



April 14, 2021

The Honorable Dick Durbin  
Chairman  
Committee on the Judiciary  
United States Senate  
224 Dirksen Senate Office Building  
Washington, D.C. 20510

The Honorable Chuck Grassley  
Ranking Member  
Committee on the Judiciary  
United States Senate  
224 Dirksen Senate Office Building  
Washington, D.C. 20510

Re: Hearing on “Oversight of the Federal Bureau of Prisons”

Dear Chairman Durbin and Ranking Member Grassley:

On behalf of FAMM (formerly Families Against Mandatory Minimums) and of the many families with loved ones in the federal Bureau of Prisons (BOP) whose stories are included here, we commend you for holding this important hearing and ask that you include our written statement in the hearing record.

If you have any questions or would like additional information, please do not hesitate to contact us.

Sincerely,

Kevin A. Ring  
President

Testimony of Kevin A. Ring, FAMM President  
Senate Judiciary Committee Hearing on “Oversight of the Bureau of Prisons”  
April 15, 2021

FAMM is an organization comprising currently and formerly incarcerated people and their loved ones. We work to amplify their voices in the public policy debate over sentencing and prison reform. We hear routinely from many of the nearly 40,000 people who are incarcerated in federal prisons and their loved ones who are FAMM members.

FAMM was established 30 years ago. During the past few decades, we have learned a great deal about the hardship people in federal prison endure. Prison is never easy, even under the best of circumstances. However, the past year has been by far the most difficult year for people in prison and their loved ones that we have ever witnessed. We appreciate that everyone in the country was affected by the spread of COVID-19 and resulting lockdowns and disruptions, and we acknowledge the unprecedented challenges the leadership of the Bureau of Prisons (BOP) had to face. Our firm conclusion is that the BOP failed in several ways and that these failures were compounded by an inexplicable and infuriating lack of transparency.

I fear we cannot adequately convey to you the desperation, fear, separation, and hardship that we have felt from the families we work with every day. We asked some of them to share their firsthand experiences with us, so that we could paint a clearer picture of what transpired and how they felt. Their observations are included in our comments below and in the addendum to this testimony. The BOP ignored their voices throughout the past year and denied them basic information about the health and safety of their loved ones.

This statement includes a small portion of the concerns articulated by families. In particular, we have highlighted their concerns regarding healthcare and the management of COVID-19 spread; the appalling conditions resulting from altered operations of the past year; the BOP’s lack of transparency with families and the public; underutilization of release mechanisms intended to protect prisoners; and lacking implementation of the First Step Act. We share these families’ voices with you in the hope that will finally be heard and that they will inform your oversight.

**Concerns about how the BOP Has Failed to Contain the Spread of COVID-19**

Despite the BOP’s pandemic protocols, over 57,000 people in BOP custody have contracted COVID-19 and at least 248 have died, including staff. Over 37 percent of people currently in BOP and contract facilities has tested positive for COVID-19 at one point, a rate four times higher than the general public. A series of audits by the Department of Justice (DOJ) Inspector

General reveal that actions and omissions by the BOP have exacerbated the virus' rapid spread through federal prisons. Simply put, the BOP protocols, while well intended, did not work.

Lapses in health care: Families have been traumatized by the knowledge that their loved ones receive inadequate healthcare. One wrote that her boyfriend contracted COVID-19 while suffering from asthma and high blood pressure, but he “received no medical attention, they just let him lay there and suffer. Praise God he recovered but after it was over he admitted to me that his breathing was so difficult and his chest hurt so badly that he prayed for death.” A prison sentence is tough in the best of times but it should not, and need not, become a death sentence. Another member wrote about her son: “He contracted COVID in December 2020 and was quarantined for 10 days. At the end of 10 days, no test, no nothing, he's cured per the BOP. My son has health issues, hyper-inflated lungs, latent TB and reoccurring problems now from COVID. Four months later he still is not right.”

