

**UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF INDIANA
TERRE HAUTE DIVISION**

)	
PATRICK R. SMITH and BRANDON S.)	
HOLM, individually and on behalf of all others similarly)	
situated,)	
)	
Plaintiffs,)	
)	
v.)	No. 2:20-cv-630-JMS-DLP
)	
JEFFREY A. ROSEN, ¹ in his official capacity as the)	
Acting Attorney General of the United States; MICHAEL)	
CARVAJAL, in his official capacity as the Director)	
of the Federal Bureau of Prisons; and T. J. WATSON, in)	
his official capacity as Complex Warden for the Terre)	
Haute Federal Correctional Complex,)	
)	
Defendants.)	
)	

PLAINTIFFS’ SECOND MOTION FOR PRELIMINARY INJUNCTION

Pursuant to Fed. R. Civ. P. 65 and S.D. Ind. L.R. 65-2, plaintiffs Patrick R. Smith and Brandon S. Holm (“Plaintiffs”), individually and on behalf of a putative class of all others similarly situated, specifically, all people who are currently incarcerated at the Terre Haute Federal Correctional Complex (“FCC Terre Haute”), hereby move for a preliminary injunction that postpones all executions at FCC Terre Haute until Defendants can demonstrate that the executions do not create a substantial risk that Plaintiffs and other inmates will contract COVID-19. Specifically, Defendants should be required to demonstrate that an adequate number of inmates have received an effective vaccine or that Defendants have modified the execution logistics to significantly reduce the risk of spreading COVID-19 at FCC Terre Haute.

As set forth in the accompanying memorandum of law and demonstrated in the supporting declarations, Plaintiffs are likely to succeed on the merits in this case and will suffer irreparable

¹ Substituted for former Attorney General William P. Barr pursuant to Fed. R. Civ. P. 25(d).

harm in the absence of a temporary restraining order and preliminary injunction. The balance of harms weighs in Plaintiffs' favor, and the public interest favors a preliminary injunction temporarily prohibiting the executions and the public health risk they present.

Wherefore, Plaintiffs respectfully request that the Court grant their motion and preliminarily enjoin Defendants from conducting executions at FCC Terre Haute until such time as Defendants demonstrate that the executions do not create a substantial risk that Plaintiffs and other inmates will contract COVID-19.

Dated: December 28, 2020

Respectfully submitted,

/s/ Robert A. Burgoyne
John R. Maley
Barnes & Thornburg LLP
11 South Meridian Street
Indianapolis, Indiana 46204-3535
Telephone: (317) 231-7464 (direct)
(317) 432-5509 (mobile)
Facsimile: (317) 231-7433
John.maley@btlaw.com

Robert A. Burgoyne, *pro hac vice*
Caroline M. Mew, *pro hac vice*
Perkins Coie LLP
700 13th St. NW, Suite 800
Washington, DC 20005-3960
Telephone: (202) 654-1767
Facsimile: (202) 654-6211
rburgoyne@perkinscoie.com
cmew@perkinscoie.com

Sarah Howland, *pro hac vice*
Perkins Coie LLP
1155 Avenue of the Americas, 22nd Floor
New York, N.Y. 10036-2711
Telephone: (212) 262-6900
showland@perkins.coie.com

Attorneys for Plaintiffs

CERTIFICATE OF SERVICE

I hereby certify that on December 28, 2020, a copy of the foregoing document was filed electronically. Service of this filing will be made on all ECF-registered counsel by operation of the court's electronic filing system.

/s/ Robert A. Burgoyne

Robert A. Burgoyne

**UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF INDIANA
TERRE HAUTE DIVISION**

_____)
PATRICK R. SMITH and BRANDON S. HOLM,)
individually and on behalf of all others similarly)
situated,)
))
 Plaintiffs,)
))
v.) No. 2:20-cv-630- JMS-DLP
))
))
JEFFREY A. ROSEN, in his official capacity as the)
Acting Attorney General of the United States; MICHAEL)
CARVAJAL, in his official capacity as the Director)
of the Federal Bureau of Prisons; and T. J. WATSON, in)
his official capacity as Complex Warden for the Terre)
Haute Federal Correctional Complex,)
))
 Defendants.)
_____)

**INDEX OF EXHIBITS TO PLAINTIFFS’ SECOND MOTION
FOR A PRELIMINARY INJUNCTION**

Pursuant to Southern District of Indiana Local Rule 5-1(b), Plaintiffs Patrick Smith and Brandon Holm submit the following index of exhibits to the Plaintiffs’ Second Motion for Preliminary Injunction.

<u>Exhibit</u>	<u>Description</u>
1	Declaration of Dr. Nina Fefferman
A	Dr. Fefferman CV
B	Declarations from BOP staff reviewed by Dr. Fefferman
C	BOP materials regarding contact tracing and testing related to FCC Terre Haute and federal executions reviewed by Dr. Fefferman

2	Declaration of Charles P. Formosa
3	Declaration of Caroline M. Mew
A	Defendants' Responses to Requests for Production of Documents (Dec. 15, 2020)
B	Defendants' Responses to Interrogatories (Dec. 15, 2020)
C	December 22, 2020 letter from Shelese Woods and supplemental response to Request for Production No. 1

Dated: December 28, 2020

Respectfully submitted,

/s/ Robert A. Burgoyne

John R. Maley
Barnes & Thornburg LLP
11 South Meridian Street
Indianapolis, Indiana 46204-3535
Telephone: (317) 231-7464 (direct)
(317) 432-5509 (mobile)
Facsimile: (317) 231-7433
John.maley@btlaw.com

Robert A. Burgoyne, *pro hac vice*
Caroline M. Mew, *pro hac vice*
Perkins Coie LLP
700 13th St. NW, Suite 800
Washington, DC 20005-3960
Telephone: (202) 654-1767
Facsimile: (202) 654-6211
rburgoyne@perkinscoie.com
cmew@perkinscoie.com

Sarah Howland, *pro hac vice*
Perkins Coie LLP
1155 Avenue of the Americas, 22nd Floor
New York, N.Y. 10036-2711
Telephone: (212) 262-6900
showland@perkins.coie.com

Attorneys for Plaintiffs

CERTIFICATE OF SERVICE

I hereby certify that on December 28, 2020, a copy of the foregoing document was filed electronically. Service of this filing will be made on all ECF-registered counsel by operation of the court's electronic filing system.

Respectfully submitted,

/s/ Robert A. Burgoyne

Robert A. Burgoyne

EXHIBIT 1

**UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF INDIANA
TERRE HAUTE DIVISION**

)	
PATRICK RYAN SMITH; and BRANDON SCOTT)	
HOLM, Individually and on Behalf of All Other Inmates)	
at the Terre Haute Federal Correctional Complex,)	
)	
Plaintiffs,)	
)	
v.)	No. 2:20-cv-630-JMS-DLP
)	
WILLIAM P. BARR, in his official capacity as the)	
Attorney General of the United States; MICHAEL)	
CARVAJAL, in his official capacity as the Director)	
of the Federal Bureau of Prisons; and T.J. Watson, in)	
his official capacity as Complex Warden for the Terre)	
Haute Federal Correctional Complex,)	
)	
)	
Defendants.)	
)	

DECLARATION OF DR. NINA H. FEFFERMAN

I, Nina Fefferman, certify under penalty of perjury that the following statement is true and correct:

1. I am a full Professor at the University of Tennessee, Knoxville, in both the Department of Ecology and Evolutionary Biology and the Department of Mathematics. I am also the Director of the Mathematical Modeling Consulting Center at the National Institute for Mathematical and Biological Synthesis, and the Associate Director of the University of Tennessee One Health Initiative. My research focuses on complex adaptive systems, with a focus on the interplay between individual behavior and infectious disease epidemiology. Complex

adaptive systems are systems that have a large number of components that interact and adapt such that the system is more complicated than its various parts—for example, living organisms, economies, or cities.

2. I have worked for the past 16 years as a researcher of the epidemiology, ecology, and evolution of infectious disease, pandemic preparedness, national biosecurity, and infrastructure protection. I hold a Master's degree in mathematics from Rutgers University and a PhD in Biology from Tufts University.

3. For over a decade, I was one of the primary researchers of the Command, Control, and Interoperability Center for Advanced Data Analysis, a U.S. Department of Homeland Security (“DHS”) Center of Excellence, where I ran a research group focusing on the mathematics of both biosecurity and cybersecurity. As part of my role in that center, I actively contributed models and policy recommendations to DHS and its affiliate agencies for how to manage and mitigate pandemic threats from H1N1 2009 flu, Ebola in West Africa, and Zika virus. I have also consulted for various additional state and federal agencies and private companies, domestically and abroad, in the area of outbreak management since 2004.

4. I have studied COVID-19 extensively since February, 2020 and modeled the COVID-19 outbreak with specific attention to the risks of spread from and within carceral facilities and the corresponding implications for community healthcare resources. I received a grant from the National Science Foundation on May 1, 2020 to model the coupled social and epidemiological networks that determine the success of behavioral interventions on limiting spread of COVID-19. In addition to my research, I have given numerous presentations in my field, including presentations about modeling for the pandemic for the National Institute for Mathematical and Biological Synthesis on March 31, 2020 and modeling the risk of COVID-19 for prisons and health care resources at COVID-19 Special Track to 28th Conference on Intelligent

Systems for Molecular Biology on July 16, 2020.

5. My C.V., attached as **Exhibit A**, includes a list of my honors, experience, and publications.

6. I have been asked to evaluate the risk that holding three federal executions during the week of January 11, 2020 poses to prisoners detained in FCC Terre Haute, including in particular FCI Terre Haute. I am donating my time reviewing materials and preparing this report. If I were to provide any live testimony, it would also be provided *pro bono*.

7. This declaration is based upon my experience modeling COVID-19, my review of the scientific literature regarding COVID-19, and my review of materials provided to me by counsel. For the description of the execution plans and layout of FCC Terre Haute, I rely upon multiple declarations signed by BOP staff, including those from Rick Winter, an attorney with the Bureau of Prisons (November 21, 2019; July 12, 2020; November 24, 2020), and T.J. Watson, the Warden of FCC Terre Haute. These declarations are attached as **Exhibit B**. I rely upon a fairly limited set of BOP materials regarding contact tracing and testing related to FCC Terre Haute and federal executions, which I understand have been produced by FCC Terre Haute or BOP (with redactions), attached as **Exhibit C**.

8. Based on my review of these materials, it is my opinion that the plan to carry out executions during the week of January 11, 2021 poses a substantial risk of COVID-19 spread and illness to FCC Terre Haute prisoners, including those incarcerated at FCI Terre Haute. As explained below, this is because the executions will introduce hundreds of individuals to the prison environment, significantly increasing the number of potential exposures to infection from COVID-19 for the staff and in turn for prisoners at FCI Terre Haute, USP Terre Haute and the FPC. The risk is not limited to inmates in USP Terre Haute, where death row prisoners are housed, because of the high transmissibility of COVID-19, including by individuals who are pre-

symptomatic and asymptomatic; the involvement in the executions of numerous FCC Terre Haute staff members from all facilities, who then return to their normal duties and extensively interact with inmates and fellow staff members in those facilities; and the ease with which any disease is transmitted in a congregate setting like a prison, where social distancing is impossible and other preventative measures such as wearing masks and frequent hand-washing occur inconsistently at best. The risk is compounded if a prison is overcrowded, which I understand is the case here (including within FCI Terre Haute), and if a prison fails to systematically test prison staff and inmates and then contact trace those staff and inmates who test positive, which appears to be the case at FCC Terre Haute. Holding executions also disrupts the existing precautions enacted at FCC Terre Haute to reduce the spread of COVID-19.

9. In the context of COVID-19 transmission, people can act as carriers in spreading the disease even when they are exhibiting no symptoms (and may never exhibit any symptoms), and relatively modest contact with an infected individual can result in passing the disease to someone else -- who, again, may or may not exhibit symptoms, or may do so only several days later, but is nonetheless capable of spreading the disease. And once disease begins to spread, one case quickly becomes two, two become four, four become eight, eight become sixteen, etc., in exponential progression.

10. COVID-19 is not a static disease that is easily contained, even in the best environment and even with the conscientious implementation of safety measures. A prison is the antithesis of such an environment. Bringing anyone who has COVID-19 into a prison complex -- even one as geographically large as FCC Terre Haute and with separate facilities within the complex -- creates a significant risk of spreading COVID to all parts of the complex. The risk is, of course, greatest when the incidence of COVID infections outside the prison is extremely high, as is the case now and as will continue to be the case for the near term at least. It is essential to

do everything one can to limit the number of contacts among individuals, some of whom might be infectious, where other factors are not guaranteed to be controlled (*e.g.*, social distancing, adequate ventilations systems, consistent use of masks, adequate restroom facilities, adequate facilities and policies for quarantining or isolating inmates, etc.).

11. Quantifying the increased risk of contracting COVID-19 to inmates in the USP Terre Haute, the FCI Terre Haute, and the FPC from holding executions at FCC Terre Haute would be difficult to do, because relevant data and contact tracing information are extremely limited and have not, to the best of my knowledge, been made fully available to the plaintiffs' counsel. One has, however, the scientific evidence regarding how quickly and extensively COVID-19 spreads, generally and within a prison setting; how spread can occur from individuals showing no symptoms; how spread of COVID-19 is not geographically contained; how group gatherings contribute significantly to such a spread; and how certain populations are at an increased health risk if they contract disease, which include males, people over 65, and individuals with pre-existing conditions (all of which define large numbers of individuals within FCC Terre Haute).

12. Based upon this scientific evidence, and as noted above, it is my opinion that inmates from all three facilities within FCC Terre Haute would face a substantially increased risk of contracting COVID-19, and suffering serious health problems as a result, if executions continue at FCC Terre Haute at the current time and in the manner in which executions have been held earlier this year at the prison. The extent of this risk cannot be quantified given the information available, but it is certainly higher than if no executions occurred at the present time and, in my opinion, it is substantial. The executions risk increased importation of new COVID-19 infections as well as more efficient transmission of the virus within the prison because of staff mixing and other factors relating to the executions and conditions within the prison.

13. It is perhaps helpful in this regard to consider examples of how COVID-19 has spread well beyond the narrow geographical confines in which contact first occurred between an infectious individual and a susceptible individual. One such example is a highly publicized wedding that occurred in rural Maine, attended by only 55 people. The wedding led to COVID-19 outbreaks in the local community, in a long-term care facility located in a different county, and in a correctional facility in yet another county. Overall, at least 177 COVID-19 cases were linked to the event, including seven hospitalizations and seven deaths.¹ The spread to the correctional facility occurred because a facility employee attended the wedding and then worked his normal shifts in different housing units at the correctional facility, leading to 18 other staff members, 16 members of staff households, and 48 inmates testing positive.² This is emblematic of how easily one infectious person can infect many people throughout a correctional facility, leading to otherwise avoidable infection and risk of serious complications, including death.

14. A second example was a business conference in Boston attended by approximately 175 people over two days in February 2020.³ With the luxury of extensive genome data and reliable contact tracing information, researchers concluded that a single positive case likely led

¹ “Multiple COVID-19 Outbreaks Linked to a Wedding Reception in Rural Maine — August 7–September 14, 2020,” CDC Morbidity and Mortality Report at 1686-87 (Nov. 13, 2020) (“The reception was held at a lodging establishment in county A that had an attached restaurant and four dining areas, including the event room, breakfast room, bar, and an open deck. Guests were seated indoors in the event room, which had 10 tables, with 4–6 guests seated around each table. The total number of wedding guests (55) exceeded Maine’s 50-person limit for indoor gathering in a shared space. Facility staff members had conducted temperature checks for all guests at the facility entrance; these were reported as normal. Although the facility had signs posted at the entrance instructing visitors to wear masks, guests did not comply with this requirement nor maintain a physical distance of ≥ 6 feet, and staff members did not enforce these measures; all staff members wore masks. The facility did not collect contact information from guests.”), <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6945a5-H.pdf>.

² *Id.* at 1688-89.

³ “Phylogenetic analysis of SARS-CoV-2 in Boston highlights the impact of superspreading events,” *Science Mag.* (Dec. 10, 2020), <https://science.sciencemag.org/content/early/2020/12/09/science.abe3261>.

to roughly 100 people from the event testing positive, which in turn may have led to as many as 300,000 becoming infected in Massachusetts, in other states, and in other countries. The disease did not remain within the conference facilities, or Boston, or the adjoining counties, or even the United States.

15. In similar fashion, execution events -- which involve roughly the same number of participants as the Boston conference and more participants than the Maine wedding -- could lead to a spreading of the disease well beyond an initial point of contact, even if it begins within the building that houses the death chamber or elsewhere in USP Terre Haute. I am not suggesting that executions will lead to as many as 300,000 people contracting COVID-19 who otherwise might not have done so, as with the Boston conference, or even 177 people, as with the Maine wedding (although the latter number is certainly possible). The point is simply that, given the current prevalence of COVID throughout most of the United States, including Indiana, one or more people in a large group, who have not been quarantining, are likely COVID-positive and will spread infection to multiple individuals absent adequate safeguards, who in turn will further spread the disease, well beyond where it began. This is not a low-risk hypothetical, it is a high-probability likelihood, with potentially deadly consequences.

16. **Individuals traveling to Terre Haute for executions.** The BOP describes a large number of individuals who will travel to Terre Haute for each execution. This includes the:

- a. The BOP execution team members. Most recently, BOP has stated that the “execution team is comprised of approximately 40 BOP employees who are employed at locations other than FCC Terre Haute.” (Ex. B p. 9, ¶ 17). Previously, BOP referred to an execution team of over **40 BOP staff members**. The BOP noted that the “staff members will, by necessity, be removed from their normal duties, **which include a wide range of correctional and administrative positions within the BOP**. Pursuant to the current operational plan, these staff members are **scheduled to cease their normal duties several days in advance of a scheduled execution**, in order to give the team time to practice and prepare for their role in an execution. In addition to the team members, **a number of BOP administrators will be present as well, also ceasing their normal duties in the days in advance of an execution.**” (Ex. B p. 2, Winter Decl. ¶ 5.) (emphasis added).

- b. An unknown number of contractors. (Ex. B p. 2, Winter Decl. ¶ 6.) (“Additionally, the BOP plans to **use contractors** who have made themselves available and presumably have made any necessary arrangements for personal and work related matters based on the executions scheduled in December.”) (emphasis added).
- c. Several out of state witnesses to the execution. It is my understanding that none of the individuals scheduled for execution in January 2020 are from Indiana and that all of the family members of the victims as well as the family members and counsel for the prisoners reside out of state.
- d. Journalists witnessing the executions or covering the executions.
- e. Protestors of the execution.
- f. Additional security from “federal, state, and local law enforcement agencies.” (Ex. B. p. 2, Winter Decl. ¶ 7).

Most recently, the BOP estimated that between 50 and 125 individuals will travel to Terre Haute for each federal execution. (Ex. B. p. 9, Watson Decl. ¶ 16). For the execution scheduled for January 12, 2020, of Lisa Montgomery, it appears that additional personnel will be involved because of the need to transport Ms. Montgomery from a Texas women’s prison where she is currently incarcerated (and where her lawyers apparently contracted COVID when visiting her). (Ex. B pp. 17-18, Winter Decl. ¶¶ 4, 7-8). The execution team members “arrive only a few days prior to a scheduled execution” and begin “various team-sensitive tasks upon their arrival.” (Ex. B p. 9, Watson ¶ 17). They do not quarantine upon arrival. *Id.*

17. Each of the individuals traveling to the Terre Haute facility is a potential carrier of the COVID-19 disease and a potential source of infection to others with whom they have close contacts. A close contact is defined by the CDC as someone who is within six feet of an infected person for at least 15 minutes cumulative over a day, starting from 2 days before the onset of the illness. Individuals traveling to the executions may be infected without knowing it before they begin the travel, either in the period before onset of symptoms or in the absence of symptoms if

they are asymptomatic. Those individuals might also become exposed through travel. Airplane travel, staying in hotels, taking cabs or an Uber, and eating at restaurants all carry risks. The potential for one infected person to pass the virus to a group is the basis for the health directives issued by state and local public health officials around the country discouraging holiday travel and gatherings. It is also the basis for the CDC's recommendation that prisons avoid all non-essential visitors when there is a COVID outbreak inside the prison or in the local community.

18. **FCI Terre Haute staff's participation in the executions and the risk of spread to FCI Terre Haute prisoners.** The involvement of FCI Terre Haute staff in the executions poses significant risk for spreading of COVID-19 throughout the complex, including to FCI Terre Haute prisoners, in light of the large number of prison staff involved in the executions and the many interactions those staff have with others as a result of and following the executions. Somewhere between 70 and 200 FCC Terre Haute staff participate in the security, logistics and transportation support during an execution. (Ex. B p. 2, Winter Decl. ¶ 8, describing 200 FCC Terre Haute staff members); (Ex. B p. 11, Watson Decl. ¶ 22 describing execution events as requiring "70 or more" FCC Terre Haute staff). The Complex Warden described the role of FCC Terre Haute employees:

These FCC Terre Haute employees are not considered part of the execution team, and instead include staff that work at the USP, FCI, and FPC. For example, **FCC staff manage check points and perimeter security, staff the command center, and escort witnesses and demonstrators.** FCC staff **managing check points** will check ID's and temperatures; some staff in the command center will likely **meet with some execution team staff** in order to coordinate the operation; and staff escorting witnesses and demonstrators will by necessity interact with the witnesses and demonstrators. (Ex. B p. 11, Watson Decl. ¶ 22). (See also Watson Decl. ¶ 17: "Some members of the execution team have interaction with FCC Terre Haute personnel incident to their role in the operation of the execution. For example, the execution team may interact [with FCC Terre Haute staff] wen going through security check points, receiving the inmate, receiving witnesses, and meeting with Terre Haute personnel to discuss operations logistics and equipment.")

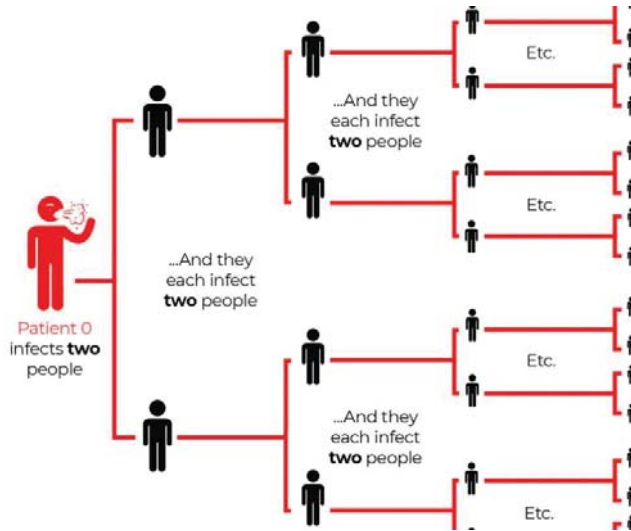
FCI prisoners are at heightened risk of spread of COVID-19 for each interaction that FCI staff

have in preparing for or carrying out the executions that places them in close contact of potentially infected individuals. FCI prisoners are also at a heightened risk of contracting COVID from any contact they have with any staff member (assigned to FCI Terre Haute or not) who, although not involved with the executions, subsequently interacted as a close contact with any FCC employee who was involved with the executions.

19. As with the consequences of the Maine wedding or the Boston conference referenced above, there may well be degrees of separation between FCI inmates and individuals who directly participated in an execution and who may have been infected. Those degrees of separation, however, mean even less in a prison environment than they did after the wedding or conference, because prison staff work in multiple facilities, adequate protective measures are not taken relative to execution team members and other visitors before they enter FCC Terre Haute, and adequate protective measures are not taken after an execution before FCC staff members are allowed to resume their normal duties. I discuss such protective measure later in this declaration.

20. COVID-19 is highly efficient at transmission before individuals become symptomatic. It may be fourteen days before an infected person becomes symptomatic, or as short as 2 days. In a carceral setting, where rates of transmission are particularly high because of crowding (and, in the case of FCC Terre Haute, overcrowding) and the lack of adequate ventilation, this is of heightened concern. The worst-case scenario is where one individual becomes a super spreader, spreading infection to a large number of individuals over a short period of time. But even assuming an average reproduction number (or R_0 , pronounced "R naught") of 2 for COVID-19 (*i.e.*, the average number of individuals someone infects when positive), the disease will spread quickly for each day it is undetected. This means that if a correction officer contracted COVID-19, his infection was not detected, and he continued to work for three days before becoming

symptomatic, each of those three days could see a two-fold increase in the number of individuals at the prison infected by the staffer. For example, on day 1, the staffer could infect 2 people and by day 3 (the first day anyone might notice the staffer was infected without exhaustive screening of apparently healthy people), eight people might have become infected based on average infection rates:



See “R0: How scientists quantify the intensity of an outbreak like coronavirus and predict the pandemic’s spread,” The Conversation, <https://theconversation.com/r0-how-scientists-quantify-the-intensity-of-an-outbreak-like-coronavirus-and-predict-the-pandemics-spread-130777>.

21. The individuals at risk are all those who were close contacts with anyone who was infected, defined by the CDC as someone “within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.” The CDC notes that the individual exposures should be added together over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes). For example, a staff member who goes through security three times a day for five minutes each is a close contact of those other staff

members who work at the security check point and sit or stand within 6 feet of those who pass through security.

22. The declaration filed by Rick Winter on July 12, 2020 and contact tracing documents concerning the July federal executions provide a window into the exposures created by one FCI Terre Haute staff member who participated in the execution preparations while positive for COVID-19, before he was aware of his exposure or illness. (Ex. B pp. 20-22, Winter Decl.; Ex. C). That staff member – I will designate him as Staffer A - indicated in his contact tracing interview that he was in contact with “A lot” of staff and “A lot” of prisoners in days before the onset of his illness, including contact with prisoners through rounds of prisoner units. (See Exhibit C).

*Unit(s)/Facility worked 48 hrs prior to symptoms or testing:	(b)(6) (b)(7)(C)
*Number of known staff contacts:	? "A lot, SCU. I made rounds on north side, SHU
*Staff notified and given the priority testing memo?	(b)(6) (b)(7)(C)
*Number of known inmate contacts:	? A lot
*Are any inmates quarantined and being tested as result of exposure? (#, unit)	NO
*Were staff wearing facial covering or PPE during potential exposure window?	Wore mask while speaking with inmates, but not with staff in SHU: SCU.

