelessly and with profound dedication toward their mission to protect the health and safety of inmates, fellow staff and the public.

I am keenly aware of the personal sacrifices these law enforcement officers make in fulfilling our important public safety mission. The great work they do every day goes largely unseen by the general public. Yet this inherently dangerous work helps keep our communities safe.

As you are aware, the inmate population has declined over the past several years. In FY'17 the population declined by over 6,500 inmates, in FY'18 the population declined another 3,900 inmates and in FY'19 the population declined by 4,484. Thus far this fiscal year, with the impact of COVID-19, our inmate population has decreased by nearly 19,000 (18,809 as of 7/23/2020).

It has been a challenging time for the Bureau of Prisons during the COVID-19 Pandemic; however, strides have been made to mitigate its impact. The Bureau is currently managing the health and treatment of approximately 129,000 inmates in our institutions and close to 14,000 inmates in our RRCs. Across these facilities, there are **4,247** federal inmates who are currently COVID-19 positive based on confirmed test results. There are also currently **385** staff who have confirmed positive test results for COVID-19 nationwide. As this pandemic, and the response to it, has evolved in both our prisons and the community, we have seen

## First Step Act Independent Review Committee Meeting

July 23, 2020

significant increases in recovered cases. Currently, **5,658** inmates and **644** staff have recovered and these numbers will continue to increase.

The Bureau has positive COVID-19 cases in **107** of our **122** prisons and **47** of our **196** Residential Reentry Centers (RRC). In many of those locations, the vast majority of positive cases are inmates who are **asymptomatic** or only very mildly ill and are limited to one or just a small handful of individuals. I believe this is a testament to the hard work of our dedicated staff, and the rigorous pandemic plan the Bureau implemented. Even so, there have regrettably been **98** federal inmate deaths and **1** staff member death from COVID-19.

As the pandemic grew more widespread, the Bureau began aggressively screening the inmate population for inmates who were appropriate for transfer to a RRC or to Home Confinement for the completion of the remainder of their sentence. On March 26, 2020 and April 3, 2020, Attorney General Barr issued memoranda to the Bureau directing the increase use of Home Confinement for vulnerable inmates, particularly at institutions that were markedly affected by COVID-19. The CARES Act, which was signed by President Trump on March 27, 2020, further expanded our ability to place inmates on Home Confinement during the course of the pandemic by lifting statutory limitations.

I am pleased to note that we currently have over **6,000** inmates in RRCs and over **7,700** on Home Confinement. Since the AG's original memo on March 26, we have placed nearly **7,042** inmates on home confinement; an increase **of 270 percent**. While we continue to assess all eligible inmates for placement in community confinement, **public health and safety** remain our highest priority. The main reason for sharing this information is because I want to emphasize the staff, most of whom are directly involved with the process of assessing risk and needs, such as case managers and other Unit staff, are conducting the individualized assessments. The must ensure inmates are appropriate for community placement both from a public safety perspective and given their own specific needs and circumstances. Additionally, these same staff are also being utilized to directly mitigate and perform correctional duties within the

## First Step Act Independent Review Committee Meeting

July 23, 2020

institutions, and in some cases, other facilities that require additional staffing to due to the effects of COVID.

In regards to staffing, we have made some progress in spite of COVID. As of July 4, 2020, we have 36,687 employees on board; an increase of 750 this calendar year. Since the beginning of the year we have hired **110 new programming staff**, to include case managers, education personnel, religious services workers, psychologists, and treatment specialists.

I am very proud to note that great strides have been made in various aspects of First Step Act implementation since its enactment. Including increases in MAT participation, large numbers of inmates participating in our Residential and Non-residential Drug Abuse Programs (over 47,000 in both programs), over 4100 who earned a GED, close to 80 receiving CDL certifications, over 21,000 participating in UNICOR, and over 15,000 receiving technical or vocational training. We have also devoted \$150 million to FSA, with \$84 million specifically for additional programs, and increased our volunteers by over 1700.

I have been joined by a number of subject matter experts today in order to provide you with more specific details about anything we have covered. I am also happy to be joined today by our recently appointed Deputy Director, Gene Beasley. I am confident Gene's 25 years of experience in the field of corrections will have a positive impact on the Bureau and the continued success of FSA implementation. At this time, I will turn it over to Deputy Director Beasley for a few comments.

Thank you.

From: Michael Carvajal [redacted]@bop.gov]  
Sent: Thursday, July 30, 2020 10:18:37 AM  
To: Gene Beasley; Zachary Kelton  
CC: [redacted] Kevin Pistro; [redacted]  
Subject: Re: Pandemic Home Confinement Decision Statistics

Thank you Zach,

>>> Zachary Kelton 7/29/2020 12:57 PM >>>  
Director and Deputy Director,

Attached are the most recent statistics for home confinement decisions by institutions and the Central Office home confinement committee during the pandemic.

Summary of key changes since last week:

Increase in Central Office committee home confinement approvals: +30  
Increase in institution home confinement approvals: +90

Zach

**From:** Gene Beasley (b)(6); (b)(7)(C)@bop.gov>  
**Sent:** Sunday, July 26, 2020 10:21 PM  
**To:** Gene Beasley  
**Subject:** FW: OGC Agenda Item  
**Attachments:** TEXT.htm

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

**From:** Kenneth Hyle (b)(6); (b)(7)(C)@bop.gov>  
**Date:** 7/24/20 1:29 PM (GMT-05:00)  
**To:** Gene Beasley (b)(6); (b)(7)(C)@bop.gov>  
**Subject:** OGC Agenda Item

>>> "Kenneth Hyle" 07/24/2020 13:29 >>>

Hey Gene -

OGC - 10 minutes

- Litigation overview
- Home Confinement Authorities
- Compassionate Release Cases
- Legal Visiting
- Status of Court Operations



**From:** Gene Beasley

**Sent:** Tuesday, January 5, 2021 7:43 AM

**To:** (b)(6); (b)(7)(C)

**Subject:** FW: (b)(6); (b)(7)(C) Inmate Federal Registration no. (b)(6); (b)(7)(C) Request for Reduction in Sentence (Compassionate Release) & Release to Home Confinement

**Attachments:** TEXT.htm; Re: (b)(6); (b)(7)(C) Inmate Federal Registration no. (b)(6); (b)(7)(C) Request for Reduction in Sentence (Compassionate Release) & Release to Home Confinement

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

From: "Bangladesh Embassy in Washington D.C." <mission.washington@mofa.gov.bd>

Date: 1/4/21 1:06 PM (GMT-05:00)

To: Gene Beasley (b)(6); (b)(7)(C) @bop.gov>

Cc: (b)(6); (b)(7)(C) @gmail.com>

Subject: Re: (b)(6); (b)(7)(C) Inmate Federal Registration no. (b)(6); (b)(7)(C) Request for Reduction in Sentence (Compassionate Release) & Release to Home Confinement

**From:** "Bangladesh Embassy in Washington D.C." <mission.washington@mofa.gov.bd>

**Sent:** Monday, January 4, 2021 1:07 PM

**To:** Gene Beasley

**CC:** Minister Consular Mohammad Habibur Rahman

**Subject:** Re: (b)(6);(b)(7)(C) Inmate Federal Registration no. (b)(6);(b)(7)(C) Request for Reduction in Sentence (Compassionate Release) & Release to Home Confinement

**Attachments:** Letter to Deputy Director Mr. Gene Beasley on (b)(6);(b)(7)(C) Inmate Federal Registration no. (b)(6);(b)(7)(C).pdf

Dear Sir,

Hope this finds you well.

Please find attached herewith a letter on the above subject, for your kind consideration.

Kind Regards,

(b)(6);(b)(7)(C)

--

Embassy of the People's Republic of Bangladesh

3510 International Drive, NW

Washington, DC 20008

U S A



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EMBASSY OF THE  
PEOPLE'S REPUBLIC OF BANGLADESH  
3510 International Drive, NW  
Washington, D.C. 20008  
Phone: (b)(6)  
Fax: (b)(6)  
E-mail: mission.washington@mofa.gov.bd



Ambassador

No. 19.81.0011.200.15.001.14

25 December 2020

Deputy Director Mr. Gene Beasley  
Federal Bureau of Prisons

(b)(6)@bop.gov

Re: (b)(6) Inmate Federal Registration no (b)(6)  
Request for Reduction in Sentence (Compassionate Release) & Release to Home Confinement

Dear Deputy Director Mr. Gene Beasley,

In case (b)(6) has not already done so, I am requesting compassionate release and/or release to home confinement on (b)(6) behalf pursuant to 18 U.S.C. § 3582(c)(1)(A)(i) and Program Statement 5050.50. This request is based on the "extraordinary and compelling" circumstances presented by the COVID-19 pandemic, particularly as it relates to (b)(6) who is at high risk for complications if she contracts COVID-19. She meets the statutory criteria for compassionate release as well as the U.S. Sentencing Guidelines policy statement §1B1.13 definition of "extraordinary and compelling" under "serious medical conditions" and "other reasons."

I am also requesting (b)(6) be transferred to home confinement, pursuant to § 12003(b)(2) of the CARES Act, and the Attorney General's April 3, 2020, Memorandum finding the COVID19 emergency conditions are materially affecting the functioning of the Bureau of Prisons.

(b)(6) is particularly susceptible to contracting the novel coronavirus, which causes COVID-19, because she is housed in a prison facility with others, from whom she cannot remain a safe distance, as recommended by the CDC. Moreover, she is uniquely vulnerable to falling victim to the potentially fatal effects of COVID-19 due to her underlying health conditions that have been substantiated by several physicians. Annexed are two medical reports by two independent physicians that certify the current state of health for (b)(6). Her health has deteriorated enormously to the point where her weight has been reduced from 120 pounds to 59.4 pounds. (b)(6) emaciated condition is similar to seeing a skeleton of a human being. Further, she is suffering from a severe mental disorder at the FMC Carswell facility. (b)(6) is in grave medical danger that will likely lead to a significant and permanent health consequences. I humbly and fervently request that you save her from this life-threatening condition by transferring to home confinement.

(b)(6) has been incarcerated since early 2019. (b)(6) was sentenced to a total of 188 months' imprisonment and has served over with good time credit. Upon release, she will stay with her two children at her home in Belvidere, Illinois. Furthermore, I can be reached at [Phone: (b)(6) and email: mission.washington@mofa.gov.bd ].

Thank you for your timely consideration of this request.

Very truly yours,

(b)(6)

DOJ-(BOP)-20-2163, 20-2166-A-000113

**From:** Gene Beasley (b)(6); (b)(7)(C) @bop.gov>  
**Sent:** Tuesday, February 9, 2021 6:44 AM  
**To:** (b)(6); (b)(7)(C) @gmail.com  
**Subject:** FW: News Clips - 02-08-2021

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

**From:** Zachary Kelton (b)(6); (b)(7)(C) @bop.gov>  
**Date:** 2/8/21 9:59 AM (GMT-05:00)  
**To:** (b)(6); (b)(7)(C) @bop.gov>, (b)(6); (b)(7)(C) @bop.gov>, Gene Beasley (b)(6); (b)(7)(C) @bop.gov>, (b)(6); (b)(7)(C) @bop.gov>, Michael Carvajal (b)(6); (b)(7)(C) @bop.gov>, (b)(6); (b)(7)(C) @bop.gov>, Nancy Ayers (b)(6); (b)(7)(C) @bop.gov>  
**Subject:** News Clips - 02-08-2021

>>> "Zachary Kelton" 02/08/2021 09:59 >>>

AP analysis: Federal executions likely a COVID superspreader  
Associated Press

<https://apnews.com/article/public-health-prisons-health-coronavirus-pandemic-executions-956da680790108d8b7e2d8f1567f3803>

WASHINGTON (AP) — As the Trump administration was nearing the end of an unprecedented string of executions, 70% of death row inmates were sick with COVID-19. Guards were ill. Traveling prisons staff on the execution team had the virus. So did media witnesses, who may have unknowingly infected others when they returned home because they were never told about the spreading cases.

Federal execution spree before Donald Trump's departure likely superspreader event: analysis

New York Daily News

<https://www.nydailynews.com/news/crime/ny-superspreaders-in-prison-20210206-154klt34faydiqtkjwpjhvhe-story.html>

The executions at the end of Donald Trump's presidency likely acted as a coronavirus superspreader event, according to documents received by The Associated Press.

Judge orders official from NYC federal jail to testify about mentally disabled inmate's care

New York Daily News

<https://www.nydailynews.com/new-york/ny-mcc-mentally-disabled-inmate-care-20210208-wuctpxhkmbfbov75ue7qc43zy-story.html>

A Bureau of Prisons official must answer questions Monday about the medical care of a mentally ill inmate who sources say was left in a holding cell in lower Manhattan for 24 hours.

A Critical Step Toward Eliminating Profit Motive From Prisons

Law 360

<https://www.law360.com/articles/1352491/a-critical-step-toward-eliminating-profit-motive-from-prisons>

President Joe Biden's recent executive order to phase out certain contracting with private prisons is a good first step toward reforming our prison culture.

A Last-Minute Trump Move Threatens to Send Released Prisoners Back to Prison After the Pandemic

Mother Jones

<https://www.motherjones.com/crime-justice/2021/02/federal-prison-early-release-pandemic-trump/>

On his way out the door of the White House, President Donald Trump issued leases for Arctic oil drilling, attacked civil rights protections, and commuted the sentences of his former cronies. Less noticed was a last-minute move by his administration that could force thousands of people who were released early from federal prison due to the pandemic to go back behind bars when the emergency is over.

Inmate On Home Confinement Spoke Out On Bureau Of Prisons' Policy And Ended Up Back In Prison

Forbes (Opinion)

<https://www.forbes.com/sites/walterpavlo/2021/02/06/inmate-on-home-confinement-spoke-out-on-bureau-of-prisons-policy-and-ended-up-back-in-prison/?sh=80ed95855ba0>

When Lynn Espejo was released from a cell in Oklahoma City to complete the remainder of her 45-month sentence with the federal Bureau of  
DOJ-(BOP)-20-2163, 20-2166-A-000114

Prisons (BOP) on home confinement, she didn't care about the reasons behind her release from the hell she had endured. She had spent almost 100 days in solitary confinement, 14 of those in a cell surrounded by male inmates who hurled sexually explicit comments to one of only a few females on the range. She was tired, scared of contracting COVID-19 and wanted to be home with her husband.

Sex Cult Leader Moved To Tucson Prison From New York  
Patch

<https://patch.com/arizona/tucson/sex-cult-leader-moved-tucson-prison-new-york>

TUCSON, AZ.— A convicted sex cult leader now resides in a federal prison in Tucson. Keith Ranier, 60, who was sentenced last year to 120 years in prison after turning female NXIVM followers into sex slaves branded with his initials and sexually abusing a 15-year-old, has been transferred to the U.S. Penitentiary Tucson. He was convicted on multiple charges, including alien smuggling, sex trafficking, extortion and obstruction of justice.

Oakland County congressional delegation pushes for end to federal death penalty  
The Oakland Press

[https://www.theoaklandpress.com/news/oakland-county-congressional-delegation-pushes-for-end-to-federal-death-penalty/article\\_e3ce0096-66f2-11eb-84b9-8380b6889e47a.html](https://www.theoaklandpress.com/news/oakland-county-congressional-delegation-pushes-for-end-to-federal-death-penalty/article_e3ce0096-66f2-11eb-84b9-8380b6889e47a.html)

Members of Oakland County's congressional delegation are calling for the federal death penalty to be abolished and the sentences of those on death row to be commuted by President Biden.

Former Massachusetts teacher seeks compassionate release after sentenced to 11 years in federal prison for trying to buy live sex videos involving children

MassLive

<https://www.masslive.com/worcester/2021/02/former-massachusetts-teacher-seeks-compassionate-release-after-sentenced-to-11-years-in-federal-prison-for-trying-to-buy-live-sex-videos-involving-children.html>

A former Massachusetts middle school teacher who was convicted in federal court of trying to buy live sex shows involving Filipino children is again seeking compassionate release.

**From:** Gene Beasley  
**Sent:** Thursday, January 21, 2021 8:58 AM  
**To:** Zachary Kelton  
**Subject:** FW: Signed OLC opinion  
**Attachments:** TEXT.htm; Fwd: Signed OLC opinion

Fyi...

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

From: Kenneth Hyle (b)(6);  
(b)(7)(C)@bop.gov>  
Date: 1/21/21 8:43 AM (GMT-05:00)  
To: Gene Beasley (b)(6);  
(b)(7)(C)@bop.gov>  
Subject: Fwd: Signed OLC opinion

**From:** Gene Beasley  
**Sent:** Thursday, December 17, 2020 2:32 PM  
**To:** L. Cristina Griffith  
**Subject:** Fwd: Agency Review Team Meetings

Is this normal? I guess we are not in normal times...

>>> Zachary Kelton 12/16/2020 1:59 PM >>>

Nicole, Melissa, and Shaina,

The DOJ transition team looking at BOP issues has just requested to meet with each of you for 1/2 hour later this week, via WebEx (audio fine, video not necessary). Is that feasible for you? If so, (b)(6);(b)(7)(C) will work with your offices to get them on the books.

The transition team member for these calls will be (b)(6);(b)(7)(C) who I have not personally dealt with yet - she is a former public defender in LA, and a former staffer to Senator Dick Durbin. She also recently ran for, but lost, election as Los Angeles County District Attorney.

The typical concerns raised by the team so far have been COVID protocols, programming, and home confinement under the CARES Act, and I would guess she will discuss those with NERO and WXRO. For NIC, I would guess it will focus on efforts to ensure training and development opportunities are available notwithstanding COVID. We want to be open, with due consideration that the transition team will be highlighting our strengths - and areas where we need support or improvement - to the incoming DOJ team.

Depending on when the meetings are scheduled, either (b)(6) or I will join the call to introduce you.

Let me know your thoughts on availability, and thanks in advance for your thoughtful discussions with them about your operations and challenges.

Zach

**From:** Gene Beasley <(b)(6); (b)(7)(C)@bop.gov>  
**Sent:** Tuesday, January 26, 2021 8:04 AM  
**To:** David Paul  
**Subject:** RE: Inmate shot in foot/ Non-Life Threatening Injury  
**Attachments:** TEXT.htm

Thank you.

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

From: David Paul <(b)(6); (b)(7)(C)@bop.gov>  
Date: 1/25/21 12:33 PM (GMT-05:00)  
To: Alix McLearn <(b)(6); (b)(7)(C)@bop.gov>, Gene Beasley <(b)(6); (b)(7)(C)@bop.gov>, Zachary Kelton <(b)(6); (b)(7)(C)@bop.gov>, <(b)(6); (b)(7)(C)>  
<(b)(6); (b)(7)(C)@bop.gov>  
Subject: Inmate shot in foot/ Non-Life Threatening Injury

>>> "David Paul" 01/25/2021 12:33 >>>

Gene,  
  
Inmate <(b)(6); (b)(7)(C)> (HC) notified RRC contract staff he had been the victim of a drive by shooter while sitting on his front porch this morning. Inmate <(b)(6); (b)(7)(C)> sustained a single shot wound to his foot and was transported to local hospital for treatment. He is awaiting surgery to remove the bullet. I've included <(b)(6); (b)(7)(C)> email for your review. The local police department was contacted and are the primary on the investigation.

David

----- Original message -----

From: <(b)(6); (b)(7)(C)@bop.gov>  
Date: 1/25/21 10:22 AM (GMT-06:00)

INMATE: <(b)(6); (b)(7)(C)>  
Reg. No. <(b)(6); (b)(7)(C)>  
Offense: Felon in Possession of a Firearm  
CARES ACT: NO  
PRD: 02-07-2021  
HC Placment Date: 11-18-2020  
HDED: 11-18-2020  
RRM Office: Atlanta (CAT)  
Facility: Dismas Charities of Augusta, Augusta, GA (ABI HC)  
Parent Facility: USP Lewisburg  
On January 25, 2021, at approximately 5:01 AM EST, RRMB Duty Officer was notified by Dismas Charities Augusta staff that at 1:54 AM, EST, I/M <(b)(6); (b)(7)(C)> called the RRC and informed them that he was sitting on his front porch of his home confinement location, <(b)(6); (b)(7)(C)> when he was shot in the foot by an unknown person that was driving by the residence. Aiken County Sheriff's Department and EMS responded to the residence and I/M <(b)(6); (b)(7)(C)> was transported to Aiken Medical Center, Aiken, SC and then transferred to the Augusta University Hospital. At 6:25 AM, EST, I/M <(b)(6); (b)(7)(C)> notified the RRC that he was going to have surgery later today (01/25/2021) to remove the bullet but he was currently waiting on a CAT scan of his foot.  
There has been no known media coverage of this incident.



**From:** Gene Beasley (b)(6); (b)(7)(C) @bop.gov>  
**Sent:** Tuesday, January 5, 2021 8:03 PM  
**To:** (b)(6); (b)(7)(C)  
**Subject:** RE: COVID - daily update - 1/5/2021  
**Attachments:** TEXT.htm

Thank you for keeping your eye on the Covid issues..

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

**From:** (b)(6); (b)(7)(C) @bop.gov>  
**Date:** 1/5/21 2:31 PM (GMT-05:00)  
**To:** Gene Beasley (b)(6); (b)(7)(C) @bop.gov>, Michael Carvajal (b)(6); (b)(7)(C) @bop.gov>  
**Cc:** Zachary Kelton (b)(6); (b)(7)(C) @bop.gov>  
**Subject:** COVID - daily update - 1/5/2021

>>> (b)(6); (b)(7)(C) 01/05/2021 14:31 >>>

BOP Inmates	January 05	January 04	Difference
Total Inmate Open Positive Cases	6,274	6,775	-501
New Positive Cases	898	576	+322
Inmate Presumed Cases	112	112	0
Inmates Hospitalized	89	84	+5
Inmates on Ventilator	13	11	+2
Asymptomatic (Proxy Estimate)	4,235	4,519	-284
Symptomatic (Proxy Estimate)	1,817	2,008	-191
Inmates Recovered (includes recovered inmates currently in custody and released)	39,392	37,994	+1398
Inmate Deaths	181	180	+1

Significant (>10) new cases at: Beaumont, TX (21); Butner, NC (37), Florence, CO (28); Forrest City, AR (30); Fort Dix, NJ (158); Gilmer, WV (30); Hazelton, WV (10); Lexington, KY (51); Lompoc, CA (30); 27 Leavenworth, KS (27); Memphis, TN (23); Marianna, FL (60); Oklahoma City, OK (33); Pekin, IL (10); Phoenix, AZ (11); SeaTac, WA (17); Tucson, AZ (22); Texarkana, TX (67); Victorville FCC, CA (86).

Significant recoveries at: Beaumont, TX (106); Pekin, IL (109); Schuylkill, PA (151); Fort Dix, NJ (177); Terre Haute, IN (91).

Private Facility Inmates	January 05	January 04	Difference
Inmate Open Positive Cases	43	46	-3
Inmates Hospitalized	11	11	0
Inmates Recovered	1122	1111	+11
Inmate Deaths	15	15	0

\*Numbers same as yesterday, update not received today

Significant COVID activity at the following private facilities: Moshannon Valley Correctional Facility, PA (22 open cases).

BOP Staff	January 05	January 04	Difference
Staff Open Positive Cases	1,835	1,750	+85
Staff Recovered	2,997	2,913	+84
Staff Deaths	3	3	0

Significant (>5) new staff cases at: Brooklyn, NY (8); Devens, MA (5); Dublin, CA (6); Hazelton, WV (10); Philadelphia, PA (5); Phoenix, AZ (6); Springfield, MO (18); Texarkana, TX (5); Terre Haute, IN (14); Thomson, IL (5).

Home Confinement Transfers Since March 26, 2020	January 05	January 04	Difference
	19,815	19,711	+104

Approved and in the pipeline: 153

**From:** Gene Beasley  
**Sent:** Saturday, January 30, 2021 1:23 PM  
**To:** L. Cristina Griffith  
**Subject:** FW: Federal Bureau of Prisons Summary  
**Attachments:** Federal Bureau of Prisons Summary

Fyi... just the information we shared.

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

From: Gene Beasley (b)(6); (b)(7)(C) @bop.gov>  
Date: 1/29/21 4:22 PM (GMT-05:00)  
To: "Eric (ODAG) Nguyen" (b)(6); (b)(7)(C) @usdoj.gov>  
Cc: (b)(6); (b)(7)(C) @bop.gov>, Michael Carvajal (b)(6); (b)(7)(C) @bop.gov>, Zachary Kelton (b)(6); (b)(7)(C) @bop.gov>  
Subject: Federal Bureau of Prisons Summary

From: Gene Beasley (b)(6); (b)(7)(C) @bop.gov>  
Sent: Wednesday, December 16, 2020 10:12 AM  
To: Andre Matevousian  
Subject: RE: (b)(6); (b)(7)(C)  
Attachments: TEXT.htm

Thank you so much!

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

From: Andre Matevousian (b)(6); (b)(7)(C) @bop.gov>  
Date: 12/15/20 1:43 PM (GMT-05:00)  
To: Gene Beasley (b)(6); @bop.gov>  
Subject: Re: (b)(6); (b)(7)(C)

>>> "Andre Matevousian" 12/15/2020 13:43 >>>

We have reviewed her case and she will be placed on Home Confinement.  
thanks  
Andy

>>> (b)(6); (b)(7)(C) 12/15/2020 1:08 PM >>>

She has been approved for placement on Home Confinement. We will notify the institution.

>>> (b)(6); (b)(7)(C) 12/15/2020 12:20 PM >>>

No concerns, Sir,

I reviewed her medical info and concur that she qualifies as having moderate to severe asthma and therefore, per the terms of the DAN settlement, she should be considered in that Medically Vulnerable Class.

*"Winning is not a sometime thing; it's an all the time thing. You don't win once in a while; you don't do things right once in a while; you do them right all of the time. Winning is a habit." - Vince Lombardi*

(b)(6); (b)(7)(C)

CDR, US Public Health Service

(b)(6); (b)(7)(C)

Federal Bureau of Prisons

Phone: (b)(6); (b)(7)(C)

>>> (b)(6); (b)(7)(C) 12/15/2020 11:54 AM >>>

(b)(6); (b)(7)(C)  
Here is another one when you get a chance. Inmate (b)(6); (b)(7)(C) has moderate asthma. Reading the guidance below, I believe she is appropriate for placement on Home Confinement. Any concerns?

>>> (b)(6); (b)(7)(C) 12/14/2020 11:06 AM >>>

>>> (b)(6); (b)(7)(C) 12/14/2020 11:04 AM >>>

This is correct. Inmates who have a medical condition which "...might place that inmate at an increased risk of severe illness from COVID-19" are considered to have "Tier 2 medical conditions" and considered for HC under terms of the settlement. This is set forth at pages 4-5 of the settlement.

>>> (b)(6); (b)(7)(C) 12/14/2020 10:53 AM >>>

(b)(6); (b)(7)(C)

In determining the medical criteria for increased risk due to COVID in reviews for Home Confinement in response to the directives outlined in the CARES Act, the BOP has been following guidance from the CDC. As you may know, the CDC changed their original list of conditions to include 2 separate lists: a) conditions for which patients are at increased risk of severe illness due to COVID and b) conditions for which patients might be at increased risk. Both BMI > 25 and moderate to severe asthma are on the second, "might be at increased risk" list.

Currently, institutions and the Central Office Home Confinement Committee has been using the conditions listed in the first list only (are at increased risk) as meeting medical criteria for HC (Medically Vulnerable Class).

To my understanding, at DAN as a result of the terms of the court settlement there, inmates at DAN may request to be recognized as a member of the Medically Vulnerable Class and be considered to meet medical criteria for HC. If they petition to do so, they should be reviewed using conditions on both lists as meeting criteria. Therefore, this inmate would meet criteria established by the terms of the DAN settlement if her BMI is greater than or equal to 25 and/ or if her asthma is considered moderate to severe. If, for some reason, there is disagreement as to whether the inmate meets conditions for Medically Vulnerable Class, it would be sent to me for review and I have been instructed to use conditions listed on both CDC lists in my determination as well.

I hope that helps. I've also looped in (b)(6); (b)(7)(C) from NER legal office.

(b)(6); (b)(7)(C)

*"Winning is not a sometime thing; it's an all the time thing. You don't win once in a while; you don't do things right once in a while; you do them right all of the time. Winning is a habit." - Vince Lombardi*

(b)(6); (b)(7)(C)

AMERICAN OVERSIGHT

DOJ-(BOP)-20-2163, 20-2166-A-000121

CDR, US Public Health Service

(b)(6);(b)(7)(C)

Federal Bureau of Prisons

Phone: (b)(6);(b)(7)(C)

>>> (b)(6);(b)(7)(C) 12/14/2020 9:17 AM >>>

Good morning,

The Home Confinement Committee reviewed the above mentioned inmate for placement on Home Confinement. She was denied due to not having any medical risk factors. She has an elevated BMI and Asthma. I believe the CDC currently list a BMI over 25 as a risk factor. She has a BMI of 26.1. Can I get you opinion on this case?

Inmate (b)(6); is part of the Danbury case.

>>> (b)(6);(b)(7)(C) 12/14/2020 8:32 AM >>>

(b)(6);  
So, we have not approved inmates with BMI and asthma? I am not certain that this will be a good explanation to provide to the Court, especially if we have placed inmates on home confinement for merely smoking. Your thoughts?

>>> (b)(6);(b)(7)(C) 12/14/2020 8:27 AM >>>

Asthma and elevated BMI are not a definite risk factor which is the standard that HSD has been consistently using at the Central Office level since the beginning of these meetings. Not sure if this appeal is to go to (b)(6);(b)(7)(C) or not.

>>> (b)(6);(b)(7)(C) 12/14/2020 8:18 AM >>>

Good Morning,

The above inmate was re-reviewed on Friday, and it was noted she does not have any COVID risk factors. The attached summation from the inmate's counsel disputes her not having COVID risk factors. I have to provide a more detailed response to their claims to the Court, based on their claims. They note her BMI is 26.1 and she has moderate to severe asthma. Did you find from your medical assessment that their claims have no merit? With your assessment is her BMI less than 26.1, etc?

From: Gene Beasley [(b)(6);(b)(7)(C)]@bop.gov]  
Sent: Thursday, December 17, 2020 3:57:33 PM  
To: [(b)(6);(b)(7)(C)] Michael Carvajal  
Subject: Year in Review-Final (12-17-2020)  
  
Attachments: Year in Review-Final (12-17-2020).docx

## Director/Deputy Director Video Script 2020 Year in Review/Holiday Message

Each year, as we prepare to celebrate the holidays, we have an opportunity to reflect on the events of the year that has passed. As 2020 comes to an end, I am grateful, optimistic, and look forward to leading this agency through the year to come.

First and foremost, on behalf of myself, Deputy Director Beasley, and the entire Executive Staff, I want to thank you all for your hard work, loyalty, and dedication. Without your tireless efforts we would not have been able to accomplish our mission while combating a worldwide pandemic. You are truly valued as professionals and continue to set a very high bar for all law enforcement components throughout the country. The Executive Staff and I are well aware of the personal sacrifices you have made, and continue to make, in fulfilling the Bureau's important mission. We also know that you often endure much scrutiny from various outside stakeholders.

On a personal note, the tremendous support I have received from you has made the challenges of my first year as Director a little easier, and for that, I sincerely thank you. I wish I had been able to speak directly with more of you, and to observe, first-hand, your professionalism, flexibility, and courage to perform such an important role within the Department of Justice.

The year 2020 will be remembered as the year that tested our mettle, both personally and professionally. But I want to focus on the many positive initiatives and Executive Staff decisions that were made this year. Early in 2020, the Bureau began taking strong actions to recruit and retain qualified staff in an effort to fill the vacancies caused by hiring freezes and staffing cuts, as well as those hard-to-fill positions and locations. We implemented several group recruitment, relocation and retention incentives. We expanded the existing Title 38 special pay authority for certain medical positions - with great results. A national recruitment and branding campaign was created to highlight the rewards of working in our agency. We expanded this into a social media recruitment initiative.

Our efforts are paying off! As of November 21, the Bureau had hired 3,541 employees in 2020. This far exceeds the number of new hires we made each year for the past 12 years! As such, the Executive Staff approved the expansion of the National Recruitment Office allowing each Region to now have dedicated staff to implement targeted recruitment strategies and maintain a standing inventory of viable candidates.

Also early in 2020, we began re-establishing Employee Development Offices throughout the Bureau. This will ensure staff receive the dynamic and appropriate instruction needed for their correctional and specialty job requirements. As all staff are correctional workers first, the Executive Staff approved an additional week of training during Introduction to Correctional Techniques phase I, requiring all new employees to shadow an experienced Correctional Officer. Correctional Officers will also be receiving enhanced training once the newly approved Correctional Officer Training (CTO) Program is implemented.

I am proud of the many staff safety initiatives we were able to approve and begin implementing over the past



year. We approved the use of restraint chairs at all locations, the use of MK-9 OC Spray at specific posts at all Low and above security levels, and the use of MK-4 OC Spray at Minimum security institutions. We are also developing an enhanced outer stab vest.

Staff are the Bureau's most valuable resource – and the Executive Staff is committed to supporting a variety of strategies to attract, train, retain and compensate staff. We are bolstering our training requirements and developing new curricula. And, we continue to explore new technologies to implement, along with additional options for keeping staff safe. The Executive Staff has also approved enhancing our new uniform that may include an opportunity for staff to proudly display their career status through rank designation, and their accomplishments through ribbons and citations. You are the Bureau's ambassadors and it is important for you to feel that way as you represent the Agency both on and off duty.

I am equally proud of the work we did this year to continue the implementation of the First Step Act. The COVID-19 pandemic has impacted the entire country;

however, we have not stopped doing our job nor have we stopped preparing inmates to be productive law abiding citizens. Risk and Needs Assessments for every inmate were completed by the statutory deadline. We published the FSA Approved Programs Guide of our reentry programs. These approved programs are standardized across institutions, described in our national policies, implemented with dedicated resources, and regularly reviewed to ensure program fidelity. We also continued our work in other areas of the First Step Act, including Medication Assisted Treatment, Second Chance Act Provisions, and the various Criminal Justice Provisions.

Directly related to the pandemic, were the memoranda issued by Attorney General Barr directing us to maximize the use of Home Confinement for vulnerable inmates, particularly at institutions that were markedly affected by COVID-19. The CARES Act further expanded our ability to place inmates on Home Confinement by lifting the statutory limitations during the course of the pandemic. I am pleased that the diligent efforts of our staff have resulted in the transfer of over 18,000 inmates to Home Confinement since March 26, 2020.

Despite the negative narrative you may be hearing, the Bureau has a sound pandemic plan in place and a well-established history of managing and responding to various types of communicable disease outbreaks. Early on, we leveraged and implemented guidance from relevant experts and used it to develop protocols for screening inmates and staff with potential COVID exposure risk factors. We have continued this strong collaboration throughout the pandemic, and have invited the CDC and public health officials into our facilities to evaluate our work. They have praised our planning and implementation in the wake of the pandemic.

We continue to strive to mitigate COVID-19's impact. The Bureau is managing the health and treatment of approximately 130,000 inmates in our institutions and RRCs by following the same CDC guidance as community doctors and hospitals with regard to treatment, quarantine, and medical Isolation procedures. As the pandemic, and the response to it, has evolved in both our prisons and the community, we have seen significant increases in positive cases as exposures spike and mass

testing occurs. As the cases resolve, we see significant increases in recovered cases, just as in our communities.

The Bureau's response to and management of COVID has received a great deal of Congressional, media and stakeholder interest and scrutiny. To be transparent about our plans, operations, and statistics, the Bureau has published one of the most detailed and thorough COVID pandemic resource areas in the federal government on our public website. As a further commitment to transparency, the Bureau updates the statistics on this site daily.

To successfully get through the challenge that COVID-19 presents will require courage. Courage to work together. Courage to keep going. Courage to ensure that data and science drive our decisions. Now that a vaccine is available, we need to get our second wind and double our efforts so we can all get past this pandemic and remain healthy. Again, I look forward to walking with you through the new year.

**[Consider Deputy Director Beasley covering non-Covid accomplishments: ]**

2020 has not been solely about the pandemic, in the midst of your diligent work nationwide to counter COVID-19, on April 13 FCI Estill was struck by a tornado that caused extensive damage to both the medium and minimum security institutions. Over the next four days, we were able to safely and securely move more than 800 inmates to USP Lewisburg. The Bureau has plans in place to deal with situations such as these, and despite the complexities that the COVID-19 pandemic adds to the implementation of those plans, these experiences reflect just how well-trained and prepared our staff and leadership are to handle whatever the next challenge may be.

In June, the Attorney General requested assistance in Washington, DC in response to extensive protest activity related to the death of George Floyd. As a result, we deployed SORT and DCT teams from across the country. I was proud of the exercised restraint and the high level of skills and training they displayed as corrections professionals, despite the emergent and tense situations they faced. Their professional response yielded the expected results and aided in de-escalating tensions and

aggression. The deployment and execution of this special mission is a testament to the Bureau's ability to readily assist our law enforcement partners nationwide.

Following the concerns that our SORT and DCT were not easily identifiable during the deployment, the Executive staff has granted approval to standardize and purchase new equipment agency-wide.

Later that month, the Attorney General directed the Bureau to schedule the executions of four federal death-row inmates. Each inmate had exhausted appellate and post-conviction remedies, and no legal impediments prevented the government from carrying out the sentence imposed by the justice system. These were the first federal executions in 17 years, and, between July and December 10, court-ordered executions were fulfilled.

August, September and October brought a very active Hurricane season to our facilities in the South Central and Southeast regions. Three facilities sustained significant damage from Hurricane Laura in August. As with any type of emergency, we carefully assess how best to ensure the safety of staff, inmates and the public.

All potentially affected Bureau institutions remained operational and supplemental resources and staff were staged to assist with relief efforts and to enable the local staff to attend to personal affairs and their families. , if needed. Despite personal challenges, staff remained at their posts, under sometimes very trying conditions.

Consistent with our proud tradition, each time Bureau staff answered the call for assistance;, from volunteering to help relieve affected staff, working with our state and local counterparts as members of the community, and to even providing emergency services to citizens in need. Regardless of the various challenges and the personal and professional struggles we have faced this year, you have consistently worked to make a difference in the lives of the inmates in our custody and those that we released back to their communities. You have carried out our mission while exhibiting our core values, demonstrating your dedication to public service, commitment to correctional excellence, professionalism, integrity, respect and courage that have characterized Bureau employees throughout our agency's history.

This year we celebrated our 90th anniversary as the Bureau of Prisons. Looking back at our history, we can see that our agency has successfully managed many difficult challenges. Our nation and the business of corrections are very different than they were in 1930, but one important area of continuity for our agency is the emphasis on building a strong, well-trained, professional staff. Adhering to our core values helps to ensure our readiness to effectively deal with whatever extraordinary situations come our way. And, as I [“as the Director” if DD covers this portion] mentioned earlier, to get through our challenges requires courage. This includes the courage to defend the Agency, the courage to stand up and shut down the naysayers, and the courage to make decisions that will move us forward to explore new opportunities. We must correct the record with facts. We have a great story to tell and should all be proud to share it!

**[Consider a pass back to the Director for the ending]**

We have been fortunate that it has been nearly 8 years since one of our own has been killed by an inmate. But this year has brought tragedies in other ways. Earlier this



month, Senior Officer Specialist [REDACTED] was brutally attacked by an inmate at USP Allenwood. He is recovering and in the thoughts and prayers of Bureau staff and retirees nationwide. And, tragically, COVID-19 has taken the lives of our co-workers, colleagues and friends.

Please keep these staff, as well as our staff on active military duty, in your thoughts and prayers. While the holiday season is a joyous one for most, it can be difficult for those who will face the holidays alone, who are separated from their family members, or who have lost loved ones this year. As many of you find yourselves away from home and family during the holidays because duty calls, please know that every day you touch lives in ways you may never know. The sacrifices you make as a public servant do not go unnoticed.

Law enforcement work is never easy, but we are committed to taking care of our own. Our staff deserve the best possible resources and, accordingly, we have upgraded our Employee Assistance Program to provide improved and expanded services. EAP is available to your spouse or domestic partner and your dependent

children. The situations we face at work each day can cause stress and anxiety. Our work can have an effect on our physical health, our emotional lives, and our families. During the pandemic, the effects have been even greater. Be supportive and reach out to others who face struggles in their daily lives and encourage them to seek assistance.

Likewise, continue to be supportive of those who are less fortunate. I have always appreciated the generous support shown by Bureau staff in community service and charitable activities. We participate in food and clothing drives, community-based blood drives, tutoring children in need, the Combined Federal Campaign, and so much more. I am proud to lead such an outstanding group of individuals, who so willingly give of themselves and share their many blessings with others.

For 2021, I hope and pray each of us is able to return home to our loved ones, safe and sound, at the end of our day. I hope that along with the vaccine, our World leaders and experts are able to lessen, and ultimately end the devastating impact COVID-19 has had on our lives. I hope that we make sound decisions in carrying

out our responsibilities, and that we strive to do our best in all aspects of our lives. If we can do all of these things, I believe everything else will take care of itself.

You are indeed the best in corrections, and I am humbled to serve as your Director. Together we are stronger.

Together we continue to make a difference. Together we will lead the field of corrections for another 90 years.

On behalf of Deputy Director Beasley and the entire Executive Staff, I wish each of you a joyous, peaceful and healthy holiday season.

**From:** Gene Beasley  
**Sent:** Thursday, January 14, 2021 2:01 PM  
**To:** L. Cristina Griffith  
**Subject:** Fwd: COVID - daily update - 1/14/2021  
**Attachments:** COVID - daily update - 1/14/2021

190 inmate deaths.

**From:** Gene Beasley  
**Sent:** Monday, December 14, 2020 10:35 AM  
**To:** Andre Matevosian; (b)(6); (b)(7)(C)  
**Subject:** FW: (b)(6); (b)(7)(C)  
**Attachments:** TEXT.htm; (b)(6); (b)(7)(C)

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----  
**From:** (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@aleph-institute.org>  
**Date:** 12/13/20 3:23 PM (GMT-05:00)  
**To:** Gene Beasley; (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@bop.gov>  
**Subject:** (b)(6); (b)(7)(C)

From: (b)(6);(b)(7)(C)@aleph-institute.org>  
Sent: Sunday, December 13, 2020 3:24 PM  
To: Gene Beasley  
Subject: (b)(6);(b)(7)(C)  
Attachments: (b)(6);(b)(7)(C) medical attachments w page no (1).pdf

BH

Dear Deputy Director Beasley:

Thank you - with all my heart - for taking the time to speak today and I'm truly sorry for having bothered you a Sunday! G-d bless you for your unending kindness.

As I mentioned on the call, AD Paul, **has been beyond responsive and helpful** and we are profoundly appreciative for just how much he cares and how much he gets done - and I understand he did everything he could in this regard.

Before reaching out on this matter, I asked a very prominent pulmonologist (b)(6);(b)(7)(C) who works in the ER at Walter Reed) to review (b)(6);(b)(7)(C) records and assess her risk. Based on a CT scan she took (prior to going into prison) which showed bronchial wall thickening and signs of air trapping; and based on pulmonary function tests she took - and the fact she is on multiple inhalers, he opined (in the attached letter):

(b)(6);(b)(7)(C) *asthma is severe enough to have caused mild structural lung changes based on a recent CT scan (bronchial wall thickening and signs of air trapping). This often indicates her disease is more severe, and there is a "non-reversible" element to her airway obstruction. This is not unlike the type of obstruction caused by another airway disease, known as chronic obstructive pulmonary disease (or COPD) which differs from asthma in that the airway tightening is not reversible relieved by medications in the same fashion, and tends to cause more structural changes in the lung, including emphysema. Because of the severity of her asthma, her risk may be higher than other asthmatics, that are not requiring as many medications to control their disease."*

The underlying issue of this matter is that her risk factors fall in the Tier 2 category of CDC risk factors. Yet, clearly, they are still risk factors. It's my understanding that whether a medical condition in Tier 1 and Tier 2 has a lot to do with the CDC's ability to do the various scientific tests, and the pools of people available etc. Yet, the case I'm hoping to make, is that her conditions are still listed on the CDC website in the risk category (albeit as Tier 2), because clearly there is a risk, as reflected directly on the CDC Website: People with asthma fall into that higher risk category. If you have asthma, COVID-19 may be more likely to affect your respiratory tract (nose, throat, lungs), cause an asthma attack, and possibly lead to pneumonia and acute respiratory disease.

We've put together a short video to highlight the urgency of this request:

[https://\(b\)\(6\);\(b\)\(7\)\(C\)](https://(b)(6);(b)(7)(C)) - if you have a few minutes to watch, would be most appreciative.

Any relief, whether it be home confinement or even a temporary crisis furlough, to avoid risk to a young mother, whose children are terrified for her, would truly be a miracle. She has been calling home, in a panic, as Covid spreads in Danbury and many of the women in her unit, are exhibiting symptoms in an alarming manner. She told her husband she is having chest pains.

In closing, allow me to share just a bit of context regarding (b)(6);(b)(7)(C) (picture attached), who has suffered tremendously in her life. Most notably was the terrible abuse which she suffered under her first husband, who was incredibly controlling and made her suffer immensely. To illustrate, at one point, she was held hostage by him and she thought her life was coming to an end. She was able to sneak out with her young children and ran to the police station. Then there are her children who have suffered immensely these last few years. The separation is incredibly difficult for them, particularly for her special needs child who has been dealing with increasing behavior challenges and relies completely on her and has been in a downward spiral. Her 14 years old child (picture below) is terrified of her G-d forbid catching covid, as she is literally his life and world.

(b)(6);(b)(7)(C) and her family live in poverty - and struggle immensely. She moved in with her mom who was recently diagnosed with cancer. The whole case is really sad, as she's a housewife who's life was all about taking care of her family, and was charged with signing documents for which her children got 10,000 worth of medicaid assistance- which (as per the allegations) she was not eligible for - and she co-signed on documents her husband asked her to sign, on a short sale of their home, which was problematic. It's truly a heartbreaking

DOJ-(BOP)-20-2163, 20-2166-A-000140

story all around - and her kids are terrified for her welfare....and the risks she would face if G-d forbid she caught covid.

As a spike can take place in any prison, in short notice, G-d forbid, we truly feel the only solution to mitigate the risk, would be home confinement or a crisis furlough - considering the vaccine is being rolled out, and this would only be a temporary resolution until G-d willing, things are under control. (As well, considering she has a 14 year old son, and young children who need her, a transfer to another prison would practically preclude much needed visits, for their collective emotional health once visits resume G-d willing.)

Thank you for the sensitivity and attention you show to each and every human being under your care. May G-d bless you with the strength and health to continue your critical work.

Respectfully,

(b)(6);  
(b)(7)(C)

(b)(6);  
(b)(7)(C) with her 14 year old son, who, together with his siblings are praying for a miracle.

(b)(6); (b)(7)(C)

---

(b)(6); (b)(7)(C)

**The Aleph Institute**

*No One Alone. No One Forgotten*

T: (b)(6); (b)(7)(C)

E: (b)(6); (b)(7)(C) [aleph-institute.org](mailto:(b)(6); (b)(7)(C)@aleph-institute.org) | W: [www.aleph-institute.org](http://www.aleph-institute.org)

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Withheld pursuant to exemption

(b)(6); (b)(7)(C)

of the Freedom of Information and Privacy Act



(b)(6);(b)(7)(C)

**ATTACHMENTS**

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1. Signed medical release form, allowing the BOP to receive medical information from The Aleph Institute	2
2. November 2, 2020 letter from (b)(6);(b)(7)(C)	4
3. October 2, 2020 letter from (b)(6);(b)(7)(C)	7
4. (b)(6);(b)(7)(C) CV	9
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9. November 2, 2020 Letter from (b)(6);(b)(7)(C) (Her primary care physician)	35
10. July 26, 2020 Letter from (b)(6);(b)(7)(C)	40

# Attachment '1'

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Withheld pursuant to exemption

(b)(6) ; (b)(7)(C)

of the Freedom of Information and Privacy Act

# Attachment '2'

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Withheld pursuant to exemption

(b)(6); (b)(7)(C)

of the Freedom of Information and Privacy Act

# Attachment '3'

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Withheld pursuant to exemption

(b)(6); (b)(7)(C)

of the Freedom of Information and Privacy Act

# Attachment '4'



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Withheld pursuant to exemption

(b)(6); (b)(7)(C)

of the Freedom of Information and Privacy Act

# ATTACHMENT '5'

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Withheld pursuant to exemption

(b)(6); (b)(7)(C)

of the Freedom of Information and Privacy Act

# ATTACHMENT '6'

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Withheld pursuant to exemption

(b)(6); (b)(7)(C)

of the Freedom of Information and Privacy Act

# ATTACHMENT '7'

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Withheld pursuant to exemption

(b)(6); (b)(7)(C)

of the Freedom of Information and Privacy Act

# ATTACHMENT '8'



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Withheld pursuant to exemption

(b)(6); (b)(7)(C)

of the Freedom of Information and Privacy Act

# ATTACHMENT '9'

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Withheld pursuant to exemption

(b)(6); (b)(7)(C)

of the Freedom of Information and Privacy Act

# ATTACHMENT '10'

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Withheld pursuant to exemption

(b)(6); (b)(7)(C)

of the Freedom of Information and Privacy Act

From: Gene Beasley [redacted]@bop.gov]  
Sent: Monday, December 14, 2020 1:02:55 PM  
To: [redacted]  
Subject:

Attachments: Year in Review Video Draft.docx

Page 2975 of 4222 to Page 2988 of 4222

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

**From:** Gene Beasley  
**Sent:** Thursday, December 17, 2020 2:32 PM  
**To:** Michael Carvajal  
**BCC:** (b)(6);(b)(7)(C)  
**Subject:** Iwd: Agency Review Team Meetings

Just so you know who the transition team is speaking with...

>>> Zachary Kelton 12/16/2020 1:59 PM >>>

Nicole, Melissa, and Shaina,

The DOJ transition team looking at BOP issues has just requested to meet with each of you for 1/2 hour later this week, via WebEx (audio fine, video not necessary). Is that feasible for you? If so, (b)(6);(b)(7)(C) will work with your offices to get them on the books.

The transition team member for these calls will be (b)(6);(b)(7)(C) who I have not personally dealt with yet - she is (b)(6);(b)(7)(C)

The typical concerns raised by the team so far have been COVID protocols, programming, and home confinement under the CARES Act, and I would guess she will discuss those with NERO and WXRO. For NIC, I would guess it will focus on efforts to ensure training and development opportunities are available notwithstanding COVID. We want to be open, with due consideration that the transition team will be highlighting our strengths and areas where we need support or improvement to the incoming DOJ team.

Depending on when the meetings are scheduled, either Chris or I will join the call to introduce you.

Let me know your thoughts on availability, and thanks in advance for your thoughtful discussions with them about your operations and challenges.

Zach



From: Gene Beasley [redacted]@bop.gov]  
Sent: Sunday, November 29, 2020 9:05:22 AM  
To: Michael Carvajal  
Subject: Oral Statement of Director Carvajal.gdb  
Attachments: Oral Statement of Director Carvajal.gdb.docx

Good morning Chairwoman Bass and Members of the Subcommittee. It is my privilege to speak today on behalf of the Bureau of Prisons' over 37,000 corrections professionals; who work day-in and day-out to support our critical law enforcement mission. I am committed to ensuring these dedicated men and women are guided by the values of respect, integrity, courage, and correctional excellence.

The Bureau receives a great deal of scrutiny with respect to our mission, and much of this is based on misinformation or a misunderstanding of what we do to keep America safe.

I appreciate this opportunity to discuss what the Bureau does to maintain safety and security, while providing inmates with the programming they need to return to our communities and their families.

I have spent the majority of my professional life in career service to this agency. After serving in the U.S. Army, I joined the Bureau as a Correctional Officer, moving up through the ranks as Captain, Warden, Regional Director, Assistant Director, and now Director. I care deeply about our work, and the personal sacrifices the Bureau's law enforcement officers make.

The Bureau currently confines approximately 154,000 inmates in our 122 federal prisons nationwide,

as well as 11 private prisons and nearly 200 community-based facilities. Almost 80% of our inmates are serving terms for drugs, weapons, or sex offenses, with 41% of those being medium and high security offenders. The safe management of those offenders is challenging, but we continue to maintain low levels of serious assaults while ensuring the inmates engage in programs that address their reentry needs.

The First Step Act provided further incentives for inmates to participate in reentry opportunities, and we successfully met the very aggressive implementation deadlines it included.

Critically, the First Step Act required assessment of recidivism risk and programming needs for all inmates in our custody. After the Department of Justice developed and released their risk assessment tool, we immediately began scoring all inmates with the new tool. Effective January 2020, all inmates in our custody were scored, to include new commitments who are scored within 30 days of arrival.

As the COVID-19 pandemic has harshly impacted our country it has also had a tremendous impact on the lives of our staff and inmates. Under normal circumstances life in prison is challenging and even more difficult coupled with COVID-19.

Our pandemic response has often been mischaracterized in public forums, which is unfortunate since we have worked closely with the Centers for Disease Control to develop the best COVID-19 plan for correctional environments. We have welcomed external stakeholders into our facilities for audits and reviews, as well as, conducted unannounced inspections of the vast majority of our institutions to ensure COVID-19 procedural compliance. These internal reviews are ongoing.

Early on we developed quarantine and isolation procedures for the inmates and mandated social distancing and use of face coverings.

Our procedures have proven effective, as this is evidenced by the steep decline in inmate hospitalizations, inmates on ventilators, and deaths. As test supplies became available, we put in place test-in/test-out procedures for internal inmate movement to minimize the spread of the virus. Since March, we have transferred more than 17,000 inmates at risk for COVID to home confinement to help keep them safe.

Many have asserted the Bureau is spreading COVID within our communities. However, contact tracing often reveals the virus entered our prisons from the communities. Although delayed, our institutions generally mirror community transmission rates.

Therefore, it is vital that we all work together – the Bureau and the public – to combat this threat.

I am honored to speak on behalf of Bureau staff nationwide who are on the front lines working tirelessly to mitigate the spread of this virus as well as, carrying out our very important mission. This is challenging, but it is vital to the safety and security of the public, our staff, and the inmates entrusted to our care. Chairwoman Bass and Members of the Subcommittee, this concludes my statement.



**From:** Gene Beasley (b)(6); (b)(7)(C)@bop.gov>  
**Sent:** Monday, November 9, 2020 9:45 AM  
**To:** (b)(6); (b)(7)(C)@gmail.com  
**Subject:** FW: Booker Staffer Call - FTD  
**Attachments:** TEXT.htm

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

**From:** Zachary Kelton (b)(6); (b)(7)(C)@bop.gov>  
**Date:** 11/9/20 9:36 AM (GMT-05:00)  
**To:** Gene Beasley (b)(6); (b)(7)(C)@bop.gov>, Michael Carvajal (b)(6); (b)(7)(C)@bop.gov>  
**Cc:** (b)(6); (b)(7)(C)@bop.gov>  
**Subject:** Booker Staffer Call - FTD

>>> "Zachary Kelton" 11/09/2020 09:36 >>>

FYSA, OLA and Warden Ortiz will be on a call today at 3:15 with Senator Booker's office to discuss FTD's COVID-19 mitigation efforts and its use of home confinement under the Cares Act. NERO will sit in on the call.

**From:** Gene Beasley (b)(6); (b)(7)(C)@bop.gov>

**Sent:** Monday, November 23, 2020 5:19 PM

**To:** (b)(6); (b)(7)(C)@gmail.com

**Subject:** I am sharing 'Oral Statement of Director Carvajal.docx' with you

**Attachments:** Oral Statement of Director Carvajal.docx

Help...

Shared from Word for Android

<https://office.com/getword>

Sent from my Verizon, Samsung Galaxy smartphone

Page 3001 of 4222 to Page 3005 of 4222

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

**From:** Gene Beasley  
**Sent:** Thursday, November 12, 2020 8:25 AM  
**To:** (b)(6); (b)(7)(C)  
**Subject:** Fwd: Re: Booker Staffer level call

>>> Zachary Kelton 11/10/2020 11:47 AM >>>

Per OIA, the call with Sen. Booker's office yesterday afternoon went well. Booker's staffers are convinced, of course, that we are not transferring enough inmates to home confinement under the Cares Act. Fort Dix indicates says they have transferred 97 to home confinement under Cares Act since the pandemic began. Our folks explained the HC review process in detail and pointed out that Fort Dix houses over 800 sex offenders (who would be ruled out per AG guidelines). They did not ask any questions about our staff.

OIA will be providing them some supplemental information on the HC placements out of FID as a follow up.

Zach

**From:** Gene Beasley  
**Sent:** Saturday, October 31, 2020 8:34 PM  
**To:** L. Cristina Griffith  
**Subject:** FW: Final TPs - HC - OAG Briefing  
**Attachments:** TEXT.htm; Re: Final TPs - HC - OAG Briefing

As we discussed..

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

From: Zachary Kelton (b)(7)(C); (b)(6)@bop.gov>  
Date: 10/31/20 4:04 PM (GMT-05:00)  
To: Gene Beasley (b)(7)(C); (b)(6)@bop.gov>, Michael Carvajal (b)(7)(C); (b)(6)@bop.gov>  
Cc: (b)(7)(C); (b)(6)@bop.gov>, Alix McLearn (b)(7)(C); (b)(6)@bop.gov>, (b)(7)(C); (b)(6)@bop.gov>, Sonya Thompson (b)(7)(C); (b)(6)@bop.gov>  
Subject: Re: Final TPs - HC - OAG Briefing

**From:** Gene Beasley (b)(6) @bop.gov>  
**Sent:** Saturday, October 31, 2020 2:11 PM  
**To:** Jared Rardin  
**Subject:** RE: OM-Home Detention CARES Act  
**Attachments:** TEXT.htm

Thank you.

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

**From:** Jared Rardin (b)(6) @bop.gov>  
**Date:** 10/30/20 10:36 AM (GMT-05:00)  
**To:** Gene Beasley (b)(6) @bop.gov>, Michael Carvajal (b)(6) @bop.gov>, Zachary Kelton (b)(6); (b)(7)(C) @bop.gov>, (b)(6); (b)(7)(C) @bop.gov>, Andre Matevousian (b)(6); (b)(7)(C) @bop.gov>  
**Subject:** RE: OM-Home Detention CARES Act

>>> "Jared Rardin" 10/30/2020 10:36 >>>

Gentlemen, please find the requested CPD information below:

- A total of 51 inmates with a Broad Publicity CIM assignment have been reviewed by the Central Office Committee. Of those, a total of 31 were placed into Home Confinement in accordance with the CARES Act. You will find the list of these attached.
- On April 6, 2020, agency guidance was issued to all CEO's encouraging the use of Crisis Furloughs to remove inmates from secure environments and mitigate the spread of COVID-19.
- There are currently 29 inmates in the BOP on crisis furloughs.
- The total number of inmates in the agency on crisis furloughs at any one time peaked on May 19, 2020, with a total of 373.
- The Correctional Programs Division provides the Executive Office of the United States Attorney a list of newly designated inmates to Home Confinement on a bi-weekly basis. This list includes those inmates reviewed at the institution level, as well as those reviewed by the Central Office Committee.

Please don't hesitate to reach out if you need anything else.

>>> Alix McLearen 10/29/2020 9:25 PM >>>

Thanks, Zach. I have accepted your additions and added the population numbers. The HC number we use is current placements, so I have left it as is. This should be the final document.

Everyone have a great night,

Alix

>>> Zachary Kelton 10/29/2020 8:49 PM >>>

Alix, these talking points look great to me. A few comments/recommended edits for consideration attached, but it's very well done and comprehensive. Thank you!!

Zach

>>> Kenneth Hyle (b)(6); (b)(7)(C) @bop.gov> 10/29/2020 5:38 PM >>>

Thanks Alix - the talking points look good to me. Nothing further from my end -

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

**From:** Alix McLearen (b)(6); (b)(7)(C) @bop.gov>  
**Date:** 10/29/20 4:34 PM (GMT-05:00)  
**To:** Gene Beasley (b)(6); (b)(7)(C) @bop.gov>, Michael Carvajal (b)(6); (b)(7)(C) @bop.gov>  
**Cc:** (b)(6); (b)(7)(C) @bop.gov>, (b)(6); (b)(7)(C) @bop.gov>, (b)(6); (b)(7)(C) @bop.gov>, Kenneth Hyle (b)(6); (b)(7)(C) @bop.gov>, Jared Rardin (b)(6) @bop.gov>, Zachary Kelton (b)(6) @bop.gov>, Andre Matevousian (b)(6); (b)(7)(C) @bop.gov>  
**Subject:** Re: OM-Home Detention CARES Act

>>> "Alix McLearen" 10/29/2020 16:34 >>>

Attached are the talking points with some updated numbers and information. Of note, HSD reported a high positivity rate of 10.5%, which is different than what we discussed.

CPD will be sending some additional information about broad publicity cases and furloughs. Ken and Zach will let us know if they think other topics need to be addressed.

Have a good evening,

Alix

>>> Alix McLearen 10/29/2020 3:31 PM >>>

Director and Deputy Director,

Attached is OM on CARES HC procedures. This version includes Ken's edits and the items we discussed when we met.

Please let us know if you need anything further to move this forward.

DOJ-(BOP)-20-2163, 20-2166-A-000180

AMERICAN  
OVERSIGHT

Thanks,  
Alix

**From:** Gene Beasley  
**Sent:** Friday, November 27, 2020 7:31 AM  
**To:** Melissa Rios  
**Subject:** Re: Hearing Preparation: D/DD Tele-Meetings for Friday  
**Attachments:** 1FXT.htm

Very good.  
Thank you!

>>> Melissa Rios <[REDACTED]@bop.gov> 11/25/2020 3:16 PM >>>

Deputy Director Beasley,

Attached is a listing of WXR institutions that may be of potential interest in the upcoming Congressional Hearings, with the most potentially notable listed below. Subcommittee Members with Districts in the Western Region are highlighted in green for your awareness. Of the four, Congresswoman Lesko is the only Member with a federal prison in her District (ICI Phoenix), where we have no significant COVID related issues.

- FCC Tucson has the highest number of COVID cases in the BOP. No Congressional inquiries and very little media interests.
- MDC Los Angeles has a high number of active cases. No Congressional inquiries and no media interest.
- FCC Victorville's outbreak is under control. No Congressional inquiries and no media interests. However, ICI I is currently locked down because of a spike in cases in a housing unit, coupled with an increase in staff cases.
- FCI Mendota received two Congressional inquiries (Harris and Cox) regarding staffing, augmentation, and USMS holdovers. No media interest.

In general, Congresswoman Bass may show interest in programming and early release opportunities for inmates. As you may recall, she toured ICI Terminal Island during their outbreak. The tour was positive and she was appreciative of the institution's response efforts to the pandemic. Her overall inquiry was how could she help us. She was inquisitive about the PATTERN assessment tool for the inmate population, as well as home confinement and compassionate releases. Of note, Bass and Corey Booker introduced legislation for inmates to be considered for release after serving 10 years, *Second Look Act*. The Bill has not passed.

I hope this brief overview is helpful in honing the Director's focus as he prepares for the Hearing. Please let me know which Wardens you would like to speak with on Friday, and I will ensure they are prepared for the Director's and your questions. I would like to be a part of the tele-meetings as well.

Thank you,  
Melissa



**From:** Gene Beasley  
**Sent:** Monday, November 9, 2020 3:46 PM  
**To:** (b)(6); (b)(7)(C)  
**Subject:** Fwd: Re: News Clips 11-09-2020

>>> Zachary Kelton 11/9/2020 3:25 PM >>>

Just FYSA - regarding the suggestion in the below article that Butner has not moved enough inmates out during the pandemic, I asked them for some updated numbers. Complex-wide, from the start of the pandemic to 10/31, they have transferred or released 412 inmates - 186 to RRCs, 101 to home confinement, and 125 via compassionate release. Additionally, 19 inmates are currently pending community placement.  
Zach

>>> (b)(6); (b)(7)(C) 11/9/2020 1:22 PM >>>

- First article covers a lot of ground as you would guess from the title
- Thomson recruiting efforts in the news again
- Zach is gathering some information for the article related to FCC Butner
- Interesting article on Trump and pardoning powers (third article from bottom of list)

#### **What Biden's Win Means for the Future of Criminal Justice**

The Marshall Project

<https://www.themarshallproject.org/2020/11/08/what-biden-s-win-means-for-the-future-of-criminal-justice>

During his presidential campaign, Joe Biden promised to end private prisons, cash bail, mandatory-minimum sentencing and the death penalty. Candidate Biden also said the U.S. could reduce its prison population by more than half. While he didn't put forward as progressive or as detailed a platform as many of his competitors for the Democratic nomination (including his running mate Kamala Harris), Biden has nevertheless, quietly, been elected on the most progressive criminal justice platform of any major party candidate in generations. So what can he actually do?

#### **Lori Loughlin could be released from prison early due to the Christmas holiday**

Fox News

<https://www.foxnews.com/entertainment/lori-loughlin-released-prison-early-christmas-holiday>

According to the Bureau of Prisons (BOP) website, Loughlin is currently scheduled to be released from prison on Sunday, Dec. 27. While that is just two days after the Christmas holiday, the agency explains how it handles the release of inmates whose dates of departure fall on a legal holiday, or as in her case, on a weekend.

#### **Thomson Prison hopes to boost staff numbers**

Prairie Advocate

<https://www.prairieadvocate.com/2020/11/02/thomson-prison-hopes-to-boost-staff-numbers/am7m9n9/>

A Federal Salary Council ruling could help ongoing staffing issues at Thomson Prison. The council last week voted to add Carroll County to the Davenport-Moline Locality Pay Area, which means a raise for 335 federal government employees in the county.

#### **He tried to sue over COVID-19 conditions at his prison. He died before it was filed.**

North Carolina Health News

<https://www.northcarolinahealthnews.org/2020/11/09/he-died-before-he-could-sue-over-covid-conditions/>

John Dailey tried to sue over COVID-19 conditions at his prison, but he died before his case could be filed.

Butner Correctional Complex, a sprawling facility about an hour outside Raleigh, is North Carolina's only federal prison. More prisoners have died of COVID-19 at Butner than at any other prison run by the federal government nationwide.

#### **Medical prison announces COVID-19 death total, inmate's sister explains**

KOLR - OzarksFirst.com

<https://www.ozarksfirst.com/local-news/local-news-local-news/medical-prison-announces-covid-19-death-total-inmates-sister-explains/>

Two more inmates at the Medical Center for Federal Prisoners have died from COVID-19. Both men had comorbidities, and this brings the facility's death total to four. The Federal Bureau of Prisons says overall, 176 inmates have COVID-19 at MCFP. That's about 20 percent of the total population. 34 staff members have also contracted the virus.

#### **COVID-19 outbreak inside Fort Dix prison is spreading**

WHYY-PBS

<https://whyy.org/articles/covid-19-outbreak-inside-fort-dix-prison-is-spreading/>

An outbreak of COVID-19 cases inside the Fort Dix federal prison is rapidly spreading. In October no inmates tested positive. On Thursday, there were 214 positive cases, according to a report from the Federal Bureau of Prisons. It's the second-highest amount of active cases out of every system in the country.

#### **Explainer: Can Trump pardon his associates — or himself?**

Reuters

<https://www.reuters.com/article/us-usa-election-pardon-explainer-idUSKBN2700FT>

U.S. President Donald Trump could issue a flurry of pardons during his final days in power.

#### **Former Iron 44 helicopter VP seeks early release from prison**

Mail Tribune

<https://mailtribune.com/news/crime-courts-emergencies/iron-44-helicopter-vp-seeks-early-release-from-prison>

A former Grants Pass helicopter company executive serving 12 years for falsifying aircraft records that led to nine deaths is seeking early release from federal prison for fear of contracting the coronavirus — despite already having recovered from an earlier bout of COVID-19.