CDC-recommended measures: Countless families learned that their loved ones have not received the most basic tools recommended by the Centers for Disease Control and Prevention to avoid contracting COVID-19. Many families reported with dismay that their loved ones receive only a single mask. As described by one family member: “When that mask got dirty, they had to take it off and wash it in their sink, without soap, and let it dry.” Another member describes the same failure: “My loved one was given only one mask and told to wash it as needed, but wasn't provided a second mask to wear while the one mask dried. There was no hand sanitizer or additional soap to aid in following CDC guidelines.”

Failure to separate positive individuals from contact with people who have not tested positive: Structural protections have broken down. Numerous reports, including from the Justice Department's Inspector General, describe that prisoners who tested positive for COVID-19 were not removed from direct contact with those who had not yet been exposed to the virus. One woman described how her loved one had significant risk factors, including diabetes and obesity, and was still “put in a cell with another inmate that had already tested positive.”

We received many accounts that BOP staff moved among units, without regard for the PPEs or whether they were travelling between units with positive cases and those without. One member wrote about this very practice: “Most of the COs did not wear a mask and would go between the units that were positive and in quarantine and those that were not.”

Transfers between facilities have harmed prisoners. For example, earlier this year, we learned that some low-security prisons and camps were transferring dozens of people to the U.S. penitentiary at Yazoo City, a facility that has much stricter rules on prisoner movement and activities, without explanation. Families have understandably been incredibly anxious about transfers during the pandemic, because it creates new opportunities for their loved ones to face

COVID-19 exposure. In multiple cases, largescale transfers between prisons coincided with massive outbreaks, including some of the most severe in the BOP. Horrific outbreaks in Elkton and Fort Dix began shortly after groups of prisoners were transferred to those facilities over the protests of families.

### **The Impact of COVID-19 on Prison Conditions**

Appalling conditions: Families are beside themselves upon learning about the conditions their loved ones must endure while quarantining or in broader lockdown. The most basic sanitation protocols, important now more than ever, have been abandoned. One family member wrote that her loved one's unit wasn't provided sufficient toilet paper during a COVID-19 outbreak: "His unit was forced to use scraps of sheets or clothing which blocked plumbing forcing his unit to walk in raw sewage for 3 days." Another wrote that their loved one's unit didn't provide heat and eventually lost water for three days: "Inmates were told to urinate and defecate in garbage bags, which is very unsanitary." This is a very small example of the comments that FAMM has received daily throughout the COVID-19 pandemic regarding depreciated conditions.

Families are also outraged about the breakdown in food handling and lapses in food safety measures since the start of the pandemic. Too many report their loved ones have been supplied with food that is inadequate or unsafe or contaminated. One was served "greens with visible maggots," while another received "moldy food and sandwiches with dead cockroaches." One member noted that the size of her loved one's meals were dangerously small: "For inmates who are diabetic, the food they were given wasn't even enough to accommodate their insulin shots. Most meals consisted of 2 slices of bread, a piece of meat they couldn't identify, and if they were lucky a piece of fruit." These accounts are appalling. The BOP's failure to provide safe and healthy food to those in its custody is simply unacceptable.

Impact on mental health: Unfortunately, for many this challenge has extended beyond lack of personal protective equipment and sanitation. Recently, threats to physical health have been coupled with serious threats to the mental health of people in federal prison. Many have not seen their loved ones in over a year and the lockdowns has made contact via Corrlinks and phone calls sporadic at best. As one member lamented: "No visitation and limited contact made this situation even worse. You didn't know from day to day whether your loved one was sick or not!"

In many facilities, BOP confines people to their cells for 23½ hours a day. They do not have enough time to shower and call their families. Staff shortages, in part due to COVID-19, have contributed to significant declines in mental health. One member described the impact: "There was a terrible lack of COs. In some cases, the counselors would work the floors because there were no COs around... It is no wonder that a lot of these men have had mental breakdowns due to the lack of care by the BOP." Another woman's son "was placed in solitary and ate with his

hands for over two weeks. He never had a clean pair of underwear for those weeks or a mask. He was allowed out 30 minutes a day.”

Many saw their loved ones locked into units without sufficient staff on duty, which can leave prisoners without guidance in the event of emergency. One member wrote: “His quarantine unit was locked from the outside each night with no staff on duty with them. When a CO was asked what to do in case of emergency, he said ‘Wait til morning to have an emergency.’”