Staffer A reported that while conducting his daily tasks during the days between exposure and diagnosis, many of the persons he came into contact with at the prison were not masked.

7. Please describe your previous day-to-day activities at this facility:	
Time of Day	Daily Activities
Morning	(b)(6) (b)(7)(C)
Mid-Day	Depends, M - went to SHU mask on (b)(6) (b)(7)(C)
Afternoon	Office computer work (b)(6) (b)(7)(C) Lunch 3 out mask (b)(6) (b)(7)(C)
Evening	Used to (b)(6) (b)(7)(C) greeting NO mask, no staff 2 mask (b)(6) (b)(7)(C)

8/9

9. **Staff only:** Did you spend time with anyone outside of your assigned duty post (i.e., lunch, visits, socializing, and institution gym) in the 2 days prior to illness? (b)(6), (b)(7)(C)

Lunch 2 Staff. (b)(6), (b)(7)(C)

9. Ask: Please tell me if you have been involved in any of the following activities...(Inmates only) (b)(6)

YES	NO	Activity	Where?	When?	With whom?

23. The BOP noted that Staffer A, while potentially infected, “among other things, attended the law enforcement meeting with outside law enforcement in preparation for the scheduled executions; attended a meeting regarding the handling of demonstrators at the scheduled executions; and attended to an issue at the SCU.” (Ex. B p. 21, Winter Decl. ¶ 6). Based on that information and assuming the execution-related meetings were at least 15 minutes long, Staffer A’s close contacts included: all FCC Terre Haute staff assisting in the execution, other federal employees and other law enforcement who attended the law enforcement meeting; all FCC Terre Haute staff who attended the demonstrator meetings; other federal employees who attended the meeting; all incarcerated people in the USP or FCI who were within six feet of Staffer A for a total of 15 minutes in any 24-hour period in the two days before his exposure; and all other staff in contact with Staffer A or another infectious individual throughout the work shift for a total of 15 minutes, including at security, in break or meal rooms, or other staff meetings. Any of those individuals who became infected would themselves have created their own waves of exposure.

24. The introduction of potential new sources of infection in prisons is particularly concerning because of the higher rates of contact amongst susceptible incarcerated people, due to the density and structure of prison housing arrangements (including limited ability to quarantine potentially exposed individuals and to segregate individuals who test positive), the lack of ability to socially distance or isolate, inadequate facilities for personal hygiene, difficulty in maintaining adequate disinfection of high-touch surfaces, and poor ventilation within prisons. These dynamics drive the resulting efficacy (or lack of efficacy) of any proposed interventions.

25. **Impact on COVID-19 preventative measures and contact tracing.** The BOP has pledged to “continue to do everything [it] can to mitigate the spread of COVID-19 in [its] facilities,” which presumably includes incorporating CDC recommended precaution into visiting procedures. The BOP has said that it is following guidance from both the CDC and the World Health Organization. (Ex. B p. 6, Watson Decl. ¶ 8). It has adopted a number of preventative COVID-19 measures, including “[a]s much as possible” assigning staff to the same posts (rather than rotating staff between facilities) “as an additional measure to mitigate the spread of the virus.” (Ex. B p. 6, Watson Decl. ¶ 8, citing BOP COVID 19 Modified Operations). (However, staff apparently do move “between the separate facilities and buildings” when “necessary, for example, if one institution is in need of additional staff due to staff being on leave on a given day, or otherwise requires assistance of additional staff.” (Ex. B p. 7, Watson Decl. ¶ 10)).

26. Visitation at FCI Terre Haute is suspended to reduce the spread of COVID-19. Federal Bureau of Prisons, FCI Terre Haute, <https://www.bop.gov/locations/institutions/tha/> (Dec. 19, 2020) (“! Visiting at the prison camp has been suspended until further notice.”).

27. The BOP quarantines and isolates all new intake to the prison into either quarantine for asymptomatic individuals or medical isolation for symptomatic individuals for at least 14 days. BOP Modified Operations, https://www.bop.gov/coronavirus/covid19_status.jsp.

28. Prisoners are only released to the general population after a negative COVID-19 test at the end of the quarantine period. *Id.*

29. These precautions are sound. However, they are significantly undermined by the federal executions, which require large numbers of staff to be reassigned to execution-related functions. The Warden has described the impact of the executions on functioning of the prison, saying that “[w]ith its staff pulled away from their normal duties, FCC Terre Haute will not be

able to operate under normal conditions. For example, due to expected staffing issues and changes in security procedures, FCC Terre Haute will not be able to prepare inmate meals in the ordinary fashion.” (Ex. B p. 2, Winter Decl. ¶ 5). The fact that large numbers of staff must be pulled from normal duties is of consequence in light of COVID-19 for a number of reasons. The plan to pull significant numbers of staffing itself adds pressure to the system for likelihood of spread within the prison. By pulling staff from their regular duties, other staff will necessarily be reassigned to cover those missing positions. This increases the circles of exposure. Reduced staffing also means that staff will likely have a slower response time to respond to individuals who become sick and need medical attention, thereby increasing the exposure times for cell-mates or cell neighbors of those developing symptoms.

30. There are other areas of concern. For example, without adequate staffing, the distribution plan for meals or medications could require additional movement or gathering of larger groups of inmates at one time, increasing exposures. The staffing shortage problems are exacerbated by the fact that, according to the BOP website, 20+ FCC Terre Haute employees currently have COVID-19 and presumably are out of the workplace. Other staff must cover for the staff members who are out of work, again leading to increased exposures and an increased risk of spread among the inmate population, including within FCI Terre Haute.

31. The redistributing and mixing of staff also complicate efforts to conduct meaningful contact tracing. The CDC stresses the importance of “case investigation and contact tracing, a core disease control measure employed by local and state health department personnel” as a method for or preventing spread of COVID-19.⁴ The CDC directs that public health staff should work to identify all individuals with close contacts to an exposed person, and then to warn those individuals

⁴ <https://www.cdc.gov/coronavirus/2019-ncov/php/principles-contact-tracing.html>.

of the exposure and recommend 14-day home quarantines after their last known exposure. It has made clear that “identifying contacts and ensuring they do not interact with others is critical to protect communities from further spread.” *Id.*

32. Returning to the example of Staffer A, he was notified on July 8 of his own exposure to someone who was positive, took a test for COVID-19 on July 8, and received his positive test results on July 11. (Ex. C, p. 1). The BOP reported on July 12 that it had begun contact tracing for Staffer A. This is consistent with the spreadsheet that shows that staff continued to be identified and tested for several days after the disclosure. BOP contact tracing documents of “exposure testing info” for staff show that the 23 additional BOP staff who were exposed to Staffer A were identified and given tests on July 12, July 13, July 14, July 15, July 16, or July 17. (Ex. C, pp. 9-10). As it turns out, these staff all had negative tests:

7/8/2020	EXP	SWAB	7/11/2020	POSITIVE/Recovered		RECOVERED - 2 negative tests reported
7/13/2020	EXP	SWAB	7/20/2020	Negative		contact tracing 68
7/13/2020	EXP	SWAB	7/17/2020	Negative		contact tracing 68
7/13/2020	EXP	SWAB	7/17/2020	Negative		contact tracing 68
7/13/2020	EXP	SWAB	7/18/2020	Negative		contact tracing 68
7/13/2020	EXP	SWAB	7/17/2020	Negative		contact tracing 68
7/13/2020	EXP	SWAB	7/16/2020	Negative		contact tracing 68
7/13/2020	EXP	SWAB	7/17/2020	Negative		contact tracing 68
7/12/2020	EXP	SWAB	7/20/2020	Negative		contact tracing 68
7/13/2020	EXP	SWAB	7/17/2020	Negative		contact tracing 68
7/13/2020	EXP	SWAB	7/17/2020	Negative		contact tracing 68
7/13/2020	EXP	SWAB	7/17/2020	Negative		contact tracing 68
7/13/2020	EXP	SWAB	7/17/2020	Negative		contact tracing 68
7/13/2020	EXP	SWAB	7/17/2020	Negative		contact tracing 68
7/16/2020	EXP	SWAB	7/22/2020	Negative		contact tracing 68
7/17/2020	EXP	SWAB	Return to work 7/26/2020 Test results 7/31/2020	Negative		contact tracing 68 Tested at CVS
7/17/2020	EXP	SWAB	Return to work 7/26/2020 Test results 7/31/2020	Negative		contact tracing 68 Tested at CVS
7/17/2020	EXP	SWAB	Return to work 7/27/2020 Test results 8/1/2020	Negative		contact tracing 68 Tested at CVS
7/13/2020	EXP	SWAB	7/17/2020	Negative		contact tracing 68
7/14/2020	EXP	SWAB	7/17/2020	Negative		contact tracing 68
7/14/2020	EXP	SWAB	7/16/2020	Negative	(b)(6) (b)(7)(C)	contact tracing 68
7/14/2020	EXP	SWAB	7/18/2020	Negative		contact tracing 68
7/14/2020	EXP	SWAB	7/18/2020	Negative		contact tracing 68
7/13/2020	EXP	SWAB	7/18/2020	Negative		contact tracing 68

(Ex. C, p. 9). Had any one of them been positive, however, several days would have gone by

since Staffer A tested positive, during which dozens if not hundreds of contacts might have occurred with other staff and with inmates, and the inmates could easily have been located in different facilities given staffing practices at FCC Terre Haute.

33. Contact tracing in this environment, where staff’s regular routines and assignments are disrupted, creates new challenges and at a minimum almost certainly slows and interferes with the contact tracing. Introducing a large number of individuals with multiple contacts throughout the prison system, with overlapping training meetings involving multiple staff – like prison-wide doctors and custodians – increases the number of individuals who can reseed the infection. For each day that the contact tracing is slowed, there is the exponentially growing possibility of undetected transmission and spread to other staffers and prisoners. It also creates the possibility that some exposed individuals will not be detected because of the unusual and disrupted work patterns of the day. Staffer A, for example, was not able to identify by name all of the staff with whom he came into contact several days earlier. The spreadsheets indicate that four additional staff who were symptomatic were tested between July 18 and July 27, each of whom tested positive for COVID-19:

7/18/2020	SYMPTOMATIC	SWAB	7/21/2020	POSITIVE/Recovered		RECOVERED - 1 negative test / Reported back to work 08/04/2020
7/20/2020	EXP	SWAB	7/22/2020	Negative		
7/20/2020	SYMPTOMATIC	SWAB	7/22/2020	POSITIVE/Recovered	contact tracing 92	RECOVERED - 08/01/2020 - 2nd positive test; 08/10/2020 - negative test.
7/21/2020	EXP	SWAB	7/23/2020	Negative		
7/20/2020	EXP	SWAB	7/22/2020	Negative	contact tracing 92	
7/21/2020	EXP	SWAB	7/24/2020	Negative	contact tracing 92	
7/21/2020	EXP	SWAB	7/22/2020	Negative	contact tracing 92	
7/22/2020	EXP	SWAB	7/24/2020	Negative		
7/22/2020	EXP	SWAB	7/24/2020	Negative	contact tracing 92	
7/22/2020	SYMPTOMATIC	SWAB	7/27/2020	POSITIVE/Recovered		RECOVERED - Per new guidelines - He has been symptom-free for 10 days. A negative test is no longer required. Returned to work 08/12/2020.
7/22/2020	EXP	SWAB	7/24/2020	Negative	contact tracing 92	
7/23/2020	EXP	SWAB	7/25/2020	Negative	contact tracing 94	
7/23/2020	SYMPTOMATIC	SWAB	7/26/2020	Negative		
7/24/2020	EXP	SWAB	7/27/2020	Negative	contact tracing 94	
7/26/2020	EXP	SWAB	8/8/2020	Negative		Test CVS
7/26/2020	EXP	SWAB	8/3/2020	Negative	contact tracing 94	
7/26/2020	EXP	SWAB	7/28/2020	Negative		
7/27/2020	SYMPTOMATIC	SWAB	7/31/2020	POSITIVE/Recovered		RECOVERED - Per new guidelines - She has been symptom-free for 10 days. A negative test is no longer required. Returned to work 08/11/2020.

(Ex. C, p. 10). Three of these four staff members worked at FCI Terre Haute and developed

symptoms between July 17, 2020 and July 25, 2020.⁵ Did they contract COVID from Staffer A, who assisted with the execution? Possibly.

34. I am not aware of any records that show any contact tracing with respect to prisoners. If it is occurring, it appears to be episodic not systematic--and it should be systematic. There have been multiple outbreaks of COVID-19 among prisoners within FCI Terre Haute. https://experience.arcgis.com/experience/ab22fb4c564e4f4b986e257c685190e8/page/page_2/.

35. The introduction of large numbers of personnel to the prison facility who interact with FCI and other staff is a likely explanation for waves of infection that have occurred in connection with prior executions. The fact that infections may not have spiked following every execution, or may not have increased as dramatically, does not negate the significance of instances in which spikes did occur, given the various factors that influence the spread of COVID (*e.g.*, the prevalence of COVID infections outside the prison at the time of a given execution and thus the probability that one or more visitors would be infectious while participating in the execution). To use an analogy, if there is a 60% chance of a given hurricane making landfall and it ends up turning beforehand, that does not mean there wasn't a huge risk to staying in the projected path of that hurricane. The next hurricane could well make landfall as predicted.

36. The more recent COVID-19 cases from November provide another example to view the disruption to meaningful contact tracing and subsequent risk to prisoners at FCC Terre Haute. Following a November 17, 2020 execution, a number of individuals reported positive COVID-19 tests: 9 of the execution team members who carried out the execution and the spiritual advisor to the executed prisoner who observed the execution tested positive. The execution team members were all within the execution facility for more than 15 minutes and should be considered

⁵ Staffer who had symptoms on 7/17/2020 worked at FCI, Ex. C p. 72; staffer who developed symptoms on 7/19/2020 worked at FCI, Ex. C p. 62; staffer who had symptoms on 7/25 worked in USP & FCI, Ex. C, p. 53.

close contacts of everyone who attended the execution; they also likely spent more than 15 minutes within other locations at the USP, including time with staff from FCC Terre Haute. The BOP reports that, except for one team member who was the subject of an unknown degree of contact tracing by his BOP institution, BOP did not do contact tracing of these individuals:

Defendants state that they do not possess the test results for these individuals because the tests were conducted by outside, third-party providers, not the Bureau of Prisons. The Defendants also state that the Bureau of Prisons conducted contact tracing for one of the staff members at his home Institution; however, the Defendants do not possess responsive documents regarding the other eight staff members because the Bureau of Prisons did not conduct the contact tracing for those individuals. By way of explanation, the execution team is comprised of members from various BOP locations and was designed to protect the confidentiality of its members. Therefore, when team members report back to their home institution, the institution staff may not know that the employee was a member of the execution team in order to contact trace them, nor do they generally know the identities of other staff members who are part of the execution team. Moreover, some execution team members who tested positive did not return to work at their home institution until meeting CDC guidelines; therefore negating the need for contact tracing at all. Defendants have produced the redacted contact tracing records for the one execution team staff member of whom it possess responsive records. (Ex. C, p. 5).

37. Because the BOP did not conduct contact tracing for eight of the nine infected execution team members and says it did not receive copies of any contact tracing reports done by outside entities (if any contact tracing was done), BOP's attempts, if any, to identify FCC Terre Haute staff who may have been infected would have been hamstrung and incomplete. The explanation by the BOP for why it did not need to do contact tracing of those infected members of the execution team – that some of those individuals isolated at home after testing positive – suggests a basic and disturbing misunderstanding of the principles and purpose of contact tracing.

38. It is my understanding that the BOP also did not do contact tracing of the spiritual advisor who attended the November execution and then tested positive. According to his declaration, which I have read, the spiritual advisor was transported in a closed-environment shuttle bus van with eight other people to the execution, a trip that would have lasted at least 15 minutes. The Warden's declaration suggests that transporting witnesses is the kind of assignment

to which FCC Terre Haute staff were assigned. If the bus were staffed by FCC Terre Haute staff, those staff should have been notified as close contacts and tested. Staff who were in the execution facility with the spiritual advisor, or who processed him at security and who may have escorted him for a total of 15 minutes within the prison, should also have been notified and tested. I am not aware of any records indicating that this occurred. If it did not occur, all those close contacts became possible sources of disease spread within all parts of the complex. Indeed, they became possible sources of disease spread within the Complex even if contact tracing and testing were done, for the period leading up to when any test results were obtained.

39. In addition to the increased risk to prisoners of contracting COVID-19, a separate area of concern is the very real probability that some of the individuals attending the training, visitation, and/or execution will become exposed and travel home with the virus, increasing the overall level of risk to the broader community. Without contact tracing, exposures in this kind of large-scale event will be hard to control and prevent from spreading infection.

40. **Necessary safety measures.** The safest way to avoid having executions spread COVID-19 within FCC Terre Haute is not to have executions during the current pandemic. Alternatively, one would delay all further executions until staff and inmates have been vaccinated. A third option would be to implement safety measure that would significantly reduce the risk that executions pose to inmates and to others in and out of FCC Terre Haute.

41. In order to proceed with executions in a manner that does not subject staff and prisoners of FCC Terre Haute to a substantial risk of exposure to COVID-19, the BOP would need to institute appropriate safety measures that would include at least the following measures. First, the BOP should impose precautionary restrictions upon the 70-200 persons (execution team members, other BOP staff, media, family members and legal teams, state and local law enforcement personnel and contractors) who travel to Terre Haute to participate in some manner

in the executions to ensure that they do not bring the virus into the prison. The BOP should mandate a two (2) week quarantine once they have arrived in Terre Haute (and with the 2-week clock being reset if anyone within a combined quarantine, such as individuals traveling together, develops symptoms during quarantine), and a negative test before they begin performing their duties relating to the executions or otherwise interact with any FCC Terre Haute staff. Second, if multiple executions are scheduled for the same week (as is true for the executions scheduled in January and was true with past executions), the BOP should require rapid testing each morning for those BOP staff and FCC Terre Haute staff participating in each execution during each day of the week, to ensure that they did not become exposed and develop infection after their quarantine period. Third, the BOP should restrict congregation of the execution personnel with FCC Terre Haute staff, impose strict social distancing requirements when any interactions occur, and strictly enforce mask mandates (including prohibiting meal sharing or other activities which require removal of masks). The BOP should develop policies to ensure that execution personnel and staff members are not engaged in profligate activities together during the quarantine period, such as those involving alcohol, or other inhibition-lowering activities. Fourth, no FCC Terre Haute employee should be allowed to return to his or her normal duties within the Complex until they have quarantined for a two-week period and tested negative for COVID-19. Finally, if the BOP or FCC Terre Haute has identified an infected team member, they must conduct comprehensive and complete contact tracing in accordance with CDC guidelines.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing declaration is true and correct. Executed on December 28, 2020.

_____  _____

Nina H. Fefferman, PhD

EXHIBIT A

Nina H. Fefferman

<http://feffermanlab.org>

Nationality: United States of America
Telephone: 781 710 5025
e-mail: nina.h.fefferman@gmail.com

Departments: Ecology and Evolutionary Biology &
Mathematics
Address: 447 Hesler Biology Building
University of Tennessee
Knoxville, TN 37996

Education

- 2005 PhD in Mathematical Biology from the Department of Biology, Tufts University.
Advisor: J. Michael Reed
- 2001 MS in Mathematics from the Department of Mathematics, Rutgers University.
Advisor: J. Beck
- 1999 AB in Mathematics from Princeton University

Positions

- 2020- Associate Director, UT One Health Initiative, University of Tennessee, Knoxville
- 2018- Director, Mathematical Modeling Consulting Center, University of Tennessee, Knoxville
- 2018 - Professor, Depts. of Mathematics & Ecology and Evolutionary Biology, University of Tennessee, Knoxville
- 2016 - 2018 Associate Professor, Depts. of Mathematics & Ecology and Evolutionary Biology, University of Tennessee, Knoxville
- 2015 - 2016 Program Director, Graduate Program in Ecology and Evolution, Rutgers University
- 2012 - 2016 Associate Professor, Dept. of Ecology, Evolution, and Natural Resources, Rutgers University
- 2011 - 2016 Assistant/Associate Professor, School of Public Health, University of Medicine and Dentistry of New Jersey
- 2008 - 2012 Assistant Professor, Dept. of Ecology, Evolution, and Natural Resources, Rutgers University
- 2007 - 2016 Research Assistant/Associate Professor, The Center for Discrete Mathematics and Theoretical Computer Science, Rutgers University
- 2005 - present Co-Director, Tufts University Initiative for the Forecasting and Modeling of Infectious Disease (InForMID), Tufts University School of Medicine
- 2005 - 2007 Visiting Research Associate, Center for Discrete Math and Theoretical Computer Science (DIMACS), Rutgers University
- 2005 Short Term Visitor, School of Natural Sciences, Institute for Advanced Study

Honors/Awards

- 2019 Invited Participant of the 11th.Triennial Invitational Choice Symposium
- 2019 Invited Performer/Participant, Stand Up Science – a public performance featuring stand-up comics and scientists discussing their work
- 2017 Invited Research Team Leader: AWM Women in Mathematical Biology Workshop
- 2016 Invited Speaker at the National Academy of Sciences Sackler Colloquium
- 2015 Coauthored an article chosen for the cover of *Phil Trans Roy Soc B* (issue 370.1665)
- 2012 Invited to Health Foo 2012

- 2011 Shared the Virginia Governor's Technology Award in the category of ‘Cross-Boundary Collaboration in Modeling & Simulation’ for our study ‘Strategic Default in the Context of a Social Network: An Epidemiological Approach’.
- 2010 Speaker at TEDx Midatlantic
- 2009 Rutgers University Packard Fellow Nominee
- 2007 Coauthored an article chosen for the cover of *The Lancet Infectious Diseases* (vol. 7)
- Invited to give 22 Keynote, Plenary, or Public Lectures (see Invited Talks for details), over three continents

Media Coverage (interviews and coverage):

Television/Online Video Broadcasts:

- The Washington Post, 2020
- BBC International, 2020
- WBIR News, 2019
- NJTV News, 2015
- Discovery Channel “How Stuff Works” (Season 2: “Games Unboxed”), 2011
- BBC World News Aug 21, 2007
- CBS News Aug 22, 2007
- Canada Television (CTV) Aug 21, 2007
- AT&T Tech Channel Sept, 2007

Radio Broadcasts:

- NPR Marketplace, Mar 2020
- NPR WUOT Knoxville, Mar 2017
- PRI Studio 360, Sept 2016
- New Tech City, WNYC, Oct 2014
- PRI Studio 360, Sept 2014
- PRI Studio 360, Jan 2013
- BBC UK News, Aug 2007
- National Public Radio Podcast “Science Friday”, Sept 2007
- AM900 CHML, Sept 2007
- National Public Radio “All Things Considered”, Oct 2005

Print/Online Media (2005-present):

ABC News, ABS CBN News, ARS Technical, Canadian Press (via CBC), Cell, The Daily Mail (UK), The Daily Telegraph (Australia), The Economist, Forbes, Fox News, G1.com.br (Brazil), The Gist (Slate.com), O Globo (Brazil), Gazet Van Antwerpen (Belgium), La Jornada (Mexico), KevinMD, Knox News, Medical News Today, New Scientist, NU.nl (Netherlands), PC Gamer, Reuters, TIME, The Washington Post, Science News, Slate.com, the South African Star, Tech News World, Wired, Yahoo! Entertainment, You Made I *and many more...*

Research Support

Active

2020-2021	\$198,932	NSF RAPID – DEB Coupled Social and Epidemiological Networks and COVID-19	PI
2020-2022	\$359,849	DoD Minerva DECUR - The Topology of Interdependent Multi-Domain Behavioral Systems	PI
2017-2022	\$138,964	NSF IOS - Melding Mathematical and Theoretical	UT-PI

Models of Stress

2017-2021	\$2,498,876	NSF EEID – Co-evolutionary Epidemiology of Avian Malaria	UT-PI
Completed			
2018-2020	\$196,628	SESYNC/NIMBioS Modeling Risk Perception, Vector-borne Diseases, and Environmental Integrity	PI
2016-2019	\$99,938	NSF EAGER – CISE – Distributed Anomaly Detection	PI
2018-2019	\$2,000	Haines Morris Grant – Internal UTK Competition	Co-PI
2016-2018	\$50,000	US - Israel Binational Science Foundation (BSF)	Co-PI
2016-2018	\$190,000	NSF RAPID – DEB – Modeling Zika Virus Control	PI
2015-2018	\$292,804	USFWS – White-Nose Syndrome Open Grant	Co-PI
2015-2017	\$21,003	NSF RAPID – Information & Intelligent Systems – Virtual Worlds and Experiential Learning	PI
2016-2017	\$75,000	US START Center – Leadership in Social Networks	PI
2017	\$30,000	Syngenta – Workshop Grant – Math of Agribusiness	Co-I
2016-2017	\$100,000	National Academies Keck Futures Initiative	Co-PI
2015-2017	\$130,000	NSF EAGER – DEB – Machine Learning for Co-Evolutionary Systems	Co-PI
2012-2016	\$1,228,053	Dept. of Homeland Security – CyberSecurity	PI
2014-2016	\$100,000	Dept. of Homeland Security – Next Generation Communications and Interoperability	Project PI
2009-2016	\$275,000	Dept. of Homeland Security – BioSecurity	Project PI
2011-2014	\$3,853,332	NSF EASM – Ocean Sciences – SocioEconomic Systems and Climate Change	Co-PI
2011-2012	\$22,500	UCDPER – Emergency Preparedness	Co-PI
2010-2012	\$384,000	Dept. of Homeland Security – Virtual Worlds and Experiential Education	Project PI
2010-2011	\$99,944	Dept. of Homeland Security – Self-Organizing Surveillance Systems	Project PI
2010	\$22,500	Dept. of Homeland Security – BioSecurity	Co-PI
2009-2012	\$299,886	NSF – DEB – ULTRA-Ex	Co-PI
2009-2011	\$89,318	UCDPER – Emergency Preparedness	PI
2009-2010	\$10,000	USDA CSREES Multi-State Research Fund – Vector-borne Disease Control	Co-I
2008	\$99,990	NIH NAID SBIR – Epidemiological Surveillance	PI
2008	\$5,000	Rutgers Climate and Environmental Change Initiative	PI
2008	\$75,000	Rutgers Academic Excellence Fellowship, Climate and Health Research Initiative	Co-I
2007	\$22,500	Dept. of Homeland Security – BioSecurity	PI
2007	\$22,500	Dept. of Homeland Security – BioSecurity	PI
2006	\$5,000	Tufts Summer Scholars Award – Epidemiology	PI
2003-2004	\$42,000	NIH R01 Supplement - Epidemiology	Co-PI
2003-2004	\$1,500	Tufts Institute of the Environment	Co-I
2003	\$500	MASI Student Travel Award	PI
2003	\$1,500	TIES Student Travel Award	PI