#### **Joe Biden, Black voters made you president. It's time to right wrongs on criminal justice.**

USA Today

<https://www.usatoday.com/story/opinion/policing/2020/11/07/joe-biden-owes-black-voters-right-wrongs-criminal-justice-column/6088797002/>

The story of the 2020 election is that Black voters came through for President-elect Joe Biden.

When Biden's primary campaign was written off by many, Black voters of South Carolina handed him a big win. Biden's strength with African Americans helped him to secure the Democratic Party's nomination.

This week, Black voters in Detroit, Philadelphia and Atlanta have determined the outcome of our presidential election. It's striking that people who have been failed and treated the worst by our democracy (and by extension our criminal justice system) consistently do the most to save it.

It is high time for Biden and the Democratic Party to deliver justice for African Americans and other communities of color that are disproportionately discarded and forgotten within the justice system.

Biden's history on criminal justice

Our justice system is rooted in racism, and African Americans have been hit hardest by it. Still, the Black voters had huge turnouts in cities Democrats needed to be competitive.

Last year, when Biden spoke on criminal justice issues, he admitted: "I know we haven't always gotten things right," surely referring, in part, to the 1994 crime bill that he supported and that is often blamed for today's mass incarceration problem.

Until recently, candidates running for president competed to look tough on crime and paint their opponents as soft. But 2020 has been different.

The downfalls of our criminal justice system have been exposed for all to see, from the police killings of George Floyd (a Black man who was taken out by a police officer who put a knee on his neck) and Breonna Taylor (a Black woman shot to death by police in her own home) to the deaths of jailed Americans before they even had their day in court.

The United States has the highest incarceration rate in the world, a result of decades of bipartisan legislation like the 1994 crime bill that propped up institutional racism. About 2.3 million people are locked up in jails and prisons, and 40% of those locked up are Black Americans (who are 13% of society).

American mass incarceration is a human rights catastrophe.

Biden, fortunately, has evolved on this issue.

In 2007, before becoming President Barack Obama's vice president, Biden sponsored the Second Chance Act, which provides services to formerly incarcerated individuals and has gone a long way toward lowering the recidivism rate. As a senator, Biden also supported the full elimination of the sentencing disparity between crack and powder cocaine.

Young Black voters who did not back Biden in the Democratic primaries are the same Black youth who are protesting in the streets right now, who hold his political record as responsible for the pain they are feeling, and rightfully so.

As president, it's his duty to right those wrongs, and do right by the community that garnered his White House victory.

President-elect must question, change institutions

America needs a bold agenda that goes further than small reforms or hollow public relations moves.

The Biden administration must enlarge their field of vision. Rather than focusing on the problems of the institution and asking what needs to be changed, they must raise radical questions about the existence of these institutions to begin with.

What principles underpin the founding and evolution of the police, the courts and our prisons? Do those principles bend toward justice, or cause suffering and harm?

A strong first step would be to support the BREATHE Act. This proposed legislation would eliminate the federal government's ability to give multimillion dollar grants for the militarization of police forces, and calls for a "time-bound plan" to close all federal immigration detention centers. The Federal Bureau of Prisons' pandemic response has demonstrated a lack of regard for basic humanity that has created deadly conditions for those who are incarcerated.

Instead of a punishment paradigm, the BREATHE Act creates a new community public safety agency, which uses grants to replace the harmful criminal legal systems locally with evidence-based public safety infrastructure. Importantly, the act moves the function of public safety surrounding the war on drugs out of the Department of Justice and into the Department of Health and Human Services — signaling a dramatic shift in how our society approaches community well being.

The investments that the BREATHE Act makes — in education, health care, the environment, wealth generation for working class families and housing — creates public safety by supporting communities rather than punishing them.

If you truly want people to participate in society, you do not pass laws that keep them from doing so. More than 6 million people are not allowed to vote today due to a felony conviction, something the BREATHE Act would immediately change if passed.

We need to create space for budgets to be divested from police and prisons and invested directly into communities to address mental health needs, homelessness, access to critical education and rewarding jobs as well as community-based methods of accountability.

We know that prisons won't be bulldozed tomorrow, and the complete elimination of the justice system can't be done in one fell swoop. But in the meantime, people need to continue to confront the criminal justice system and face the harm of incarceration.

We are calling for the Biden administration to fundamentally shift their thinking and approach to make it possible for all communities to be safe and free.

**From:** Gene Beasley  
**Sent:** Friday, December 11, 2020 5:54 PM  
**To:** (b)(6); (b)(7)(C) @gmail.com  
**Subject:** FW: News Clips 12-11-2020  
**Attachments:** News Clips 12-11-2020

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

**From:** Zachary Kelton (b)(6); (b)(7)(C) @bop.gov>  
**Date:** 12/11/20 10:29 AM (GMT-05:00)  
**To:** Gene Beasley (b)(6); (b)(7)(C) @bop.gov>, Michael Carvajal (b)(6); (b)(7)(C) @bop.gov>, Nancy Ayers (b)(6); (b)(7)(C) @bop.gov>  
**Cc:** (b)(6); (b)(7)(C) @bop.gov>  
**Subject:** News Clips 12-11-2020

**From:** Zachary Kelton  
**Sent:** Friday, December 11, 2020 10:30 AM  
**To:** Gene Beasley; Michael Carvajal; Nancy Ayers  
**CC:** (b)(6);(b)(7)(C)  
**Subject:** News Clips 12-11-2020

Of note:

- Discussions of vaccine priority between staff and inmates
  - Keller continues to rail against BOP's COVID efforts in PA facilities
  - Further reporting of the staff assault at ALP
  - Continuing coverage of recent and future executions
- Happy Friday, all!

**Here's why inmates should get vaccinated against COVID-19 before the rest of us**

USA Today

<https://www.usatoday.com/story/opinion/policing/2020/12/11/heres-why-inmates-should-get-covid-19-vaccine-before-rest-us-column/3871449001/>

With the impending approval of COVID-19 vaccines, the United States will soon have some difficult choices to make about who gets priority for receiving inoculation. Debate among federal and state health officials about vaccine distribution is heating up, and lobbying efforts are intensifying.

**Prisons in Four States Likely to Vaccinate Officers, But Not Prisoners**

Filter

<https://filtermag.org/prisons-four-states-vaccinate-officers-prisoners/>

On December 10, a promising COVID-19 vaccine is in the final stage of review before it's green-lit by the Food and Drug Administration. While the logistics of vaccine rollout remain murky, the federal Bureau of Prisons will be among the first agencies to receive them—but only for corrections officers. People who are incarcerated will not be included in the inoculations, according to the Associated Press.

**Congressman Fred Keller responds to rise in COVID-19 cases in Union County federal prisons**

Northcentral PA

[https://www.northcentralpa.com/life/covid-19\\_updates/congressman-fred-keller-responds-to-rise-in-covid-19-cases-in-union-county-federal-prisons/article\\_c387a834-37ef-11eb-bae1-4362e6987060.html](https://www.northcentralpa.com/life/covid-19_updates/congressman-fred-keller-responds-to-rise-in-covid-19-cases-in-union-county-federal-prisons/article_c387a834-37ef-11eb-bae1-4362e6987060.html)

Union County, Pa. – As cases of coronavirus continue to rise at federal prisons across the country, Congressman Fred Keller (PA-12) released a statement calling the Bureau of Prisons (BOP) "inadequate in containing outbreaks."

**Convicted Texas murderer becomes Allenwood prison complex's first inmate COVID-19 death**

PennLive (Associated Press)

<https://www.pennlive.com/news/2020/12/convicted-texas-murderer-becomes-allenwood-prison-complexes-first-inmate-covid-19-death.html>

ALLENWOOD – The three-prison Allenwood Federal Correctional Complex has its first inmate death attributed to COVID-19.

**It's 'like an attack on all us,' union official says about stabbing of veteran prison guard, HS coach**

PennLive

<https://www.pennlive.com/news/2020/12/its-like-an-attack-on-all-us-union-official-says-about-stabbing-of-veteran-prison-guard-hs-coach.html>

ALLENWOOD – The stabbing of a corrections officer at the Allenwood Federal Penitentiary is "like an attack on all of us," the president of the union local says.

**FREEDOM BID Ghislaine Maxwell could be free before Christmas as 'husband will pledge \$30m bail' in bid to get her out of prison**

The Sun

<https://www.thesun.co.uk/news/13444794/ghislaine-maxwell-free-before-christmas-bail-bid/>

The Daily Telegraph reports tech entrepreneur Scott Borgerson, 44, is proposing a bail bond touching \$25m as security.

**ACLU sues federal prison in Waseca, Minn. after 67% of inmates test positive for COVID-19**

FOX 9

<https://www.fox9.com/news/aclu-sues-federal-prison-in-waseca-minn-after-67-of-inmates-test-positive-for-covid-19>

WASECA, Minn. (FOX 9) – A lawsuit alleges the Federal Correctional Institution in Waseca, Minnesota failed to protect its vulnerable inmates from the COVID-19 pandemic.

**Federal Judge Poised to Release Inmates At Danbury Prison**

CT News Junkie

[https://www.ctnewsjunkie.com/archives/entry/20201211\\_federal\\_judge\\_poised\\_to\\_release\\_inmates\\_at\\_danbury\\_federal\\_prison](https://www.ctnewsjunkie.com/archives/entry/20201211_federal_judge_poised_to_release_inmates_at_danbury_federal_prison)

The inmates, mostly women, have been held for weeks, and in some cases months, even though they are considered medically vulnerable which makes them eligible for home confinement, according to a motion filed Monday asking a judge to enforce a settlement agreement made with the federal Bureau of Prisons and the prison's warden earlier this year.

**FEDERAL INMATE SENTENCED FOR ATTEMPTING TO OBTAIN CONTRABAND IN PRISON**

KADN

<https://www.kadn.com/content/news/Federal-Inmate-Sentenced-for-Attempting-to-Obtain-Contraband-in-Prison-573360821.html>

ALEXANDRIA, La. – Acting United States Attorney Alexander C. Van Hook announced that Santiago Delfierro Anguiano, a/k/a "Shag," age 50, a federal inmate, was sentenced today by United States District Judge Dee D. Drell for attempting to obtain contraband in prison. Judge Drell sentenced Anguiano to 120 months (10 years) in prison followed by 3 years of supervised release. This sentence will run consecutive to the 30-month federal sentence he is currently serving for Illegal Re-entry of a Removed Alien. Anguiano pled guilty to the charge on January 16, 2020. Evidence introduced at the hearing revealed that in March 2016 while serving as a federal inmate at the U.S. Penitentiary in Pollock, Louisiana, Anguiano conspired with others to attempt to obtain methamphetamine in FCC Pollock. Anguiano knew that the methamphetamine was an illegal substance and that he was prohibited from having it. The methamphetamine was seized in a vehicle driven by a co-defendant in this case during a traffic stop in Woodworth, Louisiana, on March 31, 2016 before making its way into the prison. The seized methamphetamine was tested at the DEA South Central Laboratory and found to be 97% pure. The FBI and Louisiana State Police conducted the investigation. Assistant U.S. Attorney Daniel J. McCoy prosecuted the case.

**Brandon Bernard executed after Supreme Court denies request for a delay**

CNN

<https://www.cnn.com/2020/12/10/politics/brandon-bernard-executed/index.html>

(CNN)Brandon Bernard was executed by the federal government on Thursday at the Federal Correctional Center in Terre Haute, Indiana, according to the Bureau of Prisons.

**Trump administration executes Brandon Bernard, plans four more executions before Biden takes office**

The Washington Post

[https://www.washingtonpost.com/national-security/brandon-bernard-execution-scheduled/2020/12/10/3a9efd48-3aff-11eb-9276-ae0ca72729be\\_story.html](https://www.washingtonpost.com/national-security/brandon-bernard-execution-scheduled/2020/12/10/3a9efd48-3aff-11eb-9276-ae0ca72729be_story.html)

The Trump administration Thursday executed Brandon Bernard, one of five death sentences the federal government hopes to carry out before

DOJ-(BOP)-20-2163, 20-2166-A-000186

President-elect Joe Biden takes office next month.

This schedule has spurred significant pushback, with critics arguing against carrying out a wave of executions in the narrow window before Biden, who opposes capital punishment, takes office. Three of the executions are set for the week before Biden's inauguration Jan. 20.

Bernard's case had drawn high-profile condemnation, with Kim Kardashian West, among others, tweeting about his case and sharing a petition calling for his death sentence to be commuted to life in prison.

On Thursday evening, the U.S. Supreme Court rejected Bernard's stay request, clearing the way for his execution to proceed. The court's three liberal justices — Stephen G. Breyer, Elena Kagan and Sonia Sotomayor — said they would have granted the stay. An hour later, officials said Bernard's execution had been carried out and he was pronounced dead at 9:27 p.m. Bernard was the ninth federal death-row inmate executed this year.

Trump administration sets wave of execution for days leading up to Biden inauguration

Bernard and Christopher Vialva, his co-defendant, were convicted of murder in 2000 for their roles in the killing of two youth ministers, Todd and Stacie Bagley, the previous year.

Some of their associates asked Todd Bagley for a ride, and after he agreed, they put the couple into the car's trunk and drove them to an isolated area on the Fort Hood, Tex., military reservation, according to court records.

Vialva shot each of them in the head, and Bernard set the car on fire; Todd Bagley was killed by the gunshot, while Stacie Bagley by smoke inhalation, the records show. Bernard was 18 at the time. Vialva was 19; he was executed by the federal government in September.

Bernard's attorneys argued that his trial was flawed and emphasized that several jurors from his case now supported him being sentenced to life in prison rather than death. They also described Bernard as a model prisoner.

Robert C. Owen, an attorney for Bernard, assailed the execution in a statement Thursday night, saying it was "a stain on America's criminal justice system."

Owen said Bernard was put on death row due to "egregious government misconduct in concealing evidence and misleading the jury, which the courts refused to remedy."

In a dissent Thursday night, Sotomayor wrote: "Bernard has never had the opportunity to test the merits of [his] claims in court. Now he never will."

Federal officials, in their own court filings, defended the government's prosecution and stressed that Bernard participated in the crime. They also wrote that jurors still voted to give Bernard a death sentence despite hearing testimony about his "marginally lesser role" in the killings than Vialva.

In statements released by the Bureau of Prisons after the execution, family and friends of the Bagleys described the killings as a "senseless act of unnecessary evil" and thanked President Trump and Attorney General William P. Barr. They wrote that they "have grieved for 21 years waiting for justice to finally be served."

Bernard's last words included an apology directed at the victims' family, according to the media pool report.

"I'm sorry," he said, lifting his head to look at the windows to witness rooms. "That's the only words that I can say that completely capture how I feel now and how I felt that day."

Speaking to reporters shortly after the execution, Todd Bagley's mother, Georgia, became emotional about Bernard's apology, saying it helped heal her heart, according to the pool report. "I can very much say: I forgive them," she said.

The Justice Department has pushed back at criticism of its execution schedule, saying that Barr is following the law in carrying out death sentences, which attorneys general of both parties have sought over the years.

Federal officials plan Friday to execute Alfred Bourgeois, who killed his 2-year-old daughter and was convicted in 2004. His attorneys say Bourgeois has an intellectual disability and have asked the Supreme Court to stay the execution.

Last year, Barr announced that the Justice Department would begin carrying out executions again using a new lethal-injection protocol. Before that, the federal government had not carried out any since 2003.

Lethal injection remains the primary method of execution in the United States, though officials have struggled to obtain the drugs involved in recent years due to opposition from pharmaceutical firms.

Barr's original plan to resume executions late last year was scuttled by court challenges to the new lethal-injection procedure, which was eventually upheld. In July, after the Supreme Court rejected a volley of challenges, the Justice Department carried out three executions in four days, matching the total number it had conducted over the previous three decades.

The legal challenges to these executions included opposition based on the coronavirus pandemic, which has torn through some prisons and jails. Some victims' relatives opposed one execution, arguing they would have put their lives at risk traveling to witness it, while spiritual advisers in other cases made similar arguments.

One of the executions originally planned for this month was delayed after attorneys for Lisa Montgomery, who was set to be executed, said they contracted the coronavirus traveling to meet with her. They asked for a delay, and her execution has been pushed back to January.

Authorities have acknowledged that some people who went to Terre Haute, Ind., where federal executions are carried out, tested positive for the coronavirus after attending the most recent one.

Rick Winter, a Federal Bureau of Prisons official, said eight members of the team involved in the Nov. 19 execution of Orlando Hall tested positive after returning home. In a court filing this week, Winter said six of them tested positive within about a week of going home, and two others tested positive more than a week after returning home.

Five of the people who tested positive planned to travel back to Terre Haute for the executions planned this week, Winter wrote Monday in his filing.

The two people who tested positive the most recently will not travel, he wrote, and a third person cannot go for personal reasons.

Critics, including attorneys for death row inmates, say that setting the executions during the pandemic puts people at undue risk.

"There is no way to conduct these federal executions right now in a way that is safe," Cassandra Stubbs, director of the American Civil Liberties Union's Capital Punishment Project, said in a statement. "The federal government isn't just willing to sacrifice the health and safety of people incarcerated at Terre Haute — it's sacrificing its own employees, people who live in Vigo County, spiritual advisors, and so many others."

#### **Justice Department Executes Man for Murder Committed When He Was 18**

The New York Times

<https://www.nytimes.com/2020/12/10/us/brandon-bernard-execution-death-penalty.html>

WASHINGTON — Despite a high-profile clemency campaign, the Justice Department executed Brandon Bernard by lethal injection on Thursday for his part in a 1999 double murder-robbery when he was 18.

Mr. Bernard, the ninth man executed by the federal government since July, spent more than half his life on death row. Though several of his accomplices in the plot who were younger than 18 were sentenced to time in prison, Mr. Bernard, a legal adult at the time of the crime, was eligible for the federal death penalty.

In his final days, supporters of Mr. Bernard, now 40, pleaded with President Trump to grant him clemency. Because he was a teenager at the time of the murders, his case revived questions about imposing the death penalty on young inmates convicted of violent crimes.

Mr. Bernard was the second federal inmate to be executed since Election Day and one of six scheduled for execution by the Trump administration during the lame-duck period before President-elect Joseph R. Biden Jr. takes office next month. In a break with Mr. Trump, Mr. Biden has said he will work to end the federal death penalty.

Among his final words, Mr. Bernard apologized to the family of the couple he had killed and for the pain he caused his own family, according to a report from a journalist in attendance. For his role in their deaths, he said, "I wish I could take it all back, but I can't."

"I'm sorry," he said, looking at the witness room windows. "That's the only words that I can say that completely capture how I feel now and how I felt that day."

Mr. Bernard did not appear outwardly afraid or distressed as he spoke. A minute after the lethal injection began, his eyes slowly closed, and his breaths became increasingly shallow, the report noted.

He was pronounced dead at 9:27 p.m. at the federal prison complex in Terre Haute, Ind., the Bureau of Prisons said.

The mother of one of the victims, Georgia A. Bagley, in a statement with family and friends, thanked Mr. Trump and the Justice Department. She called the crime "a senseless act of unnecessary evil."

"It has been very difficult to wait 21 years for the sentence that was imposed by the judge and jury on those who cruelly participated in the destruction of our children, to be finally completed," Ms. Bagley said in the statement.

After the execution, Ms. Bagley told reporters that she forgave Mr. Bernard and his accomplice, Christopher Vialva, who was executed in September, saying the apology "helped very much heal my heart."

Alan Dershowitz and Ken Starr, who served as members of Mr. Trump's defense team during his impeachment trial, formally joined Mr. Bernard's defense team on Thursday and asked the Supreme Court to delay his execution.

In an interview, Mr. Dershowitz said he spoke with the White House about Mr. Bernard's case. Ultimately, the president declined to act.

The Supreme Court also denied Mr. Bernard's application for a stay on Thursday, with the three more liberal justices indicating that they would have granted the stay.

Supporters had sent hundreds of thousands of letters to Mr. Trump to call for Mr. Bernard's clemency, his defense team said Thursday afternoon. Kim Kardashian West, who has successfully lobbied Mr. Trump for clemency in another case, publicly called on the president to spare Mr. Bernard's life.

Mr. Bernard was convicted and executed for his role in the killings of Todd and Stacie Bagley, two youth ministers visiting Texas from Iowa. Mr. Bagley agreed to give a ride to the young men who approached him, according to testimony in the case. Three men got in the car, but after one of the three gave Mr. Bagley directions, they pulled two guns on the Bagleys, robbed them and forced them into the trunk. At this point, Mr. Bernard had separated from the group.

The purported ringleader of the crime, Mr. Vialva, then 19, insisted that the young men needed to kill the Bagleys. After Mr. Bernard and another accomplice bought lighter fluid, four of the young men, driving in two cars, took the victims to a remote spot on the Fort Hood military reservation. Mr. Bernard and Terry Brown, then 17, poured lighter fluid on the car's interior, and Mr. Vialva shot the victims with Mr. Bernard's gun, killing Mr. Bagley and leaving Ms. Bagley unconscious, the Justice Department said. Mr. Bernard set flame to the car.

Though the government executed Mr. Bernard and Mr. Vialva, Mr. Brown and another man involved in the crimes have been released from federal prison, and another accomplice is projected for release in 2030, according to a Bureau of Prisons database. Each of those three, ages 15 to 17 at the time of the crime, were ineligible for capital punishment under the Federal Death Penalty Act.

The Supreme Court later ruled that capital punishment was unconstitutional for those under 18 at the time of their offense. Mr. Bernard's supporters argued that the court failed to consider his youthfulness. Critics of the death penalty have said setting 18 as the age at which a defendant can be sentenced to death is arbitrary.

In a statement, two lawyers for Mr. Bernard maintained that their client did not kill anyone, and several jurors said they no longer stood by the initial verdict, along with an appellate prosecutor in his case who joined the call for his clemency.

"Brandon's life mattered," they said, describing his execution as "a stain on America's criminal justice system."

Despite claims from his defense that the government suppressed evidence that would have altered the calculus of Mr. Bernard's sentence, courts rejected his pleas for a stay of execution. His lawyers criticized the government's case and pointed to testimony that suggested Mr. Bernard held the lowest level of authority in the gang with which the government claimed he and other accomplices were affiliated.

In her dissent, Justice Sonia Sotomayor argued that if the prosecution had not withheld the evidence and knowingly elicited false testimony as Mr. Bernard claimed, there is reasonable probability that he would not have been sentenced to death. She also contended that an appeals court that denied Mr. Bernard's motion in a case related to the testimony "got it wrong," and required too strict a standard that "perversely rewards the government for keeping exculpatory information secret."

"Bernard has never had the opportunity to test the merits of those claims in court," she wrote. "Now he never will."

On Friday, the Justice Department intends to execute Alfred Bourgeois. Mr. Bourgeois, 56, was sentenced to death in 2004 for the murder of his daughter. The department said he abused, tortured and beat her to death. His execution was scheduled for January 2020, but the previous month, the Supreme Court let stand a lower court order that blocked the government from doing so.

As the government intends to proceed with the next four scheduled executions, the coronavirus continues to ravage the federal prison complex in Terre Haute, where the executions are scheduled to take place. The Bureau of Prisons reported that hundreds of inmates there have tested positive.

After Orlando Cordia Hall was put to death in November, members of the execution team tested positive for the coronavirus, according to a court filing in a lawsuit that seeks to delay the executions. In a declaration, Rick Winter, regional counsel for the Bureau of Prisons' North Central Region, said five of those who tested positive intended to travel to Terre Haute for the December executions.

#### **Feds: Loretto prison following guidelines**

The Tribune-Democrat

[https://www.tribdem.com/coronavirus/feds-loretto-prison-following-guidelines/article\\_eaa018fc-3b6e-11eb-80b0-8395915407e5.html](https://www.tribdem.com/coronavirus/feds-loretto-prison-following-guidelines/article_eaa018fc-3b6e-11eb-80b0-8395915407e5.html)

Responding to The Tribune-Democrat about concerns raised by families of inmates at the federal prison in Loretto, a Bureau of Prisons spokesman said the prisons are following accepted guidelines.

Spokesman Emery Nelson said he could not address the Loretto situation specifically, due to privacy, safety and security reasons.

"We can tell you all institutions have areas set aside for quarantine and medical isolation," Nelson wrote in response to the newspaper's questions.

"Additionally, in order to create a socially distant environment in a prison setting that was not originally designed with social distancing in mind, some temporary quarters assignments have been established and are similar to those you may find in local community field hospitals or military barracks." Loretto continues to have the second-highest number of infected inmates in the federal system, skyrocketing with 440 new cases in less than a week.

Thursday's update showed 607 inmates and 25 staff who tested positive.

On Tuesday, Liz Martinez told The Tribune-Democrat her fiance described inmates sleeping on cots in common rooms and hallways to create more quarantine space, saying it was "like a war zone."

Several more family members contacted the newspaper on Thursday, along with Jason McLaughlin, who is an inmate at Loretto.

McLaughlin also described the overcrowded quarantine area, where he has been placed after testing positive and becoming ill with COVID-19.

"The TV room is full of people," he said in a phone interview. "There are people everywhere. There are people on the floor in the hall. It's like a Third World country."

Libby Leavy, of Flint, Michigan, said her son is among inmates who tested positive. He has severe asthma and heart disease.

"He has been moved around several times and is currently sleeping on a cot with his belongings in a garbage bag – living on bologna sandwiches," she wrote. "The conditions these guys are living in are despicable."

Both Leavy's son and McLaughlin have requested a release to monitored home confinement under Attorney General William Barr's March 26 order.

McLaughlin, a former North Carolina resident, said he has diabetes and high blood pressure.

Nelson said the Bureau of Prisons is processing emergency home confinement candidates as quickly as possible.

"The BOP began immediately reviewing all inmates who have COVID-19 risk factors, as described by the CDC, to determine which inmates are suitable for home confinement," Nelson said. "The BOP was originally focused on a priority list of inmates in accordance with the attorney general's guidance to BOP issued March 26, 2020. However, the attorney general's memo issued on April 3, 2020, asked the BOP to immediately maximize appropriate transfers to home confinement of all appropriate inmates held at Oakdale, Danbury, Elkton, and other similarly situated facilities. That process is

DOJ-(BOP)-20-2163, 20-2166-A-000188

ongoing.”

The bureau has the discretion to determine which prisoners are released to home confinement, he added.

Leavy said several families have contacted U.S. Rep. Glenn Thompson, R-Centre.

“COVID-19 has presented incredible challenges for corrections officers at FCI-Loretto and their dedication has been greatly appreciated,” Thompson said Thursday in an email.

“This afternoon, I spoke with the warden as a follow up to some concerns that had been shared with me by families of inmates. I have been reassured that inmate and corrections officer safety remains a top priority at the facility.”

Rosa Zangari wrote that her brother-in-law was denied home release because he had not completed at least 50% of his sentence. But several other Loretto prisoners, including President Trump’s former campaign manager Paul Manafort, were released to home confinement before completing half their sentences, she said.

The bureau’s website says there are currently 8,025 inmates on monitored home confinement. Since March 26, 18,658 have been placed in the release program, including those who completed their sentence at home.

On Tuesday, Chantel Tyler told The Tribune Democrat her finance said he wasn’t getting enough fluids and was denied access to the commissary to purchase beverages with electrolytes.

Nelson said all prisoners who are ill are getting additional electrolytes and have access to the commissary.

McLaughlin said he was infected when a group of prisoners was moved into his area.

“They took a unit from upstairs and brought them downstairs without the test results coming back,” he said, explaining that some of those prisoners soon learned they had tested positive for COVID 19.

Shanti Major, of Yonkers, New York, said her boyfriend described the same situation.

“They infected an entire unit by moving another unit down to the one unit without waiting for the test results to come back,” she wrote to The Tribune-Democrat.

Several family members said their loved ones fighting COVID 19 symptoms in the Loretto prison are given only over the counter pain medicine and none of the specialized therapeutic medicine. Lack of healthy food for recovery was also a common complaint.

“The jail is not giving him any meds or trying to even deal with any inmates,” Major wrote. “They aren’t giving out much food on the trays – sometimes the same meals twice a week.”

She and others raised concerns about the number of ill patients in the quarantine area.

“Quarantine is a joke,” Major wrote. “Over 100 inmates bunched in one unit tight, all sick, and no social distancing at all.”

Despite the widespread infections, McLaughlin said busloads of new prisoners are still arriving at Loretto.

Nelson said the prisons are following guidelines established by the Centers for Disease Control and Prevention.

“Inmates are treated at the institution unless medical staff determines they require hospitalization,” he said.

**From:** Gene Beasley  
**Sent:** Thursday, November 12, 2020 2:27 PM  
**To:** (b)(6);(b)(7)(C) Zachary Kelton  
**Subject:** Fwd: FW: COVID - daily update - 11/12/2020

(b)(6);  
Will you put something together for the Boss... I am sure the answer is mass testing...

>>> Michael Carvajal (b)(6);(b)(7)(C) @bop.gov> 11/12/2020 1:22 PM >>>  
Have them start the narrative explaining this....it will be a hot topic since we post everything on the web.

Thanks

Sent from my Verizon Samsung Galaxy smartphone

----- Original message -----  
From: (b)(6);(b)(7)(C) @bop.gov>  
Date: 11/12/20 11:46 AM (GMT-06:00)  
To: Thomas Kane (b)(6);(b)(7)(C) @bop.gov>, Gene Beasley (b)(6);(b)(7)(C) @bop.gov>, Michael Carvajal (b)(6);(b)(7)(C) @bop.gov>  
Cc: Zachary Kelton (b)(6);(b)(7)(C) @bop.gov>  
Subject: COVID - daily update - 11/12/2020

>>> (b)(6);(b)(7)(C) 11/12/2020 12:46 >>>

Of note:

- BOP numbers are increasing as they are in the communities. The number of active COVID-positive staff has increased by (240) in the past 30 days; the number of active COVID-positive inmates has increased by (1242) in the past 30 days.
- FCI Greenville and USP Thomson increase is due to mass testing results and each facility has an appropriate isolation and COVID management plan implemented. Beaumont (low security component) is continuing to receive lab results from testing of two housing units at the FCI. Only 45 inmates (combined) from both housing units yielded a negative test result. Additional testing of other housing units is being conducted to help mitigate additional transmissions.
- Previously pending information: FCI Jesup - An inmate at the FCI became symptomatic and tested positive for COVID-19. Through contact tracing, it was determined the entire housing unit be tested, and from the testing of 121 inmates, 101 were COVID-positive. USP Allenwood - After a symptomatic inmate at the USP tested positive, mass testing was initiated which yielded an increase in numbers there. The bulk of the numbers are coming from a single housing unit.
- Increase in overall positive cases today based on new positive cases (526) significantly outweighing recoveries/releases being reported today (85).
- Ventilator cases decrease by one to reflect (6) and hospitalization cases increase by five to reflect (30).

Inmates - Confirmed/Tested Positive Total  
2894 (for public website posting today  
(calendar:T5:today) ; 2455 on 11/10 )  
526 additions since 11/10

New Inmate Positive cases (by location, only locations with 10 or more new cases):  
Bastrop, TX (11); Beckley, WV (17); Beaumont Low, TX (181); Florence, CO (10); Gilmer, WV (28); Greenville, IL (61); La Tuna, TX (12); Lee, VA (12); USP Tucson, AZ (63); Thomson, IL (28); RRC West Palm Beach, FL (10)

Inmates - Presumed Cases Total  
Today  
(calendar:T5:Today) - 237 (includes 1 clinically Probable [no testing but symptomatic] and 236 Suspected [symptomatic, tested and awaiting results])  
on 11/10 - 220 (includes 1 clinically Probable [no testing but symptomatic] and 219 Suspected [symptomatic, tested and awaiting results])

Inmates on ventilators - Total  
Today  
(calendar:T5:Today) - 6 on 11/10 - 7

Inmates at the hospital - Total  
Today  
(calendar:T5:Today) - 40 on 11/10 - 35

Asymptomatic/Symptomatic - Lab Confirmed Totals \*(Rough estimate and uses many proxy data points. BOP facilities only, not RRCs or private prisons)  
Asymptomatic: 1698 on 11/10 ; 1417  
Symptomatic: 1067 on 11/10 : 932

Inmate deaths - Total  
137 (2 additions since 11/10)

Inmates recovered - Total  
Today  
(calendar:T5:Today) - 17,107 on 11/10 - 17,067

Current as of 11/12/2020 - Private Facility Reporting - (11 facilities privately managed for BOP by contractors - total inmate population in private prisons = 14,198)  
- 1154 currently in quarantine  
- 32 inmates in isolation, with additional inmate in isolation at a local hospital  
- 2408 inmates have been preliminarily COVID-19 tested based on symptom presentation  
- 40 of these tests are currently positive with 789 having recovered, and 11 inmate deaths, to date. Of the positives, 5 of them are at the Big Spring Correctional Facility (TX); 2 of them are at the Dalby Correctional Facility (GA); 22 of them are at the Reeves County Detention Complex (TX); and 11 are at the Great Plains Correctional Facility (OK). All are being appropriately treated and isolated per CDC guidelines  
- 1577 of 2408 tests have returned as negative - 7 of these 2408 remain pending test outcome

Staff - Confirmed/Tested Positive Total  
997 (for public website posting today  
(calendar:T5:today) ; 981 on 11/10 )  
65 additions since 11/10

DOJ-(BOP)-20-2163, 20-2166-A-000190



1592 recovered (total); 49 since 11/10 )

Staff deaths Total  
2

New Staff positive cases (by location - only locations with 5 or more new cases):  
Springfield, MO (8)

**Facilities affected by COVID**

119 Total positive (inmate and/or staff tested positive cases; not including RRCs)

34 Total RRCs

0 additional facilities presumed (clinically probably or suspected COVID activity)

**Home Confinement (HC)**

Total placed in HC since March 26: 17006 (16,840 on 11/10 )

Number approved and in pipeline: 165 (162 on 11/10 )

**From:** Gene Beasley

**Sent:** Friday, November 20, 2020 1:58 PM

**To:** (b) (6); (b) (7)(C) @yahoo.com; (b) (6); (b) (7)(C)

**Subject:** Emailing Bass Profile, Chabot Profile, Cicilline Profile, Cline Profile, Cohen Profile, Dean Profile, Demings Profile, Deutch Profile, Gohmert Profile, Jackson Lee Profile, Jeffries Profile, Jordan Profile, Lesko Profile, Lieu Profile, McBath Profile, Me

**Attachments:** Bass Profile.docx; Chabot Profile.docx; Cicilline Profile.docx; Cline Profile.docx; Cohen Profile.docx; Dean Profile.docx; Demings Profile.docx; Deutch Profile.docx; Gohmert Profile.docx; Jackson Lee Profile.docx; Jeffries Profile.docx; Jordan Profile.docx; Lesko Profile.docx; Lieu Profile.docx; McBath Profile.docx; McClintock Profile.docx; Mucarsel-Powell Profile.docx; Nadler Profile.docx; Reschenthaler Profile.docx; Richmond Profile.docx; Sensenbrenner Profile.docx; Steube Profile.docx; Tiffany Profile.docx

Your message is ready to be sent with the following file or link attachments:

Bass Profile  
Chabot Profile  
Cicilline Profile  
Cline Profile  
Cohen Profile  
Dean Profile  
Demings Profile  
Deutch Profile  
Gohmert Profile  
Jackson Lee Profile  
Jeffries Profile  
Jordan Profile  
Lesko Profile  
Lieu Profile  
McBath Profile  
McClintock Profile  
Mucarsel-Powell Profile  
Nadler Profile  
Reschenthaler Profile  
Richmond Profile  
Sensenbrenner Profile  
Steube Profile  
Tiffany Profile

Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.

**Rep. Karen Bass (D-CA)** *37th District*  
**2059 Rayburn Building, 225-7084**

Elected: 2010 (5<sup>th</sup> term)



(b)(5)

(b)(5)

(b)(5)

(b)(5)



**Rep. Debbie Mucarsel-Powell (D-FL-26<sup>th</sup>)**

2018 1<sup>st</sup> Term

(b)(5)

(b)(5)

(b)(5)



**Rep. David Cicilline (D-RI-1<sup>st</sup>)**  
2010 5<sup>th</sup> Term

(b)(5)

(b)(5)



(b)(5)

(b)(5)

(b)(5)

(b)(5)



**Rep. Ben Cline (R-VA-6<sup>th</sup>)**  
2018 1<sup>st</sup> Term

(b)(5)

(b)(5)

(b)(5)

(b)(3)



Rep. Steve Cohen (D-TN-9<sup>th</sup>)  
2006 7<sup>th</sup> Term

(b)(5)

(b)(5)





Rep. Madeleine Dean (D-PA-4<sup>th</sup>)  
2018 1<sup>st</sup> Term

(b)(5)

(b)(5)

(b)(5)

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(b)(5)



**Rep. Val Demings (D-FL-10<sup>th</sup>)**  
2016 (2<sup>nd</sup> Term)

(b)(5)

(b)(5)

(b)(5)



Rep. Ted Deutch (D-FL-22<sup>nd</sup>)  
2010 5<sup>th</sup> Term

(b)(5)

(b)(5)



**Rep. Louie Gohmert (R-TX-1<sup>st</sup>)**  
2004 8<sup>th</sup> Term

(b)(5)

(b)(5)



(b)(5)

**Rep. Sheila Jackson Lee (D-TX)** *18th District*  
**2252 Rayburn House Office Building, 225-3816**

First Elected: 1994 (13<sup>th</sup> term)



(b)(5)

(b)(5)



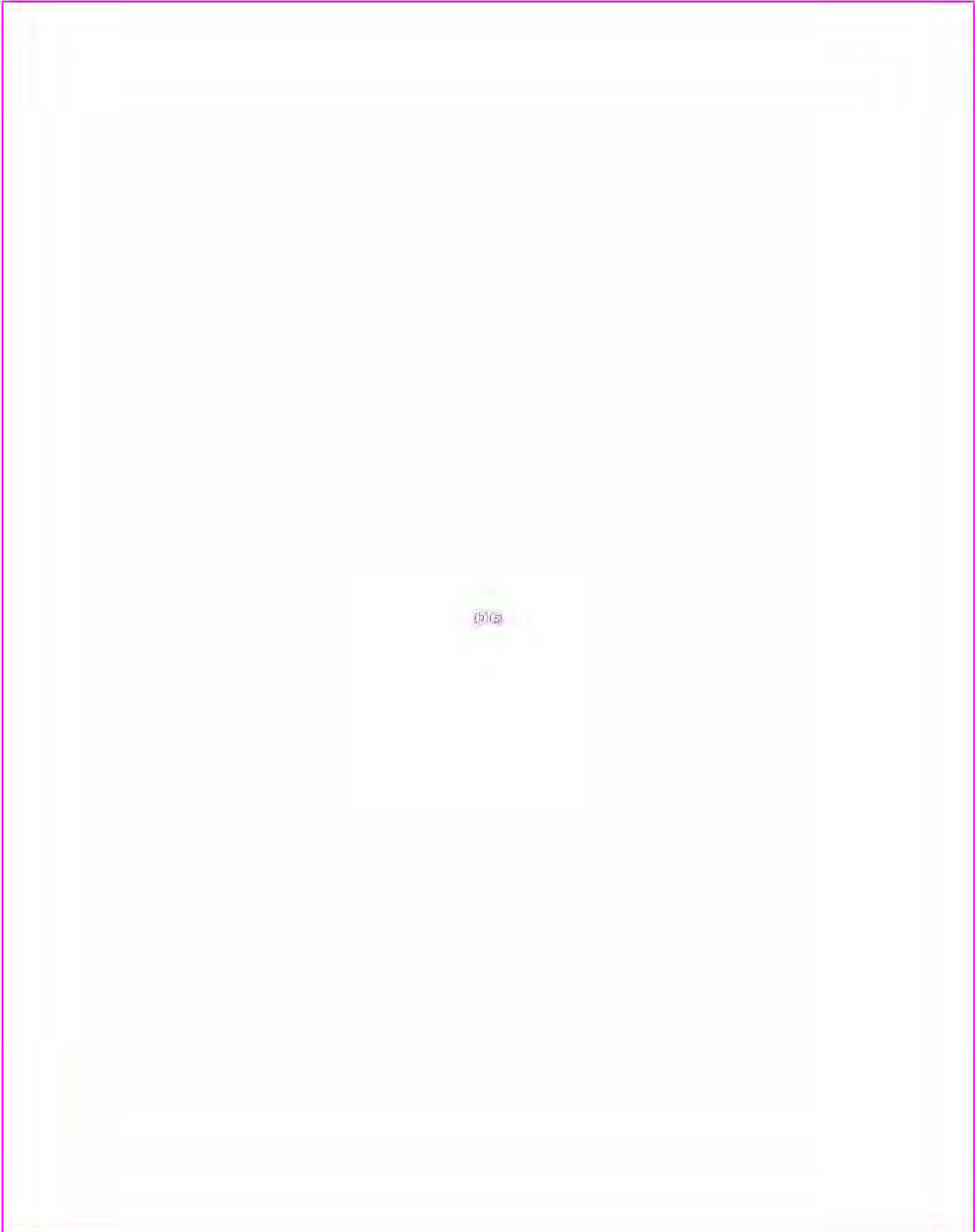
(b)(7)(C)

(b)(5)

(b)(5)

(b)(3)

(b)(5)





(b)(5)

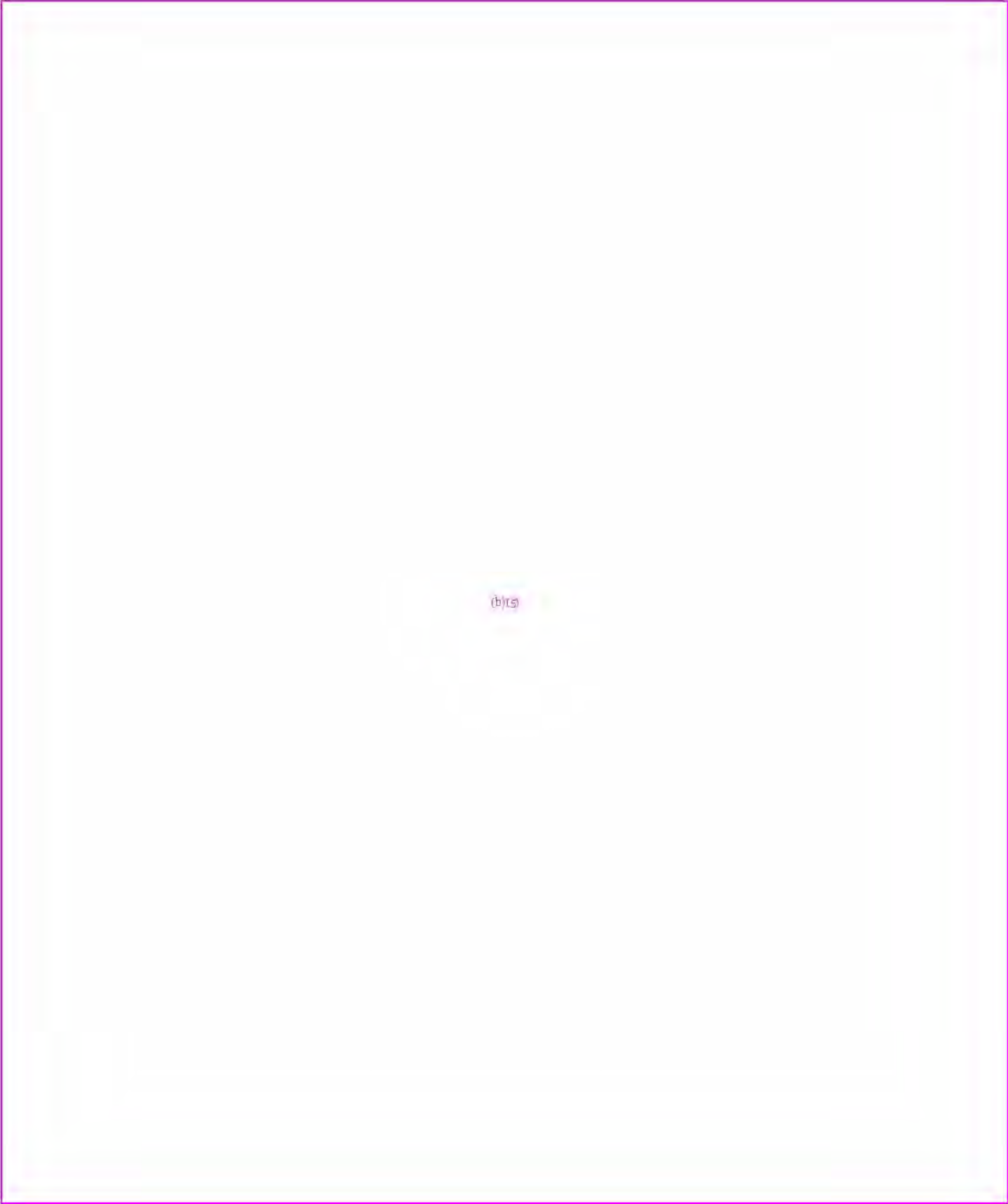


Rep. Hakeem Jeffries (D-NY-8<sup>th</sup>)  
2012 4<sup>th</sup> Term

(b)(5)

(b)(5)

(b)(3)



(b)(15)

(b)(5)

(b)(5)

**Rep. Jim Jordan (R-OH) 4<sup>th</sup> District**  
**2056 Rayburn House Office Building, 225-2676**

First Elected: 2006 (7th term)



(b)(5)

(b)(5)

6.24.20

(b)(5)

6.24.20





Rep. Debbie Lesko (R-AZ-8<sup>th</sup>)  
2018 1<sup>st</sup> Term

(b)(5)

(b)(5)

(b)(5)

(b)(5)



**Rep. Ted Lieu (D-CA-33<sup>rd</sup>)**

2014 3<sup>rd</sup> Term

(b)(5)

(b)(5)

(b)(5)

(b)(5)



Rep. Lucy McBath (D-GA-6<sup>th</sup>)  
2018 (1<sup>st</sup> Term)

(b)(5)

(b)(5)



Rep. Tom McClintock (R-CA-4<sup>th</sup>)  
2008 6<sup>th</sup> Term

(b)(5)

(b)(5)





**Rep. Debbie Mucarsel-Powell (D-FL-26<sup>th</sup>)**  
2018 1<sup>st</sup> Term

(b)(5)

(b)(5)

(b)(5)

**Rep. Jerrold “Jerry” Nadler (D-N.Y.)** *10th District*  
**2109 Rayburn House Office Building, 20515-3208**

First Elected: 1992 (14<sup>th</sup> term)



(b)(5)

(b)(5)

11.09.20

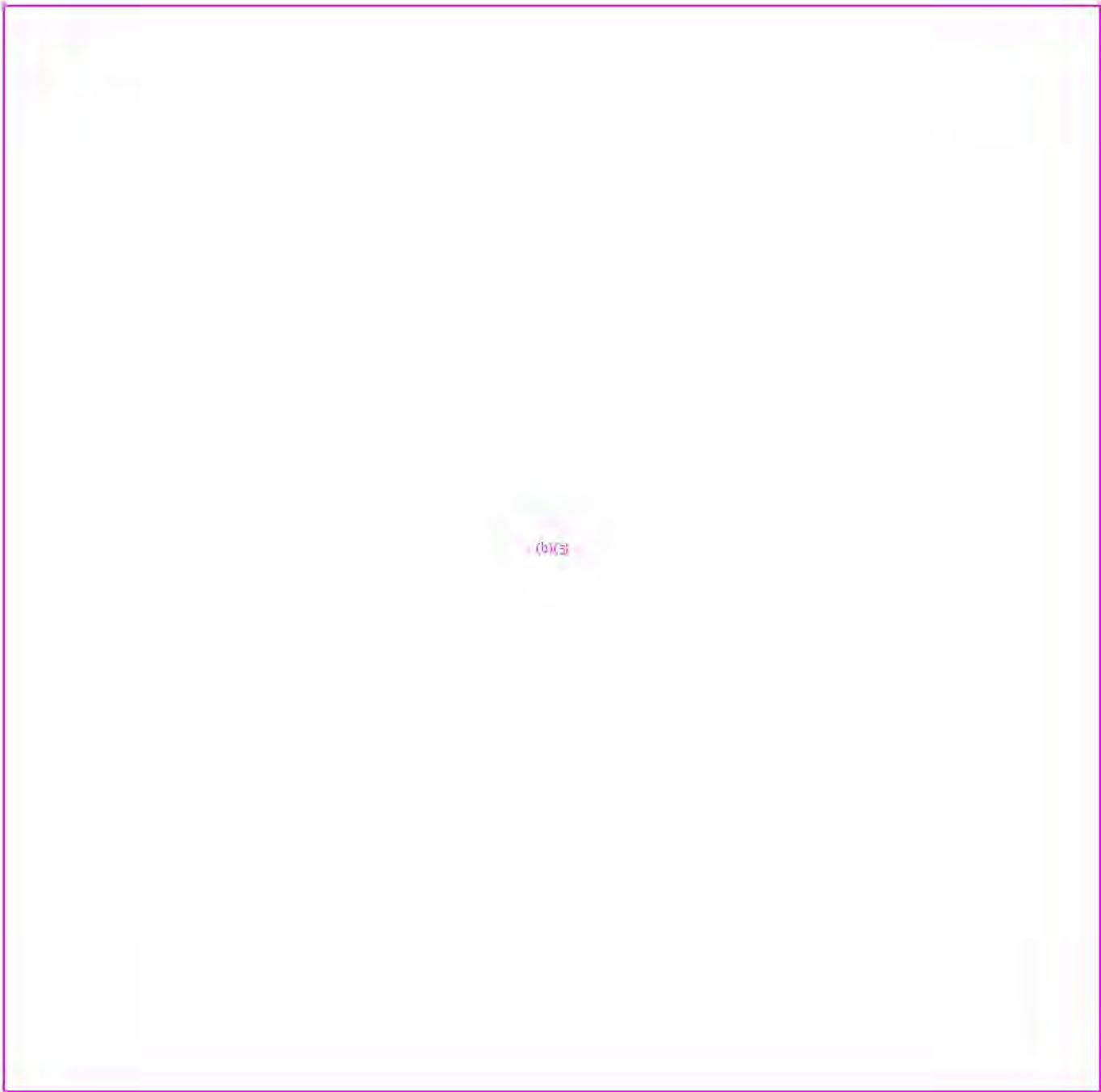
(b)(5)

11.09.20

11.09.20

(b)(5)

11.09.20



(b)(3)

11.09.20



**Rep. Guy Reschenthaler (R-PA-14<sup>th</sup>)**  
2018 1<sup>st</sup> Term

(b)(5)

(b)(5)



(b)(3)

(b)(5)

(b)(5)



**Rep. Cedric L. Richmond (D-LA-2<sup>nd</sup>)**  
2010 5<sup>th</sup> Term

(b)(5)

(b)(5)

(b)(5)



**Rep. Jim Sensenbrenner (R-WI-5<sup>th</sup>)**  
1978 21<sup>st</sup> Term

(b)(5)

(b)(5)



Rep. Greg Steube (R-FL-17<sup>th</sup>)  
2018 1<sup>st</sup> Term

(b)(5)

(b)(5)

**Rep. Tom Tiffany (R-Wis.)** *7th District*  
**1714 Longworth Building, 20515-4907**

First Elected: 2020 (1<sup>st</sup> term)



(b)(5)

(b)(5)

11.13.20



**From:** Gene Beasley (b)(6); (b)(7)(C) @bop.gov>  
**Sent:** Saturday, December 5, 2020 10:04 AM  
**To:** (b)(6); (b)(7)(C)  
**Subject:** RE: HSD Transition Briefing

Thank you for the recap.

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

**From:** (b)(6); (b)(7)(C) @bop.gov>  
**Date:** 12/3/20 1:56 PM (GMT-05:00)  
**To:** Gene Beasley (b)(6); (b)(7)(C) @bop.gov>, Michael Carvajal (b)(6); (b)(7)(C) @bop.gov>  
**Cc:** Zachary Kelton (b)(6); (b)(7)(C) @bop.gov>  
**Subject:** HSD Transition Briefing

>>> (b)(6); (b)(7)(C) 12/03/2020 13:56 >>>

Overall, the meeting with HSD went well (and a little long, a lot of information to cover). Michael and Chris highlighted the Bureau's response to COVID, signifying spikes in institutions have generally been the same with the local community of the institutions. They touched on the overall reporting, and planning of the vaccine distribution. Michael spoke about the increase in positive cases nationwide and the Bureau's response to supplying PPE, nursing staff going TDY etc, to help with facilities in need. Michael and Chris touched on staffing and mentioned recruitment has been difficult but getting better under Title 38 authority. As expected, they were largely interested in COVID and if there was an anticipation of pushback from staff with taking the vaccine. Michael stated they anticipate the same response as with the flu vaccines which is typically 40-50% will take it. He also discussed the enhanced screening procedures for staff. Chris mentioned the vaccine campaign which will encourage staff to take it with full disclosure of information on the vaccine, and covers both pros and cons.

Michael and Chris spoke about the preparations of moving to a nationwide computerized referral system instead of multiple individual person reviews to streamline the process across the agency. They discussed the hopes of cost reduction in medical care while maintaining the quality of care. They further noted the discussions of Medication Assisted Treatment programs to help inmates with addictions.

They also inquired about home confinement placement due to COVID and asked what role HSD played in the decision making. Michael indicated that was primarily an RSD/CPD function; however, they provided assistance with medical record review.

Michael also spoke about Food Service and Safety and their role in response to COVID.

(b)(6); (b)(7)(C)

**From:** Gene Beasley <(b)(6);(b)(7)(C)@bop.gov>  
**Sent:** Friday, December 4, 2020 3:07 PM  
**To:** David Paul  
**Subject:** RE: SIR death CST 7AW St. Louis, MO: I/M Donald Bateman #42122-044 collapsed at home  
**Attachments:** TEXT.htm

10-4

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

**From:** David Paul <(b)(6);(b)(7)(C)@bop.gov>  
**Date:** 12/4/20 2:44 PM (GMT-05:00)  
**To:** Gene Beasley <(b)(6);(b)(7)(C)@bop.gov>  
**Cc:** Alix McLearn <(b)(6);(b)(7)(C)@bop.gov>, Zachary Kelton <(b)(6);(b)(7)(C)@bop.gov>, <(b)(6);(b)(7)(C)@bop.gov>  
**Subject:** Fwd: SIR death CST 7AW St. Louis, MO: I/M Donald Bateman #42122-044 collapsed at home

>>> "David Paul" 12/04/2020 14:44 >>>

Gene,

This is notification of an inmate death on RRC/HC status. Specifically, the RRC St. Louis notified the Sector's Duty Officer of inmate Donald Bateman passing. Inmate Bateman had transition from RRC to HC on October 7, 2020. I have attached (b)(6);(b)(7)(C) synopsis of inmate Bateman's death. At this time it does not appear to be covid related but an autopsy has been requested.

David

>> (b)(6);(b)(7)(C) 12/4/2020 2:34 PM >>>

At this time does not appear to be COVID related:

**Inmate Name:** BATEMAN, Donald

**Reg #:** 42122-044

**Offense:** CTD Heroin, Felon in Poss FA, 90m

**PRD:** 03-31-2021

**Method:** GCT

Transferred from FOR to CST 7AW Dismas House, St. Louis, Missouri, on 07-08-2020

Transferred from RRC to Home Confinement on 10-07-2020

47yo B/M/O, Care2, Care1-MH, no VNS, PSF=none, priors include assault x2, burglary, weapons, threat w/weapon, child endang, medical hx hypertension, diabetes, hyperlipidemia, myopia, renal failure, mh hx none, hx sub abuse, GAF=none, CIM=yes

On 12-04-2020 the RRC notified the Sector Duty Officer that I/M Bateman had died. Per the RRC, I/M Bateman had arrived home from work on 12-04-2020 and was speaking with his wife when he suddenly collapsed. He was transported by EMS to the hospital where he was pronounced deceased. An autopsy has been requested through the St. Louis County Morgue, 6069 N. Hanley Rd, St. Louis, Missouri 63134 (314-615-0800). The RRC has collected fingerprints and photos.

The family is aware of I/M Bateman's death. He was not symptomatic for COVID-19 and does not appear to have been tested while in the community.

His institution COVID-19 negative test was 06-30-2020 per Sentry.

**From:** Gene Beasley

**Sent:** Tuesday, November 24, 2020 9:18 AM

**To:** (b)(6); (b)(7)(C)

**Subject:** Oral Statement of Director Carvajal\_1

**Attachments:** Oral Statement of Director Carvajal\_1.docx

done....

Page 3096 of 4222 to Page 3104 of 4222

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

**From:** Gene Beasley  
**Sent:** Thursday, October 8, 2020 9:28 AM  
**To:** (b)(6); (b)(7)(C)  
**Subject:** Fwd: News Clips 10-8-2020

>>> Nancy Ayers 10/8/2020 9:23 AM >>>

**Concerns Escalate over DC Inmates' Insufficient Access to the Ballot**

The Washington Informer

<https://www.washingtoninformer.com/concerns-escalate-over-d-c-inmates-insufficient-access-to-the-ballot/>

The upcoming election counts among one of the most consequential in recent history for many reasons but perhaps none more important than it being the first time that District residents currently incarcerated in the Federal Bureau of Prisons (FBOP) have the opportunity to cast a ballot for the candidates of their choice.

**DOJ asks Supreme Court to reinstate death penalty for Boston Marathon bomber**

The Hill

<https://thehill.com/regulation/court-battles/519944-doj-asks-supreme-court-to-reinstate-death-penalty-for-boston>

The Department of Justice (DOJ) asked the Supreme Court on Tuesday to reinstate the death penalty for Boston Marathon bomber Dzhokhar Tsarnaev after an appeals court overturned the sentence.

**COVID-19 Cases Decline At Terre Haute Federal Prison Complex**

Indiana Public Media

<https://indianapublicmedia.org/news/covid-cases-decline-at-terre-haute-federal-prison-complex.php>

The Bureau of Prisons reported 20 active Covid-19 cases among the inmate population at the Federal Correctional Complex in Terre Haute. Two staff members also tested positive according to new numbers released Tuesday.

**Union leader warns of positive cases in FCI McDowell**

WVNS-TV

<https://www.wvns.com/news/local-news-do-not-use/union-leader-warns-of-positive-cases-in-fci-mcdowell/>

A union leader is sounding the alarm, saying he and other people tested positive for COVID-19 at a federal prison in McDowell County. Brian Lucas, who serves as union leader for American Federation of Government Employees (AFGE) Local 480, said he and around 200 correctional officers and staff members are dealing with positive coronavirus cases at the Federal Correctional Institution in Welch.

**Columbiana reports 14 new COVID-19 cases, 2 new deaths since Monday**

MahoningMatters.com

<https://www.mahoningmatters.com/local-news/columbiana-reports-14-new-covid-19-cases-2-new-deaths-since-monday-2775380>

Columbiana County has reported a total of 2,005 confirmed and probable cases of COVID-19 to date. Of the total cases, about 80 are presumed to be active infections.

**Ghislaine Maxwell Hires Super-Lawyer Who Defended Osama Bin Laden's Aide: Report**

Newsweek

<https://www.newsweek.com/ghislaine-maxwell-lawyer-bobbi-sternheim-defended-osama-bin-laden-1536955>

Ghislaine Maxwell has hired a "super lawyer" who defended a lieutenant of Osama Bin Laden to fight charges she trafficked girls for financier Jeffrey Epstein. Bobbi Sternheim is named in a court filing as representing the British socialite, who faces a 17-page indictment in July next year.

**Prosecutor: 'It is time for Collins to begin his prison sentence'**

Buffalo News

[https://buffalonews.com/news/local/prosecutor-it-is-time-for-collins-to-begin-his-prison-sentence/article\\_0c5434fa-08f3-11eb-8287-6f6093ea9fa2.html](https://buffalonews.com/news/local/prosecutor-it-is-time-for-collins-to-begin-his-prison-sentence/article_0c5434fa-08f3-11eb-8287-6f6093ea9fa2.html)

Former Rep. Chris Collins wants his 26-month prison sentence converted to home confinement, but the top government prosecutor in the case is saying, in essence, lock him up – and right away.

Nancy Ayers  
Chief, Office of Public Affairs  
Federal Bureau of Prisons  
U.S. Department of Justice

(b)(6); (b)(7)(C)

**From:** Gene Beasley <(b)(6); (b)(7)(C)@bop.gov>  
**Sent:** Wednesday, October 7, 2020 6:01 AM  
**To:** Gene Beasley  
**Subject:** FW: DOJ Transition Team snapshot of key issues  
**Attachments:** TEXT.htm

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

From: Gene Beasley <(b)(6); (b)(7)(C)@bop.gov>  
Date: 10/5/20 4:50 PM (GMT-05:00)  
To: Zachary Kelton <(b)(6); (b)(7)(C)@bop.gov>  
Subject: RE: DOJ Transition Team snapshot of key issues

>>> "Gene Beasley" 10/05/2020 16:50 >>>

Very good Zach. We'll go over it tomorrow with the Boss. Thank you. Sent from my Verizon, Samsung Galaxy smartphone</div>

</div><!-- originalMessage --><div>----- Original message -----</div><div>From: Zachary Kelton <(b)(6); (b)(7)(C)@bop.gov> </div>  
<div>Date: 10/5/20 1:48 PM (GMT-05:00) </div><div>To: Gene Beasley <(b)(6); (b)(7)(C)@bop.gov> </div><div>Cc: (b)(6); (b)(7)(C)@bop.gov </div><div>Subject: DOJ Transition Team snapshot of key issues </div><div>

>>> "Zachary Kelton" <(b)(6); (b)(7)(C)@bop.gov> 10/05/2020 13:48 >>>  
Deputy Director,

Attached is a Word version of a few of the more significant issues facing the BOP right now as requested by DOJ for purposes of developing the transition team materials, and a few descriptive sentences to capture the basics of each issue.

Ultimately, DOJ wants this material in an Excel spreadsheet, but we will convert it to that after you and the Director have approved.

The areas selected for inclusion were: COVID-19; First Step Act; Home Confinement; Staffing Issues; Medical Costs; Infrastructure; Drug Introduction; Cell Phones; and Drones.

Let (b)(6); (b)(7)(C) and I know if you have thoughts on either the topics chosen or the descriptions - we have until Friday, so we have plenty of time, and the request is for brief (3-5 sentence) descriptions at a high level, so the descriptions we put in were intentionally not too detailed.

**From:** Gene Beasley <(b)(6);(b)(7)(C)@bop.gov>  
**Sent:** Wednesday, October 21, 2020 7:50 PM  
**To:** Zachary Kelton  
**Subject:** RE: Commutations

10-4.

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

**From:** Zachary Kelton <(b)(6);(b)(7)(C)@bop.gov>  
**Date:** 10/21/20 7:41 PM (GMT-05:00)  
**To:** Gene Beasley <(b)(6);(b)(7)(C)@bop.gov>, Michael Carvajal <(b)(6);(b)(7)(C)@bop.gov>  
**Cc:** (b)(6);(b)(7)(C)@bop.gov  
**Subject:** Commutations

>>> "Zachary Kelton" 10/21/2020 19:41 >>>

All commuted sentences have been properly satisfied, as reflected below. Department notified. No further action should be required.

- (b)(6);(b)(7)(C) - Already released, Pardon Attorney contacting USPO
- (b)(6);(b)(7)(C) - Was already on home confinement, sentence has been keyed as satisfied
- (b)(6);(b)(7)(C) - Released from Allenwood
- (b)(6);(b)(7)(C) - Released from Coleman Medium
- (b)(6);(b)(7)(C) - Released from Memphis

Zach

**From:** Gene Beasley  
**Sent:** Wednesday, October 14, 2020 12:31 PM  
**To:** Zachary Kelton  
**Subject:** Re: Fwd: COVID - daily update - 10/14/2020

10-4.. I just spoke with Krueger... He told me he spoke to you and I got the same story, I'll let the Boss know so he does not hear about it from another source.

Thanks!  
Gene

>>> Zachary Kelton 10/14/2020 12:28 PM >>>

Stuck on the phone with OIG right now, but wanted to let you know I spoke with Krueger, and there is a case of Legionnaires at Milan; inmate is at the hospital but seems to be doing well. Only the one case known. They are testing the water supply and will take appropriate steps based on the resulting report. Jeff will follow up with more detail as it comes in.

Zach

>>> Gene Beasley 10/14/2020 12:23 PM >>>

Don't forget the salsa the boss made you in the refrigerator... He made a jar for everyone..

>>> Zachary Kelton 10/14/2020 12:21 PM >>>

Just a heads-up, I'm going to miss the 1:30 meeting with Louis today - I have a COVID data call with OAG and ODAG scheduled for that time.

>>> Gene Beasley 10/14/2020 12:20 PM >>>

Good deal.

>>> Zachary Kelton 10/14/2020 12:14 PM >>>

Daily COVID report transmitted to OAG and ODAG.

Zach

>>> Zachary Kelton 10/14/2020 12:13 PM >>>

Of note:

- Overall, significant decrease in net positive cases since yesterday, based mostly on recoveries at Big Spring, TX (211); USP 2 Coleman, FL (28); Memphis, TN (19); Rochester, MN (18); Greenville, IL (15); and Waseca, MN (13).

- Ventilator and hospitalization cases remain relatively stable with only **1** ventilator case and **25** hospitalization cases.

\*\*\*\*\*  
Inmates - Confirmed/Tested Positive Total

**1550** (for public website posting [today](#), 1652 yesterday)

**266** additions since yesterday

New Inmate Positive cases (by location)

Allenwood, PA (1); Atwater, CA (9); Bennettsville, SC (3); Berlin, NH (4); Big Spring, TX (4); USP 2 Coleman, FL (9); Coleman Medium, FL (1); Duluth, MN (1); El Reno, OK (22); Leavenworth, KS (13); Manchester, KY (1); Marion, IL (3); Memphis, TN (1); Miami, FL (1); MCC New York (1); Oakdale, LA (1); Oklahoma City, OK (3); Oxford, WI (51); Pekin, IL (35); Petersburg, VA (45); Phoenix, AZ (1); Rochester, MN (16); FDC SeaTac (1); Springfield, MO (1); Sandstone, MN (1); Tallahassee, FL (20); Talladega, AL (2); Thomson, IL (1); Victorville, CA (1); Waseca, MN (1); Yazoo City, MS (1)

Inmates - Presumed Cases Total

Today - **113** (includes 2 Clinically Probable [no testing but symptomatic] and 111 Suspected [symptomatic, tested and awaiting results])

Yesterday - 138 (includes 3 Clinically Probable [no testing but symptomatic] and 135 Suspected [symptomatic, tested and awaiting results])

Inmates on ventilators - Total

Today - **1** yesterday - 1

Inmates at the hospital - Total

Today - **25**

yesterday - 23

Asymptomatic/Symptomatic - Totals \*(Rough estimate and uses many proxy data points. BOP facilities only, not RRCs or private prisons)

Asymptomatic: **645** yesterday: 757

Symptomatic: **783** yesterday: 778

Inmate deaths - Total

**126** (0 additions since yesterday)

Inmates recovered - Total

Today - **14,263** yesterday - 13,938

Current as of 10/14/2020 - Private Facility Reporting - (11 facilities privately managed for BOP by contractors - total inmate population in private prisons = 14,248)



- 1394 currently in quarantine
- 106 inmates in isolation, with 2 additional inmates in isolation at a local hospital
- 2086 inmates have been preliminarily COVID-19 tested based on symptom presentation
- 98 of these tests are currently positive with 628 having recovered, and 9 inmate deaths, to date. Of 98 positives, 83 inmates are at the Big Spring Correctional Complex (TX); 14 are at the Reeves Detention Center III (TX); and 1 inmate is at the Great Plains Correctional Facility (OK). All are being appropriately treated and isolated per CDC guidelines
- 1346 of 2086 tests have returned as negative - 14 of these 2086 remain pending test outcome

Staff - Confirmed/Tested Positive Total

**733** (for public website posting [today](#); 736 as of yesterday)

**9** additions since yesterday

**1228** recovered (total); 12 since yesterday

Staff deaths - Total

**2**

New Staff positive cases (by location)

Grand Prairie Office Complex, TX (1); Lee County, VA (1); Manchester, KY (1); Oxford, WI (1); Petersburg, VA (4); Seagoville, TX (1)

Facilities affected by COVID

**120** - Total positive (inmate and/or staff tested positive cases; not including RRCs)

**43** - Total RRCs

**1** additional facilities presumed (clinically probably or suspected COVID activity)

Home Confinement (HC)

Total in HC since [March 26](#): **7784** (7769 yesterday)

Number approved and in pipeline: **170** (179 yesterday)

**From:** Gene Beasley <(b)(6); (b)(7)(C)@bop.gov>  
**Sent:** Sunday, September 27, 2020 10:27 AM  
**To:** Zachary Kelton  
**Subject:** RE: Mandatory Meeting Monday Morning - 7:30 a.m.  
**Attachments:** TEXT.htm

Thanks.

