



July 2021

BUREAU OF PRISONS

BOP Could Further Enhance its COVID- 19 Response by Capturing and Incorporating Lessons Learned

Accessible Version

Why GAO Did This Study

BOP was responsible for the custody and care of about 129,000 federal inmates in BOP-managed facilities, and employed more than 37,000 staff as of May 2021. Because of confined spaces, the prison population is particularly vulnerable during infectious disease outbreaks, such as COVID-19. About \$620 million has been appropriated to or designated by BOP for COVID-19-related efforts.

GAO was asked to review BOP's approach to responding to COVID-19. This report addresses, among other objectives: (1) BOP's development and updates of COVID-19 guidance; (2) BOP's provision of PPE, COVID-19 tests and vaccines, and infection and fatality rates for inmates and staff; and (3) the impact of COVID-19 on inmates and staff, and the extent to which BOP has incorporated lessons learned into its response.

GAO reviewed BOP policies, data, and other documentation related to the impact of COVID-19 and how BOP addressed it. GAO also conducted non-generalizable interviews of officials from five BOP facilities and one private facility operating under contract with BOP, selected based on inmate infection rates and other factors.

What GAO Recommends

GAO is making three recommendations that BOP evaluate communication of COVID-19 guidance, develop an approach to capture and share best practices and lessons learned; and develop an approach to ensure facilities apply these practices as appropriate. BOP concurred with all three recommendations.

View [GAO-21-502](#). For more information, contact Gretta L. Goodwin at (202) 512-8777 or goodwing@gao.gov.

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What GAO Found

The Federal Bureau of Prisons (BOP) has developed COVID-19 guidance, with input in part from the Centers for Disease Control and Prevention, and periodically updates this guidance, but some BOP staff reported to GAO confusion in how to implement BOP's guidance. In addition, the Department of Justice's Office of Inspector General surveyed BOP staff and reported that of the 28 percent of employees who responded, 59 percent of respondents thought BOP's guidance was not clear. Routinely evaluating how it communicates its COVID-19 guidance to staff, and modifying its approach as needed based on staff feedback, would help BOP ensure that staff can understand and effectively implement the protocols for COVID-19 and any future public health emergency.

As of May 2021, BOP's data showed that:

- BOP obligated nearly \$63 million for personal protective equipment (PPE)—such as masks, hand sanitizers, gloves and COVID-19 testing kits—for staff and inmates.
- 45,660 inmates had tested positive, and 237 inmates had died from the virus. In addition, 6,972 staff members tested positive, with four deaths.
- BOP fully vaccinated about 56 percent of all inmates in BOP-managed facilities (73,050 inmates) and about 50 percent of all staff (19,000 staff)

COVID-19 has affected inmates and staff. For example, inmates faced reduced access to certain programs, services, visitors and facility spaces. For staff, quarantining procedures have resulted in reduced staff availability and increased the use of overtime. BOP has processes, such as teleconferences among BOP officials and facilities inspections, to identify best practices and lessons learned related to its COVID-19 response. However, BOP does not capture or share, bureau-wide, the lessons and practices discussed at its teleconferences, or have an approach for ensuring facilities apply them, as appropriate. Implementing approaches for such actions would help BOP ensure that the lessons and practices it identifies reach all facilities that could benefit from them, and that facilities actively improve their COVID-19 response efforts.

A BOP Facility's Housing Tents for Inmates in Quarantine and Isolation



Source: BOP. | GAO-21-502

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Abbreviations

BOP	Federal Bureau of Prisons
CDC	Centers for Disease Control and Prevention
COVID-19	Coronavirus Disease 2019
DHS	Department of Homeland Security
DOJ	Department of Justice
FCC	Federal Correctional Complex
FCI	Federal Correctional Institution
FEMA	Federal Emergency Management Agency
FMC	Federal Medical Center
HHS	Department of Health and Human Services
OIG	Office of the Inspector General
OPM	Office of Personnel Management
PPE	personal protective equipment
USMS	United States Marshals Service

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July 29, 2021

Congressional Addressees

The Federal Bureau of Prisons (BOP), a component within the Department of Justice (DOJ), was responsible for the custody and care of approximately 129,000 inmates in BOP-managed facilities as of May 2021. The Bureau employs more than 37,000 staff to assist with this effort.¹ Because inmates and the staff working in prison facilities function in confined spaces and in close proximity to each other, the prison population has been particularly vulnerable during infectious disease outbreaks, such as the H1N1 (Swine Flu) pandemic that occurred in 2009 and the current Coronavirus Disease 2019 (COVID-19) pandemic. Further, many inmates have underlying health conditions such as diabetes and chronic heart disease—factors that further increase the risk for severe illness from the virus that causes COVID-19.

As of May 2021, about \$620 million from a combination of sources has been either appropriated to or designated by BOP for COVID-19 response efforts. According to the National Academies of Sciences, Engineering and Medicine as of August 2020 COVID-19 cumulative case rates among incarcerated people were five times higher than in the general population, and the rates among correctional staff were three times higher. Additionally, the COVID-19-related death rate in the prison population was three times higher than in the U.S. population, adjusting for age and sex.²

¹Other federal agencies are involved in the monitoring and safety of inmates, such as the United States Marshals Service (USMS), which has custody of inmates before sentencing and transports them after sentencing, and U.S. Probation and Pretrial Services, which ensures home confinement locations are suitable and monitors inmates during home confinement. BOP's home confinement program allows eligible inmates serving a term of imprisonment in federal prison and nearing release to transfer to a home or residence to serve the remainder of their sentence. USMS is another component of DOJ. U.S. Probation and Pretrial Services is housed within the Administrative Office of the U.S. Courts, which is part of the Judicial Branch.

²National Academies of Sciences, Engineering and Medicine, *Decarcerating Correctional Facilities during COVID-19: Advancing Health, Equity, and Safety*; Washington, D.C.: National Academies Press, 2020).

Questions have been raised about BOP's COVID-19 response related to the consistency of BOP's policies; coordination with relevant agencies during inmate transfers; COVID-19 testing for staff and inmates; provision of personal protective equipment (PPE); and other topics.³ We were asked to assess how BOP protects inmates during the federal response to the COVID-19 pandemic as well as other disasters and emergencies. In addition, two pieces of legislation enacted in 2020 have included provisions for us to assess the effect of the COVID-19 pandemic and examine BOP's disaster response, which includes its response to COVID-19.⁴ This report addresses: (1) the extent to which BOP developed and updated guidance in response to COVID-19, and coordinated with stakeholder agencies; (2) the status of BOP's provision of PPE, tests, and vaccines, and the COVID-19 infection and fatality rates for inmates and staff; and (3) the overall impact of COVID-19 on inmates and staff, and the extent to which BOP has incorporated lessons learned into its ongoing response.

To address all three of our objectives we selected a non-generalizable sample of five facilities from BOP's total of 122, and one facility from the total of 12 that BOP operated under contract with private providers.⁵ We

³PPE refers to equipment worn to minimize hazards that cause serious workplace injuries and illnesses.

⁴The source of the two mandates are S. Rept. No. 116–127 (2019) which accompanies the Consolidated Appropriations Act, 2020, Pub. L. No. 116-93, 133 Stat. 2317; as well as the CARES Act, Pub. L. No. 116–136, § 19010, 134 Stat. 281, 579-81 (2020). The Congressional requesters for this work are Senator Tammy Duckworth, Senator Margaret Hassan, and Representative Fred Keller. We are conducting related work (to be issued in the fall of 2021), that will address BOP's response to natural and manmade disasters other than COVID-19, such as hurricanes and tornados. We regularly issue government-wide reports on the federal response to COVID-19. For the latest report, see GAO, *COVID-19: Continued Attention Needed to Improve Federal Preparedness, Response, and Service Delivery and Enhance Program Integrity*, [GAO-21-551](#) (Washington, D.C.: July 15, 2021). Our next government-wide report will be issued in October 2021 and will be available on GAO's website at <https://www.gao.gov/coronavirus>. For a list of our previous work in this area, see the Related GAO Products page at the end of this report.

⁵The six facilities we selected were: Lexington Federal Medical Center; Florence Federal Correctional Complex; Seagoville Federal Correctional Institution; Elkton Federal Correctional Institution; Yazoo City Federal Correctional Complex; and Great Plains Correctional Institution (which operated under contract with BOP). About 4 months after our interview with Great Plains Correctional Institution, BOP's contract with the facility expired on May 31, 2021. Pursuant to Executive Order 14006, 86 Fed. Reg. 7483 (Jan. 26, 2021), the Attorney General was directed not to renew DOJ contracts with privately operated criminal detention facilities, as consistent with applicable law. As a result, BOP did not renew its contract and federal inmates are no longer being housed at that facility.

then met with staff and officials at each location virtually from November 2020 through January 2021. We selected these facilities using criteria including geographic dispersion, a mix of facility COVID-19 infection rates, a mix of facility security levels, and the presence of a medical center or Federal Prison Industries factory at the facility.⁶ We also requested and analyzed documents, such as facility-specific plans and memoranda on BOP's COVID-19 response, as well as photographs representing various aspects of each facility's response to the pandemic. While results from our interviews with officials from these facilities cannot be generalized to all BOP facilities or all private facilities, they provide insight into BOP's planning and response to the pandemic.

In addition to the above, we interviewed BOP headquarters officials from several divisions, including Correctional Programs, Health Services, Program Review, Reentry Services, and Administration about each of our objectives. Further, we interviewed four advocacy groups representing inmates and former inmates, to obtain their perspectives on BOP's COVID-19 response, as well as the impact of the pandemic on inmates and staff.⁷

To address our first objective, we reviewed BOP policies and guidance for pandemic response, including BOP's COVID-19 Pandemic Plan, Phased Action Plans, and facility-specific memoranda for pandemic response. We reviewed these plans and interviewed officials to understand how BOP modified its pandemic response based on leading guidance on COVID-19 response that others such as the Centers for Disease Control and Prevention (CDC) have issued. In addition, we assessed BOP's guidance against internal control standards related to internal communication.⁸ We also reviewed agreements BOP has with stakeholder agencies, such as the United States Marshals Service (USMS), on responding to the COVID-19 pandemic. We interviewed officials from our six selected

⁶Federal Prison Industries is a government corporation authorized by law. See 18 U.S.C. § 4121. It operates under the trade name UNICOR and provides employment and training for inmates through production and sales of its products using factories at BOP facilities. For more information, see GAO, *Federal Prison Industries: Actions Needed to Evaluate Program Effectiveness*, [GAO-20-505](#), (Washington, D.C.: July 29, 2020).

⁷The four advocacy groups were JustLeadershipUSA, the University of California, Los Angeles Behind Bars Data Project, Justice Roundtable, and the American Civil Liberties Union. We selected these groups because of their advocacy for inmate safety and well-being concerns and the COVID-19 data analysis and research they conducted.

⁸GAO, *Standards for Internal Control in the Federal Government*, [GAO-14-704G](#) (Washington, D.C.: Sept 10, 2014).

facilities, as well as officials from these stakeholder agencies, to determine how they coordinate on COVID-19 response.

To address our second objective, we reviewed BOP policies and analyzed BOP data on the provision of PPE, COVID-19 tests, and vaccines from March 2020 through February 2021. We selected this period because it marks the beginning of COVID-19 infection in BOP prisons and an appropriate cutoff time that allowed us to fully analyze the data to include in our issued report. Specifically, we reviewed BOP data on PPE spending and distribution. Additionally, we analyzed BOP data on inmate and staff COVID-19 infection, recovery, and deaths for the same period. To assess the reliability of these data, we checked them for obvious errors, omissions, and outliers and interviewed BOP officials responsible for collecting and maintaining the data. We determined that the data were sufficiently reliable for determining inmate infection, recovery, and death rates in BOP-managed and private prisons. We determined that the data were not reliable for determining infection, recovery, and death rates for BOP staff predominantly because BOP does not test its staff for COVID-19. As such, we do not report the rates of staff infection, recovery, and deaths in this report and instead report the counts as recorded by BOP.

To address our third objective, we reviewed the results of COVID-19 compliance inspections conducted by the DOJ Office of Inspector General (OIG) throughout 2020.⁹ We also interviewed officials from two of the facilities the OIG inspected, as well as officials from several BOP divisions, including Health Services and Correctional Programs.

To determine the extent to which BOP has incorporated lessons learned into its ongoing response, we analyzed BOP's mechanisms for capturing lessons learned, such as the Program Review Division's COVID-19 Compliance Team inspections of BOP facilities. These inspections took

⁹In response to COVID-19, DOJ OIG initiated a series of remote inspections of BOP facilities, including BOP-managed institutions, contract prisons, and Residential Reentry Centers. These inspections sought to determine whether these institutions were complying with guidance related to the pandemic, including CDC guidelines, DOJ policy and guidance, and BOP policy. These inspection reports can be viewed at <https://oig.justice.gov/reports/component/bop>.

place from August through September 2020.¹⁰ Further, we compared BOP's mechanisms to the steps we have previously identified for agencies to consider in implementing a lessons learned process.¹¹ For the six facilities in our non-generalizable sample, we solicited management's views on the impact of the pandemic on inmates and staff, including challenges officials at these facilities faced in their response to the pandemic and any lessons learned that were identified and applied. Additionally, to provide context for BOP's approach, we interviewed representatives of the Correctional Leaders Association—the organizing body of state departments of corrections—to obtain perspectives on state prisons' response to COVID-19 and the organization's practices for capturing and sharing lessons learned.

For further information on our objectives, scope, and methodology, see appendix I.

We conducted this performance audit from April 2020 to July 2021 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

Roles and Responsibilities

BOP Central Office serves as BOP's headquarters and provides oversight of BOP operations and program areas. Within the Central Office are several divisions that develop national programs and provide functional support to the entire bureau. The Program Review Division is responsible for assessing BOP programs to ensure they are managed and operated effectively. BOP's Correctional Programs Division provides policy direction and daily operational oversight of facility correctional services.

¹⁰BOP's Program Review Division COVID Compliance Review Team periodically conducts unannounced inspections of its facilities to monitor response and develop further mitigation strategies to the COVID pandemic.

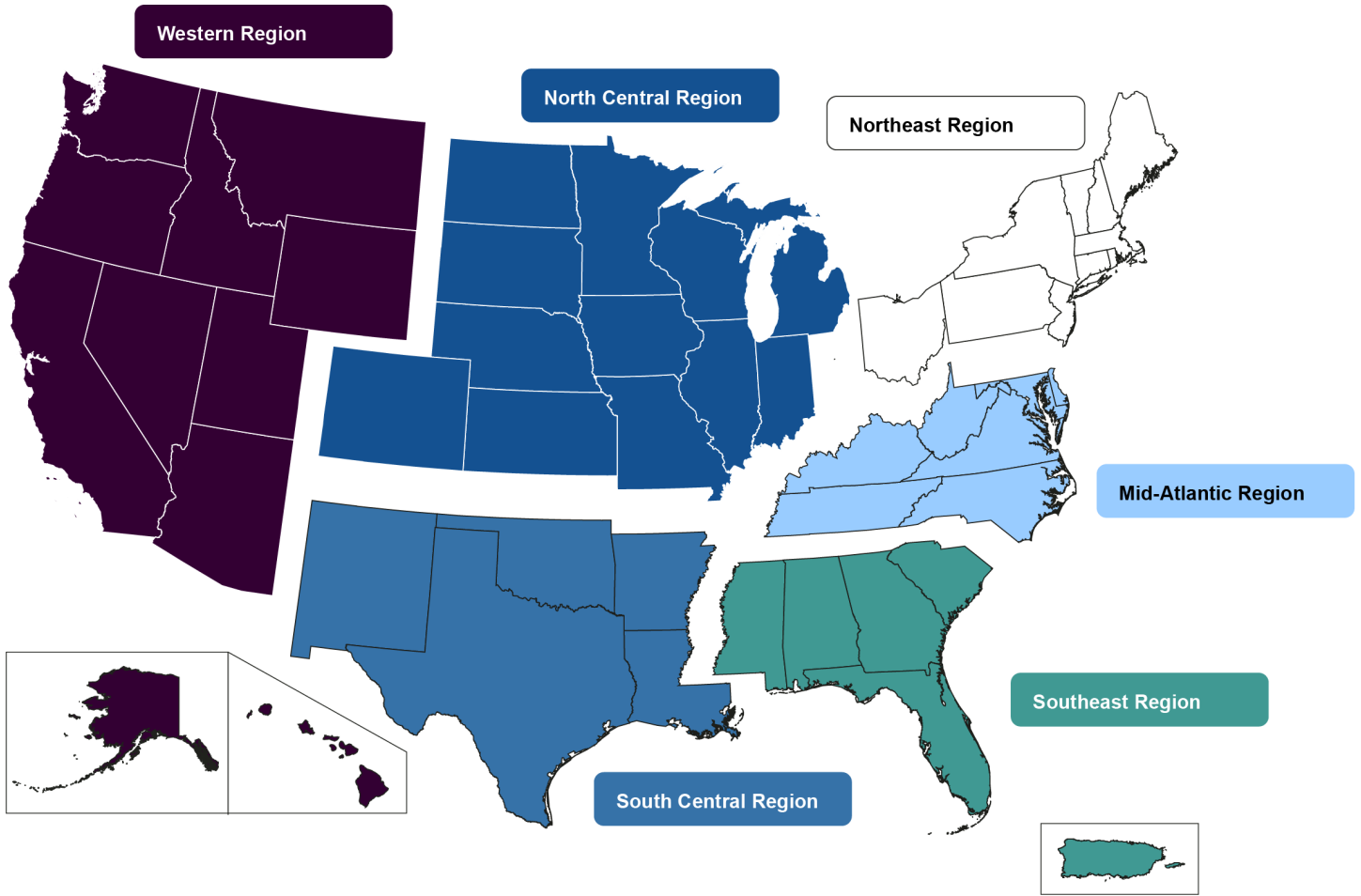
¹¹GAO, *Federal Real Property Security: Interagency Security Committee Should Implement a Lessons-Learned Process*, [GAO-12-901](#) (Washington, D.C.: September 10, 2012).

The Health Services Division is responsible for health care delivery, infectious disease management, and medical designations of inmates in BOP facilities.

Within the Correctional Programs Division, the Office of Emergency Preparedness coordinates BOP's national emergency response capability. The Office of Emergency Preparedness houses the bureau's Command Center, which is part of a broader Incident Command System to coordinate with other agencies during emergency or disaster response events. BOP implemented the Incident Command System at the start of the COVID-19 pandemic as the mechanism for coordinating its response to the pandemic. The Incident Command System is to provide a standardized approach to the command, control, and coordination of emergency response as well as a common chain-of-command within which responders from multiple entities can operate. As this was a public health emergency, BOP's Health Services Division and the BOP Medical Director played a principle role in leading the response. The Command Center, within the Office of Emergency Preparedness, oversees the Command Centers at BOP's regional offices, which in turn oversee the Command Centers at the correctional facilities. Each of the Command Centers are staffed by section chiefs and incident commanders who provide oversight at the applicable level. The primary role of an Incident Command System is to establish planning and management functions for responding partners to work in a coordinated and systematic approach. In the case of the response to the COVID Pandemic, it includes consulting with the CDC on a variety of topics such as developing guidance, and coordinating with other external entities, such as departments of public health who are assisting with response efforts.

BOP also has six regional offices covering the Mid-Atlantic, North Central, Northeast, South Central, Southeast, and Western regions of the United States (see figure 1). These offices oversee the operations of the 122 federal facilities within their respective geographic regions of the country. BOP facilities are managed by a warden and other officials, including an associate warden and health services administrator, who provide overall direction and, in part, administer the facility's planning and policies, including policies on health and safety.

Figure 1: Map of Federal Bureau of Prisons' (BOP) Six Regions



Source: GAO analysis of BOP data. | GAO-21-502

While BOP manages 122 federal facilities, federal inmates may also be held in private prisons or in Residential Reentry Centers. BOP houses about 84 percent of federal inmates in facilities it operates. Another 9 percent of these inmates are finishing their sentences in Residential Reentry Centers or on home confinement.¹² In Residential Reentry Centers, inmates are housed outside of a prison environment and are required to work or be actively seeking a job. The remaining 7 percent of inmates who are not in BOP-managed facilities or Residential Reentry Centers are held in privately-operated prisons. Privately-operated secure

¹²Inmates placed in home confinement are to be monitored and are required to remain at home when not working or participating in programming and other approved activities.

contract facilities are low security, and primarily house non-U.S. citizens convicted of crimes while in this country.

Other agencies also work closely with BOP as stakeholders for inmate and detainee care. This includes USMS, which is responsible for the custody of individuals from the time of their arrest by a marshal or their remand to a marshal by a court, until conviction and commitment to BOP's custody. USMS is also responsible for coordinating inmate transportation anytime movement is required post-incarceration, such as for inmate transfers among BOP facilities.¹³ Additionally, officials told us that through an interagency, reimbursable agreement with BOP, U.S. Probation and Pretrial Services provides pre-release investigation services. This includes inspecting the homes of inmates who plan to reside outside of the sentencing jurisdiction, to ensure they provide a suitable environment for home confinement. It also provides supervision and services such as drug testing to BOP inmates already placed on home confinement.

Further, BOP works closely with the CDC, a component of the U.S. Department of Health and Human Services (HHS). As the nation's health protection agency, the CDC is responsible for providing health information and guidance aimed at protecting the nation from public health threats such as the COVID-19 pandemic. BOP and the CDC have coordinated in various ways, as discussed later in this report.

Home Confinement

BOP's home confinement program allows eligible inmates in federal prison and nearing release to transfer to a home or residence to serve the remainder of their sentence. BOP has statutory authority to place inmates in home confinement for the concluding portion of their sentence, amounting to either 10 percent of their prison term or 6 months, whichever is shorter.¹⁴ In response to the COVID-19 pandemic, the CARES Act also authorized the BOP Director to lengthen the maximum

¹³See 28 C.F.R. § 0.111(k).

¹⁴18 U.S.C. § 3624(c)(2).

amount of time to place federal inmates on home confinement.¹⁵ This authorization was granted only if the Attorney General finds that emergency conditions will materially affect the functioning of the bureau during the covered emergency period.¹⁶ The First Step Act of 2018 reauthorized and expanded a pilot program—the Elderly Offender Home Detention Program—that originated in the Second Chance Act to place elderly and terminally ill inmates in home confinement.¹⁷

CDC Guidelines

As the federal government’s public health agency, CDC creates guidance for the public and various groups, such as businesses, with information on public health threats and what actions should be taken to mitigate these threats. In the case of COVID-19, the CDC has promulgated and updated science-based guidance throughout the pandemic on infection control practices including mask wearing and social distancing, as well as on testing protocols, quarantine duration, and vaccinations. This guidance is used by agencies such as BOP to inform their agency-specific guidance on mitigating the spread of COVID-19 in BOP facilities.

¹⁵Pub. L. No. 116-136, § 12003, 134 Stat. 281, 515-17. In addition, on January 15, 2021, DOJ Office of Legal Counsel issued an opinion indicating that the CARES Act authorizes the Director of BOP to place prisoners in home confinement only during the Act’s covered emergency period and when the Attorney General finds that the emergency conditions are materially affecting BOP’s functioning. However, should that period end, or should the Attorney General revoke the finding, the bureau would be required to recall the prisoners to correctional facilities unless they have completed their sentences or they are otherwise eligible for home confinement under 18 U.S.C. § 3624(c)(2), which provides the authority to place a prisoner in home confinement for the shorter of 10 percent of the prisoner’s term of imprisonment, or 6 months.

¹⁶Pub. L. No. 116-136, § 12003, 134 Stat. 281, 515-17. (The “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 COVID-19 and ending on the date that is 30 days after the date on which the national emergency declaration terminates).

¹⁷Pub. L. No. 115-391, §§ 602, 603 132 Stat. 5194, 5238, 5238-41. See 34 U.S.C. § 60541(g) (related to the elderly and family reunification for certain nonviolent offenders pilot program). See 18 U.S.C. § 3582(d) (related to the compassionate release of an inmate diagnosed with a terminal illness).

BOP Updated Guidance to Coordinate Its COVID-19 Response, but Some Staff Reported Confusion about How to Implement It

In responding to COVID-19, BOP developed and disseminated a number of guidance documents, but some staff reported confusion about how to implement such guidance. In the following two sections, we discuss the strengths and limitations to BOP's overall approach to COVID-19 policy development and implementation as well as BOP's coordination with stakeholders such as the CDC and local health departments.

BOP Developed and Periodically Updated Pandemic Response Guidance but Some Staff Reported Confusion on How to Implement It

BOP has developed its guidance for responding to the pandemic in the form of Phased Action Plans as well as a Modified Operations Plan, which it updates periodically to incorporate evolving guidance from the CDC. In addition, BOP developed its COVID-19 Pandemic Plan, which includes 11 modules on topics such as infection prevention and control measures, PPE, and medical isolation and quarantine. However, some BOP staff expressed confusion about how to implement it, and BOP has not evaluated its communication of its pandemic-related guidance.

BOP had a Pandemic Influenza contingency plan in place before the onset of COVID-19, which it used to help develop its response to the pandemic, beginning January 31, 2020. Specifically, BOP supplemented the existing Pandemic Influenza plan to address the unique challenges the COVID-19 pandemic presented, such as the need for social distancing and widespread use of face coverings, which made it more difficult to manage than an influenza pandemic. BOP also supplemented the plan with additional guidance from the BOP Medical Director pertaining to the identification of and screening for COVID-19.¹⁸

¹⁸Additionally, BOP officials told us they updated the Pandemic Influenza contingency plan to include more detail on pandemic response topics. For example, the updated COVID-19 Pandemic Plan has detailed vaccine guidance; isolation and quarantine requirements specific to COVID-19; additional PPE guidance for staff for interacting with isolated or quarantined inmates; and more information on COVID-19 testing procedures, such as what test to use and when to consider a test.

Additionally, on February 29, 2020, the Bureau issued its Phase One Action Plan. This plan was the first in BOP's multi-phased planning approach for responding to the COVID-19 pandemic. The intent of the approach was to modify operations to adapt to evolving guidance from the CDC and others in direct response to the changing conditions of the pandemic. As of May 2021, BOP has issued nine phases of its action plan—see appendix II for a timeline of the phases' issuance as well as a summary of each phase. According to BOP officials, the BOP Office of the Medical Director and the Health Services Division coordinate regularly with the CDC to modify the action plans to incorporate the most current guidance and to inform the CDC of the Bureau's response to COVID-19.

In addition to the Phased Action Plans, the BOP Central Office provides COVID-19 guidance to BOP regional offices through weekly teleconference and regular memoranda, according to BOP officials. One regional office official we spoke with stated that his office works to ensure that it distributes the guidance it receives from the BOP Central Office to institutions in his region. Additionally, officials from one facility stated the BOP Central Office also provided daily updates to their facility on implementing the Phased Action Plans. Further, according to BOP officials, the BOP Director also emphasized this guidance and the updates through Director's messages and national video messages. Staff were alerted to these updates through broadcast emails to their individual mailboxes.