Consultancies

2020 American Civil Liberties Union (ACLU)

2020	The State of Vermont, Department of Education
2018	Ogilvy
2017-present	Humane Society International
2009-present	US Centers for Disease Control
2011-2012	Research Institute for Housing America Trust Fund
2006-2007	New Jersey, Department of Corrections
2004-2009	NIH U19 (Center PI: Gorski) T-cell Mediated Immunity
2004	National Defense University
2004	DARPA

Participation in Research Centers

Center	Position	Description of Role
NIMBioS <i>(National Institute for Mathematical and Biological Synthesis)</i>	Leadership Team	Active participant in working group, organizer of multiple tutorials, mentor for summer research experience for undergraduates, and founding director of the Mathematical Modeling Consulting Center
InForMID <i>(Tufts University Initiative for the Forecasting and Modeling of Infectious Diseases)</i>	Center Co-Director	Researcher and Administrative lead in the area of mathematical modeling of infectious disease epidemiology
CCICADA <i>(US Dept of Homeland Security Command, Control, and Interoperability Center for Advanced Data Analysis)</i>	Project PI	Principle Investigator into data analysis relating to social behavior in virtual/technologically enable environments, bio-security, and bio-inspired algorithms in cyber-security
DIMACS <i>(The Center for Discrete Mathematics and Theoretical Computer Science)</i>	Member	Active participant in working groups, collaborations, and conferences (including acting as organizer for multiple workshops/conferences/tutorials) in all areas of mathematical macrobiology
START <i>(US Dept of Homeland Security Center for the Study of Terrorism and Responses to Terrorism)</i>	Project PI	Principle Investigator working on understanding social behavior and algorithms driving the emergence of extremism and leadership in

Publications (peer reviewed):

* = a student or post-doctoral researcher advised by Fefferman during the research effort reported

Journal Articles:

Published or In Press

68. Lemanski*, N., S. Schwab, D. Fonseca, and N.H. **Fefferman**. (In press) Coordination Among Neighbors Improves the Efficacy of the Zika Control Despite Economic Costs. *PLoS Neglected Tropical Diseases*.
67. Wilson, S., S. Sindi, H. Brooks, M. Hohn, C. Price, A. Radunskaya, N. Williams, and N.H. **Fefferman**. 2020. How Emergent Social Patterns in Allogrooming Combat Parasitic Infections. *Frontiers in Ecology and Evolution*. 8:54.
66. DeNegre*, A., Myers*, K., and N.H. **Fefferman**. 2020. Impact of Strain Competition on Bacterial Resistance in Immunocompromised Populations. *Antibiotics*. 9(3):114
65. Myers*, K., A. Redere*, and N.H. **Fefferman**. 2020. How Resource Limitations and Household Economics May Compromise Efforts to Safeguard Children During Outbreaks. *BMC Public Health*. 20(1):1-14.
64. Suarez*, G., O. Udiani*, B. Allan, C. Price, S. Ryan, E. Lofgren, A. Coman, C. Stone*, L. Gallos*, and N.H. **Fefferman**. 2020. A Generic Arboviral Model Framework for Exploring Trade-offs Between Vector Control and Environmental Concern. *Journal of Theoretical Biology*. 490 (2020) 110161.
63. DeNegre*, A., Myers*, K., and N.H. **Fefferman**. 2020. Impact of Chemoprophylaxis Policy for AIDS-immunocompromised Patients on Emergence of Bacterial Resistance. *PLoS One*. 15(1): e0225861.
62. Gallos*, L., S. Havlin, G. Stanley, and N.H. **Fefferman**. 2019. Proximity drives the emergence of network structure and density. *Proceedings of the National Academy of Sciences*. 116(41):20360-20365.
61. Stone*, C., S. Schwab*, D. Fonseca, and N.H. **Fefferman**. 2019. Contrasting the Value of Targeted vs. Area-Wide Mosquito Control Scenarios to Limit Arbovirus Transmission for Different Tropical Urban Population Centers. *PLoS Neglected Tropical Diseases*. 13.7: e0007479.
60. Myers*, K., A. DeNegre*, L.K. Gallos*, N. Lemanski*, A. Mayberry, A. Redere*, S. Schwab*, O. Stringham, & N.H. **Fefferman**. 2019. Dynamic Ad Hoc Social Networks in Improvised Intelligence / Counter-Intelligence Exercises: A Department of Homeland Security Red-Team Blue-Team Live-Action Roleplay. *Journal of Homeland Security and Emergency Management*. <https://doi.org/10.1515/jhsem-2018-0027>.
59. Suarez*, G.P., L.K. Gallos, and N.H. **Fefferman**. 2019. A Case Study in Tailoring a Bio-Inspired Cyber-Security Algorithm: designing anomaly detection for multilayer networks. *Journal of Cyber Security and Mobility*. 8(1):113-132.
58. DeNegre*, A., K. Myers*, M. Ndeffo, and N.H. **Fefferman**. 2019. Emergence of Antibiotic Resistance in Immunocompromised Host Populations. *PLoS One* 14 (2), e0212969.
57. Schwab*, S., C. Stone*, D. Fonseca, and N.H. **Fefferman**. 2019. (Meta)population Dynamics Determine Effective Spatial Distributions of Mosquito-Borne Disease Control. *Ecological Applications* 29(3): e01856.
56. Kebir*, A., N.H. **Fefferman**, and S.B. Miled. 2018. A general structured model of a hermaphrodite population. *Journal of Theoretical Biology*. 449:53-59.
55. Lemanski*, N.J. and N.H. **Fefferman**. 2018. Expanding the evolutionary theory of aging: honeybees as a test case for an optimal decision making model of senescence. *American Naturalist*. 191(6):756-766.
54. Schwab*, S., C. Stone*, D. Fonseca, and N.H. **Fefferman**. 2018. The importance of being urgent: the impact of surveillance target and scale on mosquito-borne disease control. *Epidemics*. 23:55-63.

53. Beckage, B., L. Gross, S. Metcalf, E. Carr, K. Lacasse, J. Winter, P. Howe, N. **Fefferman**, A. Zia, and T. Franck. 2018. Integrating human behavior and risk perception into a climate model. *Nature Climate Change*. 8:79–84.
52. Maslo, B., O. Stringham, A. Bevan, A. Brumbaugh, C. Sanders, M. Hall, and N.H. **Fefferman**. 2017. High Survival of Some Infected Bat Populations Veils a Persistent Extinction Risk from White-nose Syndrome. *Ecosphere*. 8(12):e02001.10.1002/ecs2.2001.
51. Stone*, C.M., S.R. Schwab*, D.M. Fonseca, N.H. **Fefferman**. 2017. Human movement, cooperation, and the effectiveness of coordinated vector control strategies. *Journal of the Royal Society Interface*. 14(133):20170336.
50. Lemanski*, N.J. and N.H. **Fefferman**. 2017. Coordination Between the Sexes Constrains the Optimization of Reproductive Timing in Honey Bee Colonies *Nature Scientific Reports*. 7:2740.
49. Egizi, A., N.H. **Fefferman**, and R. Jordan. 2017. Relative Risk of Infection with Ehrlichiosis Agents and Lyme Disease in an Area Where Both Vectors are Sympatric. *Emerging Infectious Diseases*. 23(6):939-945.
48. Greenbaum*, G. and N.H. **Fefferman**. 2017. Application of network methods for understanding evolutionary dynamics in discrete habitat. *Molecular Ecology*. DOI: 10.1111/mec.14059
47. Maslo, B., R. Valentin, K Leu, K Kerwin, A Bevan, G.C. Hamilton, N.H. **Fefferman**, and D.M. Fonseca. 2017. ChiroSurveillance: The Use of Native Bats to Detect Invasive Agricultural Pests. *PLoS One*. 12(3), e0173321.
46. Robinson*, O.J., O.P. Jensen, M.M. Provost, S. Huang, N.H. **Fefferman**, A. Kebir and J.L. Lockwood. 2017. Evaluating the vulnerability of sex-changing fish to harvest: A game-theoretic approach. *ICES Journal of Marine Science*. 74(3):652-659.
45. Gallos*, L., M. Korczynski*, and N.H. **Fefferman**. 2017. Anomaly Detection Through Information Sharing Under Different Topologies. *EURASIP Journal on Information Security*. 2017:5. DOI:10.1186/s13635-017-0056-5.
44. Maslo, B., S. Gignoux-Wolfsohn, and N.H. **Fefferman**. 2017. Success of Wildlife Disease Treatment Depends on Host Immune Response. *Frontiers in Ecology and Evolution*. 5(28).
43. Lofgren*, E., A. Egizi, and N.H. **Fefferman**. 2016. Patients as Patches: Ecology and Epidemiology in Healthcare Environments. *Infection Control and Hospital Epidemiology*. 37(12):1507-1512.
42. Korczynski*, M., A. Hamieh*, J. H. Huh, H. Holm, S. R. Rajagopalan, and N. H. **Fefferman**. 2016. Hive Oversight for Network Intrusion Early Warning Using DIAMoND: A Bee-Inspired Method for Fully Distributed Cyber Defense. *IEEE Communications Magazine* 54(6):60-67.
41. Gallos*, L. and N.H. **Fefferman**. 2015. Simple and efficient self-healing strategy for damaged complex networks. *Physical Reviews E*. 92(5):052806.
40. Kebir*, A., N.H. **Fefferman**, S. Ben Miled. 2015. Understanding hermaphrodite species through game theory. *Journal of Mathematical Biology*. 71(6-7):1505-1524.
39. Gallos*, L., and N.H. **Fefferman**. 2015. The Effect of Disease-Induced Mortality on Structural Network Properties. *PLoS One*. DOI: 10.1371/journal.pone.0136704
37. Burkhalter*, J.C., N.H. **Fefferman**, and J.L. Lockwood. 2015. The impact of personality on the success of prospecting behavior in changing landscapes. *Current Zoology*. 61:557-568.
36. Robinson*, O., J. Lockwood, O. Stringham*, and N.H. **Fefferman**. 2015. A Novel Tool for Making Policy Recommendations Based on PVA:Helping Theory Become Practice. *Conservation Letters*. 8(3):190-198.

35. **Fefferman**, N.H. and E.N. Naumova. 2015. Dangers of vaccine refusal near the herd immunity threshold: a modelling study. *Lancet Infectious Diseases*. S1473-3099(15)70130-1
34. Maslo, B. and N.H. **Fefferman**. 2015. A Case Study of Bats and White-Nose Syndrome Demonstrating How to Model Population Viability with Evolutionary Effects. *Conservation Biology*. 29(4):1176-1185. DOI: 10.1111/cobi.12485.
33. Parham, P E. J. Waldo, G.K. Christophides, D. Hemming, F. Agosto, K. J. Evans, N.H. **Fefferman**, H. Gaff, A. Gumel, S. LaDeau, S. Lenhart, R.E. Mickens, E. Naumova, R. Ostfeld, P. Ready, M. Thomas, J. Velasco-Hernandez, E. Michael. 2015. Climate, Environmental, and Socioeconomic Change – Weighing up the Balance in Vector-Borne Disease Transmission. *Philosophical Transactions of the Royal Society B*. 370.1665 (2015): 20130551.
32. Egizi, A., N.H. **Fefferman**, and D. M. Fonseca. 2015. Evidence that implicit assumptions of “no evolution” of disease vectors in changing environments can be violated on a rapid timescale. *Philosophical Transactions of the Royal Society B*. 370.1665 (2015): 20140136.
31. Greening*, B., N. Pinter-Wollman, and N.H. **Fefferman**. 2015. Higher-Order Analysis of Information Sharing and Knowledge Capacity in Animal Social Groups *Current Zoology*. 61(1): 114–127.
30. Gallos*, L. and N.H. **Fefferman**. 2014. Revealing effective classifiers through network comparison. *Europhysics Letters*. 108(3): 38001.
29. Lofgren*, E.T., R.W. Moehring, D.J. Anderson, D.J. Weber, and N.H. **Fefferman**. 2014. A Mathematical Model to Evaluate the Routine Use of Fecal Microbiota Transplantation to Prevent Incident and Recurrent *Clostridium difficile* Infection. *Infection Control and Hospital Epidemiology*. 35(1):18-27.
28. Greening*, B. and N.H. **Fefferman**. 2014. Evolutionary Significance of the Role of Family Units in a Broader Social System. *Nature Scientific Reports*. 4: 3608
27. Seiler, M.J., Collins, A.J., and N.H. **Fefferman**. 2013. Strategic Mortgage Default in the Context of a Social Network: An Epidemiological Approach. *Journal of Real Estate Research* 35(4).
26. Robinson*, O.J., N.H. **Fefferman**, and J.L. Lockwood. 2013. How to effectively manage invasive predators to protect their native prey. *Biological Conservation* 165: 146-153.
25. **Fefferman**, N.H., and L.M. Romero. 2013. Can physiological stress alter population persistence? A model with conservation implications. *Conservation Physiology*. 1(1): cot012. doi: 10.1093/conphys/cot012
24. Moorthy, M., D. Castronovo, A. Abraham, S. Bhattacharyya, S. Gradus, J. Gorski, Y.N. Naumov, N.H. **Fefferman**, and E.N. Naumova. 2012. Deviations in influenza seasonality: odd coincidence or obscure consequence? *Clinical Microbiology and Infection*. 18(10):955-962.
23. Hock*, K. and N.H. **Fefferman**. 2012. Social organization patterns can lower disease risk without associated disease avoidance or immunity. *Ecological Complexity*. 12:34–42.
22. Hock*, K. and N.H. **Fefferman**. 2011. Violating Social Norms when Choosing Friends: How Rule-Breakers Affect Social Networks. *PLoS One*. 2011; 6(10): e26652
21. Hock*, K. and N.H. **Fefferman**. 2011. Extending the role of social networks to study social organization and interaction structure of animal groups. *Annales Zoologici Fennici*. 48(6):365-370.
20. Kafai, Y.B. and N.H. **Fefferman**. 2010. Virtual Epidemics as Learning Laboratories in Virtual Worlds. *Journal of Virtual Worlds Research*. 3(2):2-15.

19. Hock*, K., K.L. Ng, and N.H. **Fefferman**. 2010. Systems approach to studying animal sociality: individual position versus group organization in dynamic social network models. *PLoS One*. 5(12): e15789.
18. **Fefferman**, N.H. and E.N. Naumova. 2010. Innovation in Observation: A Vision for Early Outbreak Detection. *Emerging Health Threats*. 3:e6. doi: 10.3134/ehjt.10.006
17. Lofgren*, E.T., J.B. Wenger, N.H. **Fefferman**, D. Bina, S Gradus, S. Bhattacharyya, Y.N. Naumov, J. Gorski, E.N. Naumova. 2010. Disproportional Effects in Populations of Concern for Pandemic Influenza: Insights from Seasonal Epidemics in Wisconsin, 1967-2004. *Influenza and Other Respiratory Diseases*. 4:205-212.
16. Phan, L., N.H. **Fefferman**, D. Hui, and D. Brugge. 2010. Impact of Street Crime on Boston Chinatown. *Local Environment*. 15(5):481-491.
15. Reed, J.M., N.H. **Fefferman**, and R.C. Averil-Murray. 2009. Vital Rate Sensitivity Analysis and Management Implications for Desert Tortoise. *Biological Conservation*. 14(12): 2813-3222.
14. Wilson-Rich, N., Spivak, M., **Fefferman**, N.H., Starks, P.T. 2009. Genetic, Individual, and Group Facilitation of Disease Resistance in Insect Societies. *Annual Reviews of Entomology*. 54:405-23.
13. **Fefferman**. N.H. 2008. Biological Experimentation *in silico*. *Annales Zoologici Fennici*, 45: 367-368.
12. Lofgren*, E., M. Senese*, J. Rogers* and N.H. **Fefferman**. 2008. Pandemic Preparedness Strategies for School Systems: Is Closure Really the Only Way? *Annales Zoologici Fennici*, 45: 449-458.
11. **Fefferman**, N.H. and K.L. Ng*. 2007. How Disease Models on Static Graphs Fail to Approximate Epidemics in Shifting Social Networks. *Physical Review E*. 76:031919. (This article was selected for reprinting by the *Virtual Journal of Biological Physics Research 2007*)
10. Lofgren*, E. and N.H. **Fefferman**. 2007. The Untapped Potential of Virtual Game Worlds to Shed Light on Real World Epidemics. *The Lancet Infectious Diseases*. 7:625–629. (article content was the cover of the journal)
9. Lofgren*, E., N.H. **Fefferman**, Y.N. Naumov, J. Gorski and E.N. Naumova. 2007. Influenza Seasonality: Underlying Causes and Modeling Theories. *Journal of Virology*, 81(11):5429-5436.
8. Lofgren*, E., N.H. **Fefferman**, M. Doshi and E.N. Naumova. 2007. Assessing Seasonal Variation in Multisource Surveillance Data: Annual Harmonic Regression. *Lecture Notes in Computer Science*. BioSurveillance 2007. eds D. Zeng et al. 4506:114-123.
7. **Fefferman**, N.H. and K.L Ng*. 2007. The role of individual choice in the evolution of social complexity. *Annales Zoologici Fennici*, 44:58-69.
6. **Fefferman**, N.H., J.F.A. Traniello, R.B. Rosengaus and D.V. Calleri. 2007. Disease Prevention and Resistance in Social Insects: Modeling the Survival Consequences of Immunity, Hygienic Behavior and Colony Organization. *Behavioral Ecology and Sociobiology*, 61:565-577.
5. Starks, P.T.B. and N.H. **Fefferman**. 2006. Polistes Nest Founding Behavior: a Model for the Selective Maintenance of Alternative Behavioral Phenotypes. *Annales Zoologici Fennici*, 43:456-467.
4. **Fefferman**, N.H., and E.N. Naumova. 2006. Combinatorial Decomposition of an Outbreak Signature. *Mathematical Biosciences*, 202(2):269-287.
3. **Fefferman**, N.H. and J.M. Reed. 2006. A Vital Rate Sensitivity Analysis that is Valid for Non-Stable Age Distributions and for Short-Term Planning. *The Journal of Wildlife Management*, 70(3):649-656.

2. **Fefferman**, N.H., and P.T.B. Starks. 2006. A Modeling Approach to Swarming in Honey Bees. *Insectes Sociaux*, 53(1):37-45.
1. **Fefferman**, N.H., E.A. O'Neil, and E.N. Naumova. 2005. Confidentiality vs Confidence: The aggravation of aggregation as a remedy in public health. *Journal of Public Health Policy*, 26(4):430-449.

Under Review:

10. **Fefferman**, N.H., E.T. Lofgren, N. Li, P. Blue, D.J. Weber, and A.A. Yakubu. Fear, Access, and the Real-Time Estimation of Etiological Parameters for Outbreaks of Novel Pathogens. (Under Review)
9. **Fefferman**, N.H. and O. Udiani. Workforce Training, Deployment, Protection, and Management in the Wake of a Pandemic. (Under Review).
8. Lofgren, E. K. Lum, A. Horowitz, B. Madubonwu, K. Myers, and N. H. **Fefferman**. The Epidemiological Implications of Jails for Community, Corrections Officer, and Incarcerated Population Risks from COVID-19. (Under Review).
7. Feinberg, F., A. Patania, B. McShane, B. Falk, D. Larremore, E. Feit, J. Helveston, M. Small, M. Braun, N. **Fefferman**, and E. Bruch. A Framework for Studying Choices in Networks. (Under Review)
6. Beckage, B., K. Lacasse, J.M. Winter, N.H. **Fefferman**, F.M. Hoffman, L.J. Gross, S.S. Metcalf, T. Franck, E. Carr, A. Zia, and A. Kinzig. The Earth has humans, so why don't our climate models? (Under Review)
5. Udiani*, O., K. Lacasse, A. Zia, L. Gallos*, P. Zhong*, B. Beckage, E. Carr, T. Franck, L. Gross, F. Hoffman, P. Howe, A. Kinzig, S. Metcalf, J. Winter, and N.H. **Fefferman**. Recruitment and Mobilization for Social Movements: implications from network modeling. (Under Review)
4. Udiani*, O., and N.H. **Fefferman**. Could the Need for Rest Provide a Pathway for the Evolution of Division of Labor in Social Species? (Under Review)
3. Gignoux-Wolfsohn, S.A., Pinsky, M.L., Kerwin, K., Herzog, C., Hall, M., Bennett, A.B., **Fefferman**, N.H. and Maslo, B., Genomic signatures of evolutionary rescue in bats surviving white-nose syndrome. (Under Review)
2. Udiani*, O. and N.H. **Fefferman**. Has disease risk shaped the evolution of social complexity in insect societies? (Under Review)
1. Siewe*, N., B. Greening*, and N.H. **Fefferman**. The Potential Role of Asymptomatic Infection in Outbreaks of Emerging Pathogens (Under Review)

Book Chapters:

Published or In Press

10. **Fefferman**, N.H. When to Turn to Nature-Inspired Solutions for Cyber Systems. 2019. in Nature-Inspired Security and Resilience. eds. Eltoweissy, Elalfy, Fulp, and Mazurczyk. pp 29-50. The Institution of Engineering and Technology, London, UK.
9. Price, C.R. and N.H. **Fefferman**. 2019. A Preliminary Exploration of the Professional Support Networks the EDGE Program Creates. in A Celebration of the EDGE Program's Impact on the Mathematics Community and Beyond (pp. 317-325). Springer, Cham.
8. Brooks. H.Z., M.E. Hohn, C. Price, A.E. Radunskaya, S.S. Sindi, N.D. Williams, S.N. Wilson, N.H. **Fefferman**. 2018. Mathematical Analysis of the Impact of Social Structure on Ectoparasite Load in Allogrooming Populations. in Understanding Complex Biological Systems with Mathematics eds. A. Radunskaya, R. Segal, B. Shtylla. Association for Women in Mathematics Series, vol 14. pp 47-61. Springer

7. Williams, N.D., H.Z. Brooks, M.E. Hohn, C. R. Price, A.E. Radunskaya, S.S. Sindi, S.N. Wilson, and N. H. **Fefferman**. 2018. How Disease Risks Can Impact the Evolution of Social Behaviors and Emergent Population Organization. *in* Understanding Complex Biological Systems with Mathematics eds. A. Radunskaya, R. Segal, B. Shtylla. Association for Women in Mathematics Series, vol 14. pp 31-46. Springer
6. Korczynski*, M., A. Hamieh*, J.H. Huh, H. Holm, S. R. Rajagopalan, and N.H. **Fefferman**. 2017. DIAMoND: Distributed Intrusion/Anomaly Monitoring for Nonparametric Detection (invited extended version). *in* Security, Privacy and Reliability in Computer Communications and Networks. eds. K. Sha, A Striegel, and M Song. River Publishers Series in Communications. River Publishers.
5. **Fefferman**, N.H. and L.M. Fefferman. 2011. Mathematical Macrobiology: An Unexploited Opportunity in High School Education. *in* Biomath in the Schools. eds. M.B. Cozzens, and F.S. Roberts. DIMACS Series in Discrete Mathematics and Theoretical Computer Science. Vol 76. American Mathematical Society.
4. Jagai, J., N.H. **Fefferman** and E.N. Naumova. 2011. Waterborne Disease Surveillance. *in* Encyclopedia of Environmental Health. eds. J. Nriagu, S. Kcew, T. Kawamoto, J. Patz, and D. Rennie. Elsevier Science. 1st edition
3. Ji, S., W.A. Chaovalitwongse, N.H. **Fefferman**, W. Yoo, and J.E. Perez-Ortin. 2009. Mechanism-based Clustering of Genome-wide RNA Levels: Roles of Transcription and Transcript-Degradation Rates. *in* Clustering Challenges in Biological Networks. eds. S. Butenko, P.M. Pardalos, and W.A. Chaovalitwongse. World Scientific Publishing Company.
2. **Fefferman**, N.H. and J.F.A. Traniello. 2008. Social Insects as Models in Epidemiology: Establishing the Foundation for an Interdisciplinary Approach to Disease and Sociality. *in* Organization of Insect Societies: From Genome to Sociocomplexity eds J. Gadau and J. Fewell. Harvard University Press
1. MacLeod, N., N. Ortiz, N.H. **Fefferman**, W. Clyde, C. Schulter, and J. MacLean. 2000. Phenotypic Response of Foraminifera to episodes of global environmental change. *in* Biotic Response to Global Change. eds S.J. Culver and P. Rawson. Cambridge University Press

Edited Volumes:

1. **Fefferman**, N.H. (Ed.) (2008) *Annales Zoologici Fennici* 45(5)

Peer Reviewed Contributed Conference Papers:

8. Suarez*, G.P., L.K. Gallos, and N.H. **Fefferman**. 2018. A Case Study in Tailoring a Bio-Inspired Cyber-Security Algorithm: designing anomaly detection for multilayer networks. *2018 IEEE Security and Privacy Workshops (SPW)*. IEEE, 2018.
7. Fields, D. A., Kafai, Y. B., Giang, M. T., **Fefferman**, N., & Wong, J. 2017. Plagues and people: Mass community participation in a virtual epidemic within a tween online world. *Proceedings of the 12th International Conference on the Foundations of Digital Games*. DOI: 10.1145/3102071.3102108
6. Kafai, Y. B., Fields, D. A., Giang, M. T., **Fefferman**, N., Sun, J., Kunka, D., & Wong, J. 2017. Designing for massive engagement in a tween community: Participation, prevention, and philanthropy in a virtual epidemic. In *Interaction Design & Children Conference*. New York: ACM, 365-370. ISBN: 978-1-4503-4921-5
5. Fields, D. A., Kafai, Y. B., Giang, M. T., **Fefferman**, N., & Wong, J. 2017. The Dragon Swooping Cough: Mass community participation in a virtual epidemic within a tween online world. In B. Smith, M. Borge, E. Mercier & K. Y. Lim (Eds.) *Proceedings of the 12th International Conference*

on *Computer Supported Collaborative Learning*, Volume 2 (pp. 865-866). Philadelphia, PA: International Society of the Learning Sciences.