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

From: Zachary Kelton <(b)(6); (b)(7)(C)@bop.gov>  
Date: 9/27/20 10:16 AM (GMT-05:00)  
To: Gene Beasley <(b)(6); (b)(7)(C)@bop.gov>  
Subject: RE: Mandatory Meeting Monday Morning - 7:30 a.m.

>>> "Zachary Kelton" 09/27/2020 10:16 >>>  
I'll be there!

----- Original message -----

From: Gene Beasley <(b)(6); (b)(7)(C)@bop.gov>  
Date: 9/27/20 10:14 AM (GMT-05:00)  
To: David Paul <(b)(6); (b)(7)(C)@bop.gov>, (b)(6); (b)(7)(C)@bop.gov, Kenneth Hyle <(b)(6); (b)(7)(C)@bop.gov>, Zachary Kelton <(b)(6); (b)(7)(C)@bop.gov>, Kevin Pistro <(b)(6); (b)(7)(C)@bop.gov>, (b)(6); (b)(7)(C)@bop.gov, Andre Matevousian <(b)(6); (b)(7)(C)@bop.gov>, Michael Smith <(b)(6); (b)(7)(C)@bop.gov>  
Subject: Mandatory Meeting Monday Morning - 7:30 a.m.

>>> "Gene Beasley" 09/27/2020 10:14 >>>

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Gene

Sent from my Verizon, Samsung Galaxy smartphone

**From:** Gene Beasley  
**Sent:** Monday, September 28, 2020 8:22 PM  
**To:** Andre Matevosian  
**Subject:** FW: Home Confinement under the CARES Act 003  
**Attachments:** TEXT.htm; Home Confinement under the CARES Act 003

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

From: Gene Beasley <(b)(6); (b)(7)(C)@bop.gov>  
Date: 9/28/20 3:37 PM (GMT-05:00)  
To: Michael Carvajal <(b)(6); (b)(7)(C)@bop.gov>  
Subject: Home Confinement under the CARES Act 003

**From:** Gene Beasley (b)(6); (b)(7)(C) @bop.gov>  
**Sent:** Sunday, September 27, 2020 10:27 AM  
**To:** Kevin Pistro  
**Subject:** RE: Mandatory Meeting Monday Morning - 7:30 a.m.  
**Attachments:** TEXT.htm

Thank you.

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

**From:** Kevin Pistro (b)(6); (b)(7)(C) @bop.gov>  
**Date:** 9/27/20 10:17 AM (GMT-05:00)  
**To:** Gene Beasley (b)(6); (b)(7)(C) @bop.gov>  
**Subject:** RE: Mandatory Meeting Monday Morning - 7:30 a.m.

>>> "Kevin Pistro" 09/27/2020 10:17 >>>  
Message received and I'll be there.

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

**From:** Gene Beasley (b)(6); (b)(7)(C) @bop.gov>  
**Date:** 9/27/20 10:14 (GMT-05:00)  
**To:** David Paul (b)(6); (b)(7)(C) @bop.gov>, (b)(6); (b)(7)(C) @bop.gov>, Kenneth Hyle (b)(6); (b)(7)(C) @bop.gov>, Zachary Kelton (b)(6); (b)(7)(C) @bop.gov>, Kevin Pistro (b)(6); (b)(7)(C) @bop.gov>, (b)(6); (b)(7)(C) @bop.gov>, Andre Matevousian (b)(6); (b)(7)(C) @bop.gov>, Michael Smith (b)(6); (b)(7)(C) @bop.gov>  
**Subject:** Mandatory Meeting Monday Morning - 7:30 a.m.

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Gene

Sent from my Verizon, Samsung Galaxy smartphone

**From:** Gene Beasley (b)(6); (b)(7)(C) @bop.gov>  
**Sent:** Sunday, September 27, 2020 1:50 PM  
**To:** Kenneth Hyle  
**Subject:** RE: Mandatory Meeting Monday Morning - 7:30 a.m.  
**Attachments:** TEXT.htm

10-4.

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

From: Kenneth Hyle (b)(6); (b)(7)(C) @bop.gov>  
Date: 9/27/20 11:10 AM (GMT-05:00)  
To: Gene Beasley (b)(6); (b)(7)(C) @bop.gov>  
Subject: RE: Mandatory Meeting Monday Morning - 7:30 a.m.

>>> "Kenneth Hyle" 09/27/2020 11:10 >>>>

I'll be there -

FYI - (b)(5) and have not gotten a response

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

From: Gene Beasley (b)(6); (b)(7)(C) @bop.gov>  
Date: 9/27/20 10:14 AM (GMT-05:00)  
To: David Paul (b)(6); (b)(7)(C) @bop.gov>, (b)(6); (b)(7)(C) @bop.gov>, Kenneth Hyle (b)(6); (b)(7)(C) @bop.gov>, Zachary Kelton (b)(6); (b)(7)(C) @bop.gov>, Kevin Pistro (b)(6); (b)(7)(C) @bop.gov>, (b)(6); (b)(7)(C) @bop.gov>, Andre Matevousian (b)(6); (b)(7)(C) @bop.gov>, Michael Smith (b)(6); (b)(7)(C) @bop.gov>  
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Gene

Sent from my Verizon, Samsung Galaxy smartphone



**From:** Gene Beasley (b)(6); (b)(7)(C) @bop.gov>  
**Sent:** Sunday, September 27, 2020 10:40 AM  
**To:** (b)(6); (b)(7)(C)  
**Subject:** RE: Mandatory Meeting Monday Morning - 7:30 a.m.  
**Attachments:** TEXT.htm

No worries (b)(6); (b)(7)(C) Don't rush things...

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----  
**From:** (b)(6); (b)(7)(C) @bop.gov>  
**Date:** 9/27/20 10:31 AM (GMT-05:00)  
**To:** Gene Beasley (b)(6); (b)(7)(C) @bop.gov>  
**Subject:** RE: Mandatory Meeting Monday Morning - 7:30 a.m.

>>> (b)(6); (b)(7)(C) 09/27/2020 10:31 >>>  
Morning. I do plan on being in tomorrow, God willing. I (b)(6); (b)(7)(C) and then driving in.

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----  
**From:** Gene Beasley (b)(6); (b)(7)(C) @bop.gov>  
**Date:** 9/27/20 10:14 AM (GMT-05:00)  
**To:** David Paul (b)(6); (b)(7)(C) @bop.gov>, (b)(6); (b)(7)(C) @bop.gov>, Kenneth Hyle (b)(6); (b)(7)(C) @bop.gov>, Zachary Kelton (b)(6); (b)(7)(C) @bop.gov>, Kevin Pistro (b)(6); (b)(7)(C) @bop.gov>, (b)(6); (b)(7)(C) @bop.gov>, Andre Matevousian (b)(6); (b)(7)(C) @bop.gov>, Michael Smith (b)(6); (b)(7)(C) @bop.gov>  
**Subject:** Mandatory Meeting Monday Morning - 7:30 a.m.

>>> "Gene Beasley" 09/27/2020 10:14 >>>  
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If you have any questions or need more information, please give me a call.

Gene



Sent from my Verizon, Samsung Galaxy smartphone

From: Gene Beasley (b)(6); (b)(7)(C) @bop.gov>  
Sent: Tuesday, September 22, 2020 1:41 PM  
To: (b)(6); (b)(7)(C) @bop.gov>  
Subject: RE: COVID - daily update - 9/22/2020

10-4. Thank you!

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----  
From: (b)(6); (b)(7)(C) @bop.gov>  
Date: 9/22/20 1:38 PM (GMT-05:00)  
To: Gene Beasley (b)(6); (b)(7)(C) @bop.gov>  
Subject: RE: COVID - daily update - 9/22/2020

>>> (b)(6); (b)(7)(C) 09/22/2020 13:38 >>>  
Thank you. (b)(6); (b)(7)(C)  
The folder (SES Performance Evaluations) in the N: is set up for you to review and sign the AD evals (at least the ones that have come in so far). You'll just need to sign as the Rating Official and fill in the Summary Narrative at the bottom justifying the rating that you decide on.  
After I send out the news clips I'll catch up on some rest today, been busy.  
>>> Gene Beasley (b)(6); (b)(7)(C) @bop.gov> 9/22/2020 1:33 PM >>>  
I hope you are getting better. Stay home and rest as much as possible. Don't worry.

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----  
From: (b)(6); (b)(7)(C) @bop.gov>  
Date: 9/22/20 12:39 PM (GMT-05:00)  
To: Christopher Grieco (b)(6); (b)(7)(C) @usdoj.gov>, Gary Barnett (b)(6); (b)(7)(C) @usdoj.gov>, Laurence Rothenberg (b)(6); (b)(7)(C) @usdoj.gov>, Mary Blanche Hankey (b)(6); (b)(7)(C) @usdoj.gov>  
Cc: Gene Beasley (b)(6); (b)(7)(C) @bop.gov>, Michael Carvajal (b)(6); (b)(7)(C) @bop.gov>, Zachary Kelton (b)(6); (b)(7)(C) @bop.gov>, Kevin Pistro (b)(6); (b)(7)(C) @bop.gov>  
Subject: COVID - daily update - 9/22/2020

>>> (b)(6); (b)(7)(C) 09/22/2020 12:39 >>>  
Of note:

- Overall, confirmed positive inmate cases decreases today, this is based on a fair increase of inmate recoveries (146) vs. new confirmed cases (98).
- Majority of inmate recoveries today coming from Leavenworth, KS (43), Bennettsville, SC (16), Waseca, MN (29), and Fort Worth, TX (28).
- FCI Big Spring - increased numbers as a result of mass testing following one inmate testing positive for COVID. The inmate's housing unit was subsequently tested with a majority of the mass tested inmates being asymptomatic.
- Ventilator and hospitalization cases remain relatively steady with 1 ventilator case and 25 hospitalizations today.

\*\*\*\*\*

Inmates - Confirmed/Tested Positive Total

1948 (for public website posting today - 2022 yesterday)

98 additions since yesterday

New Inmate Positive cases (by location)

Atlanta, GA (2); Atwater, CA (2); Big Spring, TX (35); Beaumont Low, TX (1); Beaumont Medium, TX (1); USP 2 Coleman, FL (6); Coleman Medium, FL (1); Florence, CO (3); Forrest City, AR (2); Fort Dix, NJ (1); Fort Worth, TX (1); Los Angeles, CA (3); Leavenworth, KS (2); Marion, IL (1); Memphis, TN (1); Oakdale, LA (4); Petersburg, VA (2); San Diego, CA (6); Sandstone, MN (6); Tallahassee, FL (1); Tucson, AZ (6); Three Rivers, TX (1); Victorville, CA (1); Waseca, MN (4); Yazoo City, MS (1); RRC Eugene, OR (1); RRC Cedar Rapids, IA (1); RRC Philadelphia, PA (1); RRC Billings, MT (1)

Inmates - Presumed Cases Total

Today - 289 (includes 2 Clinically Probable [no testing but symptomatic] and 287 Suspected [symptomatic, tested and awaiting results])

Yesterday - 279 (includes 2 Clinically Probable [no testing but symptomatic] and 277 Suspected [symptomatic, tested and awaiting results])

Inmates on ventilators - Total

Today - 1 Yesterday - 2

Inmates at the hospital - Total



Today - 25

Yesterday - 24

Asymptomatic/Symptomatic - Totals \*(Rough estimate and uses many proxy data points. BOP facilities only, not RRCs or private prisons)

Asymptomatic: **1067** Yesterday: 1066

Symptomatic: **761** Yesterday: 840

Inmate deaths - Total

**122** (1 addition since yesterday)

Inmates recovered - Total

Today - 12330 Yesterday - 12184

Current as of 9/22/2020 - Private Facility Reporting - (11 facilities privately managed for BOP by contractors - total inmate population in private prisons = 13,983)

- 1080 currently in quarantine
- 45 inmates in isolation, with 1 in isolation at a local hospital
- 2101 inmates have been preliminarily COVID-19 tested based on symptom presentation
- 62 of these tests are currently positive with 545 having recovered, and 9 inmate deaths, to date. Of 62 positives, 50 inmates are at the D. Ray James Correctional Facility (GA); 1 inmate at the McRae Correctional Facility (GA); 1 inmate at the Rivers Correctional Facility (NC); 3 at Big Spring Correctional Facility (TX); and 7 inmates are at the Great Plains Correctional Facility (OK). All are being appropriately treated and isolated per CDC guidelines
- 1239 of 2101 tests have returned as negative - 259 of these 2101 remain pending test outcome.

Staff - Confirmed/Tested Positive Total

**672** (for public website posting today; 669 yesterday)

**14** additions since yesterday

**1099** recovered (total); 11 since yesterday

Staff deaths - Total

**2**

New Staff positive cases (by location)

Beaumont, TX (1); USP 2 Coleman, FL (1); El Reno, OK (1); Forrest City, AR (3); Lee, VA (2); FDC Miami, FL (1); Marianna, FL (1); Oklahoma City, OK (1); Pekin, IL (1); Talladega, AL (1); Victorville, CA (1)

Facilities affected by COVID

**117** - Total positive (inmate and/or staff tested positive cases; not including RRCs)

**42** - Total RRCs

**2** additional facilities presumed (clinically probably or suspected COVID activity)

Home Confinement (HC)

Total in HC since March 26: **7645**

Number approved and in pipeline: **276**

HC as reported yesterday:

Total in HC since March 26: **7625**

Number approved and in pipeline: **269**

**From:** Gene Beasley <(b)(6);(b)(7)(C)@bop.gov>  
**Sent:** Sunday, September 27, 2020 1:50 PM  
**To:** Andre Matevosian  
**Subject:** RE: Mandatory Meeting Monday Morning - 7:30 a.m.  
**Attachments:** TEXT.htm

(b)(6);(b)(7)(C) is fine attending. You don't have to call in.

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

**From:** Andre Matevosian <(b)(6);(b)(7)(C)@bop.gov>  
**Date:** 9/27/20 11:52 AM (GMT-05:00)  
**To:** Gene Beasley <(b)(6);(b)(7)(C)@bop.gov>  
**Subject:** RE: Mandatory Meeting Monday Morning - 7:30 a.m.

>>> "Andre Matevosian" 09/27/2020 11:52 >>>  
Good morning, I can call in and have (b)(6);(b)(7)(C) attend.

Thanks  
Andy

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

**From:** Gene Beasley <(b)(6);(b)(7)(C)@bop.gov>  
**Date:** 9/27/20 10:14 AM (GMT-05:00)  
**To:** David Paul <(b)(6);(b)(7)(C)@bop.gov>, (b)(6);(b)(7)(C)@bop.gov, Kenneth Hyle <(b)(6);(b)(7)(C)@bop.gov>, Zachary Kelton <(b)(6);(b)(7)(C)@bop.gov>, Kevin Pistro <(b)(6);(b)(7)(C)@bop.gov>, (b)(6);(b)(7)(C)@bop.gov, Andre Matevosian <(b)(6);(b)(7)(C)@bop.gov>, Michael Smith <(b)(6);(b)(7)(C)@bop.gov>  
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Gene

Sent from my Verizon, Samsung Galaxy smartphone

**From:** Gene Beasley  
**Sent:** Monday, September 28, 2020 10:17 AM  
**To:** Zachary Kelton  
**Subject:** Re: Fwd: Operational Items/Hot topics data call  
**Attachments:** TEXT.htm

Thank you Zach. I agree those are a good top five.

>>> Zachary Kelton 9/28/2020 8:20 AM >>>  
Director and Deputy Director,

Just for your awareness, the DOJ Presidential Transition Team has put out its call for a list and brief description of 5-10 key component issues that reflect the most pressing issues a new administration would need to address in January. We are working on a draft response and will have it to you by this Friday; that will give us a week to refine it before the 10/9 submission deadline. As we have discussed, the key topics will certainly include COVID and First Step Act; I think home confinement, staffing, and health care issues likely also make the cut. The Department is just looking for very high level notes identifying the key issues at present, not any significant detail.  
Zach

>>> "SecondTerm-PresidentialTransition2020 (JMD)" <SecondTerm-PresidentialTransition2020@usdoj.gov> 9/28/2020 8:01 AM >>>

Components:

OMB directs that as part of the preparations required by law during a presidential election year, agencies should prepare lists of their most pressing issues a new administration would have to handle immediately after inauguration.

Components are asked to identify their top 5-10 most pressing operational items a new administration will have to handle immediately after inauguration. At this time, Component submissions are only a subject line and 3-5 sentence description of the issue. The lists will be collated for review by Department leadership. Please use the Excel template attached. Descriptions should be at a high level, and not disclose any non-public information. Components that do not have topics to submit are asked to send a negative reply.

Please send responses to **SecondTerm-PresidentialTransition2020 (JMD)** [SecondTermPresident@jmd.usdoj.gov](mailto:SecondTermPresident@jmd.usdoj.gov) by **October 9, 2020**. This JCON mailbox is managed by Justice Management Division Second Term-Presidential Transition team members. Please direct any questions to this mailbox, and we will respond as soon as possible.

Thank you.

From: Gene Beasley [redacted]@bop.gov]  
Sent: Thursday, September 24, 2020 2:00:25 PM  
To: Michael Carvajal  
Subject: BOP Covid

Attachments: BOP COVID Narrative Timeline.docx



# Federal Bureau of Prisons COVID-19 Response

## Summary

The Bureau of Prisons (Bureau) has taken swift and effective action in response to COVID, and has emerged as a correctional leader in the pandemic. The virus is challenging, as our nation as a whole has seen, and corrections in particular create complexity in addressing the disease given the nature of our environment. Initially we were challenged by spikes in inmate positive cases, but as a result of our mitigation strategies and lessons learned, we were able to flatten the curve, both at our hotspots and our institutions nationwide. This result is evidenced by the steep decline in inmate hospitalizations and inmate fatalities beginning in early May (see attached graphs). Even more telling has been the steep decline in the number of hospitalized inmates on ventilators (the sickest inmates infected) which are nearly zero today. These low numbers persist, even as we re-initiate inmate movement, and even despite a corresponding surge in staff and inmates positive infections in several locations when co-located communities re-opened. We will continue to evaluate our mitigation strategies and make adjustments as needed, but our practices – and the diligent efforts of our staff – are working to address the pandemic.

## Pandemic Preparedness

Pandemic preparedness is an important aspect of normal operational readiness and planning in the Bureau. The Bureau has long maintained a collaboration with the Centers for Disease Control and Prevention (CDC) regarding correctional medicine. On January 31, 2020, the Bureau of Prisons issued guidance on COVID to all Clinical Directors and other relevant Health Services staff, six weeks ahead of the World Health Organization's declaration of the COVID pandemic. Two days after the WHO declaration, the agency implemented modified operations to mitigate potential transmission of the virus.

## Mitigation Strategies

On March 13, 2020, the agency undertook initial proactive measures to mitigate the exposure risk to inmates, staff, and the public, and these strategies evolved as information about this novel coronavirus increased. In particular, the Bureau specifically engaged with the CDC in order to assist that organization in developing guidance specific to the unique nature of correctional environments. This engagement was mutually beneficial. As a result of these collaborative efforts, the CDC published their Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities on March 23, 2020; the subsequent update on July 14, 2020,

was also issued with Bureau input. Accordingly, the Bureau's pandemic strategies were developed in consultation with the CDC and included key areas such as modifying operations agency-wide to allow for the maximum use of social distancing. Because prisons are not principally constructed to account for distancing but rather for aggregate living, this modification was critical. Strategies included in the plan addressed:

- Suspension of social visits.
- Suspension of volunteers.
- Suspension of contractors except for critical services.
- Suspension of internal movement except for critical transfers required for medical/mental health care and required judicial orders.
- Enhanced screening of inmates.
- Enhanced staff screening prior to entry into the facility.
- Direction for all staff to be fit tested in all staff in field locations.
- Provision of surgical masks and gloves as necessary to all transferring or releasing inmates.
- Modification of program delivery locations and spacing.

## Inmate Movement

At the onset of the pandemic, the Bureau took aggressive action to limit internal and external movement, understanding that movement could increase the risk of transmission throughout our facilities. On average, during the peak of the pandemic, the Bureau maintained a 98% decrease in movement as compared to the prior year. Pre-COVID, the Bureau and the USMS collectively moved approximately 10,000 inmates per month.

In order to meet statutory obligations, the Bureau and the USMS have collaborated to transfer inmates into the Bureau for service of their sentences. Based upon these protocols, movement projections for the month of October 2020 indicate about a 70% return to normal rates, with the BOP seeing no attendant increase in COVID positive cases.

## PPE and Face Coverings

The Bureau has a longstanding practice of maintaining logistical sites throughout the US. These sites maintain a variety of emergency-related equipment, to include some Personal Protective Equipment (PPE). With the onset of the pandemic, the agency had approximately 34 million pieces of PPE on hand, and throughout the pandemic, the agency has maintained this quantity, with a current inventory of 36 million pieces.

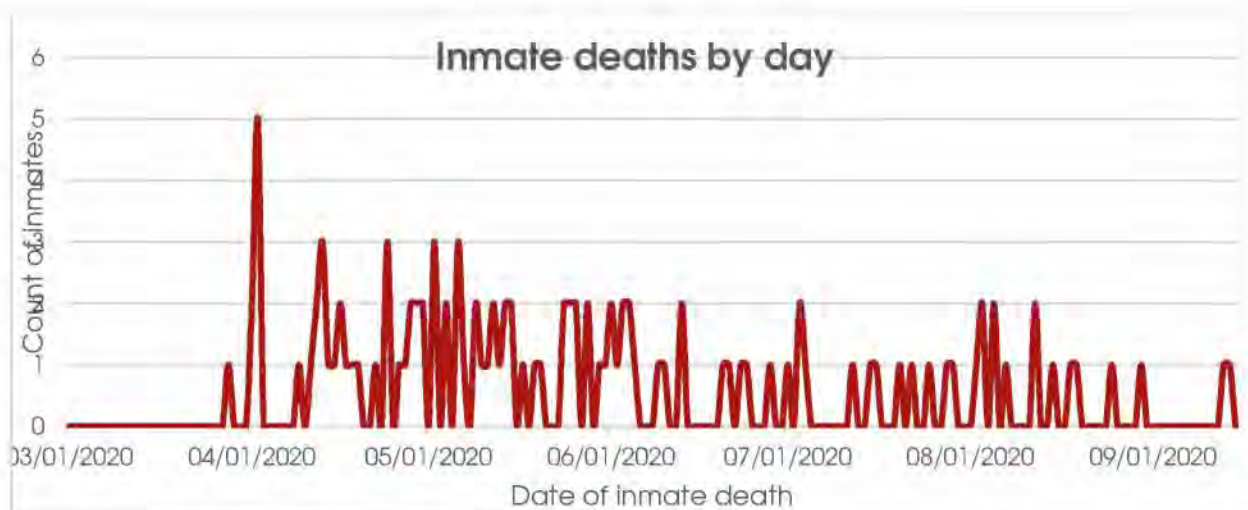
At the outset, we moved swiftly to procure PPE for our 122 institutions, as well as sought to maintain replenishment stockpiles at the Logistic sites. Through aggressive research of available markets and using innovative purchasing authorities, the Bureau was able to acquire a robust stockpile of PPE. To further augment our supplies, on March 31, 2020 Federal Prison Industries factories were converted to PPE production, allowing us to be

more self-sustaining in production areas rather than burdening the public supply chain. They manufactured cloth face coverings, face shields, gowns, and hand sanitizer. Each institution currently maintains a detailed inventory of PPE that is also monitored by our Emergency Operations Center in headquarters.

On Friday, April 3, 2020, the CDC released their recommendation for the use of face coverings, and the following Monday, April 6, 2020, the Bureau implemented face covering requirements for inmates and staff nationwide.

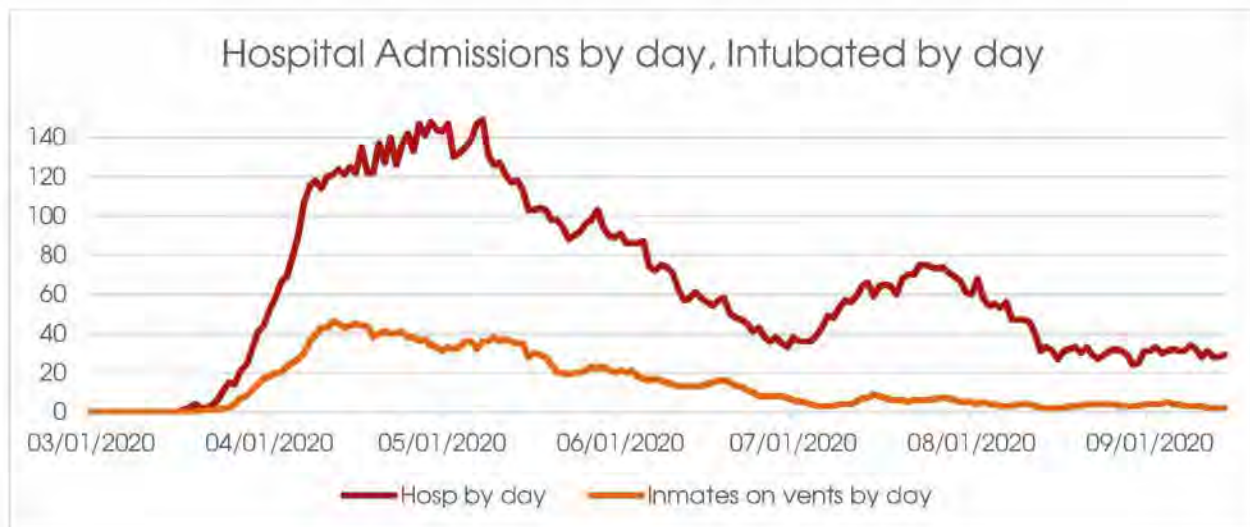
## Quarantine/Isolation Units

Starting on March 26, 2020, we established quarantine and isolation units nationwide for all new inmate admissions into a facility based upon screening of the inmates. Separate quarantine units were established for inmates that are new intakes, those identified as post-exposure to COVID-19, and for all inmates prior to transfer or release from an institution. Medical isolation units, which are separate and distinct from non-medical segregation, are used to separate symptomatic and/or COVID positive test confirmed inmates to prevent further exposures within an institution. Institutions have been instructed to ensure chaplains and mental health providers make daily rounds on the quarantine and isolation units.



## Testing Protocols

Bureau testing protocols have evolved throughout the course of the COVID pandemic based on testing resource availability and guidance provided by the CDC. Beginning April 10, 2020, the Bureau procured a total of 250 Abbott ID Now machines in regular installments in order to provide every institution with a rapid, Point of Care test for COVID-19. The Bureau also modified its National Laboratory contract to include high volume testing for COVID on May 8, 2020. Protocols were developed so that institutions can test 100% of all new intakes to an institution, any inmates suspected of exposure to a COVID case, and any inmate prior to release or transfer from an institution.



For testing of staff, institutions worked with their community health centers and public health entities to locate community testing resources. The Bureau has also obtained a national contract to perform voluntary staff testing and is working towards implementation to supplement our current practice of encouraging staff testing within the local community in the event the local health departments are unable to absorb institutional testing needs, particularly when mass testing or serial testing may be indicated.

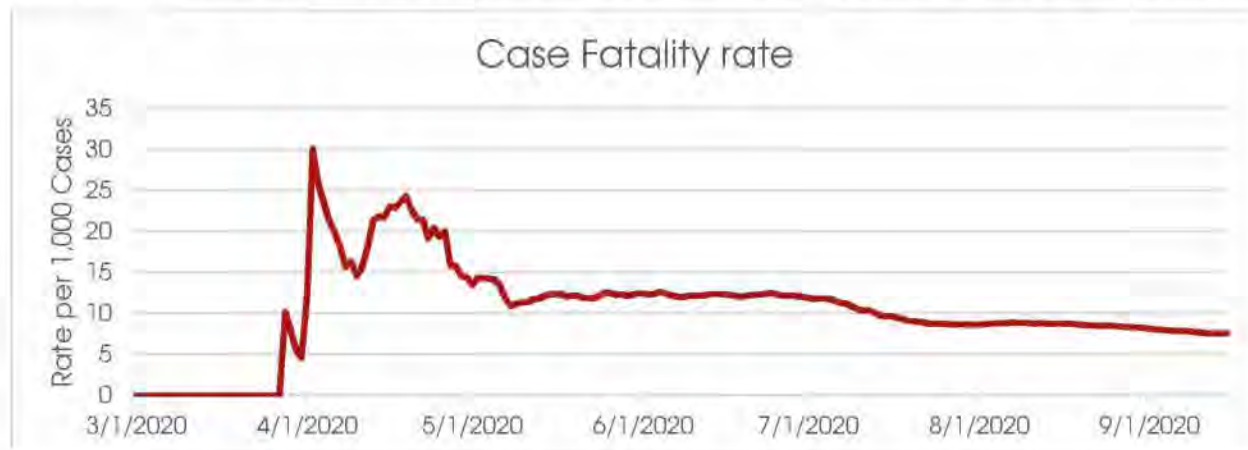
## Home Confinement

On March 26, 2020 and April 3, 2020, Attorney General Barr issued memoranda to the Bureau directing us to increase the use of Home Confinement, particularly at institutions markedly affected by COVID-19, for vulnerable inmates. The CARES Act, signed by President Trump on March 27, 2020, further expanded our ability to place inmates on Home Confinement by lifting the statutory limitations contained in Title 18 U.S.C. § 3624(c)(2) during the course of the pandemic. As such, the Bureau has increased Home Confinement placements since the start of COVID by approximately 300%. Elderly Offender Home Confinement Pilot Program placements also continued throughout the pandemic. Finally, the Bureau authorized the use of inmate furloughs to move qualified offenders out of the facilities, to reduce populations and further increase the ability for inmates to socially distance.

## Establishing Target Populations at Minimums and Lows to Maximize Social Distancing

The agency quickly understood that our minimum and low security institutions, which have dormitory or open bay housing, created more challenges with social distancing and, therefore, created a higher risk for COVID transmission. As the inmate population

within secure facilities has continued to decrease, the Bureau has identified sufficient capacity to realign our minimum and low security populations to allow us to achieve social distancing and better protect the health of these inmates. On June 19, 2020, we released target population caps for these facilities and began the realignment process.



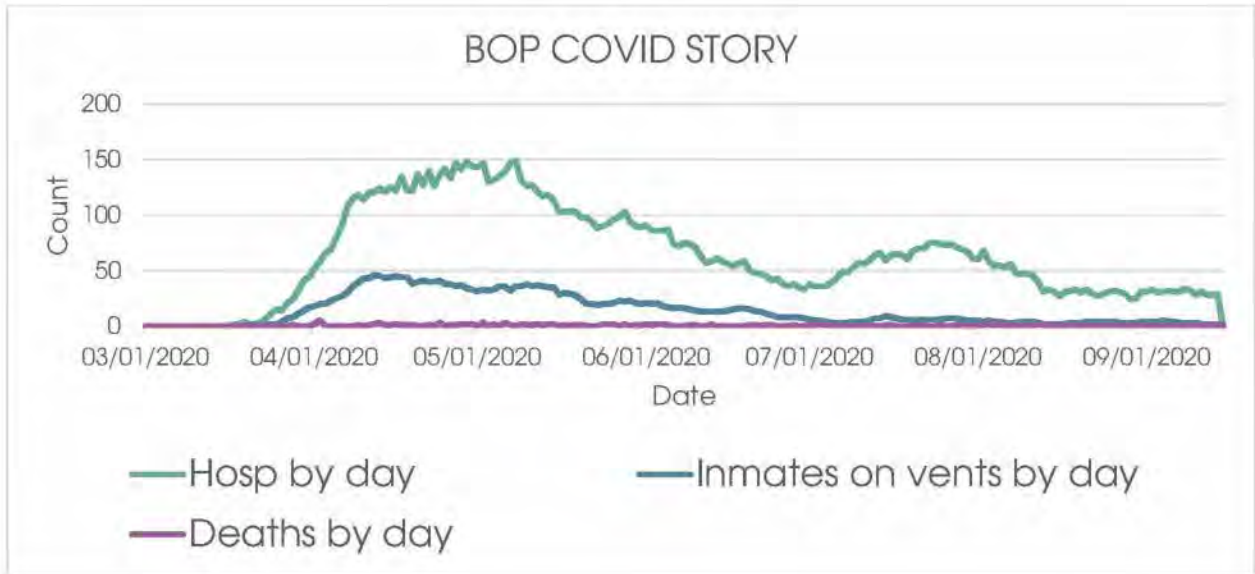
## Programming/First Step Act

Critical services such as mental health care, crisis intervention, and religious observance have continued unabated throughout the pandemic. First Step Act Evidence-Based Recidivism Reduction (EBRR) Programs and Productive Activities (PA) were temporarily suspended in some locations until they could be delivered safely. Key EBRR Programs that are residential in nature were generally able to continue, as the inmates are already co-horted together in a single housing unit. In August, the Bureau began resuming other EBRR Programs and PAs in reduced capacity to allow for social distancing. As of early September, approximately 40,000 inmates were enrolled in First Step Act programs.

## COVID Compliance Review Teams

On Monday August 10, 2020, Program Review Division began conducting COVID Compliance Review Teams (CCRT) reviews. The purpose of these reviews is to evaluate compliance, monitor response, and develop further mitigation strategies to the COVID pandemic. Checklists were created to conduct the reviews, which combine CDC and Bureau guidance and directives related to the management of COVID and mitigation of disease transmission.

We will continue conducting CCRT reviews throughout the pandemic, ensuring every Bureau facility is reviewed. As of September 10, 2020, reviews have been completed at 52% of our facilities. Recommendations and Best Practices for Preventing/Reducing Transmission COVID-19 have been collected as a result of these reviews and are shared with all our institutions. Issues and concerns noted in the CCRT reviews are further reviewed and addressed with the Wardens, allowing them to quickly take corrective action.



**From:** Gene Beasley  
**Sent:** Friday, October 2, 2020 6:30 PM  
**To:** (b)(6); (b)(7)(C) @gmail.com  
**Subject:** FW: Final  
**Attachments:** TEXT.htm; Final

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

From: Michael Carvajal (b)(6); (b)(7)(C) @bop.gov>  
Date: 10/1/20 1:34 PM (GMT-05:00)  
To: (b)(6); (b)(7)(C) @bop.gov>, Gene Beasley (b)(6); (b)(7)(C) @bop.gov>, Zachary Kelton (b)(6); (b)(7)(C) @bop.gov>, (b)(6); (b)(7)(C) @bop.gov>  
Subject: Final

**From:** Gene Beasley (b)(6); (b)(7)(C) @bop.gov>  
**Sent:** Sunday, September 27, 2020 9:40 AM  
**To:** David Paul  
**Subject:** RE: Follow up  
**Attachments:** TEXT.htm

Thank you.

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

**From:** David Paul (b)(6); (b)(7)(C) @bop.gov>  
**Date:** 9/27/20 5:37 AM (GMT-05:00)  
**To:** Gene Beasley (b)(6); (b)(7)(C) @bop.gov>  
**Subject:** Follow up

>>> "David Paul" 09/27/2020 05:37 >>>

Gene,  
Below is the Dr. Note that recommends (b)(6); (b)(7)(C) have appropriate time for recreation (Walking). After discussing with (b)(6) over the evening calls last night, he indicated that the time out of the residence for exercise is a routine and normal part of the Home Confinement (HC) program

(b)(6); (b)(7)(C)

The location for recreation is not ordinarily dictated to the HC Residents as long as it appears to be a suitable/reasonable location. The location may change based upon weather or other conditions. Additionally, if (b)(6); (b)(7)(C) deviates from the approved itinerary, the GPS electronic ankle monitor would alert the contractor.

The HC program is designed to allow for movement to include work, recreation, and other program activities outside of the residence as ordinarily these inmates have been determined to be at the lowest risk. To date, (b)(6); (b)(7)(C) has been compliant with all the terms and conditions of the HC program.

---

Once I have the last 2 weeks itineraries, I will send them along

David



**From:** Gene Beasley

**Sent:** Monday, September 28, 2020 3:38 PM

**To:** (b)(6); (b)(7)(C)

**Subject:** Home Confinement under the CARIS Act 003

**Attachments:** Home Confinement under the CARIS Act 003.docx

Please proof.

Page 3200 of 4222 to Page 3202 of 4222

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

**From:** Gene Beasley <(b)(6); (b)(7)(C)@bop.gov>  
**Sent:** Monday, September 7, 2020 8:50 AM  
**To:** David Paul  
**Subject:** RE: Inmate Death Jones, Roland 65799-056  
**Attachments:** TEXT.htm

Thanks.

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

From: David Paul <(b)(6); (b)(7)(C)@bop.gov>  
Date: 9/7/20 8:02 AM (GMT-05:00)  
To: Gene Beasley <(b)(6); (b)(7)(C)@bop.gov>  
Cc: Alix McLearn <(b)(6); (b)(7)(C)@bop.gov>, Zachary Kelton <(b)(6); (b)(7)(C)@bop.gov>, Kevin Pistro <(b)(6); (b)(7)(C)@bop.gov> <(b)(6); (b)(7)(C)@bop.gov>, Sonya Thompson <(b)(6); (b)(7)(C)@bop.gov>  
Subject: Inmate Death Jones, Roland 65799-056

>>> "David Paul" 09/07/2020 08:02 >>>  
Gene,

I'm reporting the passing of Roland Jones, Riverside work release/home confinement. On 9/2 Mr. Jones was admitted to a local hospital for an apparent heart attack. I've included Jon's synopsis and information on Mr. Jones. If you have any questions, give me a call.

David

Name: Roland Jones #65799-056  
Offin: Conspiracy to PWITD Meth  
Arrived: 05/07/2020  
Release Date: 05/18/2021 GCT  
COVID CV-COM REF - Yes  
Transferred from: PET Camp  
Medical Care Level 1  
White/Male  
DOB: 4/25/1952  
Age 68  
CIM separation  
VNS - NO

Medical Furlough - at Memorial Regional Hospital, Mechanicsville, VA  
Riverside Work Release/Home Confinement  
CRL 2BX HC

On 9/6/2020 at approximately 2017 inmate Jones #65799-056 passed away at Memorial Regional Medical Center located at 8260 Atlee Road, Mechanicsville, VA 23116. Work Release staff were notified of the death by (b)(6). Mr. Jones was admitted to Memorial Regional Medical Center located at 8260 Atlee Road, Mechanicsville, VA 23116 on 09/02/20 complaining of chest pains. It was later confirmed that he had suffered a heart attack. During the next few days, inmate Jones started to suffer from liver and kidney failure as well. Inmate Jones did not have a DNR and the family made the decision not to resuscitate him.  
The Work Release Director has been instructed to identify the body and complete a right fingerprint roll.

**From:** Gene Beasley (b)(6); (b)(7)(C) @bop.gov>  
**Sent:** Wednesday, August 26, 2020 7:31 PM  
**To:** Zachary Kelton  
**Subject:** RE: Key Transfer/Release Statistics

Thanks.

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

**From:** Zachary Kelton (b)(6); (b)(7)(C) @bop.gov>  
**Date:** 8/26/20 7:02 PM (GMT-05:00)  
**To:** Gene Beasley (b)(6); (b)(7)(C) @bop.gov>, Michael Carvajal (b)(6); (b)(7)(C) @bop.gov>  
**Cc:** (b)(6); (b)(7)(C) @bop.gov>, Kevin Pistro (b)(6); (b)(7)(C) @bop.gov>, (b)(6); (b)(7)(C) @bop.gov>  
**Subject:** Key Transfer/Release Statistics

>>> "Zachary Kelton" 08/26/2020 19:02 >>>

Director and Deputy Director,

Attached are the most recent statistics for First Step Act releases, transfers to home confinement during the COVID pandemic, and overall releases for CY 2020 to date.

**Summary of key changes since last week:**

Increase in First Step Act compassionate releases: **+64**

Increase in First Step Act releases due to crack cocaine sentence reductions: **+22**

Increase in transfers to home confinement: **+17**

Zach

**From:** Gene Beasley  
**Sent:** Friday, August 28, 2020 4:50 PM  
**To:** David Paul  
**BCC:** Michael Carvajal  
**Subject:** Re: Lexington update  
**Attachments:** 1FXT.htm

Thank you!!!

>>> David Paul [redacted]@bop.gov> 8/28/2020 3:33 PM >>>  
Jim and Gene,

The staff at Lexington submitted a home confinement referral for [redacted] to the RRM Office this afternoon. We have made contact with RRMB to request that the referral be expedited.

David

**From:** Gene Beasley <(b)(6); (b)(7)(C)@bop.gov>  
**Sent:** Wednesday, August 26, 2020 9:10 AM  
**To:** (b)(6); (b)(7)(C)  
**Subject:** RE: (b)(6); (b)(7)(C)  
**Attachments:** TEXT.htm

Thank you for the update.

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

**From:** (b)(6); (b)(7)(C)@bop.gov  
**Date:** 8/26/20 9:05 AM (GMT-05:00)  
**To:** Gene Beasley <(b)(6); (b)(7)(C)@bop.gov>, Michael Carvajal <(b)(6); (b)(7)(C)@bop.gov>  
**Cc:** Zachary Kelton <(b)(6); (b)(7)(C)@bop.gov>, Kevin Pistro <(b)(6); (b)(7)(C)@bop.gov>  
**Subject:** (b)(6); (b)(7)(C)

>>> (b)(6); (b)(7)(C) 08/26/2020 09:05 >>>

This is the inmate that's been on the radar since earlier this month. See Alix's comments below as to her current status.

>>> Alix McLearn 8/26/2020 8:53 AM >>>

She remains asymptomatic and in quarantine. She was approved for HC, and then her residence became non-viable. She has provided a new address and it is being investigated. Bottom line - we cannot send her to HC until there is a safe home available.

>>> (b)(6); (b)(7)(C) 8/26/2020 8:32 AM >>>

Good morning! Do you know the status of this inmate?

Thanks (b)(6); (b)(7)(C)

>>> Alix McLearn 8/14/2020 11:46 AM >>>

- Inmate (b)(6); (b)(7)(C)
- (b)(6); (b)(7)(C)
- She is COVID positive and currently in isolation in the negative pressure room.
- Her PATTERN score is LOW RISK and she is MINIMUM Security Level.
- The institution is preparing a referral for Home Confinement; RRMB has not yet received it.
- Once the referral is received, the committee will review her. The primary issue is that she has only served 4% of her sentence. If the committee approves her, her case will still require concurrence of the US Attorney's office. Regardless, she cannot be moved until her COVID symptoms abate.
- If Home Confinement is not appropriate we will then consider (b)(6); (b)(7)(C); (b)(7)(E)
- (b)(6); (b)(7)(C); (b)(7)(E)

>>> Alix McLearn 8/14/2020 10:14 AM >>>

- Inmate (b)(6); (b)(7)(C)
- (b)(6); (b)(7)(C)
- She is COVID positive and currently in isolation in the negative pressure room.
- Her PATTERN score is LOW RISK and she is MINIMUM Security Level.
- The institution is preparing a referral for Home Confinement; RRMB has not yet received it.
- Once the referral is received, the committee will review her. The primary issue is that she has only served 4% of her sentence. If the committee approves her, her case will still require concurrence of the US Attorney's office. Regardless, she cannot be moved until her COVID symptoms abate.
- If Home Confinement is not appropriate we will then consider (b)(6); (b)(7)(C)

There is one other thing we should discuss about this case if you or Mr. Beasley can call me at (b)(6); (b)(7)(C)

>>> (b)(6); (b)(7)(C) 8/14/2020 8:57 AM >>>

Good morning,

Can you provide us with the current status of this inmate? I know she was scored, but was she reviewed by the committee, approved/disapproved, has she been moved out from the institution (whether (b)(6); (b)(7)(C)) and can you provide any pertinent details to share with the Deputy Director?

Thanks (b)(6); (b)(7)(C)

----- Original message -----

**From:** Alix McLearn <(b)(6); (b)(7)(C)@bop.gov>  
**Date:** 8/7/20 9:36 AM (GMT-05:00)  
**To:** Gene Beasley <(b)(6); (b)(7)(C)@bop.gov>, Nicole English <(b)(6); (b)(7)(C)@bop.gov>, Sonya Thompson <(b)(6); (b)(7)(C)@bop.gov>, Andre Matevosian <(b)(6); (b)(7)(C)@bop.gov>  
**Cc:** Zachary Kelton <(b)(6); (b)(7)(C)@bop.gov>, Kevin Pistro <(b)(6); (b)(7)(C)@bop.gov>, (b)(6); (b)(7)(C)@bop.gov  
**Subject:** (b)(6); (b)(7)(C)

>>> "Alix McLearen" 08/07/2020 09:36 >>>

Good Morning,

Given DOJ's interest in (b)(6); (b)(7)(C) I wanted to let you know I was just notified (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) positive for COVID. The inmate is (b)(6); (b)(7)(C) She is 31 years old and the institution has not yet scored her in PATTERN. We have been in touch with the facility regarding housing/management, and once they get her scored, we will look at the possibility of (b)(6); (b)(7)(C) Home Confinement.

Please advise if you have questions,

Alix

**From:** Gene Beasley (b)(6); (b)(7)(C) @bop.gov>  
**Sent:** Wednesday, September 9, 2020 12:54 PM  
**To:** Zachary Kelton  
**Subject:** RE: Key Transfer/Release Statistics  
**Attachments:** TEXT.htm

Thank you.

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

**From:** Zachary Kelton (b)(6); (b)(7)(C) @bop.gov>  
**Date:** 9/9/20 12:51 PM (GMT-05:00)  
**To:** Gene Beasley (b)(6); @bop.gov>, Michael Carvajal (b)(6); (b)(7)(C) @bop.gov>  
**Cc:** (b)(6); (b)(7)(C) @bop.gov>, Kevin Pistro (b)(6); (b)(7)(C) @bop.gov>, (b)(6); (b)(7)(C) @bop.gov>  
**Subject:** Key Transfer/Release Statistics

>>> "Zachary Kelton" 09/09/2020 12:51 >>>

Director and Deputy Director,

Attached are the most recent statistics for First Step Act releases, transfers to home confinement during the COVID pandemic, and overall releases for CY 2020 to date.

**Summary of key changes since last week:**

Increase in First Step Act compassionate releases: **+55**

Increase in First Step Act releases due to crack cocaine sentence reductions: **+11**

Increase in transfers to home confinement: **+63**

Zach



**From:** Gene Beasley <(b)(6);(b)(7)(C)@bop.gov>  
**Sent:** Tuesday, September 1, 2020 9:52 PM  
**To:** Andre Matevosian <(b)(6);(b)(7)(C)> Kevin Pistro; Michael Smith; Zachary Kelton  
**Subject:** FW: Inmate Death HC update  
**Attachments:** TEXT.htm

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

From: David Paul <(b)(6);(b)(7)(C)@bop.gov>  
Date: 9/1/20 9:41 PM (GMT-05:00)  
To: Gene Beasley <(b)(6);(b)(7)(C)@bop.gov>  
Cc: Alix McLearn <(b)(6);(b)(7)(C)@bop.gov>, Zachary Kelton <(b)(6);(b)(7)(C)@bop.gov>, Sonya Thompson <(b)(6);(b)(7)(C)@bop.gov>  
Subject: Inmate Death HC update

>>> "David Paul" 09/01/2020 21:41 >>>

Gene, This is a follow up to our conversation, where I reported the death of inmate Esstease Bellamy who had been released to HC from Springfield. The cause of death is unknown at this time, but natural causes is suspected due to inmate Bellamy having end stage renal disease. I've included the initial synopsis. If you have any additional questions, give me a call. David

Name: Esstease Bellamy #85748-083  
Arrived: 6/15/2020  
Release Date: 10/30/2020 3621E  
Transferred from: SPG Medical  
Care Level 4  
Black/Male  
DOB: 11/25/1960 Age 59  
CIM separation VNS - Yes STG  
CARES ACT PLACEMENT: YES  
OFFNS: PWITD Heroin, 60 Months, 3 years SRT  
Home Confinement Ghent RRC Norfolk, VA (CBR 3FS HC)

On 9/1/2020 at approximately 1739 home confinement resident Bellamy #85748-083 passed away at his home at (b)(6);(b)(7)(C).  
(b)(6);(b)(7)(C) At 1700 the Facility Director from Ghent RRC called to verify that Bellamy #85748-083 was home. She spoke with his son (b)(6);(b)(7)(C) who stated Hampton paramedics were at the residence trying to resuscitate Mr. Bellamy. Hampton police Officer (b)(6);(b)(7)(C) phone number (b)(6);(b)(7)(C) reported that Bellamy was deceased. Cause of death is unknown at this time, but natural causes is suspected. Bellamy reportedly had end stage renal disease and required dialysis 3x weekly and had heart problems.

**From:** Gene Beasley

**Sent:** Tuesday, August 25, 2020 10:09 PM

**To:** (b)(6); (b)(7)(C)

**Subject:** FW: As per our conversation - (b)(6); (b)(7)(C)

**Attachments:** As per our conversation

I'm just getting to my emails. Today was a crazy day.

Will you please look into the below. Thank you (b)(6); (b)(7)(C)

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

**From:** (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@aleph-institute.org>

**Date:** 8/25/20 6:42 AM (GMT-05:00)

**To:** Gene Beasley <(b)(6); (b)(7)(C)@bop.gov>, (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@aleph-institute.org>

**Subject:** As per our conversation - (b)(6); (b)(7)(C)

**From:** Gene Beasley (b)(6); (b)(7)(C) @bop.gov>  
**Sent:** Wednesday, September 9, 2020 7:16 PM  
**To:** David Paul  
**Subject:** RE: (b)(6); (b)(7)(C)  
**Attachments:** TEXT.htm

Thanks.

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

**From:** David Paul (b)(6); (b)(7)(C) @bop.gov>  
**Date:** 9/9/20 11:01 AM (GMT-05:00)  
**To:** Gene Beasley (b)(6); (b)(7)(C) @bop.gov>  
**Cc:** Alix McLearn (b)(6); (b)(7)(C) @bop.gov>, Zachary Kelton (b)(6); (b)(7)(C) @bop.gov>, Kevin Pistro (b)(6); (b)(7)(C) @bop.gov>, (b)(6); (b)(7)(C)  
(b)(6); (b)(7)(C) @bop.gov>  
**Subject:** (b)(6); (b)(7)(C)

>>> "David Paul" 09/09/2020 11:01 >>>

Gene,  
On Tuesday, September 8, 2020, inmate (b)(6); (b)(7)(C) tested positive for COVID, with symptoms (fever) upon arrival. She is currently in isolation.

PRD: 05-06-2021

SECURITY LEVEL: MINIMUM

(b)(6); (b)(7)(C)

INSTANT OFFENSE: CONSPIRACY TO VIOLATE ANIMAL WELFARE ACT, POSSESSION OF A FIGHTING ANIMAL, TRANSPORT/RECEIVING A FIGHTING ANIMAL

HOME DETENTION ELIGIBILITY DATE: 04-13-2021

DETAINDER: NONE

FCI Aliceville staff are reviewing her to determine if she is appropriate for community placement (b)(6); (b)(7)(C) or home confinement). More information is forthcoming.

David

**From:** Gene Beasley  
**Sent:** Friday, August 28, 2020 10:10 AM  
**To:** James Petrucci  
**Subject:** Fwd: (b)(6);(b)(7)(C)  
**Attachments:** 1FXT.htm

I am making sure you are aware of the below. Also, please make sure we monitor this closely and please keep me posted.  
Thank you!  
Gene

>>> (b)(6);(b)(7)(C) 8/28/2020 10:04 AM >>>

We are now in custody of (b)(6);(b)(7)(C) with COVID-19. See below.

>>> (b)(6);(b)(7)(C) 8/28/2020 9:43 AM >>>

(b)(6);(b)(7)(C) via USMS as a supervised release violator on 08-26-2020. The institution confirmed she is (b)(6); COVID positive (b)(6);(b)(7)(C) and a full term release date of 12 20 2020. (b)(6);(b)(7)(C) was appropriately placed in COVID 19 isolation on 08 26 2020. Currently, staff at the facility are working with her to establish a viable release residence and referring her for home confinement placement.

**From:** Gene Beasley  
**Sent:** Thursday, August 27, 2020 4:25 PM  
**To:** Michael Carvajal  
**Subject:** FW: FSA Requests  
**Attachments:** FSA Requests

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

From: "Grieco, Christopher (ODAG)" <(b)(6);(b)(7)(C)@usdoj.gov>  
Date: 8/27/20 4:20 PM (GMT-05:00)  
To: (b)(6);(b)(7)(C)@usdoj.gov>, "Gene (BOP) Beasley" <(b)(6);(b)(7)(C)@usdoj.gov>  
Subject: FSA Requests

**From:** Gene Beasley (b)(6); (b)(7)(C) @bop.gov>  
**Sent:** Thursday, August 13, 2020 9:14 PM  
**To:** Alix McLearn  
**Subject:** RE: Re (b)(6); (b)(7)(C)  
**Attachments:** TEXT.htm

Thank you Alix.

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

**From:** Alix McLearn (b)(6); (b)(7)(C) @bop.gov>  
**Date:** 8/13/20 6:01 PM (GMT-05:00)  
**To:** Gene Beasley (b)(6); (b)(7)(C) @bop.gov>  
**Cc:** Kevin Pistro (b)(6); (b)(7)(C) @bop.gov>  
**Subject:** Fwd: Re (b)(6); (b)(7)(C)

>>> "Alix McLearn" 08/13/2020 18:01 >>>

Mr. Beasley,

I want to ensure I am providing any information I receive about

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

I will pass this along to Public Affairs as well.

Please let me know if anything further is needed.

Thanks!

Alix

>>> (b)(6); (b)(7)(C) 8/13/2020 5:48 PM >>>

(b)(6); (b)(7)(C)

**From:** Gene Beasley (b)(6); (b)(7)(C) @bop.gov>  
**Sent:** Wednesday, August 19, 2020 2:24 PM  
**To:** Zachary Kelton  
**Subject:** RE: Pandemic Home Confinement Decision Statistics

Thank you.

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

**From:** Zachary Kelton (b)(6); (b)(7)(C) @bop.gov>  
**Date:** 8/19/20 8:11 AM (GMT-05:00)  
**To:** Gene Beasley (b)(6); (b)(7)(C) @bop.gov>, Michael Carvajal (b)(6); (b)(7)(C) @bop.gov>  
**Cc:** (b)(6); (b)(7)(C) @bop.gov>, Kevin Pistro (b)(6); (b)(7)(C) @bop.gov>, (b)(6); (b)(7)(C) @bop.gov>  
**Subject:** Pandemic Home Confinement Decision Statistics

>>> "Zachary Kelton" 08/19/2020 08:14 >>>

Director and Deputy Director,

Attached are the most recent statistics for home confinement decisions by institutions and the Central Office home confinement committee during the pandemic.

**Summary of key changes since last week:**

Increase in total inmates reviewed: **+1,294**

Increase in Central Office committee home confinement approvals: **+21**

Increase in institution home confinement approvals: **+209**

Hard copies will be in your offices upon your return.

Zach

**From:** Gene Beasley (b)(6); (b)(7)(C) @bop.gov>  
**Sent:** Wednesday, August 19, 2020 2:23 PM  
**To:** Zachary Kelton  
**Subject:** RE: Key Transfer/Release Statistics

Thank you for the information.

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

**From:** Zachary Kelton (b)(6); (b)(7)(C) @bop.gov>  
**Date:** 8/19/20 8:10 AM (GMT-05:00)  
**To:** Gene Beasley (b)(6); (b)(7)(C) @bop.gov>, Michael Carvajal (b)(6); (b)(7)(C) @bop.gov>  
**Cc:** (b)(6); (b)(7)(C) @bop.gov>, Kevin Pistro (b)(6); (b)(7)(C) @bop.gov>, (b)(6); (b)(7)(C) @bop.gov>  
**Subject:** Key Transfer/Release Statistics

>>> "Zachary Kelton" 08/19/2020 08:11 >>>

Director and Deputy Director,

Attached are the most recent statistics for First Step Act releases, transfers to home confinement during the COVID pandemic, and overall releases for CY 2020 to date.

**Summary of key changes since last week:**

Increase in First Step Act compassionate releases: **+89**

Increase in First Step Act releases due to crack cocaine sentence reductions: **+16**

Increase in transfers to home confinement: **+96**

Hard copies will be in your offices upon your return.

Zach



**From:** Gene Beasley (b)(6); (b)(7)(C) @bop.gov>  
**Sent:** Wednesday, August 5, 2020 8:55 PM  
**To:** Zachary Kelton  
**Subject:** RE: Pandemic Home Confinement Decision Statistics

Thank you.

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

**From:** Zachary Kelton (b)(6); @bop.gov>  
**Date:** 8/5/20 12:51 PM (GMT-05:00)  
**To:** Gene Beasley (b)(6); @bop.gov>, Michael Carvajal (b)(6); (b)(7)(C) @bop.gov>  
**Cc:** (b)(6); (b)(7)(C) @bop.gov>, Kevin Pistro (b)(6); (b)(7)(C) @bop.gov>, (b)(6); (b)(7)(C) @bop.gov>  
**Subject:** Pandemic Home Confinement Decision Statistics

>>> "Zachary Kelton" 08/05/2020 12:51 >>>

Director and Deputy Director,

Attached are the most recent statistics for home confinement decisions by institutions and the Central Office home confinement committee during the pandemic.

**Summary of key changes since last week:**

Increase in total inmates reviewed: **+181**

Increase in Central Office committee home confinement approvals: **+51**

Increase in institution home confinement approvals: **+24**

Zach

**From:** Gene Beasley (b)(6); (b)(7)(C) @bop.gov>  
**Sent:** Tuesday, August 11, 2020 7:48 PM  
**To:** Alix McLearn  
**Subject:** RE: Significant Incident: RRC Evacuation  
**Attachments:** TEXT.htm

Thank you Alix.

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

**From:** Alix McLearn (b)(6); (b)(7)(C) @bop.gov>  
**Date:** 8/11/20 2:55 PM (GMT-05:00)  
**To:** Hugh Hurwitz (b)(6); (b)(7)(C) @bop.gov>, Gene Beasley (b)(6); (b)(7)(C) @bop.gov>, Michael Carvajal (b)(6); (b)(7)(C) @bop.gov>, Zachary Kelton (b)(6); (b)(7)(C) @bop.gov>, Sonya Thompson (b)(6); (b)(7)(C) @bop.gov>, Andre Matevousian (b)(6); (b)(7)(C) @bop.gov>  
**Subject:** Significant Incident: RRC Evacuation

>>> "Alix McLearn" 08/11/2020 14:55 >>>

Good Afternoon,

The RRC facility in Cedar Rapids Iowa (CMS 7CP) was hit by severe winds last night and into this morning. We are evacuating all inmates from the facility, as they have no phone service or power, and the facility has been damaged. At this time our contractor in Renville County Minnesota is en route to pick up the 31 inmates that are currently at the facility.

Additionally, 22 inmates are on home confinement through this facility. We are working with USPO, USMS, and local law enforcement to conduct a physical checks on all of these inmates, (b)(7)(E); (b)(7)(F)

Please let me know if there are questions. Thank you,

Alix

**From:** Gene Beasley  
**Sent:** Friday, August 7, 2020 1:11 PM  
**To:** Zachary Kelton  
**Subject:** FW: Transition  
**Attachments:** TEXT.htm; Transition

As discussed...

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

From: Hugh Hurwitz, (b)(6); (b)(7)(C)@bop.gov>  
Date: 8/5/20 2:43 PM (GMT-05:00)  
To: Gene Beasley, (b)(6); (b)(7)(C)@bop.gov>  
Subject: Transition

**From:** Gene Beasley (b)(6); (b)(7)(C) @bop.gov>  
**Sent:** Sunday, August 2, 2020 6:06 PM  
**To:** Freddy Garrido  
**Subject:** RE: (b)(6); (b)(7)(C) Timeline 8/2/2020  
**Attachments:** TEXT.htm

Thank you.

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

**From:** Freddy Garrido (b)(6); (b)(7)(C) @bop.gov>  
**Date:** 8/2/20 4:36 PM (GMT-05:00)  
**To:** Gene Beasley (b)(6); (b)(7)(C) @bop.gov>, Juan Baltazar (b)(6); (b)(7)(C) @bop.gov>  
**Subject:** (b)(6); (b)(7)(C) Timeline 8/2/2020

>>> "Freddy Garrido" 08/02/2020 16:36 >>>

**Medical**

(b)(6); (b)(7)(C)

**Legal**

Inmate (b)(6); (b)(7)(C) was afforded a legal call at 1:03 PM and it ended at 1:32 PM. Inmate requested copies of his medical records from the hospital.

**Correctional**

Please see phone call transcription of calls made on 8/1/2020, between the inmate and his wife.

8/2/2020 1:42 PM

Called his wife. Asked how many people showed up for the protest. His wife said there were 17 people or so show up for the protest. His wife indicated the organizer came from Dallas and showed up late. His wife said she introduced a nurse to (b)(6); (b)(7)(C) (news reporter). His wife said she gave a status of how (b)(6); (b)(7)(C) was doing. His wife said how incompetent the institution was in getting (b)(6); (b)(7)(C) and others out of prison. (b)(6); (b)(7)(C) said he spoke with his lawyer and said he was a sweet guy. Says he has many people listed as his attorney. Says his attorney gave helpful information on how to handle (b)(6); (b)(7)(C). He wants his wife to go to Baptist to get his medical records from the ER visit. (b)(6); (b)(7)(C) said he had childhood asthma. (b)(6); (b)(7)(C) lawyer said he is asking for 5 years home confinement. (b)(6); (b)(7)(C) asked for Zinc to be made available for him **(This is a supplement and is not formulary on its own. Our multivitamin that we sell in the commissary should have Zinc in it. I will check on this tomorrow)**. He said he saw a doctor and says his memory is not like it used to be. (b)(6); (b)(7)(C) said he was very proud of his wife for what she's doing. They talked about someone they know who died in the Fort Worth prison. She said she was chanting, "Send our men go!". He said she texted (b)(6); (b)(7)(C) buddy, who wrote an article.

F. J. Garrido  
Warden

Federal Correctional Complex  
Low Security Institution  
P.O. Box 26025  
Beaumont, TX 77720

**From:** Gene Beasley [REDACTED]@bop.gov>  
**Sent:** Friday, July 31, 2020 7:57 PM  
**To:** Andre Matevosian  
**Subject:** RE: [REDACTED] RRC-HC Referral  
**Attachments:** TEXT.htm

Thank you Andy.

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

**From:** Andre Matevosian [REDACTED]@bop.gov>  
**Date:** 7/31/20 7:52 PM (GMT-05:00)  
**To:** Gene Beasley [REDACTED]@bop.gov>  
**Subject:** Fwd: [REDACTED] RRC-HC Referral

>>> "Andre Matevosian" 07/31/2020 19:52 >>>

7/10/2020 - Received Home Confinement Referral from Institution  
7/14/2020 - Committee Approved Home Confinement Placement and Sent to USA  
7/14/2020 - USA returned Objection Notice for Home Confinement  
7/15/2020 - Based on USA Objection BOP reconsiders referral and Denies placement

**From:** Gene Beasley (b)(6); (b)(7)(C) @bop.gov>  
**Sent:** Friday, August 7, 2020 12:18 PM  
**To:** Jeffery Keller  
**Subject:** FW: Pregnant inmate with COVID  
**Attachments:** TEXT.htm

Fyi..

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

From: Alix McLearen (b)(6); (b)(7)(C) @bop.gov>  
Date: 8/7/20 9:36 AM (GMT-05:00)  
To: Gene Beasley (b)(6); (b)(7)(C) @bop.gov>, Nicole English (b)(6); (b)(7)(C) @bop.gov>, Sonya Thompson (b)(6); (b)(7)(C) @bop.gov>, Andre Matevousian (b)(6); (b)(7)(C) @bop.gov>  
Cc: Zachary Kelton (b)(6); (b)(7)(C) @bop.gov>, Kevin Pistro (b)(6); (b)(7)(C) @bop.gov>, (b)(6); (b)(7)(C) @bop.gov>  
Subject: Pregnant inmate with COVID

>>> "Alix McLearen" 08/07/2020 09:36 >>>

Good Morning,

Given DOJ's interest in pregnant women, I wanted to let you know I was just notified a (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) is both pregnant and positive for COVID. The inmate is (b)(6); (b)(7)(C) She is 31 years old and the institution has not yet scored her in PATTERN. We have been in touch with the facility regarding housing/management, and once they get her scored, we will look at the possibility of MINT or Home Confinement.

Please advise if you have questions,

Alix

**From:** Gene Beasley (b)(6); (b)(7)(C) @bop.gov>  
**Sent:** Tuesday, August 4, 2020 7:49 PM  
**To:** Freddy Garrido  
**Subject:** RE: 8/4/2020 Timeline (b)(6); (b)(7)(C)  
**Attachments:** TEXT.htm

Thank you.

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

**From:** Freddy Garrido (b)(6); (b)(7)(C) @bop.gov>  
**Date:** 8/4/20 6:23 PM (GMT-05:00)  
**To:** Gene Beasley (b)(6); (b)(7)(C) @bop.gov>, Wayne Smith (b)(6); (b)(7)(C) @bop.gov>  
**Subject:** RE: 8/4/2020 Timeline (b)(6); (b)(7)(C)

>>> "Freddy Garrido" 08/04/2020 18:23 >>>

Also, regarding his home confinement referral, he said he wanted to know who denied him because his home confinement denial case was going to be heard as a brief in some committee in Washington very soon.