BOP facilities are responsible for disseminating the COVID-19 guidance they receive from their regional office and from the BOP Central Office to their facility staff and inmates. Officials from the six facilities we selected said they disseminate guidance to staff and inmates in a variety of ways, including using the internal inmate email system, town hall-style meetings with appropriate social distancing, and regular day-to-day interactions. In addition, wardens at each facility can issue procedural memoranda to guide their facility-specific response to the pandemic and operationalize BOP guidance and are generally granted broad discretion to respond to emergencies. For example, the warden of one facility we selected shared a list of COVID-19 prevention strategies his facility developed, which includes general hygiene, face covering, and sanitation practices that the inmates must sign to indicate they will follow. The warden of another facility developed guidance specifically on quarantining and isolating inmates who have been exposed to or tested positive for COVID-19.

While BOP has developed and updated its guidance for responding to the pandemic, some BOP staff reported instances of confusion about how to

implement some of these updates. For example, early on in the pandemic, the DOJ OIG surveyed all BOP employees in April 2020, in part to gather anonymous staff perspectives on the adequacy of the guidance they received from BOP about exposure to COVID-19. Of the 28 percent of employees who responded, 59 percent of respondents thought the guidance was not clear and 53 percent thought the guidance was not timely.¹⁹ Further, during our review some BOP union officials we interviewed provided examples of areas where they believed BOP guidance was confusing at certain points during the pandemic. These areas included the use of PPE and whether some staff could access overtime pay.

According to Standards for Internal Controls in the Federal Government, management should select appropriate methods to communicate internally. Additionally, management should consider a variety of factors in selecting an appropriate method of communication such as audience, nature of information, availability, cost, and legal or regulatory requirements. In addition, based on consideration of the factors, management should select appropriate methods of communication, and periodically evaluate the entity's methods for communication so the organization has the appropriate tools to communicate quality information throughout the entity on a timely basis.

BOP officials told us they believe they have been responsive to the evolving situation with COVID-19 and have issued updated guidance, as appropriate. Further, BOP officials told us that they have provided opportunities to clarify BOP guidance with staff, such as by establishing a COVID-19 questions email account and having regular ongoing meetings with staff to communicate and clarify guidance and answer questions. While these efforts provide opportunities for BOP to address staff questions on the substance of its guidance, they do not constitute an evaluation of how BOP is communicating its guidance. In addition, particularly since there have been multiple updates to the guidance over time, such evaluation efforts could include routinely checking with staff, not only to clarify any questions on the guidance, which BOP is currently doing, but also to understand if its communication methods have been

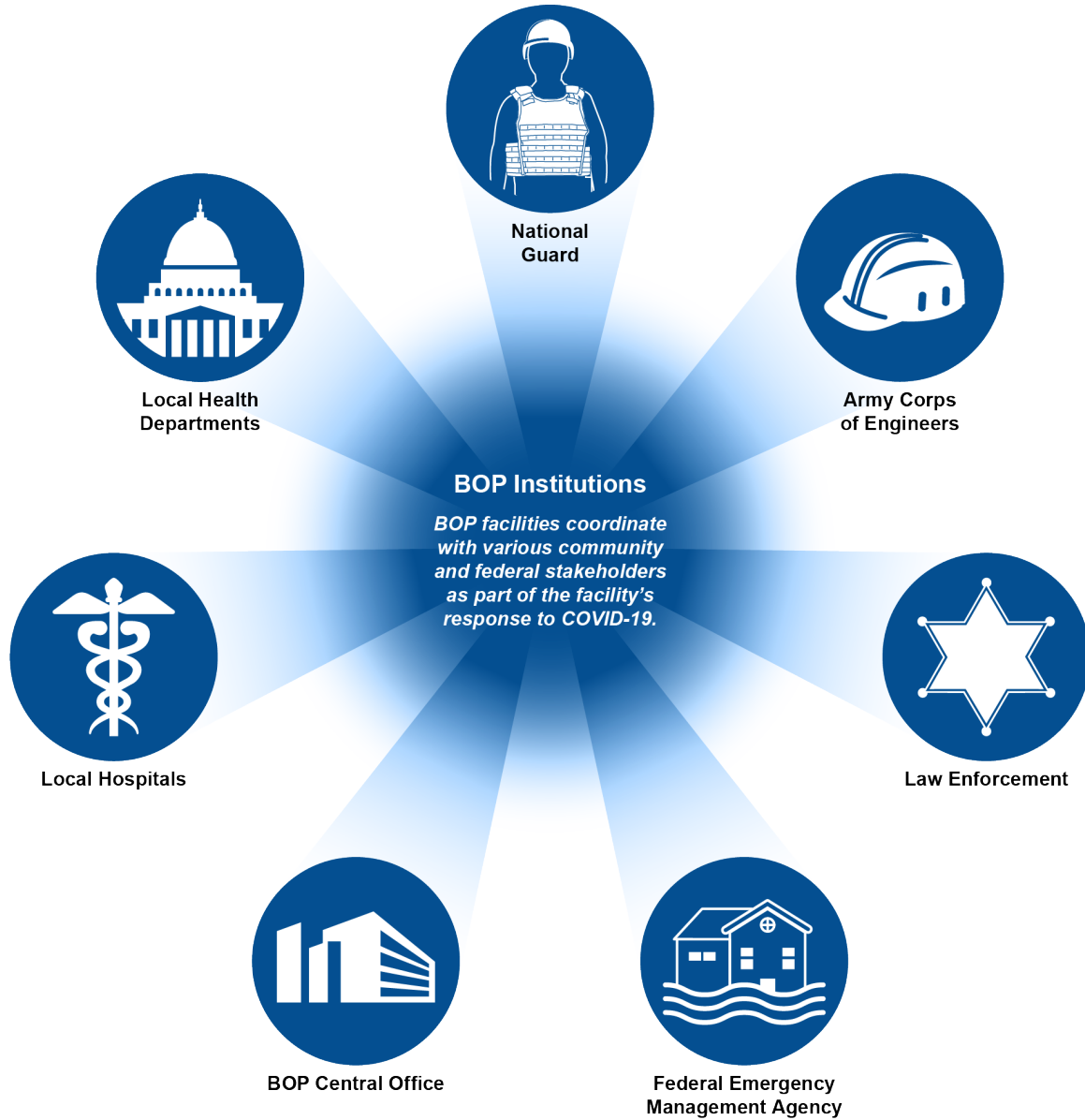
¹⁹Specifically, the OIG invited 38,651 total employees to take the survey and received 10,735 responses, a 28 percent response rate. The scope and methodology of each inspection, including a description of the survey, is located in each of the OIG's individual Pandemic Response Reports for remote inspections conducted with selected BOP facilities (<https://oig.justice.gov/reports/pandemic>). Given the low response rate, the results of this survey are not generalizable to the entire BOP staff population.

effective. Such efforts would enhance BOP's ability to ensure it communicates quality information in the most timely and effective way. Further, the value of the staff feedback gained from such an evaluation is not limited to COVID-19, as such information could be used to inform BOP's future approaches to communicating fast-evolving guidance in future public health emergencies.

BOP Coordinated with Partners in Guidance Development and Pandemic Response

BOP has coordinated with federal, state, and local partners by leveraging their expertise to develop guidance to support BOP's ongoing response to the COVID-19 pandemic. For example, BOP facilities may enter into a memorandum of agreement, and forge working relationships, with local partners, and, for some facilities, with federal partners. See figure 2 for examples of federal, state, and local entities BOP coordinates with in response to the pandemic.

Figure 2: Examples of Federal Bureau of Prisons' (BOP) COVID-19 Response Partners



Source: BOP; Art Explosion (clip art). | GAO-21-502

To aid in the development of its guidance, BOP officials said it consults with federal, state, and local partners. For example, BOP officials from one regional office said institutions are constantly working with local, state, and federal health authorities to ensure guidance is implemented in facilities. Some local BOP facilities and regional offices consult subject

matter experts, such as Regional Infection Prevention and Control Officers, who participate in reviewing the COVID-19 Pandemic Plan and guiding the individual facilities in implementing it.

Coordination in developing guidance. BOP coordinates with other federal agencies, such as the CDC and Office of Personnel Management (OPM), primarily to incorporate guidance, directives, and best practices for responding to the pandemic.²⁰ Specifically, BOP coordinates with the CDC to assist with developing guidance specific to the unique nature of correctional environments. For example, BOP's COVID-19 Phase Two Action Plan states that a bureau task force was working in conjunction with subject matter experts in the CDC. The plan also states that BOP implemented this phase of its action plan after coordinating with DOJ and the White House. Further, according to BOP officials, some CDC and U.S. Public Health Service personnel were temporarily assigned to BOP to assist with coordination.²¹ BOP also collaborated with the HHS–Department of Defense (DOD) COVID-19 Countermeasures Acceleration Group to prepare the Bureau for administering the COVID-19 vaccine.²² Further, according to officials, BOP entered into an agreement with CDC to receive a direct allocation of vaccines. Additionally, BOP institutions have collaborated directly with, and received guidance from, the CDC regarding best practices to mitigate the spread of COVID-19 within correctional institutions.

Coordination with state and local agencies. BOP facilities coordinated with first responders and local law enforcement agencies to provide guidance on how BOP is to coordinate with emergency response agencies at the local and state level for COVID-19 response. For example, officials from BOP's Health Services Division stated that BOP coordinates with local health departments in areas highly impacted by

²⁰OPM serves as the chief human resources agency and personnel policy manager for the federal government. OPM provides human resources leadership and support to federal agencies. BOP followed OPM guidance in establishing its staff leave protocols during the pandemic. According to BOP, the CDC published the *Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities* on March 23, 2020 as a result of the collaborative efforts between the two agencies. The CDC also published a subsequent update on July 14, 2020 with BOP input.

²¹The U.S. Public Health Service is an agency under HHS that provides public health services to underserved and vulnerable populations.

²²Efforts to support vaccine development, manufacturing, and distribution to states and other jurisdictions have been led at the federal level by a partnership between the DOD and HHS. This partnership was formerly known as Operation Warp Speed, but as of May 2021 is called the HHS-DOD COVID-19 Countermeasures Acceleration Group.

COVID-19 to ensure safe release of inmates into the community. Officials from a BOP regional office explained that infectious disease coordinators in each of the region's institutions have preexisting relationships with their respective local county health offices because of long-standing requirements for facilities to report incidences of infectious diseases, such as tuberculosis, scabies, and sexually transmitted diseases to the county health department. This preexisting relationship facilitated coordination with the county health offices when the COVID-19 pandemic occurred.

Coordination to identify community resources. Officials from one of the six facilities we selected stated that they also coordinated with the Federal Emergency Management Agency (FEMA), the National Guard, and the Army Corps of Engineers to identify available community resources for responding to the pandemic. For example, officials from the BOP facility stated that their local health department established a 12-hospital dispatch line for the facility to obtain information about available hospital bed space. Additionally, the state's National Guard unit set up a center at this same facility to treat inmates with advanced COVID-19 cases, as illustrated in figure 3.

Figure 3: A National Guard Unit's Hospital Space within a Federal Bureau of Prisons Facility Established to Treat Inmates with Advanced COVID-19 Cases



Source: Federal Bureau of Prisons. | GAO-21-502

Coordination with local hospitals. According to officials, facilities routinely coordinate with local hospitals on inmate care. This coordination is critical for BOP facilities that do not have medical centers or run out of space to accommodate inmates who become ill and must therefore transfer the sick inmates to local hospitals. Prior to the pandemic, BOP reported that it transferred approximately 7,100 inmates monthly to local hospitals located outside of its facilities in May 2019 and slightly fewer in

the remaining months of 2019. Similarly, BOP relied on these local hospitals when the pandemic started in March 2020 to care for inmates who contracted the virus and who could not be treated within BOP's medical centers or infirmaries. In 2020, even after COVID-19-related hospitalizations were included, total hospital trips decreased due to the COVID-19 precautions in place in the community, such as elective medical procedures being postponed. Further, according to BOP union officials, BOP staffing limitations during the pandemic put additional burdens on staff in transporting inmates to local hospitals. This may be a reason why BOP reduced transfers of inmates to hospitals because of the number of staff needed to transfer an inmate to a local hospital.

Coordination on inmate transfers. BOP coordinated with USMS during the pandemic to minimize any possible transmission of COVID-19 that could take place during inmate transfers to and from BOP facilities. For example, USMS officials told us that the USMS Prisoner Operations Division Medical Director had numerous calls, email exchanges, and at least one in-person meeting with BOP's Medical Director, among other BOP senior leadership, early in the pandemic. According to USMS officials, during these interactions, BOP shared its inmate intake, quarantine, testing, and transfer protocols with USMS. To further minimize the spread of COVID-19, on March 13, 2020, BOP suspended inmate transfers until the suspension was lifted in July 2020.²³ For more information on the impacts of the suspension of inmate transfers, see appendix III.

Despite Some Challenges, BOP Has Distributed PPE, Implemented Testing and Vaccine Policies, and Tracked COVID-19 Outcomes

In responding to COVID-19, BOP has distributed PPE to its facilities, supplementing the individual facilities' own PPE sources. In addition, BOP developed policies for testing inmates and making testing available for staff, and for distributing the vaccine to BOP inmates and staff. BOP has also tracked and reported the numbers of COVID-19 infections, recoveries, and fatalities among inmates in BOP-managed and private facilities, and among staff in BOP-managed facilities. In the following five

²³During the suspension of transfers, some transfers still occurred, but on a limited basis.

sections, we discuss the challenges BOP has faced and the approaches BOP has used to distribute PPE, collect and report COVID-19 data, and test and vaccinate inmates and staff.

Despite Nationwide PPE Shortages Early in the Pandemic, BOP Developed a System to Distribute PPE to Facilities

According to Health Services Division officials, BOP experienced challenges with PPE distribution in the first months of the pandemic, including reduced availability of certain PPE items and equipment due to national shortages. CDC's guidance for correctional facilities recommends that all staff use PPE when they have contact with people with confirmed COVID-19 or with infectious materials.²⁴

Union officials representing three out of the five selected BOP-managed facilities told us that their facilities did not have sufficient access to a proper amount or quality of PPE early in the pandemic. For example, one union representative said that there was limited access to PPE, hand wipes, and other sanitary supplies in the beginning of the pandemic, and that masks that BOP initially provided were of poor quality. The union representative noted that access to these items had improved. The challenges in acquiring PPE that BOP experienced in the early months of the pandemic were similar to those that other health care providers and institutions experienced at that time, as PPE was generally in short supply. We previously reported on PPE shortages across federal agencies and in the health care industry.²⁵

²⁴The CDC does not consider cloth masks to be PPE, but says cloth masks are worn to protect others in the surrounding area from respiratory droplets generated by the wearer. However, BOP guidance states that staff and inmates in public areas must wear face coverings, which could be PPE or cloth masks, at all times in public areas when less than six feet apart.

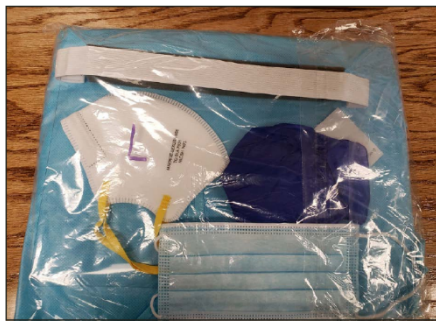
²⁵See GAO, *COVID-19: Federal Efforts Could Be Strengthened by Timely and Concerted Actions*, [GAO-20-701](#) (Washington, D.C.: September 21, 2020)

Federal Bureau of Prisons (BOP) Personal Protective Equipment (PPE) Categories

PPE includes garments or equipment designed to protect the wearer's body from injury or infection. BOP breaks down PPE into specific categories in its record keeping. These categories include:

- COVID-19 test kits
- Disinfectant
- Disposable coverall or body suit
- Eye protection
- Gloves
- Gowns and other outer PPE
- Hand sanitizer
- Masks, including cloth face masks, medical-grade surgical masks, and N95 respirators
- Medications
- Thermometers
- Ventilators

Pictured below is a ready-made PPE pack that one facility we selected provides to staff for medical escort trips, such as to a hospital. It includes a surgical mask, an N95 respirator, gloves, a gown, and a face shield.



Despite the challenges Health Services Division and BOP union officials told us about in obtaining PPE early in the pandemic, officials from three of the six facilities we interviewed told us their facilities had not experienced significant shortages of PPE items.²⁶ According to BOP officials, BOP worked with HHS to secure weekly allotments of testing supplies and ventilators. BOP also sought new avenues through which to purchase PPE supplies and equipment in order to help address PPE

²⁶The other three selected facilities did not mention whether or not they had experienced PPE shortages in our interviews.

shortages. In March 2020, BOP began ordering and distributing PPE to facilities while facilities continued to procure PPE locally.

BOP has a process for distributing PPE to staff and inmates that is coordinated through its Incident Command System, through which it has distributed over 10 million units of PPE. This process included providing an equal amount of PPE to the six logistics sites BOP's Emergency Operations Center created in each BOP region to assist in distributing all large PPE orders. The six logistics sites were then responsible for distributing the PPE to individual facilities in their respective regions.

Individual facilities are to make determinations regarding distribution between staff and inmates depending on the needs of the facility. According to officials from BOP's Health Services Division, each facility had some PPE on hand prior to the pandemic, and in March 2020, BOP began to help replenish that supply or to support facilities' response and mitigation efforts. The Incident Command System used electronic reporting to monitor facility PPE usage and to help ensure that adequate levels of PPE for staff and inmates are present at all times. Once the logistics sites had received a few weeks of reporting, BOP calculated the typical rate of usage for each PPE category (e.g., masks, outerwear, etc.). The logistics sites can then use the typical rate of usage and the facility's current inventory to estimate the number of days of PPE the facility has on hand. BOP's goal was for every facility to have 100 days of inventoried PPE. According to BOP officials, some facilities had less than a 90 day supply of certain PPE at certain points, but officials were not aware of any facilities running out of or having to reuse PPE.

According to BOP, from March 2020 through May 2021, BOP had obligated nearly \$63 million for acquiring PPE to distribute to facilities,

and had expended about \$59 million of that.²⁷ As shown in figure 4 below, from March 2020 through February 2021, BOP distributed the highest volume of PPE to facilities in April 2020. According to BOP officials, this was because it took time for BOP to receive and then distribute the large orders placed with vendors in March. The April 2020 distribution included over 2 million pairs of gloves and over 2 million cloth face masks.²⁸ From May through July 2020, the majority of PPE that BOP distributed included masks and outerwear such as gloves and gowns.

²⁷As of May 2021, about \$620 million from a combination of three sources has been either appropriated to or designated by BOP for COVID-19 response efforts. The Coronavirus Aid, Relief, and Economic Security (CARES) Act, Pub. L. No. 116-136, 134 Stat. 281, 513 (2020), appropriated \$100 million to BOP for preventing, preparing for, and responding to the COVID-19 pandemic. Additionally, the Consolidated Appropriations Act, 2021, Pub. L. No. 116-260, § 543, 134 Stat. 1182, 1285 (2020), appropriated \$300 million to BOP for preventing, preparing for, and responding to COVID-19, domestically or internationally. Further, according to BOP officials, BOP obligated about \$220 million from its fiscal year 2020 Salaries and Expenses appropriation for COVID-19 expenses. Officials explained that funds from all three sources are to be used for, among other things, personal protective equipment, cleaning supplies, and contracts for medical care provided outside BOP facilities. Of this approximately \$620 million, all of the funds have been obligated as of May 2021, or will be by the end of fiscal year 2021, according to BOP officials.

²⁸In April 2020, BOP-managed facilities had a total of 142,287 inmates and 36,291 staff.

Figure 4: Monthly Types, Amounts, and Distribution Rates of Personal Protective Equipment (PPE) the Federal Bureau of Prisons (BOP) Provided to Facilities, (March 2020-February 2021)

Personal protective equipment type (amount distributed)

	March	April	May	June	July	August	September	October	November	December	January	February
Influenza testing supplies	0	0	0	0	0	0	452	21	2	2	445	331
Thermometers and ventilators	24	32	905	8	20	0	0	0	0	0	0	0
COVID test machines / kits	0	477	1,525	1,779	1,519	1,653	1,703	476	358	904	972	571
Disinfectant and hand sanitizer	0	11,352	0	0	0	0	0	0	0	0	0	0
Outerwear (gowns, eye protection, gloves, body suits)	81,340	2,275,102	49,000	703	267,000	39,700	0	0	1,000	0	175,000	200,000
Masks (all types)	6,480	2,945,550	1,018,460	266,615	1,584,000	415,000	150,000	144,000	300,800	0	0	450,400
Medications	0	53,500	4,030	2,300	300	0	5,124	2,600	1,380	147	134	4

Percentage of each PPE type distributed by month



Source: GAO analysis of BOP data. | GAO-21-502

Note: The shading indicates the percentage of each personal protective equipment type that was distributed that month as compared to other months. For example, 26 to 50 percent of all masks distributed by BOP were distributed in July 2020, and 1 to 5 percent were distributed in August 2020. In addition to the PPE that BOP distributed to facilities, facilities may have also acquired their own PPE which would not be reflected in this figure.

BOP Has Faced Three Key Challenges Implementing Its COVID-19 Testing and Reporting Policies

Officials we interviewed collectively identified three key challenges with COVID-19 testing and reporting. These challenges have involved (1) obtaining testing supplies and deploying an adequate testing strategy; (2) ensuring symptomatic inmates report their symptoms so they can be tested; and (3) mitigating the risk that staff bring COVID-19 into the facility.

Obtaining testing supplies and deploying an adequate testing strategy. BOP's COVID-19 testing strategy is contained in its COVID-19 Phased Action Plans and COVID-19 Pandemic Plan. BOP officials said the strategy has changed multiple times since the pandemic began, to adapt to updated CDC guidance, as BOP officials better understood how to respond, and as BOP addressed challenges in obtaining testing supplies.

An official from BOP Health Services Division reported that, much like other health care sector entities at the start of the pandemic, the bureau had difficulty deploying an adequate testing strategy. For example, the market for testing supplies was burdened early in the pandemic with supply that could not keep up with demand, so BOP and other healthcare providers had difficulty getting testing supplies.²⁹ To address this, BOP worked with HHS to secure weekly allotments of testing supplies for inmates through the end of 2020, according to BOP officials. At the end of 2020, BOP procured and distributed its own tests for inmates through a contract with a laboratory. In addition, in July 2020, BOP awarded a 5-year contract to a different laboratory for processing staff COVID-19 tests at BOP-managed facilities, according to BOP officials. BOP policy allowed facilities to have test kits available for staff at the facility, where staff submitted completed tests to an off-site testing provider for results. According to BOP officials, BOP's Health Services Division allows facilities to receive these test kits when community testing is not available near that facility. According to BOP officials, less than 300 of the tests have been used nationally as of early July 2021.

²⁹We have previously reported on COVID-19 testing shortages and the reasons why they exist. See GAO, *COVID-19: Opportunities to Improve Federal Response and Recovery Efforts*, [GAO-20-625](#) (Washington, D.C.: June 25, 2020).

While BOP has explored implementing a mandatory staff testing policy, officials said there would be limited benefits but high costs to doing so, and noted that CDC guidance did not indicate they should mass test. They added that a negative COVID-19 test result would only show that the individual was negative at the time of taking the test. If the individual were exposed between taking the test and receiving the result potentially days later, that would not be reflected in the test results. Even a rapid test would only show whether an individual is negative on that day, but they could be exposed shortly after taking the test.

In addition, BOP officials told us that regularly testing staff would be time and resource intensive. BOP officials explained that putting other protective measures in place was the more feasible route to mitigating the threat of the virus—for example, BOP controlling staff entry to facilities by conducting symptom screening of all staff and making testing options available to staff. BOP guidance also encouraged facilities to establish relationships with local health department testing sites, and BOP created a form letter for staff to provide to local testing sites asking that they be prioritized as essential workers.

Ensuring symptomatic inmates are tested when facilities rely on inmate self-reporting of symptoms. BOP has developed a COVID-19 screening and testing strategy, and has updated it as the pandemic has evolved. BOP's strategy is to test inmates if they become symptomatic or have been exposed to COVID-19, and also before they are transferred in or out of a BOP institution. BOP generally relies on inmates to self-report their COVID-19 symptoms in order to be tested. However, officials at three of the six selected facilities we spoke with reported that they were aware of instances where inmates did not report their symptoms for fear of being quarantined or isolated. According to BOP officials, BOP's strategy also allows for facilities to consider, when cases are rising, conducting targeted surveillance testing by testing all inmates in areas experiencing rising COVID-19 cases.

BOP officials told us that BOP has discussed internally, and with CDC, the feasibility of mass testing across all BOP facilities. Mass testing would entail regularly testing all inmates every 3–7 days regardless of COVID-19 vaccination status until testing identifies no new cases for 14 days. This is in contrast to BOP's policy of testing inmates who are symptomatic or who may have been exposed to a positive case, or of considering conducting targeted surveillance testing of certain areas, units, or facilities where positive cases have increased. Officials explained that mass testing would require a tremendous increase in testing resources, given

the need to repeatedly test for the virus. Additionally, officials told us they are uncertain that the benefits of mass testing would outweigh the financial costs.

Mitigating the risk of staff bringing COVID-19 into the facility. BOP uses an enhanced screening tool to query all staff for symptoms before they could enter the facility—see figure 5.

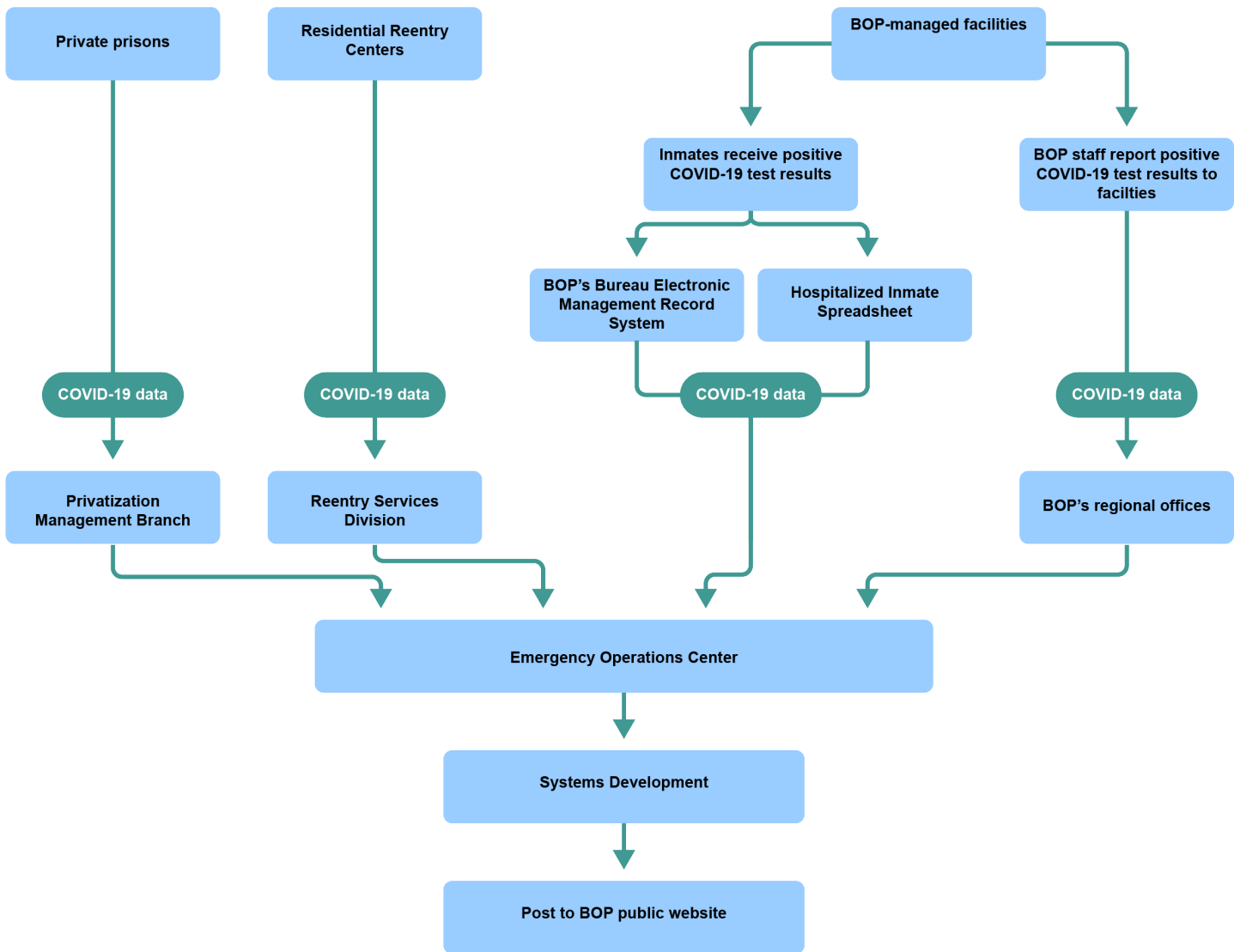
documentation unless the person responds “Yes” to any of the screening questions, or has a temperature deemed unacceptable as described in the screening form.