4. Fields, D. A., Kafai, Y. B., Sun, J., **Fefferman**, N., Ellis, E., DeVane, B., Giang, M. T., & Wong, J. 2016. The great dragon swooping cough: Stories about learning designs in promoting participation and engagement with a virtual epidemic. In Barany, A., Slater, S., & C. Steinkuehler (Eds.), *Proceedings of the Games + Learning + Society (GLS) 12.0 Conference* (pp. 419-424). Pittsburgh, PA: ETC Press.
3. Verma, S., A. Hamieh*, J. H. Huh, H. Holm, S. R. Rajagopalan, M. Korczynski*, and N. H. **Fefferman**. 2016. Stopping Amplified DNS DDoS Attacks Through Query Rate Sharing Between DNS Resolvers, to appear in the International Conference on Availability, Reliability and Security (ARES). (Note: this is the proceeding of a conference, not a journal, but is equivalent to journal publication for the field of computer science, however in keeping with the conventions of Biology, Fefferman is last author as PI on the sponsoring grant that funded the research.)
2. Korczynski*, M., A. Hamieh*, J.H. Huh, H. Holm, S. R. Rajagopalan, and N.H. **Fefferman**. 2015. DIAMoND: Distributed Intrusion/Anomaly Monitoring for Nonparametric Detection. *CCCN 2015: 24th International Conference on Computer Communications and Networks, IEEE, 2015*. (Note: this is the proceeding of a conference, not a journal, but is equivalent to journal publication for the field of computer science, however in keeping with the conventions of Biology, Fefferman is last author as PI on the sponsoring grant that funded the research.)
1. **Fefferman**, N.H., J. Jagai, and E.N. Naumova. 2004. Two - Stage Wavelet Analysis Assessment of Dependencies in Time Series of Disease Incidence. *Proceedings of the 2004 Conference of the International Environmetrics Society*

Research Mentoring

(**bold = current**)

Undergraduate Researchers:

Shyretha Brown, Danika Chari, Kaige Chen, Ian Clark, Liz Davis, Anne Eaton, Taylor Eisenstein, Brandon Grandison, Derek Hansen, David Haycraft, John Huffman, Ana Kilgore, John Kim, Edward Lee, Somair Malik, Andrew McConvey, Jeffrey Mandell, Zain Paracha, Luke Postle, Lauren Prince, Asya Pritsker, Cathy Reis, Jeremiah Rogers, Bolanle Salaam, Nicole Scholtz, Margaret Senese, Joshua Smith, Andrew Sohn, Kim Stanek, Johanna Tam, Colleen Thiersch, Elena Tsvetkova, Barton Willage, Immanuel Williams, Nakeya Williams, Barry Walker, Hannah Yin, Yi Ming Yu, Yongqing Yuan, Stefanie Yuen, James Xue, Bobby Zandstra

Graduate Researchers:

(Committee Member, or Advisor for work on funded research projects – not primary dissertation advisor; * = special case)

Kevin Aagard, Emma Bell, Carissa Bleker, Curtis Burkhalter, Jordan Bush, Huilan Chang, Erick Chastain, Fnu Eric Ngang Che, **Brittany Coppinger**, Ashley Crump, Kathryn Fair, Alison Golinski, **Stephen Grady**, Gili Greenbaum, Candice JeanLouis, **Hwayoung Jung**, Ariel Kruger, Di Li, Eric Lofgren*, Nicholas Lorusso, Adam Marszalek, Benjamin McClendon, Anthony Ogbuka, Paul Raff, Orin Robinson, Margarete Romero, Rajat Roy, Liliana Salvador, **Shelby Scott**, Tinevimbo Shiri, Brittany Stephenson, Alex Thorn, Rafael Valentine, Alex Villiard, Orion Weldon

(primary research advisor to)

Jessica Beck, **Kelly Buch**, Ashley DeNegre, **Jeff DeSalu**, Brad Greening, Natalie Lemanski, **Agnesa Redere**, Samantha Schwab, **Anna Sisk** (co-advised), Oliver Stringham, Karen Wylie

Post-Doctoral Researchers:

Dr. Erick Chastain, Dr. Lazaros Gallos, Dr. Manuel Garcia-Quisimondo, Dr. Ali Hamieh, Dr. Karlo Hock, Dr. Cindy Hui, **Dr. Jing Jiao**, Dr. Amira Kebir, Dr. Maciej Korczynski, Dr. Natalie Lemanski, Dr. Kellen Myers, Dr. Kah Loon Ng, Dr. Chris Stone, Dr. Nourridine Siewe (co-advised by Prof. S. Lenhart), Dr. Gonzalo Suarez, **Dr. Oyita Udiani**, Dr. Peng Zhong

Courses Developed and Taught (all courses developed from scratch)

- Advanced Mathematical Ecology II (MAT/EEB 682 – University of Tennessee, Knoxville) Spring 2017 and 2019
- Evolution, Disease, and Medicine (ENR110 – Rutgers University / EEB 310 – UT, Knoxville) Fall each year 2009 – 2014, Spring 2018 and 2020
- Conversational Bio-Mathematical Modeling (ENR 428 – Rutgers University/ EEB 475 – UT, Knoxville) Spring 2011 – 2014, 2020
- Problems in Ecology: Academic Pedagogy (ENR 601 – Rutgers University) Fall 2015
- (*Co-Developed and Taught*) Ethics & Professional Development in Ecology and Evolution (ENR 602 01 – Rutgers University) Spring 2013-2016 (exception – sabbatical Fall 2014-Spring 2015)
- Introduction to Modeling Ecology, Evolution, and Epidemiology (ENR 604 – Rutgers University) Spring each year 2010 – 2016 (exception – sabbatical Fall 2014-Spring 2015)
- Introduction to Epidemiological Modeling (ENR 603 – Rutgers University) Fall each year 2009 – 2012
- Elements of Data Analysis and Epidemiology (CMPH 343 – Tufts University School of Medicine) Spring 2006

Professional Memberships

Association for Women in Mathematics (AWM)
Association for Women in Science (AWIS)
Complex Systems Society (CSS)
Institute of Electrical and Electronics Engineers (IEEE)
International Union for the Study of Social Insects (IUSSI)
Society for Industrial and Applied Mathematics (SIAM)
Society for Mathematical Biology (SMB)

Invited Presentations

*upcoming

2020

Public Interview: “Nina Fefferman,” You Made it Weird podcast

Public Lecture: “The Role of Applied Math in Real-time Pandemic Response: How Basic Disease Models Work,” NIMBioS Webinar Series, Knoxville, TN

Public Interview: “Math + Virus + Us,” Here We Are podcast and YouTube video.

2019

Public Lecture: “Vaccine Acceptance and Epidemic Risks,” Infinite Futures Event Series, Museum of Science and Industry, Chicago, IL.

“When to Turn to Biology for Inspiration in Systems Design,” DIMACS 30th Anniversary Conference, New Brunswick, NJ.

“Patients as patches: Ecological challenges from the epidemiology of healthcare environments,” ESA 2019, Louisville, KY.

“Math and Disease,” Possibilities in Postsecondary Education and Science (PIPES), UTK, Knoxville, TN.

Keynote Address: “Evolving Efficient Solutions: How simple natural systems solve the most complicated problems,” MBI Capstone Conference 2019, Columbus, OH (virtual)

Plenary Talk: “How AIDS prevalence impacts the emergence of antibiotic resistance in bacterial infections,” SIAM BAMB 2019, Richmond, VA.

Public Lecture: “Math and Disease,” Stand Up Science, Farragut, TN.

“Biosurveillance and Homeland Security,” Princeton University, NJ.

“Understanding Social Communication Systems with Homology Theory,” Complex Systems Seminar, University of Michigan, Ann Arbor, MI.

“Going Against the Grain,” Women Empowered in STEM (WeSTEM) 2019, Champaign, IL.

“You’re Worth It: Job Negotiations,” Women Empowered in STEM (WeSTEM) 2019, Champaign, IL.

2018

“Math: A Critical, Treacherous Bridge Between Scientific Disciplines,” American Geophysical Union (AGU 2018), Washington DC.

“The Evolution of Social Complexity as Multi-Scale Feedback Control on Networks,” Systems Theory Lunch Colloquium, Harvard Medical School, Boston, MA.

“Saving Bats from Fungal Diseases with Linear Algebra,” Claremont Center for Mathematical Sciences Colloquium, Claremont, CA.

Plenary Talk: “Evolving Efficient Solutions: How simple natural systems solve the most complicated problems,” NIMBioS Undergraduate Research Conference 2018, Knoxville, TN.

Plenary Talk: “Linking Local Decisions with Global Outcomes in Networks: Case Studies in Behavior and Population Health” SIAM Life Sciences 2018, Minneapolis, MN.

“The mathematical biology of networks: from disease outbreaks to cyber-attacks,” TN Governor’s School, University of Tennessee, Knoxville, TN.

“Trans-disciplinary adventures in the mathematical biology of networks: from disease outbreaks to cyber attacks,” DIMACS REU, Rutgers University, Piscataway, NJ.

Public Webinar: “Social and Biological Networks: The Evolution of Social Systems,” US National Academies of Sciences, Engineering, and Medicine: Math Frontiers Webinar Series

2017

“Self-Diagnosing Networks,” Data Institute San Francisco Conference (DSCO17), San Francisco, CA.

Keynote: “Evolving Efficient Solutions: How simple natural systems solve the most complicated problems,” Workshop on Bio-Inspired Security, Trust Assurance, and Resilience (BioSTAR 2017), San Jose, CA.

“Wildlife Disease Management Outcomes May Depend on the Mechanism of Host Immune Response,” Distinguished Lecture Series in Immunology and Infectious Diseases, Center for Emerging & Re-emerging Infectious Diseases, School of Medicine, University of Washington, Pullman, WA.

2016

- “Evolving Healthy Populations,” International Symposium on Biomathematics and Ecology Education and Research 2016, Charlseton, SC.
- “Individuals, Societies, and Climate: Modeling motivations to change,” Oak Ridge National Laboratory Workshop on Human Activity at Scale in Earth System Models, Oak Ridge, TN.
- “Network Models in Epidemiology,” US-Canadian Institutes Epidemiology Summer School: Mathematical Modeling of Infectious Disease Spread, MBI, Columbus, OH.
- “The Invasion Ecology of Diseases in a Human Environment,” Arthur M. Sackler Colloquia of the National Academy of Sciences, Coupled Human and Environmental Systems, Washington DC.
- “Global Feedback Control on Centrality in Self-Organizing Systems”, Mathematical Biosciences Institute Workshop on the Control and Observability of Network Dynamics, MBI, Columbus, OH.
- “Zika Control: More Complicated than Hoped?” Next Einstein Forum, Dakar, Senegal.

2015

- “Linear Algebraic Tools in Conservation Ecology,” Simon A. Levin Mathematical, Computational and Modeling Sciences Center Seminar, Tempe, AZ.
- “Applications of Homology Theory to Animal Communication Systems,” Mathematics and Statistics Colloquium, Arizona State Univ., Tempe, AZ.
- “Trade-offs Between Collaboration and Infection Risk: Can ‘social distancing’ improve colony function?” Conference on Complex Systems 2015, Tempe, AZ.
- “The Benefits of Ongoing Dynamics in Self-Organizing Social Systems,” Conference on Collective Dynamics and Evolving Networks, Bath, UK.
- Plenary Talk:** Exploiting the Complexity of Identity to Infiltrate Clandestine Groups – Lessons from a LARP, CyDentity Conference, CCICADA, New Brunswick, NJ.
- “Incorporating Evolutionary Rescue into Population Viability Models,” Mathematics of Planet Earth: Workshop on Management of Natural Resources, Washington D.C.
- “Distributed Detection Algorithms for Real-Time Maritime CyberSecurity,” Joint CCICADA & AMU Conference on Maritime CyberSecurity, New Brunswick, NJ.
- “The Definition of Communication: One way biology and math people accidentally talk past each other and what we might be able to do to fix it,” Annual Meeting, Society for Integrative and Comparative Biology, West Palm Beach, FL.

2014

- “BioInspired Anomaly Detection: Social Insects and Network Security,” Dept. of Homeland Security Science and Technology HSARPA CyberSecurity Division Research and Development Showcase and Technical Workshop, Washington D.C.
- “n-TANGLE: a new method for comparing networks across scales” Workshop on Advances in Discrete Networks, Dept. of Mathematics, Univ. of Pittsburgh, Pittsburgh, PA.
- Keynote Address:** “Virtual Worlds Helping Public Health Preparedness,” New Jersey Health Care Quality Institute Annual Meeting, Trenton, NJ.
- “A Mathematician’s Role in Fighting Ebola,” Saint Ann’s School, Brooklyn, NY.
- “Provable Boundaries on Disease Outbreaks in Self-Organizing Social Networks,” The Duke University Mathematical Biology Colloquium, Durham, NC.
- Keynote Address:** “Designing your own role: Women in STEM,” Tufts University Graduate Student Luncheon for Women in Science, Medford, MA.
- “Division of Labor as an Adaptation to Combat Disease Risks?” The Seventh International Symposium on Biomathematics and Ecology: Education and Research (BEER), Claremont, CA.

“How dynamic networks affect disease transmission,” The BioCircuits Institute, UCSD, San Diego, CA.

“The Evolution of Social Complexity,” Plant Biology Dept. Seminar, Univ. of Vermont, Burlington, VT.

“Provable Boundaries on Disease Outbreaks in Self-Organizing Social Networks,” Math Dept. Seminar, Univ. of Tennessee at Knoxville, TN.

“Mathematics, Optimization, and the Evolution and Behavior of Social Insects,” Math Dept. Junior Colloquium, Univ. of Tennessee at Knoxville, TN.

“The Life of a Mathematical Researcher,” Saint Ann’s School, Brooklyn, NY.

“Mathematics, Optimization, and the Evolution and Behavior of Social Insects,” Social Insect Research Group Seminar, School of Life Sciences, Arizona State Univ., AZ.

“N-tangle: A Network Comparison Method,” Workshop on Animal Social Networks, NIMBioS, TN 2013

“Evolutionary pressures, Infectious Diseases, and Self-Organizing Social Systems,” Evolutionary Studies Seminar, Co-Sponsored by the Collective Dynamics of Complex Systems Research Group, the Undergraduate Math Club, Upsilon Pi Epsilon, and Pi Mu Epsilon, SUNY Binghamton, NY.

“BioInspired Anomaly Detection,” DHS CyberSecurity PI Meeting, Arlington, VA.

“Mathematics, Evolutionary Biology, Epidemiology, and National Security”, Saint Ann’s School, Brooklyn, NY.

“Evolution of Reproductive Timing and Social Organization in Honey Bees,” Scientific Learning Forum at FMC, Ewing, NJ.

“Crowd Sourcing WoW: A Case Study in Improving Pandemic Preparedness,” Annual George M. Sideris Biology Conference, LIU, Brooklyn, NY.

2012

Public Lecture: “Math, Complexity, and Social Groups: Using math to understand the nature of society,” Campus Life Enrichment Committee (CLEC) Lecture, Georgia Southern Univ., GA.

“How and Why Static Approximations Can Fail to Give Adequate Insight into Processes on Dynamic Networks,” Math Dept. Colloquium, Georgia Southern Univ., GA.

“Theoretical Worlds: An Exploration of Models and Model Systems,” Tufts Univ, Dept. of Civil and Environmental Engineering Seminar Series, Medford, MA.

“Help, my avatar is sick!” Panel Talk, SXSW, Austin, TX.

“WISE – Women, Ignore Silly Expectations!” 2012 WISE Conference, Texas A&M, TX.

2011

“The Evolution of Social Complexity,” CUNY Initiative for the Theoretical Sciences Workshop on A Unified Theory of Evolution, CUNY, NY.

“Balancing Workforce Productivity Against Disease Risks for Environmental and Infectious Epidemics,” Math Dept. Seminar, Univ. of Ghana, Legon, Ghana.

“Selective Pressures from Disease on Social Behavior in Hosts,” DIMACS/MBI US - African BioMathematics Initiative: Workshop on Genetics and Disease Control, Elmina, Ghana.

Plenary Address: “The Future of Technology and Knowledge,” Next-Generation Communications Interoperability Workshop, Chicago, IL.

“Virtual Worlds and Real Epidemics - Insights from WoW's Corrupted Blood Plague,” E-Virtuoses International Conference on Serious Games, Valenciennes, France.

Plenary Address: “Disease Robustness and Evolutionary Selective Pressures on Social Organization in Eusocial Insects,” Mathematical Biosciences Institute Workshop on Insect Self-Organization and Swarming, Ohio State Univ., OH.

“Hakkar’s Corrupted Blood Plague: How an Outbreak in WoW is Helping Epidemiologists Create Better Disease Models,” Game Developer’s Conference 2011, San Francisco, CA

“Exploring the Role of Behavior in Infectious Disease Dynamics: Mathematical Insights from World of Warcraft and other Virtual Worlds,” DIMACS/CCICADA Student Workshop on Where the Mathematical and Computational Sciences Meet Society, Rutgers University, NJ

“Multi-Dimensional Data and the Influence of Human Behavior in Biosurveillance for Infectious Disease Outbreaks,” Global Biosurveillance Conference: Enabling Science and Technology – 2nd Meeting in the Biological Threat Non-Proliferation Conference Series, Santa Fe, NM

2010

“Distributed Algorithms for Collective Visualization of Data,” Visualanalytics Workshop 2010, Imperial College London, UK

“The Importance of Behavioral Dynamics on Disease Burden,” Southern African Wildlife College, South Africa

“The Impact of Stress on Populations,” DIMACS Advanced Study Institute on Conservation Biology, Limpopo, South Africa

“Social Behavior in Virtual Worlds,” Panel Discussant – InPlay 2010, Toronto, Canada

“Self-Organizing Networks, Social Complexity, and Disease Dynamics,” Rensselaer Polytechnic Institute, NY

“Playing with Plague: Exploring Disease Dynamics from Within,” 2010 AAAS Annual Meeting, San Diego, CA

“Epidemiological Pressures on the Evolution of Social Complexity,” Mathematical Methods in Systems Biology, Tel Aviv, Israel

2009

“Information Theoretic Tool for Biosurveillance,” CCICADA Kickoff Meeting, Rutgers Univ., NJ

“Perspectives, Challenges, and Creativity in Understanding Behavioral Epidemiology,” Workshop on Behavioral Epidemiology, Rutgers Univ., NJ

“Evolutionary Implications of Epidemics on Social Behavior,” Evolutionary Genetics and Genomics at Rutgers, Rutgers Univ., NJ

Panel participant and Speaker on Popular Culture and Science, Sheffield Documentary Film Festival '09, Sheffield, United Kingdom

Keynote Address: “Epidemiological Insights from Virtual Worlds,” Life Science Dialogue Heidelberg, - Inaugural Conference, Germany

“Social Stability and Success: A new concept in self-organizing systems and preferential attachment,” Office of Naval Research Workshop on Complex Systems, Institute for Pure and Applied Mathematics, Los Angeles, CA

“The Impact of Household Capital Models on Targeted Epidemiological Control Strategies for Diseases with Age-Based Etiologies,” Makerere Univ., Kampala, Uganda

Keynote Address: “Hakkar's Corrupted Blood Plague: How an Outbreak in World of Warcraft is Helping Epidemiologists Create Better Disease Models,” Games for Health – Virtual Worlds, Boston, MA

“Network Representations and the Evolution of Social Complexity,” Frontiers in Applied and Computational Mathematics, New Jersey Institute of Technology, NJ

“Mathematical Optimization, Evolutionary Sociobiology, and Eusocial Insects,” Conference on The Power of Analysis, Princeton Univ., NJ

“Mathematical Insights into Behavioral Epidemiology,” Univ. of Texas Health Science Center, Houston, TX

“Basics of Mathematical Modeling,” Mosquito Modeling Made Easy Day, Center for Vector Biology, Rutgers Univ., NJ

“Mathematical and Computational Methods in Epidemiology and BioSurveillance,” Jackson State University, MS

“Mathematics, Optimization, and the Evolution and Behavior of Social Insects,” UNC, Chapel Hill, Applied Math, NC

“Network models in Epidemiology and Sociobiology: Introduction, Overview, and Recent Advances,” Mathematical Sciences, RPI, NY

2008

“Social Behavior and the Dynamics of Corrupted Blood,” Rice University/Games for Health, Houston, TX

“Possible Selective Mechanisms for the Evolution of Disease-defensive Social Organizations,” Ecology and Evolution Seminar, Boston Univ., MA

“Behavioral Epidemiology in Virtual Worlds: Exploiting the virtual experience,” Advanced Technology Applications for Combat Casualty Care 08; Telemedicine and Advanced Technologies Research Center Medical Simulation & Training Technology

“Recent Advances in the What, How and When of Network Models in Infectious Disease Epidemiology,” SIAM 2008, CA

“World of Warcraft Corrupted Blood Disease: Epidemiological Observations and Findings,” Games for Health, Baltimore, MD

“Computational Ecology: The Evolution of Sociality,” Frontiers in Applied and Computational Mathematics, New Jersey Institute of Technology, NJ

Plenary Talk: “Self-organizing social behavior and disease-defensive organizational strategies in social species,” Complexity 2008, Univ. Illinois Urbana, IL

“From the Individual to the Population: Modeling the many levels of evolutionary fitness in social species,” Dept. of Ecology and Evolution and Natural Resources, Rutgers Univ., NJ

“Individual Decisions, Group Efficiency,” ExxonMobil, Clinton, N.J.

2007

Public Lecture: “Virtual Games, Real Epidemics: Can We Learn Real-Life Lessons in BioDefense from Online Games?” Biosecurity, Biotechnology and Global Health Seminar Series, Program on Science and Global Security, Princeton Univ., NJ

“Disease on Networks: Can Static Representations Capture the Full Complexity of a Dynamic Process?” NDSSL Seminar Series, Virginia Bioinformatics Institute, Virginia Tech, VA

Public Lecture: “Real People, Virtual Worlds: Watching a Plague Unfold,” Institute for Mathematical Sciences, National Univ. of Singapore

“The Continued Mystery of Regular, Old, Annual Flu,” Workshop on Mathematical models for the Study of the Infection Dynamics of Emergent and Re-emergent Diseases in Humans, Institute for Mathematical Sciences, National Univ. of Singapore

“Epidemics and the Evolution of Social Complexity,” Program in Ecology and Evolution Seminar Series, Rutgers Univ., NJ

“Playing Games at School: Parents, Public Schools, and Children's Health,” DIMACS Workshop on Game Theory in Epidemiology and Ecology, Rutgers Univ., NJ

- “Analyzing Entropy in Biosurveillance,” U.S. Dept. of Homeland Security research briefing, Washington D.C.
- “Fantastic Problems in Mathematical Ecology,” DIMACS Bio-Math Connection Field Testers Workshop, Rutgers Univ., NJ
- “Does Securing Infrastructure Against Workforce-Depletion Depend on Whether the Risk is Environmental or Infectious?” DIMACS Workshop on Mathematical Modeling of Infectious Diseases in Africa, Univ. of Stellenbosch, South Africa
- “Social interaction and disease dynamics,” Workshop on Analysis of Time Series Data in Epidemiology, Tufts Univ. School of Medicine, Boston, MA
- “The Behaviors of Individuals and Populations,” Working Group on Spatio-Temporal and Network Modeling of Diseases, ICMS, Edinburgh, Scotland
- “The Evolution of Complexity in Already Social Groups,” Dept. of Ecology and Evolutionary Biology, Princeton Univ., NJ
- “Disease as a Selective Pressure and the Evolution of Social Complexity,” Applied Biomathematics, Stony Brook, NY
- “Vital Rate Sensitivity Analysis: A new method for population viability analysis - Two examples of its use,” Applied Biomathematics, Stony Brook, NY
- “Disease as a Selective Pressure and the Evolution of Social Complexity,” Morin Lab, Dept. of Ecology, Evolution and Natural Resources, Rutgers Univ., NJ

2006

- “The Role of Individual Choice in the Evolution of Social Complexity and its Implications Towards the Emergence of Zoonotic Infections,” DIMACS Computational and Mathematical Epidemiology Seminar, Rutgers Univ., NJ
- “Preparing Societal Infrastructure Against Disease-Related Workforce Depletion,” DIMACS Workshop on Facing the Challenge of Infectious Diseases in Africa, University of the Witwatersrand, South Africa
- “Fantastic Problems in Mathematical Ecology,” DIMACS Bio-Math Connect Institute for High School Teachers, Denver, CO
- “Societal Bio-defense - How Can we Accomplish Safety, Stability and Efficiency?” SIAM Annual Meeting, Boston, MA
- “When females should stop supporting lazy males: mathematics and honey bees?” DIMACS REU Seminar Series, Rutgers Univ., NJ
- “Selected Problems in Epidemiology.” DIMACS Tutorial on Data Mining and Epidemiology, NJ
- “How Would Termites Prepare for Pandemic Bird Flu and What Should We Learn From Them?” Joint Dept. of Entomology and Center for Infectious Disease Dynamics Seminar, Penn State Univ., PA
- “Different Scales of BioDefense - Can societies be both safe and efficient?” DIMACS Computational and Mathematical Epidemiology Seminar, Rutgers Univ., NJ

2005

- “Termites in the Nation’s Service,” DIMACS Computational and Mathematical Epidemiology Seminar, Rutgers Univ., NJ
- “Applications of Self-Organizing Systems to Epidemiology.” DIMACS Mixer Series, Rutgers Univ., NJ
- “Disease Signatures: A New Combinatorial Method for Epidemiology,” DIMACS Computational and Mathematical Epidemiology Seminar, Rutgers Univ., NJ
- “Fantastic Problems in Mathematical Ecology,” DIMACS Bio-Math Connect Institute for High School Teachers, Rutgers Univ., NJ

“How Complex Systems Can Simplify a Complex Problem: What Epidemiologists Can Learn From Insects,” Institute for Advanced Study, Center for Systems Biology Seminar Series, NJ

2004

“Incorporating Behavior and Social Structure into Pathogen Defense Strategies. Conference on Innate Immunity for Biodefense,” National Defense University's Center for Technology and National Security Policy (CTNSP) & the Department of Defense, Washington D.C.