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

**From:** Freddy Garrido (b)(6); (b)(7)(C) @bop.gov>  
**Date:** 8/4/20 4:58 PM (GMT-06:00)  
**To:** Gene Beasley (b)(6); (b)(7)(C) @bop.gov>, Wayne Smith (b)(6); (b)(7)(C) @bop.gov>  
**Subject:** 8/4/2020 Timeline (b)(6); (b)(7)(C)

>>> "Freddy Garrido" 08/04/2020 17:58 >>>

8/4/2020

2:50 PM

I met with (b)(6); (b)(7)(C) to discuss his concern over not receiving the Hydroxychloroquine prescription. I met the inmate in the urgent care room of the Camp clinic. The nurse practitioner was present during my entire conversation with him. I watched him walk from the Camp VR (isolation) to the Camp clinic without difficulty at a good pace and no respiratory distress. The inmate, nurse practitioner and myself were in full PPE. Inmate (b)(6); (b)(7)(C) sat on an examination gurney and remained breathing normally, with no difficulty and never once coughed. The inmate wanted to know why he was not receiving the Hydroxychloroquine recommended by the ER doctor. I asked the inmate how he was feeling and he said he was feeling a lot better since he went to the hospital. I educated him on the non-formulary process and explained that anytime a provider prescribes medication, those medications are normally chosen from a national formulary of approved medications. Any medications outside of this would require the provider to send a request through an approval process which included a regional and central office review. I told him his prescription for Hydroxychloroquine was approved locally and that the medication was denied jointly at the regional and central office level due to their concerns about using the medication outside a hospital setting with its potential cardiac complications. I told him the Central and Regional Office Staff referenced an FDA article which talked about this. I also showed and read the article from the FDA article, dated 7/1/2020, which the non-formulary denial referenced. I did remind him that both the Z-pak and Albuterol inhaler medications recommended by the ER doctor were given to him. (b)(6); (b)(7)(C) indicated the FDA article from 7/1/2020, was old and there was another follow-up article to that one published this week from the FDA that contradicted this, especially in Texas where ER doctors were being told to prescribe the Hydroxychloroquine because it worked. He wanted a copy of the article I was reading. I told him that if any of his loved ones wanted to see it, they could google search: FDA cautions against the use of Hydroxychloroquine for COVID-19 outside hospital settings and discuss it with him. He asked if he could at least get the web link.

(b)(6); (b)(7)(C) wanted to know what was going on with his Zinc prescription. I told him it was back ordered since February 2020. I explained to him that as any Federal entity, we have mandatory sources that we purchase things from and that medications was one of them. I told him we have been following up regularly with his Zinc prescription and as recently as July 2020. The Zinc prescription is still on back order. He said the medication was readily available in any store, even Walmart. I told him that if it's over the counter medications that he was talking about, the multi vitamins he purchases in the commissary has 15 mg of Zinc, which is 100% of the recommended daily dose. The inmate said this was not enough and that the Zinc, Z-Pak and Hydroxychloroquine all worked together to enter in your cell to fight COVID or so is what he read. He asked we go to another source to get his Zinc prescription filled.

Finally, the inmate talked about his home confinement denial and wanted to know who denied it. I told him that I recommended his name was referred up to the committee for their consideration and they denied it. I reminded him that I responded to his BP-9 or Inmate to Staff Request indicating such.

Inmate (b)(6); (b)(7)(C) said he remembered that, but wanted to know who the committee was. I told the inmate I did not know who the committee comprised of.

(b)(6); (b)(7)(C) requested the following at the end of our conversation:

1. A copy of the FDA article which his non-formulary denial was based off of.
2. A copy of the discharge summary from his ER trip.
3. Names of who denied his home confinement referral.
4. That we find a way to get his Zinc prescription filled.

I told him I would review his requests and give him a response this week.

Throughout my conversation with inmate (b)(6); (b)(7)(C) he remained calm, pleasant, and did not interrupt me while I spoke to him. We ended the conversation and the inmate was escorted back to the isolation area in the Camp VR.

Let me know if you have any questions.

DOJ-(BOP)-20-2163, 20-2166-A-000309

Freddy  
F. J. Garrido  
Warden

Federal Correctional Complex  
Low Security Institution  
P.O. Box 26025  
Beaumont, TX 77720



**From:** Gene Beasley (b)(6); (b)(7)(C)@bop.gov>  
**Sent:** Friday, July 31, 2020 8:33 PM  
**To:** Michael Carvajal  
**Subject:** FW: Congressman Weber's Office  
**Attachments:** TEXT.htm

Just for your awareness.

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

**From:** Juan Baltazar (b)(6); (b)(7)(C)@bop.gov>  
**Date:** 7/31/20 8:27 PM (GMT-05:00)  
**To:** Gene Beasley (b)(6); (b)(7)(C)@bop.gov>  
**Subject:** FW: Congressman Weber's Office

>>> "Juan Baltazar" 07/31/2020 20:27 >>>

More information on (b)(6); (b)(7)(C) Sent from my Verizon, Samsung Galaxy smartphone<div>

</div><!-- originalMessage --><div>----- Original message -----</div><div>From: (b)(6); (b)(7)(C)@bop.gov> </div><div>Date: 7/31/20 7:21 PM (GMT-06:00) </div><div>To: Juan Baltazar (b)(6); (b)(7)(C)@bop.gov> </div><div>Subject: Congressman Weber's Office </div><div></div>

>>> "Amberly Newman" (b)(6); (b)(7)(C)@bop.gov> 07/31/2020 20:21 >>>  
Nancy is working on the quarantine/isolation time line.

(b)(6); (b)(7)(C)

SCRO and BMX contact with Congressman Weber's Office:

7/6/2020 - The SCRO and FCC Beaumont had a staffer level teleconference with Congressman Weber's Office to update his office on the COVID-10 operations at FCC Beaumont. The teleconference went well.

7/8/2020 - Congressman Weber reached out to FCC Beaumont requesting to speak with Warden Shults.

7/9/2020 - Warden Garrido returned Congressman Weber's call from 7/8/2020 Congressman Weber wanted to know about the increase in COVID cases at the Camp. Congressman Weber said FCC Beaumont were upwards of 180 + and Warden Garrido told him that was not correct; we were actually were at 150. Warden Garrido told him the Camp was mass tested due to recent COVID cases in a unit. Congressman Weber then asked about inmate (b)(6); (b)(7)(C) and wanted to know why he was not released due to his co-morbidities. Warden Garrido told the Congressman that inmate (b)(6); (b)(7)(C) was reviewed and he did not meet the criteria. Congressman Weber wanted specifics and asked for Warden Garrido to call him back and let him know why exactly inmate (b)(6); (b)(7)(C) can't be considered. Warden Garrido told him we'd get back with him and ended the call.

7/17/2020 - Warden Garrido received a call from Congressman Weber. He wanted to know inmate (b)(6); (b)(7)(C) home confinement status. The Congressman said he was aware Warden Garrido referred him for home confinement consideration and wanted to know who denied his referral past his level. Congressman Weber wanted to know who he needed to call next so he could address this with them. Warden Garrido told him he did not know and would try to get him an answer. Congressman Weber said, "OK" and they finished the call.

7/22/2020 - Congressman Weber (staffer) reached out to SCRO to get an update on the FCC Beaumont's efforts to protect inmates from COVID-19.

7/22/2020 - SCRO scheduled a call with Congressman Weber's Office (staffers) for 7/24/2020 at 1:00 p.m. (CST) .

7/23/2020- Congressman Weber left a message on Warden Garrido's samsung asking for the name and telephone number of the staff member he needs to speak with in to discuss inmate (b)(6); (b)(7)(C) home confinement denial status. Warden Garrido has not returned the call as we had a teleconference planned for 7/24/2020.

7/24/2020- SCRO contacted by Congressman Weber's staffer requesting to reschedule the teleconference for Monday, July 27, 2020.

7/24/2020- SCRO responded back to Congressman Weber's Office agreeing to reschedule the call for Monday 27, 2020. SCRO offered a call for Monday, July 27, 2020 between 12:00 p.m. - 3:00 p.m

7/24/2020 - Congressman Weber's Office confirmed call for Monday, July 27, 2020 at 12:30 p.m.

7/27/2020- SCR and BMX spoke with Congressman Weber's Office regarding COVID operations at BMX and home confinement.

\*\*\*\*\*

7/27/2020- SCR 1A requested OLA set up a call with Congressman Weber's Office and CPD to discuss inmate (b)(6) (b)(7)(C) home confinement denial. OLA agreed.

7/28/2020 - OLA requested the POC for Congressman Weber's Office from SCR 1A and it was provided to them the same day. Doubling to make sure this call happened with OLA.

(b)(6);(b)(7)(C)

Federal Bureau of Prisons  
South Central Regional Office  
344 Marine Forces Drive  
Grand Prairie, Texas 75051

(b)(6);(b)(7)(C)

This message is intended for official use and may contain SENSITIVE information. If this message contains SENSITIVE information, it should be properly delivered, labeled, stored, and disposed of according to policy.

**From:** Gene Beasley  
**Sent:** Wednesday, August 12, 2020 3:48 PM  
**To:** (b)(6); (b)(7)(C)  
**Subject:** Re: Reportable Incident

Yes.

>>> (b)(6);(b)(7)(C) 8/12/2020 1:08 PM >>>

Gene

Alix McLearn needs to report an incident to you per the reporting guidelines. Is it OK if I make the appointment for after your meeting with RD Rios? It is about (b)(6);(b)(7)(C)

Thanks,

(b)(6);  
(b)(7)(C)

**From:** Gene Beasley (b)(6); (b)(7)(C) @bop.gov>  
**Sent:** Friday, July 31, 2020 8:32 PM  
**To:** Juan Baltazar  
**Subject:** RE: Congressman Weber's Office  
**Attachments:** TEXT.htm

Thanks...

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

**From:** Juan Baltazar (b)(6); (b)(7)(C) @bop.gov>  
**Date:** 7/31/20 8:27 PM (GMT-05:00)  
**To:** Gene Beasley (b)(6); (b)(7)(C) @bop.gov>  
**Subject:** FW: Congressman Weber's Office

>>> "Juan Baltazar" 07/31/2020 20:27 >>>

More information on (b)(6); (b)(7)(C)

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

**From:** (b)(6); (b)(7)(C) @bop.gov>  
**Date:** 7/31/20 7:21 PM (GMT-06:00)  
**To:** Juan Baltazar (b)(6); (b)(7)(C) @bop.gov>  
**Subject:** Congressman Weber's Office

>>> (b)(6); (b)(7)(C) 07/31/2020 20:21 >>>

Nancy is working on the quarantine/isolation time line.

(b)(6); (b)(7)(C)

SCRO and BMX contact with Congressman Weber's Office:

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7/8/2020 - Congressman Weber reached out to FCC Beaumont requesting to speak with Warden Shults.

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7/17/2020 - Warden Garrido received a call from Congressman Weber. He wanted to know inmate (b)(6); (b)(7)(C) home confinement status. The Congressman said he was aware Warden Garrido referred him for home confinement consideration and wanted to know who denied his referral past his level. Congressman Weber wanted to know who he needed to call next so he could address this with them. Warden Garrido told him he did not know and would try to get him an answer. Congressman Weber said, "OK" and they finished the call.

7/22/2020 - Congressman Weber (staffer) reached out to SCRO to get an update on the FCC Beaumont's efforts to protect inmates from COVID-19.

7/22/2020 - SCRO scheduled a call with Congressman Weber's Office (staffers) for 7/24/2020 at 1:00 p.m. (CST) .

7/23/2020- Congressman Weber left a message on Warden Garrido's samsung asking for the name and telephone number of the staff member he needs to speak with in to discuss inmate (b)(6); (b)(7)(C) home confinement denial status. Warden Garrido has not returned the call as we had a teleconference planned for 7/24/2020.

7/24/2020- SCRO contacted by Congressman Weber's staffer requesting to reschedule the teleconference for Monday, July 27, 2020.

DOJ-(BOP)-20-2163, 20-2166-A-000314

7/24/2020- SCRO responded back to Congressman Weber's Office agreeing to reschedule the call for Monday 27, 2020. SCRO offered a call for Monday, July 27, 2020 between 12:00 p.m - 3:00 p.m

7/24/2020 - Congressman Weber's Office confirmed call for Monday, July 27, 2020 at 12:30 p.m.

7/27/2020- SCR and BMX spoke with Congressman Weber's Office regarding COVID operations at BMX and home confinement.

\*\*\*\*\*

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7/28/2020 - OLA requested the POC for Congressman Weber's Office from SCR EA and it was provided to them the same day. Doubling to make sure this call happened with OLA.

(b)(6); (b)(7)(C)

Federal Bureau of Prisons  
South Central Regional Office  
344 Marine Forces Drive  
Grand Prairie, Texas 75051

(b)(6); (b)(7)(C)

This message is intended for official use and may contain SENSITIVE information. If this message contains SENSITIVE information, it should be properly delivered, labeled, stored, and disposed of according to policy.

From: Gene Beasley <(b)(6);@bop.gov>  
Sent: Friday, July 31, 2020 12:18 PM  
To: Alix McLearn  
Subject: RE: SIGNIFICANT INCIDENT REPORT: (b)(6);(b)(7)(C) UPDATE-- INMATE DEATH  
Attachments: TEXT.htm

Thank you Alix.

Sent from my Verizon Samsung Galaxy smartphone

----- Original message -----

From: Alix McLearn <(b)(6);@bop.gov>  
Date: 7/31/20 12:12 PM (GMT-05:00)  
To: Gene Beasley <(b)(6);@bop.gov>, Michael Carvajal <(b)(6);@bop.gov>, Kevin Ristro <(b)(6);@bop.gov>  
Cc: Kenneth Hyle <(b)(6);@bop.gov>, Nicole English <(b)(6);@bop.gov>, Zachary Kelton <(b)(6);@bop.gov>, (b)(6);(b)(7)(C)@bop.gov, Sonya Thompson <(b)(6);@bop.gov>  
Subject: Fwd: SIGNIFICANT INCIDENT REPORT: JOHNSON, Guy #73467-280-- UPDATE-- INMATE DEATH

>>> "Alix McLearn" 07/31/2020 12:12 >>>

Please see the below information regarding the death of an RRC inmate from COVID, and please also advise if any additional information would be helpful.

Best,

Alix

>>> (b)(6); 7/31/2020 12:04 PM >>>

INMATE: JOHNSON, Guy  
Reg No. : 73467-280  
DOB: 12/01/1960 (59)  
DSTD: 05/20/2020  
PRD: 10/17/2021  
RRM: CCT Release  
OFFENSE: CTPWTD Cocaine  
FACILITY: DISMAS CHARITIES HATTESBURG (CMY 4J4)  
PROGRAM: Home Confinement- (COVID-19 REFERRAL)  
PARENT FACILITY: Forrest City

**UPDATE #1**

On 07/31/2020, at 9:55 AM, Montgomery RRM was notified by Dismas Charities RRC Director (b)(6); that I/M JOHNSON, Guy, #73467-280, has died due to COVID-19 on 07/30/2020, at 1:15 PM, at Merit Health Central, 1850 Chadwick Drive, Jackson, MS. I/M JOHNSON had been hospitalized since July 7, 2020, with COVID-19 and was on a ventilator at the time of his death. I/M JOHNSON's death was verified by the ICU Charge Nurse at Merit Health Central. The body is at Spence Funeral Home in Fayette, MS and Hattiesburg RRC is making arrangement to fingerprint and photograph the body for identification today.

On Wednesday, July 7, 2020, at approximately, 2:22 PM, Dismas Charities Hattiesburg notified the RRM Office via email that the family of I/M JOHNSON, Guy #73467-280, notified Dismas Charities Hattiesburg RRC, that I/M JOHNSON was being admitted to Merit Health Central, 1850 Chadwick Drive, Jackson, MS, due to COVID-19 symptoms including shortness of breath and low oxygen levels. The RRC does not have any test results that I/M JOHNSON is positive for COVID-19 but they are working to get the test results. I/M JOHNSON's family reports he should be released from the hospital on July 8, 2020. The RRC spoke with a nurse at the hospital who confirmed I/M JOHNSON was being admitted. I/M JOHNSON is a COVID-19 Referral Home Confinement inmate.

**From:** Gene Beasley  
**Sent:** Monday, July 27, 2020 7:28 AM  
**To:** (b)(6); (b)(7)(C)  
**Subject:** Fwd: FW: OGC Agenda Item  
**Attachments:** TEXT.htm

>>> Gene Beasley (b)(6); (b)(7)(C)@bop.gov> 7/26/2020 10:20 PM >>>

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

**From:** Kenneth Hyle (b)(6); (b)(7)(C)@bop.gov>  
**Date:** 7/24/20 1:29 PM (GMT-05:00)  
**To:** Gene Beasley (b)(6); (b)(7)(C)@bop.gov>  
**Subject:** OGC Agenda Item

>>> "Kenneth Hyle" 07/24/2020 13:29 >>>  
Hey Gene -

- OGC - 10 minutes
- Litigation overview
  - Home Confinement Authorities
  - Compassionate Release Cases
  - Legal Visiting
  - Status of Court Operations

**From:** Gene Beasley  
**Sent:** Thursday, July 30, 2020 1:03 AM  
**To:** Zachary Kelton  
**Subject:** Re: Pandemic Home Confinement Decision Statistics  
**Attachments:** 1FXT.htm

Good deal. Thank you!

>>> Zachary Kelton 7/29/2020 12:57 PM >>>

Director and Deputy Director,

Attached are the most recent statistics for home confinement decisions by institutions and the Central Office home confinement committee during the pandemic.

**Summary of key changes since last week:**

Increase in Central Office committee home confinement approvals: **+30**

Increase in institution home confinement approvals: **+90**

Zach



**From:** Gene Beasley  
**Sent:** Thursday, July 30, 2020 8:48 AM  
**To:** Christopher Romine  
**Subject:** FW: Best Practices Teleconference - Drafts  
**Attachments:** Best Practices Teleconference - Drafts

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

From: (b)(6); (b)(7)(C) @bop.gov>  
Date: 7/28/20 7:55 PM (GMT-05:00)  
To: Gene Beasley (b)(6); (b)(7)(C) @bop.gov>  
Subject: Best Practices Teleconference - Drafts

**From:** Gene Beasley  
**Sent:** Friday, July 31, 2020 9:26 AM  
**To:** (b)(6); (b)(7)(C)

**CC:** Michael Carvajal  
**BCC:** (b)(6); (b)(7)(C); Kevin Pistro

**Subject:** Iwd: COVID 19 Lessons Please READ.

**Attachments:** TEXT.htm; Final Report 20-87 Remote Inspection of FCC Tucson.pdf; Final Report 20-86 Remote Inspection of FCC Lompoc 1.pdf; covid19 cloth face coverings institution guidance v2 20200417.pdf; covid19 cloth face coverings staff v2 20200417.pdf; COVID Action Plan - Face Masks\_2\_1.pdf; TIDY TRACKING 7\_21 LOMPOC.xlsx; WXR COVID19 TIDY for record.pdf; (b)(6); (b)(7)(C) Case.pdf; Lompoc Timeline.docx; Bed Space Timeline.docx; Lompoc Leadership Timeline.docx; Question Inmate Deaths 5 13 20.docx; OIG Summary Document and Individual Responses.docx

(b)(6); (b)(7)(C)

We appreciate you, obviously you took notes... I will be sending out information to all CFO's later today or Monday which will recap the Nationwide call we had on Wednesday. Nonetheless, please share this with the other 5 RD's.  
Gene

>>> (b)(6); (b)(7)(C) //30/2020 10:16 PM >>>  
Wardens,

To educate us all on the reality of a COVID 19 world and everything that comes with it, and to be totally transparent, I have attached the documents below for your review.

- 1) Final Remote Inspection Report - FCC Tucson
- 2) Final Remote Inspection Report - FCC Lompoc
- 3) OIG Summary Document and Individual Responses (this document, along with all other supporting documents, was our rebuttal to the OIG findings)

Remember, OIG has a job to do and they are not our friend. I am very proud of what we as a Regional Team (almost every institution in this Region, along with WXR staff) did to support Lompoc and Terminal Island, but **we** must learn from **our** mistakes. Please study these reports and see how they can help you.

Thank you for what each one of you and your staff do everyday to protect society.

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

Western Region

(b)(6); (b)(7)(C)

This message is intended for official use and may contain SENSITIVE information. If this message contains SENSITIVE information, it should be properly delivered, labeled, stored, and disposed of according to policy.

## FCC Lompoc Timeline – Bed Space Added

### USP (Medium)

- **3/19** – Isolation established per Pandemic Flu Contingency Plan in SHU with 24 beds.
  - **3/19** – Quarantine Unit established in H-Unit (Vacant Unit) with **202** beds.
  - **4/02** – Isolation Unit changed to H-Unit (202 beds) due to increasing cases.
  - **4/02** - Quarantine Unit established in M-Unit (Vacant Unit) with **228** beds.
  - **5/06** – I-Unit (160 beds) established to house quarantined inmates at the USP due to quarantine numbers reducing, and M-Unit (228) being cleared out for FCI inmates testing negative during mass testing at the FCI.
- \*Total beds added for COVID-19 related purposes: 430 beds (from previously vacant units)**

### USP (Camp South and North)

- **4/01** – Food Service Building (Camp South) established as temporary social distancing Unit with **50** beds.
  - **4/01** – Activity Room area (Camp North) established as temporary social distancing Unit with **20** beds.
  - **4/23** – Visiting Room (Camp South) established as temporary social distancing Unit with **13** beds.
- \*Total beds added for COVID-19 related purposes: 83 beds (non-traditional housing created)**

### FCI (Low)

- **4/22** – Gymnasium established as a temporary social distancing Unit with **24** beds.
  - **4/28** – Unicorn building established as temporary social distancing Unit with **100** beds.
  - **4/29** – Chapel building established as temporary social distancing Unit with **20** beds.
  - **4/29** – Chapel activity area established as temporary social distancing Unit with **12** beds.
  - **4/30** – Three tents (10 beds each) established as temporary social distancing space with **30** beds total.
  - **5/7** – M-Unit (228 beds) at USP established to house all inmates testing negative during mass testing of the FCI.
  - **5/20** – Blue Med Iso Tent (**50** beds) established to house inmates experiencing minor symptoms during recovering period.
- \*Total beds added for COVID-19 related purposes: 236 beds (non-traditional housing created)**

**\*Total beds added Complex-wide: 749 beds (vacant/non-traditional housing created)**



U.S. Department of Justice  
Federal Bureau of Prisons

Washington, D.C. 20534

April 6, 2020

**MEMORANDUM FOR ALL CHIEF EXECUTIVE OFFICERS**

**FROM:** ANDRE MATEVOUSIAN, ACTING ASSISTANT DIRECTOR  
CORRECTIONAL PROGRAMS DIVISION

ANDRE MATEVOUSIAN  
Digitally signed by ANDRE MATEVOUSIAN  
Date: 2020.04.05 21:37:41 -04'00'

*N.C. English*  
NICOLE ENGLISH, ASSISTANT DIRECTOR  
HEALTH SERVICES DIVISION

**SUBJECT: CORONAVIRUS (COVID-19) UPDATE – USE OF FACE MASKS**

The Bureau's response to COVID-19 has been evolving in accordance with CDC guidance. Based on the CDC's most recent guidance issued April 5, 2020, the BOP is working aggressively to issue face coverings to all staff and inmates. As such, while the Bureau is implementing additional "social distancing" measures in our facilities, the issuance of face coverings is intended to lessen the spread of coronavirus by "asymptomatic" and "pre-symptomatic" persons.

The BOP is issuing surgical masks as an interim measure to immediately implement CDC's guidance, given the close contact environment of correctional institutions. The BOP is in the process of manufacturing cloth masks, which will replace the use of surgical masks when received.

Unicor is manufacturing cloth masks for all sites. In the interim, and as an immediate, emergency response only, institutions may issue surgical masks to all persons onsite in the following quantities:

**Inmates:** Each inmate will be provided one surgical mask per week. Once Unicor begins shipping masks, sites first in priority are those with currently active COVID incidents:

- OAK
- DAN
- ELK
- LOM
- FOX
- BUX
- YAZ
- MIL
- CCC

Thereafter, priority shipment is to MRCs.

**Staff:** All staff should be issued two face masks from the existing inventory initially per week until Unicorn's masks arrive. Staff do not need to bring in or use their own masks

Staff and inmates should be advised that masks are to be used in interacting with persons when social distancing is not possible. The masks are to prevent spread by asymptomatic persons of COVID-19; they are not being used as Personal Protective Equipment.

**Once Unicorn's shipment is received, all staff and inmates should be issued three cloth masks for their personal use. The use of cloth masks complies with CDC guidance.** The use of PPE in quarantine and isolation settings should follow existing guidance from Health Services.

Additionally, CDC's other best practices for preventing the spread of coronavirus should continue to be exercised. Good hand and health hygiene practices, and regular cleaning and disinfection of high touch surfaces should be emphasized to the inmate population. Wardens must ensure cleaning supplies are readily available for all inmates. Institutions without any known COVID-19 cases should take proactive infection prevention and control measures, while institutions with COVID-19 cases will need to modify delivery of health care services in accordance with guidance from the Bureau Medical Director.

Screening of all staff for COVID-19 symptoms and temperature checks will continue at all institutions according to established procedures, and staff will be reminded to practice good hand and health hygiene. At institutions with COVID-19 cases (staff and/or inmates), limiting staff movement amongst assigned areas/posts whenever feasible may help prevent the spread of infection.

We appreciate your assistance in this next phase of our COVID-19 response.

# Institution, Regional Office, and Central Office Guidance – Cloth Face Coverings

Updated April 17, 2020

- Effective as promptly as possible, all individuals are to wear cloth facemasks or coverings to the extent practicable within the common area Department facilities and workspaces— particularly in traditional office-like settings. Individuals may remove a face covering when working in a private office, cubicle, or workspace where *at least* six feet of social distance can be maintained. Individuals may also need to lower their face covering in order to pass through security checkpoints.
- The BOP is working aggressively to issue cloth face coverings to all institution staff, Central & Regional Office staff, and inmates.
- The BOP is issuing surgical masks as an interim measure to immediately implement CDC’s guidance on cloth face coverings.
- The BOP is in the process of manufacturing cloth face coverings, which will replace the use of surgical masks when surgical masks or other personal protective equipment (PPE) is not required.
- Cloth face coverings are to be used if interacting with persons when social distancing is not possible. The coverings are to prevent spread of COVID-19 by asymptomatic persons; they are not being used as Personal Protective Equipment (PPE).
  - Note - a staff member may have an inmate remove their cloth face covering to perform safety and security checks. Once the check is complete the inmate should place the covering back on their face.
- Once UNICOR’s shipment of cloth face coverings is received, all staff and inmates should be issued three cloth face coverings for their personal use. The use of cloth face coverings is in accordance with CDC guidance. The use of PPE in quarantine and isolation settings should follow existing guidance from Health Services.
  - Note – see information below. Cloth face coverings should be laundered before first use.
- Laundering
  - All cloth face coverings should be laundered before first use.
  - Cloth face coverings can be washed with other clothing.
  - It is recommended that staff wash cloth face coverings at home after each shift.
    - Launder items using the warmest water setting and dry completely.
    - Clean and disinfect clothes hampers or use a liner that can be washed or thrown away.
  - Inmates should send cloth face coverings through the institution wash cycles with other clothing.
    - Note: According to BOP P4200.12, the wash cycle temperature is to be a minimum of 160 degrees Fahrenheit.

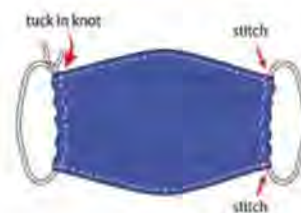


# Information for all STAFF

## Cloth Face Coverings

### Help Slow the Spread of COVID-19

- The BOP now requires all staff wear cloth face coverings whenever possible.
- All staff will receive a cloth face covering to use at work.
- The covering is re-useable and should not be thrown away.
- It is still important to maintain social distancing of 6 feet, when possible.



### How to Wear a Cloth Face Covering

- Make sure it fits snugly but comfortably against the side of the face. Secure with ties or ear loops.
- Use a cover with multiple layers of fabric but make sure it allows for breathing without restriction.
- It should withstand laundering and machine drying without damage or change to shape.
- Be careful not to touch your eyes, nose, or mouth when removing and wash hands immediately after.
- Do not put used face coverings where others can touch them.
- Do not touch or use anyone else's face covering. Assume used masks are contaminated until they are laundered. Keep a bag with you to store your face covering if you will be taking it off in the car or a non-social space.
- If you take off your face covering (i.e. to eat) and then put it back on, ensure the outside stays on the outside (consider marking the outside or inside).



### Routinely Wash Cloth Face Coverings

- The cover should be washed before the first use.
- It is recommended that staff wash cloth face coverings at home after each shift. They can be washed with other clothing.
- Launder items using the warmest water setting and dry completely.
- Clean and disinfect clothes hampers or use a liner that can be washed or thrown away.

Updated 4-17-2020



DEPARTMENT OF JUSTICE | OFFICE OF THE INSPECTOR GENERAL

# PANDEMIC RESPONSE REPORT

## 20-086

JULY 2020

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## Remote Inspection of Federal Correctional Complex Lompoc

EVALUATION AND INSPECTIONS DIVISION



## INTRODUCTION



### OIG COVID-19 Inspection Efforts

In response to the coronavirus disease 2019 (COVID-19) pandemic, the U.S. Department of Justice (Department, DOJ) Office of the Inspector General (OIG) initiated a series of remote inspections of Federal Bureau of Prisons (BOP) facilities, including BOP-managed institutions, contract institutions, and Residential Reentry Centers (RRC). In total, these facilities house approximately 160,000 federal inmates. The OIG inspections sought to determine whether these institutions were complying with guidance related to the pandemic, including Centers for Disease Control and Prevention (CDC) guidelines, DOJ policy and guidance, and BOP policy. While the OIG was unable to meet with staff or inmates as part of these remote inspections, the OIG issued a survey to over 38,000 BOP employees, as well as staff of contract institutions and RRCs.

### DOJ COVID-19 Complaint

### Whistleblower Rights and Protections

The CDC has noted that the confined nature of correctional facilities, combined with their congregate environments, “heighten[s] the potential for COVID-19 to spread once introduced” into a facility. According to BOP data, as of July 14, 2020, 8,642 inmates and 887 staff in BOP-managed institutions and community-based facilities have tested positive for COVID-19.<sup>1</sup> However, testing within most BOP facilities has been limited. In those institutions where widespread inmate testing has been undertaken, including at one of the four facilities at the Federal Correctional Complex (FCC) Lompoc in Santa Barbara County, California, the percentage of inmates testing positive has been substantial. For example, at the one FCC Lompoc facility where all inmates were tested, the number of inmates testing positive for COVID-19 exceeded 75 percent as of May 11. Separately, as of early May, at least 53 of the 416 staff members at FCC Lompoc had been tested and approximately 60 percent (32 of 53) of those individuals tested positive.

Between April 23 and May 1, 2020, the OIG conducted a remote inspection of FCC Lompoc to understand how the COVID-19 pandemic affected the complex and to assess the steps Lompoc officials took to prepare for, prevent, and manage COVID-19 transmission within its facilities (see [Appendix 1](#) for the scope and methodology of the inspection). As part of that effort, we considered whether Lompoc’s policies and practices complied with BOP directives implementing CDC guidance, as well as DOJ policy and guidance. We conducted the inspection through telephone interviews with FCC Lompoc and BOP officials, review of documents, assessment of inmate demographic data and staff and inmate COVID-19 case data by the OIG’s Office of Data Analytics (ODA), analysis of FCC Lompoc-specific results from a BOP-wide employee survey regarding COVID-19 issues that the OIG conducted in late April, and consideration

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<sup>1</sup> This estimate does not include inmates who have tested positive, recovered, and have since been released by the BOP.

of complaints to the OIG Hotline and by an FCC Lompoc union official (see [Appendix 2](#) for a summary of survey results from FCC Lompoc).

## Summary of Inspection Results

The findings of the OIG's remote inspection of FCC Lompoc are as follows:

- A preexisting shortage of medical staff at Lompoc was among the biggest challenges in mitigating COVID-19 transmission because of the burdens of screening inmates and staff members for COVID-19 symptoms while still providing routine medical care to the institution's approximately 2,700 inmates.
- An insufficient number of correctional staff members resulted in Lompoc officials delaying full implementation of staff movement restrictions until 15 days after the BOP directed institutions with COVID-19 cases to further modify operations to maximize social distancing in facilities to help control the spread of infection.
- Lompoc's initial COVID-19 screening process was not fully effective. We identified two staff members who came to work in late March after experiencing COVID-19 symptoms and whose symptoms were not detected in the screening process to preclude them from working.
- Lompoc staff did not seek to test or isolate an inmate who reported on March 22 that he began having COVID-19 like symptoms 2 days earlier and who was examined on 4 separate days between March 22 and 26. The local hospital tested the inmate for COVID-19 on March 27, and his results came back positive on March 30.
- The lack of a permanent leadership team and the physical characteristics of Lompoc facilities contributed to deficiencies in Lompoc's response to COVID-19.
- The OIG's BOP-wide survey in late April 2020 reflected that Lompoc staff identified as immediate needs at that time more personal protective equipment for staff and hygiene supplies for inmates, additional staff to cover posts, and more space to quarantine inmates.
- The BOP's use of home confinement in response to the spread of COVID-19 at FCC Lompoc in April, as a mechanism to reduce either the at-risk inmate population or the overall prison population in order to assist with social distancing, was extremely limited. As of May 13, over 900 Lompoc inmates had contracted COVID-19 and we determined that only 8 inmates had been transferred to home confinement in accordance with BOP guidance.

We describe these findings in greater detail, and other observations we made during our inspection, in the [Inspection Results](#) section of this report.

## COVID-19 at FCC Lompoc

At the time of our inspection, FCC Lompoc housed approximately 2,700 medium, low, and minimum security male inmates in four separate facilities in Lompoc, California: a U.S. Penitentiary (USP), a Federal Correctional Institution (FCI), and two camps. As a Care Level 2 complex, FCC Lompoc’s population includes inmates with chronic care needs.<sup>2</sup> The institution had more than 400 BOP correctional staff who provided daily correctional services to inmates.

FCC Lompoc learned of its first positive COVID-19 test result of a staff member on March 27 and of its positive test of an inmate on March 30. The inmate had preexisting health issues and had been hospitalized since March 26. On May 4, FCC Lompoc expanded inmate COVID-19 testing to include testing all of the FCI’s 1,162 inmates. By May 11, the BOP reported that FCC Lompoc had 25 staff and 912 inmates with active COVID-19 and that 2 inmates had died from COVID-19.<sup>3</sup> Below, we provide a snapshot of FCC Lompoc’s COVID-19 outbreak as of July 13.

Inmate Population<sup>a</sup>

 2,587  
Active Inmate Cases<sup>b</sup>

 8  
Inmate Deaths<sup>c</sup>

 4

Active Inmate COVID-19 Cases Over Time, March 31–July 13, 2020<sup>b</sup>



<sup>a</sup> As of June 14, 2020. Population totals may differ from BOP statistics due to categories of inmates (e.g., juveniles) excluded from the data received by the OIG.

<sup>b</sup> As of July 13, 2020. The BOP defines “active cases” as open and confirmed cases of COVID-19. Once someone has recovered or died, he or she is no longer considered an active case.

<sup>c</sup> As of July 13, 2020. Deaths due to COVID-19.

**Data Source:** BOP

<sup>2</sup> BOP officials assign each inmate a care level based on the inmate’s individual medical needs. Care levels range from Care Level 1 for the healthiest inmates to Care Level 4 for inmates with the most serious medical conditions. The BOP also assigns each institution a care level from 1 to 4, based on the institution’s level of medical staffing and resources. The goal of the care level system is to match inmate medical needs with institutions that can meet those needs. A Care Level 2 institution is capable of treating inmates with conditions requiring clinical contact every 3 months.

<sup>3</sup> The BOP defines “active cases” as open and confirmed cases of COVID-19. Once someone has recovered or died, he or she is no longer considered an active case.

DOJ Federal Staff<sup>a</sup>



416

Active Staff Cases<sup>b</sup>



2

Staff Deaths<sup>c</sup>



0

Active Staff COVID-19 Cases Over Time, March 31–July 13, 2020<sup>b</sup>



<sup>a</sup> As of June 25, 2020.

<sup>b</sup> As of July 13, 2020. Active cases are open and confirmed cases of COVID-19. Once someone has recovered or died, he or she is no longer considered an active case.

<sup>c</sup> As of July 13, 2020. Deaths due to COVID-19.

**Data Sources:** BOP, National Finance Center

Total Confirmed Santa Barbara County COVID-19 Cases Over Time, March 31–July 13, 2020<sup>a</sup>



<sup>a</sup> As of July 13, 2020. Total confirmed cases are cumulative positive COVID-19 cases.

**Data Source:** Johns Hopkins University Center for Systems Science and Engineering

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# INSPECTION RESULTS

## Preexisting Staffing Shortages

Lompoc's Health Services Administrator told the OIG that prior to the COVID-19 outbreak the institution's medical staffing was at only 62 percent.<sup>4</sup> We found that this preexisting shortage of medical staff may have negatively impacted FCC Lompoc's ability to conduct screenings of inmates and staff members for COVID-19 symptoms, a time-consuming process that had to be performed on a regular schedule while also providing routine medical care to the institution's approximately 2,700 inmates. Lompoc's Clinical Director stated that medical staffing has been the biggest challenge in addressing the institution's treatment demands and that COVID-19 exacerbated Lompoc's existing medical staff shortage, particularly in light of two paramedics and a physician who were on sick leave for significant periods of time.<sup>5</sup> As of April 30, the BOP had designated 9 temporary duty (TDY) medical staff to FCC Lompoc and had increased the institution's medical staffing by approximately 38 percent (from about 24 to 33).<sup>6</sup>

In addition to the shortage of medical staff, we found that a significant shortage in correctional staff affected FCC Lompoc's response to the COVID-19 outbreak, including its ability to promptly implement staff movement restrictions, a measure that was designed to control potential COVID-19 transmission. Based on information we learned from Lompoc officials and BOP policy, described below, about the importance of limiting staff movement and the effect of staff shortages in doing so, we believe that Lompoc staff shortages through early April may have increased the risk of COVID-19 transmission because the complex did not always have enough staff to allow Correctional Officers to remain in one facility.

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<sup>4</sup> In response to the working draft of this report, the BOP stated that maintaining adequate levels of medical staff in BOP institutions was an ongoing nationwide challenge. The OIG's 2016 BOP medical staffing challenges report detailed the serious medical staffing issues facing the federal prison system, and the OIG included this staffing challenge in our recent annual Top Management and Performance Challenges report. See DOJ OIG, *The Federal Bureau of Prisons' Medical Staffing Challenges*, Evaluation and Inspections Division (E&I) Report 16-02 (March 2016), [www.oversight.gov/sites/default/files/oig-reports/e1602.pdf](http://www.oversight.gov/sites/default/files/oig-reports/e1602.pdf), and DOJ OIG, *Top Management and Performance Challenges Facing the Department of Justice-2019* (October 2019), [www.justice.gov/sites/default/files/reports/2019.pdf](http://www.justice.gov/sites/default/files/reports/2019.pdf).

<sup>5</sup> On May 16, on behalf of Lompoc inmates, the American Civil Liberties Union filed a class action lawsuit in the U.S. District Court for the Central District of California alleging that the BOP "failed to conduct timely testing, provide adequate [personal protective equipment], or effectively isolate those who are infected and those who have had contact with the infected." Among other claims, the lawsuit alleged that when an inmate with asthma reported symptoms consistent with COVID-19 he was ignored for days and denied medical treatment until he went into respiratory shock and had to be put on a ventilator. The lawsuit also stated that, "due to the burden on Lompoc's medical resources from COVID-19-related care," another inmate was unable to get needed cancer treatment. See Yonnedil Carror Torres, Vincent Reed, Felix Samuel Garcia, Andre Brown, Shawn L. Fears v. Louis Milusnic, in His Capacity as Warden of Lompoc, and Michael Carvajal, in His Capacity as Director of the BOP, Case 2:20-cv-04450-CBM-PVC, May 16, 2020.

<sup>6</sup> As of July 13, the Western Regional Office, which is an administrative office providing oversight and support to facilities located in the Western Region including FCC Lompoc, stated that it had approved 18 health services staff from other BOP institutions to support Lompoc's medical services.

On March 13, the BOP directed Wardens to immediately “implement modified operations to maximize social distancing in [BOP] facilities,” to the extent practicable.<sup>7</sup> The BOP supplemented this guidance on March 31, which included an instruction to institutions with COVID-19 cases to limit staff “movement to the areas to which they were assigned, such as departments/posts, whenever feasible to help control the spread of infection.”<sup>8</sup> The same day, the BOP Western Regional Office directed Lompoc to implement these measures and to “develop a plan to minimize, and if possible, eliminate staff movement between the USP, FCI and Camp.” However, it was not until April 14 that the acting Complex Warden sent a memorandum to all FCC staff members stating that “compartmentalization of staff to limit working at different facilities...will begin no later than April 15,” which was 15 days after the BOP had directed institutions to take such steps and more than 2 weeks after Lompoc had identified its first COVID-19 cases.<sup>9</sup> Lompoc officials told us that they could not fully implement the compartmentalization of staff until the arrival of adequate TDY staff because the institution did not have enough staff to fill all mandatory correctional posts, both at FCC Lompoc and at the local hospitals where some Lompoc inmates were receiving care.<sup>10</sup>

In response to these staffing shortages, on March 31 the BOP began deploying TDY staff from other BOP institutions to FCC Lompoc to assist with inmate security, clinical care, administrative oversight, and facility modifications for a mobile hospital (see the text box below). As of April 30, the BOP had deployed 99 TDY correctional staff, increasing FCC Lompoc’s nonmedical staffing complement by approximately 25 percent (from about 390 to 490). These additional staff members, upon their arrival, assisted Lompoc in managing its COVID-19 outbreak and allowed it to implement the BOP’s guidance limiting staff movement. However, unless the BOP promptly

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<sup>7</sup> See BOP, memorandum for All Chief Executive Officers, Coronavirus (COVID-19) Phase Two Action Plan, March 13, 2020, 3.

Social distancing, also called “physical distancing,” means keeping at least 6 feet between yourself and other people and not gathering in groups. In a correctional setting, the CDC recommends implementing a host of social distancing strategies to increase the physical space between incarcerated people (ideally 6 feet between all individuals, regardless of the presence of symptoms), noting that not all strategies will be feasible in all facilities and strategies will need to be tailored to the individual space in the facility and the needs of the population and staff. See CDC, “[Interim Guidance on Management of Coronavirus Disease 2019 \(COVID-19\) in Correctional and Detention Facilities](https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html),” March 23, 2020, [www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html](https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html) (accessed July 15, 2020).

<sup>8</sup> See BOP, memorandum for All Chief Executive Officers, Coronavirus (COVID-19) Phase Five Action Plan, March 31, 2020, 2.

<sup>9</sup> In comparison, for example, FCC Tucson in Tucson, Arizona, an institution in the same BOP region as FCC Lompoc but without staffing concerns or a COVID-19 outbreak in April, fully implemented its staff movement restrictions on April 5. See DOJ OIG, *Remote Inspection of Federal Correctional Complex Tucson*, E&I Report 20-087 (July 2020).

<sup>10</sup> In response to the working draft of this report, the Western Regional Office stated that, after it learned of the first Lompoc staff member who tested positive for COVID-19, it discussed staff assignments with Lompoc officials and they collectively made the decision to readjust the roster to stop relief post assignments that had Lompoc staff members working different areas of the complex. Though the BOP deployed the first TDY staff member to Lompoc on March 31, BOP documentation indicates that an additional 55 TDY staff members arrived at Lompoc between April 6 and April 14.

takes longer-term actions to address these issues, Lompoc will again face a shortage of medical and correctional staff when TDY staff return to their home institutions.<sup>11</sup>

## COVID-19 Staff Screening Procedures

On January 31, the BOP's Health Services Division issued a memorandum to all BOP institutions informing them of possible COVID-19 symptoms, including fever or chills, cough, shortness of breath, headaches, body or muscle aches, vomiting, and diarrhea.<sup>12</sup> On February 29, the BOP directed institutions to screen staff with potential COVID-19 risk factors, including staff members who had been in close contact with individuals diagnosed with COVID-19 or staff who had traveled within the previous 14 days through or from locations identified by the CDC as increasing epidemiologic risk.<sup>13</sup>

On March 13, the BOP issued a further directive instructing institutions in areas with "sustained community transmission," which included Lompoc, to implement enhanced health screening of all staff.<sup>14</sup>

The memorandum provided that enhanced screening included "self-reporting and temperature checks."

According to the BOP, initially all Lompoc staff were required to complete a form and submit to a temperature check. The BOP stated that subsequent screenings entailed a verbal screening in which screeners asked staff questions related to potential symptoms and performed a temperature check (see the photograph below). If a staff member had a fever or answered yes to any of the symptom questions, the staff member was required to complete a revised staff screening form.

### USP Lompoc Hospital Care Unit

On May 4, the BOP announced that it had finalized construction of a Hospital Care Unit (HCU) inside the walls of USP Lompoc in order to care for a projected "level of hospitalization [among Lompoc inmates] the local community would be unable to meet." The BOP described the HCU as comprising 10 double-occupancy, acute care treatment rooms with negative pressure, as well as a Patient Intake Room, Nurses Station, Pharmacy, Linen Exchange Room, Biohazard Room, and Medical Supply and Storage Room. The BOP also stated that Lompoc had negotiated a contract for medical personnel, including Doctors, Registered Nurses, Paramedics, a Pharmacist, Physician Assistants, Nurse Assistants, and a Clinical Manager, to work in conjunction with the institution's Health Services staff. As a result, the BOP reported that cases normally requiring outside hospitalization would be treated within the prison, minimizing the impact on the community and further ensuring public safety. Lompoc's Executive Assistant told the OIG that the HCU started treating inmates on May 15.

**Source:** OIG analysis of BOP documents

<sup>11</sup> As of May 1, FCC Lompoc records indicate that 12 TDY staff, including 2 TDY medical staff, had returned to their home institutions. In response to the formal draft of this report, the BOP stated that off-site medical staff have been performing remote reviews of Lompoc inmates' medical records to fill the gap caused by the departure of TDY medical staff to allow Lompoc's medical staff to focus on on-site medical matters.

<sup>12</sup> BOP, memorandum for All Clinical Directors, Health Services Administrators, Quality Improvement/Infection Prevention Coordinators, Guidance on 2019 Novel Coronavirus Infection for Screening and Management, January 31, 2020, 2.

<sup>13</sup> BOP, memorandum for All Clinical Directors, Health Services Administrators, Quality Improvement/Infection Prevention Coordinators, Guidance Update for Coronavirus Disease 2019 (COVID-19), February 29, 2020, 2.

<sup>14</sup> BOP, memorandum for All Chief Executive Officers, March 13, 2020, 3.



We determined that while FCC Lompoc officials initiated COVID-19 screenings of all staff on March 16, in accordance with BOP policy, its initial screening process was not fully effective. Specifically, we identified two staff members who came to work in late March after experiencing COVID-19 symptoms, but their symptoms were not detected in the screening process. In one case the symptoms the staff member was experiencing were not included in the screening tool in place at Lompoc at the time, even though one of the staff member's symptoms was listed in the BOP's January guidance. As a result, the staff member was allowed to work at the institution despite experiencing those symptoms.<sup>15</sup> In the other case, the staff member was experiencing one of the symptoms that was included in the screening tool but the staff member did not report it because, he told us, he did not think it was COVID-19 related.<sup>16</sup> This staff member worked at Lompoc for 7 days after experiencing his first COVID-19 symptom and before he tested positive for COVID-19 in early April.<sup>17</sup>



FCC Lompoc COVID-19 Staff Screening Center

Source: BOP, with OIG enhancement

In addition, numerous Lompoc staff responding to our survey raised concerns about the effectiveness of staff screenings. Several Lompoc staff reported that nonmedical staff were conducting at least some of these screenings and that the institution was not always examining

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<sup>15</sup> The BOP's Infection Prevention and Control Coordinator told us that the staff member had experienced mild COVID-19 like symptoms, such as fatigue and mild headaches, over the previous days before developing a fever and being tested for COVID-19 on March 26, one day after he last worked. The screening tool in place at the time included fever, cough, and shortness of breath and did not include other possible COVID-19 symptoms, such as headaches and diarrhea, identified in the January BOP guidance. The BOP stated in response to the formal draft of this report that this staff member did not experience any COVID-19 symptoms while working at the institution and developed fever, cough, and a sore throat, and was tested for COVID-19 on March 26. The testimonial evidence we obtained during our inspection indicated that there was at least 1 day that this staff member was symptomatic while working at Lompoc.

<sup>16</sup> The BOP staff member told the OIG that, while he experienced the onset of diarrhea on March 23 and a dry cough on March 26, he cleared the BOP's screening procedures because he did not have a fever and did not report to screeners his cough, which Lompoc staff were screening for at the time. This staff member told us that, when he returned to FCC Lompoc after 2 weeks, the institution was conducting a more in-depth screening for staff symptoms and was denying entry for staff members when they reported symptoms other than fever.

<sup>17</sup> In response to the working draft of this report, the BOP stated that it interviewed this staff member on April 4, after learning of his positive test result, and that was the time the BOP first learned of his COVID-19 symptoms. The BOP reported that Lompoc screened this staff member on each scheduled workday using the nationally approved staff member screening form.

staff for COVID-19 symptoms other than fever. Lompoc officials confirmed the use of both medical and nonmedical staff for COVID-19 screenings, after training nonmedical staff to do so, but asserted that the institution had always screened staff for COVID-19 symptoms other than fever. We believe that the limitations of the BOP's staff screening procedures in March, coupled with Lompoc staff who did not report all COVID-19 symptoms to screening staff, may have contributed to the COVID-19 outbreak across FCC Lompoc.

## COVID-19 Testing

We found that testing of inmates and staff at FCC Lompoc was limited in late March, when the institution's COVID-19 outbreak began. On March 13, the BOP issued guidance to institutions regarding the screening of staff and inmates and testing of inmates.<sup>18</sup> Pursuant to the BOP's guidance, enhanced health screening of staff was to be implemented in areas with "sustained community transmission," as determined by the CDC, and at medical referral centers. The memorandum did not address staff testing. For inmates, the guidance provided that symptomatic inmates with exposure risk factors for COVID-19 were to be "isolated and tested" consistent with local health authority protocols.<sup>19</sup>

## Inmate Testing

We found that FCC Lompoc did not seek to test an inmate who, according to Lompoc medical records, informed staff on March 22 that he had begun to experience several different physical symptoms, including nausea, vomiting, and reported general malaise and a dry cough over the prior 2 days. Both vomiting and cough were known symptoms of COVID-19 at that time. According to this inmate's medical records, between March 22 and 26 Lompoc medical staff examined this inmate on four separate days before he was admitted to the local hospital, and that the inmate experienced fatigue, fever, cough, and chills before he was admitted to the hospital on March 26. Lompoc medical notes indicate that, because the inmate had not recently left the institution and had not been in contact with other known COVID-19 cases at the time, medical staff did not suspect that he had contracted the virus.<sup>20</sup> The inmate also had several preexisting

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<sup>18</sup> BOP, memorandum for All Chief Executive Officers, March 13, 2020, 3.

<sup>19</sup> Isolation is used to separate people who (1) are infected with the virus (those who are sick with COVID-19 and those with no symptoms); (2) are awaiting test results; or (3) have COVID-19 symptoms from people who are not infected. In a correctional setting, the CDC recommends using the term "medical isolation" to distinguish it from punitive action. See CDC, "Interim Guidance."

<sup>20</sup> In response to the working draft of this report, the BOP provided an additional explanation about its process to diagnose and treat this inmate. The BOP stated that Lompoc staff considered COVID-19 for this inmate but determined that this diagnosis was unlikely because there were few COVID-19 cases in the local community, the inmate was afebrile and otherwise had an atypical COVID-19 presentation, and because the inmate denied any contact with anyone diagnosed with COVID-19 in the last 14 days. According to the BOP, this evaluation was consistent with the community standard being used at the time to consider patients for COVID-19. The BOP further stated that the fact that the inmate was seen 4 times in 5 days reflects appropriate ongoing monitoring of the inmate's illness. Finally, on March 26, when his condition was recognized as worsening, the BOP admitted the inmate to the local hospital where much of the focus was on the patient's significant gastrointestinal symptoms as well.

health issues. Further, according to the BOP's Infection Prevention and Control Coordinator, the hospital did not test the inmate for COVID-19 until March 27 because hospital staff initially suspected that the inmate had an infected gallbladder. On March 30, the inmate was confirmed to have COVID-19. Based on the BOP already having identified Lompoc as residing in an area of sustained community transmission, which resulted in the institution implementing enhanced screening protocols for staff by March 16, we believe that Lompoc should have taken greater precautions to isolate an inmate with an indeterminate illness that could have been related to COVID-19. Keeping this inmate in general population for several days increased the risk of COVID-19 transmission to institution staff and other inmates.<sup>21</sup>

Lompoc officials told us that on March 27 institution medical staff started testing inmates for COVID-19 if they exhibited COVID-19 symptoms. According to BOP data, FCC Lompoc had tested 121 inmates for COVID-19 as of April 29.<sup>22</sup>

On April 24, the BOP announced that it would expand testing to asymptomatic inmates, initially at institutions such as Lompoc with known COVID-19 cases.<sup>23</sup> Lompoc officials reported that the institution started testing for all 1,162 FCI inmates on May 4 through a contracted third party. By May 11, at least 891 FCI inmates had tested positive for COVID-19. Subsequently, Lompoc officials indicated to the OIG that the institution would not continue testing of all inmates because the outbreak at the USP and camps had subsided and universal testing was no longer warranted, although "targeted testing in specific units that have an active case" might be conducted on an as-needed basis.

## Staff Testing

A BOP official told us that at the onset of the COVID-19 outbreak some staff members faced challenges obtaining testing from their healthcare providers.<sup>24</sup> The official said that BOP resolved this issue on April 10 by working with the Santa Barbara County Public Health Department, which agreed to test FCC Lompoc staff members who could not otherwise be tested. Lompoc documentation showed that the Executive Staff sent emails to all staff informing them they could be tested at the Lompoc Health Care Center, a county facility, between 11 a.m. and 12 p.m. on certain days. At the time of our inspection in early May, at least 53 of the 416 staff members at

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<sup>21</sup> News media reporting indicates that the first signs of community transmission in Santa Barbara County, California, where FCC Lompoc is located, were already evident as of March 15. Roselyn Romero, "[First COVID-19 Case Reported in Santa Barbara County](#)," *KSBY6 News*, March 15, 2020, [www.ksby.com/news/coronavirus/first-COVID-19-case-reported-in-santa-barbara-county](http://www.ksby.com/news/coronavirus/first-COVID-19-case-reported-in-santa-barbara-county) (accessed July 15, 2020).

<sup>22</sup> As of July 15, the BOP reported that 1,007 Lompoc inmates had tested positive for COVID-19, 843 inmates had tested negative, and 102 inmates had COVID-19 tests pending.

<sup>23</sup> For more information, see BOP, "[BOP Expands COVID-19 Testing](#)," April 24, 2020, [www.bop.gov/resources/news/20200424\\_expanded\\_testing.jsp](http://www.bop.gov/resources/news/20200424_expanded_testing.jsp) (accessed July 15, 2020).

<sup>24</sup> Lompoc officials reported to the OIG that they did not know why community healthcare providers denied COVID-19 testing to the staff members.

FCC Lompoc had been tested and approximately 60 percent (32 of 53) of those individuals had tested positive for the virus.

## Personal Protective Equipment and Cloth Face Coverings

We found that FCC Lompoc officials complied with initial and subsequent BOP directives implementing the CDC's guidance regarding the use of face coverings in correctional settings. However, by April 6, when the BOP directed the distribution of face coverings to all staff and inmates, Lompoc was experiencing both staff and inmate cases and, as subsequent data reflects, transmission and spread of the virus within the institution was already occurring.<sup>25</sup>

Between January 31 and April 6, the BOP issued seven policy directives intended to help its institutions implement evolving CDC guidance concerning the use of personal protective equipment (PPE) and face coverings in various scenarios.<sup>26</sup> Most notably, the BOP's March 18 directive required all BOP employees performing staff screenings to "wear appropriate personal protective equipment," defined as a "surgical mask, face shield/goggles, gloves and a gown."<sup>27</sup> On April 6, in response to revised CDC guidance on April 3 advising that face coverings be worn in public settings where social distancing measures are difficult to maintain, the BOP directed institutions to "[issue] surgical masks as an interim measure to immediately implement CDC guidance, given the close contact environment of correctional institutions."<sup>28</sup> We found that FCC Lompoc complied with this directive and first issued surgical masks to all staff and inmates on April 6.<sup>29</sup> However, this was 11 days after the hospitalization of a Lompoc inmate on March 26

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<sup>25</sup> BOP, memorandum for All Chief Executive Officers, Coronavirus (COVID-19) Update–Use of Face Masks, April 6, 2020.

<sup>26</sup> The CDC defines PPE as "a variety of barriers used alone or in combination to protect mucous membranes, skin, and clothing from contact with infectious agents." Depending on the situation, PPE may include gloves, surgical masks, N95 respirators, goggles, face shields, and gowns. Cloth face coverings are intended to keep the wearer from spreading respiratory secretions when talking, sneezing, or coughing. The CDC does not consider cloth face coverings to be PPE.

<sup>27</sup> BOP, memorandum for All Chief Executive Officers, Coronavirus (COVID-19) Phase Two Action Plan Update Number 1, March 18, 2020, 3. Initially, on March 13, the BOP issued guidance that employees screening staff for COVID-19 wear an N95 respirator. For more information, see BOP, memorandum for All Chief Executive Officers, March 13, 2020, 3.

<sup>28</sup> BOP, memorandum for All Chief Executive Officers, April 6, 2020, 1–2. The guidance indicated that the BOP would be distributing to institutions cloth face coverings, which would replace the use of surgical masks at that time. For more information, see CDC, "[Recommendation Regarding the Use of Cloth Face Coverings, Especially in Areas of Significant Community-Based Transmission](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html)," April 3, 2020, [www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html) (accessed July 15, 2020).

<sup>29</sup> Acting Complex Warden, memoranda for FCC Lompoc Staff and Inmate Population, Face Masks, April 6, 2020, 1.

On April 13, the BOP issued nationwide guidance directing that "all staff and inmates will be issued and strongly encouraged to wear an appropriate face covering when in public areas when social distancing cannot be achieved." BOP, memorandum for All Chief Executive Officers, Coronavirus (COVID-19) Phase Six Action Plan, April 13, 2020, 4.

with COVID-19 symptoms and 10 days after the first institution staff member tested positive for the virus on March 27.<sup>30</sup>

We asked BOP and Lompoc officials whether there were additional, proactive steps Lompoc officials could have taken regarding PPE to mitigate the emerging threat. BOP and Lompoc officials told us that Lompoc followed CDC recommendations regarding the use of PPE and that until April 3, when the CDC reported that asymptomatic individuals could spread the virus, there were no expert recommendations to distribute face coverings to all staff and inmates. Further, the BOP stated that proactively distributing face masks, which was not a proven, evidence-based strategy at a time when PPE resources were limited, would not have been appropriate. While BOP officials told us that issuing face masks would have been inappropriate, they also acknowledged that in hindsight inmates and staff not wearing face masks at this time probably contributed greatly to COVID-19 spread across FCC Lompoc.

In addition, although Lompoc officials maintained that the institution had sufficient levels of PPE at the time of our inspection, 70 percent (76 of 109) of Lompoc staff who responded to our survey indicated that more PPE for staff was an immediate need and 46 percent (50 of 109) of Lompoc staff who responded to our survey reported that inmates needed more PPE as well. Most commonly, Lompoc staff reported that the institution needed to provide staff with additional N95 respirators to adequately safeguard them from contracting the virus, particularly considering the widespread outbreak across the institution. Further, at the time of our inspection, a Lompoc staff member told us that not all correctional staff had been provided with eye protection, which had been a required item of PPE only for staff performing COVID-19 screenings or working in quarantine and medical isolation units.<sup>31</sup> Another Lompoc staff member responded to our survey that staff had been instructed to return and share eye protection with other staff, which the CDC

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<sup>30</sup> According to FCC Lompoc officials, institution staff members received cloth face coverings on April 10 and inmates received cloth face coverings by April 14. However, a local union official expressed to the OIG concern about the quality of the cloth face coverings, comparing the material to burlap and stating that N95 respirators prevent 95 percent of containments whereas he believed that staff members' cloth face coverings were much less effective. Several Lompoc staff responding to the OIG's survey echoed these concerns and raised doubts that the cloth face coverings would adequately safeguard staff from contracting the virus.

<sup>31</sup> In response to the working draft of this report, BOP and Lompoc officials stated that there was never a shortage of PPE at Lompoc and that staff members who had a clinical need for N95 respirators were provided with them in accordance with CDC guidelines. The BOP also noted that PPE was recommended only for personnel conducting staff screenings and staff members working in the quarantine and isolation units.

Quarantine is used to keep someone who might have been exposed to COVID-19 away from others for 14 days to help prevent the spread of disease and determine whether the person develops symptoms. In a correctional setting, the CDC recommends, ideally, quarantining individuals in a single cell with solid walls and a solid door that closes. If symptoms develop during the 14-day period, the person should be placed in medical isolation and evaluated for COVID-19. See CDC, "Interim Guidance."

has warned can increase the risk for transmission if the eye protection is not properly disinfected.<sup>32</sup>

## Lack of Permanent Leadership and Communications Protocols

We found that one additional factor that may have contributed to the challenges facing FCC Lompoc in responding to the spread of COVID-19 was that the institution had several key leadership vacancies across the complex and did not have communications protocols in place to fully inform staff about the spread of the virus. A Lieutenant, who had served as an acting Deputy Captain during the outbreak, told the OIG that having permanent, “seasoned leadership” at the onset of the outbreak would have benefited the complex’s COVID-19 response. Further, a Lompoc staff member commented through the OIG’s survey that USP Lompoc “had an acting Warden and no Captains, which likely led to [a] lack of decision making and action” and that “it was not until the [acting] Complex Warden from Tucson arrived [on March 31] that staff began to receive information and guidance.” We observed that FCC Lompoc had been led by three different officials serving as the acting Complex Warden since the onset of the institution’s outbreak and more than half (9 of 14) of the Lompoc management officials we interviewed were TDY staff or institution staff who had operated in an acting capacity since March.<sup>33</sup> In response to the working draft of this report, the BOP stated that an acting Warden was selected to oversee operations when the Complex Warden position became vacant on January 19, 2020. Further, the BOP stated that there was no lack of leadership because each official who had served as the acting complex Warden until the position was filled on June 7 had over 20 years of correctional experience.

In addition, a union official reported to us that during the early stages of the outbreak the institution did not inform staff members that they had been in close contact with a colleague who had tested positive for COVID-19. This failure to inform staff members of their contact with an infected person meant that BOP staff who had possibly been exposed to the virus—and therefore could themselves have been infected—were potentially exposing colleagues, inmates, and family members. The union official told us that the BOP has since addressed this issue and now informs staff members of potential exposure in a way that ensures employees’ medical privacy.<sup>34</sup> In response to the working draft, Lompoc officials reported that they took significant measures to protect the safety and security of all staff, inmates, and members of the public during the

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<sup>32</sup> CDC, “[Eye Safety](https://www.cdc.gov/niosh/topics/eye/eye-infectious.html),” July 29, 2013, [www.cdc.gov/niosh/topics/eye/eye-infectious.html](https://www.cdc.gov/niosh/topics/eye/eye-infectious.html) (accessed July 15, 2020).

In response to the working draft of this report, Lompoc officials stated that they instructed staff working in the quarantine and isolation units who used goggles and faces shields on how to properly sanitize this equipment and set up a sanitation station at entry points to these units.

<sup>33</sup> In April 2020, TDY staff assumed the Complex Warden, FCI Warden, FCI Deputy Captain, Operations Lieutenant, and two Associate Warden positions. The Deputy Case Management Coordinator position had been assumed by institution staff operating in an acting capacity. On June 7, a new permanent Complex Warden was designated to FCC Lompoc.

<sup>34</sup> To comply with Occupational Safety and Health Administration communication requirements, on April 8 the BOP provided all institutions with a “COVID-19 Notice to Staff” template letter for informing staff who may have been exposed to an individual who had tested positive for COVID-19.

COVID-19 pandemic. Specifically, the BOP stated that the leadership team provided information on a regular basis to all staff, department heads, and specific subject matter experts, in addition to continuous updates and guidance beginning with the BOP's Phase 1 guidance dated January 31, 2020. Though Lompoc officials provided many examples of guidance sent to Lompoc staff prior to the institution's COVID-19 outbreak in late March, we did not receive documentation of guidance addressing the need to inform staff members who had possibly been exposed to the virus because of their contact with an infected person.

## Conditions of Confinement, Visitation, Commissary, and Hygiene Products

We found that FCC Lompoc took several steps to modify institutional operations to increase social distancing in accordance with guidance issued by the BOP in March 2020. Specifically, on March 13 the institution suspended inmate social and legal visits in accordance with BOP-wide guidance.<sup>35</sup> Then, on April 1, FCC Lompoc advised inmates that the institution was restricting the movement of all inmates and was implementing a "Stay in Place" restriction to stop the spread of the virus.<sup>36</sup> During this time, inmates were allowed out of their cells only in small groups at designated times, on a limited basis, to access medical care, showers, phones, and email terminals.

By April 20, FCC Lompoc escalated its restrictions through a lockdown (for health-related purposes rather than security-related reasons) across all Lompoc facilities. This escalation suspended some inmates' access to showers, telephones, computer terminals, and commissary.<sup>37</sup> Lompoc officials told us that they implemented these additional restrictions because they believed them to be necessary to control the spread of COVID-19. The officials told us that they initially allowed inmates to shower in smaller groups; but, because COVID-19 cases continued to rise across the complex, they determined that more aggressive mitigation was necessary.

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<sup>35</sup> On March 13, the BOP directed institutions to suspend all social and legal visits for 30 days, which was subsequently extended through at least July 31. The BOP guidance permitted institutions to accommodate case-by-case requests for legal visits. Further, the guidance stated that institutions should offer video conferencing as an alternative to in-person legal visits. BOP, memorandum for All Chief Executive Officers, March 13, 2020, 1–2.

<sup>36</sup> The BOP enacted a "14-day nationwide action to minimize movement to decrease the spread" of COVID-19 in its Phase Five Action Plan on April 1 and extended this action in its Phase Six and Phase Seven Action Plans. Some institutions chose to describe this action as a "Shelter in Place," "Stay in Place," or "Stay in Shelter." In announcing this action, the BOP noted that its "actions are based on health concerns, not inmate destructive behavior." See [Appendix 3](#) for a timeline of the BOP's guidance to its institutions.

FCC Lompoc, Talking Points Town Hall, Advisory to the Inmate Population/COVID-19, April 1, 2020, 1.

<sup>37</sup> During the lockdown, approximately 1,000 USP inmates did not have access to showers. On May 8, Lompoc officials reported that the USP had relaxed its restrictions and initiated "very small, slow, controlled movements to allow inmates access to showers, emails, and telephones with social distancing and disinfecting protocols being followed." Though officials first indicated that the FCI lockdown had been extended to at least May 18, Lompoc reported to the OIG in June that FCI Lompoc lifted its enhanced mitigation measures in May after it had tested all FCI inmates. As of June 24, all FCC Lompoc facilities had implemented inmate movement restrictions consistent with Phase Seven of the BOP's national action plan (see [Appendix 3](#)).

In addition, the acting FCI Warden stated that the FCI suspended its commissary operation during the lockdown because the design of the institution was not conducive to social distancing.<sup>38</sup> Further, inmates were prohibited from accessing the law library to work on their legal cases. Correctional officials told us that inmates were still permitted to communicate with their legal representatives through special legal mail and that staff members could authorize legal phone calls for urgent matters. Lastly, during the lockdown, inmates were confined to their cells for 24 hours a day without recreation, which is more restrictive than conventional Special Housing Unit (SHU) placement. The OIG has found that such restrictions can raise significant mental health issues, and we asked Lompoc officials whether they took any steps to mitigate those potential concerns.<sup>39</sup> BOP officials responded that, consistent with standard BOP restrictive housing unit practices, Staff Psychologists conducted frequent rounds in all housing units and provided individual counseling to inmates on an as-needed basis. Additionally, psychology staff coordinated with other institution staff, such as Health Services staff, to ensure that inmates' mental health concerns were appropriately addressed and correctional staff provided inmates with self-help programming, reading materials, and other in-cell activities.