Another of our members told us: “[t]he term quarantine is synonymous with solitary confinement in prison. And solitary has been extremely harsh and cruel. Physically and mentally.” The absence of bare necessities – nutrition, sunlight, family contact, and exercise – leave thousands of people in BOP custody isolated and hopeless, and their families on the outside increasingly worried about their loved ones’ mental health.

### **Lack of Communication and Transparency**

The BOP’s lack of transparency has made the situation worse for people who live and work in prison and their families. Some family members were not notified by the BOP that their loved ones were ill until after they died or been placed on a ventilator at the hospital. One family learned of their loved one’s placement in a community hospital and certain terminal condition when BOP staff phoned to advise them to sign a “Do Not Resuscitate” order, but refused to tell them anything else. On multiple occasions, the BOP did not inform immediate family members of their loved one’s death, leaving them to learn through a news release. We urge you to consider the story of Clara LeBeau, whose granddaughter died after giving birth on a ventilator. The first time she heard anything from the BOP about her granddaughter’s condition was after her death.

Inadequate communication and confusing messaging has affected nearly every aspect of family support. Last April, we received reports from dozens of people around the country that prisoners had been placed in quarantine preparatory to their transfer to home confinement, only to learn they were instead returned to general population and told that the rules had changed and that they were no longer going home. At some facilities, family members had already arrived to pick up their loved ones whose quarantine period was ending. These families were turned away. Many more families received phone calls from crying loved ones informing them that their release date had been revoked because of the abrupt change in rules. One member who saw her father’s status change multiple times testified at a House Judiciary Roundtable last year: “The impact that it has on us, I wish there was a stronger word than devastating. We can’t sleep... We hear good news from the warden and we get our hopes up, then we get a denial. Then we get good news, then a denial. It is crushing us... We are at a loss. We don’t know who to trust. We don’t know if we can trust our own government.”

## **Underutilization of Release Mechanisms**

Experts across the spectrum have called for immediate measures to improve social distancing and population management in detention facilities. Decarceration has been a clear and consistent recommendation for prisons. BOP has a number of tools at its disposal, particularly compassionate release and CARES Act home confinement transfer. Unfortunately, both of these tools have been underutilized by the BOP in the past year.

Resistance to compassionate release: Compassionate release is a tested tool that has saved lives during the pandemic, despite BOP inaction and frequent government opposition. In a typical year prior to passage of the First Step Act, the BOP filed only two dozen or so compassionate release motions. In the first year of First Step, courts granted 145 motions, two-thirds of which were filed by defendants. Since February of last year, federal courts have ordered the release of over 3,100 people, the vast majority because of their risk of serious illness or death should they contract COVID-19.

Nearly every one of those successful motions was filed not by the BOP but by individuals and many were opposed by the government in court. The federal courts recognize that those individuals present the extraordinary and compelling circumstances that make them eligible for compassionate release. The DOJ has recognized this as well, in a memo to U.S. Attorneys' Offices (USAO) last May, and in an updated memo in July. Moreover, the BOP continues to erect hurdles for those seeking to apply for compassionate release. Many families have noted that institutional messaging has discouraged prisoners from pursuing compassionate release motions.

Congress can and should take swift action to broaden the impact of compassionate release during the COVID-19 pandemic. Bills like the COVID-19 Safer Detention Act (S.312), introduced by Chairman Durbin and Ranking Member Grassley, would help mitigate the problems described here by allowing prisoners greater by expanding statutory eligibility and streamlining the process.

Home confinement failure: Using CARES Act home confinement authority could be the most efficient way for the BOP to thin facility populations quickly. But, as one family member put it, "the way they handled home confinement was disappointing." Directives governing home confinement currently include significant and unnecessary barriers to its use. These include barring anyone with even minor disciplinary infractions in the prior twelve months from consideration and using PATTERN outcomes to screen out others.