Keynote Address: “Social Insects, Immunocompetence and Epidemiology: A Model System for Systems Modelers,” Vanderbilt Medical School, Dept. of Microbiology and Immunology Annual Retreat, TN

“Disease and Immunocompetence in Group-Living Animals: Implications for Human Epidemiology,” DARPA/DSO Workshop on Endogenous Defense, VA

Contributed Presentations

2008. “An Interdisciplinary Framework for Defining and Distinguishing Security Desiderata for Personally Sensitive Information,” DIMACS/DyDAn Workshop on Internet Privacy: Facilitating Seamless Data Movement with Appropriate Controls

2006. “A Vital Rate Sensitivity Analysis (VRSA) for Non-stable Age Distributions and Short-term Planning,” North American Ornithological Conference

2004. “A Mathematical Analysis of Reproductive Fission,” North American Section of the International Union for the Study of Social Insects (with published abstract)

2004. “Two-stage Wavelet Analysis Assessment of Dependencies in Time Series of Disease Incidence,” The 2004 Conference of the International Environmetrics Society (with published abstract)

2004. “Mathematical Modeling of Behavior and Ecology in Social Insects: Social mechanisms of pathogen control in termite colonies,” Departmental Research Seminar, Tufts Univ.

2003. “Modeling Waterborne Infectious Outbreaks: When, where and how bad will they be?” The 2003 Conference of the International Environmetrics Society (with published abstract)

2003. “Modeling Disease Resistance through Social Interactions in Termites,” The 2nd Conference on the Mathematics and Algorithms of Social Insects (with published abstract)

Service (external to Home Institution)

- Ongoing Referee of papers for *American Naturalist*, *Annales Zoologici Fennici*, *Behavioral Ecology and Sociobiology*, *Biological Conservation*, *BMC Evolutionary Biology*, *Bulletin for Mathematical Biology*, *Canadian Biosystems Engineering*, *Conservation Letters*, *IMA Journal of Applied Mathematics*, *Journal of Biological Dynamics*, *Journal of Infectious Diseases*, *Journal of Insect Science*, *Journal of Nonlinear Dynamics*, *Mathematical Biosciences*, *Journal of Medical Internet Research*, *Journal of the Royal Society Interface*, *Malaria Journal*, *Nature*, *Nature Scientific Reports*, *Parasites and Vectors*, *PeerJ*, *Physical Reviews X*, *PLoS Computational Biology*, *PLoSOne*, *PloS Medicine*, *PNAS*, *Vaccine*, *Vector-Borne and Zoonotic Diseases*
- 2020 Deputy Editor *PLOS Computational Biology*
- 2019-2021 Director of Development, Enhancing Diversity in Graduate Education (EDGE) Foundation
- 2019 Guest Editor *PLOS Computational Biology*
- 2019 Co-Organizer SIAM Network Science Annual Meeting (NS 19)
- 2018 NSF ad hoc proposal reviewer

2018 Burroughs Wellcome Fund grant proposal reviewer

2018 Co-Organizer IEEE Symposium on Security and Privacy, entitled: 3rd Workshop on Bio-inspired Security, Trust, Assurance and Resilience (BioSTAR 2018)

2017-cont. Member of the Leadership Team of the National Institute for Mathematical and Biological Synthesis

2017 Co-Organizer NIMBioS Workshop on Applying Optimization Techniques to Agricultural Problems

2017 ARO grant proposal reviewer

2016 Co-Organizer MBI (the Mathematical Biosciences Institute at Ohio State) Workshop on Generalized Network Structures and Dynamics

2016 Co-Organizer MBI (the Mathematical Biosciences Institute at Ohio State) Emphasis Semester on Dynamics of Biologically Inspired Networks

2014 ARO grant proposal reviewer

2013- 2016 Member of Scientific Advisory Board for MBI (the Mathematical Biosciences Institute at Ohio State)

2013 NIH grant proposal reviewer

2013-2016 Co-Organizer NIMBioS Working Group on Climate Change and Vector-borne Diseases

2013-2019 Invited Participant Joint NIMBioS-SESYNC Working Group on Human Risk Perception and Climate Change

2012 Invited Grant Proposal Reviewer for the United States – Israel Binational Science Foundation

2012 US Environmental Protection Agency FIFRA Scientific Advisory Panel (SAP) on Pollinator Risk Assessment Framework

2011 Invited Participant - External Expert Review Panel for Bioscience Research and Development at Los Alamos National Laboratory

2011 Program Committee Member, The Third International UKVAC Workshop on Visual Analytics (VAW 2011)

2011 NSF grant proposal reviewer

2011 Co-Organizer DIMACS/MBI US - African BioMathematics Initiative: Advanced Study Institute and Workshop on Genetics and Disease Control

2010 Organizer of the DIMACS Mini-Workshop on ‘Emergent Properties of Dynamic Biological Networks’

2010 Lecturer at DIMACS/MBI US - African BioMathematics Initiative: Workshop and Advanced Study Institute on Conservation Biology

2010 Organizer of the DIMACS Mini-Workshop on ‘Game-theoretic Approaches to Medical Prognosis’

2010 NSF grant reviewer/panel participant

2010 Invited International Reviewer for Centre of Excellence Grants for the Australian Research Council

2010 Co-Organizer of the DIMACS Workshop on Modeling and Mitigation of the Impacts of Extreme Weather Events to Human Health Risks

2009 Co-Organizer DIMACS Workshop on Economic Epidemiology, Makerere Univ., Kampala, Uganda

2009 NSF grant reviewer/panel participant

2009 Co-Organizer/ Program Co-Chair Workshop on Economic Epidemiology, Makerere Univ., Kampala, Uganda

2009 Co-Organizer Mosquito Modeling Made Easy Day at the N.J. Center for Vector Biology

2008-2010 Member Chief Editorial Committee for the DIMACS Book Series

2008-2010 Member Editorial Board of DIMACS Educational Modules Series

- 2008 Invited organizer SIAM mini-symposium on Network Models of Infectious Disease
- 2008 Ran the Reconnect Program on Biosurveillance at DIMACS – a week long short course for teaching faculty at liberal arts institutions on an advanced topic to expand their own and their students research opportunities
- 2007 Mentor to two teams of researchers for Department of Homeland Security funded Research Experience for those at Minority Serving Institutions
- 2006-2016 Advisory/Editorial Board Member for the journal *Annales Zoologici Fennici*
- 2004 Subject Matter Expert on Innate Immunity and Biodefense, National Defense University
- 2004 Research Consultant, DARPA (via Strategic Analysis, INC.)
- 2003 Developed algorithm for Managing Endangered Species Habitat in Hawaii - MESHH software package (Reed, J.M., N.H. Fefferman, C.S. Elphick, and M. Silbernagle. 2004)
- 2000-2002 Technical Editor (Cryptography) to MacMillan Press
- 1999 Invited Reviewer of AES submission to the National Institute of Standards and Technology, later published as The Twofish Encryption Algorithm, Schneier, et al, 1999, John Wiley & Sons Inc.

Service (internal to Home Institution)

- 2020 Advisor to the COVID-19 Re-Imagining Fall Task Force
- 2019-cont. Head of Graduate Admissions, Program in Ecology and Evolutionary Biology
- 2019 Research Mentor for the NIMBioS Summer Research Experiences (SRE) for Undergraduates
- 2019 Co-Organizer Tutorial on Networks at NIMBioS
- 2018 Serve on departmental Promotion and Tenure Committee for Prof. O'Meara
- 2018-cont. Serve on Faculty Mentoring Committee for Prof. Kivlin
- 2017-cont. Served as Departmental Coordinator for University Future Faculty Program
- 2017 Research Mentor for the NIMBioS Summer Research Experiences (SRE) for Undergraduates
- 2017 Lecturer for Joint 2017 MBI-NIMBioS-CAMBAM Summer Graduate Program
- 2016-2017 University of Tennessee, Knoxville Department of Ecology and Evolutionary Biology Search Committee Member and Diversity Advocate (Ecosystem Ecology Search)
- 2016-2017 University of Tennessee, Knoxville Department of Mathematics Search Committee Member (Mathematical Biology Search)
- 2016-cont. University of Tennessee, Knoxville Program in Ecology and Evolutionary Biology Graduate Affairs Committee Member
- 2015-2016 Rutgers University Biological Sciences Area Committee Member
- 2014 Rutgers University EENR Department Wildlife Biology Faculty Search Committee Member
- 2010 Co-Mentor to a team of researchers for Department of Homeland Security funded Research Experience for those at Minority Serving Institutions
- 2009-2010 Organizer of the EENR seminar series
- 2009 Organizer of the DIMACS Workshop on Behavioral Epidemiology
- 2009-2010 Member E&E Executive Committee
- 2008-2012 Member of EENR Curriculum Committee
- 2008-2010 Member Chief Editorial Committee for the DIMACS Book Series
- 2008-2010 Member Editorial Board of DIMACS Educational Modules Series
- 2007-2009 Member of the Rutgers University Advisory Board to the Office for the Promotion of Women in Science, Engineering and Mathematics

2006-2015 Research Advisor for Rutgers Univ. DIMACS REU

2005-2007 Co-organizer DIMACS seminar series Mathematical and Computational Epidemiology

EXHIBIT B

UNITED STATES DISTRICT COURT
DISTRICT OF COLUMBIA

In the Matter of the Federal Bureau of
Prisons' Execution Protocol Cases,

LEAD CASE: *Roane et al. v. Barr*

THIS DOCUMENT RELATES TO:

Bourgeois v. Barr, et al., 12-cv-0782

Lee v. Barr, et al., 19-cv-2559

Purkey v. Barr, et al., 19-cv-03214

No. 1:19-mc-00145-TSC

DECLARATION OF RICK WINTER

I, Rick Winter, do hereby declare and state as follows:

1. I am employed by the United States Department of Justice, Federal Bureau of Prisons ("BOP"), as Regional Counsel for the BOP's North Central Region. I have held this position since October 2016. I have been employed by the BOP since 1994.
2. The statements I make hereinafter are made on the basis of my review of the official files and records of the BOP, my own personal knowledge, or on the basis of information acquired by me through the performance of my official duties.
3. The BOP, under the supervision of the United States Marshals Service, is responsible for implementing federal death sentences. See 18 U.S.C. § 3596(a); 28 C.F.R. Part 26. Currently, execution dates are in place for four inmates. Specifically, Daniel Lewis Lee's execution is scheduled to occur on Dec. 9, 2019; Wesley Ira Purkey's execution is scheduled to occur on Dec. 13, 2019; Alfred Bourgeois' execution is scheduled to occur on Jan. 13, 2020; and Dustin Lee Honken's execution is scheduled to occur on Jan. 15, 2020.
4. In advance of these dates, the BOP has been, and intends to continue, making necessary

arrangements.

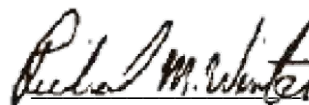
5. Such arrangements include the activation of the execution team, which consists of over 40 BOP staff members. These staff members will, by necessity, be removed from their normal duties, which include a wide range of correctional and administrative positions within the BOP. Pursuant to the current operational plan, these staff members are scheduled to cease their normal duties several days in advance of a scheduled execution, in order to give the team time to practice and prepare for their role in an execution. In addition to the team members, a number of BOP administrators will be present as well, also ceasing their normal duties in the days in advance of an execution. Logistical items such as travel, lodging and personal arrangements have already begun for the two execution dates in December.
6. Additionally, the BOP plans to use contractors who have made themselves available and presumably have made any necessary arrangements for personal and work related matters based on the executions scheduled in December.
7. Executions are scheduled to take place at the Federal Correctional Complex at Terre Haute, Indiana (FCC Terre Haute). Accordingly, FCC Terre Haute is also mobilizing personnel in preparation of the currently scheduled executions. In preparation, FCC Terre Haute has also been coordinating with federal, state, and local law enforcement agencies, some of whom have indicated their plans to send personnel to FCC Terre Haute to help maintain security for the currently scheduled executions.
8. Approximately 200 FCC Terre Haute staff will serve as institution security and support during an execution. With its staff pulled away from their normal duties, FCC Terre Haute will not be able to operate under normal conditions. For example, due to expected staffing issues and changes in security procedures, FCC Terre Haute will not be able to prepare

inmate meals in the ordinary fashion. Instead, the institution plans to prepare food in advance for its approximately 2,600 inmates. This alteration in meal preparation comes at a greatly increased cost to the BOP.

9. Additionally, FCC Terre Haute has made arrangements for specific needs related solely to an execution, for example contracting for buses which will be used to transport public demonstrators who wish to assemble.
10. Schedules for FCC Terre Haute staff members are currently being created, allocating staff based on current execution dates. For additional security and support, specialized BOP teams such as Special Operations Response Teams (SORT) and Disturbance Control Teams (DCT) will travel to FCC Terre Haute from other BOP institutions. These teams consists of approximately 50 individuals. Again, logistical arrangements such as travel and lodging have already begun for the current execution dates.
11. Additionally, BOP has made travel and lodging arrangements for the victims' family members to attend the December executions.
12. Any adjustment to the execution dates would require significant planning and coordination such as that which already has been undertaken by BOP to date.

I declare, under penalty of perjury, pursuant to 28 U.S.C. § 1746, that the foregoing is true and correct.

Executed this 21st day of November, 2019.



Rick Winter
Federal Bureau of Prisons

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF INDIANA
TERRE HAUTE DIVISION**

PATRICK R. SMITH and BRANDON S. HOLM,)	
)	
Plaintiffs,)	
)	
v.)	No. 2:20-cv-00630-JMS-DLP
)	
WILLIAM P. BARR, et al,)	
)	
Defendants.)	

Declaration of T.J. Watson

I, T.J. Watson, declare the following:

1. I am currently employed by the Bureau of Prisons (BOP) as the Complex Warden at the Federal Correctional Complex located in Terre Haute, Indiana (FCC Terre Haute), a position I have held since November 11, 2018. I have been employed by the BOP in areas of increasing responsibility since 1995.
2. The statements I make hereinafter are made on the basis of my review of the official files and records of the BOP, my own personal knowledge, or on the basis of information acquired by me through the performance of my official duties.
3. The BOP, under the supervision of the United States Marshals Service, is responsible for implementing federal death sentences. See 18 U.S.C. §3596(a); 28 C.F.R. Part 26.¹

¹ The first executions since 2003 were scheduled to take place almost a year ago. See <https://www.justice.gov/opa/pr/federal-government-resume-capital-punishment-after-nearly-two-decade-lapse>

4. Currently, executions of the following inmates are scheduled to occur on the following dates: Brandon Bernard² on December 10, 2020; Alfred Bourgeois³ on December 11, 2020; Lisa Montgomery on January 12, 2021; Cory Johnson on January 14, 2021; and Dustin Higgs on January 15, 2021.
5. I am aware that Plaintiffs, inmates Patrick Smith and Brandon Holm, allege that conducting executions at FCC Terre Haute will lead to the spread of COVID-19, in violation of their Eighth Amendment rights.
6. FCC Terre Haute is situated on approximately 1145 acres and is comprised of three separate prisons in three separate buildings: the United States Penitentiary (USP), which is a high security prison; the Federal Correctional Institution (FCI), which is a medium security prison; and the Federal Prison Camp (FPC), which is a minimum security prison camp. FCC Terre Haute also includes a Central Utility Plant, a staff training center, the National Bus Center, a garage, and numerous other buildings. The execution facility is entirely separate from the aforementioned buildings. The execution facility is approximately over one hundred feet from the FCI, but physically separated by perimeter fencing and razor wire. Staff at the execution facility cannot approach anyone on FCI grounds due to the perimeter fencing. The execution facility is approximately the equivalent of several city blocks from the FPC which is further south on the property. The USP is even further away from the execution facility as it is south of the FPC.

² On October 16, 2020, Bernard was provided a notice informing him that a date has been set for the implementation of his death sentence.

³ Alfred Bourgeois was originally scheduled to be executed on January 13, 2020, but legal impediments prevented the government from proceeding at that time. On November 20, 2020, Bourgeois received a notice informing him of his current execution date.

7. Plaintiffs Smith and Holm are currently designated to reside at the medium-security Federal Correctional Institution (FCI). See Attachments 1 and 2, Inmate Quarters History for Smith and Holm, respectively.
8. The BOP and FCC Terre Haute have implemented rigorous safeguards and precautions in light of the COVID-19 pandemic. The BOP is following the guidance and directives from the World Health Organization (WHO), the Centers for Disease Control (CDC), the Office of Personnel Management (OPM), the Department of Justice, and the Office of the Vice President. Agency-wide modified operations in response to COVID-19 were announced by BOP on March 13, 2020. See https://www.bop.gov/resources/news/20200313_covid-19.jsp.⁴ These modifications have remained in place and currently include the following measures, among others:

- temperature checks and COVID-19 screening are being conducted for staff, contractors, and other visitors, with those who register a temperature of 100.4° Fahrenheit or higher denied access to the grounds;
- as much as possible, staff are being assigned to the same posts and are not rotating;
- the movements of inmates are limited so as to prevent congregating and to maximize social distancing. Essential inmate work details, such as Food Service, continue to operate with appropriate screening (i.e. temperature checks and reporting symptoms). Inmate movement in small numbers is authorized for use of the Commissary, Laundry, Showers, Telephone, to include legal calls, and for access to TRULINCs (email) mental health or medical care;

⁴ While these modifications were initially scheduled to last for 30 days, they have been extended a number of times. See https://www.bop.gov/resources/news/pdfs/20200414_press_release_action_plan_6.pdf; https://www.bop.gov/resources/news/20200520_covid-19_phase_seven.jsp; <https://www.bop.gov/foia/docs//COVIDPhase8June30.pdf>; https://www.bop.gov/foia/docs//COVIDphase9_08052020.pdf; and https://www.bop.gov/coronavirus/covid19_status.jsp

- Prior to entering the institution, or in Receiving and Discharge, all new intakes to an institution, including voluntary surrenders, BOP-to-BOP transfers, or transfers from outside the BOP system are screened by medical staff for COVID-19. This process includes a symptom screen, a temperature check, and an approved viral PCR test (either an Abbott ID NOW point-of-care [POC] test or a commercial PCR test) performed on a sample obtained from a nasopharyngeal, mid-turbinate, or anterior nares swab. Inmates who arrive symptomatic AND/OR test positive will be placed in MEDICAL ISOLATION. Inmates who arrive asymptomatic AND test negative will be placed in QUARANTINE.

See https://www.bop.gov/coronavirus/covid19_status.jsp.

9. At FCC Terre Haute, all staff, inmates, and visitors are required to wear masks inside the institution. Masks are provided if a visitor does not have one. Additionally, all visitors can be provided full personal protective equipment (PPE) to include face shields, gowns, and gloves if they desire. Where possible, social distancing is practiced, consistent with Center for Disease Control (CDC) guidelines.
10. Staff have been educated regarding the importance of staying home if they are feeling ill, and are required to self-report any COVID-19 exposure (known or suspected) as well as any positive COVID-19 test. If a staff member tests positive for COVID-19, he or she is required to stay home in compliance with current CDC guidelines. Staff do not move between the separate facilities and buildings unless necessary, for example, if one institution is in need of additional staff due to staff being on leave on a given day, or otherwise requires assistance of additional staff. Some positions also by their nature involve working at multiple institutions, including custody staff, facilities staff, as well as medical, dental, and psychology staff.
11. Inmate movement within the individual institutions is limited to small groups and subject to appropriate screening measures. Inmate movement in small numbers is allowed for commissary, laundry, showers, telephone, TRULINCS (email), recreation, law library, as well as mental health and health care needs. Showers, phones, and surfaces are cleaned

between each use and throughout the day. A full explanation of BOP inmate movement, both within institutions as well as between institutions, along with the logistics of inmate activities is available on the BOP's website. *See*

https://www.bop.gov/coronavirus/covid19_status.jsp

12. FCC Terre Haute has multiple rapid Abbot test machines, and uses them to immediately test symptomatic inmates in order to isolate and quarantine them more quickly. Rapid testing has been used to test symptomatic inmates, and asymptomatic inmates who had close contact with an inmate who tested positive for COVID-19. If an inmate tests positive, then generally the rest of the inmates on that range (row of cells) are tested. If appropriate, entire units are locked down (remain in their cells) and tested. Inmates are all required to wear masks outside of their cells and to maintain social distance outside their cells.
13. BOP and FCC Terre Haute maintain data on the number of positive cases and testing. *See* <https://www.bop.gov/coronavirus/>. As of the signing of this declaration, the website lists 175 FCI inmates and 20 FCI staff⁵ as current positive cases. It lists 25 USP inmates and 3 staff as current positive cases. The website also lists 927 inmates at the FCI and Camp, and 935 inmates at the USP as having completed tests.⁶ *Id.*
14. Historical data for the number of positive inmate and staff cases can be found at <https://oig.justice.gov/coronavirus>. By selecting “visit dashboards” then the “facility case trends” tab, and using the scroll function to select a specific BOP institution, the user can

⁵ Data for the Federal Prison camp is included in the data listed on the website for the FCI.

⁶ As explained on the website, the number of positive tests at a facility is not equal to the number of cases, as one person may be tested more than once. The number of tests recorded per site reflects the number of persons at the specific facility who have been tested, whether at that site or at a prior facility.

find a graph showing the number of inmates or staff with lab-confirmed and open cases at a particular complex or facility on a particular day. This website cites the aforementioned BOP website as the source of this data. The website also provides a graph reflecting the total number of individuals reported by the county where the BOP facility is located as having a confirmed COVID-19 case.

15. In the days leading up to an execution, the FCC Terre Haute inmate population is locked down, thereby minimizing the interaction between inmates, as well as the interaction between inmates and staff.
16. Although it is difficult to predict with certainty for any particular execution, for the upcoming executions, BOP estimates that approximately 50 to 125 individuals including the BOP's execution team, state and local law enforcement, and various witnesses, and demonstrators will travel to FCC Terre Haute. All individuals arriving at FCC Terre Haute will be temperature checked and screened as described above in paragraph 8.
17. The execution team is comprised of approximately 40 BOP employees, who are employed at locations other than FCC Terre Haute. The execution team does not quarantine upon arriving in Indiana, as they generally arrive only a few days prior to a scheduled execution and must complete various time-sensitive tasks upon their arrival. To the greatest extent possible, the execution team generally does not enter the FCI (where Plaintiffs are housed), USP, or FPC at all while at FCC Terre Haute. The execution team is primarily engaged in duties which occur in and around the execution facility, and generally does not interact with any inmate, other than the inmate housed at the execution facility. A limited number of execution team staff occasionally have a need to enter the FCI, USP, or FPC for reasons related to the execution, but such occurrences are rare and will be minimized. No members of the BOP execution team carry out duties


specific to FCC Terre Haute or are assigned such duties while on the grounds. Some members of the execution team have interaction with FCC Terre Haute personnel incident to their role in the operation of the execution. For example, the execution team may interact when going through security check points, receiving the inmate, receiving witnesses, and meeting with Terre Haute personnel to discuss operations logistics and equipment. However, such interactions are usually brief and infrequent (for example, when receiving the inmate and witnesses), and during all such interactions, BOP staff are required to wear masks and to the extent possible remain socially distanced.

18. In past executions, a number of security and support personnel such as Special Operations Response Teams (SORT) and Disturbance Control Teams (DCT) also travelled to FCC Terre Haute from other BOP institutions. However, such personnel are not scheduled to travel to Terre Haute for upcoming executions.
19. Non-BOP personnel such as media, witnesses, legal counsel, and Ministers of Record will not be permitted to enter the FCI, or to interact with any FCC Terre Haute inmate, other than the condemned inmate. Any visits with the condemned inmate would take place outside the presence of other inmates, either in the Special Confinement Unit (SCU), which is located at the USP, or the execution facility. During such visits, visitors are required to wear masks and to the extent possible remain socially distanced.
20. While the execution witness rooms may not allow for great distancing, full Personal Protective Equipment (PPE) is available to all members of the execution team while at FCC Terre Haute, to include fit-tested N-95 masks, gloves, gowns, and face shields. Other individuals who attend an execution, including attorneys, media, and witnesses, are required to wear masks and will be provided PPE if they request it. At a minimum, all members of the execution team must wear a mask.

21. Additionally, demonstrators have the opportunity to be present at an execution in a designated area on FCC Terre Haute grounds. However, no demonstrators have chosen to come into FCC Terre Haute grounds, instead electing to demonstrate in an area across the street from FCC Terre Haute. If demonstrators were to choose to be present on grounds, they would still be screened and temperature checked, as well as screened for security purposes, by FCC Terre Haute staff off-site, and then transported to the demonstration area by FCC Terre Haute staff. That demonstration area is near the main public road and not near any of the prison buildings.
22. In addition to the individuals coming to FCC Terre Haute for an execution, approximately 70 or more FCC Terre Haute staff have functions related to execution events. These FCC Terre Haute employees are not considered part of the execution team, and instead include staff that work at the USP, FCI, and FPC. For example, FCC staff manage check points and perimeter security, staff the command center, and escort witnesses and demonstrators. FCC staff managing check points will check ID's and temperatures; some staff in the command center will likely meet with some execution team staff in order to coordinate the operation; and staff escorting witnesses and demonstrators will by necessity interact with the witnesses and demonstrators. Therefore, FCC staff will have some interaction with both the public and the BOP personnel attending the execution. However, through all of these interactions, all individuals on FCC Terre Haute grounds will be required to wear masks, and will have been screened prior to entering the institution grounds. Many such interactions are limited in time, for example, when checking ID's and temperatures, and staff will minimize the amount of time they are within six feet of others.