We were told that, to address inmates' hygienic needs, staff members provided inmates with multiple hygiene kits that contained a razor, a toothbrush, toothpaste, and soap bars so inmates could wash themselves at the sink in their cell. Despite these kits, 36 percent (39 of 109) of Lompoc staff who responded to our survey reported that more personal hygiene supplies, including soap and hand sanitizers, was an immediate need for inmates. With regard to hygienic supplies for staff, a Lompoc manager told us that the institution maintained adequate supplies and indicated that there were hand sanitizer stations for staff on every unit and in other locations throughout the institution. Further, he indicated that staff restrooms were well stocked with soap and paper towels and that staff could obtain new hand sanitizer bottles each day when they were screened. However, 55 percent (60 of 109) of Lompoc staff who responded to our survey reported that more hygiene supplies for staff was an immediate need, although only 1 of the survey respondents provided specific comments about the nature of their hygiene concerns.

We observed that, despite FCC Lompoc's efforts, its infrastructure may have limited its ability to implement the CDC's social distancing guidelines. FCC Lompoc has open bar cells (as opposed to solid doors), and inmates congregate in common areas, which can facilitate rapid community spread. Infrastructure issues are particularly concerning at the FCI, where inmates are housed open, dormitory style, with bunk beds 3 feet apart from each other (see the photograph below).<sup>40</sup>

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<sup>38</sup> The BOP did not direct institutions to suspend commissary privileges.

<sup>39</sup> The OIG's 2017 restrictive housing report identified recent studies that suggested that the frequency, duration, and conditions of confinement of restrictive housing, even for short periods of time, can cause psychological harm and significant adverse effects on inmates' mental health. For more information, see DOJ OIG, *The Federal Bureau of Prisons' Use of Restrictive Housing for Inmates with Mental Illness*, E&I Report 17-05 (July 2017), [www.oig.justice.gov/sites/default/files/reports/e1705.pdf](http://www.oig.justice.gov/sites/default/files/reports/e1705.pdf).

<sup>40</sup> The CDC advised that people stay at least 6 feet apart. For more information, see CDC, "[Social Distancing](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html)," [www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html) (accessed July 15, 2020).



Based on our review of BOP documents, FCC Lompoc Executive Staff reported the infrastructure concerns to the Office of the Attorney General on April 16. FCC Lompoc subsequently alleviated some of the issues by setting up cots for inmates in the FCI's gym and a closed UNICOR factory.<sup>41</sup> Further, in response to the formal draft of this report, the BOP stated that Lompoc officials added a total of 252 beds in non-housing locations such as the chapel, the visiting room, tents, and in a Residential Drug Abuse Program space, in



addition to the locations already mentioned. Still, social distancing issues remained at the FCI and, by May 11, the BOP reported that about 77 percent (891 of 1,162) of all FCI inmates had tested positive for COVID-19 and were considered active cases.

## Quarantine Procedures

We found that FCC Lompoc complied with BOP directives by taking steps to quarantine inmates to mitigate COVID-19 transmission.<sup>42</sup> According to Lompoc officials, the institution first established a quarantine and isolation unit on a range in the USP's SHU to house the last transfer of incoming inmates. Correctional officials indicated that the quarantine unit was then relocated to an unused USP Lompoc housing unit (H-Unit) on March 27, while the isolation unit remained on the SHU range at that time. On April 2, Lompoc officials relocated the isolation unit to the H-Unit to accommodate the rise in COVID-19 cases across the complex and the quarantine unit was moved to the USP's M-Unit (see the photograph below). At the time of our inspection, the BOP's Infection Prevention and Control Coordinator told us that institution staff had placed the last transfer of incoming inmates into quarantine in the USP Lompoc's M-Unit. FCC Lompoc Executive Staff stated that the only new inmates on the compound in April were 18 voluntary surrenders to the institution (which FCC Lompoc cannot control), all of whom were designated to the M-Unit for

<sup>41</sup> Federal Prison Industries, called UNICOR, is a government corporation within the BOP that provides employment to inmates at federal prisons throughout the United States.

<sup>42</sup> BOP, memoranda for All Chief Executive Officers, March 13, 2020, 3, and April 13, 2020, 3-4.

quarantine.<sup>43</sup> Consistent with Lompoc officials' statements, the OIG survey results indicate that the institution followed a minimum 2-week quarantine for incoming inmates and medical isolation for inmates exhibiting COVID-19 symptoms. However, 50 percent (55 of 109) of Lompoc staff who responded to our survey reported that the institution needed additional space to successfully continue to quarantine inmates and only 31 percent (32 of 104) of Lompoc staff who responded to our survey indicated that inmates who had been in close contact with a symptomatic inmate were quarantined for 14 days.

## Use of Home Confinement and Compassionate Release Authorities

In response to the COVID-19 pandemic, the Attorney General authorized the BOP, consistent with pandemic-related legislation enacted in late March 2020, to reduce the federal prison population by transferring inmates from prison to home confinement.<sup>44</sup> In an April 3 memorandum, the Attorney General also directed the BOP to "immediately maximize appropriate transfers to home confinement of all appropriate inmates" at those prisons "where COVID-19 is materially affecting operations."<sup>45</sup> The BOP assigned to its Central Office the responsibility for developing guidance implementing the Attorney General's directives and initially identifying inmates who would be considered for possible transfer to home confinement.

Over the next 5 weeks, the BOP Central Office issued three guidance memoranda and sought to assist institutions in identifying eligible inmates by providing them with rosters of inmates that the Central Office determined might be eligible for transfer pursuant to the BOP's guidance. The Central Office's initial policy guidance in early April was focused on transferring to home



At the time of our inspection, FCC Lompoc used the H-Unit to medically isolate inmates suspected of having contracted COVID-19 or those who had tested positive for the virus.

**Source:** BOP, with OIG enhancement

<sup>43</sup> The term "voluntary surrender" refers to an inmate reporting to a BOP institution of his or her own volition after a federal court orders the inmate to do so, rather than being transported there by law enforcement officials.

<sup>44</sup> Home confinement, also known as home detention, is a custody option whereby inmates serve a portion of their sentence at home while being monitored.

<sup>45</sup> William P. Barr, Attorney General, memorandum for Director of Bureau of Prisons, Increasing Use of Home Confinement at Institutions Most Affected by COVID-19, April 3, 2020, [www.justice.gov/file/1266661/download](https://www.justice.gov/file/1266661/download) (accessed July 15, 2020), 1.

confinement those inmates who faced the greatest risks from COVID-19 infection, including elderly inmates. In late April, the BOP began to expand its use of home confinement to cover inmates other than those who were elderly or at high risk for serious illness due to COVID-19, as determined by CDC guidance. In addition, the BOP allowed institution Wardens to identify inmates otherwise ineligible for home confinement under Central Office guidance criteria and to seek approval from the Central Office to transfer those inmates to home confinement.

During the period from April 4 to May 15, the BOP Central Office sent FCC Lompoc 9 rosters, identifying 509 inmates in total, who the Central Office determined were potentially eligible for transfer to home confinement. We found that Lompoc officials followed Central Office guidance that required Lompoc to review its inmates (including but not limited to those on the rosters), by examining each inmate's criminal history and risk of recidivism, conduct in prison, health conditions, and home release plan, to determine whether the inmate met the BOP criteria for transfer to home confinement. This review process, coupled with a 14-day prerelease quarantine period the BOP required to ensure that inmates placed into the community did not have COVID-19, resulted in 3 or more weeks between the time the Central Office identified an inmate for transfer consideration to the date the inmate was actually transferred to home confinement. As a result, we found that in April FCC Lompoc's ability to use home confinement in response to the spread of COVID-19, as a mechanism to reduce either the at-risk inmate population or the overall prison population and facilitate social distancing, was extremely limited. Indeed, as of May 13, over 900 Lompoc inmates had contracted COVID-19 and we determined that only 8 inmates had been transferred to home confinement in accordance with the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) authorities and BOP guidance.

### **Attorney General and BOP Memoranda Regarding the Use of Home Confinement**

On March 26, the Attorney General directed the BOP to prioritize the use of home confinement as a tool to combat the dangers that COVID-19 posed to "at-risk inmates who are non-violent and pose minimal likelihood of recidivism."<sup>46</sup> At the time, the BOP had the authority to transfer an inmate to home confinement for the final months of his or her sentence, subject to the following statutory limitations: (1) for any inmate, the shorter of 10 percent of the term of imprisonment or 6 months; (2) for an inmate age 60 or older, up to one-third of his or her sentence, if he or she met certain additional criteria; and (3) for a terminally ill inmate, any period of time, if he or she met certain additional criteria.<sup>47</sup> The Attorney General's memorandum identified a "non-exhaustive"

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<sup>46</sup> William P. Barr, Attorney General, memorandum for Director of Bureau of Prisons, Prioritization of Home Confinement as Appropriate in Response to COVID-19 Pandemic, March 26, 2020, [www.justice.gov/file/1262731/download](http://www.justice.gov/file/1262731/download) (accessed July 15, 2020).

<sup>47</sup> 18 U.S.C. § 3624(c)(2) and 34 U.S.C. § 60541(g)(5)(A). Additionally, federal law allows the BOP Director to seek court approval to modify an inmate's sentence of imprisonment for "extraordinary and compelling reasons," which is commonly referred to as "compassionate release" (18 U.S.C. § 3582(c)). As we describe below, following the issuance of the Attorney General's April 3 memorandum the BOP Director did not need to seek judicial approval under § 3582(c) if he determined that an inmate should be transferred to home confinement.

list of factors that the BOP should consider in determining whether to transfer an inmate to home confinement. Those factors included:

- the age and vulnerability of the inmate to COVID-19, based on CDC guidelines;
- the security level of the institution where the inmate was currently housed, with priority given to those in low and minimum security facilities;
- the inmate's disciplinary history, with inmates who engaged in violent or gang-related activity in prison, or who incurred a BOP violation during the prior 12 months, not receiving priority treatment;
- the inmate's Prisoner Assessment Tool Targeting Estimated Risk and Needs (PATTERN) score, with inmates exceeding a minimum score not receiving priority treatment;<sup>48</sup>
- whether the inmate had a verifiable reentry plan "that will prevent recidivism and maximize public safety;" and
- the inmate's crime of conviction.

The memorandum further required an assessment by the BOP Medical Director, or designee, of the inmate's risk factors for severe COVID-19 illness, risks of COVID-19 infection at the inmate's prison facility, and the risks of COVID-19 infection at the planned home confinement location.

The following day, on March 27, the President signed into law the CARES Act, which authorized the BOP Director to lengthen the maximum amount of time that an inmate may be placed in home confinement "if the Attorney General finds that emergency conditions will materially affect the functioning of the [BOP]."<sup>49</sup> The following week, on April 3, the Attorney General issued a memorandum, entitled "Increasing Use of Home Confinement at Institutions Most Affected by COVID-19," which found, as provided for in the CARES Act, "that emergency conditions are materially affecting the functioning of the [BOP]."<sup>50</sup> As a result of that finding, the BOP Director was authorized by the CARES Act to increase the amount of time that inmates could be placed in home confinement. The memorandum instructed the BOP to "immediately maximize appropriate transfers to home confinement of all appropriate inmates" at those prisons "where COVID-19 is

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<sup>48</sup> To assess inmates' recidivism risk, the BOP uses the PATTERN system, which the Department developed in response to the FIRST STEP Act of 2018. The FIRST STEP Act directed the Department to complete its initial risk and needs assessment for each federal inmate by January 15, 2020. Among other things, PATTERN calculated inmates' recidivism risk using a point system that classifies inmates into either minimum, low, medium, or high risk categories based on: (1) infraction convictions during current incarceration, (2) number of programs completed, (3) work programming, (4) drug treatment while incarcerated, (5) noncompliance with financial responsibility, (6) history of violence, (7) history of escapes, (8) education score, (9) age at time of the assessment, (10) instant violent offense, (11) history of sex offense, and (12) criminal history score. For more information, see Office of the Attorney General, *The First Step Act of 2018: Risk and Needs Assessment System-Update* (January 2020), [www.nij.ojp.gov/sites/g/files/xyckuh171/files/media/document/the-first-step-act-of-2018-risk-and-needs-assessment-system-updated.pdf](http://www.nij.ojp.gov/sites/g/files/xyckuh171/files/media/document/the-first-step-act-of-2018-risk-and-needs-assessment-system-updated.pdf) (accessed July 15, 2020).

<sup>49</sup> Pub. L. No. 116-136.

<sup>50</sup> Barr, memorandum for Director of Bureau of Prisons, April 3, 2020.

materially affecting operations.” In assessing inmates for transfer to home confinement, the memorandum stated that the BOP should be “guided by the factors in my March 26 Memorandum, understanding, though, that inmates with a suitable confinement plan will generally be appropriate candidates for home confinement rather than continued detention at institutions in which COVID-19 is materially affecting their operations.”

In response to the Attorney General’s memoranda, the BOP issued three policy memoranda, on April 3, April 22, and May 8, 2020. The BOP’s April 3 memorandum provided institutions with “sample rosters...to aid in the identification of inmates who may be eligible for home confinement” and stated that eligible inmates “must be reviewed utilizing [the BOP’s] Elderly Offender Home Confinement Program criteria and the discretionary factors listed in the [Attorney General’s March 26 memorandum].”<sup>51</sup> As mentioned above, among the discretionary factors were an inmate’s age and vulnerability to COVID-19, based on CDC guidelines, which include people 65 years and older and people of all ages with underlying medical conditions.<sup>52</sup> The April 3 memorandum also stated that inmates were required to have “maintained clear conduct for the past 12 months to be eligible.” It further provided that pregnant inmates should be considered for placement in home confinement or an available community program.

The BOP’s April 22 memorandum expanded the number of inmates eligible for consideration for transfer to home confinement, as authorized by the Attorney General’s April 3 finding pursuant to the CARES Act.<sup>53</sup> Specifically, the memorandum stated that the BOP was prioritizing for home confinement consideration those inmates who either (1) had served 50 percent or more for their sentence or (2) had 18 months or less remaining on their sentence and had served 25 percent or more. In assessing whether inmates who met the expanded prioritization criteria were candidates for home confinement, the memorandum continued to apply the criteria from the Attorney General’s March 26 memorandum. Additionally, the memorandum continued to provide that pregnant inmates should be considered for placement in home confinement or an available community program. Finally, the BOP’s memorandum allowed a Warden to seek approval from the BOP Central Office to transfer to home confinement an inmate who did not meet the memorandum’s criteria if the Warden determined that transfer was necessary “due to [COVID-19] risk factors, or as a population management strategy during the pandemic.” We note, however, that the April 22 memorandum did not specifically address the instruction in the Attorney

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<sup>51</sup> The criteria in the BOP’s Elderly Offender Home Confinement Program generally mirror those found in § 603 of the FIRST STEP Act, 34 U.S.C. § 60541 and require an inmate to, among other things, be at least 60 years old, have served at least two-thirds of his or her prison sentence, and not have been convicted of a crime of violence or sex offense.

<sup>52</sup> CDC guidelines state that people with chronic lung disease, moderate to severe asthma, serious heart conditions, severe obesity, diabetes, chronic kidney disease, and liver disease, particularly if not well controlled, are at high risk for severe illness from COVID-19. The guidelines also identify people who are immunocompromised as being at risk. The guidelines state that many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications. CDC, “People Who Are at Increased Risk for Severe Illness,” [www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-increased-risk.html](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-increased-risk.html) (accessed July 15, 2020).

<sup>53</sup> The BOP’s April 22 memorandum rescinded its April 3 memorandum.

General's April 3 memorandum that the BOP "immediately maximize appropriate transfers to home confinement" at those institutions "where COVID-19 is materially affecting operations," and "that inmates with a suitable confinement plan will generally be appropriate candidates for home confinement rather than continued detention at institutions in which COVID-19 is materially affecting their operations."

The BOP's third memorandum, issued May 8, was generally consistent with its April 22 memorandum, with one specific difference.<sup>54</sup> The May 8 memorandum permitted inmates to be considered for transfer to home confinement despite having committed certain misconduct in prison during the prior 12 months if, in the Warden's judgment, home confinement "does not create an undue risk to the community." The May 8 memorandum, like the April 22 memorandum, did not specifically address the Attorney General's instruction that the BOP "immediately maximize appropriate transfers to home confinement" at institutions most affected by COVID-19, nor did it specify that inmates at such institutions "with a suitable confinement plan will generally be appropriate candidates for home confinement rather than continued detention."

### **OIG Estimate of Lompoc Inmates Potentially Eligible for Home Confinement Consideration Based on BOP Guidance and Available Authorities**

In order to independently assess the number of FCC Lompoc inmates potentially eligible for transfer to home confinement applying the authorities described above and the BOP guidance criteria, the OIG's ODA used data from the BOP's inmate management system, SENTRY. That data did not allow the ODA to replicate every criterion used by the BOP to determine home confinement eligibility; as a result, in some instances the ODA used certain proxies. For example, in applying the public safety criteria in the BOP guidance, the ODA considered all inmates at a minimum or low security level as potentially eligible for home confinement, whereas the BOP considered certain additional public safety factors that may have limited the eligibility of some of those inmates for home confinement consideration. Separately, in estimating the number of inmates who were eligible for transfer to home confinement under 18 U.S.C. § 3624(c)(2) prior to enactment of the CARES Act, the ODA included only those inmates in minimum or low security facilities with 6 months or less remaining, although the statute applies to all inmates regardless of the security level of the institution where they are incarcerated but limits placement into home confinement to no more than 10 percent of an inmate's sentence.<sup>55</sup> Further, in determining the number of inmates who were at high risk of severe illness from COVID-19 and therefore were eligible for home confinement consideration under BOP guidance, the ODA included inmates aged 65 or older only. Determinations about whether specific underlying medical conditions for inmates under age 65 placed them in a high risk category or made them appropriate for transfer

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<sup>54</sup> The BOP's May 8 memorandum rescinded its April 22 memorandum.

<sup>55</sup> 18 U.S.C. § 3624(c)(2) states that "the authority under this subsection may be used to place a prisoner in home confinement for the shorter of 10 percent of the term of imprisonment of that prisoner or 6 months. The [BOP] shall, to the extent practicable, place prisoners with lower risk levels and lower needs on home confinement for the maximum amount of time permitted under this paragraph."

were made by the institution based on a case file review, which the OIG did not undertake in connection with our remote inspection.<sup>56</sup>

Based on the available data, the ODA estimated that, as of April 12, approximately 957 of the 1,775 inmates in Lompoc’s low and minimum security facilities were potentially eligible for home confinement under existing authorities and BOP guidance. By comparison, as detailed above, the BOP Central Office included 509 inmates in the 9 rosters it provided to FCC Lompoc for home confinement consideration between April 4 and May 15.<sup>57</sup> The table below details the ODA’s estimated number of inmates eligible for transfer by available authority or BOP guidance factor.

**Table**

**OIG Estimate of the Number of Lompoc Inmates Eligible for Transfer to Home Confinement Based on BOP Guidance and Available Authorities**

Authority	18 U.S.C. § 3624(c)(2) Prior to the CARES Act	FIRST STEP Act: Pilot Program for Elderly, Nonviolent Offenders	Post-CARES Act and the Attorney General’s April 3 Finding: BOP Implementing Guidance	
<b>Inmate Population</b>	Inmates in low and minimum facilities with a remaining sentence of 6 months or less	Inmates in low and minimum facilities at least 60 years of age and having served at least two-thirds of their sentence	Inmates in low and minimum facilities and at least 65 years of age (i.e., at high risk according to the CDC)	Inmates in low and minimum facilities, under the age of 65, and having served at least 50 percent of sentence or at least 25 percent with 18 months or less remaining
<b>Number of Inmates as of April 12, 2020</b>	115	50	84	708

Notes: Some inmates may have been eligible for transfer under multiple authorities, but the table counts each inmate only once. If eligible under multiple authorities, the inmate would be counted under the first authority for which he was eligible, moving from left to right.

**Sources:** 18 U.S.C. § 3624(c)(2); 34 U.S.C. § 60541(g); CARES Act, Pub. L. No. 116-136; and OIG data analysis

<sup>56</sup> According to the BOP’s Administrator of Reentry Services, different institutions may have different interpretations of how severe a medical condition deemed by the CDC as high risk must be for the inmate to be considered eligible for home confinement. As noted below, Health Services staff evaluated whether an inmate’s medical needs could still be met if the inmate was placed into the community.

<sup>57</sup> Our review of the BOP’s 9 rosters shows that the 509 Lompoc inmates included 354 previously designated low risk inmates on the BOP’s May 8 roster (Roster 7), whom Lompoc staff had to rescore using the BOP’s new PATTERN Risk Scoring Form (rev. January 2020). According to BOP guidance, Lompoc inmates who were classified as minimum risk under the new PATTERN Risk Scoring Form were then reassessed by the Central Office to determine their potential eligibility for home confinement placement. As we noted above, the OIG’s ODA used data from the BOP’s inmate management system, SENTRY, to assess the universe of potentially eligible Lompoc inmates. The ODA did not have data to replicate all of the criteria that the BOP used to determine home confinement eligibility, which included the BOP’s PATTERN risk data.

## FCC Lompoc's Use of Home Confinement

To facilitate institutions' implementation of the Attorney General's directives, the BOP Central Office created and disseminated to institutions a series of rosters applying the factors identified in the criteria from the BOP memoranda. FCC Lompoc received nine different rosters from the Central Office between April 4 and May 15, and BOP officials stated that multiple rosters were provided because each successive BOP memorandum expanded the inmate eligibility criteria. Lompoc's rosters identified 509 inmates who were potentially eligible for transfer to home confinement.

Upon receipt of each roster, FCC Lompoc's Unit Team, Health Services, and Special Investigative Supervisor staff reviewed the case files for each inmate to assess whether the inmate should be considered for transfer to home confinement based on the factors identified in the BOP's current memorandum. According to a BOP Assistant Director, who served as Lompoc's acting Complex Warden from May 6 to June 5, the BOP redirected staff at the local, regional, and community confinement levels and dedicated staff full-time at the institution level to review inmates' case files to determine their eligibility and confirm release plans. As a result, he indicated that the BOP had reduced the duration of its normal release process from 2-3 months to a couple of weeks.

As part of FCC Lompoc's efforts to evaluate the rosters of inmates identified by the BOP Central Office as potentially eligible for home confinement, institution staff conducted a public safety determination. Lompoc's acting Deputy Case Management Coordinator told us that the Unit Team staff assessed whether each inmate had any disqualifying public safety factors and Special Investigative Supervisor staff determined whether the inmate had gang affiliations or otherwise presented a risk to public safety. In addition, Health Services staff evaluated whether the inmate's medical needs could still be met if he was placed in home confinement.

A Lompoc official told the OIG that by May 13 the institution had determined that approximately 150 inmates identified by the BOP Central Office were eligible to be transferred to home confinement or an RRC pursuant to the criteria in the Attorney General's and BOP's memoranda; however, by that date, only 9 of those inmates had been placed into home confinement or an RRC under the CARES Act.<sup>58</sup> We were also told that during this time Lompoc continued to process for transfer into an RRC or home confinement inmates who were qualified to leave prison under authorities that existed prior to the CARES Act and that between March 26 and May 13 Lompoc transferred 25 inmates out of the institution through its routine reentry process.

Lompoc reported to the OIG that by June 24 the number of its inmates who had been placed into home confinement or an RRC since March 26 had increased from 34 to 124. Lompoc data indicated that 38 of these inmates had been placed into home confinement while 86 of them had

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<sup>58</sup> We spoke to this official 2 days before Lompoc received its ninth and most recent roster of potentially eligible inmates, which included 16 inmates who were over the age of 65. In June, this official told us that Lompoc had since determined that as of June 5 at least 216 inmates had been deemed eligible under the Attorney General's home confinement directive.



been placed into an RRC; however, a Lompoc official told us that the institution could not always tell whether inmates placed directly into an RRC were there only temporarily before transferring to home confinement.<sup>59</sup> In June, Lompoc also reported that it had referred an additional 14 inmates with age risk factors to the BOP Central Office for home confinement consideration under the provision of the BOP's April 22 and May 8 memoranda that allowed Wardens to refer inmates who did not meet either the 50 percent or 25 percent criteria or the public safety factors.<sup>60</sup> Documentation we reviewed indicated that the BOP had approved 1 of the 14 inmates for transfer to home confinement or an RRC.

We asked the then acting Complex Warden why, as of May 13, only 34 Lompoc inmates had been moved out of prison, given the impact of the COVID-19 pandemic that the facility began to experience in late March. He explained that the institution cannot move an eligible inmate to home confinement or an RRC until the local RRC that will be assuming responsibility for monitoring the inmate, whether in home confinement or an RRC, has confirmed that it is able to do so.<sup>61</sup> He added that during the COVID-19 pandemic this has sometimes delayed releasing eligible inmates to home confinement or an RRC. He stated that some RRCs are short staffed, which presents significant challenges given the increased number of inmates throughout the country whom the BOP has transferred into RRC supervision at RRC facilities and in home confinement.<sup>62</sup> We learned from another Lompoc official that COVID-19 outbreaks in two RRCs delayed two Lompoc inmates from transferring to them. We also learned that additional factors affected BOP institutions' ability to move eligible inmates out of prison, including the role of the U.S. Probation Office in approving relocations, the need for a suitable home address, and an inmate's ability to receive healthcare in the community.

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<sup>59</sup> In comparison, we were advised that between December 2019 and February 2020 Lompoc did not place any inmates into home confinement but placed 151 inmates into RRCs.

A 2016 OIG audit report found that the BOP could more strategically identify inmates suitable for placement directly into home confinement and that the BOP had underutilized home confinement placement as an alternative to RRC placement for transitioning low risk, low need inmates back into society despite BOP policy and guidance stating that direct home confinement placement was preferred for such inmates. See DOJ OIG, *Audit of the Federal Bureau of Prisons' Management of Inmate Placements in Residential Reentry Centers and Home Confinement*, Audit Report 17-01 (November 2016), [www.oversight.gov/sites/default/files/oig-reports/a1701.pdf](http://www.oversight.gov/sites/default/files/oig-reports/a1701.pdf).

<sup>60</sup> On June 23, the BOP's Residential Reentry Services Branch Administrator told the OIG that the Home Confinement Review Committee's records indicated that Lompoc had referred only four inmates to the committee for a home confinement suitability review, with the first inmate being referred on June 17.

<sup>61</sup> Inmates transferred from a BOP institution to home confinement prior to the conclusion of their prison sentence remain subject to BOP monitoring while under home confinement. As a general matter, the BOP contracts with RRCs to monitor such inmates. According to the BOP's Residential Reentry Services Branch Administrator, RRC staff monitor more than 90 percent of the approximately 7,000 inmates who were placed into home confinement as of June 23.

<sup>62</sup> BOP officials stated that inmates were transferred to home confinement as soon as the necessary release preparation measures were completed, including verification of the inmate's home address and confirmation with family members that the inmate's release plan was viable and could be fulfilled in the home environment.

We asked Lompoc's then acting Complex Warden why Lompoc had determined that most of the 509 inmates referred by the BOP Central Office were ineligible for transfer to home confinement or an RRC. He told us that, while Lompoc viewed the Attorney General's directives as a way to reduce the inmate population to better facilitate social distancing within its facilities, the institution also had a responsibility to ensure that inmates who posed a risk to public safety were not released into the community. He noted that many inmates housed in low and minimum security facilities may appear to present minimal risk to the community based on their current institution security level, but that some have criminal histories including violence and sex offenses that preclude them from home confinement placement. He further explained that inmates initially classified as high security can, over time, work their way down to low or minimum security designations through good institutional conduct. As a result, the institution had to review the case file for each potentially eligible inmate and could not make generalized determinations of eligibility.

The OIG recognizes and appreciates the importance of the public safety considerations associated with the potential release of a BOP inmate and the challenges that BOP officials face in determining whether to transfer an inmate to home confinement. These are difficult, risk-based decisions. However, we also note that in early April, at a time when Lompoc was facing a growing COVID-19 outbreak, the BOP had been given authority to expand existing release criteria and the Attorney General had directed the BOP to "immediately maximize appropriate transfers to home confinement of all appropriate inmates" at prisons, like Lompoc, "where COVID-19 is materially affecting operations." Despite this admonition, the data does not reflect that the BOP took immediate action at Lompoc. For example, as of April 12, approximately 115 low and minimum security Lompoc inmates had 6 months or less remaining in their sentence. Under the law, upon completion of an inmate's sentence, the BOP is obligated to release the inmate from prison. Therefore, these 115 low and minimum security inmates were going to be returning to their communities no later than early October, many likely much sooner. Moreover, nearly all of these inmates would have been eligible for immediate home confinement consideration under BOP guidance and existing law.<sup>63</sup> While we recognize that some of these low and minimum security inmates may not have been candidates of transfer to home confinement because they did not have a residence to go to, or due to their actions while incarcerated or prior criminal histories, we found that 87 percent (100 of 115) of these inmates remained at FCC Lompoc as of May 10, more than a month after the Attorney General's memorandum. By June 14, 38 percent (44 of 115) of these inmates continued to reside at Lompoc. As a result, we concluded that the BOP did not fully

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<sup>63</sup> While 18 U.S.C. § 3624(c)(2) would normally have limited the maximum amount of time that such inmates could be placed in home confinement to 10 percent of their prison sentence, the BOP's post-CARES Act guidance eliminated the 10 percent restriction for inmates who had 18 months or less remaining to their sentence and had already served 25 percent of their sentence. This meant that any inmate who had less than 6 months remaining on an 8 month or longer sentence could immediately be considered for home confinement. According to the BOP, approximately 98 percent of defendants sentenced to a term of imprisonment have received a sentence of at least 1 year.

leverage its expanded authorities under the CARES Act and the Attorney General's memoranda to promptly transfer Lompoc inmates to home confinement.<sup>64</sup>

## Compassionate Release

Another means by which inmates can be moved from prison to home is through a reduction to their sentence pursuant to the compassionate release statute, 18 U.S.C. § 3582(c)(1)(A)(i).<sup>65</sup> Under the statute, either the BOP or an inmate may request that a federal judge reduce the inmate's sentence for "extraordinary and compelling reasons," such as age, terminal illness, other physical or medical conditions, or family circumstances. An inmate must first submit a compassionate release request to the BOP, but the inmate is permitted to file a motion directly with the court if the BOP denies the petition, or 30 days after the inmate files the petition with the BOP, whichever occurs first.

We were told that the BOP prioritized using the home confinement authorities described above, rather than the compassionate release statute, to respond to the COVID-19 pandemic because those authorities allowed the BOP to approve inmates for release whereas compassionate release requires the approval of a federal judge. Officials in the BOP's Office of General Counsel told us that the COVID-19 pandemic has not changed the BOP's eligibility requirements for compassionate release. Additionally, the Department has taken the position, in legal guidance when responding to compassionate release motions filed by inmates with courts, that the risk of COVID-19 by itself is not an "extraordinary and compelling" circumstance that should result in the grant of a compassionate release request.<sup>66</sup> Thus, COVID-19 would not cause the BOP to support a petition for compassionate release that it would not have supported otherwise.

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<sup>64</sup> As noted previously, a class action lawsuit on behalf of Lompoc inmates was filed in May 2020 in the U.S. District Court for the Central District of California concerning the BOP's response to the COVID-19 pandemic at FCC Lompoc. On July 14, a U.S. District Court Judge approved a provisional class certification for Lompoc inmates over the age of 50 or with underlying health conditions. The Judge's order states that "the evidence before the court demonstrates meaningful social distancing is not possible at Lompoc absent a reduction in the inmate population," and that "there is no evidence [BOP officials] are prioritizing their use of statutory authority under the CARES Act to grant home confinement to Lompoc inmates in light of the pandemic, or giving due consideration to inmates' age or medical conditions in evaluating eligibility of home confinement." The Judge ordered the BOP to, among other things, "make full and speedy use of the BOP's authority under the CARES Act and evaluate each class member's eligibility for home confinement." See *Torres et al.; Plaintiff-Petitioners, v. Milusnic et al.; Defendant-Respondents*, Case 2:20-cv-04450-CBM-PVC, July 14, 2020, [www.prisonlaw.com/wp-content/uploads/2020/07/Lompoc-Order-re-PI-and-Class-Cert.pdf](http://www.prisonlaw.com/wp-content/uploads/2020/07/Lompoc-Order-re-PI-and-Class-Cert.pdf) (accessed July 22, 2020).

<sup>65</sup> For more information about how the BOP manages its compassionate release program, see BOP Program Statement 5050.50, Compassionate Release/Reduction in Sentence: Procedures for Implementation of 18 U.S.C. §§ 3582 and 4205(g), January 17, 2019. In 2013, the OIG issued a report examining the BOP's compassionate release program. The OIG found, at that time, that the program had been poorly managed and inconsistently implemented. See DOJ OIG, *The Federal Bureau of Prisons' Compassionate Release Program*, E&I Report I-2013-006 (April 2013), [www.oversight.gov/sites/default/files/oig-reports/e1306.pdf](http://www.oversight.gov/sites/default/files/oig-reports/e1306.pdf).

<sup>66</sup> Executive Office for United States Attorneys, "Compassionate Release Litigation Guidance," May 18, 2020.

As a result of the COVID-19 pandemic, FCC Lompoc reported that the institution has processed about 20 times the typical volume of compassionate release petitions from Lompoc inmates, from usually about 10 applications a month to 201 applications in April 2020 alone. A Lompoc official told us that the vast majority of inmates who applied for compassionate release during the COVID-19 pandemic did not appear to be eligible under the program's criteria. On May 27, Lompoc reported that 9 out of approximately 387 inmates who had applied for compassionate release since March 1 had been released and that by June 5 the BOP had agreed to file motions with the court for the compassionate release of 3 additional inmates.

To provide more insight into these issues, the OIG is reviewing and will report separately on the Department's and the BOP's use of early release authorities, especially home confinement, to manage the spread of COVID-19 within BOP facilities.

## SCOPE AND METHODOLOGY OF THE INSPECTION

The OIG conducted this inspection in accordance with the Council of the Inspectors General on Integrity and Efficiency's *Quality Standards for Inspection and Evaluation* (January 2012). We conducted this inspection remotely because of CDC guidelines and DOJ policy on social distancing. This inspection included telephone interviews with Lompoc officials, review of documents produced by the BOP related to the BOP's and Lompoc's management of the COVID-19 pandemic, the results of an OIG survey issued to all BOP staff, and analysis of publicly available BOP and COVID-19 data. We also considered a complaint we received from a union official at FCC Lompoc and complaints reported to the OIG Hotline. The photographs included in the report were taken by Lompoc officials for the purpose of providing the Office of the Attorney General with information about Lompoc's response to COVID-19 and at the OIG's request for this inspection.

To understand staff concerns, impacts, and immediate needs related to COVID-19, we issued an anonymous electronic survey to all BOP government employees from April 21 through April 29, 2020. We invited these 38,651 employees to take the survey and received 10,735 responses, a 28 percent response rate. Institution staff represented 9,932 of the 10,735 responses (93 percent). We received 126 survey responses from Lompoc personnel, representing 30 percent of staff assigned to the institution.

We conducted telephone interviews with BOP and local union officials, a Chief Executive of the Lompoc Valley Medical Center, and the FCC Lompoc Case Management Coordinator, Clinical Director, Deputy Case Management Coordinator/Case Manager, Unit Manager, and three Lieutenants. We also conducted a group telephone interview with 11 FCC Lompoc, BOP regional, and Central Office officials. We did not interview inmates as part of our remote inspection of FCC Lompoc.

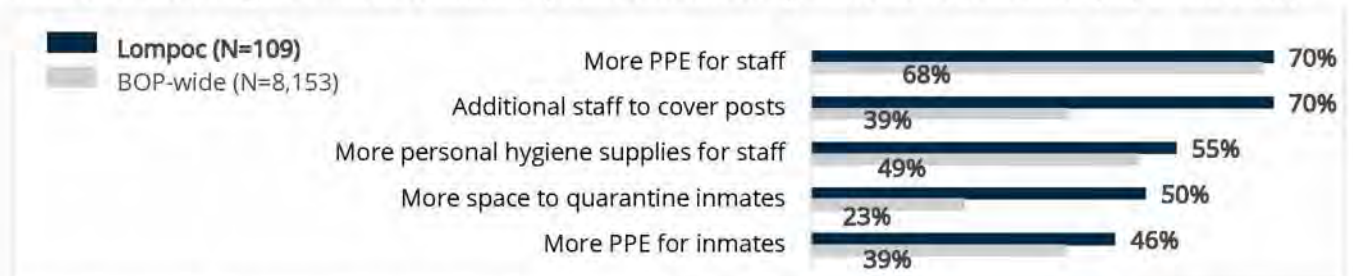
The main issues we assessed through our interviews and data requests were the institution's compliance with BOP directives and CDC guidance related to PPE; COVID-19 testing; medical response and capability; social distancing, quarantine, sanitation, supplies, and cleaning procedures; and conditions of confinement. We also assessed actions taken to reduce the inmate population through implementation of relevant authorities.

We reviewed CDC guidelines and BOP-wide guidance and procedures, as well as the FCC Lompoc Fit Test Staff Roster, Community Relations Board information, media statements, documentation of staff COVID-19 screenings, PPE guidance and inventory, Quarantine Checklist, and information and guidance provided to staff.

# OIG COVID-19 SURVEY RESULTS FOR FCC LOMPOC

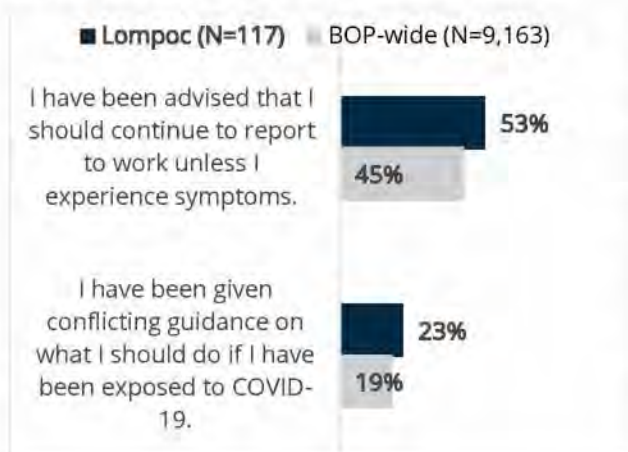
Open Period: <b>April 21-29, 2020</b>	Invitations Sent: <b>38,651</b>	Overall Responses: <b>10,735 (of 38,716)</b>	Lompoc Responses: <b>126 (of 416)</b>
Lompoc Responses: Departments 114 (of 126 responses):			
<b>Correctional Services: 29%   Health Services: 11%   Facilities Management: 11%   All Other Departments: 49%</b>			

Which of the following are immediate needs for your institution during the COVID-19 pandemic? (Top 5 Responses)



Note: Personal hygiene supplies are defined as soap and hand sanitizer.

Which of the following statements best describes the current guidance you have received from facility leadership about what you should do if you have been exposed to COVID-19? (Top 2 Responses)



How strongly do you agree with the following statements about the adequacy of the guidance you have received about what you should do if you have been exposed to COVID-19? (All Responses)

Respondents rated each item on a 5-point scale, with "strongly disagree" worth 1 point and "strongly agree" worth 5 points. "Don't know" responses are excluded.

	Lompoc Rating	BOP-wide Rating
The guidance was timely.	2.45	3.18
The guidance was clear.	2.46	2.97
The guidance was comprehensive.	2.44	3.03

How strongly do you agree with the following statements about the adequacy of the practices your institution is taking to mitigate the risk of spreading COVID-19? (Top 3 and Bottom 3 Responses)

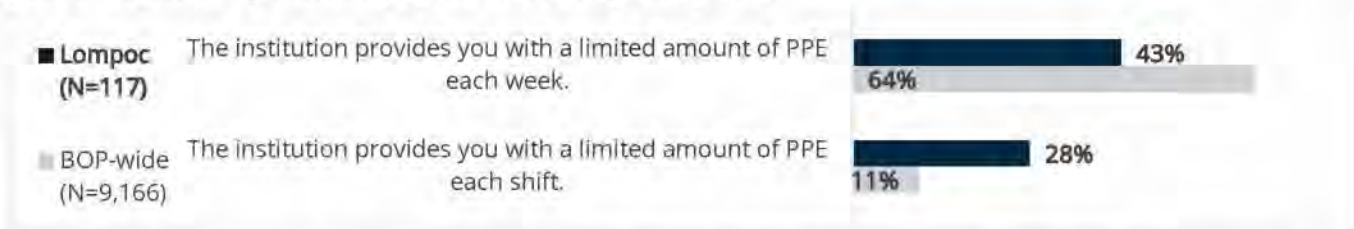
<i>Respondents rated each item on a 5-point scale, with "strongly disagree" worth 1 point and "strongly agree" worth 5 points. "Don't know" responses are excluded.</i>	<b>Lompoc Rating (N=113)</b>	<b>BOP-wide Rating (N=8,978)</b>
<b>Three Practices Rated Highest:</b>		
Staff are given sufficient information about COVID-19 symptoms and preventive actions (hand washing, wearing masks).	3.86	4.09
Inmates diagnosed with, or showing symptoms of, COVID-19 are being sufficiently segregated from other inmates to mitigate the virus spreading.	3.75	3.94
Inmates are given sufficient information about COVID-19 symptoms; preventive actions (e.g., hand washing, wearing masks); and changes to their daily routines.	3.58	4.10
<b>Three Practices Rated Lowest:</b>		
Inmates are provided with a sufficient supply of masks.	2.90	3.44
Staff are provided a sufficient supply of masks.	2.67	3.13
Inmates are provided a sufficient supply of hand sanitizer where sinks are not available.	2.48	3.07

Please identify which, if any, of the following social distancing measures your institution is currently employing to increase the amount of space between staff and inmates. (Top 5 Responses)

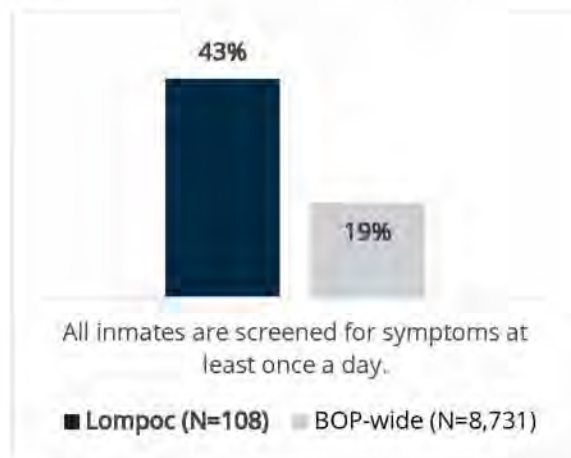
	<b>Lompoc Percent of Respondents (N=104)</b>	<b>BOP-wide Percent of Respondents (N=8,435)</b>
The amount of time that inmates are required to remain in their housing units each day has been increased.	51%	59%
The number of inmates participating in a program or activity at one time has been reduced.	24%	42%
Other (Please describe.)*	23%	10%
I don't know.	21%	15%
Daily schedules are adjusted so that only one housing unit at a time is allowed to enter common space (such as the inmate cafeteria, Health Services clinic, library, classrooms, chapel, work space, or recreation space).	20%	44%

*Note: The majority of Lompoc respondents who answered "Other" reported that the lockdown implemented on April 20 was the institution's main social distancing strategy.*

**Which of the following statements best describes the current guidance you have received from facility leadership about your use of personal protective equipment (PPE)? (Top 2 Responses)**

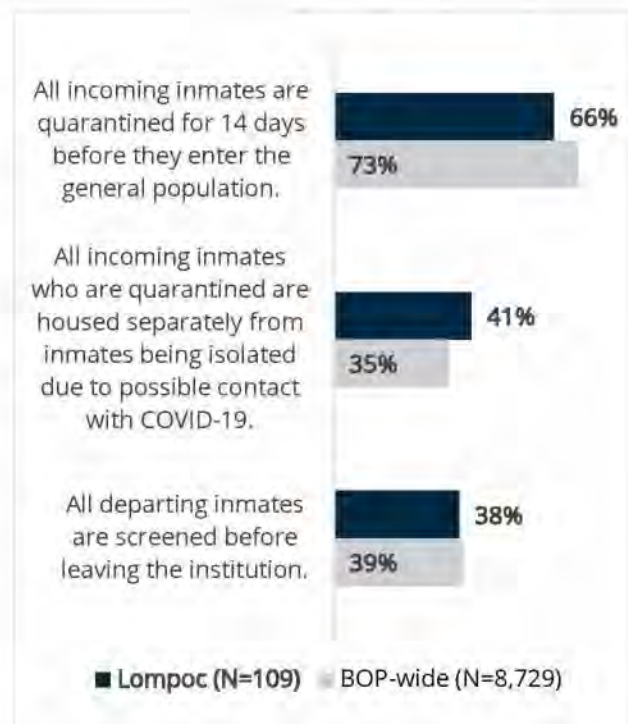


**Which of the following statements best describes the current approach to COVID-19 screening of existing inmates (temperature check, questioning about other symptoms) at your institution? (Top Response)**



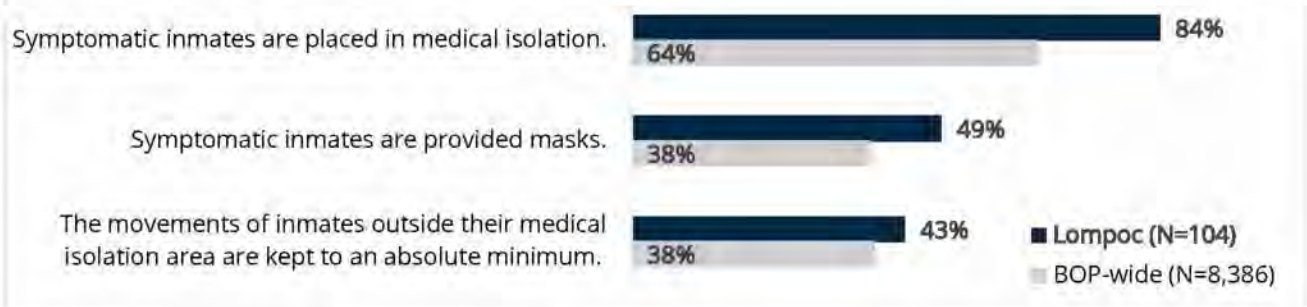
*Note: Thirty-six percent of respondents chose "I don't know." The remaining chose categories amounting to less than 9 percent each.*

**Please identify which, if any, of the following COVID-19 measures for screening incoming and departing inmates (temperature check, questioning about other symptoms) your institution is currently taking. (Top 3 Responses)**

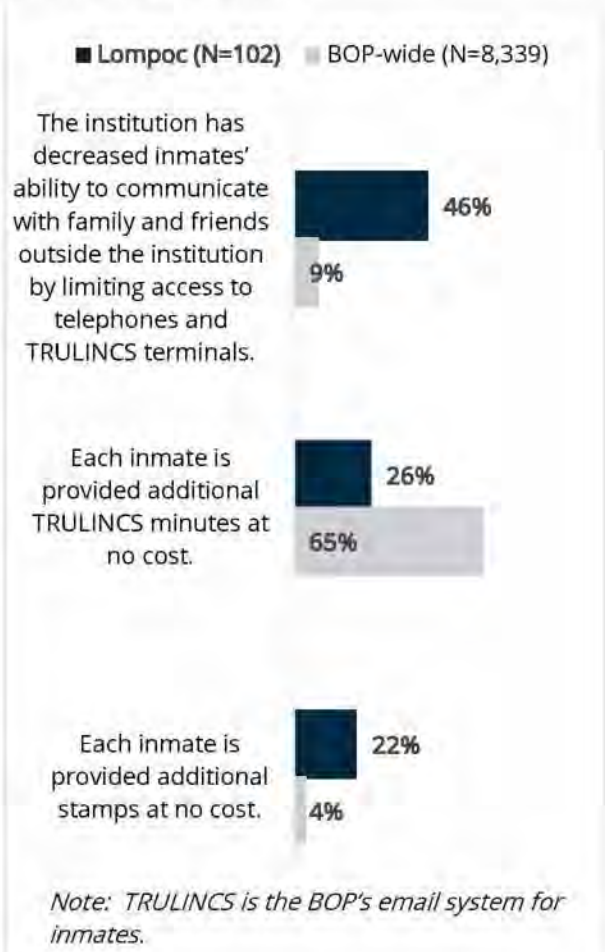




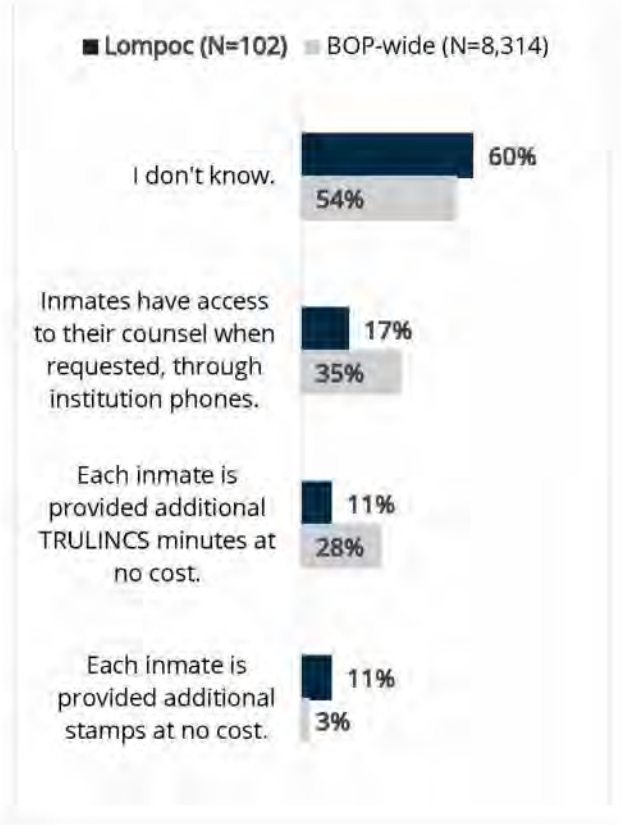
**Please identify which, if any, of the following measures your institution is currently employing to manage inmates with COVID-19 symptoms. (Top 3 Responses)**



**Please identify which, if any, of the following strategies your institution is currently employing to facilitate inmates' ability to communicate with family and friends outside the institution with whom they would normally interact. (Top 3 Responses)**



**Please identify which, if any, of the following strategies your institution is currently employing to facilitate inmates' ability to communicate with legal counsel. (Top 4 Responses)**



## TIMELINE OF BOP GUIDANCE

January	31	<p><b>The BOP Issued Action Plan Phase One:</b></p> <ul style="list-style-type: none"> <li>Identified the potential risk of exposure within BOP facilities and informed recipients about risk factors, symptoms to look for, and preventive measures.</li> <li>Recommended screening all new inmate arrivals to the BOP for COVID-19 risk factors and symptoms using a provided screening questionnaire.</li> <li>Recommended use of PPE for those in close contact with individuals who are suspected of being infected or individuals who have been diagnosed with COVID-19.</li> </ul>	
	29	<p><b>The BOP Issued Updated Guidance for COVID-19 to BOP Medical Staff:</b></p> <ul style="list-style-type: none"> <li>Recommended screening staff with potential risk factors and all new inmate arrivals using a screening questionnaire.</li> <li>Recommended conducting fit-testing for N95 respirators, disseminating information about proper PPE use, and establishing baseline supplies of PPE.</li> <li>Recommended establishing communication with local public health authorities, identifying possible quarantine areas, and alerting visitors that people with illnesses will not be allowed to visit.</li> </ul>	
February	9	The BOP issued screening and leave guidance for staff.	
	11	The World Health Organization declared COVID-19 a pandemic.	
	13	<p><b>The BOP Issued Action Plan Phase Two:</b></p> <ul style="list-style-type: none"> <li>Suspended internal inmate movements for 30 days (exceptions for medical treatment and other exigencies) and legal visits (exceptions on a case-by-case basis), social visits, and volunteer visits.</li> <li>Canceled staff travel and training.</li> <li>Instructed institutions to assess inventories of food, medicine, cleaning supplies, and sanitation supplies.</li> <li>Required screening of staff (by self-reporting and temperature checks) "in areas with sustained community transmission" and all new BOP inmates and quarantining inmates where appropriate (those with exposure risk factors or symptoms).</li> <li>Required Wardens to modify operations to maximize social distancing, such as staggering meal and recreation times, for 30 days.</li> </ul>	
			The BOP issued a memorandum to Chief Executive Officers outlining necessary inmate mental health treatment and services during social distancing.
			<p><b>The BOP Issued an Update to Action Plan Phase Two:</b></p> <ul style="list-style-type: none"> <li>Stated that additional accommodations could be made for staff in high risk categories.</li> </ul>
	18	<p><b>The BOP Issued Action Plan Phase Three:</b></p> <ul style="list-style-type: none"> <li>Provided guidance for non-institutional locations that perform administrative services.</li> </ul>	
	19	The first two BOP staff were presumed positive for COVID-19.	
	20	The BOP issued guidance re-prioritizing outside medical and dental trips.	
	21	The first BOP inmate tested positive for COVID-19.	
	23	The CDC issued Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities.	
March			

**26** **The BOP Issued Action Plan Phase Four:**

- Required all new inmates to be screened using a screening questionnaire and temperature check. If asymptomatic, inmates were to be quarantined for at least 14 days or until cleared by medical staff. If symptomatic, inmates were to remain in isolation until they tested negative for COVID-19 and were medically cleared.
- Required all inmates to be screened upon exiting the facility. Any symptomatic inmates were to be placed in isolation.
- Required all staff/contractors/other visitors to be screened upon entering the facility using screening questionnaire and temperature check.
- Required institutions to develop alternatives to in-person court appearances.
- Required all non-bargaining unit positions to comply with and participate in the respiratory protection program, including completing medical clearance, training, and fit-testing for N95 respirators.

**28** **The BOP Issued an Update to Action Plan Phase Four:**

- Required inmates transferring within the BOP, in addition to new inmates, to be screened upon arrival.

**31** **The BOP Issued Action Plan Phase Five:**

- Enacted a 14-day nationwide action, effective April 1, to minimize movement within BOP facilities.
- Emphasized continued and ongoing screening of all inmates to identify asymptomatic cases and encourage early reporting by inmates of symptoms.
- Required prompt and thorough contact tracing investigations for symptomatic cases, quarantining close contacts of suspected or confirmed COVID-19 cases, and isolating any inmates with symptoms similar to COVID-19.
- Emphasized good hygiene and cleaning practices.
- Required institutions to limit staff movements to the areas to which they were assigned.
- Limited inmate movements to prevent group gatherings and maximize social distancing. Directed work details to continue with appropriate screening.
- Worked with the U.S. Marshals Service to limit inmate movements between institutions.
- Required all staff to be fit-tested for N95 respirators (included shaving all facial hair).
- Announced that UNICOR had initiated the manufacturing of face masks for inmates.

**3** The BOP issued a memorandum directing Chief Executive Officers to: (1) establish a point of contact with local public health officials and local hospitals, if not already established, and (2) be responsive and transparent with outside stakeholders to demonstrate that the BOP is taking aggressive action to mitigate the spread of COVID-19.

The CDC issued new guidance recommending the use of cloth face coverings in addition to social distancing.

**6** The BOP issued a memorandum to Chief Executive Officers indicating that it was working to issue face masks to all staff and inmates to lessen the spread of COVID-19 by asymptomatic or pre-symptomatic individuals.

**7** The BOP issued a memorandum to Chief Executive Officers establishing that all inmates being released or transferred from a BOP facility into the community be placed in quarantine for 14 days prior to release.

**13** **The BOP Issued Action Plan Phase Six:**

- Extended guidance issued in Phase 5 through May 18.

**24** The BOP expanded COVID-19 testing to include asymptomatic inmates following the acquisition of rapid ribonucleic acid testing equipment at select BOP facilities.

**18** **The BOP Issued Action Plan Phase Seven:**

- Extended guidance issued in Phase Six through June 30.

**30** **The BOP Issued Action Plan Phase Eight:**

- Extended guidance issued in Phase Seven through July 31.
- Established new procedures for in-person court trips and inmate movement between BOP institutions.
- Required COVID-19 testing of all incoming inmates.

**Source:** OIG analysis of documents provided by the BOP



DEPARTMENT OF JUSTICE | OFFICE OF THE INSPECTOR GENERAL

# PANDEMIC RESPONSE REPORT

## 20-087

JULY 2020

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### Remote Inspection of Federal Correctional Complex Tucson

EVALUATION AND INSPECTIONS DIVISION

## INTRODUCTION



### OIG COVID-19 Inspection Efforts

In response to the coronavirus disease 2019 (COVID-19) pandemic, the U.S. Department of Justice (Department, DOJ) Office of the Inspector General (OIG) initiated a series of remote inspections of Federal Bureau of Prisons (BOP) facilities, including BOP-managed institutions, contract institutions, and Residential Reentry Centers. In total, these facilities house approximately 160,000 federal inmates. The OIG inspections sought to determine whether these institutions were complying with guidance related to the pandemic, including Centers for Disease Control and Prevention (CDC) guidelines, DOJ policy and guidance, and BOP policy. While the OIG was unable to meet with staff or inmates as part of these remote inspections, the OIG issued a survey to over 38,000 BOP employees, as well as staff of contract institutions and Residential Reentry Centers.

[DOJ COVID-19 Complaint](#)

[Whistleblower Rights and Protections](#)

The CDC has noted that the confined nature of correctional facilities, combined with their congregate environments, “heighten[s] the potential for COVID-19 to spread once introduced” into a facility. According to BOP data, as of July 14, 2020, 8,642 inmates and 887 staff in BOP-managed institutions and community-based facilities had tested positive for COVID-19.<sup>1</sup> However, testing within most BOP facilities has been limited. In those institutions where widespread inmate testing has been conducted, the percentage of inmates testing positive has been substantial. At the time of our fieldwork, FCC Tucson was not conducting widespread inmate testing for COVID-19. There were no COVID-19 active inmate cases in the institution.

Between April 27 and June 8, 2020, the DOJ OIG conducted a remote inspection of the BOP’s Federal Correctional Complex (FCC) Tucson, located in Pima County, Arizona, to understand how the COVID-19 pandemic affected the complex and to assess the steps FCC Tucson officials took to prepare for, prevent, and manage COVID-19 transmission within its facilities (see [Appendix 1](#) for the scope and methodology of the inspection). As part of that effort, we considered whether FCC Tucson’s policies and practices complied with BOP directives implementing CDC guidance, as well as DOJ policy and guidance. We conducted this inspection through telephonic interviews with FCC Tucson and BOP officials, review of documents, assessment of inmate demographic data and staff and inmate COVID-19 case data by the OIG’s Office of Data Analytics (ODA), analysis of FCC Tucson-specific results from a BOP-wide employee survey regarding COVID-19 issues that the OIG conducted in late April, and consideration of complaints to the OIG Hotline by inmates (see [Appendix 2](#) for a summary of survey results from FCC Tucson respondents).

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<sup>1</sup> This estimate does not include inmates who have tested positive, recovered, and have since been released by the BOP.

## Summary of Inspection Results

In accordance with BOP guidance, FCC Tucson began modified operations with social distancing measures on March 17 and enacted a Shelter-in-Place (SIP) on April 1.<sup>2</sup> These measures were extended three times and were to remain in effect until at least July 31. We found that Tucson officials adhered to applicable COVID-19 related BOP policies and CDC guidelines and regularly communicated these changes to staff and inmates. We determined that several factors assisted FCC Tucson in responding to the COVID-19 pandemic, including FCC Tucson's proactive implementation of preventative measures before they were required by the BOP. Specifically, we found that:

- FCC Tucson had empty housing units available in its U.S. Penitentiary (USP), which it was able to repurpose as quarantine and medical isolation areas.
- FCC Tucson implemented a precautionary 14-day quarantine for incoming inmates before it was required by BOP guidance.
- FCC Tucson, with guidance from the Western Regional Office, limited staff movement within its facilities before the BOP instructed facilities to do so. Unlike other BOP institutions, FCC Tucson was not experiencing a staffing shortage. Having sufficient staff allowed it to more easily separate its rosters and assign staff to a single institution, thereby limiting possible staff cross-contamination.
- The only FCC Tucson staff member to test positive for COVID-19 at the time of our inspection had not been in the institution for several weeks prior to the positive test, reducing the chance of spread.<sup>3</sup>
- FCC Tucson management regularly updated staff and inmates about new guidance and procedural changes related to COVID-19, and staff we interviewed from FCC Tucson told us that communication from management was "top notch" and "tremendous."

We describe these findings in greater detail, and other observations we made during our inspection, in the [Inspection Results](#) section of this report.

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<sup>2</sup> The BOP enacted a "14-day nationwide action to minimize movement to decrease the spread" of COVID-19 in its Phase Five Action Plan on April 1 and extended this action in its Phase Six, Seven, and Eight Action Plans, effective through July 31. Some institutions chose to describe this action as a "Shelter in Place," "Stay in Place," or "Stay in Shelter." In announcing this action, the BOP noted, "the BOP's actions are based on health concerns, not inmate disruptive behavior." See [Appendix 3](#) for a timeline of the BOP's guidance to its institutions.

<sup>3</sup> The staff member had recovered and returned to work at the time of our inspection. As of July 13, a total of 11 staff members had tested positive for COVID-19.

## COVID-19 at FCC Tucson

FCC Tucson employs 586 federal staff members and houses approximately 1,900 high, medium, and minimum security male inmates, as well as pretrial male and female inmates, in 3 separate facilities: a USP, a Federal Correctional Institution (FCI), and a camp. As a Care Level 2 and 3 complex, FCC Tucson's population includes inmates with chronic care needs and inmates requiring specialized medical care.<sup>4</sup> Additionally, the USP is a Sex Offender Management Program institution, and about 77 percent of USP inmates are incarcerated for sex offenses.

At the time of our fieldwork, there had been no inmate cases and only one staff case of COVID-19 at FCC Tucson. As of July 13, FCC Tucson reported that no inmates, and 11 staff members, had tested positive for COVID-19, 8 of which were active cases.<sup>5</sup> By contrast, the county in which FCC Tucson is located, Pima County, experienced a steady increase in the number of positive COVID-19 cases in April and May and an exponential increase in the number of positive cases in June. As of June 25, Pima County had over 6,500 total confirmed cases. The number of COVID-19 cases in Arizona continued to spike into July. As of July 13, the CDC reported that Pima County had over 11,800 total cases. Below, we provide a snapshot of FCC Tucson's COVID-19 cases as of July 13.

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<sup>4</sup> BOP officials assign each inmate a care level based on the inmate's individual medical needs. Care levels range from Care Level 1 for the healthiest inmates to Care Level 4 for inmates with the most serious medical conditions. The BOP also assigns each institution a care level from 1 to 4, based on the institution's level of medical staffing and resources. The goal of the care level system is to match inmate medical needs with institutions that can meet those needs. A Care Level 2 institution is capable of treating inmates with conditions requiring clinical contact every 3 months. A Care Level 3 institution is capable of treating inmates with conditions requiring daily to monthly clinical contact.

<sup>5</sup> The BOP defines "active cases" as open and confirmed cases of COVID-19. Once someone has recovered or died, he or she is no longer considered an active case.

Inmate Population<sup>a</sup>

 1,866

Active Inmate Cases<sup>b</sup>

 0

Inmate Deaths<sup>c</sup>

 0

Active Inmate COVID-19 Cases Over Time, March 31–July 13, 2020<sup>c</sup>



<sup>a</sup> As of June 14, 2020. Population totals may differ from BOP statistics due to categories of inmates (e.g., juveniles) excluded from the data received by the OIG.

<sup>b</sup> As of July 13, 2020. The BOP defines “active cases” as open and confirmed cases of COVID-19. Once someone has recovered or died, he or she is no longer considered an active case.

<sup>c</sup> As of July 13, 2020. Deaths due to COVID-19.

**Data Source:** BOP

DOJ Federal Staff<sup>a</sup>

 585

Active Staff Cases<sup>b</sup>

 8

Staff Deaths<sup>c</sup>

 0

Active Staff COVID-19 Cases Over Time, March 31–July 13, 2020<sup>b</sup>



<sup>a</sup> As of June 25, 2020.

<sup>b</sup> As of July 13, 2020. Active cases are open and confirmed cases of COVID-19. Once someone has recovered or died, he or she is no longer considered an active case.

<sup>c</sup> As of July 13, 2020. Deaths due to COVID-19.

**Data Sources:** BOP, National Finance Center

Total Confirmed COVID-19 Cases in Pima County Over Time, March 31–July 13, 2020<sup>a</sup>



<sup>a</sup> As of July 13, 2020. Total confirmed cases are cumulative positive COVID-19 cases.

**Data Sources:** Johns Hopkins University Center for Systems Science and Engineering



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# INSPECTION RESULTS

## Social Distancing and Quarantine Measures

In accordance with BOP guidance, FCC Tucson implemented two sets of social distancing procedures. Social distancing, also called “physical distancing,” means keeping at least 6 feet between people and avoiding group gatherings. In a correctional setting, the CDC recommends implementing a host of strategies to increase the physical space between inmates (ideally 6 feet between all individuals, regardless of symptoms), noting that not all strategies will be feasible in all facilities and that strategies will need to be tailored to individual spaces within the facility and the needs of the population and staff.<sup>6</sup>

Starting on March 17, FCC Tucson implemented modified operations, under which one housing unit at a time went to the dining hall for meals or to the outdoor recreation yard. Starting on April 1, FCC Tucson enacted a SIP, which was extended three times and was to remain in effect until at least July 31. FCC Tucson’s Warden emphasized that the SIP is distinct from a punitive lockdown, comparing it to local community guidelines in response to COVID-19. Institution emails and memoranda to inmates that we reviewed also emphasized this message. Under the SIP, inmates remain in their housing units with services brought in, without access to the outdoor recreation yard, as follows:



A standard housing unit with central common area at FCC Tucson: The male FCI housing units and the USP housing units, including the medical isolation and quarantine units, have similar layouts.

**Source:** BOP, with OIG enhancement

<sup>6</sup> See CDC, “[Interim Guidance on Management of Coronavirus Disease 2019 \(COVID-19\) in Correctional and Detention Facilities](https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html),” March 23, 2020, [www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html](https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html) (accessed July 15, 2020).

In the USP and male housing units at the FCI, each of which has closed cells surrounding a common area (see photograph above), inmates remained in their cells for most of the day. They could access the common area for 2-hour blocks each day in groups of about 30 inmates. During these 2-hour blocks, inmates had access to showers, TRULINCS email, and telephones.<sup>7</sup> Food Services and Correctional Staff delivered meals (packaged in clamshells or meal bags) to each inmate's cell. Commissary and laundry collection were available in the housing unit common areas.



In the camp and the FCI's female pretrial housing unit (see photograph), which have open, dormitory-style housing, inmates continued to have open access to showers, TRULINCS email, and telephones. Food Services and Correctional Staff delivered meals to the dormitories, and commissary and laundry were available in the housing unit common areas. Due to a decrease in the camp population as the number of incoming inmates decreased and other inmates moved to quarantine units in preparation for release or home confinement transfer, FCC Tucson was able to increase the distance between inmates by spacing out bed assignments.

FCC Tucson officials told the OIG that two previously empty units in the USP were designated for quarantine and medical isolation of male inmates and that the designated units have sufficient

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<sup>7</sup> TRULINCS is an electronic messaging system through which inmates in BOP-managed institutions may exchange email with preapproved individuals.

space for those purposes.<sup>8</sup> On March 20, before it was required by BOP guidance, FCC Tucson issued to all staff a memorandum stating that as a precautionary measure all incoming male inmates would be quarantined in the designated USP housing unit for 14 days before joining the rest of the institution's inmate population.<sup>9</sup> Incoming female inmates would be quarantined in the Special Housing Unit at the FCI.