While many home confinement restrictions originated from the DOJ, the Department's Inspector General and several federal district courts have identified considerable problems with the BOP's implementation of home confinement for eligible prisoners. For example, in an inspection of the Lompoc facility last year, the Inspector General found that very limited use of home confinement

contributed to a large outbreak of COVID-19. Families were distraught last summer to see that the BOP had made internal adjustments to the PATTERN tool without informing the public, further limiting those who qualified for home confinement transfer.

Most significantly, the BOP has simply under-utilized its home confinement authority throughout the most perilous periods of the pandemic.

### **Implementation of the First Step Act**

A major goal of the First Step Act was the improvement of conditions in federal prisons. Many of the most significant prison condition changes in First Step call on the BOP to proactively increase transparency, develop infrastructure regarding “earned time credits,” and expand programming opportunities for those in its custody. The BOP has fallen short in key areas of the law’s implementation.

Broad access to programming in federal prison has long been a challenge. The First Step Act moved to correct that by directing the BOP to make “evidence-based recidivism reduction programs and productive activities” available for all people in prison within a few years of its enactment. Over two years later, the BOP has done little to communicate its plans to increase programming and activities. Concerns about implementation worsened by a recent report from the First Step Act’s Independent Review Committee, which further casts doubt on the BOP’s existing programming.

The true extent of the BOP’s programming shortfall is unknown, because the BOP doesn’t provide sufficient information regarding program availability restrictions or capacity beyond a list of institutions where a subset of prisoners have access to particular programs. As one example, the BOP’s dashboard regarding COVID-19 modified operations states: “Inmate programming is an essential function in our facilities, and delivery of First Step Act approved Evidence-Based Recidivism Reduction (EBRR) Programs and Productive Activities (PAs) is required by law. Institutions are offering programming to the extent practicable.” This explanation is vague, inadequate, and inaccurate. In practice, programming has been virtually nonexistent for the vast majority of people in federal prisons.

This lack of transparency also extends to more specific requirements. For example, the First Step Act requires the Director of the BOP to provide an annual report to Congress describing requests and releases made under the compassionate release authority. The most recent report was due to Congress on December 21, 2020, but has not submitted nearly four months later. Given that compassionate release is one of the most effective ways to thin populations and remove people at serious medical risk in the pandemic, it is essential that Congress have the information it needs to evaluate whether and how the authority is being used.

Unfortunately, we have also seen recent efforts from the BOP to reduce the impact of the First Step Act. One key reform intended to incentivize prisoners to engage in recidivism-reducing activity was the creation of “earned time credits,” which some “low-risk” prisoners could apply to receive an early transfer to prerelease custody or supervised release. The BOP proposed a rule in December 2020 that would define a “day” of participation in qualifying programs or activities as an eight-hour period of participation, rather than track the language and intent of the First Step Act by providing a day of credit for every day of successful participation.<sup>1</sup>

The BOP’s interpretation would eviscerate the effect of the First Step Act, as most programs are conducted for only a few hours each day. Moreover, the proposed rule would limit distribution of time credits and increase situations where they could be revoked beyond those authorized in the First Step Act. Rather than faithfully implementing the First Step Act, with this rule proposal the BOP has attempted to chip away at its potential.

## **Conclusion**

The concerns articulated in this statement convey only a few examples of the anxiety and confusion we hear every day from people in federal prisons and their family members. In the hopes of providing a voice to families who have suffered this past year, this statement includes an addendum with additional comments from members of FAMM who have shared their fears.

I hope that this hearing produces positive change for families with loved ones in federal prisons. I see the coming months as an opportunity for the BOP to address these concerns, keep those in their custody safe, and return more vulnerable prisoners to their homes.

Finally, I urge this committee to act now to establish an independent body to provide regular oversight of the BOP. Independent oversight is essential to preventing problems before they occur, but also can be useful to provide accountability when things go wrong. Congress should not wait for another global pandemic or high-profile disaster to put in place an independent ombuds that can conduct inspections on demand, speak confidentially to prisoners and staff, and respond to inquiries from families with incarcerated loved ones. An independent oversight body would supplement and enhance Congress’s important oversight responsibilities.