When staff fail the symptom screening, they are denied access to the facility and referred to their doctor or local health department for testing or evaluation. Following the failed screening, BOP does not require proof of a negative test as a condition for staff to return to work, but rather that employees follow the advice of their health department or physician. For staff who do test positive, but are not hospitalized, BOP’s guidance allows them to return to work once all of three criteria are met: (1) 10 days have passed since their first symptoms appeared, (2) their symptoms have improved, and (3) they have not had a fever in 24 hours, without the assistance of fever-reducing medications.

BOP Gathers Inmate COVID-19 Data, and Inmate Infections Peaked in December 2020

BOP’s Emergency Operations Center gathers COVID-19 data, such as the infection, recovery, and fatality rates of inmates at BOP-managed and private facilities, from multiple sources. The center then consolidates the data, and the Information Policy and Public Affairs Branch posts them daily on BOP’s website. Figure 6 shows BOP’s process for tracking and reporting these data.

Figure 6: Federal Bureau of Prisons' (BOP) Processes for COVID-19 Data Collection and Dissemination by Facility Type



Source: GAO depiction of BOP's processes. | GAO-21-502

Note: While BOP manages 122 federal facilities, federal inmates may also be held in private prisons operating under contract with BOP, or in Residential Reentry Centers. Private prisons are privately operated secure contract facilities and are low security. Toward the end of an inmate's incarceration, BOP may place the inmate in a Residential Reentry Center, also known as a halfway house. In Residential Reentry Centers, inmates are housed outside of a prison environment and are required to work or be actively seeking a job.

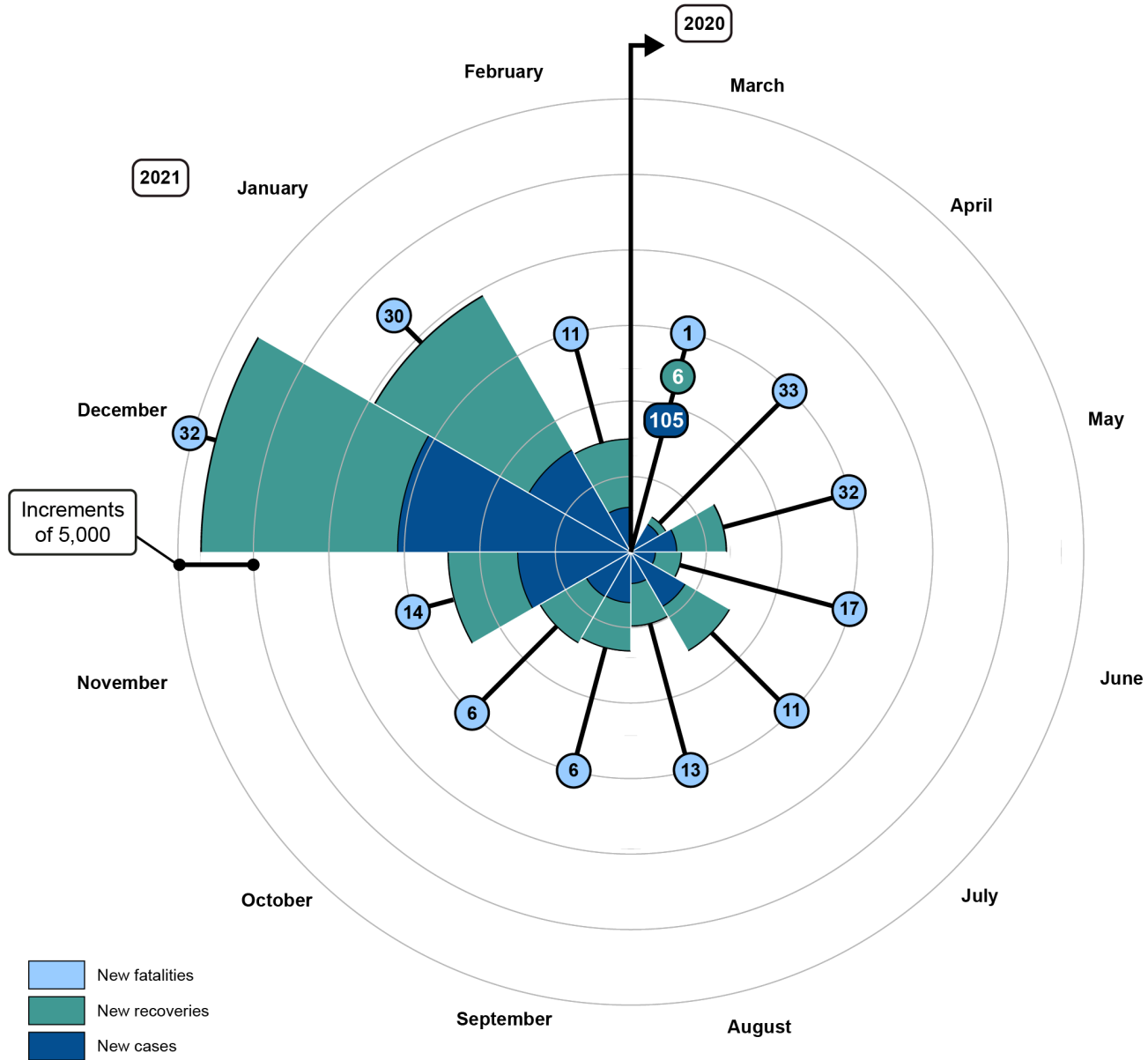
As of May 2021, 45,660 inmates in BOP-managed and community-based facilities have tested positive for COVID-19, according to BOP data. In addition, as of May 2021, 45,367 inmates have recovered and 237

inmates have died of the virus.³⁰ BOP used its Bureau Electronic Medical Records system for BOP-managed inmate data. In addition, BOP used spreadsheets to track data for its staff and for private prisons.

As shown in figure 7 below, the numbers of new cases, recoveries, and fatalities for inmates at BOP-managed facilities have varied month to month since COVID-19 was first introduced into BOP facilities in March 2020. For example, in March 2020, there were 105 new cases, six recoveries, and one fatality; in August 2020 there were 2,084 new cases, 2,807 recoveries, and 13 fatalities; and in December there were 15,447 new cases, 13,004 recoveries, and 32 fatalities. Further, the figure shows that the number of positive inmate cases in BOP-managed facilities peaked in December 2020, and the number of inmate fatalities was highest in April 2020. The peaks in positive inmate cases in December and January were also similar across BOP inmate demographic groups and among inmates at contracted facilities. Nationwide, the number of COVID-19 cases also peaked in December 2020 and January 2021. Additional information on inmate infection rates, including demographic information and rates at BOP's contracted facilities, can be found in appendix IV.

³⁰Inmate infection and recovery data as of May 2021 was collected from BOP's website, which includes inmates currently in custody and not inmates who have since been released from custody. In addition, cases and their outcomes are both counted in BOP's data. For example, an inmate who tested positive for COVID-19 in April 2020 and recovered in May 2020 would be counted both as a new positive case in April 2020 and as a recovery in May 2020.

Figure 7: Total New COVID-19 Infection, Recovery, and Fatality Rates for Inmates in Federal Bureau of Prisons-Managed Facilities (March 2020-February 2021)



Source: GAO analysis of Federal Bureau of Prisons data. | GAO-21-502

Note: Positive cases and their outcomes are each counted in this figure. For example, an inmate who tested positive for COVID-19 in April 2020 and recovered in May 2020 would be counted both as a new positive case in April 2020 and as a recovery in May 2020. The number of inmate recoveries and

fatalities do not add up to the total number of inmates that have tested positive for COVID-19. This can be due to inmates who are still sick at the time of data collection, or inmates who were released from the BOP system before an outcome was recorded.

Accessible Data for Figure 7: Total New COVID-19 Infection, Recovery, and Fatality Rates for Inmates in Federal Bureau of Prisons-Managed Facilities (March 2020-February 2021)

Month	Total cases	Total Recoveries	Total fatalities
March 2020	105	6	1
April 2020	2141	551	33
May 2020	3040	3272	32
June 2020	1626	1719	17
July 2020	4170	3380	11
August 2020	2084	2807	13
September 2020	3349	3197	6
October 2020	3409	3529	6
November 2020	7492	4605	14
December 2020	15447	13004	32
January 2021	7799	11781	30
February 2021	2959	4518	11

Trends in Infection Rates in BOP Facilities and Those in Surrounding Communities Were Not Consistent

We did not detect a consistent relationship between the infection rates of inmates in BOP facilities and the infection rates in surrounding communities. Specifically, we compared COVID-19 positive cases at each of the five BOP-managed facilities and one privately managed facility to the percent increase in cases reported in counties within a 15-mile radius of each facility (see appendix V). For some of the facilities we analyzed, the trends in inmate cases followed a similar pattern to the cases in the surrounding community, while for other facilities, the inmate and community cases did not follow similar trends. For at least one facility, there were too few cases in the facility to be able to make any conclusions. For more information on these facilities' response to COVID-19, see appendix VI.

BOP Gathers Staff COVID-19 Data, and Staff Infections Peaked in December 2020

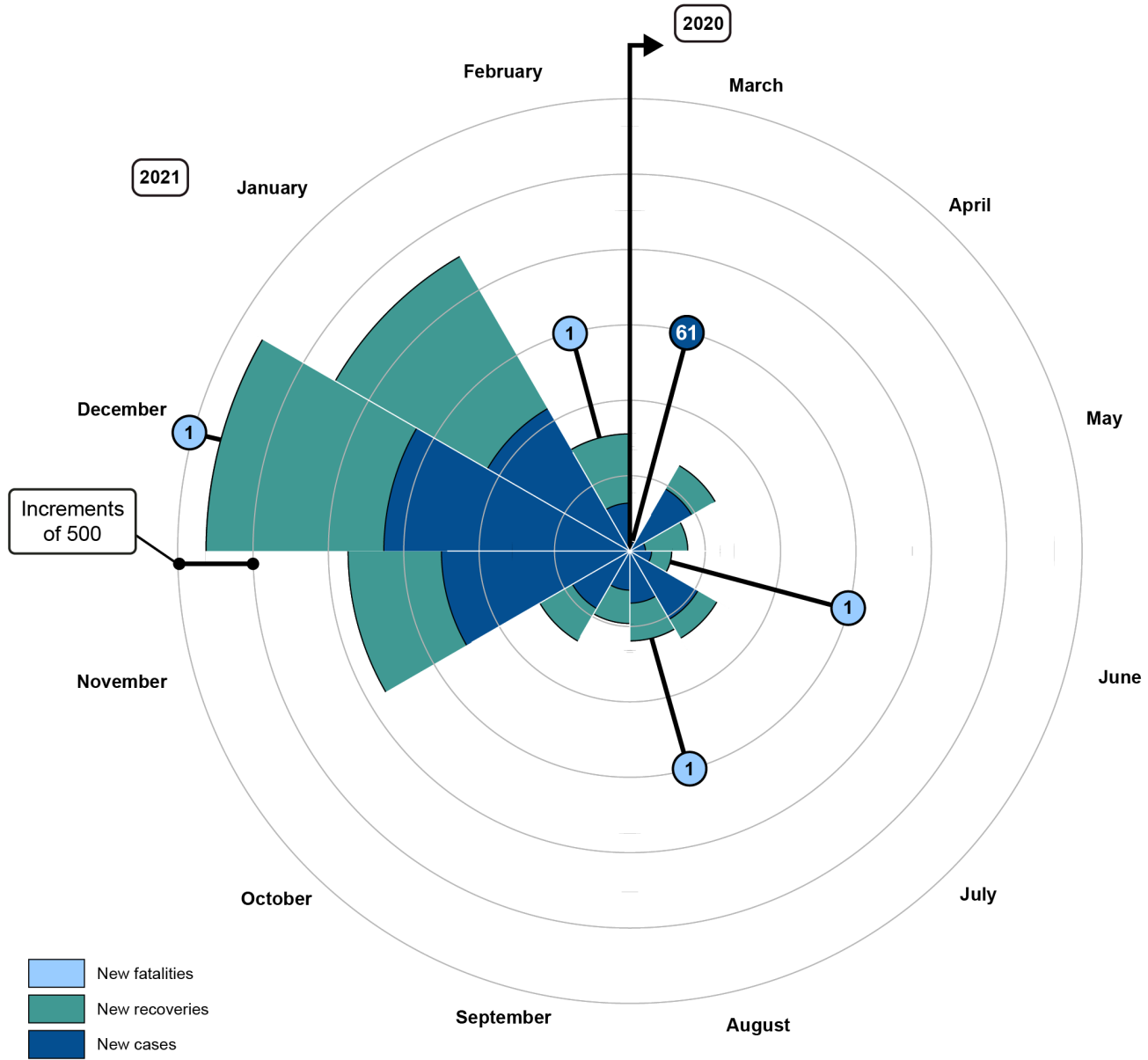
According to BOP officials, BOP Office of Occupational Safety and Health is responsible for tracking staff COVID-19 data. Staff members are required to report positive COVID-19 test results to their employing facilities. The facilities then are to submit the information to BOP's regional offices. As with COVID-19 data involving inmates, BOP posts the data on its public website each business day. However, while BOP's January 2021 revised COVID-19 Pandemic Plan required staff to report positive tests to their facility, data about staff infection and recovery rates may be underestimated since staff are tested outside of the facility and there is no way of ensuring all test results are reported. Additionally, some staff may have been positive but were unaware of it if they did not get tested.

As of May 2021, BOP reported that 6,972 of its staff had tested positive for COVID-19. In addition, as of May 2021, 6,837 staff had recovered, and four died of the virus.³¹ As shown in figure 8, the number of cases of staff COVID-19 infections peaked in December 2020, with over 1,500 reported cases.

³¹In February 2021, there were 37,163 staff in BOP-managed facilities. Cases and their outcomes are both counted in BOP's data. For example, a staff member who tested positive for COVID-19 in April 2020 and recovered in May 2020 would be counted both as a new positive case in April 2020 and as a recovery in May 2020.

A study of COVID-19 infections in BOP staff found that occupational category was not associated with the staff member's likelihood to receive a positive COVID-19 test that is reported to BOP, which, according to the study, could reflect the interconnected operations within correctional environments. See Robin L. Toblin, Sylvie I. Cohen, and Liesl M. Hagan, "SARS-CoV-2 Infection Among Correctional Staff in the Federal Bureau of Prisons," *American Journal of Public Health* (2021): p. 1-4.

Figure 8: Total New COVID-19 Infections, Recoveries, and Fatalities for Federal Bureau of Prisons Staff, March 2020 through February 2021



Source: GAO analysis of Federal Bureau of Prisons data. | GAO-21-502

Note: Positive cases and their outcomes are each counted in this figure. For example, a staff member who tested positive for COVID-19 in April 2020 and recovered in May 2020 would be counted both as a new positive case in April 2020 and as a recovery in May 2020.

Accessible Data for Figure 8: Total New COVID-19 Infections, Recoveries, and Fatalities for Federal Bureau of Prisons Staff, March 2020 through February 2021

Month	Total cases	Total Recoveries	Total fatalities
March 2020	61	.	.
April 2020	475	179	.
May 2020	104	280	.
June 2020	144	133	1
July 2020	522	146	.
August 2020	345	250	1
September 2020	259	221	.
October 2020	440	249	.
November 2020	1250	619	.
December 2020	1632	1179	1
January 2021	1091	1165	.
February 2021	318	459	1

BOP Developed an Approach to Prioritize Vaccinations for Staff and Inmates

BOP, in consultation with the CDC, issued a COVID-19 Immunization Plan on November 2, 2020, for BOP-managed institutions. The plan prioritized administering the vaccine to staff first, then to inmates in certain housing units, such as nursing care units or open bay housing, and finally to all other inmates.³² Within these priority groups were sub-priorities. For example, staff who were health care providers were the highest priority group, while inmates with certain characteristics, such as those 65 years old or older, those with cancer, and those with heart conditions, among others, were prioritized before other inmates. According to BOP guidance, the Central Office is responsible for coordinating all vaccine orders, and the CDC distributor ships the vaccine directly to individual facilities. Officials at the private prison we selected said they worked with their state health department to develop the facility’s vaccination plan in advance of vaccine distribution. As of May 2021, 5,095 inmates in private facilities had been fully vaccinated.

³²Open bay housing is a term used to describe inmate housing where many inmates sleep in one large room, potentially with cubicle-style partial walls, as opposed to fully enclosed cells housing smaller numbers of inmates.

As of March 2021, BOP was receiving weekly shipments of both the Pfizer and Moderna vaccines. Since the Pfizer vaccines are shipped in large quantities in ultra-cold storage, CDC ships them to centralized BOP locations, according to BOP officials. BOP facilities are to pick up an assigned number of doses from the centralized location, transporting them in refrigerated shipping boxes. Since the Moderna vaccine is shipped frozen in batches of 100 doses, they are shipped directly to facilities. Officials said that due to manufacturer storage requirements and the lack of ultra-low temperature freezer capacity at BOP, the Pfizer vaccine must be used within 5 days, and the Moderna vaccine must be used within 30 days. BOP directs facilities to administer all doses within 5 days, except for some extenuating circumstances where BOP may direct the facility to store the vaccine. For example, if a facility's health care staff are quarantined or sick, the facility could keep the Moderna vaccine for up to 30 days, or use dry ice to extend the life of the Pfizer vaccine, until there are staff available to administer the vaccine.

In March 2021, BOP began distributing doses of the Johnson & Johnson vaccine. Unlike the Pfizer and Moderna vaccines which are two-dose vaccines, the Johnson & Johnson vaccine is one dose. BOP mainly used this vaccine in holdover and detention centers where inmates have shorter stays, and therefore would be more difficult to schedule for follow-up second doses.

According to BOP officials, all BOP staff had been offered at least one dose of vaccine by the end of February 2021. According to BOP officials, BOP offered the vaccine to more than 90 percent of all inmates at BOP-managed facilities before June 1, 2021. Of the remaining inmates, about 3,000 are new entrants to BOP facilities. According to BOP officials, BOP continues to offer the vaccine to new entrants, as well as those who had previously declined the vaccine. BOP anticipates having offered the vaccine to all inmates by July 1, 2021, and will continue to offer the vaccine to new staff and inmates thereafter.

As of May 31, 2021, 73,050 (56 percent) inmates in BOP-managed facilities were fully vaccinated. In addition, 19,000 BOP staff (50 percent) were fully vaccinated.³³ According to BOP officials, BOP does not provide vaccines to private facilities nor reimburse them for vaccine costs.

³³"Fully vaccinated" means that inmates had received their final dose of the vaccine. These numbers measure the number of BOP administrations of vaccines to inmates and staff. Because of this, staff vaccinations may be undercounted as staff can seek vaccinations outside of BOP's vaccine distribution structure.

Instead, officials said BOP directed these facilities to use state resources to acquire vaccines.

COVID-19 Has Impacted Conditions for Inmates and Staff, but BOP Lacks an Approach to Ensure Facilities Capture and Implement Lessons Learned

COVID-19 has impacted inmates and staff in various ways. In its response to the pandemic, BOP issued multiple guidance documents that made changes to inmates' living conditions, as well as to inmates' access to services and programs. In addition, BOP leveraged home confinement authorities in an attempt to prevent the spread of COVID-19 among inmates. COVID-19 exacerbated existing staffing challenges at BOP facilities that we identified in prior reviews by, for example, necessitating staff be placed on quarantine if they were exposed to COVID-19 over the course of the pandemic. BOP has some mechanisms for sharing lessons learned and best practices from its response to the pandemic, but does not have an approach for ensuring that facilities capture and implement applicable lessons learned or best practices. In the following four sections, we discuss how BOP's response to the pandemic changed inmates' living conditions, how BOP leveraged its home confinement program in response to COVID-19, how its response impacted new and existing staffing challenges at its facilities, and the strengths and limitations of BOP's approach to capture and apply best practices and lessons learned from its pandemic response.

BOP's Pandemic Response Efforts Have Changed Inmate Living Conditions

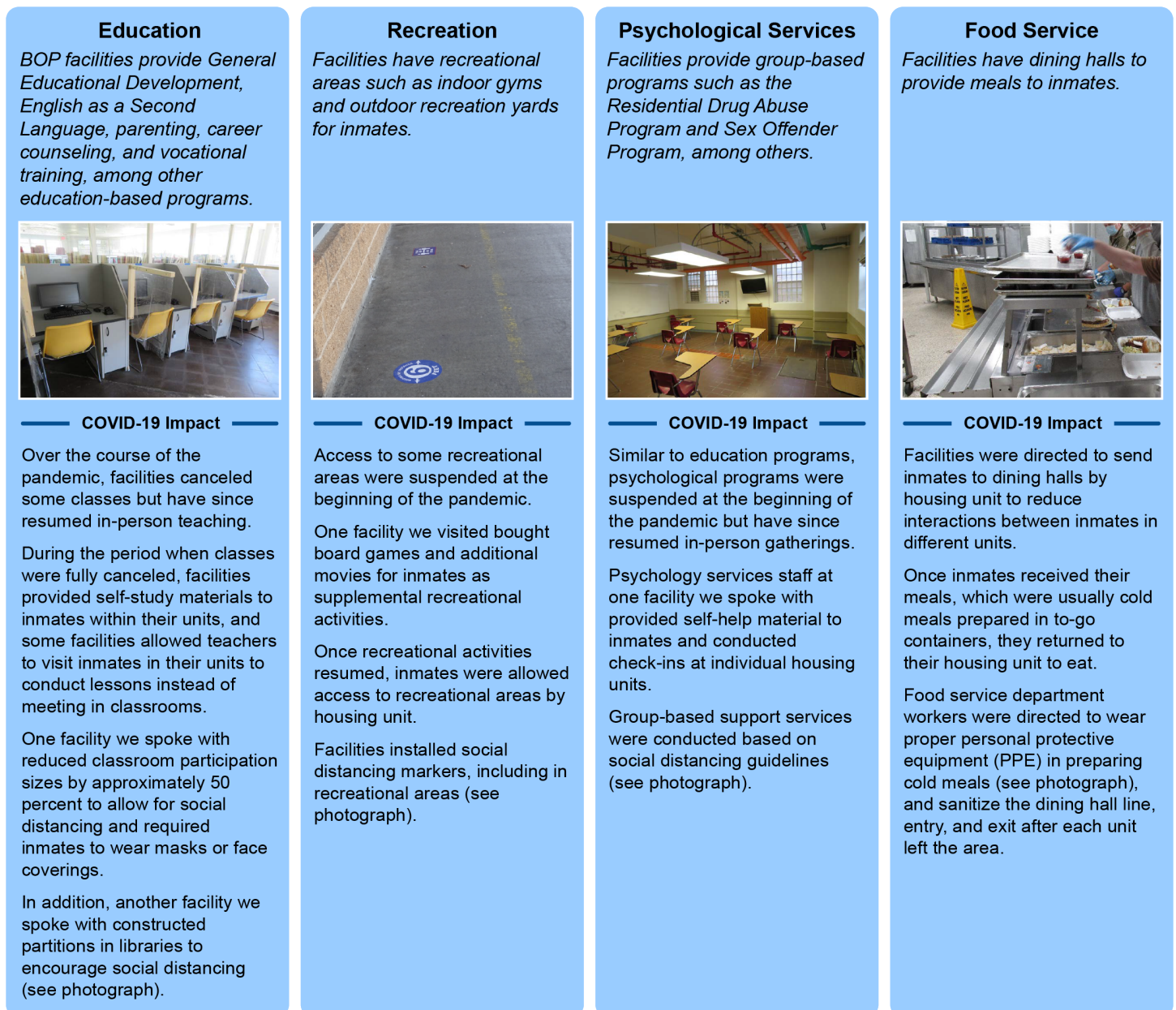
BOP's efforts to safeguard its inmates during the pandemic has changed inmates' living conditions. Specifically, BOP has limited access to programs, services, visitors, and facility spaces. Such changes have been outlined in various guidance documents that BOP issued over the course of the pandemic, such as BOP's Phased Action Plans and its COVID-19 Pandemic Plan.

Access to programs and services. BOP changed inmates' access to various programs and services during the pandemic. Capacity for some programs, such as vocational training and General Educational

Development (GED) testing, was reduced to allow for social distancing.³⁴ Routine medical care services, such as requests for doctor visits and medication distribution, also have been changed to accommodate social distancing guidelines. For example, instead of obtaining their medications from a health care worker amongst multiple other prisoners, inmates are required to access medications one housing unit at a time. In addition, some activities, such as recreation, are conducted per housing unit in order to reduce interactions between inmates assigned to different housing units throughout the facilities. Figure 9 summarizes common impacts on four BOP programs and services available to inmates.

³⁴BOP facilities offer education and vocational training services to inmates, such as literacy classes, adult continuing education, and occupational training. According to BOP, in most cases, inmates who do not have a high school diploma or a GED certificate must participate in the literacy program for a minimum of 240 hours or until they obtain the GED.

Figure 9: Examples of Federal Bureau of Prisons' (BOP) Reported Changes to Program Operations During COVID-19



Source: GAO summary of BOP information. | GAO-21-502

Access to visitors. According to BOP's COVID-19 Phase Two Action Plan, issued in March 2020, BOP suspended inmates' in-person legal and social visits. During suspension, BOP facilities granted access to legal

counsel via teleconference, or in some cases video conference, based upon request and the availability of space to allow for adequate social distancing at local facilities. Additionally, over the course of the pandemic, individual wardens have had discretion to suspend or lift suspension of in-person legal and social visitation based on the facility's COVID-19 outbreak status, which led to some facilities allowing in-person visitations through appointments, while others did not.