## Conditions of Confinement

As discussed above, inmates had access to showers, TRULINCS email, telephones, the commissary, and laundry services, with FCI and USP inmates' access limited to 2 hours a day. We also found that:

- According an internal memorandum, on April 1 and April 8, FCI and USP inmates, respectively, received a monthly allotment of hygiene supplies free of charge. Inmates could also purchase soap from the commissary, FCC Tucson officials told us. Survey results confirmed our findings; only 18 percent (30 out of 166) of FCC Tucson staff survey respondents reported that more personal hygiene supplies such as soap and hand sanitizers were needed for the inmates.<sup>10</sup>
- Regular group extracurricular programs and activities provided by Recreation, Education, and Chaplain Services halted under the SIP; however, FCC Tucson staff were providing educational and recreational materials to the inmates. FCC Tucson officials told us that staff from the Education, Recreation, and Chaplain Services made daily rounds in the units.
- In lieu of group therapies conducted by Psychology Services, which halted under the SIP, Psychology Services staff visited the housing units twice per day. Inmates dealing with mental health challenges were provided with MP3 devices programmed with cognitive behavioral therapy techniques. The Chief Psychologist told us that he ordered more of these devices in order to reach more inmates who may need help coping with anxiety. He added that mental health issues could increase among inmates due to the monotony of inmates being in their cells for 22 hours a day. A Unit Manager and the Chief Psychologist

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<sup>8</sup> Quarantine is used to keep someone who might have been exposed to COVID-19 away from others for 14 days to help prevent the spread of disease and determine if the person develops symptoms. In a correctional setting, the CDC recommends, ideally, quarantining individuals in a single cell with solid walls and a solid door that closes. If symptoms develop during the 14-day period, the person should be placed in medical isolation and evaluated for COVID-19.

Isolation is used to separate people who (1) are infected with the virus (those who are sick with COVID-19 and those with no symptoms), (2) are awaiting test results, or (3) have COVID-19 symptoms from people who are not infected. In a correctional setting, the CDC recommends using the term "medical isolation" to distinguish it from punitive action. See CDC, "Interim Guidance."

<sup>9</sup> On March 26, the BOP implemented Phase Four of its Coronavirus Action Plan, which required asymptomatic inmates entering a facility to be quarantined for at least 14 days or until cleared by medical staff.

<sup>10</sup> We did not include this survey result in the summary of survey results in [Appendix 2](#) because it was not in the top five immediate needs identified by respondents. FCC Tucson staff told us that the BOP does not provide hand sanitizer to inmates due to the alcohol content.

believed that beginning to allow inmates controlled access to the outdoor recreation yard would benefit inmate mental health.<sup>11</sup>

## Staff Movement Restrictions

We found that FCC Tucson, with guidance from the Western Regional Office, took steps to prevent staff movement and potential cross-contamination before the BOP required it nationally. On April 13, the BOP implemented Phase Six of its Coronavirus Action Plan in a memorandum stating that “compartmentalization of staff and inmate movement will continue to help slow the cross-contamination of work spaces and housing units.”<sup>12</sup> The memorandum limited supervisor and manager movements to specific locations, discouraged changing staff post assignments other than to fill a vacant post, and permitted changes in shift hours only if the shift location remained the same. FCC Tucson took the following actions prior to the BOP’s April 13 guidance:

- On April 2, FCC Tucson developed rosters assigning two managers to each housing unit to make daily rounds rather than making rounds throughout the complex.
- On April 5, FCC Tucson implemented a split Correctional Services custody roster that assigned staff to either the FCI or the USP and camp for the duration of the pandemic. Non-custodial staff were also instructed not to move between facilities without approval.<sup>13</sup>

Further, on April 21, FCC Tucson implemented an Institutional Duty Officer (IDO) Buddy System to assist with further limiting staff movements. The new system assigned each IDO a “buddy” to conduct the IDO’s Prison Rape Elimination Act and Special Housing Unit rounds in the facility to which the IDO was not assigned according to the split Correctional Services custody roster.<sup>14</sup>

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<sup>11</sup> The OIG’s 2017 restrictive housing report identified recent studies that suggested that the frequency, duration, and conditions of confinement of restrictive housing, even for short periods of time, can cause psychological harm and significant adverse effects on inmates’ mental health. For more information, see DOJ OIG, *The Federal Bureau of Prisons’ Use of Restrictive Housing for Inmates with Mental Illness*, E&I Report 17-05 (July 2017), [www.oig.justice.gov/sites/default/files/reports/e1705.pdf](http://www.oig.justice.gov/sites/default/files/reports/e1705.pdf).

<sup>12</sup> See BOP, memorandum for All Chief Executive Officers, Coronavirus (COVID-19) Phase Six Action Plan, April 13, 2020, 5. For a timeline of the guidance that the BOP provided to its institutions, see [Appendix 3](#).

<sup>13</sup> FCC Tucson management noted that some of the smaller departments might still need to move between facilities on occasion and that such exceptions required Associate Warden approval.

<sup>14</sup> Per regulations for implementing the Prison Rape Elimination Act, the BOP institutions “shall implement a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment.” 28 C.F.R. § 115.13.

Per BOP policy governing Special Housing Units, “one or more responsible officers the Warden designates (ordinarily the Institution Duty Officer) visit each segregated inmate daily, including weekends and holidays.” BOP Program Statement 5270.11, Special Housing Units, November 23, 2016.

FCC Tucson managers identified two factors as instrumental to its ability to implement these actions. First, managers emphasized that partnership with the local union was essential for changing the staff rosters and ensuring staff cooperation. The Warden and local union worked together to keep staff informed of these and other guidance and direction that fluctuated throughout the pandemic. Second, FCC Tucson was staffed at 96 percent and did not have many staff absences, allowing for greater flexibility when splitting the staff roster.

## Health Screening and Medical Capacity

Based on interviews with Tucson staff and review of emails from management, we found that FCC Tucson complied with BOP screening protocols by screening all staff entering the facility for COVID-19 symptoms starting on March 21, following a determination that the state of Arizona had “sustained community transmission.” The institution’s implementation of all-staff screening predated by 5 days the BOP’s instruction in its Phase Four Action Plan that all individuals entering any facility be screened using a screening questionnaire and a temperature check. At the time of our review, there were no positive COVID-19 cases in the inmate population and only incoming inmates were screened for COVID-19.<sup>15</sup>

FCC Tucson management identified as a major challenge the impact that modified operations due to the pandemic had on FCC Tucson’s Health Services. Due to the institution’s SIP, Health Services staff had to provide all medical services, such as sick calls and medication deliveries, inside housing units, which FCC management described as “taxing.” At the time our review, FCC Tucson’s Health Services was 82 percent staffed, including three employees temporarily deployed to other BOP institutions to help with the COVID-19 response. FCC Tucson’s Clinical Director said that their absence placed more burden on the current staff, but that medical staff were managing both emergency and routine visits and dealing with the challenges well.

When asked whether the Health Services staff could use additional resources, the Clinical Director stated that there were only two no-touch thermometers for the whole complex and that both of them were used at the staff screening sites. The Clinical Director said that ideally there would be four additional thermometers for the nurses to use to sufficiently monitor inmate temperatures while they are making rounds. We found that FCC Tucson tried to order no-touch thermometers on March 16 but the vendor rejected the order. While supply-chain challenges have been widely reported, finding a way to source additional no-touch thermometers could help FCC Tucson, and other BOP institutions, ensure early detection of potentially symptomatic inmates.

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<sup>15</sup> Incoming inmates were screened daily during their 14-day quarantine. Below, we further discuss inmate quarantine at FCC Tucson.

## COVID-19 Testing

On March 13, the BOP issued guidance for institutions to test symptomatic inmates for COVID-19 consistent with local health authority protocols.<sup>16</sup> We found that FCC Tucson tested inmates for COVID-19 in accordance with BOP directives, and FCC Tucson did not report any issues with testing inmates. According to the FCC Tucson Clinical Director, the institution has a small supply of test kits. At the time of our inspection, FCC Tucson reported that only one inmate had met the criteria to be tested.<sup>17</sup>

Neither BOP nor CDC guidance currently requires institutions to test staff for COVID-19. On May 6, the BOP Medical Director told the OIG that guidance on how institutions could begin offering testing to staff was forthcoming. According to the FCC Tucson Clinical Director, in the absence of regular testing, institution management could only suggest that symptomatic staff quarantine themselves and seek testing for COVID-19 on their own. FCC Tucson reported that, at the time of our inspection, 11 staff had to be tested for COVID-19 (1 staff member tested positive and 10 tested negative).<sup>18</sup> Given the institution's low number of inmate infections and surplus of COVID-19 test kits, we encourage FCC Tucson management to evaluate its current practice and determine how best to implement the BOP's guidance on staff testing once it is issued. FCC Tucson's Chief Psychologist told us that it is critical for the BOP to maintain staff morale by providing services to ensure their health and safety during the pandemic.

## Personal Protective Equipment and Cloth Face Coverings

We found that FCC Tucson complied with BOP directives implementing CDC guidelines on the use of personal protective equipment (PPE) for staff and inmates in correctional settings. Between January 31 and April 6, the BOP issued seven policy directives intended to help its institutions implement evolving CDC guidance concerning the use of PPE and face coverings in various scenarios.<sup>19</sup> Specifically, there has been separate PPE guidance for staff in close contact with suspected or diagnosed COVID-19 cases, staff conducting screening, and staff generally. On April 6, in response to revised CDC guidance on April 3 advising that face coverings be worn in public settings where social distancing measures are difficult to maintain, the BOP directed Institutions to “[issue] surgical masks as an interim measure to immediately implement CDC

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<sup>16</sup> BOP, memorandum for All Chief Executive Officers, Coronavirus (COVID-19) Phase Two Action Plan, March 13, 2020, 3.

<sup>17</sup> As of July 14, the BOP reported that 158 FCC Tucson inmates had tested negative for COVID-19 and none had tested positive.

<sup>18</sup> As of July 13, the BOP reported that a total of 11 staff members had tested positive for COVID-19.

<sup>19</sup> The CDC defines PPE as “a variety of barriers used alone or in combination to protect mucous membranes, skin, and clothing from contact with infectious agents.” Depending on the situation, PPE may include gloves, surgical masks, N95 respirators, goggles, face shields, and gowns. Cloth face coverings are intended to keep the wearer from spreading respiratory secretions when talking, sneezing, or coughing. The CDC does not consider cloth face coverings to be PPE.

guidance, given the close contact environment of correctional institutions.”<sup>20</sup> On April 7, FCC Tucson began providing its inmates with one surgical mask per week and its staff with two surgical masks per week, according to interviews with Tucson staff and our review of emails from management. FCC Tucson management directed, via email, that staff and inmates wear face coverings when unable to maintain appropriate social distance from other individuals.

Although FCC Tucson is in compliance with BOP directives on surgical mask distribution to staff and inmates, the Clinical Director told us that, ideally, they would have a new mask at least every day, stating that continued use of a surgical mask might decrease its efficacy in blocking transmission. Of the FCC Tucson staff who responded to our survey, 77 percent (128 of 166 respondents) wanted more PPE for staff and 1 respondent stated that it was unsanitary for staff to receive only 2 surgical masks per week.<sup>21</sup> UNICOR has begun manufacturing washable cloth face coverings for staff and inmates; however, at the time of our inspection, FCC Tucson had not yet received its shipment of cloth face coverings.<sup>22</sup>

## Other Aspects of FCC Tucson’s Experience Managing COVID-19

### Returning TDY Staff

At the time of the OIG’s inspection, there were 24 FCC Tucson staff members on temporary duty assignments (TDY) to other BOP institutions to help with the COVID-19 response. On April 13, FCC Tucson management forwarded BOP guidance for returning TDY staff that stated that as long as the staff members were asymptomatic they should return to work at their home institution.<sup>23</sup> Based on our review of emails, we found that staff were concerned about the risk of COVID-19 transmission from TDY staff returning to work immediately. On April 23, FCC Tucson management alerted staff that, per updated BOP guidance, TDY staff returning from institutions where COVID-19 was prevalent would be placed on 2 weeks of administrative leave.

### Communication

Based on interviews, document review, and survey results, we found that FCC Tucson staff on average felt that information on COVID-19 and corresponding guidance were adequately communicated to them. A review of emails showed that FCC Tucson management regularly

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<sup>20</sup> BOP, memorandum for All Chief Executive Officers, Coronavirus (COVID-19) Update–Use of Face Masks, April 6, 2020. For more information, see CDC, “[Recommendation Regarding the Use of Cloth Face Coverings, Especially in Areas of Significant Community-Based Transmission](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html),” April 3, 2020, [www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html) (accessed July 15, 2020).

<sup>21</sup> Our survey asked institution staff about the distribution of PPE but did not specifically define the term. In open-ended responses, some respondents grouped cloth face coverings with PPE.

<sup>22</sup> Federal Prison Industries, called UNICOR, is a government corporation within the BOP that provides employment to staff and inmates at federal prisons throughout the United States.

<sup>23</sup> BOP, Guidance for Staff Returning from TDY for COVID-19, posted to BOP intranet on April 10, 2020.



updated staff about new guidance and procedural changes related to COVID-19. According to the survey, FCC Tucson staff were more likely than the average respondent to report that the guidance on what to do after being exposed to COVID-19 was timely, clear, and comprehensive. FCC Tucson survey respondents were more likely to report that they received sufficient information about COVID-19 symptoms and preventive actions such as washing hands and wearing a mask. In addition, the Unit Team staff we interviewed from FCC Tucson told us that communication from management to staff and inmates was “top notch” and “tremendous.” They also said that FCC Tucson adequately disseminated COVID-19 related information to inmates through printed memoranda delivered to their cells, electronically through TRULINCS emails, and verbally during rounds in the units.

## **Use of Home Confinement and Compassionate Release Authorities**

In response to the COVID-19 pandemic, the Attorney General authorized the BOP, consistent with pandemic-related legislation enacted in late March 2020, to reduce the federal prison population by transferring inmates from prison to home confinement.<sup>24</sup> In an April 3 memorandum, the Attorney General also directed the BOP to “immediately maximize appropriate transfers to home confinement of all appropriate inmates” at those facilities “where COVID-19 is materially affecting operations.”<sup>25</sup> The BOP assigned to its Central Office the responsibility for developing guidance implementing the Attorney General’s directives and initially identifying inmates who would be considered for possible transfer to home confinement.

Over the next 5 weeks, the BOP Central Office issued three guidance memoranda and sought to assist institutions in identifying eligible inmates by providing them with rosters of inmates that the Central Office determined might be eligible for transfer pursuant to the BOP’s guidance. The Central Office’s initial policy guidance in early April was focused on transferring to home confinement those inmates who faced the greatest risks from COVID-19 infection, including elderly inmates. In late April, the BOP began to expand its use of home confinement to cover inmates other than those who were elderly or at high risk for serious illness due to COVID-19, as determined by CDC guidance. In addition, the BOP allowed institution Wardens to identify inmates otherwise ineligible for home confinement under BOP Central Office guidance criteria and to seek approval from the Central Office to transfer those inmates to home confinement.

During the period from April 4 to May 15, the Central Office sent FCC Tucson 9 rosters identifying a total of 45 inmates who were potentially eligible for transfer to home confinement. FCC Tucson staff reviewed the inmates on the rosters to determine whether each inmate met the criteria for

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<sup>24</sup> Home confinement, also known as home detention, is a custody option whereby inmates serve a portion of their sentence at home while being monitored.

<sup>25</sup> William P. Barr, Attorney General, memorandum for Director of Bureau of Prisons, [Increasing Use of Home Confinement at Institutions Most Affected by COVID-19](https://www.justice.gov/file/1266661/download), April 3, 2020, www.justice.gov/file/1266661/download (accessed July 15, 2020), 1.

home confinement and had a viable home release plan. This review process, coupled with the 14-day prerelease quarantine period that the BOP required to ensure that inmates placed into a community did not have COVID-19, resulted in at least 3 to 4 weeks between the time the Central Office identified an inmate for transfer consideration to the date the inmate was actually transferred to home confinement. By May 6, 4 weeks after receiving the initial roster from the Central Office, FCC Tucson had transferred eight inmates to home confinement. FCC Tucson staff observed that most inmates eligible for home confinement were housed at FCC Tucson's minimum security camp, and, as inmates moved from the camp to quarantine units in preparation for transfer to home confinement, FCC Tucson was able to adjust bed assignments to create additional space between inmates.

### **Attorney General and BOP Memoranda Regarding the Use of Home Confinement**

On March 26, 2020, the Attorney General directed the BOP to prioritize the use of home confinement as a tool to combat the dangers that COVID-19 posed to "at-risk inmates who are non-violent and pose minimal likelihood of recidivism."<sup>26</sup> At the time, the BOP had the authority to transfer an inmate to home confinement for the final months of his or her sentence, subject to the following statutory limitations: (1) for any inmate, the shorter of 10 percent of the term of imprisonment or 6 months; (2) for inmates age 60 or older, up to one-third of his or her sentence, if he or she met certain additional criteria; and (3) for a terminally ill inmate, any period of time, if he or she met certain additional criteria.<sup>27</sup> The Attorney General's memorandum identified a "non-exhaustive" list of factors that the BOP should consider in determining whether to transfer an inmate to home confinement. Those factors included:

- the age and vulnerability of the inmate to COVID-19, based on CDC guidelines;
- the security level of the institution where the inmate was currently housed, with priority given to those in low and minimum security facilities;
- the inmate's disciplinary history, with inmates who engaged in violent or gang-related activity in prison or incurred a BOP violation during the prior 12 months not receiving priority treatment;

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<sup>26</sup> William P. Barr, Attorney General, memorandum for Director of Bureau of Prisons, Prioritization of Home Confinement as Appropriate in Response to COVID-19 Pandemic, March 26, 2020, [www.justice.gov/file/1262731/download](http://www.justice.gov/file/1262731/download) (accessed July 15, 2020)

<sup>27</sup> 18 U.S.C. § 3624(c)(2) and 34 U.S.C. § 60541(g)(5)(A). Additionally, federal law allows the BOP Director to seek court approval to modify an inmate's sentence of imprisonment for "extraordinary and compelling reasons," which is commonly referred to as "compassionate release" (18 U.S.C. § 3582(c)). As we describe below, following the issuance of the Attorney General's April 3 memorandum, the BOP Director did not need to seek judicial approval under § 3582(c) if he determined that an inmate should be transferred to home confinement.

- the inmate’s Prisoner Assessment Tool Targeting Estimated Risk and Needs (PATTERN) score, with inmates exceeding a minimum score not receiving priority treatment;<sup>28</sup>
- whether the inmate had a verifiable reentry plan “that will prevent recidivism and maximize public safety”; and
- the inmate’s crime of conviction.

The memorandum further required an assessment by the BOP Medical Director, or designee, of the inmate’s risk factors for severe COVID-19 illness, the risks of COVID-19 infection at the inmate’s prison facility, and the risks of COVID-19 infection at the planned home confinement location.

The following day, on March 27, the President signed into law the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), which authorized the BOP Director to lengthen the maximum amount of time that an inmate may be placed in home confinement “if the Attorney General finds that emergency conditions will materially affect the functioning of the [BOP].”<sup>29</sup> The following week, on April 3, the Attorney General issued a memorandum that found, as provided for in the CARES Act, “that emergency conditions are materially affecting the functioning of the [BOP].”<sup>30</sup> As a result of that finding, the BOP Director was authorized by the CARES Act to increase the amount of time that inmates could be placed in home confinement. The memorandum instructed the BOP to “immediately maximize appropriate transfers to home confinement of all appropriate inmates” at those facilities “where COVID-19 is materially affecting operations.” In assessing inmates for transfer to home confinement, the memorandum stated that the BOP should be “guided by the factors in my March 26 Memorandum, understanding, though, that inmates with a suitable confinement plan will generally be appropriate candidates for home confinement rather than continued detention at institutions in which COVID-19 is materially affecting their operations.”

In response to the Attorney General’s memoranda, the BOP issued three policy memoranda, on April 3, April 22, and May 8, 2020. The BOP’s April 3 memorandum provided institutions with

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<sup>28</sup> To assess inmates’ recidivism risk, the BOP uses the PATTERN system, which the Department developed in response to the FIRST STEP Act of 2018. The FIRST STEP Act directed the Department to complete its initial risk and needs assessment for each federal inmate by January 15, 2020. Among other things, the assessment calculated inmates’ recidivism risk using a point system that classifies inmates into either minimum, low, medium, or high risk categories based on: (1) infraction convictions during current incarceration, (2) number of programs completed, (3) work programming, (4) drug treatment while incarcerated, (5) noncompliance with financial responsibility, (6) history of violence, (7) history of escape, (8) education score, (9) age at time of the assessment, (10) instant violent offense, (11) history of sex offense, and (12) criminal history score. For more information, see Office of the Attorney General, *The First Step Act of 2018: Risk and Needs Assessment System-Update* (January 2020), [www.nij.ojp.gov/sites/g/files/xyckuh171/files/media/document/the-first-step-act-of-2018-risk-and-needs-assessment-system-updated.pdf](http://www.nij.ojp.gov/sites/g/files/xyckuh171/files/media/document/the-first-step-act-of-2018-risk-and-needs-assessment-system-updated.pdf) (accessed July 15, 2020).

<sup>29</sup> Pub. L. No. 116-136.

<sup>30</sup> Barr, memorandum for Director of Bureau of Prisons, April 3, 2020.

“sample rosters...to aid in the identification of inmates who may be eligible for home confinement” and stated that eligible inmates “must be reviewed utilizing [the BOP’s] Elderly Offender Home Confinement Program criteria and the discretionary factors listed in the [Attorney General’s March 26 memorandum].”<sup>31</sup> As mentioned above, among the discretionary factors was an inmate’s age and vulnerability to COVID-19, based on CDC guidelines, which includes people 65 years and older and people of all ages with underlying medical conditions.<sup>32</sup> The April 3 memorandum also stated that inmates were required to have “maintained clear conduct for the past 12 months to be eligible.” It further provided that pregnant inmates should be considered for placement in home confinement or an available community program.

The BOP’s April 22 memorandum expanded the number of inmates who were eligible for consideration for transfer to home confinement, as authorized by the Attorney General’s April 3 finding pursuant to the CARES Act.<sup>33</sup> Specifically, the memorandum stated that the BOP was prioritizing for consideration for home confinement those inmates who either (1) had served 50 percent or more for their sentence or (2) had 18 months or less remaining on their sentence and had served 25 percent or more. In assessing whether inmates who met the expanded prioritization criteria were candidates for home confinement, the memorandum continued to apply the criteria from the Attorney General’s March 26 memorandum. Additionally, the BOP’s April 3 memorandum continued to provide that pregnant inmates should be considered for placement in home confinement or an available community program. Finally, the BOP’s memoranda allowed a Warden to seek approval from the BOP Central Office to transfer to home confinement an inmate who did not meet the memorandum’s criteria if the Warden determined that transfer was necessary “due to [COVID-19] risk factors, or as a population management strategy during the pandemic.” We note, however, that the April 22 memorandum did not specifically address the instruction in the Attorney General’s April 3 memorandum that the BOP “immediately maximize appropriate transfers to home confinement” at those facilities “where COVID-19 is materially affecting operations” and “that inmates with a suitable confinement plan will generally be appropriate candidates for home confinement rather than continued detention at institutions in which COVID-19 is materially affecting their operations.”

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<sup>31</sup> The criteria in the BOP’s Elderly Offender Home Confinement Program generally mirror those found in § 603 of the FIRST STEP Act, 34 U.S.C. § 60541, and require an inmate to, among other things, be at least 60 years old, have served at least two-thirds of his or her prison sentence, and not have been convicted of a crime of violence or sex offense.

<sup>32</sup> The CDC states that people with chronic lung disease, moderate to severe asthma, serious heart conditions, severe obesity, diabetes, chronic kidney disease, and liver disease, particularly if not well controlled, are at high risk for severe illness from COVID-19. The CDC’s guideline also identifies people who are immunocompromised as being at risk. The guideline states that many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications. CDC, “[People Who are At Increased Risk for Severe Illness](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-increased-risk.html),” [www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-increased-risk.html](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-increased-risk.html) (accessed July 15, 2020).

<sup>33</sup> The BOP’s April 22 memorandum rescinded its April 3 memorandum.

The BOP's third memorandum, issued on May 8, was generally consistent with its April 22 memorandum, with one specific difference.<sup>34</sup> The May 8 memorandum permitted inmates to be considered for transfer to home confinement despite having committed certain misconduct in prison in the prior 12 months if in the Warden's judgment home confinement "does not create an undue risk to the community." The May 8 memorandum, like the April 22 memorandum, did not specifically address the Attorney General's instruction that the BOP "immediately maximize appropriate transfers to home confinement" at institutions most affected by COVID-19 or that inmates at such institutions "with a suitable confinement plan will generally be appropriate candidates for home confinement rather than continued detention."

### **OIG Estimate of Tucson Inmates Potentially Eligible for Home Confinement Consideration Based on BOP Guidance and Available Authorities**

In order to independently assess the number of FCC Tucson inmates potentially eligible for transfer to home confinement applying the authorities described above and BOP guidance criteria, the OIG's ODA used data from the BOP's inmate management system, SENTRY. That data did not allow ODA to replicate every criterion used by the BOP to determine home confinement eligibility and, as a result, in some instances, the ODA used certain proxies. For example, in applying the public safety criteria in the BOP guidance, the ODA considered all Tucson inmates at a minimum or low security level as potentially eligible for home confinement, whereas the BOP considered certain additional public safety factors that may have limited the eligibility of some of those inmates for home confinement consideration. Separately, in estimating the number of inmates who were eligible for transfer to home confinement under 18 U.S.C. § 3624(c)(2) prior to enactment of the CARES Act, the ODA included only those inmates in minimum or low security facilities with a remaining sentence of 6 months or less, although the statute applies to all inmates regardless of the security level of the institution where they are incarcerated but limits placement into home confinement to no more than 10 percent of the inmate's sentence.<sup>35</sup> Further, in determining the number of inmates who were at high risk of severe illness from COVID-19 and therefore eligible for home confinement consideration under BOP guidance, the ODA included only inmates aged 65 or older only. Determinations about whether specific underlying medical conditions for inmates under age 65 placed them in a high risk category or made them appropriate for transfer were made by the institution based on a case file review, which the OIG did not undertake in connection with our remote inspection.<sup>36</sup>

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<sup>34</sup> The BOP's May 8 memorandum rescinded its April 22 memorandum.

<sup>35</sup> The text of 18 U.S.C. § 3624(c)(2) states that "the authority under this subsection may be used to place a prisoner in home confinement for the shorter of 10 percent of the term of imprisonment of that prisoner or 6 months. The [BOP] shall, to the extent practicable, place prisoners with lower risk levels and lower needs on home confinement for the maximum amount of time permitted under this paragraph."

<sup>36</sup> Moreover, according to the BOP Administrator of Reentry Services, different institutions may have different interpretations of how severe a medical condition deemed by the CDC as high risk must be for the inmate to be considered eligible for home confinement.

Based on the available data, the ODA estimated that, as of April 12, approximately 92 FCC Tucson inmates were potentially eligible for home confinement under existing authorities and BOP guidance.<sup>37</sup> By comparison, the BOP Central Office included 45 inmates in the 9 rosters it provided to FCC Tucson for home confinement consideration between April 4 and May 15.<sup>38</sup> The table below details the ODA's estimated number of inmates eligible for transfer by available authority or BOP guidance factor.

**Table**

**Estimated Number of FCC Tucson Inmates Eligible for Transfer to Home Confinement Based on BOP Guidance and Available Authorities**

Authority	18 U.S.C. § 3624	FIRST STEP Act: Elderly and Family Reunification for Certain Non-Violent Offenders Pilot Program	CARES ACT Attorney General's Memoranda Referencing CDC Guidelines BOP Implementing Guidance	
<b>Inmate Population</b>	Inmates in low and minimum facilities with a remaining sentence of 6 months or less	Inmates in low and minimum facilities at least 60 years of age and having served at least two-thirds of their sentence	Inmates in low and minimum facilities and at least 65 years of age (i.e., at high risk according to the CDC)	Inmates in low and minimum facilities, under the age of 65, and having served at least 50 percent of sentence or at least 25 percent with 18 months or less remaining
<b>Number of Inmates as of April 12, 2020</b>	9	9	3	71

Notes: Some inmates may have been eligible for transfer under multiple authorities, but the table counts each inmate only once. If eligible under multiple authorities, the inmate would be counted under the first authority for which he or she was eligible, moving from left to right.

Sources: 18 U.S.C. § 3624(c)(2); 34 U.S.C. § 60541(g); CARES Act, Pub. L. No. 116-136; and OIG data analysis

**FCC Tucson's Use of Home Confinement**

To facilitate institutions' implementation of the Attorney General's directives, the BOP Central Office created and disseminated to institutions a series of rosters applying the factors identified in the criteria from the BOP memoranda. FCC Tucson received 9 different rosters identifying 45 inmates potentially eligible for home confinement. BOP officials told us that multiple rosters

<sup>37</sup> In addition to the general eligibility criteria described above, BOP officials applied a series of additional criteria, such as presence of an adequate release plan and conduct in the institution, to determine actual eligibility.

<sup>38</sup> As we noted above, the OIG's ODA used data from the BOP's inmate management system, SENTRY, to assess the universe of potentially eligible Tucson inmates. The ODA did not have data to replicate all of the criteria that the BOP used to determine home confinement eligibility, which included the BOP's PATTERN risk data.

were needed because each time the eligibility criteria expanded additional inmates became potentially eligible. We were not surprised that this figure was relatively small given that FCC Tucson houses a significant number of sex offenders and those inmates would have been ineligible for home confinement.

FCC Tucson officials told us that they received rosters of potentially eligible inmates from the BOP Central Office and reviewed each listed inmate's file to confirm eligibility. In determining an inmate's eligibility for home confinement, BOP officials were required to consider the list of factors stipulated in the Attorney General's and BOP's memoranda (discussed above), including the risk to public safety. As of June 5, FCC Tucson reported that:

- 55 inmates had been considered for transfer to home confinement, including 11 who were not on the rosters provided by the BOP's Central Office;<sup>39</sup>
- 25 inmates had been transferred to home confinement;
- 4 inmates were in quarantine in preparation for transfer to home confinement;<sup>40</sup>
- 10 inmates were awaiting final approval before entering quarantine; and
- 16 inmates were denied home confinement because they were deemed ineligible or did not have a viable release plan.<sup>41</sup>

## Compassionate Release

Another means by which inmates can be moved from prison to home is through a reduction to their sentence pursuant to the compassionate release statute, 18 U.S.C. § 3582(c)(1)A)(i).<sup>42</sup> Under the statute, either the BOP or an inmate may request that a federal judge reduce the inmate's sentence for "extraordinary and compelling reasons," such as age, a terminal illness, other physical or medical conditions, or family circumstances. An inmate must first submit a compassionate release request to the BOP, but the inmate is permitted to file a motion directly

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<sup>39</sup> One inmate identified in the rosters of potentially eligible inmates was released prior to the receipt of the first roster and is not included in this total.

<sup>40</sup> The Attorney General directed the BOP to place eligible inmates in a mandatory 14-day quarantine before discharge from a BOP facility to home confinement. Barr, memorandum for Director of Bureau of Prisons, March 26, 2020.

<sup>41</sup> Most of the eligible inmates were housed at the camp. FCC Tucson officials told the OIG that inmates at the institution's FCI and USP requested home confinement but were found ineligible.

<sup>42</sup> For more information about how the BOP manages its compassionate release program, see BOP Program Statement 5050.50, Compassionate Release/Reduction in Sentence: Procedures for Implementation of 18 U.S.C. §§ 3582 and 4205(g), January 17, 2019. In 2013, the OIG issued a report examining the BOP's compassionate release program. The OIG found, at that time, that the program had been poorly managed and inconsistently implemented. See DOJ OIG, *The Federal Bureau of Prisons' Compassionate Release Program*, Evaluation and Inspections Report I-2013-006 (April 2013), [www.oversight.gov/sites/default/files/oig-reports/e1306.pdf](http://www.oversight.gov/sites/default/files/oig-reports/e1306.pdf).

with the court if the BOP denies the petition or 30 days after the inmate files the petition with the BOP, whichever occurs first.

We were told that the BOP prioritized using the home confinement authorities described above to respond to the COVID-19 pandemic, rather than the compassionate release statute, because those authorities allowed the BOP to approve inmates for release whereas compassionate release requires the approval of a federal judge. Officials in the BOP's Office of General Counsel told us that the COVID-19 pandemic has not changed the BOP's eligibility requirements for compassionate release. Additionally, the Department has taken the position, in legal guidance when responding to compassionate release motions filed by inmates with courts, that the risk of COVID-19 by itself is not an "extraordinary and compelling" circumstance that should result in the grant of a compassionate release request.<sup>43</sup> Thus, COVID-19 would not cause the BOP to support a petition for compassionate release that it would not have supported otherwise.

FCC Tucson told us that while the number of compassionate release requests varies, the number of requests in March and April were larger than the monthly average of fewer than three requests. In March and April, 21 inmates applied for compassionate release but none were approved.

To provide more insight into these issues, the OIG is reviewing and will report separately on the Department's and the BOP's use of early release authorities, especially home confinement, to manage the spread of COVID-19 within BOP facilities.

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<sup>43</sup> Executive Office for United States Attorneys, "Compassionate Release Litigation Guidance," May 18, 2020.



## SCOPE AND METHODOLOGY OF THE INSPECTION

The OIG conducted this inspection in accordance with the Council of the Inspectors General on Integrity and Efficiency's *Quality Standards for Inspection and Evaluation* (January 2012). We conducted this inspection remotely because of CDC guidelines and DOJ policy on social distancing. This inspection included telephone interviews with Tucson officials, review of documents produced by the BOP related to the BOP's and FCC Tucson's management of the COVID-19 pandemic, the results of an OIG survey issued to all BOP staff, and analysis of BOP and COVID-19 data. We also considered eight complaints we received from inmates in FCC Tucson. The photographs we used to illustrate the housing units we describe in the report were taken by Tucson officials at our request.

To understand staff concerns, impacts, and immediate needs related to COVID-19, we issued an anonymous electronic survey to all BOP government employees from April 21 through April 29, 2020. We invited these 38,651 employees to take the survey and received 10,735 responses, a 28 percent response rate. Institution staff represented 9,932 of the 10,735 responses (93 percent). We received 213 survey responses from FCC Tucson personnel, representing about 36 percent of staff assigned to the institution.

We conducted telephone interviews with the FCC Tucson Clinical Director, a Case Manager, the Case Management Coordinator, two Unit Managers, a Lieutenant, and the Chief Psychologist. We also conducted a group teleconference with FCC Tucson management, including the Warden, the Associate Warden, Deputy Captain, Health Services Administrator, Safety Administrator, Senior Attorney, and the Union President.

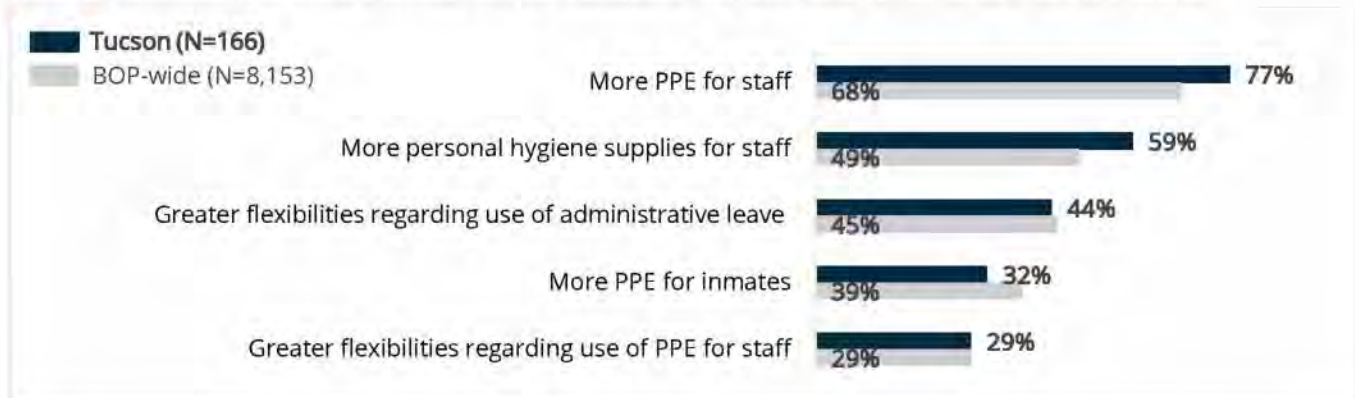
The main issues we assessed through our interviews and data requests were the institution's compliance with BOP directives and CDC guidance related to PPE; COVID-19 testing; medical response and capability; social distancing, quarantine, sanitation, supplies, and cleaning procedures; and conditions of confinement. We also assessed actions taken to reduce the inmate population through implementation of relevant authorities.

We reviewed CDC guidelines and BOP-wide guidance and procedures, as well as the information and guidance provided to FCC Tucson staff and inmates, including emails from FCC Tucson management, PPE and cleaning supplies inventory documents, staff respiratory program Fit Test results, documentation of staff COVID-19 screening, documentation of inmate COVID-19 screening in the quarantine, and FCC Tucson staffing reports.

# OIG COVID-19 SURVEY RESULTS FOR FCC TUCSON

Open Period: April 21-29, 2020	Invitations Sent: 38,651	Overall Responses: 10,735 (of 38,651)	Tucson Responses: 213 (of 585)
Tucson Responses: Departments-199 (of 213 responses): Correctional Services: 34%   Correctional Programs: 14%   Health Services: 12%   All Other Departments: 41%			

Which of the following are immediate needs for your institution during the COVID-19 pandemic? Top 5 Responses)



Note: Personal hygiene supplies are defined as soap and hand sanitizer. Use of administrative leave is defined as COVID-19 related absences.

Which of the following statements best describes the current guidance you have received from facility leadership about what you should do if you have been exposed to COVID-19? (Top 2 Responses)



How strongly do you agree with the following statements about the adequacy of the guidance you have received about what you should do if you have been exposed to COVID-19? (All Responses)

Respondents rated each item on a 5-point scale, with "strongly disagree" worth 1 point and "strongly agree" worth 5 points. "Don't know" responses are excluded.

	Tucson Rating	BOP-wide Rating
The guidance was timely.	3.70	3.18
The guidance was clear.	3.51	2.97
The guidance was comprehensive.	3.48	3.03

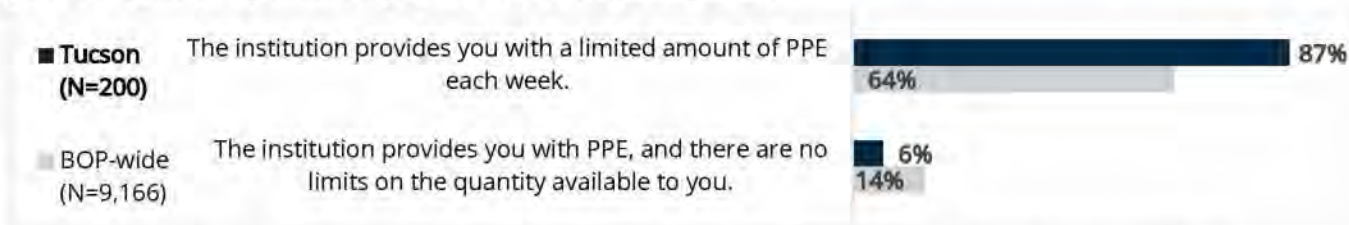
**How strongly do you agree with the following statements about the adequacy of the practices your institution is taking to mitigate the risk of spreading COVID-19? (Top 3 and Bottom 3 Responses)**

<i>Respondents rated each item on a 5-point scale, with "strongly disagree" worth 1 point and "strongly agree" worth 5 points. "Don't know" responses are excluded.</i>	<b>Tucson Rating (N=197)</b>	<b>BOP-wide Rating (N=8,978)</b>
<b>Three Practices Rated Highest:</b>		
Inmates have ample opportunity to shower at least three times a week.	4.46	4.27
Inmates diagnosed with, or showing symptoms of, COVID-19 are being sufficiently segregated from other inmates to mitigate the virus spreading.	4.30	3.94
Staff are given sufficient information about COVID-19 symptoms and preventive actions (hand washing, wearing masks).	4.27	4.09
<b>Three Practices Rated Lowest:</b>		
Staff are provided a sufficient supply of masks.	3.22	3.13
Inmates are provided a sufficient supply of hand sanitizer where sinks are not available.	2.89	3.07
Staff are provided a sufficient supply of hand sanitizer.	2.77	3.18

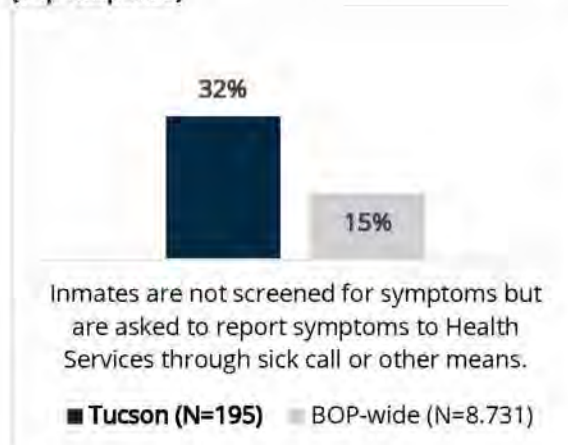
**Please identify which, if any, of the following social distancing measures your institution is currently employing to increase the amount of space between staff and inmates. (Top 5 Responses)**

<b>Social Distancing Measures</b>	<b>Tucson Percent of Respondents (N=188)</b>	<b>BOP-wide Percent of Respondents (N=8,435)</b>
The amount of time that inmates are required to remain in their housing units each day has been increased.	63%	59%
Daily schedules are adjusted so that only one housing unit at a time is allowed to enter common space (such as the inmate cafeteria, Health Services clinic, library, classrooms, chapel, work space, or recreation space).	54%	44%
The number of inmates participating in a program or activity at one time has been reduced.	54%	42%
Alternative activities for in-person programs have been introduced.	26%	20%
The number of inmates released, including those transferred to halfway houses or placed on home confinement, has increased.	15%	26%

**Which of the following statements best describes the current guidance you have received from facility leadership about your use of personal protective equipment (PPE)? (Top 2 Responses)**

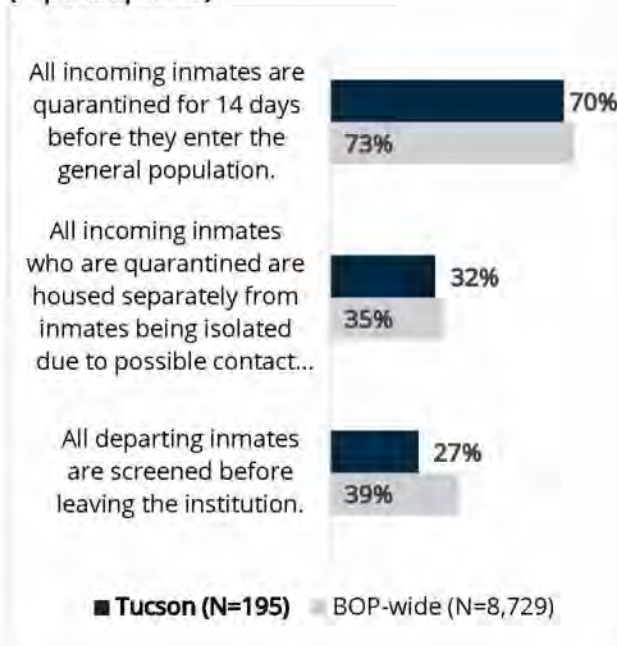


**Which of the following statements best describes the current approach to COVID-19 screening of existing inmates (temperature check, questioning about other symptoms) at your institution? (Top Response)**

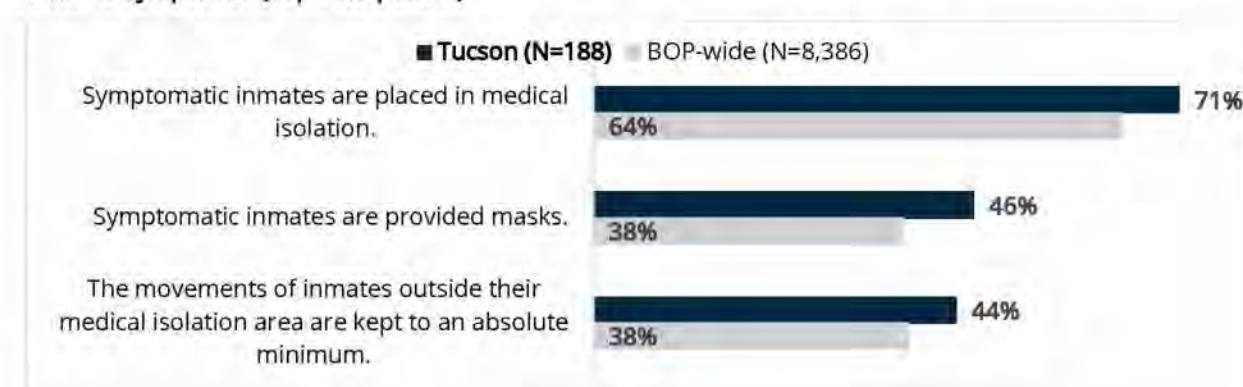


*Fifty-four percent of respondents chose "I don't know." The remaining chose categories amounting to less than 6 percent each.*

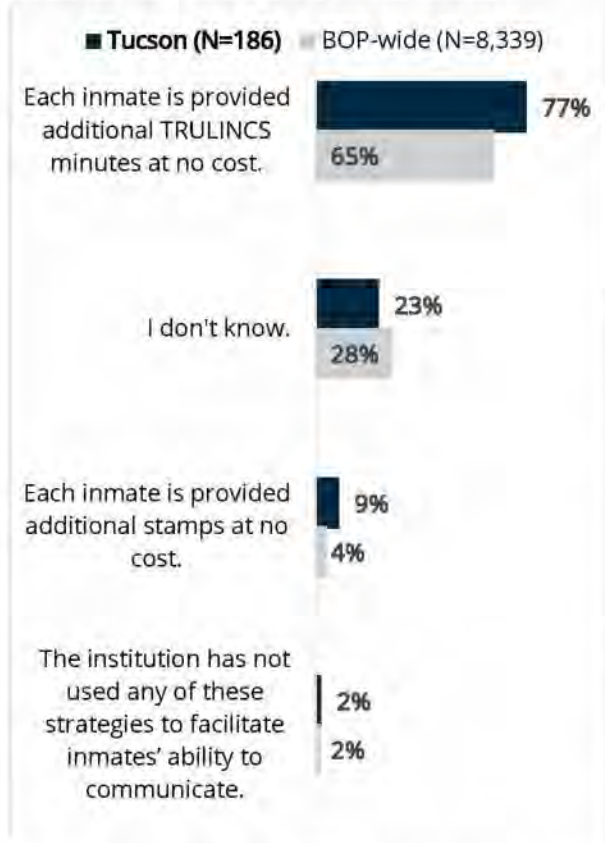
**Please identify which, if any, of the following COVID-19 measures for screening incoming and departing inmates (temperature check, questioning about other symptoms) your institution is currently taking. (Top 3 Responses)**



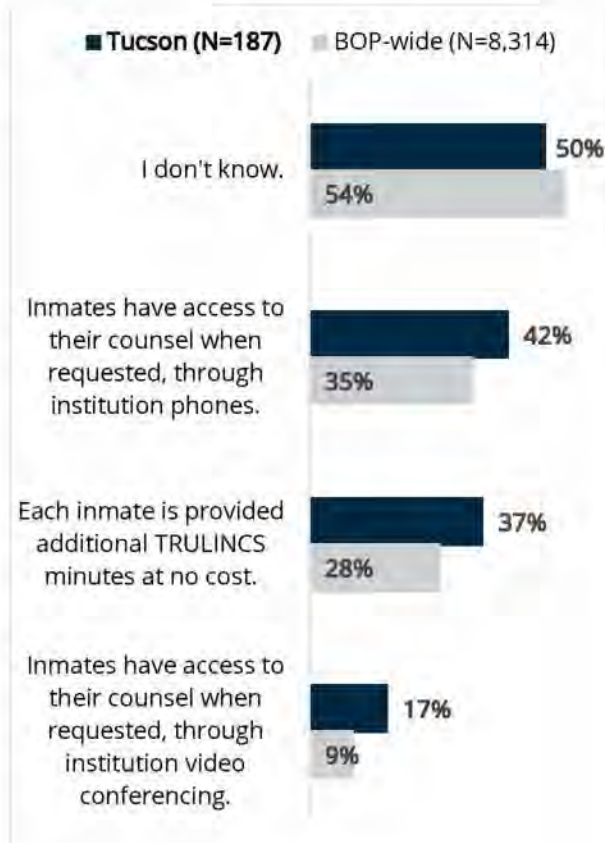
**Please identify which, if any, of the following measures your institution is currently employing to manage inmates with COVID-19 symptoms. (Top 3 Responses)**



Please identify which, if any, of the following strategies your institution is currently employing to facilitate inmates' ability to communicate with family and friends outside the institution with whom they would normally interact. (Top 4 Responses)



Please identify which, if any, of the following strategies your institution is currently employing to facilitate inmates' ability to communicate with legal counsel. (Top 4 Responses)



Note: TRULINCS is the BOP's email system for inmates.

## TIMELINE OF BOP GUIDANCE

January	31	<p><b>The BOP Issued Action Plan Phase One:</b></p> <ul style="list-style-type: none"> <li>Identified the potential risk of exposure within BOP facilities and informed recipients about risk factors, symptoms to look for, and preventive measures.</li> <li>Recommended screening all new inmate arrivals to the BOP for COVID-19 risk factors and symptoms using a provided screening questionnaire.</li> <li>Recommended use of PPE for those in close contact with individuals who are suspected of being infected or individuals who have been diagnosed with COVID-19.</li> </ul>
	29	<p><b>The BOP Issued Updated Guidance for COVID-19 to BOP Medical Staff:</b></p> <ul style="list-style-type: none"> <li>Recommended screening staff with potential risk factors and all new inmate arrivals using a screening questionnaire.</li> <li>Recommended conducting fit-testing for N95 respirators, disseminating information about proper PPE use, and establishing baseline supplies of PPE.</li> <li>Recommended establishing communication with local public health authorities, identifying possible quarantine areas, and alerting visitors that people with illnesses will not be allowed to visit.</li> </ul>
February	9	The BOP issued screening and leave guidance for staff.
	11	The World Health Organization declared COVID-19 a pandemic.
March	13	<p><b>The BOP Issued Action Plan Phase Two:</b></p> <ul style="list-style-type: none"> <li>Suspended internal inmate movements for 30 days (exceptions for medical treatment and other exigencies) and legal visits (exceptions on a case-by-case basis), social visits, and volunteer visits.</li> <li>Canceled staff travel and training.</li> <li>Instructed institutions to assess inventories of food, medicine, cleaning supplies, and sanitation supplies.</li> <li>Required screening of staff (by self-reporting and temperature checks) “in areas with sustained community transmission” and all new BOP inmates and quarantining inmates where appropriate (those with exposure risk factors or symptoms).</li> <li>Required Wardens to modify operations to maximize social distancing, such as staggering meal and recreation times, for 30 days.</li> </ul>
		The BOP issued a memorandum to Chief Executive Officers outlining necessary inmate mental health treatment and services during social distancing.
	18	<p><b>The BOP Issued an Update to Action Plan Phase Two:</b></p> <ul style="list-style-type: none"> <li>Stated that additional accommodations could be made for staff in high risk categories.</li> </ul>
		<p><b>The BOP Issued Action Plan Phase Three:</b></p> <ul style="list-style-type: none"> <li>Provided guidance for non-institutional locations that perform administrative services.</li> </ul>
	19	The first two BOP staff were presumed positive for COVID-19.
	20	The BOP issued guidance re-prioritizing outside medical and dental trips.
21	The first BOP inmate tested positive for COVID-19.	
23	The CDC issued Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities.	

**26** **The BOP Issued Action Plan Phase Four:**

- Required all new inmates to be screened using a screening questionnaire and temperature check. If asymptomatic, inmates were to be quarantined for at least 14 days or until cleared by medical staff. If symptomatic, inmates were to remain in isolation until they tested negative for COVID-19 and were medically cleared.
- Required all inmates to be screened upon exiting the facility. Any symptomatic inmates were to be placed in isolation.
- Required all staff/contractors/other visitors to be screened upon entering the facility using screening questionnaire and temperature check.
- Required institutions to develop alternatives to in-person court appearances.
- Required all non-bargaining unit positions to comply with and participate in the respiratory protection program, including completing medical clearance, training, and fit-testing for N95 respirators.

**28** **The BOP Issued an Update to Action Plan Phase Four:**

- Required inmates transferring within the BOP, in addition to new inmates, to be screened upon arrival.

**31** **The BOP Issued Action Plan Phase Five:**

- Enacted a 14-day nationwide action, effective April 1, to minimize movement within BOP facilities.
- Emphasized continued and ongoing screening of all inmates to identify asymptomatic cases and encourage early reporting by inmates of symptoms.
- Required prompt and thorough contact tracing investigations for symptomatic cases, quarantining close contacts of suspected or confirmed COVID-19 cases, and isolating any inmates with symptoms similar to COVID-19.
- Emphasized good hygiene and cleaning practices.
- Required institutions to limit staff movements to the areas to which they were assigned.
- Limited inmate movements to prevent group gatherings and maximize social distancing. Directed work details to continue with appropriate screening.
- Worked with the U.S. Marshals Service to limit inmate movements between institutions.
- Required all staff to be fit-tested for N95 respirators (included shaving all facial hair).
- Announced that UNICOR had initiated the manufacturing of face masks for inmates.

**3** The BOP issued a memorandum directing Chief Executive Officers to: (1) establish a point of contact with local public health officials and local hospitals, if not already established, and (2) be responsive and transparent with outside stakeholders to demonstrate that the BOP is taking aggressive action to mitigate the spread of COVID-19.

The CDC issued new guidance recommending the use of cloth face coverings in addition to social distancing.

**6** The BOP issued a memorandum to Chief Executive Officers indicating that it was working to issue face masks to all staff and inmates to lessen the spread of COVID-19 by asymptomatic or pre-symptomatic individuals.

**7** The BOP issued a memorandum to Chief Executive Officers establishing that all inmates being released or transferred from a BOP facility into the community be placed in quarantine for 14 days prior to release.

**13** **The BOP Issued Action Plan Phase Six:**

- Extended guidance issued in Phase 5 through May 18.

**24** The BOP expanded COVID-19 testing to include asymptomatic inmates following the acquisition of rapid ribonucleic acid testing equipment at select BOP facilities.

**18** **The BOP Issued Action Plan Phase Seven:**

- Extended guidance issued in Phase Six through June 30.

**30** **The BOP Issued Action Plan Phase Eight:**

- Extended guidance issued in Phase Seven through July 31.
- Established new procedures for in-person court trips and inmate movement between BOP institutions.
- Required COVID-19 testing of all incoming inmates.

Source: OIG analysis of documents provided by the BOP

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13 Attorneys for Defendants-Respondents

14 UNITED STATES DISTRICT COURT  
 15 FOR THE CENTRAL DISTRICT OF CALIFORNIA  
 16 WESTERN DIVISION

17 [Redacted]  
 18 [Redacted] and  
 19 [Redacted] individually and  
 20 on behalf of all others similarly  
 situated,

21 Plaintiff-Petitioners,

22 v.

23 LOUIS MILUSNIC, in his capacity as  
 Warden of Lompoc; and MICHAEL  
 24 CARVAJAL, in his capacity as  
 Director of the Bureau of Prisons,

25 Defendants-Respondents.  
 26

No. [Redacted]

**DECLARATION OF** [Redacted]

[Redacted]

Honorable Consuelo B. Marshall  
 United States District Judge



1 I, (b)(6);(b)(7)(C) do hereby declare and state the following:

2 1. I am the (b)(6);(b)(7)(C) for the Western  
3 Region of the Federal Bureau of Prisons (“BOP). I began my career with the BOP in  
4 1992 and have worked in positions of increasing responsibility since. I have held the  
5 position of (b)(6);(b)(7)(C) since 2016. The facts set forth in this  
6 declaration are provided based on my personal knowledge of policies, practices or  
7 events, or based on my review of BOP records, which includes information maintained  
8 in the Bureau’s SENTRY database. SENTRY includes many types of records, including  
9 sentence and offense-type information, location history, BOP assigned medical and  
10 mental health care levels, information BOP staff, and disciplinary records. If called  
11 upon, I could and would testify as set forth below.

12 2. As a (b)(6);(b)(7)(C) I have been involved  
13 in the BOP’s implementation of the expanded home confinement authority under the  
14 Coronavirus Aid, Relief, and Economic Security Act, PL 116-136, 134 Stat 281 (Mar.  
15 27, 2020) (“CARES Act”) for the Western Region. The Federal Correctional Complex  
16 (“FCC”) in Lompoc, California, which is comprised of a United States Penitentiary  
17 (“USP”) with satellite camp and the Federal Correctional Institution (“FCI”), are located  
18 within the Western Region of the BOP.

19 3. The BOP has considered inmates for home confinement at the end of their  
20 term of imprisonment pursuant to 18 U.S.C. § 3624, since September 6, 1995. In  
21 implementing that authority, the BOP established policy and procedures for referral and  
22 placement of pre-release inmates in home confinement programs which is still in effect  
23 today. Specifically, the BOP issued Program Statement 7320.01, *Home Confinement*  
24 (September 6, 1995) which is provided as Exhibit A. Since that time, Congress  
25 authorized and then re-established and expanded a pilot program to place elderly and  
26 terminally ill inmates in home confinement. The BOP has issued Operations  
27 Memorandum (O.M.) implementing these pilot programs, the current of which is O.M.  
28 001-2020, *Home Confinement Under the First Step Act* (effective April 3, 2020 to April

1 3, 2021) and is provided as Exhibit B. BOP has and continues to consider inmates for  
2 home confinement under these authorities throughout the COVID-19 pandemic.

3 4. On March 7, 2020, Congress enacted the CARES Act which expanded the  
4 period of time the BOP can place an inmate in home confinement, but only after the  
5 Attorney General finds that “emergency conditions will materially affect the functioning  
6 of the Bureau.” An excerpt of the CARES Act relevant to the BOP’s home confinement  
7 authority is provided as Exhibit C.

8 5. On March 26, 2020, the Attorney General issued a memorandum  
9 encouraging the BOP to use its existing authority to place inmates in home confinement  
10 while protecting the public. As part of this guidance, the Attorney General prioritized  
11 inmates with medical conditions that put them at risk of severe disease from COVID-19,  
12 those in low and minimum security facilities, those with a minimum PATTERN  
13 (prisoner assessment tool targeting estimated risk and needs) score, and those with a  
14 reentry plan that would offer a lower risk of contracting COVID-19. It also outlined the  
15 need to protect the public by assessing the inmate’s crime of conviction and possible  
16 dangerousness and recognized that some offenses, like sex offenses would render an  
17 inmate ineligible for home detention as well as ensuring inmates placed in home  
18 confinement are subject to location monitoring.

19 6. On April 3, 2020, the Acting Assistant Director over Correctional Programs  
20 Division and the Assistant Director over Reentry Services Division issued a  
21 memorandum explaining that a roster was generated to identify individuals who should  
22 be considered for home confinement under the Elderly Offender Pilot Program as well as  
23 under the criteria in the Attorney General’s March 26 memorandum. A copy of this  
24 memorandum is attached as Exhibit E.

25 7. On April 3, 2020, Central Office staff in the Correctional Programs  
26 Division sent me an excel spread sheet which was generated by accessing SENTRY and  
27 creating a roster of all inmates who as of March 28, 2020, did not have a primary offense  
28 that was violent, a sex offense or an act of terrorism; did not have a detainer; were not

1 assigned a mental health care level 4; had served at least 50% of their sentence and had  
2 no disciplinary reports for the last 12 months.

3 8. Using SENTRY allows the BOP to consider the entire inmate population  
4 for suitability for home confinement by discerning between those that meet certain  
5 criteria and those that do not. The home confinement criteria used to generate this roster  
6 is discernible from SENTRY, while other criteria (like appropriate release plan and  
7 access to any needed medical care) is not and must involve review of the records and  
8 interaction with the inmate to discern. Therefore, the BOP has been using this two-step  
9 process to consider which inmates are suitable for home confinement.

10 9. Using the search criteria identified above, 524 inmates in the Western  
11 Region, of which 83 inmates were at the FCC Lompoc. I sent the roster out to the  
12 institutions to have these inmates considered for home confinement on April 4, 2020. I  
13 advised staff to review any inmate on the roster for eligibility index the Elderly Offender  
14 Home Confinement Program first and if not eligible under that program, then consider  
15 them for home confinement under the Attorney General's memo for the last six months  
16 or 10 percent of their sentence as limited by 18 U.S.C. § 3624.

17 10. On April 3, 2020, the Attorney General issued a memorandum making the  
18 "finding that emergency conditions are materially affecting the functioning of the Bureau  
19 of Prisons." A copy of this memorandum with this finding on page 1 is attached as  
20 Exhibit F. This memorandum directed the BOP to consider all inmates who have  
21 COVID-19 risk factors for home confinement. The memorandum asked that the  
22 assessment of these inmates continue to "be guided by the factors in the March 26  
23 Memorandum." Ex. E at 2. Notably, this memorandum authorized "BOP to transfer  
24 inmates to home confinement even if electronic monitoring is not available, so long as  
25 BOP determines in every such instance that doing so is appropriate and consistent with  
26 our obligation to protect public safety." The memorandum explained "it is essential that  
27 you continue making the careful, individualized determinations BOP makes in the  
28 typical case." Ex. E at 2-3. Upon the Attorney General making this finding, guidance

1 was provided to all staff on April 6, 2020, to review all the inmates on the first roster for  
2 home confinement using established criteria for suitability, but waiving the requirement  
3 the inmate be in the last six months or 10% of his sentence.

4 11. On April 8, 2020, a second roster was generated by Central Office based on  
5 criteria as of April 4, 2020. This roster included inmates with less than 18 months left to  
6 serve; assigned a mental health care level <4; assigned a PATTERN risk of R-MIN and a  
7 BRAVO (Bureau Risk Assessment Verification and Observation) score of LOW or  
8 MIN; with no incident reports in last 12 months; and excluded inmates whose offense  
9 involved violence, a sexual offense, or was terrorism related; those with less than 50% of  
10 sentence served; and those with a detainer. This roster identified 210 inmates in the  
11 Western Region, some of whom were captured on the prior roster, 31 of whom were  
12 from FCC Lompoc. I sent the second roster out on April 9, 2020 and asked that the  
13 inmates in the second roster be considered for home confinement.

14 12. On April 17, 2020, I sent out a third roster. Attached to my correspondence  
15 was a memorandum from Acting Senior Deputy Assistant Director (b)(6);(b)(7)(C)  
16 setting out the criteria to use when considering an inmate for home confinement. This  
17 memorandum is provided as Exhibit G. The criteria stated that the inmates primary or  
18 prior offense cannot be violent, a sex offense or terrorism; the inmate must not have a  
19 detainer; the mental health care level must be less that care level 4; the PATTEN risk  
20 score is minimum; the inmate have no incident reports in the last 12 months; and the  
21 inmate be a U.S. citizen with a viable release plan. The memorandum provided that for  
22 inmate's requesting relocation a release plan must be submitted to the US Probation  
23 Office. This roster had 592 inmates from the Western Region on it, of which 16 were  
24 from FCC Lompoc.

25 13. Shortly after issuance of the third roster, staff were instructed to  
26 discontinue processing under the second and third rosters as the criteria was being  
27 modified and rosters four and five were generated using the modified criteria.  
28

1           14. On April 20, 2020, I sent out a fourth roster and information clarifying the  
2 new criteria for home confinement consideration. The fourth roster included 283 inmates  
3 in the Western Region, of which 31 were from FCC Lompoc. The criteria in place to  
4 generate the rosters as of April 20, 2020, required that the inmate's primary offense not  
5 be violent, not be a sex offense and not be terrorism, the inmate could not have a  
6 detainer, the inmate's assigned mental health care level must be less than four, the  
7 inmate's PATTERN score must be a minimum, the inmate must not have any incident  
8 reports for the past 12 months and the inmate must have served at least 50% of their  
9 sentence. This roster has been run recurrently to capture any additional inmates that  
10 newly meet the criteria.

11           15. On April 22, 2020, the Acting Assistant Director over Correctional  
12 Programs Division and the Assistant Director over Reentry Services Division issued a  
13 memorandum setting out factors to be considered when making home confinement  
14 decisions and prioritizing consideration of some inmates. A copy of this memorandum is  
15 provided as Exhibit H.

16           16. On April 24, 2020, I sent out a fifth roster which used the updated criteria  
17 prioritizing inmates who are within 18 months from release, but have completed at least  
18 25% of their sentence. Other criteria used included that the inmate's primary offense not  
19 be violent, a sex offense or terrorism; the inmate could not have a detainer; the inmate's  
20 assigned mental health care level must be less than 4; the inmate's PATTERN score  
21 must be a minimum; and the inmate must not have any incident reports for the past 12  
22 months. This roster included the names of 101 inmates, 17 of whom were from FCC  
23 Lompoc. This roster is run recurrently to capture any additional inmates that are within  
24 18 months of release.

25           17. On April 27, 2020, the BOP modified the data it was using to determine  
26 what percentage of a sentence an inmate had completed. Rather than using the amount of  
27 time calculated in relation to their full term release date, the BOP started looking at the  
28 amount of time served in relation to the inmates' statutory release date. By making this

1 change, additional inmates in the Western Region who were captured when the fourth  
2 and fifth rosters were re-run. On April 28, 2020, I advised the institutions in the Western  
3 Region of this change and provided updated rosters reflecting these additional inmates.  
4 The addendum to the fourth roster added inmates, with 14 being from FCC Lompoc, and  
5 the fifth roster now added 20 inmates from FCC Lompoc for home confinement  
6 consideration.

7 18. Roster six identified inmates who were in transit or in holdover status at our  
8 holdover facilities (high-rises, VIX Holdover unit, SHE Jail, and TCN Jail, MEN Taft  
9 inmates) and were 18 months from release. FCC Lompoc does not house holdover  
10 inmates; therefore, this roster was inapplicable to that facility.

11 19. On May 8, 2020, I sent out rosters seven and eight. Roster seven identified  
12 inmates that were assigned a PATTERN score of low risk of recidivism and instructed  
13 staff to re-score the inmates on that roster using the PATTERN Risk Scoring Tool that  
14 became effective in January 2020. I asked staff to evaluate for home confinement any  
15 inmate who was re-scored to a PATTERN score of minimum risk. There were 1,575  
16 inmates on this roster. Of these, 354 were inmates from FCC Lompoc.

17 20. The eighth roster was also sent out on May 8, 2020 along with a May 8,  
18 2020, memorandum from Acting Assistant Director over Correctional Programs  
19 Division and the Assistant Director over Reentry Services Division revising the criteria  
20 to consider when determining suitability for home confinement. A copy of the  
21 memorandum is provided as Exhibit I. This memorandum modified the criteria in use by  
22 allowing inmates with 300 or 400 level incident reports in the last 12 months to be  
23 considered for home confinement. It also provided that a Warden may refer for further  
24 review any inmate that does not meet the current suitability criteria but does have  
25 COVID-19 risk factors for severe disease to the Correctional Programs Division in  
26 Central Office. This roster was generated by Central Office and included inmates who  
27 may have already been considered but needed to be reconsidered to determine if their  
28 denial was based on the existence of a 300 or 400 level incident report which is no

1 longer a suitability criteria. There were 183 inmates in the Western Region on this roster  
2 with 46 inmates from FCC Lompoc.