23. After an execution, the BOP execution team members are afforded an opportunity to test for COVID-19. FCC Terre Haute staff are advised and encouraged to obtain a test if they had a known exposure or experience symptoms. They are not permitted to return to work until they are symptom-free. Of course all individuals are free to seek testing in the community. Approximately 5-7 members of the BOP execution team have historically elected to be tested prior to returning to their home communities. COVID tests are conducted on a voluntary basis.
24. I am aware the Court requested an update with regard to a staff member who tested positive for COVID-19 and was disclosed during the course of litigation. *See Hartkemeyer v. Barr*, 2:20-cv-00336-JMS-JLP, dkt. 77-1. Contact tracing was immediately initiated to determine with whom this staff member had come into close contact. The staff member's contacts were determined by the use of video as well as his personal recollection. No additional cases of COVID-19 were discovered as a result. BOP will continue to conduct the same contact tracing procedures if additional staff members test positive in the future.

I declare, under penalty of perjury, pursuant to 28 U.S.C. § 1746, that the foregoing is true and correct. Executed this 4 day of December, 2020.



T.J. Watson
Federal Bureau of Prisons

ATTACHMENT 1

THABO 531.01 *
PAGE 001 OF 001 *INMATE HISTORY
QUARTERS* 12-02-2020
* 14:49:57REG NO.: 53264-074 NAME: SMITH, PATRICK RYAN
CATEGORY: QTR FUNCTION: PRT FORMAT:

FCL	ASSIGNMENT	DESCRIPTION	START DATE/TIME	STOP DATE/TIME
THA	C03-061L	HOUSE C/RANGE 03/BED 061L	09-28-2020 1204	CURRENT
THA	Z04-211LAD	HOUSE Z/RANGE 04/BED 211L AD	09-27-2020 2201	09-28-2020 1204
THA	Z03-142LAD	HOUSE Z/RANGE 03/BED 142L AD	09-27-2020 2124	09-27-2020 2201
THA	C03-061L	HOUSE C/RANGE 03/BED 061L	08-17-2020 1053	09-27-2020 2124
THA	Z04-202UAD	HOUSE Z/RANGE 04/BED 202U AD	08-16-2020 2044	08-17-2020 0748
THA	Z03-142LAD	HOUSE Z/RANGE 03/BED 142L AD	08-16-2020 2010	08-16-2020 2044
THA	C03-061L	HOUSE C/RANGE 03/BED 061L	05-11-2020 1413	08-16-2020 2010
THA	R01-001L	HOUSE R/RANGE 01/BED 001L	05-11-2020 1256	05-11-2020 1413
THP	B01-128L	HOUSE B/RANGE 01/BED 128L	04-25-2020 0544	05-11-2020 1213
THA	C03-061L	HOUSE C/RANGE 03/BED 061L	04-25-2020 0404	04-25-2020 0405
THA	C03-061L	HOUSE C/RANGE 03/BED 061L	04-23-2020 1909	04-24-2020 2323
THA	C03-060U	HOUSE C/RANGE 03/BED 060U	04-23-2020 0900	04-23-2020 1909
THA	F03-105U	HOUSE F/RANGE 03/BED 105U	10-07-2019 1831	04-23-2020 0900
THA	R01-001L	HOUSE R/RANGE 01/BED 001L	10-07-2019 1343	10-07-2019 1831
OKL	E03-529U	HOUSE E/RANGE 03/BED 529U	09-16-2019 1827	10-07-2019 0846
OKL	E03-901L	HOUSE E/RANGE 03/BED 901L	09-16-2019 1645	09-16-2019 1827

G0000 TRANSACTION SUCCESSFULLY COMPLETED

ATTACHMENT 2

THABO 531.01 *
PAGE 001 OF 001 *

INMATE HISTORY
QUARTERS

* 12-02-2020
* 14:56:20

REG NO.: 19005-030 NAME: HOLM, BRANDON SCOTT
CATEGORY: QTR FUNCTION: PRT FORMAT:

FCL	ASSIGNMENT	DESCRIPTION	START DATE/TIME	STOP DATE/TIME
THA	C03-061U	HOUSE C/RANGE 03/BED 061U	07-01-2020 1807	CURRENT
THA	C04-083U	HOUSE C/RANGE 04/BED 083U	07-01-2020 1800	07-01-2020 1807
THA	F03-105L	HOUSE F/RANGE 03/BED 105L	02-13-2020 1834	07-01-2020 1800
THA	R01-001L	HOUSE R/RANGE 01/BED 001L	02-13-2020 1543	02-13-2020 1834

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA**

LISA MONTGOMERY)	
)	
Plaintiff,)	
)	
v.)	No. 1:20-cv-03214 (TNM)
)	
)	
WILLIAM P. BARR, <i>et al.</i> ,)	
)	
Defendants)	

DECLARATION OF RICK WINTER

I, Rick Winter, do hereby declare and state as follows:

1. I am employed by the United States Department of Justice, Federal Bureau of Prisons (“BOP”), as Regional Counsel for the BOP’s North Central Region. I have held this position since October 2016. I have been employed by the BOP since 1994.
2. The statements I make hereinafter are made on the basis of my review of the official files and records of the BOP, my own personal knowledge, or on the basis of information acquired by me through the performance of my official duties.
3. The BOP, under the supervision of the United States Marshals Service, is responsible for implementing federal death sentences. See 18 U.S.C. § 3596(a); 28 C.F.R. Part 26.
4. Ms. Montgomery is currently housed at the Federal Medical Center at Carswell, Texas (FMC Carswell) and will be transported to FCC Terre Haute in advance of her execution.
5. I am aware that Ms. Montgomery claims her transfer to the United States Penitentiary at Terre Haute threatens severe and irreparable harm to her. (Doc. 12-1 at 19).
6. The BOP currently is considering several different options to transport Ms. Montgomery

from FMC Carswell to FCC Terre Haute, but the final plan is yet to be determined. The current options being considered involve transporting Ms. Montgomery one to two days prior to her execution.

7. BOP plans that the transport team will include male and female staff members, including a female psychologist and female nurse. All BOP employees are required to complete Annual Training. In 2020, lesson plans in that training included Mental Health, Sexually Abusive Behavior and Intervention Program, and Suicide Prevention. Additionally, BOP psychologists are required to take an additional course titled PREA [Prison Rape Elimination Act] for Medical and Mental Health Care-BOP. The transport team may also include individuals from other law enforcement agencies.
8. Upon her arrival at FCC Terre Haute, the BOP does not plan to house Ms. Montgomery at the United States Penitentiary. To clarify, FCC Terre Haute is a complex consisting of the United States Penitentiary (USP Terre Haute), Federal Correctional Institution (FCI Terre Haute), a Federal Prison Camp, and a number of other associated buildings. The execution facility at FCC Terre Haute is a separate building from the USP, FCI, and Federal Prison Camp.
9. The BOP plans to house Ms. Montgomery at the execution facility. Ms. Montgomery will not be housed at the USP¹, FCI, or Federal Prison Camp, absent extraordinary circumstances.
10. Ms. Montgomery will be the only inmate present at the execution facility. Therefore, she will not be housed with, nor encounter, any other inmate while at FCC Terre Haute.
11. At the execution facility, she will be observed in her cell by a BOP team which includes

¹ USP Terre Haute contains the Special Confinement Unit (SCU), which houses male inmates with a sentence of death. Ms. Montgomery will not be housed in the SCU.

both female and male staff members. A BOP doctor and psychologist will be on call and available to provide a response if necessary, throughout the time Ms. Montgomery is housed at FCC Terre Haute.

12. Lisa Montgomery's execution is scheduled to occur on January 12, 2021, at the Federal Correctional Complex at Terre Haute, Indiana (FCC Terre Haute).
13. On November 20, 2020, I reviewed a declaration containing the information contained in the aforementioned paragraphs 1 through 11. However, I was traveling, so I authorized signature on my behalf by an attorney representing defendants in this matter.

I declare, under penalty of perjury, pursuant to 28 U.S.C. § 1746, that the foregoing is true and correct.

Executed this 24th day of November, 2020.

Richard M. Winter _____
Rick Winter
Federal Bureau of Prisons

**UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF INDIANA**

DALE HARTKEMEYER (AKA SEIGEN))	
)	
Plaintiff,)	
)	
v.)	Case No. 2:20-cv-00336-JMS-MJD
)	
WILLIAM P. BARR, ET AL,)	
)	
Defendants.)	

DECLARATION OF RICK WINTER

I, Rick Winter, do hereby declare and state as follows:

1. I am employed by the United States Department of Justice, Federal Bureau of Prisons (“BOP”), as Regional Counsel for the BOP’s North Central Region. I have held this position since October 2016. I have been employed by the BOP since 1994.
2. The statements I make hereinafter are made on the basis of my review of the official files and records of the BOP, my own personal knowledge, or on the basis of information acquired by me through the performance of my official duties.
3. I previously provided a declaration in this matter stating that “as of July 2, 2020, ninety two staff members at FCC Terre Haute have been tested for COVID-19. Of those, one staff member at the FCI previously tested positive but has recovered. At the USP, no staff members have tested positive for COVID-19. No FCC staff members are currently positive for COVID-19.” See ECF No. 33, Ex. A ¶ 7.
4. On the morning of July 8, a BOP staff member at FCI Terre Haute learned that individuals with whom he visited the prior weekend tested positive for COVID-19. The staff member

- immediately left work, which was at 11:30 a.m., and entered self-quarantine (i.e., he has not returned to FCI Terre Haute since departing on July 8).
5. On the evening of July 11, the staff member informed BOP that he received a positive COVID-19 test result earlier that day.
 6. Between the staff member's potential exposure and his departure on July 8, he, among other things, attended the law enforcement meeting with outside law enforcement in preparation for the scheduled executions; attended a meeting regarding the handling of demonstrators at the scheduled executions; and attended to an issue at the SCU.
 7. Although the staff member did not wear a mask at all times during this period, he did not come into contact with the BOP execution protocol team, which arrived the afternoon of July 8 (i.e., after the staff member had departed), nor does he recall coming into contact with any members of the Crisis Support Team (CST), who are involved in victim witness transportation and logistics.
 8. During this period, the staff member did not visit the execution facility or the adjacent command center, nor does he recall being in the witness staging area or any of the vehicles that will transport witnesses for the executions.
 9. BOP is taking steps to determine with whom the staff member was in contact, and will follow guidelines issued by the Centers for Disease Control and Prevention. For the duration of the execution or until a negative test is obtained, BOP will ensure that those staff members identified as having had contact with the infected staff member do not have contact with the inmates scheduled for execution, ministers of record, witnesses of the execution, attorneys, or press.
 10. BOP will continue to perform the mitigation measures identified in my prior declaration dated July 6, including temperature check and symptom screen all individuals arriving at

FCC Terre Haute and disinfecting all areas that will be visited by ministers of record, witnesses of the execution, attorneys, and press.

I declare, under penalty of perjury, pursuant to 28 U.S.C. § 1746, that the foregoing is true and correct.

Executed this 12th day of July 2020.

Rick Winter (JL)

Rick Winter
Federal Bureau of Prisons

EXHIBIT C

FCC THX



Staff Positive Case Form

Be advised, all staff positive cases should be reported through your EOC. A copy/screenshot of the laboratory results or healthcare provider statement indicating the results should be sent to Dr. (b)(6), (b)(7)(C) (@bop.gov) and (b)(6), (b)(7)(C) (@bop.gov) for confirmation into the Bureau's database. The subject line for the email should include: "COVID-19 Staff + Results - Name of Institution"

Include the following information when reporting:

Emp name, initial or numerical indicator	(b)(6), (b)(7)(C)
Institution:	FCI (b)(6), (b)(7)(C)
Employee Department:	(b)(6), (b)(7)(C)
Last Day of Work:	July 8, 2020 until 10:30 ish.
First Day of Symptoms:	July 8, 2020 that evening (b)(6), (b)(7)(C)
Test Date:	July 8, 2020
Test Confirmed Date:	July 11, 2020
Test Report Date:	July 11, 2020
*Unit(s)/Facility worked 48 hrs prior to symptoms or testing:	(b)(6), (b)(7)(C)
*Number of known staff contacts:	? "Alot, SCU. I made rounds on north side, SHU"
*Staff notified and given the priority testing memo?	(b)(6), (b)(7)(C)
*Number of known inmate contacts:	? Alot
*Are any inmates quarantined and being tested as result of exposure? (#, unit)	NO
*Were staff wearing facial covering or PPE during potential exposure window?	Wore mask while speaking with inmates, but not with staff in SHU: SCU.

*Needed for CI

CONTACT INVESTIGATION Questions for COVID-19 Illness Staff or Inmate

Purpose: This is a tool to help guide contact investigations at the institution level. The goal of interviewing the index case in a contact investigation is to gain the information needed for:

- (1) establishing the infectious period; and
- (2) Identifying potential contacts.
- (3) When utilizing for staff investigation, if question is not applicable, note N/A.

Overview:

- It is critically important that time be spent establishing trust with persons before conducting the interview, and making sure that the person understands the purpose of the contact investigation. Use an interpreter, if needed.
- The following questions should be used to guide the contact investigation interview. Depending on the person's responses, additional questions may be asked as follow-up on their answers.
- Inmates: If inmate is unavailable for interview (i.e., hospital), information can be obtained from cellmates, job supervisors, unit officer or team, etc.
- Staff: If staff is unavailable for interview, may need to obtain information from department head or Admin LT, etc.
- Do NOT file interview documentation in the inmate's medical record or *staff record*.
- Refer to CDC: <https://www.cdc.gov/coronavirus/2019-ncov/php/principles-contact-tracing.html>

Definitions:

- **Main symptoms of COVID-19:** Fever and cough, shortness of breath and may include-headache, sore throat, general feeling of being unwell (myalgia or fatigue), diarrhea or nausea
- **Infectious period:** Person is contagious at onset of symptoms and possibly shortly before (~48 hours).
- **Asymptomatic infections occur** – which means a person may be contagious without symptoms
- **Incubation** of illness or the time from exposure to illness onset is unknown. The average incubation period may be 3-5 days (range 2-14 days).
- **Treatment:** There is no specific treatment for COVID-19 at this time and no vaccine is currently available.
- **Exposed to COVID-19:** In general, you need to be in close contact with a sick person to get infected. Close contact includes:
 - Living in the same household or room and sharing close space (bathroom) with a sick person with COVID-19
 - Caring for a sick person with COVID-19
 - Being within 6 feet of a sick person with COVID-19 for about 10 minutes, OR
 - Being in direct contact with secretions from a sick person with COVID-19 (e.g., being coughed on, sharing cups or utensils, sharing personal items, kissing, etc.)

Inmate Name: (b)(6), (b)(7)(C) Registration #: _____ Facility Intake Date: NA

STAFF MEMBER: (b)(6), (b)(7)(C) DEPT Custody FACILITY ECP

Interviewer Name: (b)(6), (b)(7)(C) Interview Date: 7/11/20

1. Review the COVID diagnosis with the person: (b)(6), (b)(7)(C)

- Assess person's knowledge of the condition.
- Describe COVID, how it is diagnosed and treated, and the treatment plan.
- Describe how COVID is transmitted (droplet).
- Discuss the need to identify potentially exposed contacts.

2. Ask about the history:

a. Have you had any known contact with a confirmed or probable diagnosis of COVID? Yes No.
 IF YES, where and when?
 (b)(6), (b)(7)(C) Tested on 7/10 Results (+) 7/8/20

b. Have you had a positive COVID test? YES NO.
 IF YES, where and when?
 Went Wednesday 7/8 / Results positive on 7/11/20

c. Have you been diagnosed with COVID-19? YES NO.
 IF YES, where and when?
 Resulted positive 7/11/20 (b)(6), (b)(7)(C)

3. Ask about medical history: (NA for staff)
 What other medical conditions do you have?

4. Ask about history of COVID symptoms:

(b)(6), (b)(7)(C)	Have you had any of the following symptoms?	If Yes, how long have you had them? When did they start?
	Cough	(b)(6), (b)(7)(C)
	Fever	(b)(6), (b)(7)(C)
	Shortness of breath	(b)(6), (b)(7)(C)
	Chills	(b)(6), (b)(7)(C)
	Muscle pain	(b)(6), (b)(7)(C)
	Lethargy or fatigue	(b)(6), (b)(7)(C)
	Headache	(b)(6), (b)(7)(C)
	GI symptoms-Nausea or Diarrhea (3+ stools in 24 hours)	(b)(6), (b)(7)(C)
	Chest pain or tightness	(b)(6), (b)(7)(C)
	Sore throat	(b)(6), (b)(7)(C)
	Loss of taste or smell	(b)(6), (b)(7)(C)
	Other:	(b)(6), (b)(7)(C)

Date of symptom onset: 7/8/20

5. Ask about the risk factors:

YES	NO	Please answer the following questions:	When and Where?
(b)(6), (b)(7)(C)		Are you living with someone diagnosed with COVID-19?	(b)(6), (b)(7)(C)
		Have you had contact with someone diagnosed with COVID-19 (> 10 minutes, < 6 feet)?	
		Are you part of a carpool to work or use public transit?	

6. If symptoms began prior to arrival at facility: (not applicable to staff)

a. Where were you living? *[Handwritten: /]*

b. Who were you living with? *[Handwritten: /]*

7. Please describe your previous day-to-day activities at this facility:

Time of Day	Daily Activities
Morning	(b)(6), (b)(7)(C)
Mid-Day	Depends. M - went to Sit mask on
Afternoon	Office computer work (b)(6), (b)(7)(C) Lunch 3 out mask (b)(6), (b)(7)(C)
Evening	used 4/8/20 (b)(6), (b)(7)(C) meeting NO mask, NO staff 2 mask (b)(6), (b)(7)(C)

8. Ask: Has this been your pattern during the period since 7/16/20 (2 days before symptom onset), or has the way you spend your time changed in any way?

Same	Changed	How and when did your daily pattern change?
		Pretty much the same everyday.

9. Staff only: Did you spend time with anyone outside of your assigned duty post (i.e., lunch, visits, socializing, and institution gym) in the 2 days prior to illness?

Lunch 2 staff. (b)(6), (b)(7)(C)

9. Ask: Please tell me if you have been involved in any of the following activities ...(Inmates only)

YES	NO	Activity	Where?	When?	With whom?
		Watching TV	<i>[Large handwritten X]</i>		
		Playing cards or games			
		Religious services			
		Recreation or sports			
		Work			
		Education			
		Library			
		Other:			
		Other:			

COVID-19 ILLNESS Contact Investigation – Interview Questions (page 2 of 3)

Tues 7/17 Evening

(b)(6), (b)(7)(C)

(b)(6), (b)(7)(C)

(b)(6), (b)(7)(C)

Not wearing mask

7/120 Made Rounds

(b)(6), (b)(7)(C)

2 mask on

7/17/20

(b)(6), (b)(7)(C)

No masks

Tues evening: (b)(6), (b)(7)(C)

(b)(6), (b)(7)(C)

Not sure who staff. Can't remember. (b)(6), (b)(7)(C)

Not sure about any masks. Was inside. (b)(6), (b)(7)(C)

No direct with I/m just walked by.

(b)(6), (b)(7)(C)

(b)(6), (b)(7)(C) Fwd: Previous Staff Positive

From: THA/Command Center~
To: (b)(6), (b)(7)(C)
Date: 7/31/2020 11:33 AM
Subject: Fwd: Previous Staff Positive
Attachments: (b)(6), Covid Results

>>> THA/Command Center~ 7/31/2020 8:14 AM >>>

Name: (b)(6), (b)(7)(C)
Department: Correctional Services
Last day at Work: 07/08/2020
First Symptoms: 07/08/2020
Test Date: 07/11/2020 POSITIVE 07/22/2020 NEGATIVE 07/23/2020 NEGATIVE
Test Confirmed Date: 07/11/2020
On/Returning from TDY in past 14 days: No
If Yes, Name of Institution where TDYed: No

(b)(6), (b)(7)(C) 5/23/2020 10:20 AM >>>

Confirmed positive and now recovered.

We did not have this individual in our database as positive.

Please provide the following information:

Name:
Department:
Last day at Work:
First Symptoms:
Test Date:
Test Confirmed Date:
On/Returning from TDY in past 14 days:
If Yes, Name of Institution where TDYed:

(b)(6), (b)(7)(C)

Health Services Division
Federal Bureau of Prison

(b)(6), @bop.gov
202-305-(b)(6)

CONFIDENTIALITY NOTICE: This e-mail message, including any attachments, is for the sole use of the intended recipient (s) and may contain confidential and privileged information or otherwise protected by law. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

>>> THA/Command Center~ 6/23/2020 10:15 AM >>>

Please see the attached results for the positive staff member at FCC Terre Haute. He is now considered recovered.

(b)(6), (b)(7)(C)	6/8/2020	EXP	SWAB	6/10/2020	Negative	(b)(6), (b)(7)(C)	contact tracing 28	
	6/8/2020	EXP	SWAB	6/10/2020	Negative		contact tracing 28	
	6/8/2020	EXP	SWAB	6/10/2020	Negative		contact tracing 28	
	6/8/2020	EXP	SWAB	6/10/2020	Negative		contact tracing 28	
	6/8/2020	EXP	SWAB	6/10/2020	Negative		contact tracing 28	
	6/8/2020	EXP	SWAB	6/10/2020	Negative		contact tracing 28	
	6/8/2020	EXP	SWAB	6/10/2020	Negative		contact tracing 28	
	6/8/2020	EXP	SWAB	6/10/2020	Negative		contact tracing 28	
	6/8/2020	EXP	SWAB	6/10/2020	Negative		contact tracing 28	
	6/8/2020	EXP	SWAB	6/11/2020	Negative		contact tracing 28	
	6/8/2020	EXP	SWAB	6/10/2020	Negative		contact tracing 28	
	6/8/2020	EXP	SWAB	6/10/2020	Negative		contact tracing 28	
	6/8/2020	EXP	SWAB	6/11/2020	Negative		contact tracing 28	
	6/8/2020	EXP	SWAB	6/10/2020	Negative		contact tracing 28	
	6/8/2020	EXP	SWAB	6/10/2020	Negative		contact tracing 28	
	6/8/2020	EXP	SWAB	6/10/2020	Negative		contact tracing 28	
	6/8/2020	EXP	SWAB	6/10/2020	Negative		contact tracing 28	
	6/8/2020	EXP (2 degrees of sep)	SWAB	6/10/2020	Negative		contact tracing 28	S/L
	6/8/2020	EXP	SWAB	6/10/2020	Negative		contact tracing 28	
	6/8/2020	EXP	SWAB	6/10/2020	Negative		contact tracing 28	
6/8/2020	EXP	SWAB	6/10/2020	Negative	contact tracing 28			
6/9/2020	EXP	SWAB	6/11/2020	Negative	contact tracing 28			

(b)(6), (b)(7)(C)	6/9/2020	EXP	SWAB	6/11/2020	Negative	(b)(6), (b)(7)(C)	contact tracing 28	
	6/9/2020	EXP (2 degrees of sep)	SWAB	6/11/2020	Negative		contact tracing 28	S/L
	6/10/2020	EXP	SWAB	6/11/2020	Negative		contact tracing 28	
	6/10/2020	EXP	SWAB	6/12/2020	Negative		contact tracing 28	
	6/11/2020	Temp outside of THX	SWAB	6/12/2020	Negative			
	6/11/2020	EXP	SWAB	6/17/2020	Negative			
	6/15/2020	EXP	SWAB	6/17/2020	Negative			
	6/15/2020	EXP	SWAB	6/17/2020	Negative		contact tracing 28	
	6/22/2020	EXP	SWAB	6/24/2020	Negative			
	6/22/2020	Re-Test	SWAB	6/23/2020	Negative			
	7/8/2020	EXP	SWAB	7/11/2020	POSITIVE/Recovered			RECOVERED - 2 negative tests reported
	7/13/2020	EXP	SWAB	7/20/2020	Negative		contact tracing 68	
	7/13/2020	EXP	SWAB	7/17/2020	Negative		contact tracing 68	
	7/13/2020	EXP	SWAB	7/17/2020	Negative		contact tracing 68	
	7/13/2020	EXP	SWAB	7/18/2020	Negative		contact tracing 68	
	7/13/2020	EXP	SWAB	7/17/2020	Negative		contact tracing 68	
	7/13/2020	EXP	SWAB	7/16/2020	Negative		contact tracing 68	
	7/13/2020	EXP	SWAB	7/17/2020	Negative		contact tracing 68	
	7/12/2020	EXP	SWAB	7/20/2020	Negative		contact tracing 68	
	7/13/2020	EXP	SWAB	7/17/2020	Negative		contact tracing 68	
	7/13/2020	EXP	SWAB	7/17/2020	Negative		contact tracing 68	
	7/13/2020	EXP	SWAB	7/17/2020	Negative		contact tracing 68	
	7/13/2020	EXP	SWAB	7/17/2020	Negative		contact tracing 68	
	7/16/2020	EXP	SWAB	7/22/2020	Negative		contact tracing 68	
	7/17/2020	EXP	SWAB	Return to work 7/26/2020 Test results 7/31/2020	Negative		contact tracing 68	Tested at CVS
	7/17/2020	EXP	SWAB	Return to work 7/26/2020 Test results 7/31/2020	Negative		contact tracing 68	Tested at CVS
	7/17/2020	EXP	SWAB	Return to work 7/27/2020 Test results 8/1/2020	Negative		contact tracing 68	Tested at CVS
	7/13/2020	EXP	SWAB	7/17/2020	Negative		contact tracing 68	
7/14/2020	EXP	SWAB	7/17/2020	Negative	contact tracing 68			

