# Fast, frequent, and widespread: COVID-19 outbreaks inside federal prisons

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# Introduction

Over the course of the pandemic, <u>nearly 50,000</u> <u>people</u> in federal prisons have been infected with COVID-19, and <u>at least 256</u> people have died after testing positive.<sup>1</sup> As <u>studies have shown</u>, the rates of infection and mortality in federal prisons — like in <u>state prisons</u>, <u>ICE detention centers</u>, and <u>other</u> <u>carceral settings</u> — have been much higher than the overall rates in the United States throughout the pandemic.

We have conducted a deeper analysis of the pandemic inside federal prisons and identified several alarming patterns behind these numbers: across the federal prison system, outbreaks have been frequent and wide-reaching. After being first detected inside facilities, these outbreaks have also spread extremely quickly.<sup>2</sup>

#### At the height of the pandemic, over 90% of all federal prisons experienced outbreaks

In this analysis, we defined an outbreak as the window of time during which five or more people — staff or incarcerated people or a combination were actively infected with COVID-19 inside a given facility.<sup>3</sup> Using this definition, every single federal prison has experienced at least one outbreak since March 31, 2020, when the Bureau of Prisons (BOP) began reporting COVD-19 data.

During the winter of 2020-21, when cases peaked across the federal prison system, more than 90% of federal prisons experienced an outbreak (Figure 1).<sup>4</sup> While fewer facilities experienced outbreaks during the subsequent months, the number began rising again in July 2021, when the Delta variant of COVID-19 began to spread more widely.

During the first year of the pandemic, many

prisons were in a nearly constant state of outbreak, with seven facilities experiencing an outbreak more than 90% of the time.<sup>5</sup> This pattern shifted after April 2021, when vaccines became more widely available to incarcerated people in federal prisons.

As of October 28, 2021, 30% of all federal prisons were in a state of outbreak.



**Figure 1. Percent of federal prisons experiencing an outbreak.** Each data point represents the percent of facilities experiencing an outbreak (5 or more incarcerated people or staff actively infected with COVID-19) at that time point.

#### In the worst outbreaks, more than 70% of incarcerated people inside a prison were infected at one time

Outbreaks were not only frequent in number, but also wide-reaching within facilities. While eight facilities reportedly never reached more than 3% of incarcerated people actively infected at any given time, five had outbreaks where more than 60% were actively infected at once. Of those, three saw more than 70% infected (Figure 2).<sup>6</sup>

#### Figure 2

Maximum number of incarcerated people actively infected and population at the time of each facility's outbreak peak



Figure 2. Maximum number of incarcerated people actively infected and population at the time of each facility's outbreak peak. Dashed lines indicate infection rates.

The high infection rates caused by the outbreaks have led to infection rates among incarcerated people in federal prisons that are consistently higher than among the U.S. population as a whole. In May 2020, the rate of infection among incarcerated people in federal custody was more than 15 times the rate among the overall U.S. population (Figure 3).

At the height of the pandemic in the winter of 2020-2021, at least 6% of all people incarcerated in federal prisons were actively infected with COVID-19 and 5% of staff were. The corresponding rate in the U.S. population as a whole has never, throughout the entire pandemic, exceeded 1%.<sup>7</sup>

Over the last several months, rising case rates inside federal prisons have been driven increasingly by infections among staff, rather than among incarcerated people (Figure 4). While the





Figure 3. Active COVID-19 cases in federal prisons and the overall U.S. population. Percent of incarcerated people/staff in federal prisons and the overall U.S. population actively infected with COVID-19 across time. Active cases in the overall population are estimated by summing new cases reported in the previous 14 days based on data <u>from the CDC</u>. Population estimates for incarcerated people are based on data <u>reported by the BOP</u>, estimates for staff are based on <u>data from The Marshall Project</u>, and estimates for the overall U.S. population are based on 2020 Census data.

percentage of incarcerated people testing positive has remained relatively low during the latest Deltadriven wave, the percentage of staff testing positive has increased steeply since July 2021.







**Figure 4. Percent of active cases in federal prisons from staff.** Percent of total active cases in federal prisons from staff (vs. from incarcerated people) across time.

That staff have accounted for a greater share of infections is likely due, in part, to lower vaccination rates among staff relative to incarcerated people in federal custody. The BOP <u>reports that</u> 72% of incarcerated people are fully vaccinated, compared to just 57% of staff.

Evidence is also emerging that high vaccination rates among incarcerated people are not sufficient to prevent or control outbreaks inside federal prisons. According to a <u>report</u> by the Centers for Disease Control and Prevention (CDC), an outbreak at a federal prison in Texas infected 74% of incarcerated people in two housing units between July and August 2021, even though 79% of them were fully vaccinated at the time. A recent <u>report</u> published in the New England Journal of Medicine also found lower vaccine effectiveness among incarcerated people relative to studies conducted before the Delta wave, demonstrating the continued risk that COVID-19 poses even in those carceral settings with high vaccine coverage.

# Outbreaks have spread quickly inside federal prisons

We define the most severe outbreaks as those in which more than 5% of incarcerated people inside a facility had active COVID-19 infections at once.<sup>8</sup> When such outbreaks occurred, we found, it took an average of just 20 days after reaching 5 active cases among staff and incarcerated people to surpass the 5% threshold (Figure 5).<sup>9</sup>

There have been 104 outbreaks inside federal prisons where at least 5% of incarcerated people at the facility were actively infected.<sup>10</sup> 7 of these outbreaks passed the 5% threshold on the very first day,<sup>11</sup> 30 outbreaks passed the 5% threshold within just ten days, and 60 outbreaks passed within 30 days.