3 21. The ninth roster was sent out on May 12, 2020, and was generated solely  
4 based on an inmate's age being 65 or older. As this roster primarily considered inmates  
5 with a known risk factor for severe disease should they acquire COVID-19 according to  
6 the CDC, home confinement consideration was emphasized and it was suggested that  
7 inmates be sent up for further review by the Correctional Programs Division for review  
8 as an exception if they don't meet the criteria for home confinement placement for any  
9 reason. This roster included 53 inmates, 16 of which were inmates from FCC Lompoc.

10 22. On May 15, 2020, I sent out amended rosters. The new 7a roster was  
11 reduced from including 1,580 inmates to 391 inmates by excluding inmates whose  
12 PATTERN scores had been updated. Of the 391 inmates identified in this amended  
13 roster, 16 were from FCC Lompoc. The new 9a roster was reduced from 53 inmates to  
14 41 inmates because 12 of the inmates had already been reviewed. Of the 41 inmates on  
15 this roster, 16 were from FCC Lompoc. I also advised the institutions they should refer  
16 all inmates except sex offenders on the 9a roster to the Correctional Programs Division  
17 for review as an exception if they do not meet the suitability criteria.

18 23. On May 29, 2020, I sent out a tenth roster which sought to capture those  
19 inmates with PATTERN scores whose recalculation could possibly result in a lowering  
20 of the score. If the inmates score lowered to minimum, then they would be captured on a  
21 re-run of roster 4 or 5 and considered for home confinement. There were 332 inmates  
22 identified on this roster, of which 145 inmates were from FCC Lompoc.

23 24. The criteria which generated rosters 4, 5, and 6 were used to re-run rosters  
24 approximately every two weeks or so, in order to capture inmates whose time in service  
25 of their sentence had advanced to meet the criteria (greater than 50% or within 18  
26 months of release). Movement has resumed in the BOP therefore there is no need to re-  
27 run Roster 6 any longer, which captured holdover inmates and did not apply to FCC  
28 Lompoc anyway.

1           25. Between March 26, 2020 and July 15, 2020, 104 inmates were furlough  
2 transferred out of FCI Lompoc and 84 inmates were transferred out of USP Lompoc to  
3 home confinement or a residential reentry center.

4           26. Between March 26, 2020 and July 15, 2020, FCC Lompoc has also released  
5 49 inmates from FCI Lompoc and 86 inmates from USP Lompoc. Of these, 22 FCI  
6 Lompoc inmates and 16 USP Lompoc inmates were keyed out in SENTRY as having  
7 been released through a judicial grant of compassionate release. Some inmates who are  
8 granted compassionate release may not be keyed out in SENTRY under that authority if  
9 the new sentencing document doesn't specify the change is due to compassionate  
10 release, so for example an inmate could appear in SENTRY as having a "FULL TERM"  
11 release if the new order simply says he is resentenced to time served.

12           27. As of June 24, 2020, the population at FCI Lompoc is comprised of 1092  
13 inmates, while USP Lompoc houses 910 inmates at the USP, 286 inmates at the Camp  
14 and 131 inmates at the North Camp.

15           28. On July 14, 2020, this Court entered an Order requiring FCC Lompoc to  
16 identify all inmates over 50 or with "Underlying Health Conditions" as that term was  
17 defined in the Court's order and create a list containing information about the inmates'  
18 court of conviction as well as information about whether they had submitted a reduction  
19 in sentence (RIS) request and the outcome and whether they have been considered for  
20 home confinement and whether they have been designated for home confinement. The  
21 Court then ordered FCC Lompoc to review each of those individuals for home  
22 confinement giving "substantial weight" to the fact they are over 50 or have an  
23 "underlying Health Condition."

24           29. To carry out this task, FCC Lompoc medical staff generated a list of 1,234  
25 individuals meeting the courts criteria. This list was provided to correctional programs  
26 staff who have to conduct the home confinement reviews. To maximize the use of the  
27 BOP's SENTRY database in these processes, FCC Lompoc created wait list ("WLS")  
28 assignments in SENTRY. By adding a WLS of "CLASS" for each inmate, we were now



1 able to readily pull rosters including all of the current FCC Lompoc inmates identified as  
2 part of the class. CARES Act home confinement reviews were already being tracked in  
3 SENTRY nationwide through the addition of case management assignments (“CMA”),  
4 Specifically relevant here are the CMA assignments “CV-COM REF” which reflects  
5 inmates referred to the Residential Reentry Manager for home confinement; “CV-HC  
6 DENY” which are inmates for whom CARES Act home confinement was considered but  
7 denied; “CV-CMT HC” which reflects those inmates who have been seen to the  
8 committee for consideration for home confinement as an exception and “CV-CMT-Deny  
9 for those who the institution referred to the committee as a possible exception but were  
10 denied home confinement by the committee. Similarly, while RIS requests are tracked,  
11 they were not being tracked in SENTRY so WLS assignments were created and entered  
12 into SENTRY for all class members who had been considered or are being considered  
13 for a RIS. The WLS assignments created included “RIS-R” for RIS received; “RIS-D”  
14 for RIS denied, and “RIS-RI” for RIS institution recommended pending Central Office  
15 determination.

16 30. Once all of that data was input into SENTRY, my staff were able to  
17 generate lists of all class members that includes the information the court required to be  
18 included. Specifically, in the list from the first column on the left to right, the  
19 “SPECIFIC” criteria used to identify the inmates appearing on this list was the WLS  
20 assignment “CLASS”; the inmate’s assigned register number or “REG”, then last name  
21 “LN” and first name “FN” are provided. This is followed by the inmates’ court of  
22 jurisdiction (“COJ”) which only reflects the first listed current sentence the inmate is  
23 serving and the docket number(s) for all cases the inmate is presently serving (the most  
24 were 3 at LOF and 5 at LOM). For those inmates that have already been considered for  
25 transfer to another facility or home confinement, there will be an entry under the title  
26 “DST” for Destination followed by the destination date (“DSTD”). An inmate’s  
27 destination and date of transfer to another facility are considered law enforcement  
28 sensitive and have been redacted from the list provided to the Petitioners’ counsel.

1 Entries relating to residential reentry center and home confinement transfers have not  
2 been redacted. The list then identifies those inmates who have been denied a reduction in  
3 sentence (“RIS-D”); those for whom a RIS request has been received (“RIS-R”) and  
4 those for whom a RIS request was received and the institution has forwarded it to  
5 Central Office recommending that the BOP consider making a motion for a reduction in  
6 sentence on behalf of the inmate (“RIS-RI). Finally, the list identifies those inmates who  
7 have been considered for home confinement under the CARE Act in light of COVID-19  
8 through case management assignment codes (“CMA Codes”).

9 31. Finally, there was a discrepancy when we generated the list to be filed in the  
10 court. Though 1,254 were identified by medical, only 1,231 appeared between the two  
11 lists. The lists were reconciled and it was determined that 25 inmates needed to be added  
12 to the list. Six inmates needed to have the WLS assigned to them, 11 inmates had been  
13 transferred to a Residential Reentry Center or Home Confinement, 2 inmates are on  
14 furlough, 3 were hospitalized, 2 were granted compassionate release and one was  
15 released to an immigration detainer. All of these inmates were added to the respective  
16 list manually. Attached as Exhibit J is the List of FCI Lompoc Inmates Over Age 50 or  
17 Diagnosed with Underlying Medical Conditions As Defined ECF 45 in (b)(6);(b)(7)(C)  
18 (b)(6);(b)(7)(C) (C.D. CA) identifying 582 inmates and attached as  
19 Exhibit K is the List of USP Lompoc Inmates Over Age 50 or Diagnosed with  
20 Underlying Medical Conditions As Defined ECF 45 in (b)(6);(b)(7)(C)  
21 (b)(6);(b)(7)(C) (C.D. CA) identifying 674 inmates. Every effort was made to  
22 provide up-to date accurate information; however, given the short time to respond and  
23 the constantly changing status of the inmate and home confinement and compassionate  
24 release processes on-going, these capture only the moment in time at which they were  
25 run. Additionally, there was insufficient time to thoroughly review and verify the data  
26 for each inmate. If any need to correct the record is identified, counsel for the  
27 Respondents will be notified.

28



1 Pursuant to the provisions of 28 U.S.C. § 1746, I declare under penalty of perjury  
 2 that the foregoing is true and correct to the best of my information, knowledge, and  
 3 belief. Executed on this 20th day of July 2020, in San Antonio, Texas.

4  
 5  
 6 (b)(6);(b)(7)(C)

7 Western Region  
 8 Federal Bureau of Prisons

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# Program Statement

OPI: CCD  
NUMBER: 7320.01  
DATE: September 6, 1995  
SUBJECT: Home Confinement

1. PURPOSE AND SCOPE. To establish policy and procedures for referral and placement of pre-release inmates in Community Corrections home confinement programs.

Title 18, Section 3624(c) of the United States Code allows inmates sentenced under "old law" and "new law" statutes, to be placed on home confinement for pre-release purposes:

**(c) Pre-release custody.--The Bureau of Prisons shall, to the extent practicable, assure that a prisoner serving a term of imprisonment spends a reasonable part, not to exceed six months, of the last 10 per centum of the term to be served under conditions that will afford the prisoner a reasonable opportunity to adjust to and prepare for his re-entry into the community. The authority provided by this subsection may be used to place a prisoner on home confinement. The United States Probation System shall, to the extent practicable, offer assistance to a prisoner during such pre-release custody.**

Ordinarily, the length of placement ordinarily is limited to the last 10 percent of the inmate's term to be served, or six months, whichever is less. An exception is inmates with sentences of more than 12 months but not more than 30 months who have successfully completed the institutional phase of the Intensive Confinement Centers (ICCs) program. Bureau authority for ICCs is established by Title 18, U.S.C., Section 4046.

The Bureau does **not** have statutory authority to designate a home confinement program for an inmate at the beginning of his or her sentence. This is supported in Title 18, U.S.C., Section 3621, which requires that the Bureau designate any available **penal or correctional** facility as the place of a prisoner's imprisonment.

Home confinement is a time of testing and an opportunity for inmates to assume increasing levels of personal responsibility while providing sufficient restriction to promote community safety and continue the sanction of the sentence.

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Compliance with the conditions of home confinement may be monitored by electronic monitoring equipment or by regular telephone or in person contacts by supervision staff. Supervision may be provided by staff from the U.S. Probation Service, contract halfway house services, or other governmental agencies.

2. PROGRAM OBJECTIVES. The expected results of this program are:

a. Inmates who are eligible and approved will be placed on home confinement programs.

b. Inmates on home confinement programs will receive appropriate supervision.

c. The public will be protected from any undue risk.

d. Any inmate who violates a condition of home confinement will be appropriately disciplined, depending on the nature of the violation.

3. DIRECTIVES REFERENCED

P.S. 5100.05	Security Designation and Custody Classification Manual (06/16/94)
P.S. 7300.08	Community Corrections Manual (04/01/91)
P.S. 7310.02	Community Corrections Center (CCC) Utilization and Transfer Procedure (10/19/93)

4. STANDARDS REFERENCED. None.

5. DEFINITIONS. For the purposes of this Operations Memorandum, the following definitions apply:

a. Home Confinement. Any circumstance in which the inmate is required to remain in the home during specified hours.

b. Electronic Monitoring Equipment. The telemetry technology used to ensure that a program participant remains in a specified location during the required hours:

(1) Continuously Signalling Devices. A "transmitter" worn by the inmate which emits a signal with a range of 100 to 200 feet.

The signal is received by a receiver dialer unit installed at the monitored location to notify the central computer when the inmate comes within or goes out of range of the unit. The central computer contains the inmate's schedule and, when notified of a change in the inmate's status, compares the time with the schedule to determine if the break in contact is authorized. If not authorized, the computer sends an alert.

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(2) Programmed Contact Device. A computer which contacts the inmate periodically to ensure that he or she is at the monitored location and verifies that the person responding is the monitored inmate.

Verification may be accomplished in a variety of ways, including, but not limited to, a device the inmate wears and voice verification.

(3) "Hybrid" Equipment. Equipment which combines the two types of equipment described above but functions similarly to a continuously signalling device.

When the equipment notes the inmate has left the monitored range at an unauthorized time, it functions similarly to a programmed contact device by telephonically contacting the inmate and verifying that the person responding is the monitored inmate. If verification does not occur, notification of the violation is made.

c. "Old Law" and "New Law" Sentences

(1) "Old law" refers to the federal criminal code in effect prior to the implementation of the Sentencing Reform Act of 1984 (Title II of the Comprehensive Crime Control Act of 1984).

(2) "New law" is that Act (also known as the Sentencing Guidelines) which applies to federal criminal offenses committed on or after November 1, 1987.

6. ELIGIBILITY FOR HOME CONFINEMENT. All inmates referred to community corrections are eligible to be considered for home confinement placement.

While the Bureau also provides Community Corrections Center (CCC) services for persons as a condition of probation, parole, or supervised release, only in the most extraordinary circumstances will the Bureau assume responsibility for such persons on home confinement.

The Community Corrections Manager (CCM) shall ensure that each appropriate inmate is placed on home confinement as soon as otherwise eligible. The CCM shall consult with the Community Corrections Regional Administrator (CCRA), or designee, prior to placing on home confinement any inmate for whom any of the following factors apply:

a. Public Safety Factors as defined in the Security Designation and Custody Classification Manual; or

b. Central Inmate Monitoring case (except "pure" separation cases); or

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c. Sensitive, or high profile case or one who might generate undue public concern; or

d. History of escape or prior CCC failure; or

e. Unlikely to be employed. Historically, inmates who were not going to be employed were often excluded from community corrections placements. Examples are inmates who are elderly, retired, disabled, chronically ill, unable to work at paid employment, occupied in caring for their own young children or ill or disabled family members.

When such inmates are otherwise eligible, institutions are encouraged to refer them for direct placement on home confinement with special reporting requirements arranged by the CCM. Of primary concern is ensuring that the Bureau does not incur community medical costs.

7. REFERRAL TO COMMUNITY CORRECTIONS. Institution staff shall refer inmates for pre-release placement to the appropriate CCM, who, after reviewing the referral material, shall refer the case to the most appropriate program -- CCC, Comprehensive Sanctions Center (CSC), home confinement program, or other community program.

An inmate may not apply for a particular community program. Once approved for a program, the inmate must agree to all required conditions of that program.

a. Referral Packet. Referral packets shall include the Agreement, Home Confinement and Community Control (Attachment A), along with all materials required in the Program Statement on Community Corrections Center (CCC) Utilization and Transfer Procedure. An inmate who refuses to sign Attachment A may not be considered for participation in Community Corrections programs.

The referral should indicate the level of services anticipated, including:

(1) the appropriateness of placement in a home confinement program;

(2) the inmate's residence and job or good job prospects to expedite placement on home confinement;

(3) the inmate's need for placement in the more restrictive component of the CCC; and

(4) the inmate's need for placement in a specialized program such as substance abuse treatment.



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b. CCM Review. Upon receiving each referral packet, the CCM is to review the referral in light of the programming options available in the inmate's release destination area.

Occasionally, a referral may indicate no obvious risk to the community and no need for CCC services (for example, a supportive family, a stable residence, confirmed employment (if employable), and a positive institutional adjustment). In such cases, the CCM may bypass a CCC and place the inmate directly on home confinement.

Conversely, higher risk inmates requiring extensive transition assistance may not be placed on home confinement at all, or placed only briefly following CCC placement.

c. Inmate Declination. An inmate who declines to participate in a recommended home confinement program may be transferred to a more secure facility.

8. PLACEMENT ON HOME CONFINEMENT. Only the CCM may approve home confinement. The CCM shall notify the U. S. Probation Officer (USPO) prior to final approval of placement on home confinement and document that notification is in the file. General considerations are:

a. Program Selection. In some jurisdictions, home confinement programs may be available through a U. S. Probation office, a contract CCC or under an Intergovernmental Agreement. The CCM shall select the program most likely to meet the inmate's needs, giving consideration to such factors as cost effectiveness, geography, and other management variables.

Home Confinement Program requirements, including accountability and other supervision needs, are specified in Attachment B. The CCM must approve any modification to these requirements in advance.

b. Release Plan Verification. To approve a home confinement placement, the CCM must have written verification of the release plan from either the USPO or the CCC, including:

(1) The planned residence, including assurance that it has telephone service without prohibited services listed in Attachment A;

(2) Adults sharing the residence with the inmate are aware of, and not opposed to, the inmate's plan to participate in the program; and,

(3) Employment (for employable inmates). Release employment is desirable but not required.

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c. Inmate Requirements for Placement. To be placed on home confinement, the inmate must sign the "Conditions of Home Confinement" BP-460(73) prior to placement. The CCM may permit "call waiting" on the telephone of inmates whose placement on home confinement is not electronically monitored.

(1) Medical and Dental Expenses. Inmates on home confinement programs are responsible for their own medical and dental care expenses. If they are unable, or if they refuse, to be responsible for such costs, they may be returned to a federal institution for evaluation and possible treatment. In an emergency, the provider may obtain the necessary medical treatment required to preserve the inmate's health but must notify the CCM of such treatment within 24 hours.

(2) Subsistence Contributions. Providers shall collect 25% of each employed resident's weekly gross income, rounded down to a whole dollar amount.

Home confinement residents who are not employed, but have other means of financial support, shall contribute an appropriate amount as determined by the provider and approved by the CCM. Ordinarily, the amount should approximate 25% of the resident's weekly income.

Subsistence contributions collected shall be used to defray program costs, and the provider shall deduct the amount collected from the amounts billed to the Bureau. In many cases, inmate subsistence contributions will cover the entire cost of home confinement; however, individual subsistence collections may not exceed the weekly cumulative contract per diem rate (i.e., the daily rate x 7).

Providers shall provide receipts to program participants for all collections and shall maintain collection records for audit purposes.

d. Transfer Orders. When an inmate is being transferred from a CCC to a home confinement program operated by an agency other than that CCC, the CCM shall prepare the Transfer Order to document the official transfer to home confinement. Otherwise, a Transfer Order is not required.

e. Inmate Needs. Inmates identified as needing other community-based program activities such as mental health or drug treatment, shall normally be able to continue these programs when placed on home confinement. The CCM shall coordinate the continuation with the provider.

9. PROGRAM VIOLATIONS. The CCM shall ensure that each provider of home confinement services develops a system for handling violations of program rules which meets the "due process" criteria of Wolff v. McDonnell and includes provisions for

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dealing with minor infractions of program rules and with major violations that could result in the inmate's termination from the program. The provider must report every violation to the CCM within 24 hours.

10. MODIFICATION OF PROGRAM REQUIREMENTS. Attachment B specifies the required frequency and nature of contacts required between the provider and the inmate.

After consultation with the provider and the USPO, the CCM, using sound correctional judgement, may permit modification to these requirements, based on the unique characteristics of each case. The CCM is encouraged to discuss potential modifications with the Management Center Administrator (MCA) and/or the CCRA.

Among the circumstances under which the CCM may typically consider modification are those where:

- distance or travel time make it impractical for staff and the inmate to travel; and/or
- the inmate has successfully demonstrated the ability and willingness to conform to all program requirements for a reasonable period (ordinarily two weeks minimum).

In any case, however, unless continuously signalling electronic monitors are used, the home confinement monitor must initiate telephone contact with the inmate no less than once each day at random times of the day.

11. PLACEMENT ON HOME CONFINEMENT FOLLOWING CCC PLACEMENT. CCCs provide transition services for inmates being released from institutions. When an inmate has employment and a place to live and has demonstrated that he/she no longer requires the level of accountability and services the CCC provides, the inmate may be placed on home confinement. For various reasons, some inmates may never progress to a level of responsibility which would warrant placement on home confinement.

12. PROCEDURES FOR DIRECT INMATE PLACEMENT ON HOME CONFINEMENT. If there is a electronically monitored program available, an inmate who does not require CCC transitional services may be placed directly on home confinement from an institution.

a. Eligibility. Generally, an inmate may be considered eligible for direct placement on home confinement if he or she:

- has no public safety factors,
- had excellent institutional adjustment,
- has a stable residence with a supportive family,
- has confirmed employment (if employable), and
- has little or no need for the services of a CCC.

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b. Placement. If the inmate's plan is satisfactory, the home confinement provider and the CCM shall establish the inmate's placement date. The provider shall provide a written notification of the acceptance and the reporting date to the CCM, with a copy to the referring institution. The reporting date should be a weekday, and the inmate shall be required to report to the provider within 24 hours of reaching the release jurisdiction. The CCM shall notify the referring institution via SENTRY and provide instruction on when and where the inmate should report.

Institution staff shall prepare a Transfer Order to document the official transfer to home confinement. Institution staff shall also prepare the Authorized Unescorted Commitment and Transfer Card, BP-385, including the inmate's picture and fingerprints, and forward it to the CCM at least two weeks prior to the placement. The CCM shall forward it to the appropriate USPO.

If an inmate is eligible for direct placement on home confinement, but an electronically monitored home confinement program is not available, the CCM and the provider shall arrange for an initial short placement (approximately two weeks) in a CCC to allow the provider to become acquainted with the inmate, orient him or her to the expectations of the program, and assure that the job and living arrangements are appropriate. After successfully completing that process, the inmate may be placed on home confinement with the CCM's approval.

When problems arise during the orientation period which indicate direct placement on home confinement is inappropriate or should be delayed, the CCM shall delay such placement until the problems have been resolved.

13. SENTRY RECORDS. A waiting list has been established in SENTRY to allow CCMs to ensure that all inmates are considered for placement when eligible and reviewed regularly until placed.

A PP34 transaction will establish WLS category to indicate HC ELIG, and a TARGET FOR HOME CONFINEMENT will then be reflected on the PP42 and the PP44.

The CCM office uses a PP63 transaction to ensure all inmates in Bureau custody are tracked in SENTRY while on home confinement programs and have an ARS assignment reflecting that placement. Inmates assigned to Bureau provider programs shall have that provider's home confinement program location code with an LOCG EQ TH\*\*. Inmates assigned to U. S. Probation Service (USPS) programs shall be shown with LOCG EQ TH\*U and a location indicating the judicial district. (As examples, the Southern District of Florida would be FFLS, and the District of Colorado would be FCO.)

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14. FORMS. Institution and Community Corrections staff are to duplicate forms locally.

15. DISTRIBUTION. In addition to normal distribution for Program Statements, copies of this Program Statement shall be available to inmates in inmate law libraries.

CCMs shall provide copies of this Program Statement to Chief USPOs and CCC contractors in their service areas.

\s\  
Kathleen M. Hawk  
Director

BP-S548.073  
SEP 1995

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September 6, 1995  
Attachment A, Page 1

**AGREEMENT**

**HOME CONFINEMENT AND COMMUNITY CONTROL**

I, \_\_\_\_\_, \_\_\_\_\_,  
Name Register Number

hereby agree to abide by the following Conditions related to my legal participation on home confinement.

I understand that my participation on home confinement will be an alternative to placement in a Community Corrections Center for no more than the last six (6) months or 10% of my sentence, whichever is less. I am aware that I will legally remain in the custody of the Bureau of Prisons and/or the U.S. Attorney General and that failure to remain at the required locations may result in disciplinary action and/or prosecution for escape.

I agree to report to my assigned probation officer or the contractor's facility immediately upon reaching my release destination.

I understand that if I decline to participate in the recommended home confinement program I may face administrative reassignment out of the community corrections program.

I agree that during the home confinement period, I will remain at my place of residence, except for employment, unless I am given permission to do otherwise. I also understand that I will be required to pay the costs of the program based on my ability to pay.

I also agree to maintain a telephone at my place of residence without "call forwarding", a modem, "Caller ID" or portable cordless telephones for this period.

I also agree that, if my confinement is to be electronically monitored, I will wear any electronic monitoring device required, follow procedures specified and will not have "call forwarding" on my telephone.

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Staff Witness (Printed Name, Signature, Facility)  
Original to Central File. Copy to CCM.

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Attachment B, Page 1

**REQUIREMENT  
FOR HOME CONFINEMENT PROGRAMS**

- I. The following procedures apply to all inmates who are approved for placement on home confinement.
1. The provider is not required to provide meals, medical treatment, clothing or incidentals, laundry services or other subsistence items to inmates on home confinement.
  2. The provider shall maintain documentation of all staff contacts with inmates on home confinement.
  3. The provider shall notify the CCM immediately of any misconduct or failure of an inmate on home confinement to comply with Home Confinement Conditions.
  4. The provider is not required to reserve a bed at the center for an inmate on home confinement.
  5. The provider shall collect 25% of each employed resident's weekly gross income, rounded down to a whole dollar amount. Residents who are not employed, but who have other means of financial support shall contribute an amount determined appropriate by the provider and approved by the CCM. These fees shall be used to defray program costs. Individual subsistence collections shall not exceed the weekly cumulative contract per diem rate (i.e., the daily rate x 7). All funds collected from those in BOP programs shall be deducted from the monthly billings submitted to the BOP. In some cases, inmate subsistence contributions would cover the entire cost of home confinement. If the monitoring is provided by the USPO, subsistence collection shall not exceed the cost of the electronic monitoring equipment. The respective USPO shall instruct those in USPS-operated home confinement programs in the appropriate payment procedures.
  6. An inmate serving a BOP sentence who fails to remain at the specified location may be considered an escapee. All escapes shall be immediately reported to the CCM.
  7. Inmates on home confinement shall maintain a 9:00 P.M. to 6:00 A.M. curfew each day, unless an exception is recommended by the provider and approved by the CCM.
  8. Drug and alcohol testing and counseling requirements shall apply to inmates on home confinement.

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II. The following conditions shall apply to those programs that **do not** use electronic equipment to monitor compliance with the conditions of home confinement.

1. The provider's staff shall telephonically contact the inmate at random hours each day at home, at work, or both.
2. Staff shall visit inmates on home confinement at their homes and at their places of employment at least once each week.
3. Inmates on home confinement shall return to the facility at least twice each week for routine progress reviews, counseling, urine testing and other required program participation.

III. The conditions in Section II (above) also apply to those programs that **do** use programmed contact devices, and to those programs that use continuously signalling or hybrid devices that are **not** monitored 24 hours per day, 7 days per week.

Electronic equipment is a substitute only for the random telephone calls.

IV. The following conditions shall apply to those home confinement programs that: 1) voluntarily choose to come under these conditions, 2) use continuously signalling or hybrid devices (see definitions) and 3) monitor the output of the central computer and respond to violations 24 hours per day, 7 days per week.

1. The provider shall have an operations or procedures manual specifying the manner in which the program will operate. This manual shall be reviewed by the CCM, conform to the minimum standards specified below and serve as the basis for monitoring the operations of the home confinement program.
2. The provider's operations/procedures manual shall include their plan of action when a violation is noted.
3. Provider staff shall have at least one in-person contact with the offender per week.
  - a. At least one contact each month shall take place at the offender's residence, and one at the place of employment.
  - b. All contacts shall be documented.



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- c. The contact shall include, but not be limited to, visual inspection of any equipment, verification of continued employment and hours worked, verification of residence and of participation in any other required programs or treatment activities.
5. The provider shall review the inmate's monthly telephone bill to ensure that it has been paid and that the service does not include call forwarding or other unauthorized services.
6. The inmate is expected to remain at his/her residence at all times except when he is at work, when traveling to and from work or when engaging in other approved activities. The provider's plan may include some opportunity for the offender to earn a reduction in the hours during which activity is restricted.



**U.S. Department of Justice**  
Federal Bureau of Prisons

**OPERATIONS MEMORANDUM**

OPI: RSD/RRM  
NUMBER: 001-2020  
DATE: April 3, 2020  
EXPIRATION DATE: April 3, 2021

## **Home Confinement under the First Step Act**

/s/

*Approved:* Hugh J. Hurwitz  
Assistant Director, Federal Bureau of Prisons

The First Step Act of 2018 (FSA) contained additional requirements for the Bureau of Prisons (Bureau) in placing inmates in home confinement generally, and re-established and expanded a pilot program under the Second Chance Act to place elderly and terminally ill inmates in home confinement.

The terms “home confinement” and “home detention” are used interchangeably in this Operations Memorandum.

Institution Supplement. None required. Should local facilities make any changes outside the required changes in the national policy or establish any additional local procedures to implement the national policy, the local Union may invoke to negotiate procedures or appropriate arrangements.

### **1. HOME CONFINEMENT FOR LOW RISK OFFENDERS**

Section 602 of the FSA modified 18 U.S.C. § 3621 (c)(1), authorizes the Bureau to maximize the amount of time spent on home confinement when possible. The provision now states, with the new FSA language in **bold**,

“Home confinement authority. – The authority under this subsection may be used to place a prisoner in home confinement for the shorter of 10 percent of the term of imprisonment of that prisoner or 6 months. **The Bureau of Prisons shall, to the extent practicable, place prisoners with lower risk levels and lower needs on home confinement for the maximum amount of time permitted under this paragraph.**”

The Bureau interprets the language to refer to inmates that have lower risks of reoffending in the community, and reentry needs that can be addressed without RRC placement. The Bureau currently utilizes home confinement for these inmates. Accordingly, staff should refer eligible inmates for the maximum amount of time permitted under the statutory requirements.

The statutory language will be added to the Program Statement **Home Confinement**.

## **2. PILOT PROGRAM FOR ELIGIBLE ELDERLY OFFENDERS AND TERMINALLY ILL OFFENDERS**

Section 603 (a) of the FSA reauthorized and modified the pilot program conducted under the Second Chance Act, 34 U.S.C. § 60541, as follows:

### **(a) Scope of Pilot**

The Bureau shall conduct a pilot program to determine the effectiveness of removing eligible elderly offenders and eligible terminally ill offenders from Bureau facilities and placing such offenders on home detention until the expiration of the prison term to which the offender was sentenced.

Under 34 U.S.C. § 60541 (h), the pilot will be conducted during Fiscal Years 2019 through 2023.

### **(b) Placement in home detention**

The Bureau may release some or all eligible elderly offenders and eligible terminally ill offenders from Bureau facilities to home detention, upon written request from either the Bureau staff, or an eligible elderly offender or eligible terminally ill offender.

### **(c) Waiver**

Under 34 U.S.C. § 60541 (g)(1)(C), the Bureau is authorized to waive the requirements of section 3624 of Title 18 [home confinement for the shorter of 10 percent of the term of imprisonment of that prisoner or 6 months] as necessary to provide for the release of some or all eligible elderly offenders and eligible terminally ill offenders from Bureau facilities to home detention for the purposes of the pilot program.

### **(d) Violation of terms of home detention**

A violation by an eligible elderly offender or eligible terminally ill offender of the terms of home detention (including the commission of another Federal, State, or local crime) shall result in the removal of that offender from home detention and the return of that offender to the designated Bureau institution in which that offender was imprisoned immediately before placement on home detention as part of this pilot, or to another appropriate Bureau institution, as determined by the Bureau.

The Bureau will remove an inmate from this pilot in accordance with the Program Statement **Inmate Discipline Program**, and the Program Statement **Home Confinement**.

**(e) Definitions**

The following statutory definitions set out criteria for the implementation of this pilot program only:

**Eligible elderly offender** means an offender in the custody of the Bureau-

- (1) who is not less than 60 years of age;
- (2) who is serving a term of imprisonment that is not life imprisonment based on conviction for an offense or offenses that do not include any crime of violence (as defined in section 16 of Title 18), sex offense (as defined in section 20911(5) of this title), offense described in section 2332b(g)(5)(B) of Title 18, or offense under chapter 37 of Title 18, and has served 2/3 of the term of imprisonment to which the offender was sentenced;
- (3) who has not been convicted in the past of any Federal or State crime of violence, sex offense, or other offense described in paragraph (2), above.
- (4) who has not been determined by the Bureau, on the basis of information the Bureau uses to make custody classifications, and in the sole discretion of the Bureau, to have a history of violence, or of engaging in conduct constituting a sex offense or other offense described in paragraph 2 above;
- (5) who has not escaped, or attempted to escape, from a Bureau of Prisons institution (to include all security levels of Bureau facilities);
- (6) with respect to whom the Bureau of Prisons has determined that release to home detention under this section will result in a substantial net reduction of costs to the Federal Government; and
- (7) who has been determined by the Bureau to be at no substantial risk of engaging in criminal conduct or of endangering any person or the public if released to home detention.

**Eligible terminally ill offender** means an offender in the custody of the Bureau who—

- (1) is serving a term of imprisonment based on conviction for an offense or offenses that do not include any crime of violence (as defined in section 16(a) of Title 18, United States Code), sex offense (as defined in section 111(5) of the Sex Offender Registration and Notification Act (34 U.S.C. § 20911(5))), offense described in section 2332b(g)(5)(B) of Title 18, United States Code, or offense under chapter 37

of Title 18, United States Code;

- (2) satisfies the criteria specified in paragraphs 3 through 7 included in the Eligible Elderly Offender definition, above; and
- (3) has been determined by a medical doctor approved by the Bureau, i.e. Clinical Director of the local institution, to be:
  - in need of care at a nursing home, intermediate care facility, or assisted living facility, as those terms are defined in section 232 of the National Housing Act (12 U.S.C. § 1715w); or
  - diagnosed with a terminal illness.

**Home detention** has the same meaning given the term in the Federal Sentencing Guidelines as of April 9, 2008, and includes detention in a nursing home or other residential long-term care facility. As with all home confinement placements, the home must be found to be appropriate under the provisions of the Program Statement **Home Confinement**.

**Term of imprisonment** includes multiple terms of imprisonment ordered to run consecutively or concurrently, which shall be treated as a single, aggregate term of imprisonment for purposes of this section.

#### (f) Procedures

Offenders referred under this pilot shall be processed for home detention utilizing current RRC/Home Confinement procedures.

**For Eligible Elderly Offenders**, a BP-A0210, Institutional Referral for CCC Placement, will be completed. Staff should refer all inmates meeting criteria (1) through (5) in the definition of Eligible Elderly Offender, above. Reentry Services Division (RSD) staff will determine if the inmate meets criteria (6) and (7) under the definition. A clear annotation will be made on the referral packet that “**This inmate is being referred for Home Confinement placement under the provisions contained in the First Step Act for placement of eligible elderly offenders and eligible terminally ill offenders.**”

**For Eligible Terminally Ill Offenders**, to include debilitated offenders that may need placement in nursing home, intermediate care facility, or assisted living facility, institution staff will refer the inmate for a Reduction in Sentence (RIS) under Program Statement **Compassionate Release/Reduction in Sentence: Procedures for Implementation of 18 U.S.C. §§ 3582 and 4205(g)**. If not appropriate for a RIS, the Office of General Counsel will provide RSD the RIS packet for consideration under this pilot.

**(g) Reporting and Tracking**

34 U.S.C. § 60541 (g) (4), as amended by the FSA, requires an evaluation of the pilot program, and a report to Congress after its conclusion in 2023. The following data points, at a minimum, will be tracked by RSD to assist with this evaluation and report:

- The number of Eligible Elderly Inmates referred to RSD;
- The number of Eligible Terminally Ill Inmates referred to RSD;
- The number of placements in home detention for each category;
- The length of time of home confinement afforded under each category;
- The estimated amount net reduction of costs to the Federal Government for each case; and
- The estimated amount net reduction of costs to the Federal Government for the pilot period.

## ADDENDUM – REFERENCED AUTHORITIES

### 18 U.S.C. § 16 - Crime of violence defined

The term “crime of violence” means–

- (a) an offense that has as an element the use, attempted use, or threatened use of physical force against the person or property of another, or
- (b) any other offense that is a felony and that, by its nature, involves a substantial risk that physical force against the person or property of another may be used in the course of committing the offense.

***NOTE: 34 U.S.C. § 60541, as amended by the FSA, provides that section 16 (a) and (b) be applied when determining eligibility of an elderly offender; but only section 16 (a) should be applied when determining the eligibility of a terminally ill offender under this pilot.***

Please contact the Office of General Counsel for any questions of whether an offense is a crime of violence under 18 U.S.C. § 16.

### 34 U.S.C. § 20911 (5) - Relevant definitions, including Amie Zyla expansion of sex offender definition and expanded inclusion of child predators

#### (A) Generally

Except as limited by subparagraph (B) or (C), the term “sex offense” means–

- (i) a criminal offense that has an element involving a sexual act or sexual contact with another;
- (ii) a criminal offense that is a specified offense against a minor;
- (iii) a Federal offense (including an offense prosecuted under section 1152 or 1153 of Title 18) under section 1591, or chapter 109A, 110 (other than section 2257, 2257A, or 2258), or 117, of Title 18;
- (iv) a military offense specified by the Secretary of Defense under section 115(a)(8)(C)(i) of Public Law 105-119 (10 U.S.C. 951 note); or
- (v) an attempt or conspiracy to commit an offense described in clauses (i) through (iv).

#### (B) Foreign convictions

A foreign conviction is not a sex offense for the purposes of this subchapter if it was not

obtained with sufficient safeguards for fundamental fairness and due process for the accused under guidelines or regulations established under section 20912 of this title.

(C) Offenses involving consensual sexual conduct

An offense involving consensual sexual conduct is not a sex offense for the purposes of this subchapter if the victim was an adult, unless the adult was under the custodial authority of the offender at the time of the offense, or if the victim was at least 13 years old and the offender was not more than 4 years older than the victim.

**18 U.S.C. § 2332b(g)(5)(B) - Acts of terrorism transcending national boundaries**

A violation of the following sections of Title 18, United States Code:

32 (relating to destruction of aircraft or aircraft facilities),  
37 (relating to violence at international airports),  
81 (relating to arson within special maritime and territorial jurisdiction),  
175 or 175b (relating to biological weapons),  
175c (relating to variola virus),  
229 (relating to chemical weapons),  
351, Subsections (a), (b), (c), or (d) (relating to congressional, cabinet, and Supreme Court assassination and kidnaping),  
831 (relating to nuclear materials),  
832 (relating to participation in nuclear and weapons of mass destruction threats to the United States),  
842(m) or (n) (relating to plastic explosives),  
844(f)(2) or (3) (relating to arson and bombing of Government property risking or causing death),  
844(i) (relating to arson and bombing of property used in interstate commerce),  
930(c) (relating to killing or attempted killing during an attack on a Federal facility with a dangerous weapon),  
956(a)(1) (relating to conspiracy to murder, kidnap, or maim persons abroad),  
1030(a)(1) (relating to protection of computers),  
1030(a)(5)(A) resulting in damage as defined in 1030(c)(4)(A)(i)(II) through (VI) (relating to protection of computers),  
1114 (relating to killing or attempted killing of officers and employees of the United States),  
1116 (relating to murder or manslaughter of foreign officials, official guests, or internationally protected persons),  
1203 (relating to hostage taking),  
1361 (relating to government property or contracts),  
1362 (relating to destruction of communication lines, stations, or systems),  
1363 (relating to injury to buildings or property within special maritime and territorial jurisdiction of the United States),  
1366(a) (relating to destruction of an energy facility),  
1751(a), (b), (c), or (d) (relating to Presidential and Presidential staff assassination and kidnaping),



1992 (relating to terrorist attacks and other acts of violence against railroad carriers and against mass transportation systems on land, on water, or through the air),  
2155 (relating to destruction of national defense materials, premises, or utilities),  
2156 (relating to national defense material, premises, or utilities),  
2280 (relating to violence against maritime navigation),  
2280a (relating to maritime safety),  
2281 through 2281a (relating to violence against maritime fixed platforms),  
2332 (relating to certain homicides and other violence against United States nationals occurring outside of the United States),  
2332a (relating to use of weapons of mass destruction),  
2332b (relating to acts of terrorism transcending national boundaries),  
2332f (relating to bombing of public places and facilities),  
2332g (relating to missile systems designed to destroy aircraft),  
2332h (relating to radiological dispersal devices),  
2332i (relating to acts of nuclear terrorism),  
2339 (relating to harboring terrorists),  
2339A (relating to providing material support to terrorists),  
2339B (relating to providing material support to terrorist organizations),  
2339C (relating to financing of terrorism),  
2339D (relating to military-type training from a foreign terrorist organization), or  
2340A (relating to torture).

A violation of the following sections of Title 42, United States Code:

2122 (relating to prohibitions governing atomic weapons), or  
2284 (relating to sabotage of nuclear facilities or fuel).

A violation of the following sections of Title 49, United States Code:

46502 (relating to aircraft piracy),  
46504 - the second sentence of the section (relating to assault on a flight crew with a dangerous weapon),  
46505(b)(3) or (c) (relating to explosive or incendiary devices, or endangerment of human life by means of weapons, on aircraft),  
46506 if homicide or attempted homicide is involved (relating to application of certain criminal laws to acts on aircraft), or  
60123(b) (relating to destruction of interstate gas or hazardous liquid pipeline facility).

A violation of the following section of Title 21:

960, which is section 1010A of the Controlled Substances Import and Export Act (relating to narco-terrorism).

## **18 U.S.C. Chapter 37 - Espionage and Censorship**

792, Harboring or Concealing Persons

- 793. Gathering, Transmitting or Losing Defense Information
- 794. Gathering or Delivering Defense Information to Aid Foreign Government
- 795. Photographing and Sketching Defense Installations
- 796. Use of Aircraft for Photographing Defense Installations
- 797. Publication and Sale of Photographs of Defense Installations
- 798. Disclosure of Classified Information
- 798a. Temporary Extension of Section 794
- 799. Violation of Regulations of National Aeronautics and Space Administration

**12 U.S.C. § 1715w - Mortgage insurance for nursing homes, intermediate care facilities, and board and care homes**

(a) Definitions - For the purposes of this section—

(1) the term “**nursing home**” means a public facility, proprietary facility or facility of a private nonprofit corporation or association, licensed or regulated by the State (or, if there is no State law providing for such licensing and regulation by the State, by the municipality or other political subdivision in which the facility is located), for the accommodation of convalescents or other persons who are not acutely ill and not in need of hospital care but who require skilled nursing care and related medical services, in which such nursing care and medical services are prescribed by, or are performed under the general direction of, persons licensed to provide such care or services in accordance with the laws of the State where the facility is located;

(2) the term “**intermediate care facility**” means a proprietary facility or facility of a private nonprofit corporation or association licensed or regulated by the State (or, if there is no State law providing for such licensing and regulation by the State, by the municipality or other political subdivision in which the facility is located) for the accommodation of persons who, because of incapacitating infirmities, require minimum but continuous care but are not in need of continuous medical or nursing services;

(3) the term a “**nursing home**” or “**intermediate care facility**” may include such additional facilities as may be authorized by the Secretary for the nonresident care of elderly individuals and others who are able to live independently but who require care during the day; . . .

(4) the term “**assisted living facility**” means a public facility, proprietary facility, or facility of a private nonprofit corporation that--

a. is licensed and regulated by the State (or if there is no State law providing for such licensing and regulation by the State, by the municipality or other political subdivision in which the facility is located);

b. makes available to residents supportive services to assist the residents in carrying out activities of daily living, such as bathing, dressing, eating, getting

in and out of bed or chairs, walking, going outdoors, using the toilet, laundry, home management, preparing meals, shopping for personal items, obtaining and taking medication, managing money, using the telephone, or performing light or heavy housework, and which may make available to residents home health care services, such as nursing and therapy; and

c. provides separate dwelling units for residents, each of which may contain a full kitchen and bathroom, and which includes common rooms and other facilities appropriate for the provision of supportive services to the residents of the facility;

**CARES Act**  
**Attorney General Expanded Home Confinement Authority**

SEC. 12003(b) SUPPLY OF PERSONAL PROTECTIVE EQUIPMENT AND TEST KITS TO BUREAU OF PRISONS; HOME CONFINEMENT AUTHORITY.—

(2) HOME CONFINEMENT AUTHORITY.—During the covered emergency period, if the Attorney General finds that emergency conditions will materially affect the functioning of the Bureau, the Director of the Bureau may lengthen the maximum amount of time for which the Director is authorized to place a prisoner in home confinement under the first sentence of section 3624(c)(2) of title 18, United States Code, as the Director determines appropriate

CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT, PL 116-136, March 27, 2020, 134 Stat 281

SEC. 12003 (a) DEFINITIONS.—In this section—

(2) the term “covered emergency period” means the period beginning on the date on which the President declared a national emergency under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the Coronavirus Disease 2019 (COVID–19) and ending on the date that is 30 days after the date on which the national emergency declaration terminates;


CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT, PL 116-136, March 27, 2020, 134 Stat 281



Office of the Attorney General  
Washington, D. C. 20530

March 26, 2020

MEMORANDUM FOR DIRECTOR OF BUREAU PRISONS

FROM: THE ATTORNEY GENERAL 

SUBJECT: Prioritization of Home Confinement As Appropriate in Response to COVID-19 Pandemic

Thank you for your tremendous service to our nation during the present crisis. The current situation is challenging for us all, but I have great confidence in the ability of the Bureau of Prisons (BOP) to perform its critical mission during these difficult times. We have some of the best-run prisons in the world and I am confident in our ability to keep inmates in our prisons as safe as possible from the pandemic currently sweeping across the globe. At the same time, there are some at-risk inmates who are non-violent and pose minimal likelihood of recidivism and who might be safer serving their sentences in home confinement rather than in BOP facilities. I am issuing this Memorandum to ensure that we utilize home confinement, where appropriate, to protect the health and safety of BOP personnel and the people in our custody.

**I. TRANSFER OF INMATES TO HOME CONFINEMENT WHERE APPROPRIATE TO DECREASE THE RISKS TO THEIR HEALTH**

One of BOP's tools to manage the prison population and keep inmates safe is the ability to grant certain eligible prisoners home confinement in certain circumstances. I am hereby directing you to prioritize the use of your various statutory authorities to grant home confinement for inmates seeking transfer in connection with the ongoing COVID-19 pandemic. Many inmates will be safer in BOP facilities where the population is controlled and there is ready access to doctors and medical care. But for some eligible inmates, home confinement might be more effective in protecting their health.

In assessing which inmates should be granted home confinement pursuant to this Memorandum, you are to consider the totality of circumstances for each individual inmate, the statutory requirements for home confinement, and the following non-exhaustive list of discretionary factors:

- The age and vulnerability of the inmate to COVID-19, in accordance with the Centers for Disease Control and Prevention (CDC) guidelines;

Memorandum from the Attorney General

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Subject: Department of Justice COVID-19 Hoarding and Price Gouging Task Force

- The security level of the facility currently holding the inmate, with priority given to inmates residing in low and minimum security facilities;
- The inmate's conduct in prison, with inmates who have engaged in violent or gang-related activity in prison or who have incurred a BOP violation within the last year not receiving priority treatment under this Memorandum;
- The inmate's score under PATTERN, with inmates who have anything above a minimum score not receiving priority treatment under this Memorandum;
- Whether the inmate has a demonstrated and verifiable re-entry plan that will prevent recidivism and maximize public safety, including verification that the conditions under which the inmate would be confined upon release would present a lower risk of contracting COVID-19 than the inmate would face in his or her BOP facility;
- The inmate's crime of conviction, and assessment of the danger posed by the inmate to the community. Some offenses, such as sex offenses, will render an inmate ineligible for home detention. Other serious offenses should weigh more heavily against consideration for home detention.

In addition to considering these factors, before granting any inmate discretionary release, the BOP Medical Director, or someone he designates, will, based on CDC guidance, make an assessment of the inmate's risk factors for severe COVID-19 illness, risks of COVID-19 at the inmate's prison facility, as well as the risks of COVID-19 at the location in which the inmate seeks home confinement. We should not grant home confinement to inmates when doing so is likely to increase their risk of contracting COVID-19. You should grant home confinement only when BOP has determined—based on the totality of the circumstances for each individual inmate—that transfer to home confinement is likely not to increase the inmate's risk of contracting COVID-19.

## **II. PROTECTING THE PUBLIC**

While we have an obligation to protect BOP personnel and the people in BOP custody, we also have an obligation to protect the public. That means we cannot take any risk of transferring inmates to home confinement that will contribute to the spread of COVID-19, or put the public at risk in other ways. I am therefore directing you to place any inmate to whom you grant home confinement in a mandatory 14-day quarantine period before that inmate is discharged from a BOP facility to home confinement. Inmates transferred to home confinement under this prioritized process should also be subject to location monitoring services and, where a court order is entered, be subject to supervised release.

We must do the best we can to minimize the risk of COVID-19 to those in our custody, while also minimizing the risk to the public. I thank you for your service to the country and assistance in implementing this Memorandum.




U.S. Department of Justice  
Memorandum  
Federal Bureau of Prisons

Correctional Programs Division

Central Office  
320 First Street, N.W.  
Washington, DC 20534

MEMORANDUM FOR CHIEF EXECUTIVE OFFICERS

APR 3 2020

FROM:   
Andre Matevousian, Acting Assistant Director  
Correctional Programs Division

**HUGH HURWITZ** Digitally signed by HUGH HURWITZ  
Date: 2020.04.03 12:23:46 -04'00'  
Hugh J. Hurwitz, Assistant Director  
Reentry Services Division

SUBJECT: Home Confinement

In an effort to protect the health and safety of staff and inmates during the COVID-19 pandemic, it has become imperative to review at-risk inmates for placement on home confinement. Sample rosters are attached to aid in the identification of inmates who may be eligible for home confinement, based on the memorandum from the Attorney General (AG) dated March 26, 2020 and the Elderly Offender Pilot program. Inmates must be reviewed utilizing the Elderly Offender Home Confinement program criteria and the discretionary factors listed in the AG's memo. Additionally, pregnant inmates should be considered for viability of placement in Community Program to include Mothers and Infants Together (MINT) programs and Home Confinement.

All inmates must be reviewed by the SIS Department at the referring facility to determine if the inmate has engaged in violent or gang-related activity in prison. Additionally, inmates must have maintained clear conduct for the past 12 months to be eligible.

Referrals must be based on appropriateness for home confinement. Consideration should be given to whether the inmate has a demonstrated a verifiable reentry plan that will prevent recidivism and maximize public safety, including verification by

Health Services staff that the conditions under which the inmate would be confined upon release would present a lower risk of contracting COVID-19 than the inmate would face in his or her BOP facility.

Unit Management staff will ensure each inmate submitted for Home Confinement has a viable release residence. Staff will submit the Supervised Release Plan and other necessary documentation to the United States Probation Office (USPO) in the release district. Staff need not receive USPO approval prior to submitting the referral for Home Confinement, even if a request for relocation has been submitted. The approval letter will be forwarded to the appropriate RRM once received from the USPO. The following information must be clearly documented on the referral for Home Confinement prior to submission to the RRM Office:

- The structural type of release residence (house, apartment, group home, etc.)
- The name and relationship of the individual with whom the inmate will be residing
- Information regarding health concerns of any of the individuals living at the release residence
- Valid contact telephone number(s) for the inmate if he/she should be placed on Home Confinement
- The specific transportation plan detailing how the inmate will be transferred to the Home Confinement location

Inmates determined to have viable release residences will be screened by Health Services staff to determine if frequent and on-going medical care is required within the next 90 days. If frequent and on-going medical care is required, the following actions will be taken:

- Health Services staff will coordinate with Naphcare and the Residential Reentry Management Branch's (RRMB) Health Services Specialists to determine if the inmate's medical needs can be met in the community at this time. Naphcare will set up follow up care prior to the inmate's transfer out of the facility. The inmate must transfer with **at least** a 90-day supply of any prescribed medication(s).
- If the inmate's medical needs cannot be met in the community at this time, the inmate will remain at his/her current BOP facility.



If frequent and on-going medical care is not required, the referral for Home Confinement will be processed.

Inmates being referred for home confinement due to the COVID-19 pandemic must have the Case Management Activity (CMA) assignment of **CV-COM-REF** loaded into SENTRY. If the inmate is denied at the institution or RRM level the CMA assignment of **COV-HC-DENY** must be loaded.

Case Management Coordinators must track all inmates deemed ineligible for Home Confinement or the Elderly Offender Pilot Program. The attached form should be used to record this information and must be forwarded via e-mail to the Correctional Programs Branch, via GroupWise to BOP-CPD/Unit Management. This report must be forwarded on a weekly basis and is due every Monday by 2:00 PM (EST).

If you have any questions, please contact (b)(6);(b)(7)(C) Acting Senior Deputy Assistant Director, Correctional Programs Division, at (b)(6);(b)(7)(C).



Office of the Attorney General  
Washington, D. C. 20530

April 3, 2020

MEMORANDUM FOR DIRECTOR OF BUREAU OF PRISONS

FROM: THE ATTORNEY GENERAL *UPBarr*  
SUBJECT: Increasing Use of Home Confinement at Institutions Most Affected by COVID-19

The mission of BOP is to administer the lawful punishments that our justice system imposes. Executing that mission imposes on us a profound obligation to protect the health and safety of all inmates.

Last week, I directed the Bureau of Prisons to prioritize the use of home confinement as a tool for combatting the dangers that COVID-19 poses to our vulnerable inmates, while ensuring we successfully discharge our duty to protect the public. I applaud the substantial steps you have already taken on that front with respect to the vulnerable inmates who qualified for home confinement under the pre-CARES Act standards.

As you know, we are experiencing significant levels of infection at several of our facilities, including FCI Oakdale, FCI Danbury, and FCI Elkton. We have to move with dispatch in using home confinement, where appropriate, to move vulnerable inmates out of these institutions. I would like you to give priority to these institutions, and others similarly affected, as you continue to process the remaining inmates who are eligible for home confinement under pre-CARES Act standards. In addition, the CARES Act now authorizes me to expand the cohort of inmates who can be considered for home release upon my finding that emergency conditions are materially affecting the functioning of the Bureau of Prisons. I hereby make that finding and direct that, as detailed below, you give priority in implementing these new standards to the most vulnerable inmates at the most affected facilities, consistent with the guidance below.

- I. **IMMEDIATELY MAXIMIZE APPROPRIATE TRANSFERS TO HOME CONFINEMENT OF ALL APPROPRIATE INMATES HELD AT FCI OAKDALE, FCI DANBURY, FCI ELKTON, AND AT OTHER SIMILARLY SITUATED BOP FACILITIES WHERE COVID-19 IS MATERIALLY AFFECTING OPERATIONS**

Memorandum from the Attorney General

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Subject: Increasing Use of Home Confinement at Institutions Most Affected by COVID-19

While BOP has taken extensive precautions to prevent COVID-19 from entering its facilities and infecting our inmates, those precautions, like any precautions, have not been perfectly successful at all institutions. I am therefore directing you to immediately review all inmates who have COVID-19 risk factors, as established by the CDC, starting with the inmates incarcerated at FCI Oakdale, FCI Danbury, FCI Elkton, and similarly situated facilities where you determine that COVID-19 is materially affecting operations. You should begin implementing this directive immediately at the facilities I have specifically identified and any other facilities facing similarly serious problems. And now that I have exercised my authority under the CARES Act, your review should include all at-risk inmates—not only those who were previously eligible for transfer.

For all inmates whom you deem suitable candidates for home confinement, you are directed to immediately process them for transfer and then immediately transfer them following a 14-day quarantine at an appropriate BOP facility, or, in appropriate cases subject to your case-by-case discretion, in the residence to which the inmate is being transferred. It is vital that we not inadvertently contribute to the spread of COVID-19 by transferring inmates from our facilities. Your assessment of these inmates should thus be guided by the factors in my March 26 Memorandum, understanding, though, that inmates with a suitable confinement plan will generally be appropriate candidates for home confinement rather than continued detention at institutions in which COVID-19 is materially affecting their operations.

I also recognize that BOP has limited resources to monitor inmates on home confinement and that the U.S. Probation Office is unable to monitor large numbers of inmates in the community. I therefore authorize BOP to transfer inmates to home confinement even if electronic monitoring is not available, so long as BOP determines in every such instance that doing so is appropriate and consistent with our obligation to protect public safety.

Given the speed with which this disease has spread through the general public, it is clear that time is of the essence. Please implement this Memorandum as quickly as possible and keep me closely apprised of your progress.

## **II. PROTECTING THE PUBLIC**

While we have a solemn obligation to protect the people in BOP custody, we also have an obligation to protect the public. That means we cannot simply release prison populations en masse onto the streets. Doing so would pose profound risks to the public from released prisoners engaging in additional criminal activity, potentially including violence or heinous sex offenses.

That risk is particularly acute as we combat the current pandemic. Police forces are facing the same daunting challenges in protecting the public that we face in protecting our inmates. It is impossible to engage in social distancing, hand washing, and other recommend steps in the middle of arresting a violent criminal. It is thus no surprise that many of our police officers have fallen ill with COVID-19, with some even dying in the line of duty from the disease. This pandemic has dramatically increased the already substantial risks facing the men and women who keep us safe, at the same time that it has winnowed their ranks while officers recover from getting sick, or self-quarantine to avoid possibly spreading the disease.

Memorandum from the Attorney General

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Subject: Increasing Use of Home Confinement at Institutions Most Affected by COVID-19

The last thing our massively over-burdened police forces need right now is the indiscriminate release of thousands of prisoners onto the streets without any verification that those prisoners will follow the laws when they are released, that they have a safe place to go where they will not be mingling with their old criminal associates, and that they will not return to their old ways as soon as they walk through the prison gates. Thus, while I am directing you to maximize the use of home confinement at affected institutions, it is essential that you continue making the careful, individualized determinations BOP makes in the typical case. Each inmate is unique and each requires the same individualized determinations we have always made in this context.

I believe strongly that we should do everything we can to protect the inmates in our care, but that we must do so in a careful and individualized way that remains faithful to our duty to protect the public and the law enforcement officers who protect us all.



**U.S. Department of Justice**  
**Memorandum**  
**Federal Bureau of Prisons**

Correctional Programs Branch

Central Office  
320 First Street, N.W.  
Washington, DC 20534

MEMORANDUM FOR CORRECTIONAL PROGRAM ADMINISTRATORS

FROM: (b)(6);(b)(7)(C), Acting Senior Deputy Assistant  
Director

SUBJECT: Furlough and Home Confinement Additional Guidance

The following guidance is provided from information contained in the CARES Act, memoranda from Attorney General Barr, and the Bureau of Prisons. This memorandum rescinds guidance previously provided.

**Furlough**

The current pandemic is considered an urgent situation that may warrant an emergency furlough under 570.32(b)(1) and 570.33(b). These regulations authorize a non-transfer emergency furlough if the inmate is otherwise deemed appropriate, even if he/she has been submitted for Home Confinement (HC). Effective April 16, 2020, all inmates referred for an emergency furlough due to the Covid-19 pandemic should be submitted and keyed as FURL CRI.

Inmates who have been referred for a release planning furlough based on guidance issued prior to April 16, 2020, do not require a new application. These inmates should be keyed out of the facility as FURL REL. Furlough applications completed on or after April 16, 2020, should follow the updated guidance. Inmates within 12 months of his/her Projected Release Date (PRD), or those who have received Home Confinement placement and have a PRD exceeding one year, should be reviewed for furlough.

**Home Confinement**

In an effort to alleviate concerns and questions, the following criteria should be met when reviewing and referring inmates for HC:

- Primary or prior offense is not violent

- Primary or prior offense is not a sex offense
- Primary or prior offense is not terrorism
- No detainer
- Mental Health Care Level is less than CARE-MH 4
- PATTERN risk score is Minimum (R-MIN)
- No incident reports in the past 12 months (regardless of severity level)
- U.S. Citizen
- Viable Release Plan

If the inmate meets the criteria above, the following factors should be noted, but are not a reason for denial:

- Age
- Projected Release Date
- Percentage of time served
- Medical Care Level
- Victim Witness Program
- Arrival dated (ARSD)

Any concerns regarding an inmate's suitability for HC placement should be noted in Section 11 of the BP-210, *Institutional Referral for CCC Placement*. It is strongly encouraged to refer inmates currently housed in a facility with active Covid-19 cases.

For inmates requesting relocation, a release plan must be submitted to the USPO prior to HC referral submission. The USPO approval letter must be forwarded to the RRM, once received. Institution staff should contact the Health Service Specialist in the RRM's office with questions regarding HC placement for inmates with medical concerns.

If you have any questions, please contact (b)(6);(b)(7)(C), Acting Senior Deputy Assistant Director, Correctional Programs Division, at (b)(6);(b)(7)(C)



**U.S. Department of Justice  
Memorandum  
Federal Bureau of Prisons**

Correctional Programs Division

Central Office  
320 First Street, N.W.  
Washington, DC 20534

April 22, 2020

MEMORANDUM FOR CHIEF EXECUTIVE OFFICERS

FROM: Andre Matevosian, Acting Assistant Director  
Correctional Programs Division

**HUGH HURWITZ**

Digitally signed by HUGH  
HURWITZ

Date: 2020.04.22 14:17:15 -04'00'

Hugh J. Hurwitz, Assistant Director  
Reentry Services Division

SUBJECT: Home Confinement

In an effort to protect the health and safety of staff and inmates during the COVID-19 pandemic, it has become imperative to review at-risk inmates for placement on home confinement. This memorandum provides additional guidance and direction and rescinds the memorandum dated April 3, 2020.

It should be noted that for public safety reasons, in accordance with the March 26, 2020, memorandum from the Attorney General, and to ensure BOP is deploying its limited resources in the most effective manner, the BOP is currently assessing the following factors to ensure inmates are suitable for home confinement:

- reviewing the inmate's institutional discipline history for the last twelve months;
- ensuring the inmate has a verifiable release plan;
- verifying the inmate's primary or prior offense history does not include violence, a sex offense, or terrorism related;
- confirming the inmate does not have a current detainer;
- reviewing the security level of the facility currently housing the inmate, with priority given to inmates residing in Low and Minimum security facilities;
- reviewing the inmate's score under PATTERN, with inmates who have anything above a minimum score not receiving priority treatment;

- and reviewing the age and vulnerability of the inmate to COVID-19, in accordance with the CDC guidelines.

In addition, and in order to prioritize its limited resources, BOP has generally prioritized for home confinement those inmates who served a certain portion of their sentences, or who only have a relatively short amount of time remaining on those sentences. While these priority factors are subject to deviation in the BOP's discretion in certain circumstances and are subject to revision as the situation progresses, at this time, the BOP is prioritizing for consideration those inmates who either:

- have served 50% or more of their sentences,
- or have 18 months or less remaining on their sentences and have served 25% or more of their sentences.

Additionally, pregnant inmates should be considered for viability of placement in a community program to include Mothers and Infants Together (MINT) programs and home confinement.

All inmates must be reviewed by the SIS Department at the referring facility to determine if the inmate has engaged in violent or gang-related activity in prison. Additionally, inmates must have maintained clear conduct for the past 12 months to be eligible.

Referrals must be made based on appropriateness for home confinement. Consideration should be given to whether the inmate has demonstrated a verifiable reentry plan that will prevent recidivism and maximize public safety, including verification that the conditions which the inmate would be confined upon release would present a lower risk of contracting COVID-19 than the inmate would face in his or her BOP facility.

All referrals should clearly document the review of the following:

- Unit Team staff will screen each inmate identified to determine if they have a viable release residence and ask questions specific to:
  - Specific type of release residence (House/Apt/Group home, etc.),
  - Who will the inmate live with,
  - Any health concerns of individuals in the residence,
  - Contact phone numbers should he/she be placed on home confinement,
  - Transportation plan as to how the inmate will be transferred to the home confinement location.



All the above information must be clearly documented on the referral for home confinement prior to submission to the RRM Office.

Inmates determined to have a viable release residence will be screened by Health Services and a determination made as to if the inmate requires frequent and on-going medical care within the next 90 days. If frequent and on-going medical care is required, then:

- Health Services staff will coordinate with Naphcare and RRMBS Health Services Specialists to determine if the inmate's medical needs can be met in the community at this time. Naphcare will set up follow-up care prior to the inmate's transfer. An inmate must transfer with AT LEAST 90 days of any prescribed medications.
- If the inmate's medical needs cannot be met in the community at this time, the inmate will remain at the BOP facility.
- If the inmate does not require frequent and on-going medical care, a referral to the community will be processed.
- All the above information must be clearly documented on the referral for home confinement prior to submission to the RRM Office.

Once an inmate is referred for home confinement due to the COVID-19 pandemic, the Case Management Activity (CMA) assignment **CV-COM-REF** should be loaded in SENTRY.

If the Warden determines there is a need to refer an inmate for placement in the community due to risk factors, or as a population management strategy during the pandemic; however, the inmate does not meet the above listed criteria, a packet should be forwarded to the Correctional Programs Division for further review. Packets should be sent to BOP-CPD/Assistant Director from the Warden's general mailbox.

Case Management Coordinators must track all inmates determined to be ineligible for home confinement or the Elderly Offender Pilot Program and enter the appropriate denial code in SENTRY. Reports outlining reason for denial must be reported to BOP-CPD/Unit Management on a weekly basis by Monday at 2:00 p.m. EST.

If an inmate does not currently qualify for home confinement under BOP criteria, they should be reviewed for placement in a

Residential Reentry Center and for home confinement at a later date, in accordance with applicable laws and BOP policies.

If you have any questions, please contact (b)(6);(b)(7)(C) Acting Senior Deputy Assistant Director, Correctional Programs Division, at (b)(6);(b)(7)(C) or Alix McLearen, Senior Deputy Assistant Director, Reentry Services Division, at (b)(6);(b)(7)(C).



U.S. Department of Justice  
Memorandum  
Federal Bureau of Prisons

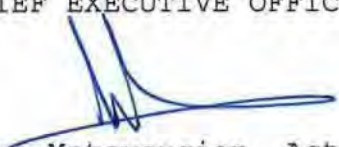
Correctional Programs Division

Central Office  
320 First Street, N.W.  
Washington, DC 20534

May 8, 2020

MEMORANDUM FOR CHIEF EXECUTIVE OFFICERS

FROM:

  
Andre Matevosian, Acting Assistant Director  
Correctional Programs Division

**HUGH HURWITZ** Digitally signed by HUGH HURWITZ  
Date: 2020.05.08 15:57:01 -04'00'

Hugh J. Hurwitz, Assistant Director  
Reentry Services Division

SUBJECT: Home Confinement

In our continued effort to protect the health and safety of staff and inmates during the COVID-19 pandemic, it is imperative to review at-risk inmates for placement on home confinement. This memorandum provides updated guidance and direction and rescinds the memorandum dated April 22, 2020.

In accordance with the March 26, 2020, Memorandum, and to ensure the BOP is deploying its limited resources in the most effective manner, the following factors must be assessed to ensure inmates are suitable for home confinement:

- Reviewing the inmate's institutional discipline history for the last twelve months (Inmates who have received a 300 or 400 series incident report in the past 12 months may be referred for placement on Home Confinement, if in the Warden's judgement such placement does not create an undue risk to the community.)
- Ensuring the inmate has a verifiable release plan;
- Verifying the inmate's primary offense is not violent, a sex offense, or terrorism related;
- Confirming the inmate does not have a current detainer.

- Priority should be given to inmates residing in Low and Minimum security facilities;
- Inmates who have anything above a Minimum score not receiving priority treatment;
- And the age and vulnerability of the inmate to COVID-19, in accordance with the CDC guidelines

Home Confinement is generally prioritized for those inmates who have served a certain portion of their sentence, or who only have a relatively short amount of time remaining on their sentence. While these priority factors are subject to deviation in certain circumstances and are subject to revision as the situation progresses, we are currently prioritizing for consideration those inmates who either:

- have served 50% or more of their sentence,
- or have 18 months or less remaining on their sentence and have served 25% or more of their sentence.

If the Warden determines there is a need to refer an inmate for placement in the community due to COVID-19 risk factors who is outside of the criteria listed above. Then, the Warden should forward the Home Confinement referral to the Correctional Programs Division in Central Office for further review.