(b)(6), (b)(7)(C)	7/14/2020	EXP	SWAB	7/16/2020	Negative	(b)(6), (b)(7)(C)	contact tracing 68	
	7/14/2020	EXP	SWAB	7/18/2020	Negative		contact tracing 68	
	7/14/2020	EXP	SWAB	7/18/2020	Negative		contact tracing 68	
	7/13/2020	EXP	SWAB	7/18/2020	Negative		contact tracing 68	
	7/15/2020	EXP	SWAB	7/18/2020	Negative			
	7/18/2020	SYMPTOMATIC	SWAB	7/21/2020	POSITIVE/Recovered			RECOVERED - 1 negative test / Reported back to work 08/04/2020
	7/20/2020	EXP	SWAB	7/22/2020	Negative			
	7/20/2020	SYMPTOMATIC	SWAB	7/22/2020	POSITIVE/Recovered		contact tracing 92	RECOVERED - 08/03/2020 - 2nd positive test; 08/10/2020 - negative test
	7/21/2020	EXP	SWAB	7/23/2020	Negative			
	7/20/2020	EXP	SWAB	7/22/2020	Negative		contact tracing 92	
	7/21/2020	EXP	SWAB	7/24/2020	Negative		contact tracing 92	
	7/21/2020	EXP	SWAB	7/22/2020	Negative		contact tracing 92	
	7/22/2020	EXP	SWAB	7/24/2020	Negative			
	7/22/2020	EXP	SWAB	7/24/2020	Negative		contact tracing 92	
	7/22/2020	SYMPTOMATIC	SWAB	7/27/2020	POSITIVE/Recovered			RECOVERED - Per new guidelines - He has been symptom-free for 10 days. A negative test is no longer required. Returned to work 08/12/2020.
	7/22/2020	EXP	SWAB	7/24/2020	Negative		contact tracing 92	
	7/23/2020	EXP	SWAB	7/25/2020	Negative		contact tracing 94	
	7/23/2020	SYMPTOMATIC	SWAB	7/26/2020	Negative			
	7/24/2020	EXP	SWAB	7/27/2020	Negative		contact tracing 94	
	7/26/2020	EXP	SWAB	8/8/2020	Negative			Test CVS
	7/26/2020	EXP	SWAB	8/3/2020	Negative		contact tracing 94	
	7/26/2020	EXP	SWAB	7/28/2020	Negative			
	7/27/2020	SYMPTOMATIC	SWAB	7/31/2020	POSITIVE/Recovered			RECOVERED - Per new guidelines - She has been symptom-free for 10 days. A negative test is no longer required. Returned to work 08/11/2020.
	7/27/2020	EXP	SWAB	7/29/2020	Negative		contact tracing 92	
	7/27/2020	EXP	SWAB	7/29/2020	Negative		contact tracing 92	
	7/27/2020	EXP	SWAB	8/8/2020	Negative			Tested at CVS (10 days) / Spoke to 08/07/2020
	7/28/2020	EXP	SWAB	7/30/2020	Negative			
	7/28/2020	SYMPTOMATIC	SWAB	7/31/2020	Negative			

(b)(6), (b)(7)(C)	7/29/2020	EXP - at secondary place of employment	SWAB	7/31/2020	Negative		
	7/29/2020	EXP - at secondary place of employment	SWAB	7/31/2020	Negative		
	7/30/2020	SYMPTOMATIC	SWAB	8/3/2020	Negative		Bronchitis
	7/31/2020	EXP	SWAB	8/3/2020	Negative		
	7/31/2020	SYMPTOMATIC	SWAB	8/3/2020	Negative		
	7/31/2020	EXP	SWAB	8/3/2020	Negative		
	8/3/2020	EXP	SWAB	8/6/2020	Negative	contact tracing 109	
	8/3/2020	EXP	SWAB	8/5/2020	Negative	contact tracing 109	
	8/5- Declined Testing	EXP	N/A	N/A	N/A		
	8/3/2020	EXP	SWAB	8/11/2020	Negative	contact tracing 109	Tested at CVS (10 days) ; 08/09 (b)(6); (b)(7)(C)
	8/3/2020	EXP	SWAB	8/5/2020	Negative	contact tracing 109	
	8/3/2020	EXP	SWAB	8/5/2020	Negative	contact tracing 109	
	8/4/2020	SYMPTOMATIC	SWAB	8/6/2020	Negative	contact tracing 109	
	8/4/2020	EXP	SWAB	8/10/2020	Negative	contact tracing 109	
	8/3- Declined Testing	EXP	N/A	N/A	N/A		
	Declined Testing	EXP	N/A	N/A	N/A		
	Declined Testing	EXP	N/A	N/A	N/A		
	Declined Testing	EXP	N/A	N/A	N/A		
	8/3/2020	SYMPTOMATIC	SWAB	8/5/2020	Negative		
	8/3/2020	EXP	SWAB	8/7/2020	Negative		
	8/5/2020	EXP	SWAB	8/7/2020	Negative		
	Declined Testing	EXP	N/A	N/A	N/A		
	8/5/2020	SYMPTOMATIC	SWAB	8/7/2020	Negative		
	8/5/2020	SYMPTOMATIC	SWAB	8/7/2020	Negative		
	8/7/2020	SYMPTOMATIC/EXP	SWAB	8/10/2020	Negative		
	8/7/2020	SYMPTOMATIC	SWAB	8/11/2020	Negative		
	8/10/2020	EXP	SWAB	8/12/2020	Negative		
	8/12/2020	SYMPTOMATIC	SWAB	8/16/2020	Negative		lower respiratory infection

(b)(6); (b)(7)(C)	8/13/2020	SYMPTOMATIC	SWAB	8/15/2020	POSITIVE	(b)(6); (b)(7)(C)	headache, cough, sore throat, upset stomach, fever, loss of taste.
	8/13/2020	EXP	SWAB	8/15/2020	POSITIVE		(b)(6) made contact on 8-24. He is feeling better and due to return to work on 8-28
	8/13/2020	SYMPTOMATIC	SWAB	8/15/2020	Negative		friend tested positive -runny nose and is very tired. (b)(6) tried to make contact 8-24-20. Left message.
	8/13/2020	EXP	SWAB	8/14/2020	Negative		Headache and has felt bad for 2 days
	8/14/2020	EXP	SWAB	8/15/2020	Negative		
	Declined Testing	EXP	N/A	N/A	N/A		
	8/13/2020	EXP	SWAB	8/15/2020	Negative		
	8/17/2020	EXP	SWAB	8/19/2020	Negative		contact tracing 144
	8/16/2020	EXP	SWAB	8/16/2020	POSITIVE		contact tracing 144
	8/17/2020	EXP	SWAB	8/20/2020	Negative		RECOVERED - Per new guidelines - He has been symptom-free for 10 days. A negative test is no longer required. Return to work on 8-28-20.
	Declined Testing	EXP	N/A	N/A	N/A		
	Declined Testing	EXP	N/A	N/A	N/A		
	Declined Testing	EXP	N/A	N/A	N/A		
	Declined Testing	EXP	N/A	N/A	N/A		
	8/17/2020	EXP	SWAB	8/20/2020	Negative		
	8/17/2020	EXP	SWAB	8/18/2020	Negative		
	8/17/2020	EXP	SWAB	8/19/2020	Negative		Girlfriend tested Positive for COVID-19
	8/17/2020	SYMPTOMATIC	SWAB	8/20/2020	Negative		contact tracing 151
	8/19/2020	EXP	SWAB	8/21/2020	Negative		Exposed to staff who tested positive / Headache and Sore Throat / Spoke to on 08-19-2020
	8/20/2020	SYMPTOMATIC	SWAB	8/22/2020	NEGATIVE		Exposed to inmate who tested positive. Test negative on 8-21-20
	8/24/2020	EXP	SWAB	8/26/2020	Negative		Sore throat, sneezing and coughing for a while. Last day of work (F2 and big room bubble) on 8.18/Spoke to on 8-21-2020
	8/23/2020	SYMPTOMATIC	SWAB	8/27/2020	Negative		Around symptomatic inmate in A1. Decided to get tested on his own (b)(6) made contact 8-24-20. He is scheduled for testing at 730pm 8-24-20. He will call with results 8-27-20 (b)(6) attempted to call. Mailbox full. Wife says negative
	8/24/2020	SYMPTOMATIC	SWAB	8/26/2020	Negative		Body aches, head ache, fever
	8/24/2020	SYMPTOMATIC	SWAB	8/26/2020	Negative		Feeling ill after working a double shift.
	8/24/2020	SYMPTOMATIC	SWAB	8/26/2020	Negative		Fever, cough, headache
	8/24/2020	SYMPTOMATIC	SWAB	8/26/2020	Negative		(b)(6) called 8-27-20. left VM
	8/24/2020	SYMPTOMATIC	SWAB	8/26/2020	Negative		States that she went to the doctor due to sinus/ear infections. Dr. recommended testing. Return to work 8-26-20
	8/25/2020	SYMPTOMATIC	SWAB	8/28/2020	Negative		Chills, fever, headache. (b)(6) called 8-27
8/25/2020	SYMPTOMATIC	SWAB	9/1/2020	Negative	Cold like symptoms. Called 8-27 and 8/31. Left VM		

(b)(6), (b)(7)(C)	8/29/2020	EXP	SWAB		Pending	(b)(6), (b)(7)(C)	Contact with Positive Family member/ using FFLA
	8/31/2020	SYMPTOMATIC	SWAB		Pending		Not specific
	8/31/2020	EXP	SWAB		Pending		Exposed to friend who tested positive for COVID
	9/1/2020	EXP	SWAB		Pending		Exposed to person who tested positive for COVID
	9/1/2020	EXP	SWAB		Pending		Contact with Positive Family member



FCC THX

Staff Positive Case Form

Be advised, all staff positive cases should be reported through your EOC. A copy/screenshot of the laboratory results or healthcare provider statement indicating the results should be sent to (b)(6), (b)(7)(C) @bop.gov) and (b)(6), (b)(7)(C) @bop.gov) for confirmation into the Bureau's database. The subject line for the email should include: "COVID-19 Staff + Results - Name of Institution"

Include the following information when reporting:

Emp name, initial or numerical indicator	(b)(6), (b)(7)(C)
Institution:	USP
Employee Department:	Custody
Last Day of Work:	7-20-20
First Day of Symptoms:	7-21-20
Test Date:	7-22-20
Test Confirmed Date:	7-27-20
Test Report Date:	7-27-20
*Unit(s)/Facility worked 48 hrs prior to symptoms or testing:	(b)(6), (b)(7)(C)
*Number of known staff contacts:	(b)(6) "Can't recall" (b)(6), (b)(7)(C)
*Staff notified and given the priority testing memo?	The only real staff he could recall being around were at a local establishment recently closed down due to a positive covid positive employee.
*Number of known inmate contacts:	Unknown
*Are any inmates quarantined and being tested as result of exposure? (#, unit)	No. We are on modified lock down anyway.
*Were staff wearing facial covering or PPE during potential exposure window?	"I can't recall", "I think so as far as wearing a mask". Obviously was not wearing one while out with friends.

*Needed for CI

CONTACT INVESTIGATION Questions for COVID-19 Illness Staff or Inmate

Purpose: This is a tool to help guide contact investigations at the institution level. The goal of interviewing the index case in a contact investigation is to gain the information needed for:

- (1) establishing the infectious period; and
- (2) Identifying potential contacts.
- (3) When utilizing for staff investigation, if question is not applicable, note N/A.

Overview:

- It is critically important that time be spent establishing trust with persons before conducting the interview, and making sure that the person understands the purpose of the contact investigation. Use an interpreter, if needed.
- The following questions should be used to guide the contact investigation interview. Depending on the person's responses, additional questions may be asked as follow-up on their answers.
- Inmates: If inmate is unavailable for interview (i.e., hospital), information can be obtained from cellmates, job supervisors, unit officer or team, etc.
- Staff: If staff is unavailable for interview, may need to obtain information from department head or Admin LT, etc.
- Do NOT file interview documentation in the inmate's medical record or **staff record**.
- Refer to CDC: <https://www.cdc.gov/coronavirus/2019-ncov/php/principles-contact-tracing.html>

Definitions:

- **Main symptoms of COVID-19:** Fever and cough, shortness of breath and may include-headache, sore throat, general feeling of being unwell (myalgia or fatigue), diarrhea or nausea
- **Infectious period:** Person is contagious at onset of symptoms and possibly shortly before (~48 hours).
- **Asymptomatic infections occur** – which means a person may be contagious without symptoms
- **Incubation** of illness or the time from exposure to illness onset is unknown. The average incubation period may be 3-5 days (range 2-14 days).
- **Treatment:** There is no specific treatment for COVID-19 at this time and no vaccine is currently available.
- **Exposed to COVID-19:** In general, you need to be in close contact with a sick person to get infected. Close contact includes:
 - Living in the same household or room and sharing close space (bathroom) with a sick person with COVID-19
 - Caring for a sick person with COVID-19
 - Being within 6 feet of a sick person with COVID-19 for about 10 minutes, OR
 - Being in direct contact with secretions from a sick person with COVID-19 (e.g., being coughed on, sharing cups or utensils, sharing personal items, kissing, etc.)

Inmate Name: _____ Registration #: _____ Facility Intake Date: _____
 STAFF MEMBER: (b)(6), (b)(7)(C) DEPT CO FACILITY VSP
 Interviewer Name: (b)(6), (b)(7)(C) Interview Date: 7/27/20

7/28/20 Call from (b)(6), (b)(7)(C) VCBH. Finally got in touch z (b)(6), (b)(7)(C) he was feeling worse, so they advised he go to hospital. Phone# (b)(6), (b)(7)(C)
 7/30/20

Sat 18th -
19 - for 20th ris
day

Goes there all the time

Federal Bureau of Prisons

(b)(6), (b)(7)(C)

1. Review the COVID diagnosis with the person:

- Assess person's knowledge of the condition.
- Describe COVID, how it is diagnosed and treated, and the treatment plan.
- Describe how COVID is transmitted (droplet).
- Discuss the need to identify potentially exposed contacts.

(b)(6), (b)(7)(C)

2. Ask about the history:

a. Have you had any known contact with a confirmed or probable diagnosis of COVID? Yes No.

IF YES, where and when?

ON (b)(6), (b)(7)(C)

b. Have you had a positive COVID test? YES NO.

IF YES, where and when?

7/22 - tested 7/27 results back positive.

c. Have you been diagnosed with COVID-19? YES NO.

IF YES, where and when?

3. Ask about medical history: (NA for staff)

What other medical conditions do you have?

✓

4. Ask about history of COVID symptoms:

(b)(6), (b)(7)(C)	Have you had any of the following symptoms?	If Yes, how long have you had them? When did they start?
	Cough	(b)(6), (b)(7)(C)
	Fever	
	Shortness of breath	
	Chills	
	Muscle pain	
	Lethargy or fatigue	
	Headache	
	GI symptoms-Nausea or Diarrhea (3+ stools in 24 hours)	
	Chest pain or tightness	
	Sore throat	
	Loss of taste or smell	
	Other:	

Date of symptom onset: 7/20/20

(b)(6), (b)(7)(C)

Cloworkers
Can't recall

(b)(6), (b)(7)(C)

Tues
21st
1am
20th

11. Ask: In the last 2 days.....Who are your close friends that you spend time with? Are there any others whom you've spent time with that you would be concerned about getting exposed to COVID-19? (>15 minutes of close contact)

(For Staff: Only close contacts that work at institution)

Nobody

12. Inmates - Ask: Did you have any visitors 2 days before symptom onset? YES NO

Visitor Name	When Visited	Locating Information

13. Inmates - Ask: Since / / (2 days before symptom onset), have you had lawyer visits?

YES NO

Lawyer Name/Info	When Visited

14. Ask: Are there any staff members that you have had close contact with? Yes NO

Staff Name		

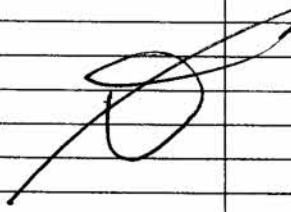
15. Ask: Is there any other information that might help identify anyone else you've been in contact with?

Is there anyone else who you're concerned could have become infected with COVID-19 by being near you?

No

16. Ask: Do you have any questions about the COVID-19 illness?

No going day by day

5. Ask about the risk factors:					
(b)(6); (b)(7)(C)		Please answer the following questions:		When and Where?	
		Are you living with someone diagnosed with COVID-19?			
		Have you had contact with someone diagnosed with COVID-19 (> 10 minutes, < 6 feet)?		(b)(6), (b)(7)(C)	
		Are you part of a carpool to work or use public transit?			
6. If symptoms began prior to arrival at facility: (not applicable to staff)					
a. Where were you living?					
b. Who were you living with?					
7. Please describe your previous day-to-day activities at this facility:					
Time of Day		Daily Activities			
Morning		<i>Sleep; work</i>			
Mid-Day					
Afternoon					
Evening					
8. Ask: Has this been your pattern during the period since <u>7/11</u> (2 days before symptom onset), or has the way you spend your time changed in any way?					
Same		Changed		How and when did your daily pattern change?	
				<i>Nothing changed</i>	
9. Staff only: Did you spend time with anyone outside of your assigned duty post (i.e., lunch, visits, socializing, and institution gym) in the 2 days prior to illness?					
9. Ask: Please tell me if you have been involved in any of the following activities ...(Inmates only)					
YES	NO	Activity	Where?	When?	With whom?
		Watching TV			
		Playing cards or games			
		Religious services			
		Recreation or sports			
		Work			
		Education			
		Library			
		Other:			
		Other:			

FOOTHX



Staff Positive Case Form

Be advised, all staff positive cases should be reported through your EOC. A copy/screenshot of the laboratory results or healthcare provider statement indicating the results should be sent to (b)(6) (b)(6), (b)(7)(C) @bop.gov) and (b)(6), (b)(7)(C) @bop.gov) for confirmation into the Bureau's database. The subject line for the email should include: "COVID-19 Staff + Results - Name of Institution"

Include the following information when reporting:

Emp name, initial or numerical indicator	(b)(6), (b)(7)(C)
Institution:	Housed @ USP but was around approx. 70 inmates (b)(6), (b)(7)(C)
Employee Department:	(b)(6), (b)(7)(C)
Last Day of Work:	6/4/20
First Day of Symptoms:	6/1/20 (b)(6), (b)(7)(C) 6/5/20
Test Date:	6/4/20
Test Confirmed Date:	6/6/20
Test Report Date:	6/6/20
*Unit(s)/Facility worked 48 hrs prior to symptoms or testing:	Was in the office most of the time. Reports any inmates he was around was correct social distancing i
*Number of known staff contacts:	had masks on minimal
*Staff notified and given the priority testing memo?	?
*Number of known inmate contacts:	Approx 70, however all were appropriate & social distance and masks were work.
*Are any inmates quarantined and being tested as result of exposure? (#, unit)	No
*Were staff wearing facial covering or PPE during potential exposure window?	Yes

*Needed for CI

**CONTACT INVESTIGATION Questions for COVID-19 Illness
Staff and Inmate**

Purpose: This is a tool to help guide contact investigations at the institution level. The goal of interviewing the index case in a contact investigation is to gain the information needed for:

- (1) establishing the infectious period; and
- (2) Identifying potential contacts.
- (3) When utilizing for staff investigation, if question is not applicable, note N/A.

Overview:

- It is critically important that time be spent establishing trust with persons before conducting the interview, and making sure that the person understands the purpose of the contact investigation. Use an interpreter if needed.
- The following questions should be used to guide the contact investigation interview. Depending on the person's responses, additional questions may be asked as follow-up on their answers.
- Inmates: If inmate is unavailable for interview (i.e., hospital), information can be obtained from cellmates, job supervisors, unit officer or team, etc.
- Staff: If staff is unavailable for interview, may need to obtain information from department head or Admin LT, etc.
- **Do NOT file interview documentation in the inmate's medical record or staff record.**

Patient Name: _____ Registration #: _____ Facility Intake Date: _____

STAFF MEMBER: (b)(6), (b)(7)(C)

Interviewer Name: (b)(6), (b)(7)(C)

Interview Date: 6/5/2020

1. Review the COVID diagnosis with the person:	
<input checked="" type="checkbox"/> Assess person's knowledge of the condition. <input checked="" type="checkbox"/> Describe COVID, how it is diagnosed and treated, and the treatment plan. <input checked="" type="checkbox"/> Describe how COVID is transmitted (droplet). <input type="checkbox"/> Discuss the need to identify potentially exposed contacts.	
2. Ask about the history:	
a. Have you had any known contact with a confirmed or probable diagnosis of COVID? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. IF YES, where and when? last contact Wed	
b. Have you had a positive COVID test? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF YES, where and when? Test pending	
c. Have you been diagnosed with COVID-19? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF YES, where and when?	
3. Ask about medical history: (NA for staff)	
What other medical conditions do you have?	
4. Ask about history of COVID symptoms:	
(b)(6), (b)(7)(C) Have you had any of the following symptoms?	If Yes, how long have you had them? When did they start?
Cough?	(b)(6), (b)(7)(C)
Fever?	(b)(6), (b)(7)(C)
Shortness of breath	(b)(6), (b)(7)(C)
Chills?	(b)(6), (b)(7)(C)
Lethargy or fatigue?	(b)(6), (b)(7)(C)
Chest pain or tightness?	(b)(6), (b)(7)(C)
Sore throat? Other?	(b)(6), (b)(7)(C)
Date of symptom onset: _____	

11. Ask: In the last 5 days... Who are your close friends that you spend time with? Are there any others whom you've spent time with that you would be concerned about getting exposed to COVID-19?

(For Staff: Only close contacts that work at institution)

NONE

12. Inmates - Ask: Did you have any visitors 5 days before symptom onset? YES NO

Visitor Name	When Visited	Locating Information

13. Inmates - Ask: Since / / (5 days before symptom onset), have you had lawyer visits?
 YES NO

Lawyer Name/Info	When Visited

14. Ask: Are there any staff members that you have had close contact with? Yes NO

Staff Name		

15. Ask: Is there any other information that might help identify anyone else you've been in contact with?
 Is there anyone else who you're concerned could have become infected with COVID-19 by being near you?

Staff member reports staying in office most of time. The inmate interactions were brief and staff/inmate wearing face covers at all times. ↑ distance

16. Ask: Do you have any questions about the COVID-19 illness?

No questions; Staff Member was called by local health dept and informed of CoV info.

btw also.

5. Ask about the risk factors:					
YES	NO	Please answer the following questions:		When and Where?	
(b)(6), (b)(7)(C)		Are you living with someone diagnosed with COVID-19?			
		Have you had contact with someone diagnosed with COVID-19 (> 30 minutes, < 6 feet)?		(b)(6), (b)(7)(C)	
6. If symptoms began prior to arrival at facility: (not applicable to staff)					
a. Where were you living?					
b. Who were you living with?					
7. Please describe your previous day-to-day activities at this facility:					
Time of Day		Daily Activities			
Morning		(b)(6), (b)(7)(C) M-F 7:30 - 4 pm			
Mid-Day					
Afternoon					
Evening					
8. Ask: Has this been your pattern during the period since <u>1/1</u> (² days before symptom onset), or has the way you spend your time changed in any way?					
Same	Changed	How and when did your daily pattern change?			
9. Staff only: Did you spend time with anyone outside of your assigned duty post (i.e., lunch, visits, socializing, and institution gym) in the 5 days prior to illness?					
NO					
9. Ask: Please tell me if you have been involved in any of the following activities ...(Inmates only)					
YES	NO	Activity	Where?	When?	With whom?
		Watching TV?			
		Playing cards or games?			
		Religious services?			
		Recreation or sports?			
		Work?			
		Education?			
		Library?			
		Other?			
		Other?			
COVID-19 ILLNESS Contact Investigation - Interview Questions (page 2 of 3)					

CONTACT INVESTIGATION Questions for COVID-19 Illness Staff or Inmate

Purpose: This is a tool to help guide contact investigations at the institution level. The goal of interviewing the index case in a contact investigation is to gain the information needed for

- (1) establishing the infectious period; and
- (2) Identifying potential contacts.
- (3) When utilizing for staff investigation, if question is not applicable, note N/A.

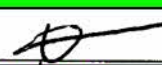
Overview:

- It is critically important that time be spent establishing trust with persons before conducting the interview, and making sure that the person understands the purpose of the contact investigation. Use an interpreter, if needed.
- The following questions should be used to guide the contact investigation interview. Depending on the person's responses, additional questions may be asked as follow-up on their answers.
- Inmates: If inmate is unavailable for interview (i.e., hospital), information can be obtained from cellmates, job supervisors, unit officer or team, etc.
- Staff: If staff is unavailable for interview, may need to obtain information from department head or Admin LT, etc.
- Do NOT file interview documentation in the inmate's medical record or **staff record**.
- Refer to CDC: <https://www.cdc.gov/coronavirus/2019-ncov/php/principles-contact-tracing.html>

Definitions:

- **Main symptoms of COVID-19:** Fever and cough, shortness of breath and may include-headache, sore throat, general feeling of being unwell (myalgia or fatigue), diarrhea or nausea
- **Infectious period:** Person is contagious at onset of symptoms and possibly shortly before (~48 hours).
- **Asymptomatic infections occur** – which means a person may be contagious without symptoms
- **Incubation** of illness or the time from exposure to illness onset is unknown. The average incubation period may be 3-5 days (range 2-14 days).
- **Treatment:** There is no specific treatment for COVID-19 at this time and no vaccine is currently available.
- **Exposed to COVID-19:** In general, you need to be in close contact with a sick person to get infected. Close contact includes
 - o Living in the same household or room and sharing close space (bathroom) with a sick person with COVID-19
 - o Caring for a sick person with COVID-19
 - o Being within 6 feet of a sick person with COVID-19 for about 10 minutes, OR
 - o Being in direct contact with secretions from a sick person with COVID-19 (e.g., being coughed on, sharing cups or utensils, sharing personal items, kissing, etc.)

Inmate Name (b)(6), (b)(7)(C) Registration # (b)(6), (b)(7)(C) Facility Intake Date: 4-21-20

STAFF MEMBER:  DEPT _____ FACILITY DSPB2

Interviewer Name (b)(6), (b)(7)(C) Interview Date: 8-11-20

Cellmate (b)(6), (b)(7)(C)

V104

1. Review the COVID diagnosis with the person:

- Assess person's knowledge of the condition.
- Describe COVID, how it is diagnosed and treated, and the treatment plan.
- Describe how COVID is transmitted (droplet).
- Discuss the need to identify potentially exposed contacts.