#### Figure 5

Cumulative distribution of days from the start of an outbreak until caseload reaches 5% of incarcerated people actively infected (among outbreaks crossing that threshold)



Figure 5. Cumulative distribution of days from the start of an outbreak until caseload reaches 5% of incarcerated people actively infected. Among the 104 outbreaks where at least 5% of incarcerated people were actively infected at a point in time, the cumulative number of outbreaks that reached the threshold within the specified number of days, after reaching outbreak status (5 or more active cases among incarcerated people and staff).

In FCI Schuylkill in Pennsylvania, for example, there were just 6 active infections among staff and incarcerated people on December 8, 2020. The following week, more than 140 active infections among incarcerated people were reported. And after one month, that number increased to more than 200, or nearly 20% of the facility's total population at the time. After this initial outbreak subsided, FCI Schuylkill saw another massive outbreak two months later, this time infecting more than 270 incarcerated people.

Similarly, in FCI Texarkana in Texas, there were just 12 active cases among incarcerated people on November 15, 2020. The very next day, 119 active cases were detected inside the facility, and this number steadily climbed until December 15, when the BOP reported more than 400 active cases among incarcerated people inside the facility nearly 40% of the incarcerated population at the time.

FCI Schuylkill and FCI Texarkana are just two demonstrations of the rapid and unpredictable speed at which the virus spreads inside carceral settings (Figure 6). But as <u>recent evidence</u> <u>demonstrates</u>, high vaccination rates alone aren't enough to prevent devastating outbreaks in prisons. For this reason, officials responsible for the health and safety of the



**Figure 6. Outbreaks among incarcerated people at selected facilities.** Active cases among incarcerated people across time at selected facilities with outbreaks that reached the 5% threshold. Colors indicate whether the facility is experiencing an outbreak (defined as 5 or more active cases among incarcerated people and staff and colored in orange) or one of the most severe outbreaks (defined as more than 5% of the facility's current incarcerated population being actively infected and colored in red).

# Conclusion

As the pandemic continues behind bars, it is critical for federal legislators and BOP leadership to take steps to protect incarcerated people and the staff who enter the prisons and return home each day to their communities. Such steps must include encouraging higher rates of vaccination among both incarcerated people and staff. people who live and work in BOP facilities must also take immediate steps to decarcerate and keep population levels as low as possible. This strategy should include allowing the thousands of people who were <u>placed on home confinement</u> during the pandemic to remain at home, granting <u>broad</u> <u>clemency</u> to people in federal prisons, and affirmatively advocating for <u>compassionate release</u> at much higher rates it has thus far.

#### Endnotes

1. Because the Federal Bureau of Prisons (BOP) <u>removes from its cumulative count</u> individuals who have been infected with COVID-19 but since been released, it is impossible to compute the total number of people who have tested positive inside federal prisons. It is certain, however, that the number reported by the BOP is an undercount.

2. Our analysis includes 98 facilities operated by the BOP. We exclude private federal facilities and residential reentry centers, for which data has not been consistently and reliably reported throughout the pandemic. We also aggregate facilities to the most granular level reported across the BOP's COVID-19, population, and vaccine data. For example, FCI Aliceville and Aliceville Camp are combined and considered a single unit for this analysis, as included in the <u>BOP's reported list of locations</u>.

3. The CDC <u>defines</u> an outbreak as two or more active infections linked through case investigation, contact tracing, or other linkage. Because we do not have information on case investigation or contact tracing, we define an outbreak more conservatively as five or more simultaneous active infections in a facility.

4. On December 18, 2020, 93 of the 98 federal facilities considered in this analysis were experiencing an outbreak.

5. The following seven facilities experienced an outbreak more than 90% of the time between March 31, 2020, and April 1, 2021: USP Atlanta, MCC New York, MCC Chicago, FDC Miami, FCC Oakdale, FTC Oklahoma City, and FMC Fort Worth.

6. The five facilities where more than 65% of incarcerated people were infected at their peak outbreak are the following: FCI Englewood (72% in December 2020), FCI Seagoville (71% in July 2020), FCI Loretto (71% in December 2020), FCI Safford (69% in January 2021), and FCI Terminal Island (66% in May 2020). 7. While it may be possible that federal prisons report higher infection rates if they are testing more frequently than the overall U.S. population, the BOP does not publicly report data on the number of COVID-19 tests administered. As a result, it is impossible to empirically validate this claim. Additionally, dozens of lawsuits have reported severe undertesting across federal prisons, suggesting that the true infection rates inside federal prisons may be even higher than those reported by the BOP.

8. Because the BOP does not report staff population data at the facility level, it is impossible to estimate staff infection rates at facilities. As a result, our definition of the most severe outbreaks only accounts for infections among incarcerated people. Note that our definition of outbreaks includes both incarcerated people and staff, as previously defined (5 or more active cases at a facility).

9. Across the 104 outbreaks in which more than 5% of incarcerated people had active COVID-19 infections, the median time to go from reporting just 5 active cases to crossing the 5% threshold was 20 days, and the mean was 41.7 days. Among the facilities where these outbreaks took place, 5 cases represents an extremely small share of the total population: the smallest facility to reach the 5% threshold is FPC Duluth (which has an incarcerated population of around 300 people), and the average incarcerated population across all federal prisons to reach the 5% threshold exceeds 1,000 people.

10. These 104 outbreaks occurred inside 87 different facilities, with some facilities reporting multiple distinct outbreaks that infected more than 5% of incarcerated people.

11. This may be in part due to testing practices, whereby the facility conducted broader testing in response to an outbreak and reported a number of previously undetected cases.