All inmates must be reviewed by the SIS Department at the referring facility to determine if the inmate has engaged in violent or gang-related activity in prison. **Inmates who have received a 300 or 400 series incident report in the past 12 months may be referred for placement on Home Confinement.**

Referrals must be made based on appropriateness for home confinement. Consideration should be given to whether the inmate has a verifiable reentry plan, which will prevent recidivism and maximize public safety; including verification, the conditions under which the inmate would be confined upon release would present a lower risk of contracting COVID-19.

All referrals should clearly document the review of the following:

- Specific type of release residence (House/Apt/Group home etc.),
- Who inmate will be living with,
- Any health concerns of individuals in the residence,
- Contact phone numbers of the inmate should he/she be placed on Home Confinement,

- Transportation plan as to how the inmate will be transferred to the Home Confinement location.

All the above information must be documented on the referral for Home Confinement prior to submission to the RRM Office.

Inmates will be screened by Health Services to determine if the inmate requires frequent and on-going medical care within the next 90 days, if frequent and on-going medical care is required then:

- Health Services staff will coordinate with Naphcare and RRMBS Health Services Specialists to determine if the inmates' medical needs can be met in the community at this time. Naphcare will set up follow up care prior to transfer. The inmate must transfer with AT LEAST 90 days of any prescribed medications.
- If inmates' medical needs cannot be met in the community, then the inmate will remain at BOP Facility.
- If inmates do not require frequent and on-going medical care then the referral will be processed.
- All the above information must be clearly documented on the referral for Home Confinement prior to submission to the RRM Office.
- **Medical staff must add COVID specific risk factors to the medical (BEMR) exit summary.**

Pregnant inmates should be considered for viability of placement in a community program to include Mothers and Infants Together (MINT) programs and Home Confinement.

If an inmate is referred for home confinement due to the COVID-19 pandemic, the Case Management Activity (CMA) assignment **CV-COM-REF** should be loaded.

Case Management Coordinators must track all inmates determined to be ineligible for Home Confinement or the Elderly Offender Pilot Program and enter the appropriate denial code in SENTRY. Reports outlining the reason for denial must be reported to BOP-CPD/Unit Management on a weekly basis by Monday at 2pm EST.

If you have any questions, please contact (b)(6);(b)(7)(C) Acting Senior Deputy Assistant Director, Correctional Programs Division.

# Exhibit J

(Filed Under Seal at DE 49, Ex. B)

# Exhibit K

(Filed Under Seal at DE 49, Ex. A)

## FCC Lompoc Leadership Timeline

Since the first case in March to present:

James Engleman, Associate Warden, FCC Lompoc

- Acting Complex Warden, January 19 - March 31, 2020

Barb von Blanckensee, Complex Warden, FCC Tucson

- Acting Complex Warden, April 1 - May 6, 2020

Louis Milusnic, Assistant Director, Program Review Division

- Acting Complex Warden, May 7 - June 6, 2020 (on site May 4, 2020)

Patricia V. Bradley, Complex Warden, June 7, 2020 - Present

Additional TDY Executive Staff who provided leadership to FCC Lompoc:

Thahesha Susino, Warden, FCC Victorville

- April 16 - May 16, 2020

(b)(6);(b)(7)(C) FCC Tucson

- April 8 - May 9, 2020

Jay Lejeune, Associate Warden, FCI Mendota

- April 7 - May 9, 2020

(b)(6);(b)(7)(C) FCI Safford

- April 7 - April 20, 2020

(b)(6);(b)(7)(C) FCI Phoenix

- April 25 - June 6, 2020

(b)(6);(b)(7)(C) JSP Atwater

- April 25 - May 23, 2020



## FCC LOMPOC COVID-19 TIMELINE

- 2/26/20 Email sent to all staff COVID-19 care and info
  - 3/10/20 Screen staff travel abroad e-mail sent out
  - 3/12/20 Reminder Staff screen email sent out with links
  - 3/13/20 30-day visiting suspension/Phase Two
  - 3/16/20 10:00 pm Started screening staff at screening site SWTC
  - 3/19/20 Command Center opened.
  - 3/19/20 CST Activated
  - 3/20/20 False staff positive
  - 3/24/20 (b) (6); (b) (7)(C) (C unit) to hospital (non-COVID-19 related)
  - 3/25/20 Quarantine Unit Guidance and Procedures memo sent to all staff
  - 3/25/20 OPM Guidance memorandum sent to Dept. Heads
  - 3/25/20 Fit testing procedures sent to Dept. Heads for dissemination to their staff
  - 3/26/20 (b) (6); (b) (7)(C) tested positive for COVID-19 while at hospital (First positive case)
  - 3/26/20 Signs and talking points posted throughout the Complex
  - 3/27/20 Temp/Symptom Screened all of C Unit inmates
  - 3/27/20 Established H as Quarantine Unit and moved symptomatic inmates from C unit to SHU range 4 for isolation.
  - 3/27/20 Moved SHU inmates (14-day quarantine from street) to H.
  - 3/00/20 Due to capacity concerns in ISO unit in SHU moved quarantined inmates in H to M unit and put SHU range 4 inmates in H establishing that as our Isolation unit.
  - 3/30/20 Modified Operations Schedule for the Camp/Separation of Dorms
  - 3/31/20 Email to all staff PPE guidance and quarantine checklist LOX/COVID-19 box
  - 3/31/20 Email to all staff - Definition information ISO, Quarantine, Symptomatic etc.
  - 3/31/20 US Postal Service Statement
  - 3/31/20 First TDY medical staff arrived
- PPE kits added to hospital escort trip bags

4/01/20 Daily tactical briefings began

4/02/20 Email to all staff with COVID-19 guidance and information

4/02/20 Desktop icon created on all desktops with COVID-19 information

4/02/20 Email to all staff advising of requirement for all staff to be fit-tested

4/03/20 Fit-testing at SWTC 5:30 am – 10:00 am

4/06/20 All inmates issued surgical masks

4/06/20 All staff issued surgical masks

4/08/20 Teleconference w/ Heather Hutt, State Director for Senator Kamala D. Harris (von Blanckensee)

4/09/20 Renovation began for HCU

4/09/20 Email to all staff - Staff Medical Conditions/High Risk Declaration

4/10/20 Inmates issued 3 cloth masks, Medium, Camp and Low

4/10/20 Staff issue of cloth masks began at Screening Site

4/10/20 Warden von Blanckensee call with Congressman Carbajal

4/10/20 Email to all staff (COVID-19 testing to all staff available to all staff m-f 11:00 am to 12:00 pm Lompoc Health Care Center)

4/14/20 Email sent to all staff work one institution only including OT.

4/16/20 Teleconference with Attorney General's representatives in lieu of onsite visit

4/17/20 Email sent to staff enhanced mitigation measures

4/17/20 FCI – enhanced mitigation (phone, email, movement restrictions) in place.

4/17/20 Media Statement sent – (First Inmate Death: Boling)

4/20/20 Media Statement sent out (FCC Lompoc COVID-19 Response)

4/20/20 Camp and USP enhanced mitigation in effect.

4/21/20 At the LOW began converting/retrofitting (adding a shower, charging station for MP3 players, sleeping cots, linen, microwave (due to no hot water dispenser for food) gymnasium into temporary living quarters for inmates identified as workers from B-E for Food Service, Facilities, and Laundry/Commissary.

4/21/20 Received OIG Data and Interview request

4/22/20 LOW inmates relocated to the gymnasium for temp. living qtrs = 24

4/22/20 LOW began to convert /retrofit UNICOR sign factory into temp living qtrs

4/23/20 OIG telephonic Interviews Priority 1, part of Priority 2 (CMC, CSW)

4/24/20 Completed Priority 2 interviews

4/25/20 Three car "Protest Rally" (Saturday afternoon)

4/27/20 LOW UNICOR conversion completed

4/27/20 Verbal announcements at the LOW began – Reminder for staff and inmates to wear face coverings and clean frequently touched areas

4/28/20 LOW – Inmates relocated to UNICOR for temp qrtrs = 72

4/28/20 LOW Trailers arrive for tents/1 shower (8 stalls) and 1 restroom (6 toilets, 2 urinals, 4 sinks)

4/28/20 LOW – HVACs delivered for tents

4/29/20 LOW – 3 tents fully constructed behind UNICOR factory

4/29/20 LOW – Began converting VR and Chapel area to temp qrtrs

4/29/20 Email to all staff reminder all our responsibility to wear proper PPE

4/30/20 Email to all staff Response to emergency in Isolation unit (H)

5/01/20 Dedication ceremony for FCC Lompoc Hospital Care Unit

5/01/20 Email sent to all staff regarding testing to begin at Low 5/04/20

5/04/20 Testing began of all inmates at the Low

5/04/20 Media Statement sent – (HCU Opening)

5/05/20 Media Statement sent - Universal Testing at the Low

5/06/20 Acting Warden Milusnic

5/06/20 New Screening tool

5/06/20 Testing completed at the FCI

5/06/20 Media Statement Inmate Death COVID related. (Houston)

5/07/20 Email to all staff from CST monitoring your children's Social Media during COVID-19

5/07/20 Began to move inmates that tested negative from the Low to M unit at the USP

5/07/20 Extension of TDY staff requested

5/08/20 New HC guidelines sent out

5/10/20 Began phone and email access at the Low

5/13/20 Medical tent delivered to Low and assembly began upon arrival

## Final Summary of OIG Inspection Results for FCC Lompoc

Finding #1: A shortage of medical staff at Lompoc.

BOP deployed/contracted 40 medical staff to provide coverage as shown below:

### 16 (Total TDY with overlapping weeks)

- (4 week blocks) March 29 – April 25 (10 Medical Staff)
  - 2 – Physicians
  - 2 – Advanced Practice Providers
  - 2 – Nurses
  - 3 – Paramedics
  - 1 – Pharmacist
  
- April 26 – May 23 (11 Medical Staff)
  - 1 – Physician
  - 3 – Advanced Practice Providers
  - 3 – Nurses
  - 2 – Paramedics
  - 1 – Pharmacist
  - 1 – Phlebotomist
  
- May 24 – June 27 (6 Medical Staff)
  - 2 – Advanced Practice Providers
  - 3 – Nurses
  - 1 – Paramedics

### 02 (Subject Matter Experts)

- Regional Health Services Administrator ( (b)(6), (b)(7)(C) )
  - April 14 – 16 (To provide oversight for deployed staff)
  - April 19 – May 31 (To assist with the HCU buildout and staffing– through contracting)
  
- Regional Quality Improvement and Infectious Disease Prevention and Control ( (b)(6), (b)(7)(C) )
  - April 14 – 16 (To assist with mitigation planning)
  -

22 (FCC Lompoc Hospital Care Unit with 24-hour Contract Medical Coverage -VXL) \*ONGOING (The current contract runs through September 6, 2020, while pursuing a long-term contract)

- 2 Doctors
- 4 Emergency Medical Technicians

- 2 Certified Nursing Assistants
- 1 Pharmacist
- 8 Registered Nurses
- 2 Licensed Practical/Vocational Nurses
- 2 Physician Assistants
- 1 Clinical Manager

In addition, an expansion of the comprehensive medical contract is being completed to include contract nurses with 2 contract companies through Lompoc Valley Medical Center Comprehensive Medical Contractor to process 9 contract nurses. 5 nurses were successfully processed AND cleared to provide patient care services in response to COVID-19.

**Total- 45**

Finding #2: *An insufficient number of correctional staff.*

**BOP deployed additional non-medical staff:**

- Beginning April 6: 95 (throughout the Western Region)
- Beginning April 5: 10 (Western Region Office Staff)
- Beginning April 26: 26 (Central Office Secondary Law Enforcement)

**\*Approximately 131 non-medical staff deployed to assist.**

Finding #3: *Initial COVID-19 screening process was not fully effective, allowing two symptomatic staff members to come to work.*

**Was in late March, and the two staff were not exhibiting known COVID symptoms when they were screened up arrival at work.**

Finding #4: *Lompoc staff did not seek to test or isolate an inmate who reported on March 22 that he began having COVID-19 like symptoms. The inmate later tested positive at the hospital.*

**The inmate in question was the first inmate to test positive at the Lompoc facility. The inmate appeared to be experiencing gall bladder issues, which was not a known COVID related symptom at the time.**

Finding #5: Face coverings were not provided until eleven days after an inmate was hospitalized with COVID-19 symptoms, and 10 days after the first institution staff member tested positive.

BOP complied with CDC guidelines as it related to face coverings. The institution distributed 2 surgical masks to all inmates and staff on April 6<sup>th</sup>, the day the CDC guidance on face coverings changed. The facility later distributed additional reusable/washable face coverings.

**Pertinent links:**

CDC guidance issued recently referenced how they first put their face covering recommendation out on 4/3/20:

[https://www.cdc.gov/mmwr/volumes/69/wr/mm6928e3.htm?s\\_cid=mm6928e3\\_w](https://www.cdc.gov/mmwr/volumes/69/wr/mm6928e3.htm?s_cid=mm6928e3_w)

Guidance for Retirement Communities issued by CDC on 3/20/20, didn't include face coverings as pro-active measure, stating that face coverings should be worn once a person has signs of a respiratory illness:

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/guidance-retirement-communities.pdf>

**Additional links:**

<https://www.livescience.com/cdc-recommends-face-masks-coronavirus.html>

<https://www.npr.org/sections/coronavirus-live-updates/2020/04/03/826219824/president-trump-says-cdc-now-recommends-americans-wear-cloth-masks-in-public>

<https://www.nbcnews.com/news/us-news/u-s-expected-recommend-masks-americans-coronavirus-hotspots-n1175596>

**\*See attached supporting docs as well.**

Finding #6: The lack of a permanent leadership team and the physical characteristics of Lompoc facilities contributed to deficiencies in Lompoc's response to COVID-19.

Since the first case in March to present, the Complex always had experienced leadership as evidenced below.

**James Engleman, Associate Warden, FCC Lompoc**

- Acting Complex Warden, January 19 - March 31, 2020

**Barb von Blanckensee, Complex Warden, FCC Tucson**

- Acting Complex Warden, April 1 - May 6, 2020

**Louis Milusnic, Assistant Director, Program Review Division**

- Acting Complex Warden, May 7 - June 6, 2020 (on-site May 4)

**Patricia V. Bradley, Complex Warden, June 7, 2020 - Present**

**Additional TDY Executive Staff who provided leadership to FCC Lompoc:**

**Thahesha Jusino, Warden, FCC Victorville**

- April 16 - May 16, 2020

(b)(6);(b)(7)(C)

**FCC Tucson**

- April 8 - May 9, 2020

**Jay Lejeune, Associate Warden, FCI Mendota**

- April 7 - May 9, 2020

(b)(6);(b)(7)(C)

**, FCC Victorville**

- April 6 - May 9, 2020

(b)(6);(b)(7)(C)

**FCI Safford**

- April 7 - April 20, 2020

(b)(6);(b)(7)(C)

**FCI Phoenix**

- April 25 - June 6, 2020

(b)(6);(b)(7)(C)

**USP Atwater**

- April 25 - May 23, 2020

The physical characteristics (open bars at the Medium component and open dorms at the Low and Camp components) did make it more difficult to control the spread; however, the facility quickly expanded bed capacity by over 749 new beds (see details below).

Finding #7: OIG's BOP-wide survey in late April 2020 reflected that Lompoc staff identified as immediate needs at that time more PPE for staff and hygiene supplies for inmates (1), additional staff to cover posts (2), and more space to quarantine inmates (3).

**1. PPE for staff and hygiene supplies for inmates**

- Throughout the COVID-19 pandemic, BOP has consistently had sufficient PPE to comply with CDC guidelines. Additionally, FCC Lompoc is the Western Region's secondary logistics site with ample supplies (PPE, hygiene, sanitation supplies, etc.)

## 2. Additional staff to cover posts

- See response for Finding #2 above.

## 3. Space to quarantine inmates

### USP (Medium)

- 3/19 - Isolation established per Pandemic Flu Contingency Plan in SHU with 24 beds.
- 3/19 - Quarantine Unit established in H-Unit (Vacant Unit) with 202 beds.
- 4/02 - Isolation Unit changed to H-Unit (202 beds) due to increasing cases.
- 4/02 - Quarantine Unit established in M-Unit (Vacant Unit) with 228 beds.
- 5/06 - I-Unit (160 beds) established to house quarantined inmates at the USP due to quarantine numbers reducing, and M-Unit (228) being cleared out for FCI inmates testing negative during mass testing at the FCI.  
**\*Total beds added for COVID-19 related purposes: 430 beds (from previously vacant units)**

### USP (Camp South and North)

- 4/01 - Food Service Building (Camp South) established as temporary social distancing Unit with 50 beds.
- 4/01 - Activity Room area (Camp North) established as temporary social distancing Unit with 20 beds.
- 4/23 - Visiting Room (Camp South) established as temporary social distancing Unit with 13 beds.  
**\*Total beds added for COVID-19 related purposes: 83 beds (non-traditional housing created)**

### FCI (Low)

- 4/22 - Gymnasium established as a temporary social distancing Unit with 24 beds.



- **4/28** - Unicorn building established as temporary social distancing Unit with **100** beds.
  - **4/29** - Chapel building established as temporary social distancing Unit with **20** beds.
  - **4/29** - Chapel activity area established as temporary social distancing Unit with **12** beds.
  - **4/30** - Three tents (10 beds each) established as temporary social distancing space with **30** beds total.
  - **5/7** - M-Unit (228 beds) at USP established to house all inmates testing negative during mass testing of the FCI.
  - **5/20** - Blue Med Iso Tent (**50** beds) established to house inmates experiencing minor symptoms during recovering period.
- \*Total beds added for COVID-19 related purposes: 236 beds (non-traditional housing created)**

**\*Total beds added Complex-wide: 749 beds (vacant/non-traditional housing created)**

*Finding #8: BOP's use of home confinement was extremely limited. As of May 13, we determined that only 8 inmates had been transferred to home confinement in accordance with BOP guidance.*

**RESPONSE:** The AG personally asked the IG to conduct reviews of BOP facilities to help with BOP's COVID-19 response. So far, there have been two reports made public, one of a Tucson facility and the other Lompoc. The Tucson report was relatively positive, while the IG had some negative findings at the Lompoc facility. Aside from the slow processing of Home Confinement cases, which BOP has made a concerted effort to speed up at Lompoc, BOP self-identified and remedied each of the IG's finding in early April, before the IG did their remote inspection. These findings must be put in context. Specifically, that these were unique circumstances where BOP was learning along with everyone else, and was consistently following CDC guidelines as well as guidance from relevant local health officials.

Simplified timeline:

March 7, 2020 - Congress enacted CARES Act

March 26, 2020 - Attorney General's Memo was issued

Roster 1, April 3, 2020 - (Central Office Roster) - This roster identifies inmates with no crime of violence, sex offense, terrorism, no detainer, not care4 mental health, no incident reports within the last 12 months, Pattern Risk Score of MINIMUM, and serving at least 50% of their sentence. The roster identified 524 WXR inmates

Roster 2, April 8, 2020 - (Central Office Roster) - This roster is the same as Roster 1, but identified inmates serving less than 50% of their sentence. CPD retracted this roster nine days after we sent it out. This roster identified 228 WXR inmates.

Roster 3, April 17, 2020 - (Central Office Roster) - This roster is the same as above, identified all Pattern MINIMUM risk inmates, regardless of % of time served. CPD retracted this roster one day after we sent it out. This roster identified 566 WXR inmates.

Roster 4, April 20, 2020 - (WXRO ROSTER) This is our primary roster that monitors Pattern Risk MINIMUM inmates. If an inmate has a Pattern Risk of MINIMUM and does not have the CMA assignment of REF or DENY, they show up on this roster. This roster is the same as roster one; however, CPD changed the criteria of looking at inmates who have completed 50% of their sentence, to 50% of their Statutory Release date (TSPS). This roster also incorporates our Roster 8 which includes inmates with incident reports. WXRO runs this roster weekly to capture new inmates. This roster identified 284 WXR inmates.

Roster 5, April 20, 2020 and April 27, 2020 to modify to TSPS (WXRO ROSTER) - This roster identifies inmates who are 18-months from release, and served at least 25% of their TSPS. WXRO runs this roster weekly to capture new inmates. The roster identified 102 WXR inmates.

Roster 6, May 5, 2020 - (WXRO ROSTER) This roster identifies inmates who are A-HLD at our holdover facilities (high-rises, VIX, MEN Taft inmates) and are 18% from release. WXRO runs this roster weekly to capture new inmates. The roster identified 45 WXR inmates. (With movement beginning again, this roster will be closed).

Roster 7, May 8, 2020 - (Central Office Roster) - This roster listed all the WXR Pattern Risk LOW inmates. Each inmate was rescored on Pattern. If the inmates Pattern Score dropped to MINIMUM, then we reviewed for HC. The roster identified 1576 WXR inmates.

Roster 8, May 8, 2020 - (Central Office Roster) - Initially, this roster was sent out by Central Office to include inmate who have received 300 or 400 level incident reports. But once we closed it out, we include this information on roster 4. The roster identified 186 WXR inmates.

Roster 9, May 12, 2020 - (WXRO ROSTER) This roster identifies inmates with the COVID Risk factor of age (65 or older). These inmates are outside the general roster parameters - these inmates could have serious violence, 100 level incident reports, etc. However, because of the Covid Risk factor of age, a HC / RRC referral will be submitted to the AD's committee for review. If the inmate committed a Sex Offense, then they were denied. The roster identified 53 WXR inmates.

Roster 10, May 29, 2020 - Similar to roster number 7. Round two of rescoring LOW Pattern Inmates. They extended the inmate's release date on this roster. The roster identified 333 WXR inmates.

Detailed timeline:

On March 7, 2020, Congress enacted the CARES Act which expanded the period of time the BOP can place an inmate in home confinement, but only after the Attorney General finds that "emergency conditions will materially affect the functioning of the Bureau." An excerpt of the CARES Act relevant to the BOP's home confinement authority is provided as Exhibit C.

On March 26, 2020, the Attorney General issued a memorandum encouraging the BOP to use its existing authority to place inmates in home confinement while protecting the public. As part of this guidance, the Attorney General prioritized inmates with medical conditions that put them at risk of severe disease from COVID-19, those in low and minimum security facilities, those with a minimum PATTERN (prisoner assessment tool targeting estimated risk and needs) score, and those with a reentry plan that would offer a lower risk of contracting COVID-19. It also outlined the need to protect the public by assessing the inmate's crime of conviction and possible dangerousness and recognized that some offenses, like sex offenses would render an inmate ineligible for home detention as well as ensuring inmates placed in home confinement are subject to location monitoring.

On April 3, 2020, the Acting Assistant Director over Correctional Programs Division and the Assistant Director over Reentry Services Division issued a memorandum explaining that a roster was generated to identify individuals who should be considered for home confinement under the Elderly Offender Pilot Program as well as under the criteria in the Attorney General's March 26 memorandum. A copy of this memorandum is attached as Exhibit E.

On April 3, 2020, Central Office staff in the Correctional Programs Division sent me an excel spread sheet which was generated by accessing SENTRY and creating a roster of all inmates who as of March 28, 2020, did not have a primary offense that was violent, a sex offense or an act of terrorism; did not have a detainer; were not assigned a mental health care level 4; had served at least 50% of their sentence and had no disciplinary reports for the last 12 months.

Using SENTRY allows the BOP to consider the entire inmate population for suitability for home confinement by discerning between those that meet certain criteria and those that do not. The home confinement criteria used to generate this roster is discernible from SENTRY, while other criteria (like appropriate release plan and access to any needed medical care) is not and must involve review of the records and interaction with the inmate to discern. Therefore, the BOP has been using this two-step process to consider which inmates are suitable for home confinement.

Using the search criteria identified above, 524 inmates in the Western Region, of which 83 inmates were at the FCC Lompoc. I sent the roster out to the institutions to have these inmates considered for home confinement on April 4, 2020. I advised staff to review any inmate on the roster for eligibility index the Elderly Offender Home Confinement Program first and if not eligible under that program, then consider them for home confinement under the Attorney General's memo for the last six months or 10 percent of their sentence as limited by 18 U.S.C. § 3624.

On April 3, 2020, the Attorney General issued a memorandum making the "finding that emergency conditions are materially affecting the functioning of the Bureau of Prisons." A copy of this memorandum with this finding on page 1 is attached as Exhibit F. This memorandum directed the BOP to consider all inmates who have COVID-19 risk factors for home confinement. The memorandum asked that the assessment of these inmates continue to "be guided by the factors in the March 26 Memorandum." Ex. E at 2. Notably, this memorandum authorized "BOP to transfer inmates to home confinement even if electronic monitoring is not available, so long as BOP determines in every such instance that doing so is appropriate and consistent with our obligation to protect public safety." The memorandum explained "it is essential that you continue making the careful, individualized determinations BOP makes in the typical case." Ex. E at 2-3. Upon the Attorney General making this finding, guidance was provided to all staff on April 6, 2020, to review all the inmates on the first roster for home confinement using established criteria for suitability, but waiving the requirement the inmate be in the last six months or 10% of his sentence.

On April 8, 2020, a second roster was generated by Central Office based on criteria as of April 4, 2020. This roster included inmates with less than 18 months left to serve; assigned a mental health care level <4; assigned a PATTERN risk of R-MIN and a BRAVO (Bureau Risk Assessment Verification and Observation) score of LOW or MIN; with no incident reports in last 12 months; and excluded inmates whose offense involved violence, a sexual offense, or was terrorism related; those with less than 50% of sentence served; and those with a detainer.

This roster identified 210 inmates in the Western Region, some of whom were captured on the prior roster, 31 of whom were from FCC Lompoc. I sent the second roster out on April 9, 2020 and asked that the inmates in the second roster be considered for home confinement.

On April 17, 2020, I sent out a third roster. Attached to my correspondence was a memorandum from Acting Senior Deputy Assistant Director David Brewer, setting out the criteria to use when considering an inmate for home confinement. This memorandum is provided as Exhibit G. The criteria stated that the inmates primary or prior offense cannot be violent, a sex offense or terrorism; the inmate must not have a detainer; the mental health care level must be less than care level 4; the PATTEN risk score is minimum; the inmate have no incident reports in the last 12 months; and the inmate be a U.S. citizen with a viable release plan. The memorandum provided that for inmate's requesting relocation a release plan must be submitted to the US Probation Office. This roster had 592 inmates from the Western Region on it, of which 16 were from FCC Lompoc.

Shortly after issuance of the third roster, staff were instructed to discontinue processing under the second and third rosters as the criteria was being modified and rosters four and five were generated using the modified criteria.

On April 20, 2020, I sent out a fourth roster and information clarifying the new criteria for home confinement consideration. The fourth roster included 283 inmates in the Western Region, of which 31 were from FCC Lompoc. The criteria in place to generate the rosters as of April 20, 2020, required that the inmate's primary offense not be violent, not be a sex offense and not be terrorism, the inmate could not have a detainer, the inmate's assigned mental health care level must be less than four, the inmate's PATTERN score must be a minimum, the inmate must not have any incident reports for the past 12 months and the inmate must have served at least 50% of their sentence. This roster has been run recurrently to capture any additional inmates that newly meet the criteria.

On April 22, 2020, the Acting Assistant Director over Correctional Programs Division and the Assistant Director over Reentry Services Division issued a memorandum setting out

factors to be considered when making home confinement decisions and prioritizing consideration of some inmates. A copy of this memorandum is provided as Exhibit H.

On April 24, 2020, I sent out a fifth roster which used the updated criteria prioritizing inmates who are within 18 months from release, but have completed at least 25% of their sentence. Other criteria used included that the inmate's primary offense not be violent, a sex offense or terrorism; the inmate could not have a detainer; the inmate's assigned mental health care level must be less than 4; the inmate's PATTERN score must be a minimum; and the inmate must not have any incident reports for the past 12 months. This roster included the names of 101 inmates, 17 of whom were from FCC Lompoc. This roster is run recurrently to capture any additional inmates that are within 18 months of release.

On April 27, 2020, the BOP modified the data it was using to determine what percentage of a sentence an inmate had completed. Rather than using the amount of time calculated in relation to their full term release date, the BOP started looking at the amount of time served in relation to the inmates' statutory release date. By making this change, additional inmates in the Western Region who were captured when the fourth and fifth rosters were re-run. On April 28, 2020, I advised the institutions in the Western Region of this change and provided updated rosters reflecting these additional inmates. The addendum to the fourth roster added inmates, with 14 being from FCC Lompoc, and the fifth roster now added 20 inmates from FCC Lompoc for home confinement consideration.

Roster six identified inmates who were in transit or in holdover status at our holdover facilities (high-rises, VIX Holdover unit, SHE Jail, and TCN Jail, MEN Taft inmates) and were 18 months from release. FCC Lompoc does not house holdover inmates; therefore, this roster was inapplicable to that facility.

On May 8, 2020, I sent out rosters seven and eight. Roster seven identified inmates that were assigned a PATTERN score of low risk of recidivism and instructed staff to re-score the inmates on that roster using the PATTERN Risk Scoring Tool that became effective in January 2020. I asked staff to evaluate for home confinement any inmate who was re-scored to a PATTERN score of

minimum risk. There were 1,575 inmates on this roster. Of these, 354 were inmates from FCC Lompoc.

The eighth roster was also sent out on May 8, 2020 along with a May 8, 2020, memorandum from Acting Assistant Director over Correctional Programs Division and the Assistant Director over Reentry Services Division revising the criteria to consider when determining suitability for home confinement. A copy of the memorandum is provided as Exhibit I. This memorandum modified the criteria in use by allowing inmates with 300 or 400 level incident reports in the last 12 months to be considered for home confinement. It also provided that a Warden may refer for further review any inmate that does not meet the current suitability criteria but does have COVID-19 risk factors for severe disease to the Correctional Programs Division in Central Office. This roster was generated by Central Office and included inmates who may have already been considered but needed to be reconsidered to determine if their denial was based on the existence of a 300 or 400 level incident report which is no longer a suitability criteria. There were 183 inmates in the Western Region on this roster with 46 inmates from FCC Lompoc.

The ninth roster was sent out on May 12, 2020, and was generated solely based on an inmate's age being 65 or older. As this roster primarily considered inmates with a known risk factor for severe disease should they acquire COVID-19 according to the CDC, home confinement consideration was emphasized and it was suggested that inmates be sent up for further review by the Correctional Programs Division for review as an exception if they don't meet the criteria for home confinement placement for any reason. This roster included 53 inmates, 16 of which were inmates from FCC Lompoc.

On May 15, 2020, I sent out amended rosters. The new 7a roster was reduced from including 1,580 inmates to 391 inmates by excluding inmates whose PATTERN scores had been updated. Of the 391 inmates identified in this amended roster, 16 were from FCC Lompoc. The new 9a roster was reduced from 53 inmates to 41 inmates because 12 of the inmates had already been reviewed. Of the 41 inmates on this roster, 16 were from FCC Lompoc. I also advised the institutions they should refer all inmates except sex offenders on the 9a roster to the Correctional Programs



Division for review as an exception if they do not meet the suitability criteria.

On May 29, 2020, I sent out a tenth roster which sought to capture those inmates with PATTERN scores whose recalculation could possibly result in a lowering of the score. If the inmates score lowered to minimum, then they would be captured on a re-run of roster 4 or 5 and considered for home confinement. There were 332 inmates identified on this roster, of which 145 inmates were from FCC Lompoc.

The criteria which generated rosters 4, 5, and 6 were used to re-run rosters approximately every two weeks or so, in order to capture inmates whose time in service of their sentence had advanced to meet the criteria (greater than 50% or within 18 months of release). Movement has resumed in the BOP therefore there is no need to re-run Roster 6 any longer, which captured holdover inmates and did not apply to FCC Lompoc anyway.

Between March 26, 2020 and July 15, 2020, 104 inmates were furlough transferred out of FCI Lompoc and 84 inmates were transferred out of USP Lompoc to home confinement or a residential reentry center.

Between March 26, 2020 and July 15, 2020, FCC Lompoc has also released 49 inmates from FCI Lompoc and 86 inmates from USP Lompoc. Of these, 22 FCI Lomoc inmates and 16 USP Lompoc inmates were keyed out in SENTRY as having been released through a judicial grant of compassionate release. Some inmates who are granted compassionate release may not be keyed out in SENTRY under that authority if the new sentencing document doesn't specify the change is due to compassionate release, so for example an inmate could appear in SENTRY as having a "FULL TERM" release if the new order simply says he is resentenced to time served.

As of June 24, 2020, the population at FCI Lompoc is comprised of 1092 inmates, while USP Lompoc houses 910 inmates at the USP, 286 inmates at the Camp and 131 inmates at the North Camp.

On July 14, 2020, this Court entered an Order requiring FCC Lompoc to identify all inmates over 50 or with "Underlying Health Conditions" as that term was defined in the Court's order

and create a list containing information about the inmates' court of conviction as well as information about whether they had submitted a reduction in sentence (RIS) request and the outcome and whether they have been considered for home confinement and whether they have been designated for home confinement. The Court then ordered FCC Lompoc to review each of those individuals for home confinement giving "substantial weight" to the fact they are over 50 or have an "underlying Health Condition."

To carry out this task, FCC Lompoc medical staff generated a list of 1,234 individuals meeting the courts criteria. This list was provided to correctional programs staff who have to conduct the home confinement reviews. To maximize the use of the BOP's SENTRY database in these processes, FCC Lompoc created wait list ("WLS") assignments in SENTRY. By adding a WLS of "CLASS" for each inmate, we were now able to readily pull rosters including all of the current FCC Lompoc inmates identified as part of the class. CARES Act home confinement reviews were already being tracked in SENTRY nationwide through the addition of case management assignments ("CMA"). Specifically relevant here are the CMA assignments "CV-COM REF" which reflects inmates referred to the Residential Reentry Manager for home confinement; "CV-HC DENY" which are inmates for whom CARES Act home confinement was considered but denied; "CV-CMT HC" which reflects those inmates who have been seen to the committee for consideration for home confinement as an exception and "CV-CMT-Deny" for those who the institution referred to the committee as a possible exception but were denied home confinement by the committee. Similarly, while RIS requests are tracked, they were not being tracked in SENTRY so WLS assignments were created and entered into SENTRY for all class members who had been considered or are being considered for a RIS. The WLS assignments created included "RIS-R" for RIS received; "RIS-D" for RIS denied, and "RIS-RI" for RIS institution recommended pending Central Office determination.

Once all of that data was input into SENTRY, my staff were able to generate lists of all class members that includes the information the court required to be included. Specifically, in the list from the first column on the left to right, the "SPECIFIC" criteria used to identify the inmates appearing on this list was the WLS assignment "CLASS"; the inmate's assigned

register number or "REG", then last name "LN" and first name "FN" are provided. This is followed by the inmates' court of jurisdiction ("COJ") which only reflects the first listed current sentence the inmate is serving and the docket number(s) for all cases the inmate is presently serving (the most were 3 at LOF and 5 at LOM). For those inmates that have already been considered for transfer to another facility or home confinement, there will be an entry under the title "DST" for Destination followed by the destination date ("DSTD"). An inmate's destination and date of transfer to another facility are considered law enforcement sensitive and have been redacted from the list provided to the Petitioners' counsel. Entries relating to residential reentry center and home confinement transfers have not been redacted. The list then identifies those inmates who have been denied a reduction in sentence ("RIS-D"); those for whom a RIS request has been received ("RIS-R") and those for whom a RIS request was received and the institution has forwarded it to Central Office recommending that the BOP consider making a motion for a reduction in sentence on behalf of the inmate ("RIS-RI). Finally, the list identifies those inmates who have been considered for home confinement under the CARE Act in light of COVID-19 through case management assignment codes ("CMA Codes").

Finally, there was a discrepancy when we generated the list to be filed in the court. Though 1,254 were identified by medical, only 1,231 appeared between the two lists. The lists were reconciled and it was determined that 25 inmates needed to be added to the list. Six inmates needed to have the WLS assigned to them, 11 inmates had been transferred to a Residential Reentry Center or Home Confinement, 2 inmates are on furlough, 3 were hospitalized, 2 were granted compassionate release and 1 was released to an immigration detainer. All of these inmates were added to the respective list manually. Attached as Exhibit J is the List of FCI Lompoc Inmates Over Age 50 or Diagnosed with Underlying Medical Conditions As Defined ECF 45 in Torres, et al. v. Milusnic, et al., Case No. 20-cv-4450 (C.D. CA) identifying 582 inmates and attached as Exhibit K is the List of USP Lompoc Inmates Over Age 50 or Diagnosed with Underlying Medical Conditions As Defined ECF 45 in Torres, et al. v. Milusnic, et al., Case No. 20-cv-4450 (C.D. CA) identifying 674 inmates. Every effort was made to provide up-to date accurate information; however, given the short time to respond and the

constantly changing status of the inmate and home confinement and compassionate release processes on-going, these capture only the moment in time at which they were run. Additionally, there was insufficient time to thoroughly review and verify the data for each inmate. If any need to correct the record is identified, counsel for the Respondents will be notified.

2020.4.10 Nadler/Bass Letter Response (Question 2 Data)

facility	Region	Reg #	Last Name	First Name	Data
LOM	WRO	(b)(6); (b)(7)(C)			Not eligible for HC under CARES Act (High Risk recidivism level) or Elderly Offender Program due to current offense (Sodomy and Assault with a Deadly Weapon, Prison Breach, Petit Larceny, Armed Robbery). No requests for compassionate release.
LOM	WRO				Not eligible for HC under CARES Act or Elderly Offender Program due to serving 36.7% of sentence with more than 18 months remaining. No requests for compassionate release.

LOMPOC RESOURCE REQUEST  
 COVID-19 RESPONSE

DATE	MD	MD	NP/PA	NP/PA	NP/PA	RN/PMDC	RN/PMDC	RN/PMDC	RN/PMDC	RN/PMDC	RN/PMDC	PHARMACIST	PHARMACIST	LAB TECH	MED TECH	MED TECH	MED TECH	
Mar 09 Apr 01																		
Apr 01																		
Apr 02-08																		
Apr 09-11																		
Apr 12-May 07																		
May 08																		
May 09-26																		
May 27-31																		
May 31-Jun 05																		
Jun 06-14																		
Jun 15-18																		
Jun 19-27																		
Jun 28-Jul 01																		
Jul 02-11																		
Jul 12-18																		
Jul 19-25																		
Jul 26-Aug 01																		
Aug 02-08																		
Aug 09-15																		
Aug 16-22																		

(b)(6);(b)(7)(C)

**From:** Gene Beasley (b)(6):@bop.gov>  
**Sent:** Monday, July 27, 2020 12:44 PM  
**To:** Hugh Hurwitz  
**Subject:** RE: HC inmate shot at home  
**Attachments:** TEXT.htm

Thank you Hugh.

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

**From:** Hugh Hurwitz (b)(6):@bop.gov>  
**Date:** 7/27/20 12:03 PM (GMT-05:00)  
**To:** Gene Beasley (b)(6):@bop.gov>, Michael Carvajal (b)(6):@bop.gov>, Zachary Kelton (b)(6):@bop.gov>, Kevin Pistro (b)(6):@bop.gov>, (b)(6):@bop.gov>, (b)(6):(b)(7)(C)@bop.gov>, Sonya Thompson (b)(6):(b)(7)(C)@bop.gov>  
**Subject:** HC inmate shot at home

>>> "Hugh Hurwitz" 07/27/2020 12:03 >>>

This inmate was a regular (non-covid) HC placement. Inmate was shot in head while in the yard of his residence. Inmate's cousin was shot and killed. Inmate is in stable condition at hospital and a homicide investigation is ongoing.

**From:** Jon Gustin  
**To:** Hurwitz, Hugh; McLearn, Alix  
**Date:** 7/27/2020 11:53 AM  
**Subject:** SIR medical CCH 5GH Milwaukee, WI: I/M (b)(6):(b)(7)(C) shot at home  
**Inmate:** (b)(6):(b)(7)(C)  
**Reg #:** (b)(6):(b)(7)(C)  
**Offense:** Felon in Poss FA, 24m  
**PRD:** 09-03-2020  
**Method:** GCT  
Transferred from GIL to CCH 5GH Rock Valley Community Programs, 05-12-2020  
Transferred from RRC to HC on 06-24-2020  
22yo B/M/O, Care1, Care1-MH, No VNS, PSF=none, priors poss fa, poss mj, bail jumping, battery/strangulation, oper while susp, oper w/o license, medical hx none, mh hx adhd, hx sub abuse, GAF=none, CIM=no  
On 07-27-2020 the SMT was notified by the CCH RRM of an incident at I/M (b)(6): home confinement residence. On 07-27-2020 at 8:24 am CST the RRC notified the CCH RRO that I/M (b)(6): and his cousin were shot while in the yard of his residence.  
On 07-25-2020 at 10:37 pm the RRC received a phone call from I/M (b)(6): mother (b)(6):(b)(7)(C) stating his cousin was killed and I/M (b)(6): was shot and taken to the ER at UW Madison, 600 Highland Avenue. I/M (b)(6): underwent surgery for a gun shot wounds to the head (temple, bone shattered) and left leg. He remains in the hospital in stable condition. The homicide investigation indicates at this time that I/M (b)(6): cousin Maurice Bowman was the target.  
<https://fox6now.com/2020/07/26/death-investigation-body-found-near-29th-and-vliet-in-milwaukee/>

**From:** Gene Beasley  
**Sent:** Friday, July 24, 2020 11:31 AM  
**To:** (b)(6); (b)(7)(C) @gmail.com  
**Subject:** Fwd: News Clips 7-24-2020

>>> Nancy Ayers 7/24/2020 9:39 AM >>>

#### **Watchdog Finds Flawed Coronavirus Response At Central Coast Federal Prison**

Associated Press

<https://sacramento.cbslocal.com/2020/07/23/lompoc-federal-prison-coronavirus-outbreak-watchdog-report/>

A federal prison complex in California struggled to contain the spread of the coronavirus because of staff shortages, limited use of home confinement and ineffective screening, the Justice Department watchdog said Thursday as it released the first results of remote inspections of facilities across the country.

#### **Federal prison in Lompoc failed to isolate symptomatic prisoner, allowed staff to work despite ...**

USA TODAY

<https://www.usatoday.com/story/news/politics/2020/07/23/coronavirus-lompoc-federal-prison-failed-isolate-covid-19-inmates/5493035002/>

Prison officials in the Lompoc, California, compound failed to isolate and test at least one symptomatic prisoner and allowed staffers to show up for work despite having symptoms, contributing to a surge in coronavirus cases in one of the hardest-hit facilities in the federal prison system.

#### **DOJ watchdog report finds lack of staffing contributed to Covid outbreak in California prison**

CNN

<https://www.cnn.com/2020/07/23/politics/california-prison-outbreak-lack-of-staffing/index.html>

The Justice Department's internal watchdog found that a federal prison in California where nearly 1,000 inmates have tested positive for the coronavirus was slow to implement safety measures and lacked adequate staffing to confront the growing pandemic.

#### **Federal prison had 75% coronavirus infection rate**

The Washington Times

<https://www.washingtontimes.com/news/2020/jul/23/federal-prison-had-75-coronavirus-infection-rate/>

One federal prison saw more than 1,000 inmates test positive for the coronavirus, exposing serious holes in the Bureau of Prisons' operations during the pandemic, according to a new inspector general's report that found employees coming to work with symptoms and not bothering to test or isolate an inmate who reported symptoms back in March. But the experience at Federal Corrections Center Lompoc, in California, was not universal.

#### **Lawsuit Seeking Hazard Pay for Federal Employees Over Coronavirus Gets New Plaintiffs**

FedSmith.com

<https://www.fedsmith.com/2020/07/23/lawsuit-seeking-hazard-pay-federal-employees-over-coronavirus-gets-new-plaintiffs/>

A lawsuit seeking hazard pay for federal employees who have been exposed to the COVID-19 coronavirus has been amended to add new plaintiffs.

#### **Families of inmates exposed to Covid-19 in Beaumont prison plead for help for loved ones**

KFDM-TV News

<https://kfdm.com/news/local/families-of-inmates-exposed-to-covid-19-in-beaumont-prison-plead-for-help-for-loved-ones>

A KFDM investigation is prompting a meeting between U.S. Congressman Randy Weber and Beaumont federal prison officials. The number of Covid-19 cases is skyrocketing at the Beaumont federal prison complex.

#### **Department of Justice needs to address coronavirus crisis at Miami prison**

Washington Examiner

<https://www.washingtonexaminer.com/opinion/departments-of-justice-needs-to-address-coronavirus-crisis-at-miami-prison>

Disregarding their duty of care, Department of Justice and Federal Bureau of Prison officials have allowed conditions at the Federal Correctional Institution, Miami, to deteriorate into a public health crisis.

#### **Inmate sentenced for escaping from a Beaumont prison facility**

KFDM-TV News

<https://kfdm.com/news/local/inmate-sentenced-for-escaping-from-a-beaumont-prison-facility>

A 26-year-old federal inmate has been sentenced for escaping from a Bureau of Prisons facility in the Eastern District of Texas, announced U.S. Attorney Stephen J. Cox today.

#### **Bureau of Prisons denies judge's 'false' claim Michael Cohen's imprisonment was 'retaliatory' over ...**

Fox News

<https://www.foxnews.com/politics/bureau-prisons-rejects-judges-false-claim-michael-cohens-imprisonment-retaliatory-planned-book>

The Bureau of Prisons (BOP) sharply rejected a judge's justification for releasing former Trump attorney Michael Cohen back to home confinement on Thursday, saying the decision was based on "patently false" assertions.

#### **Michael Cohen Ordered Released From Prison Again**

Wall Street Journal

<https://www.wsj.com/articles/michael-cohen-ordered-released-from-prison-again-11595520146>

A federal judge ordered Michael Cohen released from prison again, saying the Justice Department had retaliated against President Trump's former lawyer by revoking his home confinement earlier this month after Mr. Cohen was told he had to give up his rights to publish a book.

Mr. Cohen will be released from a minimum-security federal prison camp in Otisville, N.Y., midday Friday, U.S. District Judge Alvin Hellerstein ruled Thursday, after he chided federal prosecutors and the Bureau of Prisons for their handling of the matter.

The decision paves the way for Mr. Cohen's return to New York City, and the possible publication later this year of a book that Mr. Cohen has said will be a "graphic and unflattering" portrayal of his former boss.

Mr. Cohen was convicted in 2018 on charges including campaign-finance violations related to his involvement in making hush-money payments to women who alleged they had affairs with Mr. Trump. He also pleaded guilty to tax crimes and making false statements.

This will be Mr. Cohen's second return home from Otisville: In May, about a year into his three-year sentence, he was released to home confinement due to concerns about the new coronavirus. But on July 9, Mr. Cohen, 53 years old, was taken back into custody, after a dispute over an agreement the probation department had asked him to sign that would have restricted him from working on the book about his work for Mr. Trump.

Earlier this week, Mr. Cohen filed a lawsuit in Manhattan federal court, accusing Attorney General William Barr and federal prisons officials of sending him back to prison in retaliation for his book plans. The lawsuit, which sought Mr. Cohen's release through a court injunction, was filed on Mr. Cohen's behalf by his lawyers and the American Civil Liberties Union.

According to the lawsuit, on July 9, federal probation officers presented Mr. Cohen with a demand that he agree to a complete ban on speaking to media of any sort, including through a book. In a meeting with the probation department, Mr. Cohen and his lawyers asked for clarification on the provision—about 90 minutes later, according to a letter filed by one of his lawyers, Mr. Cohen was shackled and taken into custody.

On Wednesday, the Justice Department filed a response with the court denying Mr. Cohen's allegations, saying Mr. Cohen was taken back into custody because he was "antagonistic during a meeting with probation officers at which he was supposed to sign the agreement."

The government said the agreement wasn't devised by officials "with any motive to prevent the release" of Mr. Cohen's book. The clause in question, the government said, was drafted by a probation officer based on a sample he had received from a colleague.

In Thursday's hearing, Judge Hellerstein said he had "never seen such a clause" in his 21 years as a judge, saying it was clearly an effort by the Bureau of Prisons "to stop the exercise of First Amendment rights."

A normal negotiation had been given "the interpretation of intransigence," Judge Hellerstein said. He added: "We are talking about retaliation," noting that the agreement was presented after Mr. Cohen made public his plans to write a book and after the New York Post published an article about Mr. Cohen eating at a Manhattan restaurant. "All of a sudden...he is imposed with conditions."

Federal prosecutor Allison M. Rovner said at the hearing that a probation officer had determined Mr. Cohen was being "combative" in part because his lawyers were trying to negotiate the terms of home confinement. "It is certainly not retaliatory," she said. In court filings this week, government officials cited Mr. Cohen's restaurant attendance as evidence that Mr. Cohen's claimed health risks weren't as severe as he said.

Despite the injunction, Mr. Cohen "remains a prisoner," Judge Hellerstein said, and there would be limits on his freedoms: Social media is OK, but no news conferences from his home or communications with felons. He said the government and Mr. Cohen's lawyers should negotiate the parameters of Mr. Cohen's book work. "There's got to be a limit," he said.

In a letter filed with the court along with his lawsuit, Mr. Cohen said he had been working on a manuscript while in prison. The book's working title is "Disloyal: The True Story of Michael Cohen, Former Personal Attorney to President Donald J. Trump." The book, he said, will provide "graphic and unflattering details about the President's behavior behind closed doors," including anti-Semitic and racist remarks. The book will also, he said, "describe my negative experience with the American criminal justice system."

The White House declined to comment.

DOJ-(BOP)-20-2163, 20-2166-A-000470



In a statement, a spokesman for the Bureau of Prisons said: "Any assertion that the decision to remand Michael Cohen to prison was a retaliatory action is patently false," saying Mr. Cohen refused to acknowledge or sign the terms of his home confinement. Lawyers for Mr. Cohen celebrated the decision as a victory for the First Amendment. "We appreciate the Judge's ruling that the government cannot block Mr. Cohen from publishing a book critical of the president as a condition of his release to home confinement," said Danya Perry, one of Mr. Cohen's lawyers.

**Michael Cohen to be released from prison after judge sides with claims of retaliation**

The Washington Post

[https://www.washingtonpost.com/national-security/michael-cohen-released-from-prison-retaliation/2020/07/23/f8adefe8-ccf9-11ea-91f1-28aca4d833a0\\_story.html](https://www.washingtonpost.com/national-security/michael-cohen-released-from-prison-retaliation/2020/07/23/f8adefe8-ccf9-11ea-91f1-28aca4d833a0_story.html)

A federal judge on Thursday ordered President Trump's ex-lawyer Michael Cohen released from prison to home confinement, saying the Justice Department's move to take him back into custody earlier this month was retaliation for writing a book about his former boss. U.S. District Judge Alvin Hellerstein said Cohen must be released from an upstate federal prison by 2 p.m. Friday after being tested for coronavirus at the facility, where he's been held in a solitary setting since being rearrested July 9. He will then go into home confinement in Manhattan. Cohen and his lawyers maintained that his arrest was the result of his plans to write an unflattering book about Trump and Cohen's experience in the justice system. He has said his book would include examples of Trump making racist and anti-Semitic comments in private settings. Cohen had been free since May on a compassionate release along with a wave of other federal and state inmates across the country.

"I make the finding that the purpose of transferring Mr. Cohen from furlough and home confinement to jail is retaliatory and it's retaliatory because of his desire to exercise his First Amendment rights to publish a book and to discuss anything about the book or anything else he wants on social media and with others," Hellerstein said in a scathing finding during a phone conference hearing Thursday morning.

The judge rejected arguments by the U.S. attorney's office in Manhattan that Cohen was rightly jailed because he was combative in a meeting with a probation official who had been tasked with monitoring his release.

Cohen, 53, filed a lawsuit earlier in the week against Attorney General William P. Barr and officials at the BOP. He alleged that his home confinement was revoked as payback for his book, which was expected to be released ahead of November's election.

The former confidant of Trump was taken into custody during a meeting with probation at the federal courthouse in Manhattan on July 9. He argued that he never refused to wear a GPS ankle monitoring device for the duration of his sentence — which expires in November 2021. The U.S. attorney's office said Cohen was "antagonistic" throughout the meeting — leading to the decision to revoke his release.

Cohen is serving out a 36-month sentence following his guilty plea in two cases. He admitted to campaign finance violations in orchestrating hush-money payments during Trump's 2016 campaign to two women who claimed to have affairs with Trump. Trump denies those relationships.

**Whitey Bulger's girlfriend Catherine Greig officially ends prison sentence; back home in Southie**

Boston Globe

<https://www.bostonglobe.com/2020/07/23/metro/whitey-bulgers-girlfriend-catherine-greig-officially-ends-prison-sentence-back-home-southie/>

Twenty-five years after Catherine Greig joined fugitive gangster James "Whitey" Bulger on the run, she is back in her hometown of South Boston and has completed her prison term for helping him evade capture for years and refusing to testify before grand juries.

Greig, 69, who spent the last year of her nine-year sentence under home confinement with electronic monitoring, finished her sentence Thursday, according to the federal Bureau of Prisons website. Initially, she was living with Bulger's relatives in Hingham, but is now staying with her twin-sister in South Boston.

Federal agents cut off Greig's GPS device Thursday morning, according to WBZ-TV, which reported that her sister, Margaret McCusker, said she was "thrilled" that Greig had finished her sentence.

Bulger, then 89 and serving a life sentence for 11 murders, was beaten to death by fellow inmates at a West Virginia prison on Oct. 30, 2018. Nobody has been charged with the slaying, which occurred less than 12 hours after authorities transferred him there under dubious circumstances.

Greig's attorney, Kevin Reddington, said Thursday that Greig is "an incredible woman" and he was very happy that she was now free. "I'm very happy things have gone full circle for her."

Greig, a dental hygienist and dog groomer, joined Bulger on the run in 1995 shortly after he fled Boston to evade a federal racketeering indictment. He was a fixture on the FBI's 10 Most Wanted list when the pair were captured in 2011, living in a rent-controlled apartment near the beach in Santa Monica, Calif.

She was sentenced to eight years in prison for helping Bulger evade capture, then sentenced to an additional 21 months for refusing to testify before grand juries investigating whether others helped them while they were fugitives.

In letters from prison to several people who shared them with the Globe, Bulger complained bitterly that Greig was treated harshly by prosecutors, while some of his former associates were given leniency for murders because they cooperated with the government. Greig, who wasn't involved in any of Bulger's violent crimes, spent more time in prison than one of those former associates. She was also forced to sell her house and pay a \$150,000 fine.

Greig "did what all the cops, prisons and courts couldn't," Bulger wrote in one letter to a friend who had served time with him at Alcatraz in the 1950s. "Got me to live crime free 16 years — for this they should give her a medal."

Nancy Ayers

Chief, Office of Public Affairs

Federal Bureau of Prisons

U.S. Department of Justice

(b) (6); (b) (7)(C)

118 - Total positive (inmate and in staff tested positive cases, not including RRC's)  
43 - Total RRC's  
2 additional facilities presumed (clinically probably or suspected COVID activity)

**Home Confinement (HC)**

Total in HC since March 26: 7758 (7837 as of 10/16)  
Number approved and in pipeline: 168 (138 as of 10/16)

**From:** Zachary Kelton

**Sent:** Tuesday, October 6, 2020 12:38 PM

**To:** (b)(6); (b)(7)(C) Gene Beasley; (b)(6); (b)(7)(C) Michael Carvajal; Thomas Kane

**CC:** (b)(6); (b)(7)(C) Kevin Pistro; (b)(6); (b)(7)(C)

**Subject:** Re: News Clips - 10-06-2020

**Attachments:** Letter from Warren and Durbin to AG Barr and Director Caraval re solitary confinement during COVID-19 pandemic 10.2.20 FINAL.pdf; 2nd Letter to DOJ.BOP 10.2.2020 Final\_1.pdf

Yes, they requested responses by 10/16 and "promptly" (letters attached). (b)(6) is working with DOJ OLA to craft appropriate responses under AAG Boyd's signature, per DOJ's decision to send the responses out from the Department.

Zach

>>> Michael Carvajal 10/6/2020 12:29 PM >>>

I noticed a suspense date for response to the Senator....October 16th?

>>> (b)(6); (b)(7)(C) 10/6/2020 10:53 AM >>>

- Florence inmate who overdosed, and as mentioned by RD Krueger on yesterday's call
- FCC Allenwood and Waseca remains in the news due to increased COVID numbers last week
- Durbin/Warren letter from last week making the news

Inmate found dead at a Colorado federal prison

The Washington Times (Associated Press)

<https://www.washingtontimes.com/news/2020/oct/5/inmate-found-dead-at-a-colorado-federal-prison/>

DENVER (AP) - A 31-year-old inmate died over the weekend at a Colorado federal prison, authorities said Monday.

Inmate found dead at federal prison in Colorado

The Gazette

[https://gazette.com/news/inmate-found-dead-at-federal-prison-in-colorado/article\\_06a5c974-0754-11eb-bcd2-936a6e4e8ed5.html](https://gazette.com/news/inmate-found-dead-at-federal-prison-in-colorado/article_06a5c974-0754-11eb-bcd2-936a6e4e8ed5.html)

An 31-year-old inmate at a southern Colorado federal prison was found dead late Saturday, Federal Bureau of Prisons officials reported.

Another big increase in COVID-19 cases at the Allenwood medium-security prison

Penn Live Patriot-News

<https://www.pennlive.com/coronavirus/2020/10/another-big-increase-in-covid-19-cases-at-the-allenwood-medium-security-prison.html>

ALLENWOOD – Another big increase has been reported in the number of inmates who have tested positive for COVID-19 at the medium-security prison in the Allenwood complex.

More than half of the inmates at the Waseca Federal Prison have tested positive for COVID-19

KEYC.com

<https://www.keyc.com/2020/10/05/more-than-half-inmates-waseca-federal-prison-have-tested-positive-covid-/>

WASECA, Minn. (KEYC) - More than half of inmates at the Waseca Prison have now tested positive for COVID-19.

Aging mobster's bid for early release denied

Chicago Sun-Times

<https://chicago.suntimes.com/crime/2020/10/5/21502621/aging-mobster-paul-schiro-early-release-denied>

A federal judge Monday shot down an aging mobster's bid for compassionate release from prison, pointing to his purported role in the "cold-blooded murder" of a potential witness and the "infamous racketeering enterprise" to which he belonged.

The Frustrations of Fighting for Compassionate Release Under the First Step Act

The Crime Report

<https://thecrimereport.org/2020/10/06/the-frustrations-of-fighting-for-compassionate-release-under-the-first-step-act/>

Kevin Johnson sees the First Step Act as his ticket out of prison, and he might be right.

Warren, Durbin slam government's 'failing' efforts to contain coronavirus in federal prisons

The Washington Post

<https://www.washingtonpost.com/politics/2020/10/05/warren-durbin-bop-letter/>

In a pair of letters to U.S. Attorney General William P. Barr and Federal Bureau of Prisons Director Michael Carvajal, two Democratic senators suggest that the government's response to coronavirus outbreaks in federal facilities is failing, and they question the BOP's reliance on solitary confinement to isolate sick prisoners rather than granting compassionate release.

Federal prisoners, corrections staff, government inspectors and civil rights advocates have complained for months that the BOP's strategies, when useful, are inconsistently applied. The overall inadequate response is leaving a vulnerable population at risk of infection and creating major vectors for transmission more than seven months into the pandemic. Since the start of the outbreak, more than 17,000 federal prisoners and staffers have tested positive and more than 130 have died.

"This is mounting evidence that efforts to contain the virus within BOP facilities are failing," Sen. Richard J. Durbin (D Ill.) and Sen. Elizabeth Warren (D Mass.) wrote to Barr and Carvajal in one of the Oct. 2 letters, which were viewed by The Washington Post.

The letters capture Democratic lawmakers' mounting frustrations with Barr and Carvajal, who, since March, have reportedly ignored lawmakers' concerns, like the ones raised in the October letter.

Although incarceration rates have slowed in recent years, prison overcrowding remains an issue in the federal system. The combination of overcrowding, chronic staffing shortages and aging facilities makes prison facilities particularly ill-equipped to adapt to social distancing, ventilation, sanitation and other health guidelines that the Centers for Disease Control and Prevention has issued to mitigate the spread of the coronavirus, according to prisoners, staffers and inmate advocates.

The Post previously reported that prison staff have raised concerns about a lack of personal protective equipment and unsafe workplace conditions — issues that have prompted federal employees to sue the government. According to reports by the Department of Justice Office of the Inspector General on federal corrections facilities nationwide, persistent staffing shortage has triggered regular lockdowns during the pandemic in which prisoners aren't allowed out of their cells, are often unable to shower and face more restrictions than if they were in solitary confinement.

"We've officially been on a quarantine lockdown since April 1 and haven't been outdoors despite CDC's recommendation to get as much fresh air as possible," a prisoner at the Federal Correctional Complex Coleman facility in central Florida told The Post in an Oct. 2 message. "The windows don't open and there's no ventilation to filter in fresh air."

The prisoner, who asked not to be identified for fear of retaliation, said few in his unit of more than 160 people have been approved for compassionate release; between coronavirus related compassionate release and the First Step Act — the 2018 criminal justice reform law that generally expanded prisoner eligibility for compassionate release — he estimated that four to six people have been released since the pandemic took hold.

The prisoner described those in his unit as mostly middle aged men who have underlying or preexisting conditions that would make them eligible for relief under the order that Barr signed in March that would allow more prisoners to finish their sentences at home to ease their social distancing and health-care challenges.

Within weeks of the statement, the Department of Justice repeatedly changed the eligibility criteria.

Durbin and Warren wrote that despite Barr's direction, the BOP has transferred only "about four percent of the prison population to home confinement."

In Coleman, the prisoner who contacted The Post said that the facility was initially using solitary-confinement cells — known as special housing units, or "SHUs" — as isolation chambers for covid-19 patients but that the number of sick prisoners soon outstripped solitary-confinement capacity.

A July Office of the Inspector General report on the Tompoc federal facility in Southern California noted that using solitary confinement as an isolation strategy could backfire on the BOP by making prisoners more reluctant to report symptoms or seek treatment.

"You have the discretion to significantly reduce the risk the pandemic poses to BOP staff, inmates, and the surrounding communities, by reducing prison populations," the senators wrote. "Every day that you fail to do so, more people are at risk."

The senators have requested a response from Barr and Carvajal by Oct. 16.

From: Michael Carvajal (b)(6);(b)(7)(C)@bop.gov  
Sent: Tuesday, October 6, 2020 12:39:52 PM  
To: (b)(6);(b)(7)(C) Gene Beasley; (b)(6);(b)(7)(C) Thomas Kane  
CC: (b)(6);(b)(7)(C) Kevin Pistro; (b)(6);(b)(7)(C) Zachary Kelton  
Subject: Re: News Clips 10/06/2020

Thank you

>>> (b)(6);(b)(7)(C) 10/6/2020 12:35 PM >>>  
Warren/Durbin yes. Durbin/Warren merely seeks "prompt response." (b)(6)

(b)(6)

>>> Michael Carvajal 10/6/2020 12:29 PM >>>  
I noticed a suspense date for response to the Senator....October 16th?

>>> (b)(6);(b)(7)(C) 10/6/2020 10:53 AM >>>  
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The Washington Post

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**From:** Gene Beasley (b)(6); (b)(7)(C) @bop.gov>  
**Sent:** Wednesday, December 23, 2020 1:46 PM  
**To:** David Paul  
**Subject:** RE: INMATE DEATH- CLARK, Clarence #88482-020

10-4

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

From: David Paul (b)(6); (b)(7)(C) @bop.gov>  
Date: 12/23/20 11:54 AM (GMT-05:00)  
To: Gene Beasley (b)(6); (b)(7)(C) @bop.gov>  
Cc: Alix McLearn (b)(6); (b)(7)(C) @bop.gov>, Zachary Kelton (b)(6); (b)(7)(C) @bop.gov>, (b)(6); (b)(7)(C) @bop.gov>  
Subject: INMATE DEATH- CLARK, Clarence #88482-020

>>> "David Paul" 12/23/2020 11:54 >>>

Gene,  
This is notification of inmate Clark's passing. He was on HC and had been battling brain cancer. At this time, his death appears to be related to his diagnosis and not Covid-19. If anything changes I will provide an update. I've included (b)(6); (b)(7)(C) synopsis for your review.

David

FYI - there is no indication that the inmate was tested for COVID and death appears to be due to brain cancer.

INMATE: CLARK, Clarence

Reg. No. 88482-020

Offense: CPWID Crack Cocaine

Sentence 360 Months

DOB: 05/25/1952 (68 YEARS OLD)

PRD: 10-31-2024 GCT REL

Facility: Dismas Charities of Macon (4ZY- HC)

Parent Inst: Jesup

Cares Act Rel: YES

On 12/21/2020, at 9:58 PM EST, RRMB Duty officer was notified Dismas Charities Macon (4ZY), Macon, GA, that Home Confinement I/M CLARK, Clarence #88482-020, had died at his home confinement location. RRC staff stated I/M Clark had been suffering from Brain Cancer since his arrival at the RRC on June 9, 2020. RRC Staff were notified by (b)(6); (b)(7)(C) I/M Clark's fiancé, at 9:30 PM.

RRC Staff are in the process of confirming where the body will be transported to.  
Will update when information is received.

**From:** Gene Beasley <(b)(6); <[REDACTED]>@bop.gov>  
**Sent:** Tuesday, December 29, 2020 10:46 AM  
**To:** Andre Matevousian; Michael Smith  
**BCC:** (b)(6); (b)(7)(C) <[REDACTED]>@gmail.com; Michael Carvajal  
**Subject:** RE: RE: (b)(6); (b)(7)(C)  
**Attachments:** TEXT.htm

Let me talk to the Rabbi.

The other case involved an institution under current litigation/court involvement.

(b)(5)

(b)(5)

My mistake...

Let me regroup.

Gene

Sent from my Verizon Samsung Galaxy smartphone

----- Original message -----

**From:** Michael Smith <(b)(6); <[REDACTED]>@bop.gov>  
**Date:** 12/28/20 1:09 PM (GMT-05:00)  
**To:** Andre Matevousian <(b)(6); (b)(7)(C) <[REDACTED]>@bop.gov>  
**Cc:** Gene Beasley <(b)(6); <[REDACTED]>@bop.gov>  
**Subject:** Fwd: RE: (b)(6); (b)(7)(C)

>>> "Michael Smith" 12/28/2020 13:09 >>>

Talked with Gene and he agrees this should be sent up for Central Office Review.....Let me know if you need anything else on this from us.....Thanks Andy. He will let the Rabbi know.

>>> Michael Smith 12/28/2020 9:25 AM >>>

Inmate (b)(6); (b)(7)(C) is a 45 year old male at FCI Safford with a PRD 11/28/2029.

According to CDC guidelines, he has 2 COVID risk factors: BMI 32.5 and Chronic Obstructive Pulmonary Disease (COPD). He also has asthma and hypertension, which may increase his risk.

Inmate (b)(6); has not been reviewed by the Central Office Home Confinement Committee for release to home confinement under the CARES act provisions....ie (was not sent up).

**From:** Gene Beasley  
**Sent:** Wednesday, December 30, 2020 11:46 AM  
**To:** L. Cristina Griffith  
**Subject:** FW: mystery solved  
**Attachments:** TEXT.htm; mystery solved

This will be a discussion for the entire Executive Staff. Nonetheless, I wanted you aware there is going to be a discussion to

(b)(5)

(b)(5)

If this would be the case I am sure it would require all the approvals as

(b)(5)

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

From: Michael Smith <(b)(6); (b)(7)(C)@bop.gov>  
Date: 12/30/20 11:36 AM (GMT-05:00)  
To: Gene Beasley <(b)(6); (b)(7)(C)@bop.gov>, Michael Carvajal <(b)(6); (b)(7)(C)@bop.gov>  
Subject: mystery solved