

The Federal Correctional Facilities COVID-19 Response Act, introduced on October 1, 2020, will mandate the Federal Bureau of Prisons (BOP) to implement repeat, weekly testing for all employees and people who are incarcerated. Across the country, correctional facilities have been the [epicenter of the COVID-19 pandemic](#). Federal prisons were among the first to report outbreaks that resulted in a massive number of cases and deaths among correctional officers and incarcerated people. At FCI Butner, a federal facility in North Carolina, [six incarcerated people died in eight days](#). Mass testing further revealed that thousands of incarcerated people had been infected. In total, 25 people died. Since then, these kinds of outbreaks have become routine, yet they are preventable. Few federal facilities have engaged in mass, repeat testing efforts and the BOP has articulated no long-term testing mitigation or surveillance strategy. The [legislation introduced by Congresspeople Warren \(D-MA\), Barragán \(D-CA\), and Booker \(D-NJ\)](#) has the potential to change that.

The [bill specifically mandates](#):

- Weekly COVID-19 diagnostic testing of all incarcerated persons at no cost, including providing the results of the test in a timely manner, necessary medical care and medical isolation, quarantining of exposed persons, and the development of testing opt-out procedures.
- Weekly COVID-19 diagnostic testing of all staff at no cost, including providing each correctional facility employee who tests positive or is exposed to COVID-19 with unlimited paid leave for the purpose of recovering or quarantining from COVID-19.
- Negative COVID-19 test to determine recovery, rather than time or symptom based strategies.
- Creating oversight infrastructure by requiring all facilities to submit weekly detailed testing and outcomes data disaggregated by key demographic characteristics to the Department of Justice (DOJ) and the Centers for Disease Control and Prevention (CDC), and provide regular reports to Congress.
- Deployment of CDC investigators when 3 or more incarcerated persons or staff present new cases within a 72-hour period.
- Creation of updated COVID-19 guidelines with expert consultation, including guidance on connecting incarcerated persons released from confinement with post-release resources.
- Prohibition of the use of “punitive solitary confinement and other punitive measures as a means of treating and medically isolating incarcerated persons.”

To date, only 49% of people incarcerated in BOP facilities [have been tested for COVID-19](#). Testing has revealed a case rate of 11,863 per 100,000, 5.4 times higher than the [general population](#) and higher than every state. Out of the 53 U.S. prisons systems tracked by [COVID Prison Project](#), the [BOP ranks 17th in case rates](#). Also concerning is the [increased use of solitary confinement conditions](#) during the pandemic. Moreover, the cumulative case rate for BOP employees is 5,250 per 100,000, over two times the general population rate, even though occupational testing has not been made available.

It is well documented that people in prisons are at increased risk for [infectious diseases](#). Prisons often hold people who have a high burden of chronic disease, putting them at risk of suffering more severely from COVID-19. In addition, the built environment of prison facilities make common prevention strategies such as social distancing nearly impossible. People often live in close quarters in overcrowded facilities, which increases the risk of rapid transmission.

Staff too are at high risk. They live and work in these same high risk facilities and are important links to possible community spread as they move back and forth from work to home. While the importance of [documenting occupational health during the COVID-19 pandemic](#) has been stressed, it is unknown how many BOP employees have been tested for the virus. Testing for staff is not currently reported at the facility level. The BOP [does not test employees](#) but performs “[pre-screening of all employees](#) reporting to work and requires exposed workers to wear a mask for 14 days after last exposure. They are also expected to perform regular self-monitoring for symptoms, practice social distancing, and to disinfect and clean

their workspaces. Anyone who develops signs or symptoms of illness are sent home.” This bill will allow for a greater understanding of [occupational risk for correctional officers and jailers](#), in particular and will give workers much needed guaranteed sick leave.

Correctional facilities account for seven of the 10 largest single site COVID-19 outbreaks. Yet to date, most have not implemented adequate prevention strategies. This bill will ensure repeat, universal testing for both staff and people who are incarcerated and transparency related to COVID-19 identification and outcomes as well as actions to reduce the prison population. These efforts are an important first step to preventing outbreaks in correctional settings that can spread to the surrounding communities. If we want to flatten the curve in this country, we must develop guidance and deploy resources that mitigate COVID-19 in prisons. *The Federal Correctional Facilities COVID-19 Response Act* will make this a reality and must be passed to set the standard for all U.S. prison systems.

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