To ensure that inmates maintain community ties, BOP's Phase Two Action Plan increased inmate telephone minutes to 500 from 300 per calendar month bureau-wide. In addition, BOP officials said that they made these calls free, pursuant to the CARES Act.³⁵ Officials at each of the six BOP and private facilities we selected said that inmates had access to legal counsel through telephone or email at a minimum. Three facilities we selected said they were also able to set up video conferencing for legal visits for some inmates. According to BOP's COVID-19 Pandemic Plan, BOP instructed facilities to institute a continuous cleaning and disinfection schedule for all "high traffic" touch areas, including telephones (see figure 10). In addition, facilities granted in-person social visits to inmates if the facility was not under lockdown due to a COVID-19 outbreak at the facility.

³⁵Pub. L. No. 116-136, § 12003, 134 Stat. 281, 515-17. Pursuant to section 12003 of the CARES Act, during the covered emergency period, if the Attorney General finds that emergency conditions will materially affect the functioning of the Bureau, the Director of BOP is required to promulgate rules regarding the ability of inmates to conduct visitation through video teleconferencing and telephonically, free of charge to inmates, during the covered emergency period.

Figure 10: A Federal Bureau of Prisons' Telephone Booth with Sanitization Instructions



Source: Federal Bureau of Prisons. | GAO-21-502

Facilities resumed in-person social visits in October 2020. However, BOP's Phase Nine Action Plan directed visitors to adhere to CDC

guidance for social distancing and PPE use. For example, to comply with BOP guidance, one facility we selected installed a Plexiglas wall in its visitation room, as illustrated in figure 11.

Figure 11: A Federal Bureau of Prisons Facility's Visitation Room with Plexiglas Separation



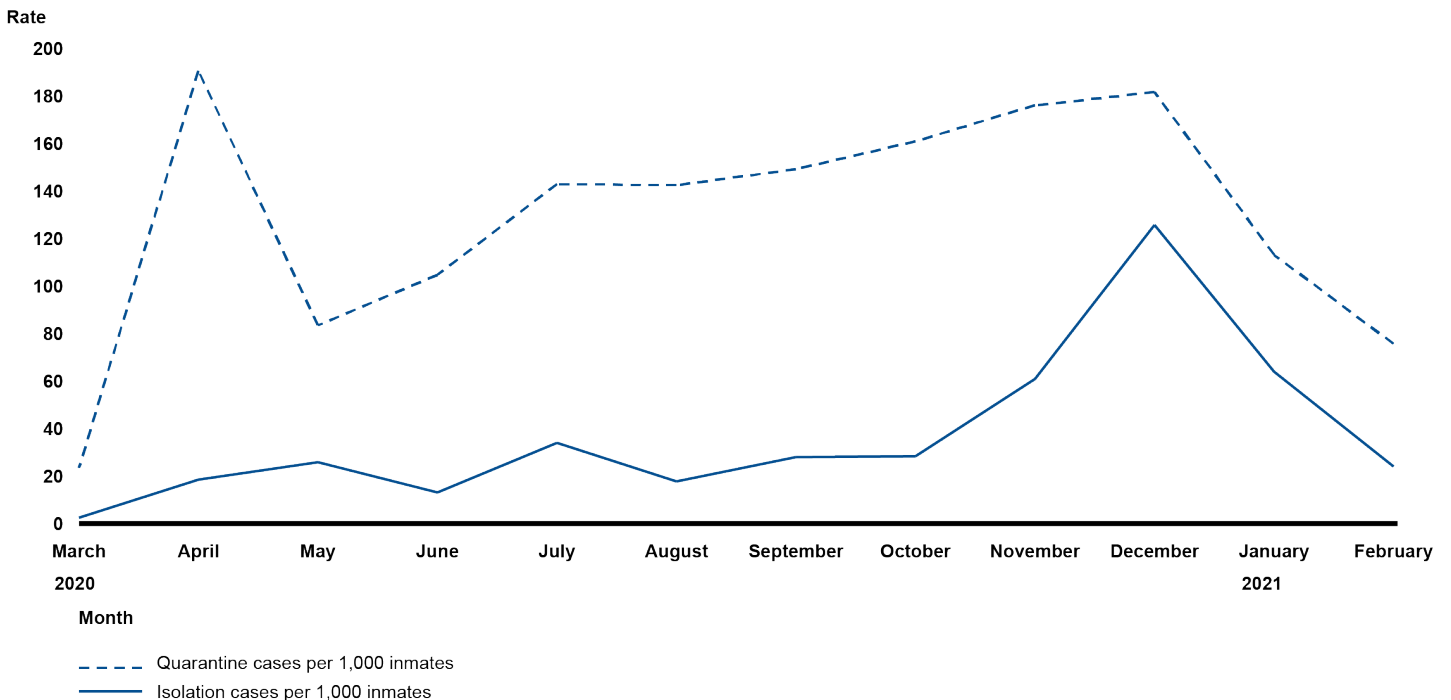
Source: Federal Bureau of Prisons. | GAO-21-502

Access to facility spaces. According to BOP's COVID-19 Phase Two Action Plan, in March 2020, BOP suspended inmates' movement within their assigned facilities. However, BOP granted some exceptions to the suspension in cases of inmate transfer, such as for judicial proceedings or for transfer to Residential Reentry Centers. In addition, BOP placed all facilities on a 2-week lockdown on April 1, 2020, to minimize movement within the prisons for staff and inmates.

BOP's COVID-19 Phase Four Action Plan, issued late March 2020, mandated facilities to incorporate inmate quarantine and isolation procedures (see figure 12 for monthly rates of inmate quarantine and

isolation). BOP required facilities to designate areas for medical quarantine and isolation, isolate and test symptomatic inmates, and quarantine asymptomatic inmates and inmates who may have been exposed to a COVID-positive inmate. Furthermore, BOP required facilities to quarantine all inmates transferring in or out of a facility for 14 days and to isolate symptomatic inmates.

Figure 12: Federal Bureau of Prisons’ (BOP) Quarantine and Isolation Rates per 1,000 Inmates in BOP Custody, March 2020—February 2021



Source: GAO analysis of BOP data. | GAO-21-502

Note: According to BOP’s COVID-19 Pandemic Plan, medical isolation refers to confining individuals with suspected or confirmed COVID-19 infection, either to single rooms or by grouping them with other viral infection patients. Quarantine, in the context of COVID-19, refers to separating, in an individual room or grouping into a unit, asymptomatic persons who may have been exposed to the virus to (1) observe them for symptoms and signs of the illness during the incubation period, and (2) keep them apart from other incarcerated individuals.

Accessible Data for Figure 12: Federal Bureau of Prisons’ (BOP) Quarantine and Isolation Rates per 1,000 Inmates in BOP Custody, March 2020—February 2021

Month	Monthly Isolation	Monthly Quarantine
March	2.44	23.33
April	18.47	190.58
May	25.804	83.409
June	13.078	104.653
July	33.95	142.8
August	17.719	142.4
September	27.964	149.137
October	28.316	160.872
November	60.855	176.029
December	125.671	181.578
January	63.926	113.091
February	24.009	75.609

The highest monthly total of quarantined inmates was in April 2020 when more than 27,100 inmates were quarantined (almost 200 per 1,000 inmates, compared to 23 in 1,000 inmates in March 2020).³⁶ BOP quarantined more than 18,000 inmates each month from July through December 2020, which corresponds with higher reported inmate COVID cases and recoveries during those same months. In December 2020, almost 182 per 1,000 inmates were in quarantine, which corresponds with the highest monthly rate of new COVID cases for inmates in BOP-managed facilities.

From March through April 2020, the number of inmates in isolation increased significantly, from fewer than 400 in March (two per 1,000 inmates) to more than 2,600 in April (18 per 1,000 inmates)—the month after BOP issued guidance mandating quarantine and isolation procedures as referenced above—and almost 3,500 in May. In May 2020, almost 26 per 1,000 inmates were in isolation. In November and December of 2020, the number of inmates in isolation increased again; in December, almost 126 in 1,000 inmates were in isolation. This is the only month where more than one in 100 inmates were in isolation, which

³⁶April 2020 was the month after BOP issued guidance mandating facilities to incorporate inmate quarantine and isolation procedures.

corresponds with the highest monthly rate of new COVID cases in December 2020, for inmates in BOP-managed facilities. This is similar to COVID-19 cases peaking nationwide in December 2020 and January 2021.

BOP also modified its facility spaces in response to the pandemic. For the purposes of identifying spaces for isolation and quarantine, BOP's COVID-19 Pandemic Plan directed facilities to consider spaces not being utilized such as those used for education, religious services, visiting, or recreation. In addition, facilities were directed to obtain tents, shower stations, and mobile hand hygiene stations to create separate spaces and encourage social distancing at some facilities. As such, some BOP facilities converted facility space—or, in some instances, constructed new space around the facility—to allow for more quarantine and isolation units. Officials from each of the six BOP and private facilities we selected stated that they isolated or quarantined inmates in various areas of their prisons—for example, housing units, gymnasiums, visiting rooms, or tents, as illustrated by figure 13. Specifically, officials from one facility we spoke with said their facility chapel was converted into a COVID-19 isolation room.

Figure 13: A Federal Bureau of Prisons' Facility's Recreation Area Repurposed for Medical Isolation



Source: Federal Bureau of Prisons. | GAO-21-502

In addition, officials we spoke with from three of the five BOP-managed facilities stated they had installed temporary, portable showers in alternative housing units for inmate quarantine and isolation (see figure 14). Inmates had controlled access to showers on a per-unit basis, according to these officials.

Figure 14: A Federal Bureau of Prisons Facility's Installation of Temporary Showers in Alternate Housing Areas for Inmates in Quarantine and Isolation



Source: Federal Bureau of Prisons. | GAO-21-502

BOP Used Home Confinement as Part of Its COVID-19 Response

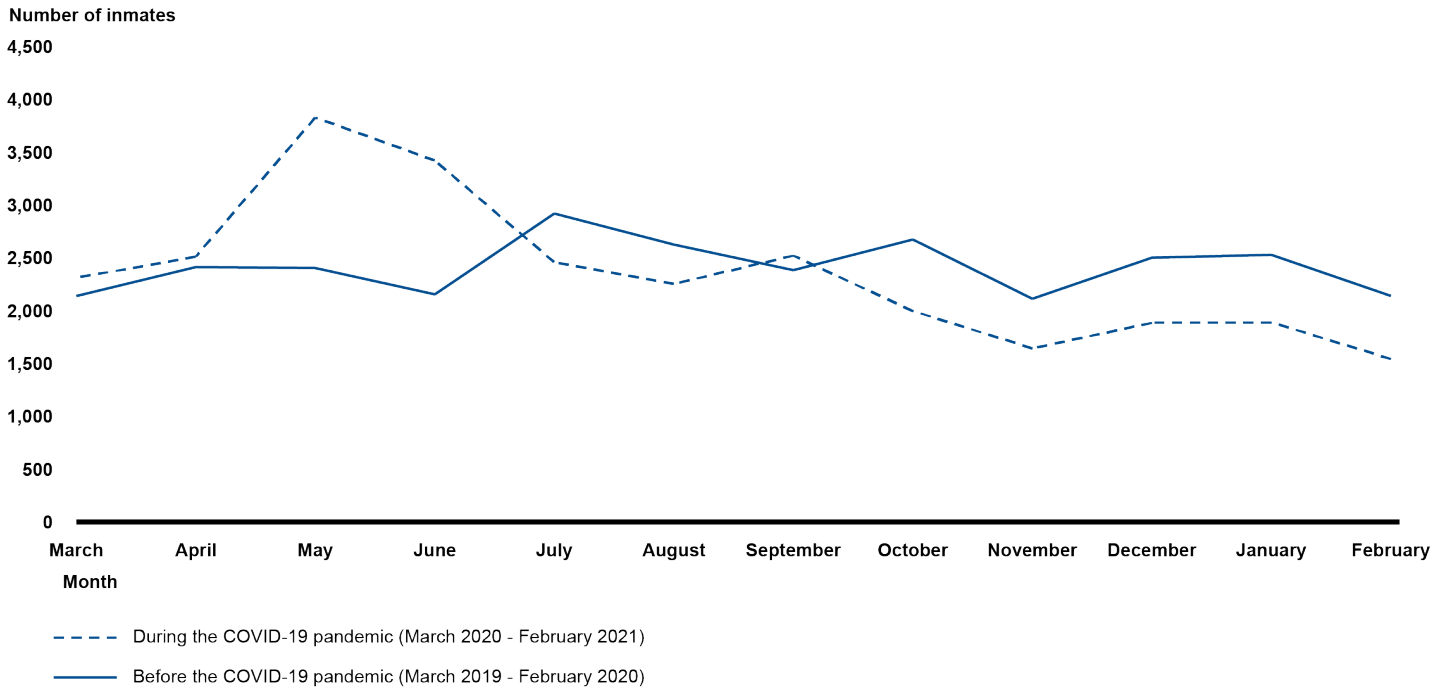
BOP has leveraged its home confinement program to respond to the pandemic by transferring nearly 27,000 inmates to the community between March 2020 and February 2021 and by regularly reviewing all inmates for home confinement eligibility (see figure 15 for trends in home confinement release before and during the pandemic).³⁷ BOP's home confinement program allows eligible inmates nearing release to serve the remainder of their sentence at a home or residence.

As indicated in figure 15, BOP reported that it transferred more inmates to home confinement in May and June 2020 than it did in the same months in 2019. Thereafter, the number of inmates transferred to home confinement each month in 2020 generally were slightly lower compared to the same months in 2019.

According to BOP officials, the increased transfers in May and June 2020 were in direct response to two memoranda the Attorney General issued directing the bureau's use of the home confinement program during the pandemic. According to BOP officials, BOP facilities sent a list of inmates who were likely eligible for home confinement to BOP Central Office for review and the transfers accelerated soon thereafter.

³⁷Specifically, BOP reported the transfer of over 6,500 inmates to the community under updated CARES Act eligibility criteria, close to 300 elderly offenders, and another approximately 20,000 under preexisting authority between March 2020 and February 2021. We were unable to independently verify the accuracy of BOP's reported home confinement numbers. Additionally, we identified the following limitations of the home confinement numbers provided by BOP for the purposes of our review: (1) BOP's home confinement data were provided as a snapshot and are limited to the inmate's status on the date the data were extracted; and (2) BOP was unable to provide a count of all inmates eligible for home confinement at any given time, as an inmate's eligibility status can change regularly in relation to the eligibility criteria for home confinement. Given these limitations and caveats, we concluded the data were sufficiently reliable for the purposes of presenting estimates in this report rather than exact numbers.

Figure 15: Trends in the Bureau of Prisons' (BOP) Transfer of Inmates to Home Confinement Before and During the COVID-19 Pandemic (March 2019 through February 2021)



Source: GAO analysis of BOP data. | GAO-21-502

Note: BOP's home confinement data were provided in monthly snapshots and are limited to the inmate's status on the date these data were extracted for each of the months included in this graph. As such, these numbers may not fully align with numbers presented in other sources where the extraction dates differ or for different time periods. We determined these data were sufficiently reliable for presenting estimates in this report as opposed to exact numbers.

Accessible Data for Figure 15: Trends in the Bureau of Prisons' (BOP) Transfer of Inmates to Home Confinement Before and During the COVID-19 Pandemic (March 2019 through February 2021)

Month	2019 YEAR	2020 YEAR
March	2139	2311
April	2413	2512
May	2404	3829
June	2155	3422
July	2920	2458
August	2626	2254
September	2384	2521
October	2674	1997
November	2113	1644
December	2502	1885
January	2529	1890
February	2140	1543

In its first memo, issued on March 26, 2020, the Attorney General directed the BOP Director to prioritize home confinement as an appropriate response to the COVID-19 pandemic. The memo also suggested that BOP consider the totality of circumstances for each individual inmate, the statutory requirements for home confinement—such as how close inmates are to completing their sentences—and a non-exhaustive list of discretionary factors when making home confinement decisions. For example, one discretionary factor included assessing the inmate’s score under BOP’s new risk assessment tool—the Prisoner Assessment Tool Targeting Estimated Risk and Needs—with inmates who have anything above a minimum score not receiving prioritization for home confinement.³⁸

A second memo the Attorney General issued on April 3, 2020, directed BOP to “move with dispatch” in administering the home confinement

³⁸The First Step Act of 2018, Pub. L. No. 115-391, § 101, 132 Stat. 5194, 5195-5208, required the Attorney General to develop a risk and needs assessment system for inmates in BOP prisons. See 18 U.S.C. § 3632. BOP’s Prisoner Assessment Tool Targeting Estimated Risk and Needs is designed to predict whether an inmate is at high, medium, low, or minimum risk for reoffending based on several characteristics, or “risk factors,” among other things. A higher score indicates a higher risk of reoffending, while a lower score indicates a lower risk of reoffending.

program, and immediately process eligible inmates for transfer and then immediately transfer them, following appropriate quarantine protocols. To comply with directions from the March 26, 2020 Attorney General memo as well as existing criteria for its Elderly Offender Home Detention program, the Acting Assistant Director for Correctional Programs Division issued guidance on May 8, 2020 outlining the following factors that facilities must consider when determining whether inmates are suitable for home confinement:

- The inmate’s institutional discipline history for the prior 12 months;³⁹
- Whether or not the inmate has a verifiable plan for release into the community;
- If the inmate’s primary offense is not violent, a sex offense, or terrorism related;
- Whether or not the inmate has a current detainer;⁴⁰
- That inmates residing in low and minimum security facilities should be given priority;
- That inmates who have anything above a minimum risk score for reoffending on the Prisoner Assessment Tool Targeting Estimated Risk and Needs should not be given priority for release;⁴¹ and
- The inmate’s age and vulnerability to COVID-19.

In addition to the criteria listed above, the guidance also stated that the bureau should prioritize inmates for home confinement consideration if inmates either (1) have served 50 percent or more of their sentence, or (2) have 18 months or less remaining on their sentence and have served 25 percent or more of their sentence. As of February 2021, BOP had

³⁹The guidance noted that inmates who have received a 300 series (moderate severity security risk) or 400 series (low severity security risk) incident report for an infraction in the past 12 months may be referred for placement on home confinement, if in the Warden’s judgment, such placement does not create an undue risk to the community.

⁴⁰A detainer is a hold placed on the inmate pending charges from another jurisdiction.

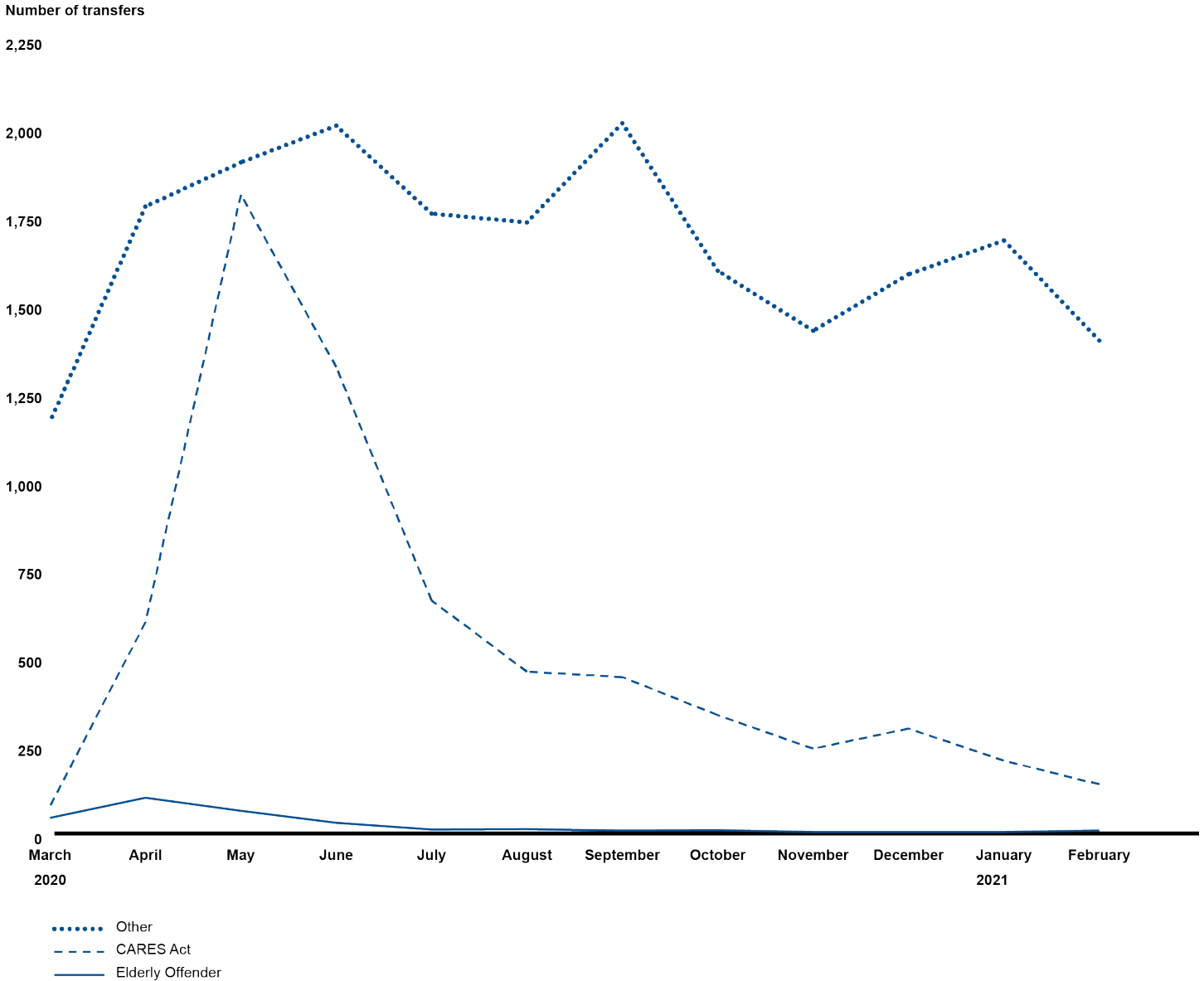
⁴¹On April 13, 2021, BOP issued a memo updating the criteria for home confinement further, including by expanding the criteria on the Prisoner Assessment Tool Targeting Estimated Risk and Needs to include inmates with a “low” risk score. Pursuant to the First Step Act, this assessment tool is used to determine the recidivism risk of each prisoner as part of the intake process and classify each prisoner as having minimum, low, medium or high risk for recidivism.

transferred approximately 6,500 more inmates to home confinement than they would have if the criteria had not been updated on May 8, 2020.

As described earlier, BOP generally transferred a slightly lower number of inmates from July through December 2020, compared to the same period in 2019. BOP officials told us this was because BOP developed a list that included a large portion of the inmates who were eligible for home confinement at the start of the pandemic. As a result, the transfer process was front-loaded in the initial stages of the pandemic in May and June 2020, resulting in a decrease in home confinement transfers after July 2020.

See figure 16 for inmate placement in home confinement under BOP's various authorities. As indicated in the figure, BOP reported that it transferred nearly 27,000 inmates to community programs from March 2020 through February 2021 under various authorities granted to BOP, such as under the First Step Act of 2018 or the Second Chance Act. Of these transfers, approximately 1 in 4 transfers were a direct result of CARES Act authority. The Bureau reported that it transferred the highest number of inmates under CARES Act authority from April through July 2020, accounting for nearly two thirds of all transfers under CARES Act authorities that took place between March 2020 and February 2021. According to BOP officials, this was a result of actions taken by BOP after the Attorney General issued memoranda directing the bureau to leverage the home confinement program in response to the pandemic.

Figure 16: Trends in the Bureau of Prisons' (BOP) Transfer of Inmates to Home Confinement under Different Authorities (March 2020-February 2021)



Source: GAO analysis of BOP data. | GAO-21-502

Note: "CARES Act" represents inmates who were transferred to home confinement under CARES Act authority, "Elderly Offender" represents transfers under the Elderly Offender Home Detention Program authority. "Other" represents inmates who were transferred to home confinement under authorities BOP already had.

Accessible Data for Figure 16: Trends in the Bureau of Prisons’ (BOP) Transfer of Inmates to Home Confinement under Different Authorities (March 2020-February 2021)

Month	Community Referral-CARES Act	Elder HC	Other
March	78	44	1166
April	598	101	1776
May	1810	64	1901
June	1321	30	2005
July	660	11	1756
August	458	12	1731
September	443	8	2012
October	335	9	1594
November	240	4	1424
December	297	4	1584
January	206	4	1680
February	139	8	1396

Officials from the five BOP-managed facilities we selected said they are taking certain actions in response to the updated guidance and criteria for home confinement transfer. For example, officials from all five facilities said they review their inmate population for home confinement eligibility on a regular basis. These officials stated that they track inmates who are eligible for home confinement using an internal spreadsheet they share with the regional office for review and approval. Further, BOP’s Health Services Division also determines if eligible inmates are vulnerable to COVID-19, as required in the updated criteria.

Representatives of two advocacy groups we interviewed expressed concerns that BOP has not fully leveraged the home confinement program to transfer inmates during the pandemic. Representatives of one of the advocacy groups told us BOP has not been transparent about the updated criteria. For example, the representatives stated that they learned of additional, unpublicized criteria—such as criteria related to an inmate completing 50 percent of a sentence before being considered for home confinement—that BOP is using to determine home confinement eligibility only during the course of litigation against the bureau. They pointed out that since BOP initially established the 50 percent standard, it has been rescinded, and then reestablished, leading to confusion. Additionally, the group stated that BOP applies the home confinement criteria in a manner that works against a finding of eligibility by treating the criteria as a “gauntlet” or a series of hoops that inmates must jump

through rather than applying the criteria holistically. BOP officials said they endeavor to balance the health and safety of an inmate with the safety and security of the community when making home confinement transfer decisions.