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<sup>1</sup> See e.g. NACDL, FAMM and JAN Comment on Proposed Federal Bureau of Prisons FSA Earned Time Credits Rule, <https://www.nacdl.org/getattachment/a39b698a-0b7d-4a15-b382-b0e9267058f2/nacdl-famm-jan-comments-to-bop-on-proposed-first-step-act-earned-time-credits-rule-january-2021.pdf>



## **Addendum to Written Testimony of FAMM President Kevin Ring**

Below are a small sample of the comments we received from FAMM members who have loved ones in federal prison.

“My son has been incarcerated since July 2017. He has been at a camp in a dorm with many, many people. Sleeps within 3 ft of other inmates, shares showers, toilets, computers, phones, etc. It is ridiculous to believe this is safe or humane. This pandemic has been frightening for all of us, most especially those forced to live like this. Lack of medical care, lack of social distancing, lack of concern for another human being, uncaring guards, case managers and admin staff. He contracted COVID in December 2020 and was quarantined for 10 days. At the end of 10 days, no test, no nothing, he's cured per the BOP. My son has health issues, hyper-inflated lungs, latent TB and reoccurring problems now from COVID. Four months later he still is not right. He was not sentenced to death. As his mother I care. I can get absolutely no information if I call there, I haven't seen him now in 18 months and not one person you talk to cares. Lack of concern, lack of compassion, lack of caring, lack of medical care, lack of decent food the list goes on and on.”  
– D.D.

“Our son was home while waiting for the whole ordeal. That's how dangerous he is to society! COVID was raging everywhere and we had to drop him off to begin a 10 year sentence. We left him with masks that were taken away. He was placed in solitary and ate with his hands for over two weeks. He never had a clean pair of underwear for those weeks or a mask. He was allowed out 30 minutes a day. He was treated like an animal. Why do they not receive real help? Counseling, programs, community service. When they are done then they are done! This system is disgusting and I used to be a person who thought prison was for bad people. It is for people that need help! Many men in his unit were very sick and nothing was done for them. Then there was the horrible rash that came. Three months of that and finally treatment. He had chest pains for months until something was finally done which was a new warden.” – M.H.

“My son is incarcerated at FMC Ft Worth. During the pandemic he tested negative for COVID so he was housed in a tent outside in the Texas heat. The generators ran the air conditioning sometimes but other days it was 100 + degrees out there. Food was scarce. The CO confiscated his Gatorade and said he couldn't have it. I called the prison and fought with the Lt. about it and they finally replaced it weeks later. I just don't understand how putting them in a tent side by side on cots in a big tent helped control the virus. It didn't! Two or three inmates tested positive for COVID daily and the officers would just move them around. We lost 12 lives at the peak of the pandemic and had some of the highest number of infections at this facility. Compassionate release and home confinement were denied and the inmates were told they weren't going anywhere. I received numerous emails begging for help! These men were scared and knew if

they got the virus that there would be no medical help, which is ironic because this is a "medical facility." No visitation and limited contact made this situation even worse. You didn't know from day to day whether your loved one was sick or not! Very limited releases from this facility made it even worse! The guards very seldom wore masks but insisted the inmates wear them. The lack of medical care if you got the virus was the worse feeling. It is no wonder that a lot of these men have had mental breakdowns due to the lack of care by the BOP. Showers were few and far between. Living in a tent during a pandemic is not an easy task! In my opinion the BOP did not handle the pandemic at all they just shuffled and swept things under the rug so no one could see the mess they had really made." – D.M

"My son has been at Forrest City low and medium prisons since 2018. This prison never answers their phone, I mean never answers their phone. And this is before COVID even started. Those inmates get treated like animals. Forrest City doesn't post or confirm anything to the public. I remember before COVID came we drove 5 hours there just to be told we couldn't visit our love one because they were on lock down. This federal prison is sad and now with COVID going on we haven't seen our loved one or family members in two years now. It's just sad and for COVID to get up in any of these prisons it's got to come from the staff workers. They all should take a COVID shot." – M.E.