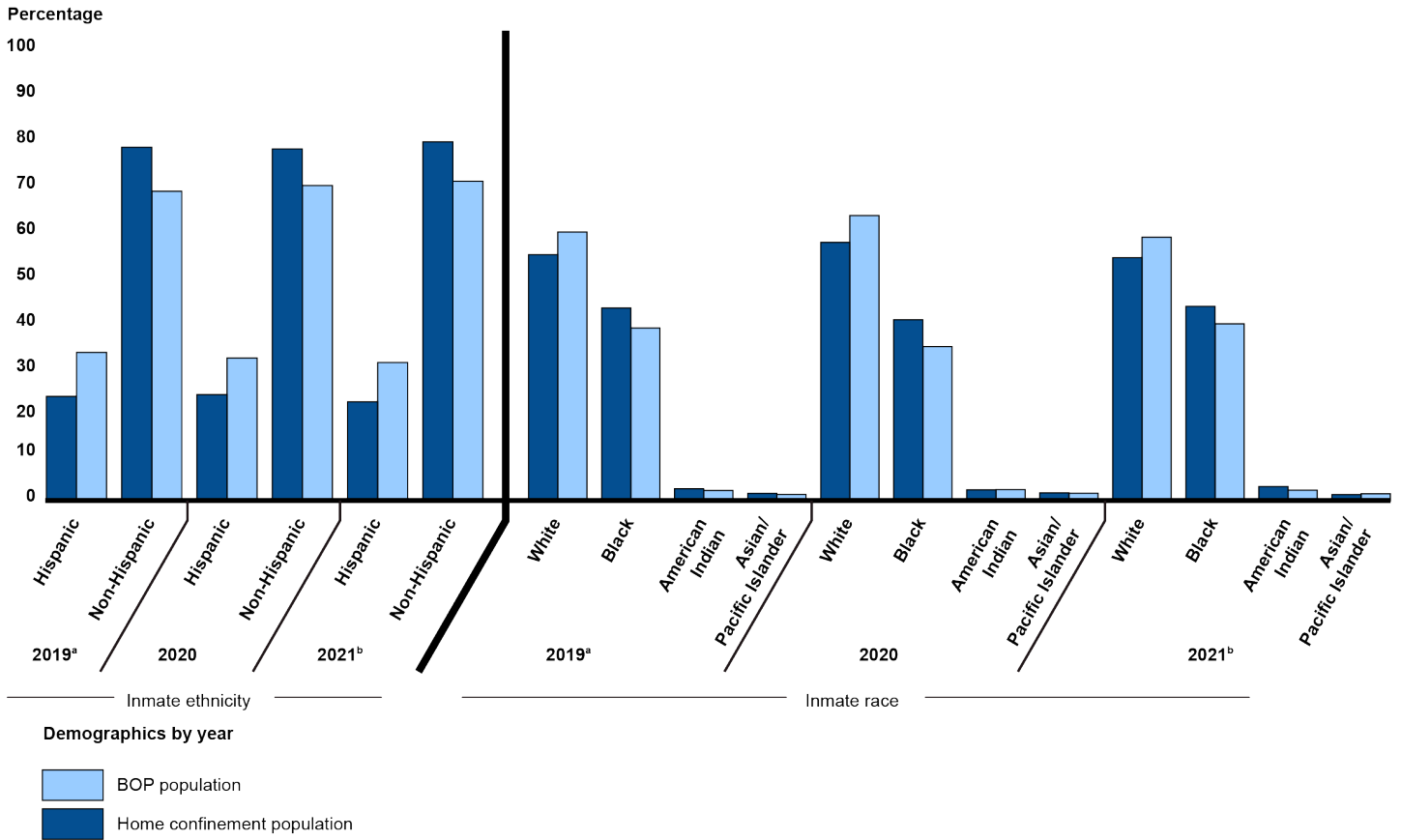
Representatives of another advocacy group questioned the relevance of using BOP's Prisoner Assessment Tool Targeting Estimated Risk and Needs in making home confinement transfer decisions during a pandemic, considering the tool does not incorporate risk factors for infectious disease. However, the updated criteria BOP uses to assess home confinement eligibility includes an inmate's risk factors for contracting COVID-19. Additionally, they questioned equity in compassionate release decisions, noting that inmates who are minorities are less likely than their counterparts to be granted compassionate release.⁴² However, BOP data on compassionate release show that the number of inmates to whom BOP granted compassionate release increased nearly twenty-fold between the year prior to the pandemic (March 2019-February 2020) during which BOP released over 150 inmates, and the year after the pandemic was declared (March 2020-February 2021) during which BOP released over 3,000 inmates.⁴³

We also compared—by ethnicity and race—the percentage of inmates BOP reported that it transferred to home confinement from February 2019 through February 2021, to the overall prison population during the period, as illustrated in figure 17. We found that BOP released proportionally more inmates of non-Hispanic than of Hispanic ethnicity compared to the prison population make-up. In addition, by race, it consistently released a higher proportion of Black inmates than make up the general prison population from February 2019 through February 2021.

⁴²BOP grants inmates compassionate release under certain legal authorities. For certain inmates, under 18 U.S.C. § 4205(g), a sentencing court, on motion of the Bureau of Prisons, may make an inmate with a minimum term sentence immediately eligible for parole by reducing the minimum term of the sentence to time served. Under 18 U.S.C. § 3582(c)(1)(A), a sentencing court, on motion of the Director of the Bureau of Prisons, may reduce the term of imprisonment of an inmate sentenced. BOP uses these authorities in particularly extraordinary or compelling circumstances which could not reasonably have been foreseen by the court at the time of sentencing.

⁴³The BOP data we examined on compassionate release comprised the total number of compassionate release approvals for the year prior to the pandemic (March 2019-February 2020) in comparison to the total number of approvals for the year since the pandemic was declared (March 2020-February 2021). This total includes both compassionate release approvals originating from a motion from BOP as well as approvals granted directly by the court.

Figure 17: Ethnic and Racial Comparison of inmates Transferred to Home Confinement with Overall Federal Bureau of Prisons (BOP) Population (February 2019-February 2021)



Source: GAO analysis of BOP data. | GAO-21-502

^aData for 2019 represent transfers for 11 months, all except January.

^bData for 2021 represent transfers for 2 months—January and February

Accessible Data for Figure 17: Ethnic and Racial Comparison of inmates Transferred to Home Confinement with Overall Federal Bureau of Prisons (BOP) Population (February 2019-February 2021)

Category	HOME CONFINEMENT POPULATION	BOP POPULATION
Hispanic 2019	22.76	32.39
Non-Hispanic 2019	77.24	67.61
Hispanic 2020	23.15	31.15
Non-Hispanic 2020	76.85	68.85
Hispanic 2021	21.61	30.21
Non-Hispanic 2021	78.39	69.79
White 2019	53.75	58.68
Black 2019	42.08	37.72
American Indian 2019	2.58	2.23
Asian 2019	1.59	1.36
White 2020	56.42	62.28
Black 2020	39.52	33.66
American Indian 2020	2.35	2.44
Asian 2020	1.71	1.63
White 2021	53.09	57.57
Black 2021	42.47	38.63
American Indian 2021	3.1	2.3
Asian 2021	1.34	1.5

As for the application process for transferring inmates to home confinement, BOP currently tracks applications at the facility level. Officials from three of the five facilities also said the process for placing an inmate in the community usually takes 30 days, while one facility said the process can take between 2 to 5 months.⁴⁴

BOP's COVID-19 Response Efforts Impacted BOP Staff

COVID-19 exacerbated existing staffing challenges at BOP facilities that we identified in prior reviews, altered shifts and post assignments, and increased overtime use.

⁴⁴According to BOP, some of the time to complete the referrals to home confinement is due to the time needed to review the inmate's home environment to ensure its feasibility. Further, the process requires concurrence from the U.S. Probation Office which assumes supervision for the inmate under home confinement.

Exacerbated existing staffing challenges. While BOP continued its hiring and recruitment efforts throughout the pandemic in an effort to address staffing challenges, each of the five BOP facilities we selected reported facing staffing challenges in their response to the pandemic. These challenges include staffing shortages brought about or exacerbated by staff quarantine procedures, staff placed on temporary duty assignments, or staff placed on temporary job modifications.⁴⁵ According to BOP officials, they were able to supplement some medical staff at facilities experiencing outbreaks with medical personnel from the Public Health Service and partnered with contractors at select sites. In February 2021 we reported that BOP has multiple methods for assessing its staffing levels to determine shortfalls, but faces challenges with these methods.⁴⁶ In addition, we found that BOP has implemented practices for addressing the staffing shortfalls, such as use of overtime, but has not assessed associated risks to staff and inmate safety, such as officer fatigue and decreased observation skills. We recommended, among other things, that BOP develop and implement a reliable method for calculating staffing levels—whether by amending existing methods or developing a new one—and conduct a risk assessment of its staff augmentation and overtime use.⁴⁷ BOP agreed with our recommendations and is in the process of developing plans to address them.

Altered shifts and post assignments. BOP union officials at four of the five facilities and one of the six regional offices we interviewed stated that the pandemic contributed to staff shortages at their facilities, which altered shifts and post assignments. For example, the number of staff who took administrative and sick leave for COVID-19-related reasons caused management officials at one facility we spoke with to change staff shifts from 8-hour to 12-hour shifts, while management officials at three facilities we spoke with mandated overtime shifts to maintain operations. In addition, BOP reassigned staff to cover posts when staff were unavailable, granted temporary job modifications to reduce their exposure

⁴⁵According to BOP guidance, some prior emergency situations have required the temporary assignment of bureau staff away from their home duty stations. Temporary duty assignments are made on a voluntary basis, to the extent possible.

⁴⁶For example, we found that these methods have limitations and do not yield reliable information. We also found that BOP has multiple data sources available to help it identify and address the causes and potential impacts of staffing challenges, but it is not leveraging them and lacks a plan to do so. For more details see [GAO-21-123](#).

⁴⁷Augmentation is the assignment of a non-custody staff member, e.g., an individual responsible for educational or vocational training, to a custody role, whereby the staff member's primary task becomes the custody and supervision of the inmate.

to the virus, or deployed staff to other BOP facilities for temporary duty, according to these officials.

Further, BOP temporarily reassigned some staff to facilities across the nation. According to BOP officials, this staff deployment approach is a routine way that BOP reallocates resources when circumstances warrant to ensure the bureau can sustain basic operations in emergencies. BOP tracks staff moving to and from multiple facilities, but does not typically monitor data on staff deployments specifically related to the COVID-19 pandemic. As such, officials told us it would be difficult for BOP to provide an analysis on how staff deployments changed as a result of the pandemic, but that it would be accurate to conclude that the number of staff temporarily reassigned to other facilities increased due to the pandemic.

Increased overtime use. We previously reported that BOP's overtime costs had been increasing since 2015.⁴⁸ Officials from three of the six BOP and private facilities we selected said they experienced increases in overtime during the pandemic, which can contribute to increased costs associated with the pandemic response and, according to one union representative, contribute to staff fatigue. For example, a BOP union representative we interviewed from one facility said staff worked 12-hour shifts for 3 weeks straight while on temporary duty assignment. According to another BOP union representative from a different facility, staff who refused to work overtime were subject to disciplinary action, such as placement on leave without pay, which further exacerbated staff shortages.⁴⁹

BOP does not currently track or analyze instances of staff refusals of mandated overtime. However, if BOP management at individual facilities charge a staff member with refusal to work mandatory overtime, the charge is referred to BOP's Office of Internal Affairs for disciplinary investigation. This office investigates the matter, and if the charge is sustained, the matter is referred to the facility's Human Resources Department to take disciplinary action. If the Human Resources Department chooses to discipline staff, the case is to be documented in BOP's Office of General Counsel's Employment Law Branch database. According to the database, from February 2020 through February 2021, there were 58 cases of refusal to work mandated overtime. Of the 58

⁴⁸[GAO-21-123](#).

⁴⁹We did not independently verify these allegations.

cases, 22 resulted in disciplinary action that required leave between 1 and 5 days. BOP officials also clarified that some institutions have entered into local union agreements to allow refusal of mandatory overtime, such as one refusal annually.

BOP Has Some Mechanisms for Sharing Best Practices, but Does Not Document Them or Have an Approach for Ensuring Implementation

BOP has two main mechanisms for capturing and sharing lessons learned and best practices from the COVID-19 pandemic. However, BOP does not document the lessons and practices identified through its regular information sharing teleconferences—one of the two mechanisms for capturing and sharing lessons and practices. Further, BOP does not have an approach for ensuring facilities implement applicable lessons learned or best practices for responding to the pandemic.

BOP's mechanisms for capturing and sharing lessons learned and best practices include (1) regular information sharing teleconferences that rely on facility wardens' discretion to voluntarily implement and track lessons learned and best practices; and (2) COVID Compliance Review Team inspections, coordinated by BOP's Program Review Division.

Regular information-sharing teleconferences. BOP's Central Office and regional offices held weekly calls with facilities during which they shared best practices and lessons learned they identified. For example, officials from four of the BOP regional offices we spoke with said they held regular meetings with facilities to discuss COVID-19 response efforts in local facilities. Officials from one of these regional offices said the regional health services administrator has weekly meetings with its facility's health services administrators to discuss best practices for managing COVID-19.

While BOP's above actions to compile and share some best practices are beneficial, BOP does not document the lessons and practices discussed at the regular information-sharing teleconferences or share them more broadly. Officials at BOP Central Office and regional offices told us they do not document the practices and lessons discussed, and that wardens can decide whether to document the information at their discretion. Officials from one facility we spoke with said that they developed their own best practices and sometimes, but not always, share them with other facilities on an informal basis. For example, one of the wardens we spoke

with shared a list of best practices his facility had compiled with other facilities during the pandemic, which included suggestions for security of inmates at local hospitals and for educating inmates on procedures for COVID-19 prevention, among others.

Developing and implementing an approach for capturing the lessons and practices discussed at BOP officials' weekly teleconferences, and formally sharing them across BOP would help ensure the information reaches all facilities that could potentially benefit from it. The documented information would also make it easier for facility officials to archive and refer to the lessons and practices in carrying out their efforts to respond to COVID-19 or other public health emergencies.

COVID Compliance Review Team inspections. Led by the Program Review Division, BOP's COVID Compliance Review Team conducted unannounced inspections of 87 (of 98 total) BOP facilities to monitor their COVID-19 response and develop further mitigation strategies to address the pandemic.⁵⁰ The team completed its first round of inspections in September 2020 and planned to complete a second by September 2021.

The 2020 inspections were focused on the facilities' compliance with BOP guidance on over 180 factors on a checklist, including compliance with general hygiene practices, social distancing, proper use of PPE, and screening of staff for COVID-19. According to our analysis, of the 87 facilities inspected, 83 did not comply with one or more factors on the compliance checklist. In addition, 10 of the 87 facilities did not comply with 20 or more factors on the compliance checklist. BOP's Program Review Division shared citations with the warden at each inspected facility as well as with the Regional Director for the region that oversees the facility. Wardens are responsible for taking corrective actions to address the citations, and for reporting these actions to their respective Regional Directors and BOP's Program Review Division.

Table 1 describes the six most cited factors during the 2020 inspection, in order of most cited, as well as examples of corrective actions facilities took to address the noncompliance.

⁵⁰The universe of BOP facilities for this review is 98 because some of BOP's 122 facilities are co-located and therefore some facilities were combined in BOP's COVID Compliance Review team's inspections.

Table 1: Federal Bureau of Prisons' (BOP) COVID-19 Compliance Review Team's Most-Cited Areas of Concern during September 2020

COVID-19 compliance review checklist factor	Number of noncompliance citations	Example of corrective action taken to address noncompliance
Set up personal protective equipment (PPE) donning/doffing stations outside every area where staff need to wear PPE. These stations should include posters depicting correct donning/doffing of relevant PPE categories.	33	One facility identified a separate entrance and exit at the isolation and quarantine unit so staff can properly don PPE prior to entering the unit and doff their PPE when exiting the unit. Educational information was posted on either side so the process could be completed without cross contamination.
Inmates do not move to commissary. Staff deliver commissary items directly to inmates in their housing locations/cells.	22	One facility coordinated scheduled movements to ensure there was no mixing of inmates from different housing units. Commissary staff enforced social distancing, and markings were placed on the sidewalk outside of the commissary at 6-foot intervals. The procedures implemented adhere to the guidance outlined in BOP's Phase Nine Action Plan.
Appropriate universal wearing of face coverings by staff and inmates when in public areas is mandatory and monitored by all staff. Face coverings are worn at all times when less than 6 feet apart. Face coverings should completely cover nose and mouth and not be pulled down to speak. Staff and inmates should be trained on appropriate wear, handling, and laundry care. Face coverings with vents should not be utilized as they do not appropriately contain the respiratory or oral droplets.	22	One facility placed placards and laminated signage directing staff to wear face coverings in all appropriate locations throughout the institution. Emails are disseminated to all staff on a recurring basis directing staff to wear a face covering. Staff not adhering to this guidance face progressive disciplinary action.
Staff disinfect and clean all shared equipment (e.g., radios, keys, handcuffs, service weapons, perimeter vehicle driver compartment) several times throughout tour of duty and at beginning/end of tour of duty.	22	One facility made available sanitizing wipes and other cleaning supplies at housing unit officer stations, among other locations. Laminated instructions were placed at housing unit officer stations detailing cleaning expectations. Additionally, weekly emails are disseminated to all staff explaining the expectations for cleaning shared equipment.
Inmates in medical isolation are evaluated for symptoms and temperature daily by a clinician.	20	Health Services staff were educated on completing and documenting symptom checks with temperature checks for inmates in medical isolation. An audit tool was developed to oversee these efforts, and audits are conducted and submitted weekly.
In open/barracks-style housing, bunks should be separated as much as possible and sleeping orientation should alternate head to foot.	20	A town hall was conducted by the Unit Managers in all units informing the inmate population of the requirement to alternate sleeping orientation. A poster was created and hung up in all the units illustrating the proper sleeping positions.

Source: GAO analysis of BOP data. | GAO-21-502

Following its first round of inspections, the inspection team also compiled and shared recommendations and best practices for preventing or reducing transmission of COVID-19 with all BOP facilities. Specifically,

the team compiled a list of 75 best practices for various COVID-19 response and mitigation categories. For example, one best practice for infection control practices included designating areas for physical distancing with markings and assigning responsibility for controlling staff movement to the front lobby officer. Another best practice, for staff screening, included giving colored wrist bands to staff as their temperature is checked.

While BOP has compiled the list of 75 best practices from its inspections, it does not take steps to ensure these practices are applied, as appropriate, across its facilities. According to BOP officials, they do not oversee whether best practices are applied because individual wardens have discretion on whether to adopt best practices identified from the inspections.⁵¹ Further, they view wardens as the best positioned to determine which best practices and lessons learned are applicable and should be implemented in their respective facilities.

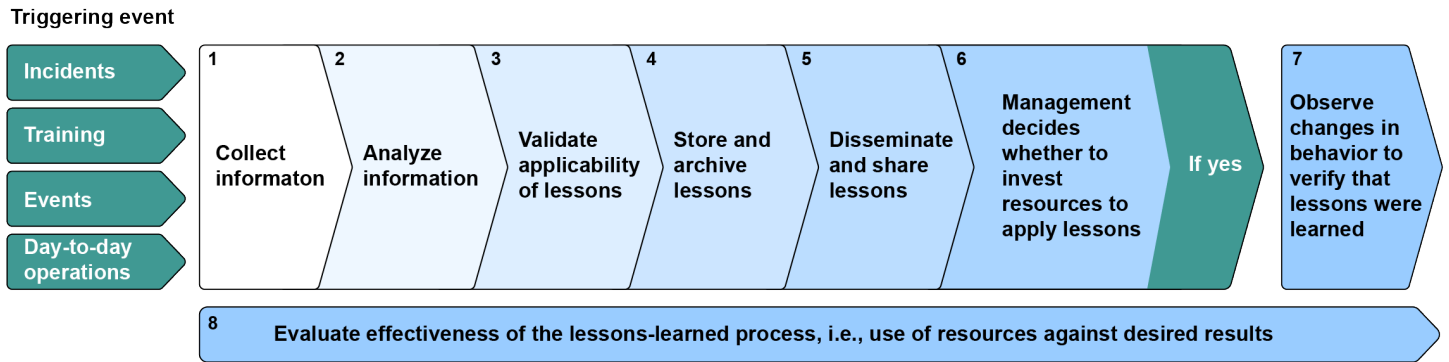
While wardens may exercise judgment about each best practice or lesson, BOP, at the Central Office level, has a role in overseeing the efforts of its regional and facility-level operations and the extent that they apply practices that would help them carry out BOP's objectives of ensuring safety of its staff and inmates. Without developing an approach to ensure practices or lessons learned are applied as appropriate across its facilities, BOP does not have reasonable assurance that its facilities are improving their COVID-19 response as needed to effectively mitigate the spread of the virus among staff and inmates.

In our prior work, we have identified eight practices that can be combined as an overall eight-step, lessons learned process.⁵² This process, as illustrated in figure 18, is a systematic means for an agency to learn from an event and make decisions about when and how to use that knowledge to make a change in the behavior of the agency. These steps include collecting and analyzing the lessons learned, as well as storing, archiving and disseminating them, and determining whether to apply lessons.

⁵¹While BOP wardens have discretion on many aspects of their operations, such as determining which best practices are applicable to their facility, BOP has established requirements that are mandatory, such the screening of inmates and staff, and the use of PPE and face coverings.

⁵²GAO, *Federal Real Property Security: Interagency Security Committee Should Implement a Lessons-Learned Process*, [GAO-12-901](#) (Washington, D.C.: September 10, 2012).

Figure 18: Steps for an Agency to Implement a Lessons Learned Process



Source: GAO. | GAO-21-502

Developing and implementing an approach for ensuring that lessons learned and best practices—identified by the teleconferences as well as the inspections—are applied at facilities, as appropriate, would help BOP provide assurance that its facilities are actively improving COVID-19-related response efforts when applicable. Further, BOP’s adoption of such an approach could benefit the agency beyond its COVID-19 response, and could be used for other future public health emergencies.

Conclusions

Inmates and staff living and operating within the close confines of federal prisons are particularly vulnerable during infectious disease outbreaks. With about 46,000 positive inmate cases and 237 inmate deaths related to COVID-19 as of May 2021, and nearly 7,000 staff cases and four staff deaths related to COVID-19 as of May 2021, COVID-19 has highlighted key opportunities for BOP to better protect staff and inmates in response to the current pandemic and any future public health emergencies. Specifically, evaluating how BOP communicates its COVID-19 guidance to facility staff, and modifying its approach as needed based on the results, could help BOP ensure that BOP staff and inmates can clearly understand the protocols and are able to follow them. The information gained from such an evaluation would also position BOP to ensure a more effective communication approach in future public health emergencies as well. In addition, developing and implementing an approach to capture and share best practices and lessons learned discussed in regular information-sharing sessions could ensure facilities are actively improving COVID-19 response efforts when applicable. Further, developing and implementing an approach for ensuring lessons

learned and best practices are applied at facilities, as appropriate, could help BOP ensure facilities are sharing and receiving information to help them respond effectively to a public health emergency.

Recommendations for Executive Action

We are making a total of three recommendations to BOP:

The Director of BOP should routinely evaluate how it communicates its COVID-19 guidance to facility staff and modify its approach, as needed, based on the results to ensure BOP protocols are clearly communicated to staff. (Recommendation 1)

The Director of BOP should develop and implement an approach to capture and share best practices and lessons learned for responding to COVID-19 and future public health emergencies as discussed among BOP officials at their regular teleconferences. (Recommendation 2)

The Director of BOP should develop and implement an approach for ensuring its facilities are applying, as appropriate, best practices and lessons learned related to COVID-19 and future public health emergency response efforts. (Recommendation 3)

Agency Comments and Our Evaluation

We provided a draft of this report to DOJ, BOP, HHS, and DHS for review and comment. We also provided relevant excerpts of this report to the Administrative Office of the United States Courts for review and comment. DOJ, HHS, and the Administrative Office of the United States Courts provided technical comments, which we incorporated as appropriate. DHS had no technical comments. BOP provided written comments, which are reproduced in appendix VII, as well as technical comments, which we also incorporated as appropriate. In its comments, BOP concurred with all three of our recommendations.

With respect to our first recommendation that BOP should routinely evaluate how it communicates its COVID-19 guidance to staff and modify its approach as needed, BOP agreed that continuous evaluation of its efforts to communicate COVID-19 guidance is necessary to help ensure BOP institutions are provided the most recent guidance in the most effective manner. BOP also shared a number of steps it has taken to

disseminate guidance and clarify any aspects staff may have found confusing. For example, BOP stated that it has established an email box where staff can ask questions of BOP subject-matter experts. While these and other actions BOP described are useful for clarifying understanding about COVID-19 guidance, routinely evaluating how it communicates such guidance to staff and modifying such approaches as needed, will better position BOP to ensure it communicates the guidance as effectively as possible. For example, evaluating how BOP communicates guidance could include such aspects as the timing of the guidance it provides, and the mechanisms through which the guidance is communicated to staff.

With respect to our second and third recommendations that BOP develop and implement an approach to (1) capture and share best practices and lessons learned, and (2) ensure that facilities are applying them, as appropriate, BOP agreed that capturing and sharing best practices is vital to ensure continuous improvement in the current, and any future, pandemic. BOP noted a number of efforts it has undertaken to identify best practices and lessons learned, such as the COVID-19 Compliance Review Teams and meetings with facility management staff, which we described in our report. As we noted, these efforts have provided important information for BOP to identify best practices and lessons learned. In its letter, BOP also said it is planning an after-action assessment of its pandemic response to help ensure preparedness for any future public health emergencies. Such an assessment, once complete, may help BOP further capture and share best practices and lessons learned, and we will track BOP's efforts to conduct this assessment. By developing an approach for capturing and sharing best practices and lessons learned, and ensuring they are applied as appropriate, BOP could maximize the benefits of the knowledge and experience gained bureau-wide while responding to the COVID-19 pandemic. Doing so will also help BOP ensure that facilities are actively improving on their pandemic and other public health response efforts based on the information provided.

We are sending copies of this report to the appropriate congressional requesters, the Attorney General, the BOP Director, the Secretary of the Department of Health and Human Services, the Secretary of the Department of Homeland Security, the Director of the Administrative Office of the United States Courts, and other interested parties. In addition, the report is available at no charge on GAO's website at <https://www.gao.gov>.

If you or your staff have any questions about this report, please contact Gretta L. Goodwin at (202) 512-8777 or GoodwinG@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made major contributions to this report are listed in appendix VIII.

A handwritten signature in cursive script that reads "Gretta L. Goodwin".

Gretta L. Goodwin
Director, Homeland Security and Justice

List of Addressees

The Honorable Patrick Leahy
Chairman
The Honorable Richard Shelby
Vice Chairman
Committee on Appropriations
United States Senate

The Honorable Ron Wyden
Chairman
The Honorable Mike Crapo
Ranking Member
Committee on Finance
United States Senate

The Honorable Patty Murray
Chair
The Honorable Richard Burr
Ranking Member
Committee on Health, Education, Labor, and Pensions
United States Senate

The Honorable Gary C. Peters
Chair
The Honorable Rob Portman
Ranking Member
Committee on Homeland Security and Governmental Affairs
United States Senate

The Honorable Jeanne Shaheen
Chair
The Honorable Jerry Moran
Ranking Member
Subcommittee on Commerce, Justice and Science, and Related
Agencies
Committee on Appropriations
United States Senate

The Honorable Margaret Hassan
Chair
Subcommittee on Emerging Threats and Spending Oversight
Committee on Homeland Security and Governmental Affairs
United States Senate

The Honorable Rosa L. DeLauro
Chairwoman
The Honorable Kay Granger
Ranking Member
Committee on Appropriations
House of Representatives

The Honorable Frank Pallone, Jr.
Chairman
The Honorable Cathy McMorris Rodgers
Republican Leader
Committee on Energy and Commerce
House of Representatives

The Honorable Bennie G. Thompson
Chairman
The Honorable John Katko
Ranking Member
Committee on Homeland Security
House of Representatives

The Honorable Carolyn B. Maloney
Chairwoman
The Honorable James Comer
Ranking Member
Committee on Oversight and Reform
House of Representatives

The Honorable Richard E. Neal
Chairman
The Honorable Kevin Brady
Republican Leader
Committee on Ways and Means
House of Representatives

Letter

The Honorable Matt Cartwright
Chairman
The Honorable Robert B. Aderholdt
Ranking Member
Subcommittee on Commerce, Justice, Science, and Related Agencies
Committee on Appropriations
House of Representatives

The Honorable Tammy Duckworth
United States Senate

The Honorable Fred Keller
House of Representatives

Appendix I: Objectives, Scope, and Methodology

Our objectives were to examine: (1) the extent to which the Federal Bureau of Prisons (BOP) developed and updated guidance in response to COVID-19, and coordinated with stakeholder agencies; (2) the status of BOP's provision of personal protective equipment (PPE),¹ tests, and vaccines, and the COVID-19 infection and fatality rates for inmates and staff; and (3) the overall impact of COVID-19 on inmates and staff, and the extent to which BOP has incorporated lessons learned into its ongoing response.