"The best way to find out how things are going on or done in the facilities are to show up unannounced and to talk with the inmates out of the earshot of guards or administrators. Those men and women are never free to speak truth when the fear of retaliation and punishment are lurking nearby. The BOP's response to the pandemic was poorly executed! My loved one was given only one mask and told to wash it as needed, but wasn't provided a second mask to wear while the one mask dried. There was no hand sanitizer or additional soap to aid in following CDC guidelines. Their meals were reduced to two brown bag lunches daily, with the lunch time meal combined with the evening meal. Nutrition and safe food were their least concern! All rec time and contact with family members were suspended, which created anxiety for both inmates and family members, not knowing whether they were sick, alive, or dead. Since medical care in all BOP facilities has been lackluster for years, the fear of COVID in a BOP facility was considered a death sentence to all! There was absolutely no medical treatment until an inmate had to be removed by stretcher! Fear and frustration continues to build in a facility that lacks the responsibility of medical care and basic human needs." – A.D.

"To start with, my son had a motorcycle accident that broke up a lot of his body, including a brain injury, and he got shot five times, and watched his dad take his last breath from cancer all before the age of 20. His spleen was removed due to the accident, which means his body can't fight off any infection like normal people that contracted COVID. If any of y'all have children then maybe you can imagine what I went through all the sleepless nights. I couldn't think of anything but whether my son was going to be alive the next day or not. He was being locked

down for weeks at a time, getting out three hours a week – and I mean one hour three times a week. They didn't have proper hygiene stuff to brush teeth so their bodies declining from lack of nutrients and their teeth rotting from not being able to brush them. Moving them to four or five different holding facilities, getting swabbed for a test beforehand, and then whether it's negative or not still having to quarantine for two weeks. They could have made it so that they could do video visits so people could at least see family. No matter what, these are people and have someone that love them just like you love your family.” – A.S.

“My boyfriend spent 2 months at Cimarron before being transferred to Coleman. When he arrived at Cimarron he showed up on the BOP website with his BOP number. He contracted COVID while he was there. Before he got COVID he called me every night. When he got sick I only heard from him every other night because he was too weak to talk. I could hear the weakness and the pain in his voice. He has asthma and high blood pressure and he received no medical attention, they just let him lay there and suffer. Praise God he recovered but after it was over he admitted to me that his breathing was so difficult and his chest hurt so badly that he prayed for death. That is totally unlike him. What kind of care will they receive for post COVID medical conditions?” – C.H.

“The way they handled home confinement was disappointing. Also once our loved ones contracted COVID, we were not able to hear from them to make sure they were alive. Very scary when you see that 85% of the prison was positive for COVID. They were treated as if they did something wrong and were being punished on top of being ill, and scared not knowing if they were going to die. Also, the food they had was old and not healthy for people with the virus.” – K.L.

“The BOP does not handle anything properly. There is a lack of knowledge and preparation when they have to face something new no matter how small it is, and this pandemic has been something very big. In terms of doing the paper work, most of the employees have little ability to do it correctly, at least in the Coleman women's camp in FL where my wife was for seven years. The arrival of COVID-19, (when the place was facing serious problems due to contamination with Legionella), was a catastrophe and precautions were never taken to protect the prisoners and two women died. The management of the place turned into chaos, affecting everything from the food to the most important thing that is medical attention. The government should be more careful about the people they employ because at the end of the day inmates are not just a number. They also have a face and they have mourners outside.” – O.F.

“My loved one is at Ashland and he's told me about inadequate food they've gotten. He even got a sandwich one day with mold growing on the bread.” – K.B.C.

“My loved one was served greens with visible maggots. No toilet paper during COVID outbreak. His unit was forced to use scraps of sheets or clothing which blocked plumbing forcing his unit to walk in raw sewage for 3 days. His quarantine unit was locked from the outside each night with no staff on duty with them. When a CO was asked what to do in case of emergency, he said ‘Wait til morning to have an emergency.’ He has been on lock down in a low facility for 13 months now.” – S.C.M.