To address all three of our objectives we selected a non-generalizable sample of five facilities from BOP's total of 122, and one facility from the total of 12 that BOP operated under contract with private providers in 2020. We then met with officials at each location, as well as union officials representing each BOP-managed location, virtually from November 2020 through January 2021. We selected these facilities to achieve geographic dispersion, a range of COVID-19 infection rates, a mix of facility security levels, and variation in facility structures such as whether the facility had a medical center or factory.²

¹PPE is protective garments or equipment designed to protect the wearer's body from injury or infection.

²We selected one facility to represent five of BOP's six regions. We also interviewed officials from a facility from the sixth region, but did not include it in our audit findings because it was already covered under the scope of the Department of Justice Office of the Inspector General audit. We also selected facilities to represent four BOP security levels—low, medium, high, and administrative. We also selected facilities to include those with high as well as low COVID-19 infection rates, with and without a medical center or factory, and that were facing allegations related to their response to the pandemic. The six facilities we selected were: Lexington Federal Medical Center; Florence Federal Correctional Complex; Seagoville Federal Correctional Institution; Elkton Federal Correctional Institution; Yazoo City Federal Correctional Complex; and Great Plains Correctional Institution, which operated under contract with BOP. About four months after our interview with Great Plains Correctional Institution, BOP's contract with the facility expired on May 31, 2021. Pursuant to Executive Order 14006, 86 Fed. Reg. 7483 (Jan. 26, 2021), the Attorney General was directed not to renew Department of Justice contracts with privately operated criminal detention facilities, as consistent with applicable law. As a result, BOP did not renew its contract and federal inmates are no longer being housed at that facility.

For each of the selected facilities, we held teleconferences with facility management staff, including the facility warden, associate wardens, and health services administrator, as well as with BOP union staff at the five BOP-managed facilities. We also requested and reviewed documents, such as facility-specific plans or memoranda for COVID-19 response, as well as photographs representing various aspects of each facility's response to the pandemic. We excluded Residential Reentry Centers because inmates living there, unlike those confined in prison, hold jobs in the community, travel to and from their jobs, and engage with the community beyond the confines of the facility. These inmates' exposure to COVID-19 is therefore well beyond the Residential Reentry Centers' and BOP's control. While results from our sample of facilities cannot be generalized to all BOP facilities or all private facilities, they did provide insight into BOP's planning and response to the pandemic.

In addition to the interviews with BOP staff and officials described above at each of our six selected facilities, we interviewed BOP officials from several Central Office divisions, including Correctional Programs, Health Services, Program Review, Reentry Services, and Administration. We obtained information from these officials about issues such as BOP's policies for COVID-19 response, COVID-19 infection rates at various BOP facilities, and the overall impact of the pandemic on inmates, staff, and institutions.³

Further, we interviewed four advocacy or research groups to obtain their perspectives on topics such as BOP's COVID-19 testing and home confinement policies, as well as the impact of the COVID-19 pandemic on inmates and staff.⁴ We selected these groups because of their advocacy for inmate safety and well-being, and the COVID-19 data analysis and research they conducted. While information obtained from interviews with these groups is not generalizable to all advocacy groups, it provides useful insight into the overall impact of BOP's response to the pandemic

³BOP's Correctional Programs Division provides policy direction and daily operational oversight of facility correctional services. The Health Services Division is responsible for health care delivery, infectious disease management, and medical designations of inmates in BOP facilities. The Program Review Division provides oversight of BOP program performance and compliance, while Reentry Services prepares inmates for reentry by providing oversight and direction of inmate reentry programming and community resource transition. Lastly, BOP's Administration Division is responsible for the Bureau's financial and facility management.

⁴The four advocacy groups were JustLeadershipUSA, the University of California, Los Angeles Behind Bars Data Project, Justice Roundtable, and the American Civil Liberties Union.

on the inmate population. Finally, we interviewed officials from the Federal Emergency Management Agency (FEMA), within the Department of Homeland Security, and the Administrative Office of the United States Courts to learn about their coordination with BOP in responding to the pandemic.

To address the part of our first objective that relates to the extent to which BOP has developed or updated guidance in response to COVID-19, we reviewed BOP policies and guidance for pandemic response, including policies and guidance in BOP's COVID-19 Pandemic Plan, Phased Action Plans, and Modified Operations Plan, as well as facility-specific procedural memoranda for pandemic response. We reviewed these plans and interviewed officials to understand how BOP modified its response to the pandemic based on guidance from the Centers for Disease Control and Prevention (CDC) and how it communicated its guidance to facilities. In addition, we assessed how BOP communicates its guidance against internal control standards related to internal communication, specifically standards that agencies evaluate and select appropriate methods to communicate internally.⁵

To address the other parts of our first objective, which relate to BOP's coordination with its stakeholder agencies, we took a number of steps. Specifically, we reviewed documentation on BOP's response to the COVID-19 pandemic that BOP has with stakeholder agencies. We also interviewed officials from stakeholder agencies to determine how they coordinate with BOP and also interviewed officials from BOP's Central Office about how BOP coordinates its COVID-19 response policies with stakeholder agencies, such as with United States Marshals Service (USMS) on inmate transfers. To do this, we analyzed data on the number of inmate transfers between BOP and USMS during the pandemic (March 2020 – February 2021) and chose this period to illustrate the impact that the pandemic had on inmate transfers, particularly during the suspension of transfers that occurred from March through July 2020. We assessed the reliability of these data by checking the data for outliers or anomalies and interviewed BOP officials responsible for inputting the data. We determined that these data were reliable for the purposes of illustrating trends and the impacts of the pandemic on various aspects of BOP's operations.

⁵GAO, *Standards for Internal Control in the Federal Government*, [GAO-14-704G](#) (Washington, D.C.: Sept 10, 2014).

To address the first part of our second objective, we reviewed BOP policies and data on the provision of PPE and vaccines from March 2020 through February 2021. We selected this period because it marks the beginning of COVID-19 infections occurring in BOP prisons and an appropriate cutoff time that allowed us to fully analyze the data to include in our issued report. Specifically, we reviewed BOP data on PPE spending and distribution and found the data to be sufficiently reliable for our purposes.

We reviewed BOP's policies for testing inmates and staff for COVID-19. Additionally, we interviewed officials from BOP's Health Services Division, as well as officials who are knowledgeable about these policies from each of the selected six facilities. We also interviewed BOP union representatives from each of the five BOP-managed facilities we selected, as well as the four aforementioned advocacy or research groups to obtain their perspectives on BOP's policies and procedures for distributing PPE and COVID-19 testing.

To address the second part of our second objective, we analyzed BOP data on inmate and staff COVID-19 infections, recovery, and deaths for March 2020 through February 2021. We also compared the number of cases in each selected facility to the percent increase in cases in the community surrounding each facility, which we defined as counties within a 15-mile radius of the facility, from March 2020 through February 2021. To determine the reliability of the COVID-19 data we checked the data for obvious errors, omissions, and outliers. We also interviewed BOP officials responsible for maintaining and updating the data. Based on our analysis and these interviews, we determined that the aggregate counts on inmate COVID-19 infections, recovery, and deaths across all BOP facilities were sufficiently reliable for determining BOP inmate infection, recovery, and fatality rates in BOP-managed and private prisons.⁶ We determined that data on infections, recovery, and deaths among staff, on the other hand, were not reliable for determining infection, recovery, and death rates for BOP staff predominantly because BOP does not test its staff for COVID-19. Rather, BOP relies on staff to test on their own and report testing outcomes to the bureau. As such, we report BOP's counts, as opposed to the rates of infection, recovery, and fatality among staff in this report.

⁶Inmate infection, recovery, and fatality rates were derived by calculating the number of inmates who were infected, recovered or died from COVID-19 as a proportion of the inmate population at the respective facilities for the specified month and year.

To address our third objective, we reviewed reports of inspections the Department of Justice (DOJ) Office of Inspector General (OIG) conducted of BOP-managed facilities and private prisons to identify reported impacts of the pandemic on inmates and staff. Specifically, we reviewed the COVID-19 compliance inspections that the DOJ OIG conducted throughout 2020.⁷ We also interviewed officials from two of the facilities the OIG inspected, as well as officials from several BOP divisions, including Health Services and Correctional Programs. For the six facilities we selected, we solicited facility management views on the impact of the pandemic on inmates, staff and the facilities, including challenges these facilities faced in their response to the pandemic. Further, for the five BOP-managed facilities we selected, we also obtained perspectives on the same topics from the union leaders.

To assess the impact on inmates of BOP's use of its home confinement authorities, we reviewed BOP's policies and procedures pertaining to the release of inmates to home confinement, as well as BOP program statements on home confinement, and memoranda the Attorney General issued to the BOP Director on home confinement. We also requested and analyzed data for the year prior and the first year of the pandemic (March 2019 – February 2021) on the number of inmate transfers to home confinement, including by race and ethnicity, and the legal authorities used to approve the home confinement. We also analyzed data on BOP inmate hospitalization counts for COVID-19 and non-COVID-19-related conditions during the same period. We chose this period for both the home confinement and the hospitalization data to show how the trends during the pandemic compare to the year prior to the pandemic. We also interviewed officials from BOP's Central Office about BOP's data collection and reporting processes for the home confinement program during the COVID-19 pandemic.

To determine how BOP is overseeing the pandemic response and implementation of COVID-19 guidance by its institutions, we analyzed reports of BOP facility inspections that the Program Review Division's COVID-19 Compliance Team conducted from August through September 2020. We reviewed these inspection reports to understand the checklist

⁷In response to COVID-19, DOJ OIG initiated a series of remote inspections of BOP facilities, including BOP-managed institutions, contract prisons, and Residential Reentry Centers. These inspections sought to determine whether these institutions were complying with guidance related to the pandemic, including CDC guidelines, DOJ policy and guidance, and BOP policy. These inspection reports can be viewed at <https://oig.justice.gov/reports/component/bop>.

the Compliance Team used to inspect the facilities, to learn more about the team's findings, and any recommended remediation.

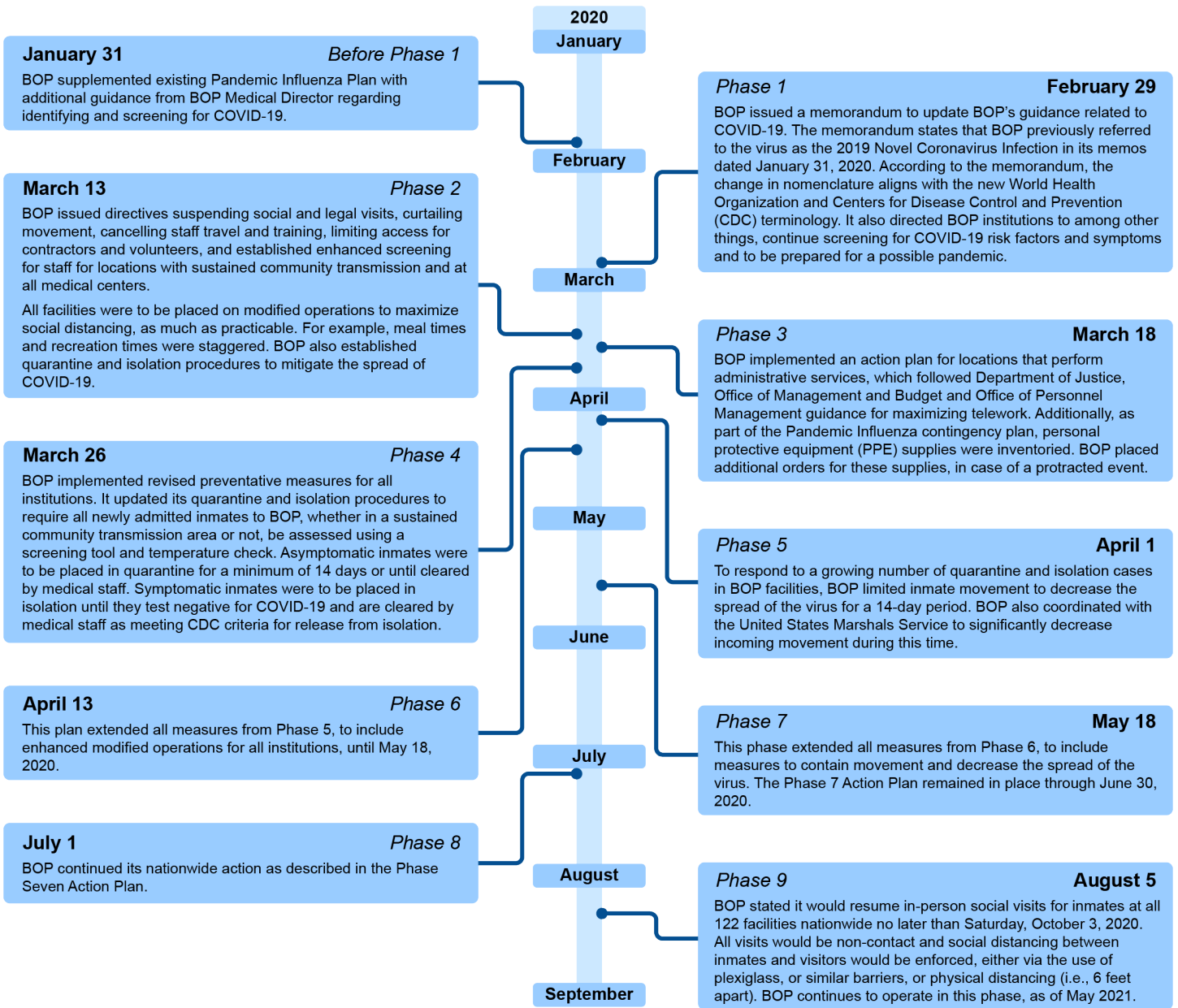
To determine how BOP ensures that lessons learned are incorporated into its policies and facilities' procedures for responding to the pandemic, we interviewed officials from BOP's Central Office as well as from the six facilities we selected. We also compared BOP's policies for capturing and incorporating best practices for COVID-19 response against eight individual practices that we have previously identified that agencies can apply to learn from an event and make decisions about when and how to use that knowledge to change behavior.⁸ Additionally, to provide some context for BOP's approach, we interviewed representatives of the Correctional Leaders Association—the organizing body of state departments of corrections—to obtain perspectives on state prisons' response to COVID-19 and the organization's practices for capturing and sharing best practices and lessons learned.

We conducted this performance audit from April 2020 to July 2021 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

⁸GAO, *Federal Real Property Security: Interagency Security Committee Should Implement a Lessons-Learned Process*, [GAO-12-901](#) (Washington, D.C.: September 10, 2012).

Appendix II: Release Timeline for Federal Bureau of Prisons' (BOP) COVID-19 Phased Action Plans, January-August 2020

Appendix II: Release Timeline for Federal Bureau of Prisons' (BOP) COVID-19 Phased Action Plans, January-August 2020



Source: GAO review of BOP documents. | GAO-21-502

Appendix III: Impacts of the Suspension of Inmate Transfers During the COVID-19 Pandemic

As previously discussed, United States Marshals Service (USMS) is responsible for maintaining custody of Federal Bureau of Prisons (BOP) inmates before sentencing and transporting them to BOP custody after sentencing. USMS has experienced four key challenges related to these responsibilities during the pandemic, all resulting from BOP's suspension of inmate transfers from March 13, 2020, through July 2020. In particular, our interviews with USMS officials and review of related documentation indicate that USMS experienced: (1) overcrowding of its detention centers, (2) delays for detainees in accessing BOP mental health services while in its custody, (3) increased cost to detain a larger population, and (4) increased risk of COVID-19 spreading.

Overcrowding of USMS detention centers. At the start of the pandemic, in March 2020, BOP suspended inmate transfers in an effort to slow the spread of COVID-19. However, the suspension worsened a backlog the USMS was already experiencing of sentenced individuals awaiting transfer to the BOP facilities in which they would be confined. As a result, these inmates continued to occupy USMS bed space that is typically dedicated to the pretrial population, which caused overcrowding in USMS's detention centers. Specifically, USMS had a backlog of approximately 3,800 inmates when the pandemic began, and this backlog reached its peak of approximately 9,000 inmates shortly after BOP lifted the suspension in July 2020. According to USMS officials, as of May 2021, they continued to experience a backlog of approximately 5,800 inmates because the volume of weekly inmate transfers—while steadily rising since BOP lifted the suspension—is only about 80 percent of the pre-pandemic level of approximately 850.

Delays in inmates' access to BOP mental health services. According to USMS officials, the backlogs that USMS experienced also delayed access to mental health evaluations for individuals who had been sentenced and committed to specific BOP facilities, but who were detained in USMS facilities awaiting their transfer. This is because access to BOP mental health evaluations and other services are only available to those confined in a BOP facility. These individuals also could not be

considered for compassionate release since residence in a BOP facility is one of several eligibility criteria that are considered.

Increased costs of detention for USMS. USMS officials cited an increase in expenditures that the agency incurred related to detaining this increased population. According to USMS, as of April 3, 2021, the agency had spent over \$213 million in additional detention housing costs since the onset of the pandemic in March 2020.

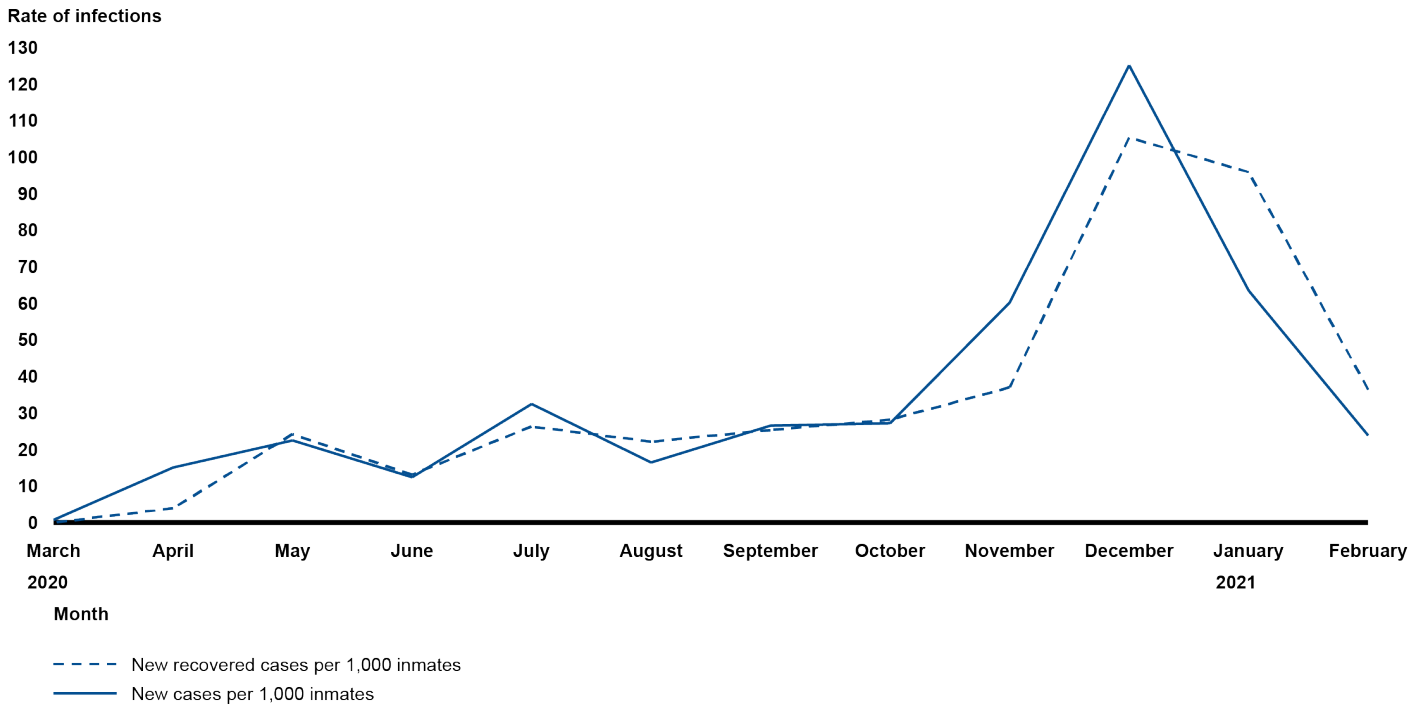
Increased risk of COVID-19 spreading. Prior to the COVID-19 pandemic, in September 2007, USMS and BOP had joint protocols in place for handling and transporting inmates; however these protocols did not address transporting individuals with an infectious disease. In developing their respective COVID-19 guidance, both agencies further collaborated. According to USMS officials, during these interactions, BOP shared its inmate intake, quarantine, testing, and transfer protocols with USMS. Further, BOP provided USMS with testing equipment.

Although helpful, USMS officials said that they could not replicate these BOP protocols or implement a formal Memorandum of Understanding between the two agencies. This was because, unlike BOP, USMS does not operate the approximately 1,000 facilities it utilizes—most of the facilities used by the USMS are operated by state and local governments. Accordingly, while the USMS can request that the facility operate consistent with its detention standards, the USMS cannot prescribe specific actions. Furthermore, as USMS officials explained, the majority of these facilities do not have the physical space, health care staffing, on-site testing capabilities, and national laboratory contracts for outside testing that BOP facilities have. Instead, USMS took other measures to help curb the spread of the virus, such as implementing requirements for pre-departure COVID-19 screening at its facilities which were incorporated into its Medical Transfer Summary form, and updating transport protocols as the CDC issued updated guidance. USMS officials stated that there were instances when USMS detainees tested positive for COVID-19 upon arriving at a BOP facility. However, these occurred before BOP's and USMS's respective measures and protocols for transfer were in place, and officials noted that implementing these measures was intended to help minimize such instances going forward.

Appendix IV: Additional Data on Infection Trends for Federal Bureau of Prisons (BOP) Inmates

As shown in figure 19 below, the percentage of inmate infections in BOP-managed facilities peaked in December 2020, when there were 125 new infections per every 1,000 inmates. Recoveries also peaked in that month, with 105 new recoveries per every 1,000 inmates. This is consistent with trends nationwide of COVID-19 cases peaking in December 2020 and January 2021.

Figure 19: COVID-19 Infection Rates among Inmates Confined in Federal Bureau of Prisons-Managed Facilities



Source: GAO Analysis of Federal Bureau of Prisons data. | GAO-21-502

Appendix IV: Additional Data on Infection Trends for Federal Bureau of Prisons (BOP) Inmates

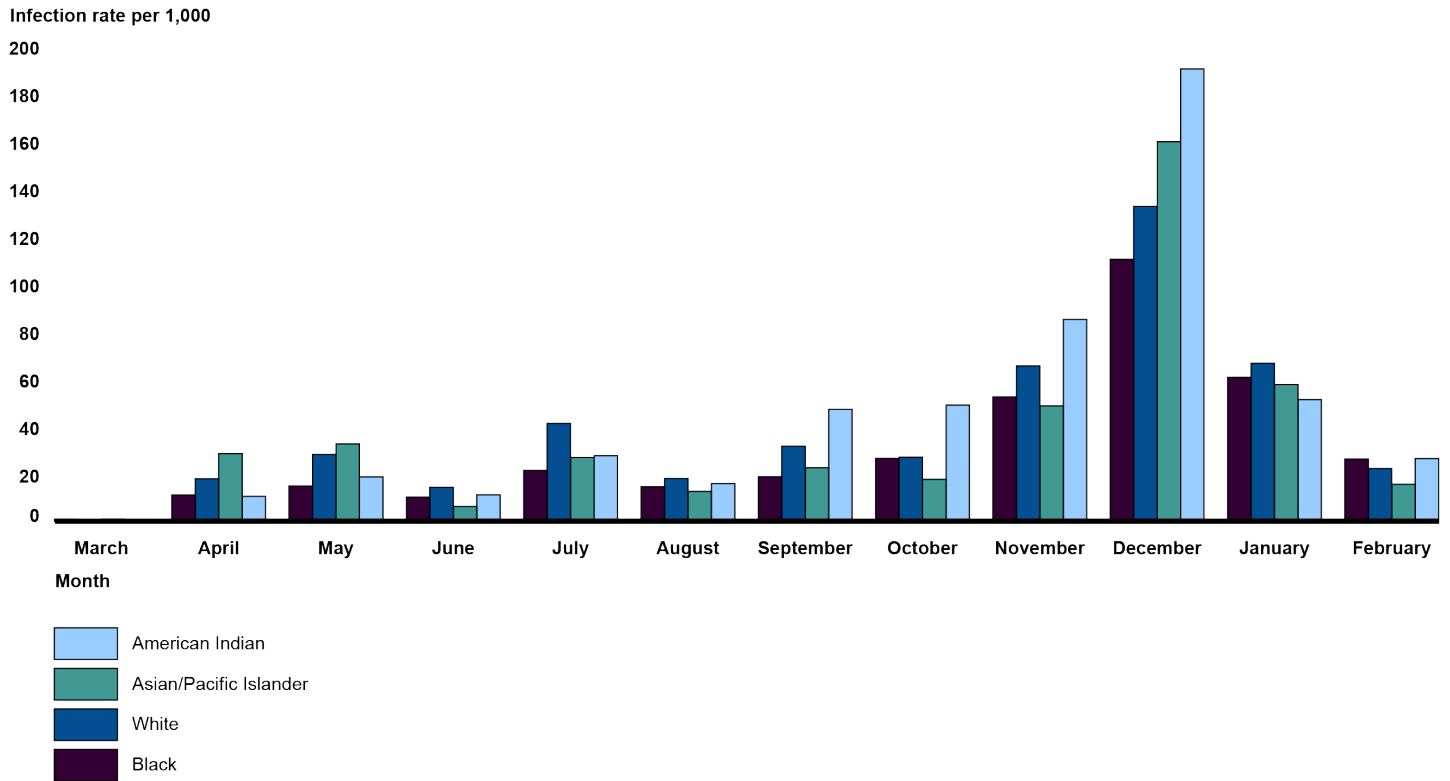
Accessible Data for Figure 19: COVID-19 Infection Rates among Inmates Confined in Federal Bureau of Prisons-Managed Facilities

Month	Total cases	Total recovery
March	0.722	0.041
April	15.047	3.872
May	22.457	24.171
June	12.385	13.093
July	32.426	26.283
August	16.427	22.125
September	26.515	25.311
October	27.153	28.109
November	60.156	36.975
December	125.104	105.319
January	63.462	95.865
February	23.816	36.364

As shown in figures 20-22 below, the proportion of positive cases within all recorded inmate demographic groups (ethnicity, race, and age) peaked in December 2020 within BOP-managed facilities. For example, in December 2020, there were 190 new infections of American Indian inmates for every 1,000 American Indian inmates in BOP-managed facilities. In the same month, there were 145 new infections of inmates over 59 years old for every 1,000 inmates over 59. There were 160 new cases in Asian or Pacific Islander inmates per every 1,000 Asian or Pacific Islander inmates. Further, in nearly every month, infection rates among older inmates (60 and over) were higher than among younger inmates (under 60).

Appendix IV: Additional Data on Infection Trends for Federal Bureau of Prisons (BOP) Inmates

Figure 20: COVID-19 Infection Rates among Inmates Confined in Federal Bureau of Prisons-Managed Facilities by Race (March 2020-February 2021)



Source: GAO analysis of Federal Bureau of Prisons data. | GAO-21-502

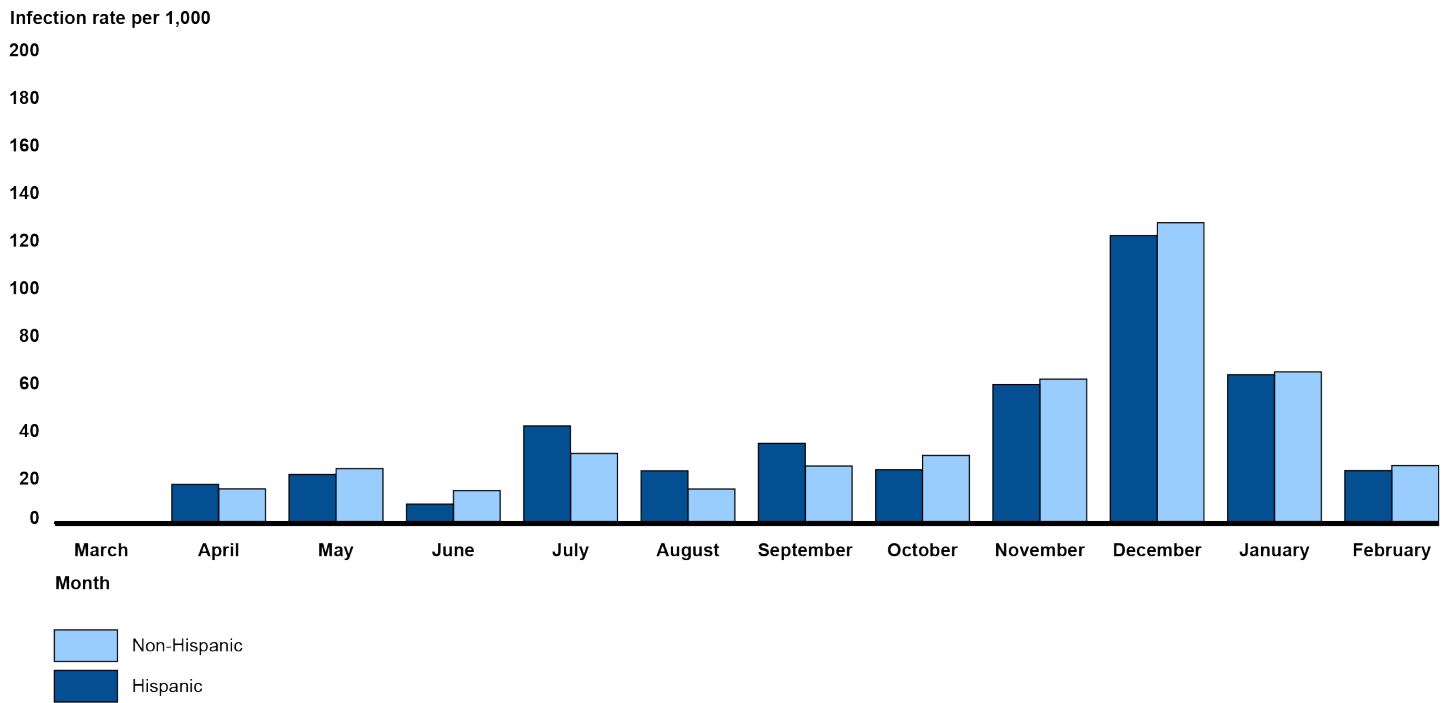
Appendix IV: Additional Data on Infection Trends for Federal Bureau of Prisons (BOP) Inmates

Accessible Data for Figure 20: COVID-19 Infection Rates among Inmates Confined in Federal Bureau of Prisons-Managed Facilities by Race (March 2020-February 2021)

Month	Black	White	Asian / Pacific Islander	American Indian
March	0.865	0.633	0.912	0.271
April	11.034	17.854	28.451	10.515
May	14.831	28.097	32.516	18.632
June	10.117	14.324	6.224	11.104
July	21.377	41.179	26.853	27.609
August	14.507	18.012	12.548	15.858
September	18.688	31.605	22.503	47.098
October	26.458	26.897	17.631	48.84
November	52.245	65.324	48.512	84.885
December	110.196	132.45	159.664	190.256
January	60.515	66.476	57.53	51.154
February	26.13	22.16	15.59	26.389

Appendix IV: Additional Data on Infection Trends for Federal Bureau of Prisons (BOP) Inmates

Figure 21: COVID-19 Infection Rates among Inmates Confined in Federal Bureau of Prisons-Managed Facilities by Ethnicity (March 2020-February 2021)



Source: GAO analysis of Federal Bureau of Prisons data. | GAO-21-502

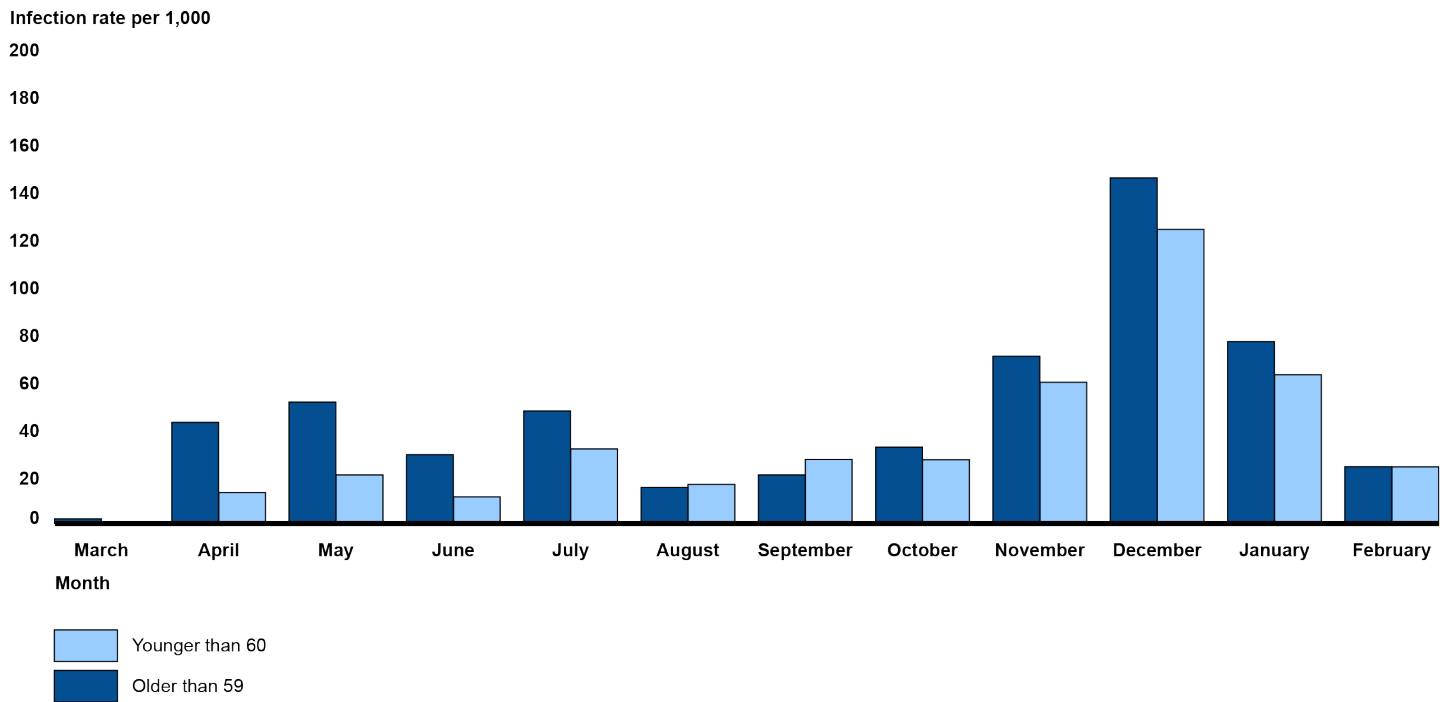
**Appendix IV: Additional Data on Infection
Trends for Federal Bureau of Prisons (BOP)
Inmates**

Accessible Data for Figure 21: COVID-19 Infection Rates among Inmates Confined in Federal Bureau of Prisons-Managed Facilities by Ethnicity (March 2020-February 2021)

Month	Hispanic	Non-hispanic
March	0.532	0.788
April	16.49	14.551
May	20.613	23.083
June	8.137	13.821
July	41.04	29.527
August	22.152	14.506
September	33.687	24.132
October	22.62	28.653
November	58.415	60.726
December	121.032	126.425
January	62.563	63.752
February	22.222	24.348

Appendix IV: Additional Data on Infection Trends for Federal Bureau of Prisons (BOP) Inmates

Figure 22: COVID-19 Infection Rates among Inmates Confined in Federal Bureau of Prisons-Managed Facilities by Age (March 2020-February 2021)



Source: GAO analysis of Federal Bureau of Prisons data. | GAO-21-502

Appendix IV: Additional Data on Infection Trends for Federal Bureau of Prisons (BOP) Inmates

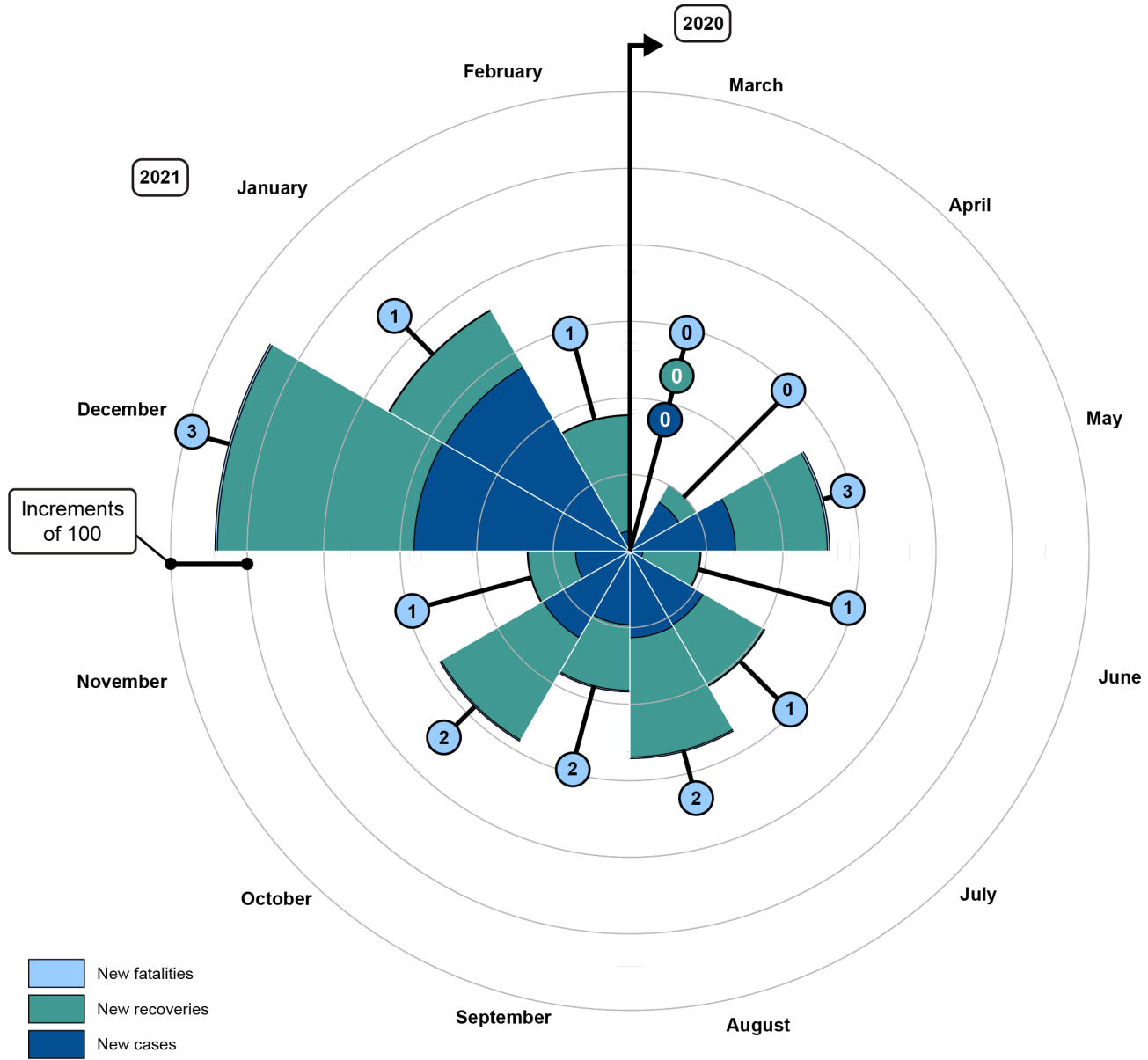
Accessible Data for Figure 22: COVID-19 Infection Rates among Inmates Confined in Federal Bureau of Prisons-Managed Facilities by Age (March 2020-February 2021)

Month	Older than 59	Less than 60
March	1.984	0.628
April	42.529	13.024
May	51.039	20.433
June	28.964	11.223
July	47.272	31.392
August	15.194	16.512
September	20.433	26.936
October	32.095	26.811
November	70.372	59.451
December	145.314	123.722
January	76.461	62.579
February	23.902	23.81

As shown in figure 23 below, the number of new cases, recoveries, and fatalities for inmates at private facilities varied month-to-month since the beginning of the pandemic in March 2020. For example, in April 2020, there were 71 new cases, 29 recoveries, and no fatalities; in August 2020 there were 113 new cases, 156 new recoveries, and two new fatalities; and in January 2021 there were 278 new cases, 85 new recoveries, and one new fatality. New cases in inmates in private facilities peaked in December 2020 (282 cases). Private facilities had the highest number of inmate fatalities in May and December 2020 (three fatalities), and the highest number of recovered cases in December 2020 (257 recoveries).

Appendix IV: Additional Data on Infection Trends for Federal Bureau of Prisons (BOP) Inmates

Figure 23: Total New COVID-19 Infection, Recovery, and Fatality Rates for Inmates in Private Prison Facilities Operating Under Contract with the Federal Bureau of Prisons (March 2020-February 2021)



Source: GAO analysis of Federal Bureau of Prisons data. | GAO-21-502

Note: Positive cases and their outcomes are both counted in this figure. For example, an inmate who tested positive for COVID-19 in April 2020 and recovered in May 2020 would be counted both as a

**Appendix IV: Additional Data on Infection
Trends for Federal Bureau of Prisons (BOP)
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new positive case in April 2020 and as a recovery in May 2020. These data do not include inmates in Residential Reentry Centers.

**Appendix IV: Additional Data on Infection
Trends for Federal Bureau of Prisons (BOP)
Inmates**

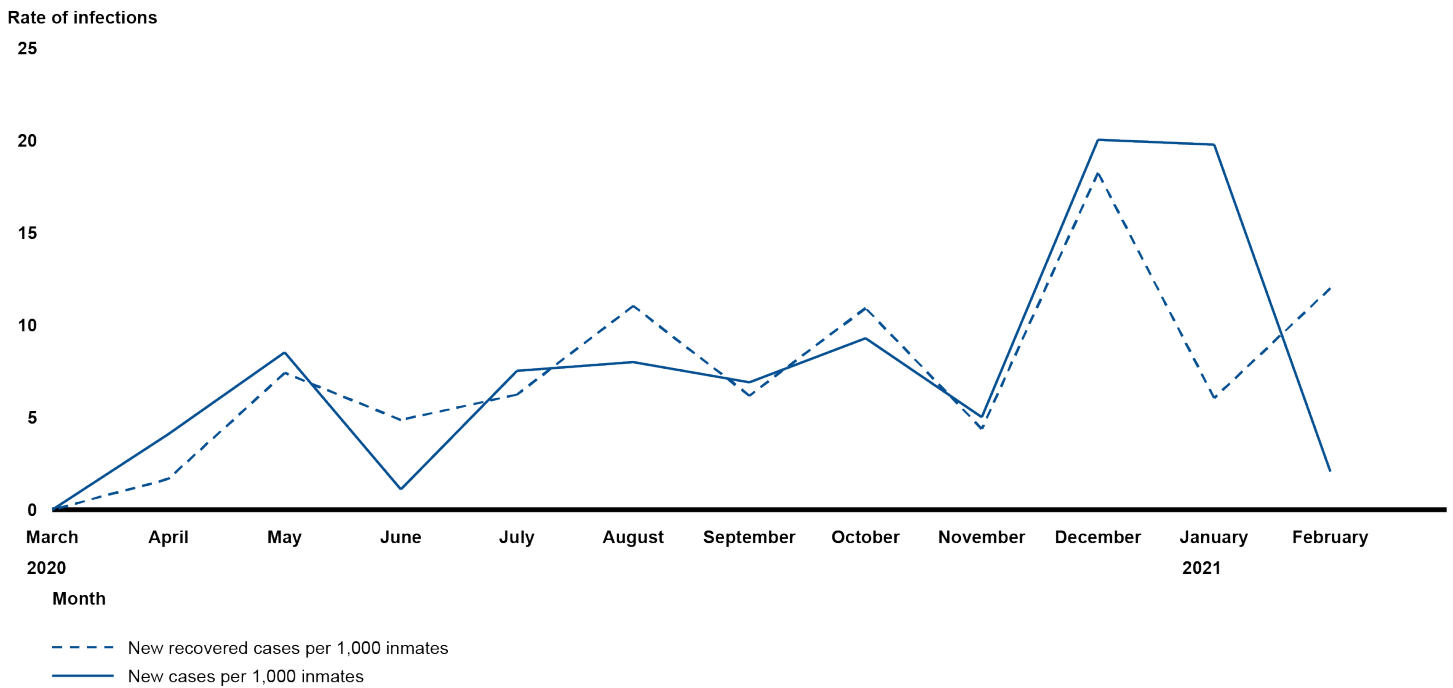
Accessible Data for Figure 23: Total New COVID-19 Infection, Recovery, and Fatality Rates for Inmates in Private Prison Facilities Operating Under Contract with the Federal Bureau of Prisons (March 2020-February 2021)

Month	Total cases	Total Recoveries	Total fatalities
March 2020			
April 2020	71	29	
May 2020	138	120	3
June 2020	17	75	1
July 2020	111	92	1
August 2020	113	156	2
September 2020	96	86	2
October 2020	131	154	2
November 2020	71	62	1
December 2020	282	257	3
January 2021	278	85	1
February 2021	26	151	1

The percentage of inmate infections in private facilities peaked in December 2020, as shown in figure 24 below, where there were 20 new infections that month per every 1,000 inmates. Recoveries also peaked in that month, with 18 new recoveries per every 1,000 inmates.

Appendix IV: Additional Data on Infection Trends for Federal Bureau of Prisons (BOP) Inmates

Figure 24: Inmate COVID-19 Infection Rates at Private Prison Facilities Operating Under Contract with the Federal Bureau of Prisons (March 2020 – February 2021)



Source: GAO Analysis of Federal Bureau of Prisons data. | GAO-21-502

Appendix IV: Additional Data on Infection Trends for Federal Bureau of Prisons (BOP) Inmates

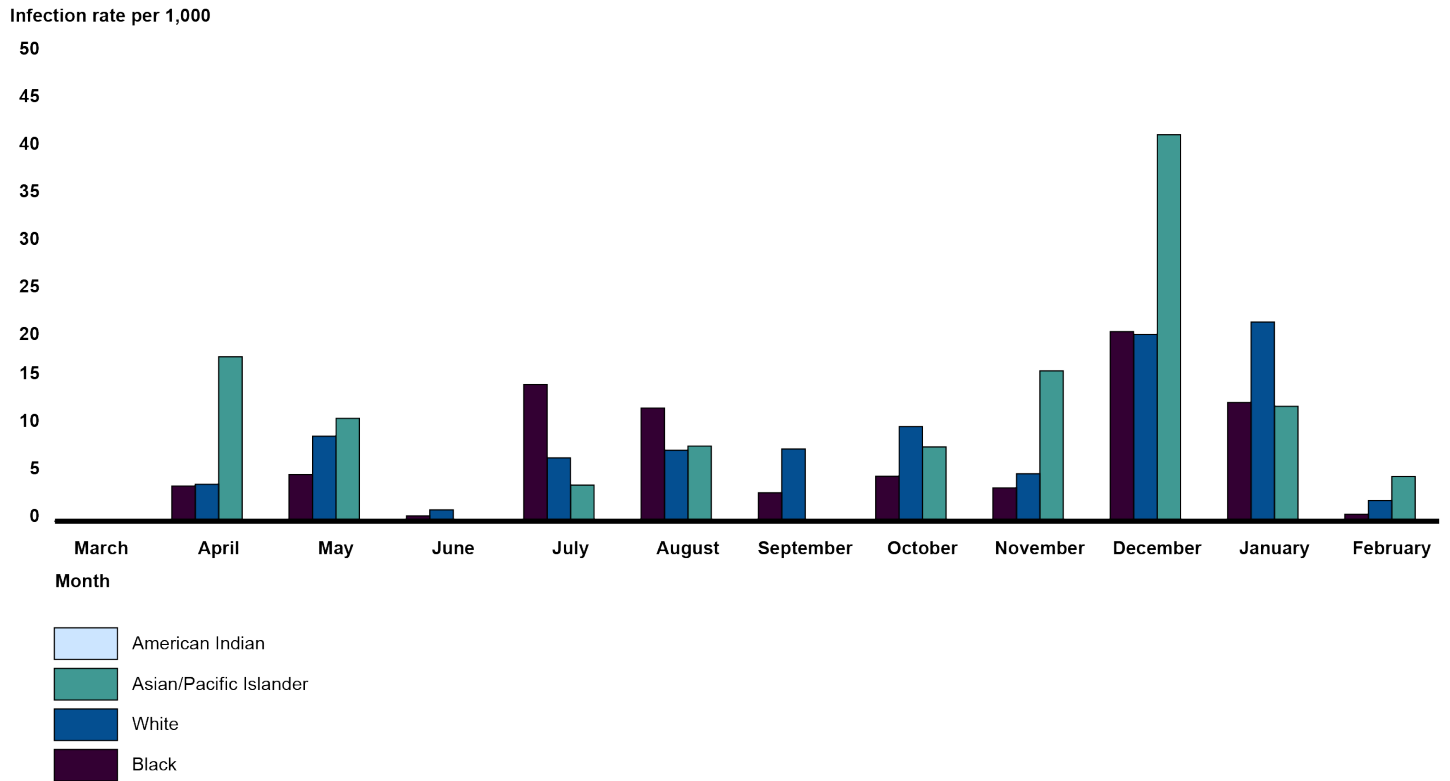
Accessible Data for Figure 24: Inmate COVID-19 Infection Rates at Private Prison Facilities Operating Under Contract with the Federal Bureau of Prisons (March 2020 – February 2021)

Month	Total cases	Total recovery
March	0	0
April	4.0986	1.6741
May	8.5217	7.4102
June	1.1024	4.8635
July	7.5234	6.2356
August	7.9943	11.0364
September	6.9	6.1813
October	9.2868	10.9173
November	5.0127	4.3773
December	20.0341	18.258
January	19.771	6.0451
February	2.0661	11.9994

As shown in figures 25-27 below, similar to what was seen among BOP-managed facilities, the proportion of positive cases within all recorded inmate demographic groups (race, ethnicity, and age) peaked in December 2020 or January 2021 within private facilities. For example, in December 2020, there were 41 new infections of Asian or Pacific Islander inmates for every 1,000 Asian or Pacific Islander inmates in private facilities. In the same month, there were 38 new infections of inmates over 59 years old for every 1,000 inmates over 59. Also like what was seen among BOP-managed facilities, in nearly every month infection rates among older inmates (ages 60 and older) were higher than for younger inmates (under 60). Generally, the differences in the monthly infection rates for older inmates compared, to younger inmates at the privately-managed facilities, were greater than in BOP-managed facilities.