“My loved one was stuck in MDC for over a year when they should have been in camp. No masks, no soap, no paper towels. Moldy food and sandwiches with dead cockroaches. An underlying progressive illness, in fact three illnesses, all documented. Limited phones, incoming and outgoing mail discarded by staff. I am ashamed of my countries handling, specifically the Federal BOP.” – J.I.

“Loved ones are placed much further than the 500 mile max. When requesting a transfer they are put in solitary for weeks to quarantine! Families that live a major distance can't go visit because it just doesn't pay to drive 8 hours for a 1 hour visit, with masks, 6 feet away! They weren't allowed outside for months and months, which is detrimental to their physical and mental health! Wouldn't fresh air make more sense for social distancing and overall health?” – P.M.

“From the very beginning of the pandemic, I have been advocating for my love one. I have sent numerous emails to the BOP, I sent researched information on my loved ones underlying health issues. I have written to our Senator. The BOP was taking camp inmates that had not been subjected to COVID and placing them in the kitchen at Big Sandy USP to work because they were short staffed. The BOP lied on their website about the number of cases that each prison had, who recovered. They were still transferring prisoners the WHOLE time the pandemic was going on. My loved one was transferred and when getting to USP Atlanta he wasn't able to even shower for 2 weeks because the water lines were messed up. How do you figure that they are following CDC guidelines when inmates didn't even wash their hands? They weren't even allowed out of their cages for months, and they were eating bologna sandwiches.” – C.K.

“My loved one is in Ashland FCI and through the entire pandemic, they were given cold sandwiches to eat. For inmates who are diabetic, the food they were given wasn't even enough to accommodate their insulin shots. Most meals consisted of 2 slices of bread, a piece of meat they couldn't identify, and if they were lucky a piece of fruit. They did not give them but one hot meal and that was once every couple of weeks. They were given no personal protection equipment except one mask. When that mask got dirty, they had to take it off and wash it in their sink, without soap, and let it dry. They would quarantine a unit and then put new inmates in the quarantined units. It was unknown to the guys in that unit whether the new guy was positive or negative. The guards would go from the camp (which they were saying was COVID-negative) to the units without any change of clothing, masks, or anything else. Most of the COs did not wear

a mask and would go between the units that were positive and in quarantine and those that were not. There was a terrible lack of COs. In some cases, the counselors would work the floors because there were no COs around.” – R.N.D.H.

“Why is BOP using solitary confinement as medical isolation? Inmates with COVID negative results still have to quarantine, also in solitary confinement. No phone calls, no commissary! Why are our loved ones being punished for being exposed to or contracting the virus? Why can't families get any info on their loved ones when calling the prison after we have not heard from them in over a month?” – M.P.

“Knowing inmates had limited phone use and in lockdown/quarantine and that they are not lawyers, the compassionate release was a joke, some are still waiting after 8-10 months. Through all they have been through in the last 14 months with no mental health treatment, no mail, books, letters, or photos and they have yet to snap, but people on the outside are struggling because they cannot eat in restaurants and bars.” – J.M.W.

“Prison is difficult during the best of times. During COVID, the inmates suffered gravely, inhumanely, and for some, death. The inmates who have managed, have done so with little to no protection, medication, or PPE. They have barely had any nutrition with their meals, and commissary was practically null. Although they were given “free” minutes for phone calls, they were unable to use the phones to call family for fear of spread. The term quarantine is synonymous with solitary confinement in prison. And solitary has been extremely harsh and cruel. Physically and mentally. Although prison is a form of punishment, there should be a balance of compassion, especially during a pandemic.” – M.B.

“Guards did not have masks on at our visit last October. There was only one other family in the room. We all had masks on and had to stay 6 ft apart. Vital programs and counseling have not been held for over a year.” – C.R.

“In January, my loved one was sent to Milan in Michigan and was put in quarantine. He was put in a cell with another inmate that had already tested positive and he had all the risk factors (diabetes, obese, high blood pressure etc.). Not to mention he has an intellectual disability. Then he was fed sandwiches only, and when they did get a real meal, it was ice cold. No heat in the unit, and then in February they had no water for three days. Inmates were told to urinate and defecate in garbage bags, which is very unsanitary.” – B.B.