Appendix IV: Additional Data on Infection Trends for Federal Bureau of Prisons (BOP) Inmates

Figure 25: Inmate COVID-19 Infection Rates at Private Prison Facilities Operating Under Contract with the Federal Bureau of Prisons by Race (March 2020-February 2021)



Source: GAO analysis of Federal Bureau of Prisons data. | GAO-21-502

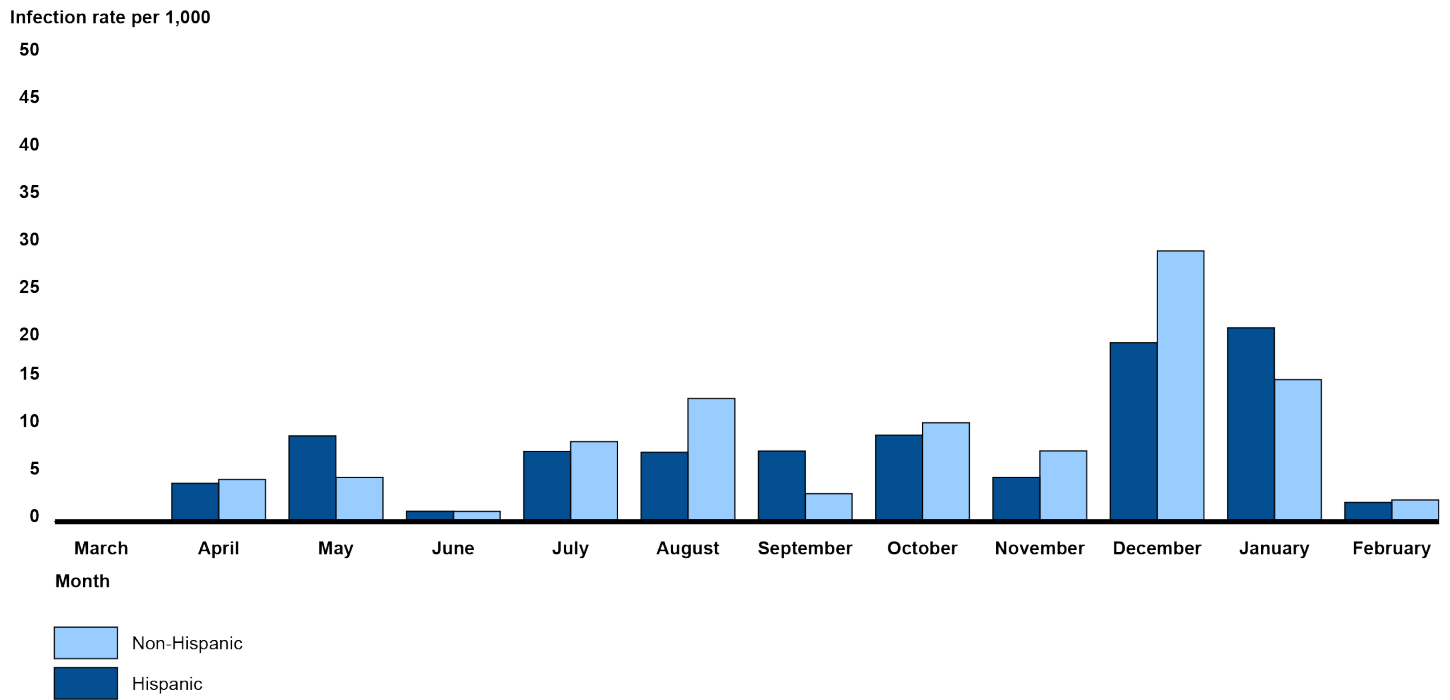
Appendix IV: Additional Data on Infection Trends for Federal Bureau of Prisons (BOP) Inmates

Accessible Data for Figure 25: Inmate COVID-19 Infection Rates at Private Prison Facilities Operating Under Contract with the Federal Bureau of Prisons by Race (March 2020-February 2021)

Month	Black	White	Asian / Pacific Islander	American Indian
March	0	0	0	0
April	3.7194	3.8959	17.301	0
May	4.9153	8.9495	10.8303	0
June	0.5631	1.1972	0	0
July	14.3843	6.6682	3.8023	0
August	11.9119	7.4602	7.9051	0
September	2.9922	7.5941	0	0
October	4.7337	9.9564	7.8125	0
November	3.517	5.0008	15.8103	0
December	19.9531	19.637	40.6504	0
January	12.4926	20.9467	12.0968	0
February	0.721	2.1858	4.717	0

Appendix IV: Additional Data on Infection Trends for Federal Bureau of Prisons (BOP) Inmates

Figure 26: Inmate COVID-19 Infection Rates at Private Prison Facilities Operating Under Contract with Federal Bureau of Prisons by Ethnicity (March 2020-February 2021)



Source: GAO analysis of Federal Bureau of Prisons data. | GAO-21-502

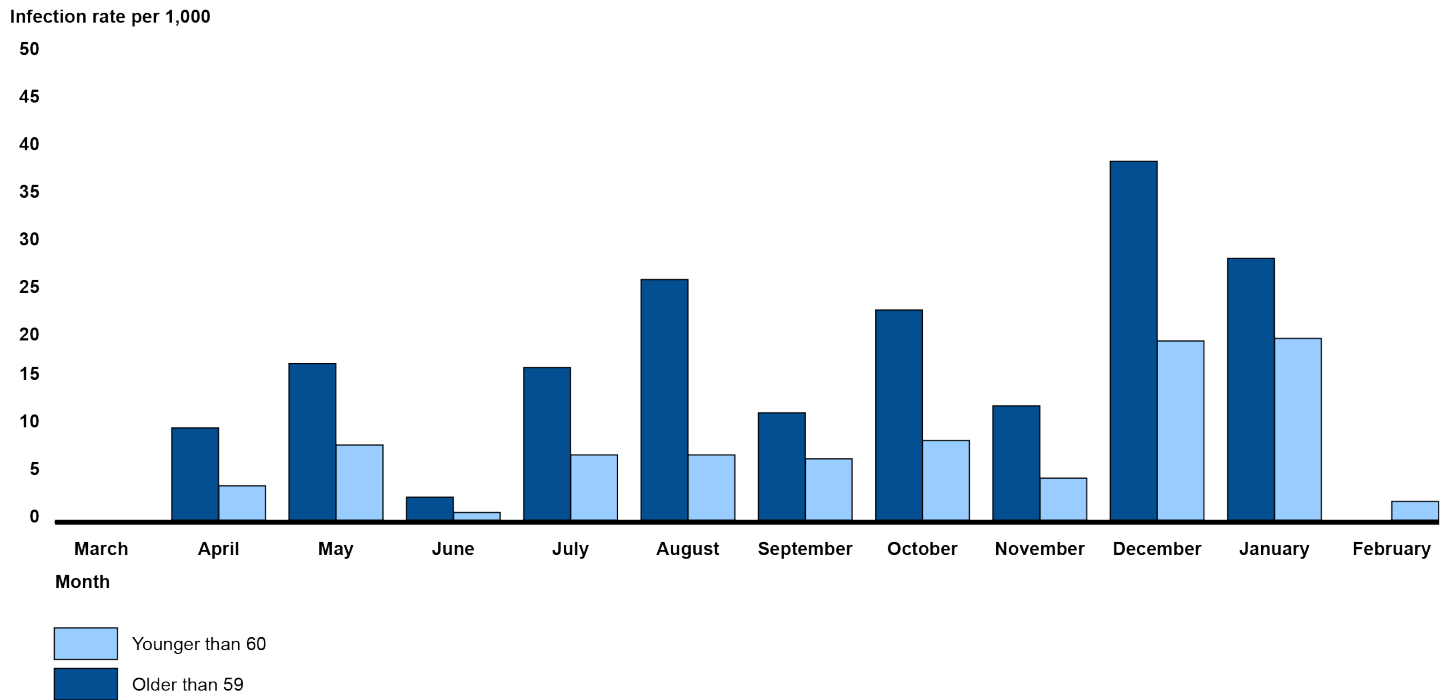
Appendix IV: Additional Data on Infection Trends for Federal Bureau of Prisons (BOP) Inmates

Accessible Data for Figure 26: Inmate COVID-19 Infection Rates at Private Prison Facilities Operating Under Contract with Federal Bureau of Prisons by Ethnicity (March 2020-February 2021)

Month	Hispanic	Non-hispanic
March	0	0
April	4.0507	4.4621
May	9.0425	4.668
June	1.1055	1.0793
July	7.3988	8.4317
August	7.3145	12.987
September	7.445	2.9586
October	9.1276	10.4287
November	4.6699	7.4541
December	18.8542	28.5215
January	20.4164	14.979
February	2.0399	2.2918

Appendix IV: Additional Data on Infection Trends for Federal Bureau of Prisons (BOP) Inmates

Figure 27: Inmate COVID-19 Infection Rates at Private Prison Facilities Operating Under Contract with Federal Bureau of Prisons by Age (March 2020-February 2021)



Source: GAO analysis of Federal Bureau of Prisons data. | GAO-21-502

Appendix IV: Additional Data on Infection Trends for Federal Bureau of Prisons (BOP) Inmates

Accessible Data for Figure 27: Inmate COVID-19 Infection Rates at Private Prison Facilities Operating Under Contract with Federal Bureau of Prisons by Age (March 2020-February 2021)

Month	Older than 59	Less than 60
March	0	0
April	9.901	3.8147
May	16.6667	8.1095
June	2.6212	1.0233
July	16.2602	7.0634
August	25.4958	7.0742
September	11.4943	6.6581
October	22.2841	8.5898
November	12.2283	4.6172
December	37.9404	19.0433
January	27.7411	19.3175
February	0	2.1823

Appendix V: Comparison of COVID-19 Positive Cases at Selected Facilities to Cases in Surrounding Counties

As discussed previously, we did not detect a consistent relationship between the infection rates of selected Federal Bureau of Prisons' (BOP) facilities we visited and those in surrounding communities. We compared COVID-19 positive cases at each of the six facilities to the percent increase in cases reported in counties within a 15-mile radius of each facility, from March 2020 to February 2021. For some of the facilities we analyzed, the trends in inmate cases followed a similar pattern to the cases in the surrounding community, while for other facilities, the inmate and community cases did not follow similar trends.

Federal Correctional Institution (FCI) Elkton

The pattern in new cases at FCI Elkton, located in Lisbon, Ohio, was consistently different from that of the surrounding area. While the facility had a large increase in the number of cases from April to May 2020 (84 to 291 new cases), the surrounding area had a relatively stable number of cases from April to May. In the surrounding counties, the cases increased from June to July by 128 percent (from about 29 to 65 new cases per day), while the number of new cases in the facility declined (from 379 to 189 in the month). From July to August, cases declined in both the facility and the surrounding area. From September to October, the number of new cases in the surrounding area increased by more than 150 percent and from October to November increased by more than 360 percent, while the number of new cases in the facility remained stable (less than five new cases a month).

Federal Correctional Complex (FCC) Florence

The number of new cases at FCC Florence, located in Florence, Colorado, was similar to that of the surrounding area for some but not all the months. For example, new cases at the facility and the surrounding area increased from June to July 2020 by 159 percent. However, while

the rate of increase slowed in the surrounding area in August and September, the number of new cases in the facility continued to increase. The overall numbers of cases in the facility were very low each month through October (17 or fewer), so small changes may appear large. From September to October, the new cases in the surrounding community increased by nearly five times (479 percent, from nine to 54 new cases a day) and from October to November increased by over four times (422 percent, from 54 to 283 new cases a day). Cases spiked in the facility soon after, with 134 cases in November and 516 cases in December compared to just 10 cases in October.

Correctional Institution Great Plains

Cases between Correctional Institution Great Plains, located in Hinton, Oklahoma, and the surrounding community also peaked at inconsistent times. Correctional Institution Great Plains reported 83 cases in May 2020 but no cases were reported in the facility in June (only one inmate was tested in the facility in June). The highest number of cases occurred in November (22 cases) and there were no cases in January or February (only 11 inmates were tested in the facility in January and February combined). The largest increase in the community was from June to July when cases nearly doubled (increased by almost 90%) from 38 to 72 new cases per day.

Federal Medical Center (FMC) Lexington

The infection rate at FMC Lexington, located in Lexington, Kentucky, followed the same pattern as the infection rate of the surrounding community for some but not all the months. Specifically, there was a large increase in cases in May 2020 at both the facility and in the surrounding counties. Cases in the facility increased from 18 in April to 260 in May and cases in the surrounding area increased by over 130 percent from April to May. However, while cases nearly doubled in October (compared to September) in the surrounding counties, there was not a similar increase in the facility. Cases in the facility peaked in December (375 new cases) and cases in the surrounding community peaked in January 2021 with an average of about 349 new cases each day.

Federal Correctional Institution (FCI) Seagoville

In both FCI Seagoville, located in Seagoville, Texas, and the surrounding area, the largest increase in new cases was from June to July 2020.

**Appendix V: Comparison of COVID-19 Positive
Cases at Selected Facilities to Cases in
Surrounding Counties**

However, the surrounding area also had large increases in November and December, while cases in the facility remained stable (25 and 10, respectively).

Federal Correctional Complex (FCC) Yazoo City

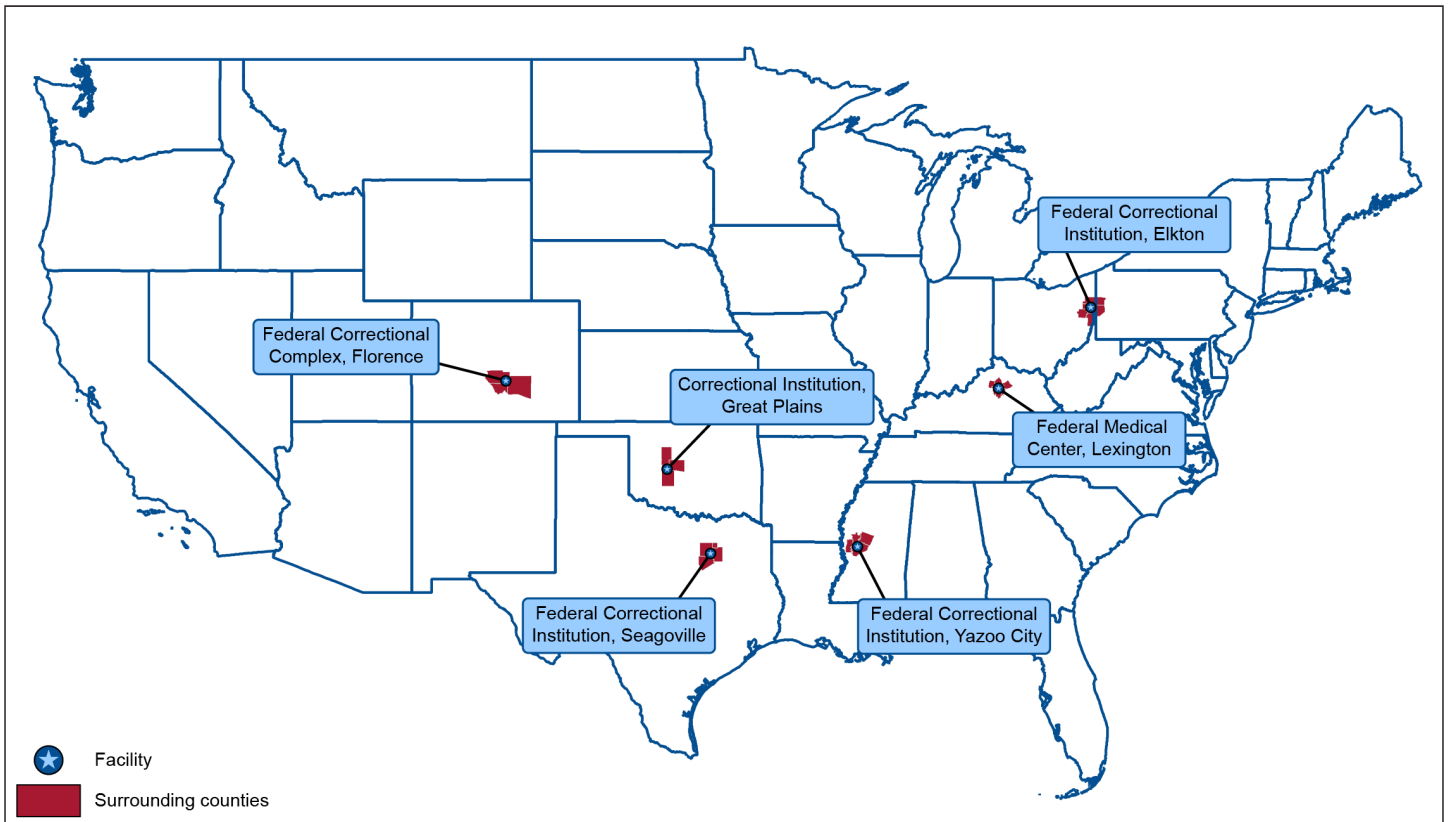
Cases in FCC Yazoo City, located in Yazoo City, Mississippi, and the surrounding community peaked at inconsistent times. While cases in FCC Yazoo City peaked in May then declined, cases in the community peaked in July 2020. Cases in the community peaked again in December and January (increasing by over 70 percent from November to December), while cases in the facility peaked in November (133 new cases during the month) and January (113) and dipped in December (50) and February (14).

Appendix VI: Overview of Selected Facilities' Response to COVID-19

We selected a non-generalizable sample of five Federal Bureau of Prisons (BOP)-managed facilities and one private facility operating under contract with BOP. Between November 2020 and January 2021, we met with staff and officials at each location virtually to discuss each facility's response to COVID-19. For each of our selected facilities, we held teleconferences with facility management staff, such as facility wardens, associate wardens, and health services administrators, as well as BOP union staff where applicable. We also requested and analyzed documents, as well as photographs representing various aspects of each facility's response to the pandemic, such as facility-specific plans and memoranda for COVID-19 response, and pictures representing various aspects of the facilities' compliance with COVID-19 guidance such as for social distancing. While results from our sample of BOP-managed and private facilities cannot be generalized to all prison facilities, they provide insight into BOP's planning and response to the pandemic. Figure 28 illustrates the geographic location of each of our selected facilities, including counties within a 15-mile radius of each facility.

Appendix VI: Overview of Selected Facilities' Response to COVID-19

Figure 28: Map of Federal Bureau of Prisons' Facilities and Surrounding Counties Selected for Virtual Site Visits



Source: GAO. | GAO-21-502

Note: Surrounding counties include counties within a 15-mile radius of the selected facility.

**Appendix VI: Overview of Selected Facilities'
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Appendix VII: Comments from Federal Bureau of Prisons

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of Prisons**



U.S. Department of Justice

Federal Bureau of Prisons

Office of the Director

Washington, DC 20534

July 19, 2021

Ms. Gretta L. Goodwin
Director
Homeland Security and Justice
Government Accountability Office
441 G Street, NW
Washington, DC 20548

Dear Ms. Goodwin,

The Bureau of Prisons (BOP) appreciates the opportunity to review and comment on the Government Accountability Office's (GAO's) draft report entitled Bureau of Prisons: BOP Could Further Enhance its COVID-19 Response by Capturing and Incorporating Lessons Learned (GAO-21-502). The BOP agrees with the three recommendations addressed to the BOP Director. The BOP offers the following comments regarding the recommendations.

The Coronavirus Disease 2019 (COVID-19) has presented unprecedented challenges across the country, including for the BOP and other correctional systems. The BOP, in close ongoing consultation with the Centers for Disease Control and Prevention (CDC), continues to do everything it can to mitigate the spread of COVID-19 in its facilities and to protect the safety of staff, inmates, visitors, and members of the public. It has significantly modified its operations, made the COVID-19 vaccine available to inmates at every institution, and administered more than 200,000 vaccine doses to date. The BOP is committed to continuing to adapt operations to address the pandemic to the fullest extent possible.

In earlier stages of the pandemic, as the number of cases rose across the country, the BOP was similarly challenged by an upsurge in inmate positive cases, but as a result of effective mitigation strategies, vaccination strategy, and lessons learned, the agency was able to flatten the curve, both at hotspots and in institutions nationwide.

**Appendix VII: Comments from Federal Bureau
of Prisons**

Recommendation 1: The Director of BOP should routinely evaluate how it communicates its COVID-19 guidance to facility staff and modify its approach, as needed, based on the results to ensure BOP protocols are clearly communicated to staff.

BOP's Response: BOP agrees that continuous evaluation of our efforts to communicate COVID-19 guidance is necessary to help ensure our institutions are provided the most recent guidance in the most effective manner. Indeed, BOP has taken extensive steps to do so over the course of the pandemic. Last year, BOP implemented an Incident Command System to coordinate its response to the pandemic, and to coordinate with other agencies during emergency or disaster response events. BOP Incident Command is the overarching structure for BOP's pandemic response, including its communication of COVID-19 policies to all institutions. BOP relies extensively on Health Services to provide subject matter expertise in all of these operations and communications.

Throughout the pandemic, BOP has collaborated closely with the CDC to help develop guidance and effective communication strategies. For example, BOP established temporary duty assignments for four epidemiologists from other agencies to work with the BOP on vaccination and treatment strategies. In addition, BOP worked with designated points of contact at CDC to discuss vaccination and treatment strategies. BOP's consultation and collaboration with the CDC to develop and update guidance for correctional systems is ongoing and covers all aspects of operations related to COVID-19.

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of Prisons**

In addition to BOP's internal COVID-19 Pandemic Plan, BOP engages with the CDC to assist in developing guidance specific to the unique nature of correctional environments. As a result, the CDC published their *Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities* on March 23, 2020; the subsequent updates on July 14, 2020 and June 9, 2021, were also issued with Bureau input.

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To help ensure communications and guidance are accessible by every staff member, BOP created a COVID-19 resource web page in March 2020, that includes links to the Pandemic Plan, FAQs, memos sent from the Director's office, staff and inmate educational resources and external links from the CDC, Johns Hopkins, and other trusted medical sites. The BOP continues to update and add to this site as information becomes available and in response to staff and institution needs.

In addition to the COVID-19 resource web page, since the start of the pandemic the BOP Director's Office has recorded and posted 15 "Director's messages" to the Sallyport homepage. In those messages, the Director and BOP senior leadership reviewed the status of BOP's COVID-19 response for staff. The Director also recorded a message directed at all inmates dispelling myths about COVID-19 vaccinations and encouraging vaccine acceptance. This video was aired a minimum of three times at all BOP locations.

Recommendation 2: The Director of BOP should develop and implement an approach to capture and share best practices and lessons learned for responding to COVID-19 and future public health emergencies are discussed among BOP officials at their regular teleconferences.

BOP Response: BOP agrees that capturing and sharing best practices through program assessments is vital to ensure continuous

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improvement in the current and any future pandemics. Throughout the pandemic, regional executive staff and BOP medical professionals (including infection prevention and control nurses and health services administrators) have communicated with one another through tele-conferences and shared their best practices.

BOP created COVID-19 Compliance Review Teams (CCRT) to perform on-site evaluations of institution programs. The CCRT survey results and best practices identified by CCRT teams were shared with all institutions and posted to the Sallyport COVID-19 resources page.

Throughout the pandemic, BOP has solicited and received feedback through institution leadership and executive staff through meetings such as the open question sessions previously mentioned and the COVID-19 questions email box. BOP has used this feedback to update its plan and send out messaging when needed. In addition to taking these ongoing steps to capture and share best practices, in consultation with medical experts, BOP also expects to conduct a full after-action assessment of its pandemic response to help ensure preparedness for any future public health emergencies.

Recommendation 3: The Director of BOP should develop and implement an approach for ensuring its facilities are applying, as appropriate, best practices and lessons learned related to COVID-19 and future public health emergency response efforts.

BOP Response: Since the beginning of the pandemic, BOP has recognized the need to evaluate practices within its institutions and provide guidance and interventions when needed. Prior to the suspension of travel in May of 2021, BOP's Program Review Division led CCRT Teams to conduct reviews of 120 of the 122 BOP institutions. Currently, the PRD is conducting 38 CCRT remote reviews to ensure compliance with COVID-19 guidance.

To continuously monitor the pandemic in each institution, BOP created electronic databases to allow executive and institution staff to monitor and manage infection rates, hospitalizations, risk factors, vaccination status, vaccination scheduling, amounts of personal protective equipment (PPE) on hand, and multiple other data points. As a result, leadership is able to assess the status of every institution and patient in BOP in real-time and provide rapid interventions when necessary.

In addition to the above activities, BOP developed a highly effective and efficient means to ensure resources were available for distribution to institutions when needed. This centralized

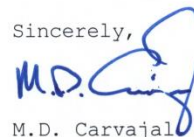
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Upon determining that vaccine availability was imminent, BOP successfully advocated the Department of Health and Human Services to recognize BOP as a separate jurisdiction for vaccine delivery. A BOP staff member was embedded in the federal government's COVID-19 Vaccine/Therapeutics Operation (formerly known as Operation Warp Speed) as BOP liaison officer to ensure success. Despite BOP having no ultra-low temperature storage and manufacturer requirements for bulk shipping of vaccine, BOP has efficiently provided over 200,000 vaccinations to over 100,000 staff and inmates. As of July 2021, all BOP staff have had the opportunity to receive the vaccine, and all but 3800 inmates have been offered the vaccine. Many of those not offered are new to BOP and BOP continues to offer vaccine to these and others as they enter the system. Earlier this year, the Bureau was presented a certificate of achievement recognizing the agency for leading all jurisdictions and Federal entities in its rate of vaccination utilization, having the highest percentage of vaccines (97%) administered per doses allocated across all of the United States. BOP has since shared its planning and logistics expertise to six states and two federal agencies.

Thank you for the opportunity to comment on this report. We look forward to GAO closing the recommendations that the BOP has agreed to address.

Sincerely,



M.D. Carvajal
Director

Accessible Text for Appendix VII: Comments from Federal Bureau of Prisons

July 19, 2021

Ms. Gretta L. Goodwin
Director
Homeland Security and Justice
Government Accountability Office
441 G Street, NW
Washington, DC 20548

Dear Ms. Goodwin,

The Bureau of Prisons (BOP) appreciates the opportunity to review and comment on the Government Accountability Office's (GAO's) draft report entitled Bureau of Prisons: BOP Could Further Enhance its COVID-19 Response by Capturing and Incorporating Lessons Learned (GAO-21-502). The BOP agrees with the three recommendations addressed to the BOP Director. The BOP offers the following comments regarding the recommendations.

The Coronavirus Disease 2019 (COVID-19) has presented unprecedented challenges across the country, including for the BOP and other correctional systems. The BOP, in close ongoing consultation with the Centers for Disease Control and Prevention (CDC), continues to do everything it can to mitigate the spread of COVID-19 in its facilities and to protect the safety of staff, inmates, visitors, and members of the public. It has significantly modified its operations, made the COVID-19 vaccine available to inmates at every institution, and administered more than 200,000 vaccine doses to date. The BOP is committed to continuing to adapt operations to address the pandemic to the fullest extent possible.

In earlier stages of the pandemic, as the number of cases rose across the country, the BOP was similarly challenged by an upsurge in inmate positive cases, but as a result of effective mitigation strategies, vaccination strategy, and lessons learned, the agency was able to flatten the curve, both at hotspots and in institutions nationwide.

Recommendation 1: The Director of BOP should routinely evaluate how it communicates its COVID-19 guidance to facility staff and modify its approach, as

needed, based on the results to ensure BOP protocols are clearly communicated to staff.

BOP's Response: BOP agrees that continuous evaluation of our efforts to communicate COVID-19 guidance is necessary to help ensure our institutions are provided the most recent guidance in the most effective manner. Indeed, BOP has taken extensive steps to do so over the course of the pandemic. Last year, BOP implemented an Incident Command System to coordinate its response to the pandemic, and to coordinate with other agencies during emergency or disaster response events. BOP Incident Command is the overarching structure for BOP's pandemic response, including its communication of COVID-19 policies to all institutions. BOP relies extensively on Health Services to provide subject matter expertise in all of these operations and communications.

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M. D. Carvajal
Director

Appendix VIII: GAO Contact and Staff Acknowledgments

GAO Contact

Gretta L. Goodwin at (202) 512-8777 or GoodwinG@gao.gov

Staff Acknowledgments

In addition to the contact named above, Joy Booth (Assistant Director), Edith Sohna (Analyst-in-Charge), Julia Vieweg (Analyst-in-Charge), Emily Flores, Kellen Wartnow, and Tamera Lockley made key contributions to this report. In addition, key support was provided by Mariel Alper, Billy Commons, Benjamin Crossley, Dominick Dale, Elizabeth Dretsch, Philip Farah, Susan Hsu, Susan Irving, Taylor Matheson, Sara Ann Moessbauer, and Leah Nash.

Related GAO Products

Immigration Detention: ICE Efforts to Address COVID-19 in Detention Facilities. [GAO-21-414](#). Washington, D.C.: June 30, 2021.

COVID-19: Federal Air Marshal Service Should Document Its Response to Cases and Facilitate Access to Testing. [GAO-21-595](#). Washington, D.C.: June 23, 2021.

Border Security: CBP's Response to COVID-19. [GAO-21-431](#). June 14, 2021.

COVID-19: TSA Could Better Monitor Its Efforts to Reduce Infections Disease Spread at Checkpoints. [GAO-21-364](#). Washington, D.C.: June 14, 2021.

COVID-19: Sustained Federal Action is Crucial as Pandemic Enters Its Second Year. [GAO-21-387](#). Washington, D.C.: March 31, 2021.

COVID-19: Key Insights from GAO's Oversight of the Federal Public Health Response. [GAO-21-396T](#). Washington, D.C.: February 24, 2021.

COVID-19: Critical Vaccine Distribution, Supply Chain, Program Integrity, and Other Challenges Require Focused Federal Attention. [GAO-21-265](#). Washington, D.C.: January 28, 2021.

COVID-19: Urgent Actions Needed to Better Ensure an Effective Federal Response. [GAO-21-191](#). Washington, D.C.: November 30, 2020.

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