2. Ask about the history:

a. Have you had any known contact with a confirmed or probable diagnosis of COVID? Yes No.
 IF YES, where and when? _____

b. Have you had a positive COVID test? YES NO.
 IF YES, where and when? VSP 8/10/20 TEST Neg 7/27/20

c. Have you been diagnosed with COVID-19? YES NO.
 IF YES, where and when? VSP 8/10/20

3. Ask about medical history: (NA for staff)
 What other medical conditions do you have? Nothing

4. Ask about history of COVID symptoms:

(b)(6), (b)(7)(C)	Have you had any of the following symptoms?	If Yes, how long have you had them? When did they start?
	Cough	(b)(6); (b)(7)(C)
	Fever	
	Shortness of breath	
	Chills	
	Muscle pain	
	Lethargy or fatigue	
	Headache	
	GI symptoms-Nausea or Diarrhea (3+ stools in 24 hours)	
	Chest pain or tightness	
	Sore throat	
	Loss of taste or smell	
	Other:	
Date of symptom onset: ___/___/___		

5. Ask about the risk factors:

(b)(6), (b)(7)(C)	Please answer the following questions		When and Where?
	Are you living with someone diagnosed with COVID-19?		
	Have you had contact with someone diagnosed with COVID-19 (> 10 minutes, < 6 feet)?		
	Are you part of a carpool to work or use public transit?		

6. If symptoms began prior to arrival at facility: (not applicable to staff)

a. Where were you living? **NA**

b. Who were you living with? **Asymptomatic**

7. Please describe your previous day-to-day activities at this facility:

Time of Day	Daily Activities
Morning	Coffee, stretch, read, draw
Mid-Day	Music or talk to other (b)(6), (b)(7)(C)
Afternoon	Music or draw
Evening	Read, workout, face.

8. Ask: Has this been your pattern during the period since 1/1 (2 days before symptom onset), or has the way you spend your time changed in any way?

Same	Changed	How and when did your daily pattern change?
		Nothing has changed. Asymptomatic

9. Staff only: Did you spend time with anyone outside of your assigned duty post (i.e., lunch, visits, socializing, and institution gym) in the 2 days prior to illness?

9. Ask: Please tell me if you have been involved in any of the following activities ... (Inmates only)

YES	NO	Activity	Where?	When?	With whom?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Watching TV	Wasn't watching TV until 1/20		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Playing cards or games			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Religious services			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Recreation or sports			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Work			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Education			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Library	Just in cell facing it		
<input type="checkbox"/>	<input type="checkbox"/>	Other:			
<input type="checkbox"/>	<input type="checkbox"/>	Other:			

COVID-19 ILLNESS Contact Investigation – Interview Questions (page 2 of 3)

11. Ask: In the last 2 days.....Who are your close friends that you spend time with? Are there any others whom you've spent time with that you would be concerned about getting exposed to COVID-19? (>15 minutes of close contact)

(For Staff: Only close contacts that work at institution)

Only cellie (b)(6), (b)(7)(C) on 8th floor
 (b)(6), (b)(7)(C) went home on 10th

12. Inmates - Ask: Did you have any visitors 2 days before symptom onset? YES NO

Visitor Name	When Visited	Locating Information
		None

13. Inmates - Ask: Since / / (2 days before symptom onset), have you had lawyer visits?
 YES NO

Lawyer Name/Info	When Visited
Asymptomatic	

14. Ask: Are there any staff members that you have had close contact with? Yes NO

Staff Name		
No.		
"Just you today"		

15. Ask: Is there any other information that might help identify anyone else you've been in contact with?
 Is there anyone else who you're concerned could have become infected with COVID-19 by being near you?

No!

16. Ask: Do you have any questions about the COVID-19 illness?

None!

(b)(6), (b)(7)(C) **Staff Recovered Request-** (b)(6), (b)(7)(C)

From: THA/Command Center~
To: (b)(6), (b)(7)(C)
Date: 8/31/2020 4:05 PM
Subject: Staff Recovered Request- (b)(6), (b)(7)(C)
CC: (b)(6), (b)(7)(C)

Staff Recovered Request

Name: (b)(6), (b)(7)(C)
Department: Correctional Services
Last Day at Work: 8/11/2020 (b)(6), (b)(7)(C)
First Symptoms: 8/11/2020
Test Date: 8/13/2020
Test Confirmed Date: 08/15/2020 POSITIVE
On/Returning from TDY in past 14 days: No
If Yes, Name of Institution where TDYed: N/A

Date Back to Work: 8/28/2020
Symptomatic/Asymptomatic: Asymptomatic (over 10 days)

CONTACT INVESTIGATION Questions for COVID-19 Illness Staff or Inmate

Purpose: This is a tool to help guide contact investigations at the institution level. The goal of interviewing the index case in a contact investigation is to gain the information needed for:

- (1) establishing the infectious period: and
- (2) Identifying potential contacts.
- (3) When utilizing for staff investigation, if question is not applicable, note N/A.

Overview:

- It is critically important that time be spent establishing trust with persons before conducting the interview, and making sure that the person understands the purpose of the contact investigation. Use an interpreter, if needed.
- The following questions should be used to guide the contact investigation interview. Depending on the person's responses, additional questions may be asked as follow-up on their answers.
- Inmates: If inmate is unavailable for interview (i.e., hospital), information can be obtained from cellmates, job supervisors, unit officer or team, etc.
- Staff: If staff is unavailable for interview, may need to obtain information from department head or Admin LT, etc.
- Do NOT file interview documentation in the inmate's medical record or **staff record**.
- Refer to CDC: <https://www.cdc.gov/coronavirus/2019-ncov/php/principles-contact-tracing.html>

Definitions:

- **Main symptoms of COVID-19:** Fever and cough, shortness of breath and may include-headache, sore throat, general feeling of being unwell (myalgia or fatigue), diarrhea or nausea
- **Infectious period:** Person is contagious at onset of symptoms and possibly shortly before (~48 hours).
- **Asymptomatic infections occur** – which means a person may be contagious without symptoms
- **Incubation** of illness or the time from exposure to illness onset is unknown. The average incubation period may be 3-5 days (range 2-14 days).
- **Treatment:** There is no specific treatment for COVID-19 at this time and no vaccine is currently available.
- **Exposed to COVID-19:** In general, you need to be in close contact with a sick person to get infected. Close contact includes:
 - Living in the same household or room and sharing close space (bathroom) with a sick person with COVID-19
 - Caring for a sick person with COVID-19
 - Being within 6 feet of a sick person with COVID-19 for about 10 minutes, OR
 - Being in direct contact with secretions from a sick person with COVID-19 (e.g., being coughed on, sharing cups or utensils, sharing personal items, kissing, etc.)

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

Inmate Name: _____ Registration #: 8 Facility Intake Date: 8

STAFF MEMBER: (b)(6); (b)(7)(C) DEPT C/O FACILITY FCL

Interviewer Name: (b)(6); (b)(7)(C) Interview Date: 8/15/20

Federal Bureau of Prisons

Contact Investigation for COVID-19 Illness

5. Ask about the risk factors:

(b)(6), (b)(7)(C) Please answer the following questions: When and Where?

(b)(6), (b)(7)(C) Are you living with someone diagnosed with COVID-19?

(b)(6), (b)(7)(C) Have you had contact with someone diagnosed with COVID-19 (> 10 minutes, < 6 feet)?

(b)(6), (b)(7)(C) Are you part of a carpool to work or use public transit?

6. If symptoms began prior to arrival at facility: (not applicable to staff)

a. Where were you living? *NA*

b. Who were you living with? *NA*

7. Please describe your previous day-to-day activities at this facility:

Time of Day	Daily Activities
Morning	<i>Sleep work Work out at anytime Not been there since July 31st</i>
Mid-Day	
Afternoon	
Evening	

8. Ask: Has this been your pattern during the period since 8/09/20 (2 days before symptom onset), or has the way you spend your time changed in any way?

Same	Changed	How and when did your daily pattern change?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Worked (b)(6), (b)(7)(C) on EW on 9th - 10th</i>

9. Staff only: Did you spend time with anyone outside of your assigned duty post (i.e., lunch, visits, socializing, and institution gym) in the 2 days prior to illness?

"No"

9. Ask: Please tell me if you have been involved in any of the following activities ...(Inmates only)

YES	NO	Activity	Where?	When?	With whom?
		Watching TV			
		Playing cards or games			
		Religious services			
		Recreation or sports			
		Work	<i>NA</i>		
		Education			
		Library			
		Other:			
		Other:			

COVID-19 ILLNESS Contact Investigation – Interview Questions (page 2 of 3)

(b)(6), (b)(7)(C) **Contact Investigation**

From: (b)(6), (b)(7)(C)
To: (b)(6), (b)(7)(C)
Date: 8/15/2020 7:30 PM
Subject: Contact Investigation
BC: (b)(6), (b)(7)(C)

The following staff were identified to not have a mask on or not wearing it properly around Officer (b)(6), (b)(7)(C)

- (b)(6), (b)(7)(C) (Correctional Services)
- (b)(6), (b)(7)(C) (Health Services)
- (b)(6), (b)(7)(C) (Correctional Services)
- (b)(6), (b)(7)(C) (Correctional Services)
- (b)(6), (b)(7)(C) (Facilities)
- (b)(6), (b)(7)(C) (Correctional Services) (b)(6), (b)(7)(C)
- (b)(6), (b)(7)(C) (Correctional Services)
- (b)(6), (b)(7)(C) (Correctional Services) (b)(6), (b)(7)(C)
- (b)(6), (b)(7)(C) (Correctional Services) (b)(6), (b)(7)(C)

The following staff were identified to not have a mask on or not wearing it properly around Officer (b)(6), (b)(7)(C)

- (b)(6), (b)(7)(C) (Correctional Services)

CONTACT INVESTIGATION Questions for COVID-19 Illness Staff or Inmate

Purpose: This is a tool to help guide contact investigations at the institution level. The goal of interviewing the index case in a contact investigation is to gain the information needed for

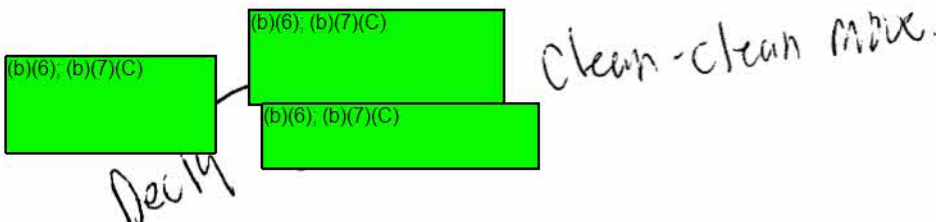
- (1) establishing the infectious period and
- (2) Identifying potential contacts
- (3) When utilizing for staff investigation, if question is not applicable, note N/A.

Overview:

- It is critically important that time be spent establishing trust with persons before conducting the interview, and making sure that the person understands the purpose of the contact investigation. Use an interpreter, if needed
- The following questions should be used to guide the contact investigation interview. Depending on the person's responses, additional questions may be asked as follow-up on their answers.
- Inmates. If inmate is unavailable for interview (i.e., hospital), information can be obtained from cellmates, job supervisors, unit officer or team, etc.
- Staff. If staff is unavailable for interview, may need to obtain information from department head or Admin LT, etc.
- Do NOT file interview documentation in the inmate's medical record or *staff record*.
- Refer to CDC: <https://www.cdc.gov/coronavirus/2019-ncov/php/principles-contact-tracing.html>

Definitions:

- **Main symptoms of COVID-19:** Fever and cough, shortness of breath and may include-headache, sore throat, general feeling of being unwell (myalgia or fatigue), diarrhea or nausea
- **Infectious period:** Person is contagious at onset of symptoms and possibly shortly before (~48 hours).
- **Asymptomatic infections occur** – which means a person may be contagious without symptoms
- **Incubation** of illness or the time from exposure to illness onset is unknown. The average incubation period may be 3-5 days (range 2-14 days)
- **Treatment:** There is no specific treatment for COVID-19 at this time and no vaccine is currently available.
- **Exposed to COVID-19:** In general, you need to be in close contact with a sick person to get infected. Close contact includes
 - Living in the same household or room and sharing close space (bathroom) with a sick person with COVID-19
 - Caring for a sick person with COVID-19
 - Being within 6 feet of a sick person with COVID-19 for about 10 minutes, OR
 - Being in direct contact with secretions from a sick person with COVID-19 (e.g., being coughed on, sharing cups or utensils, sharing personal items, kissing, etc.)



Inmate Name: (b)(6), (b)(7)(C) Citation #: (b)(6), (b)(7)(C) Facility Intake Date: 2/20/19

STAFF MEMBER: _____ DEPT _____ FACILITY VSP (b)(6), (b)(7)(C)

Interviewer Name: (b)(6), (b)(7)(C) Interview Date: 8/12/20

Cellmate: (b)(6), (b)(7)(C)

V109

Public Health - Interview

COVID-19 Interview Questions

1. Review the COVID diagnosis with the person:

- Assess person's knowledge of the condition
- Describe COVID, how it is diagnosed and treated, and the treatment plan
- Describe how COVID is transmitted (droplet)
- Discuss the need to identify potentially exposed contacts

2. Ask about the history:

a. Have you had any known contact with a confirmed or probable diagnosis of COVID? Yes No
IF YES, where and when? NO

b. Have you had a positive COVID test? YES NO
IF YES, where and when? NO

c. Have you been diagnosed with COVID-19? YES NO
IF YES, where and when? NO

3. Ask about medical history: (NA for staff) (b)(6), (b)(7)(C)
What other medical conditions do you have?

4. Ask about history of COVID symptoms:

(b)(6), (b)(7)(C)	Did you have any of the following symptoms?	If Yes, how long have you had them? When did they start?
		(b)(6), (b)(7)(C)
	Shortness of breath	
	Chest pain	
	Headache or fatigue	
	Sore throat	
	Symptoms-Nausea or Diarrhea (3+ in 24 hours)	
	Joint pain or tightness	
	Loss of taste or smell	

Date of symptom onset: ___ / ___ / ___

5. Ask about the risk factors:

(b)(6), (b)(7)(C)	Please answer the following questions	When and Where?
	Are you living with someone diagnosed with COVID-19?	
	Have you had contact with someone diagnosed with COVID-19 (> 10 minutes, < 6 feet)?	
	Did you part of a carpool to work or use public transit?	

6. If symptoms began prior to arrival at facility: (not applicable to staff)

a. Where were you living? *Asymptomatic*

b. Who were you living with? *(b)(6), (b)(7)(C) cellie, not sick*

7. Please describe your pre-arrival activities at this facility:

Time of Day	Daily Activities
Morning	<i>Exercise, break fast, shower, hookin room</i>
Mid-Day	<i>Same head. Watch TV</i>
Afternoon	<i>Same</i>
Evening	<i>Same Nothing is?</i>

8. Ask: Has this been your pattern during the period since 1/1 (2 days before symptom onset), or has the way you spend your time changed in any way?

Same	Changed	How and when did your daily pattern change?
		<i>Been the same until went to (b)(6), (b)(7)(C) in January</i>

9. Staff only: Did you spend time with anyone outside of your assigned duty post (i.e., lunch, visits, socializing, and institution gym) in the 2 days prior to illness?

9. Ask: Please tell me if you have been involved in any of the following activities ... (Inmates only)

YES	NO	Activity	Where?	When?	With whom?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Watching TV	<i>Day room when out for rec. or in visit</i>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Playing cards or games			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Religious services			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Recreation or sports	<i>Day room in (b)(6), (b)(7)(C)</i>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Work			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Education			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Library			
<input type="checkbox"/>	<input type="checkbox"/>	Other:			
<input type="checkbox"/>	<input type="checkbox"/>	Other:			

COVID-19 ILLNESS Contact Investigation - Interview Questions (page 2 of 3)

11. Ask: In the last 2 days.....Who are your close friends that you spend time with? Are there any others whom you've spent time with that you would be concerned about getting exposed to COVID-19? (>15 minutes of close contact)

(For Staff: Only close contacts that work at institution)

Handwritten signature in a lined box.

12. Inmates - Ask: Did you have any visitors 2 days before symptom onset? YES NO

Visitor Name	When Visited	Locating Information
<i>[Handwritten signature]</i>		

13. Inmates - Ask: Since / / (2 days before symptom onset), have you had lawyer visits?

YES NO

Lawyer Name/Info	When Visited
<i>[Handwritten signature]</i>	

14. Ask: Are there any staff members that you have had close contact with? Yes NO

Staff Name		
(b)(6), (b)(7)(C)		

15. Ask: Is there any other information that might help identify anyone else you've been in contact with?

Is there anyone else who you're concerned could have become infected with COVID-19 by being near you?

None only other inmates but wasn't close to anyone

16. Ask: Do you have any questions about the COVID-19 illness?

Handwritten signature in a lined box.

(b)(6), (b)(7)(C)

CONTACT INVESTIGATION Questions for COVID-19 Illness Staff or Inmate

Purpose: This is a tool to help guide contact investigations at the institution level. The goal of interviewing the index case in a contact investigation is to gain the information needed for

- (1) establishing the infectious period and
- (2) Identifying potential contacts.
- (3) When utilizing for staff investigation, if question is not applicable, note N/A.

Overview:

- It is critically important that time be spent establishing trust with persons before conducting the interview, and making sure that the person understands the purpose of the contact investigation. Use an interpreter, if needed
- The following questions should be used to guide the contact investigation interview. Depending on the person's responses, additional questions may be asked as follow-up on their answers
- Inmates: If inmate is unavailable for interview (i.e., hospital), information can be obtained from cellmates, job supervisors, unit officer or team, etc
- Staff: If staff is unavailable for interview, may need to obtain information from department head or Admin LT, etc
- Do NOT file interview documentation in the inmate's medical record or **staff record**.
- Refer to CDC: <https://www.cdc.gov/coronavirus/2019-ncov/php/principles-contact-tracing.html>

Definitions:

- **Main symptoms of COVID-19:** Fever and cough, shortness of breath and may include-headache, sore throat, general feeling of being unwell (myalgia or fatigue), diarrhea or nausea
- **Infectious period:** Person is contagious at onset of symptoms and possibly shortly before (~48 hours)
- **Asymptomatic infections occur** – which means a person may be contagious without symptoms
- **Incubation of illness** or the time from exposure to illness onset is unknown. The average incubation period may be 3-5 days (range 2-14 days)
- **Treatment:** There is no specific treatment for COVID-19 at this time and no vaccine is currently available.
- **Exposed to COVID-19:** In general, you need to be in close contact with a sick person to get infected. Close contact includes
 - Living in the same household or room and sharing close space (bathroom) with a sick person with COVID-19
 - Caring for a sick person with COVID-19
 - Being within 6 feet of a sick person with COVID-19 for about 10 minutes, OR
 - Being in direct contact with secretions from a sick person with COVID-19 (e.g., being coughed on, sharing cups or utensils, sharing personal items, kissing, etc.)

Inmate Name: (b)(6), (b)(7)(C) Registration: (b)(6), (b)(7)(C) Facility Intake Date: 4/22/20

STAFF MEMBER: (b)(6), (b)(7)(C) DEPT: _____ FACILITY: _____

Interviewer Name: (b)(6), (b)(7)(C) Interview Date: 8/11/20

(b)(6), (b)(7)(C) (b)(6), (b)(7)(C)
cellmate.
(b)(6), (b)(7)(C)

Public Health Service

Form for Staff Interview for COVID-19 Cases

1. Review the COVID diagnosis with the person:

- Assess person's knowledge of the condition.
- Describe COVID, how it is diagnosed and treated, and the treatment plan.
- Describe how COVID is transmitted (droplet).
- Discuss the need to identify potentially exposed contacts.

2. Ask about the history:

a. Have you had any known contact with a confirmed or probable diagnosis of COVID? Yes No
 If YES, where and when? UNKNOWN

b. Have you had a positive COVID test? YES NO
 IF YES, where and when?

c. Have you been diagnosed with COVID-19? YES NO
 IF YES, where and when? Aug @ FCC THP (b)(6); (b)(7)(C)

3. Ask about medical history: (NA for staff) (b)(6); (b)(7)(C)
 What other medical conditions do you have?

4. Ask about history of COVID symptoms:

(b)(6); (b)(7)(C)	Did you have any of the following symptoms?	If Yes, how long have you had them? When did they start? (b)(6); (b)(7)(C)
	Loss of breath	
	Chest pain	
	Headache or fatigue	
	Diarrhea	
	Symptoms-Nausea or Diarrhea (3+ in 24 hours)	
	Chest pain or tightness	
	Sore throat	
	Change in taste or smell	
	<u>Denies</u>	

Date of symptom onset: 1/1 A symptomatic

As the Supervisor of Prisoners

(b)(6), (b)(7)(C)

and to COVID-19 cases.

5. Ask about the risk factors:

(b)(6), (b)(7)(C)	Please answer the following questions	When and Where?
	Are you living with someone diagnosed with COVID-19?	
	Did you have contact with someone diagnosed with COVID-19 (> 10 minutes, < 6 feet)?	"not aware of"
	Are you part of a carpool to work or use public transit?	

6. If symptoms began prior to arrival at facility: (not applicable to staff)

a. Where were you living?	Has been here since	(b)(6), (b)(7)(C)
b. Who were you living with?	N/A	

7. Please describe your previous day-to-day activities at this facility:

Time of Day	Daily Activities
Morning	Wake up
Mid-Day	Nothing
Afternoon	Nothing just walk about cell
Evening	Same thing

8. Ask: Has this been your pattern during the period since 1/1 (2 days before symptom onset), or has the way you spend your time changed in any way?

Same	Changed	How and when did your daily pattern change?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	"Been that way since I got here"

9. Staff only: Did you spend time with anyone outside of your assigned duty post (i.e., lunch, visits, socializing, and institution gym) in the 2 days prior to illness?

[Signature]

9. Ask: Please tell me if you have been involved in any of the following activities ... (Inmates only)

YES	NO	Activity	Where?	When?	With whom?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Watching TV	(b)(6), (b)(7)(C)	through door	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Playing cards or games	(b)(6), (b)(7)(C)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Religious services			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Recreation or sports			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Work			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Education			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Library			
<input type="checkbox"/>	<input type="checkbox"/>	Other: Nothing			
<input type="checkbox"/>	<input type="checkbox"/>	Other:			

11. Ask: In the last 2 days.....Who are your close friends that you spend time with? Are there any others whom you've spent time with that you would be concerned about getting exposed to COVID-19? (>15 minutes of close contact)

(For Staff: Only close contacts that work at institution)

Marked down

Marked down

12. Inmates - Ask: Did you have any visitors 2 days before symptom onset? YES NO

Visitor Name	When Visited	Locating Information
<i>Marked down</i>		

13. Inmates - Ask: Since / / (2 days before symptom onset), have you had lawyer visits?

YES NO

Lawyer Name/Info	When Visited
<i>Marked down</i>	

14. Ask: Are there any staff members that you have had close contact with? Yes NO

Staff Name		
<i>Denies</i>		

15. Ask: Is there any other information that might help identify anyone else you've been in contact with?

Is there anyone else who you're concerned could have become infected with COVID-19 by being near you?

no

16. Ask: Do you have any questions about the COVID-19 illness?

How long am I going to be in unit.

(b)(6), (b)(7)(C) - Fwd: + COVID RESULT/ (b)(6), (b)(7)(C) / USP

From: THA/Command Center~
To: (b)(6), (b)(7)(C)
Date: 8/10/2020 7:41 AM
Subject: Fwd: + COVID RESULT (b)(6), (b)(7)(C) USP
Attachments: (b)(6), (b)(7)(C) +.pdf

So you're tracking

>>> THA/Command Center~ 8/10/2020 7:39 AM >>>

Inmate (b)(6), (b)(7)(C) has tested POSITIVE. He is currently housed in (b)(6), (b)(7)(C) His cellie, (b)(6), (b)(7)(C) (b)(6), (b)(7)(C) and him need to be moved over to (b)(6), (b)(7)(C) Isolation.

>>> (b)(6), (b)(7)(C) 8/10/2020 7:05 AM >>>

(b)(6), (b)(7)(C)
Medical laboratory Technician
812-238-1531 xt (b)(6), (b)(7)(C)

(b)(6), (b)(7)(C) @bop.gov

(b)(6), (b)(7)(C) **Staff Recovered Request** (b)(6), (b)(7)(C)

From: THA/Command Center~
To: (b)(6), (b)(7)(C)
Date: 8/28/2020 12:51 PM
Subject: Staff Recovered Request- (b)(6), (b)(7)(C)
CC: (b)(6), (b)(7)(C)

Staff Recovered Request

Name: (b)(6), (b)(7)(C)
Department: Correctional Services
Last Day at Work: 8/11/2020
First Symptoms: 8/15/2020 (b)(6), (b)(7)(C)
Test Date: 8/16/2020
Test Confirmed Date: 08/16/2020 POSITIVE (verbal confirmation)
On/Returning from TDY in past 14 days: No
If Yes, Name of Institution where TDYed: N/A

Illinois State Board of Health instructed him to quarantine for 10 days.

Date Back to Work: 8/28/2020
Symptomatic/Asymptomatic: Asymptomatic (over 10 days)

Purpose: This is a tool to help guide contact investigations at the institution level. The goal of interviewing the index case in a contact investigation is to gain the information needed for:

- (1) establishing the infectious period; and
- (2) Identifying potential contacts.
- (3) When utilizing for staff investigation, if question is not applicable, note N/A.

Overview:

- It is critically important that time be spent establishing trust with persons before conducting the interview, and making sure that the person understands the purpose of the contact investigation. Use an interpreter, if needed.
- The following questions should be used to guide the contact investigation interview. Depending on the person's responses, additional questions may be asked as follow-up on their answers.
- Inmates: If inmate is unavailable for interview (i.e., hospital), information can be obtained from cellmates, job supervisors, unit officer or team, etc.
- Staff: If staff is unavailable for interview, may need to obtain information from department head or Admin LT, etc.
- Do Not file interview documentation in the inmate's medical record or **staff record**.
- Refer to CDC: <https://www.cdc.gov/coronavirus/2019-ncov/php/principles-contact-tracing.html>

Definitions:

- **Main symptoms of COVID-19:** Fever and cough, shortness of breath and may include-headache, sore throat, general feeling of being unwell (myalgia or fatigue), diarrhea or nausea
- **Infectious period:** Person is contagious at onset of symptoms and possibly shortly before (~48 hours).
- **Asymptomatic infections occur** – which means a person may be contagious without symptoms
- **Incubation** of illness or the time from exposure to illness onset is unknown. The average incubation period may be 3-5 days (range 2-14 days).
- **Treatment:** There is no specific treatment for COVID-19 at this time and no vaccine is currently available.
- **Exposed to COVID-19:** In general, you need to be in close contact with a sick person to get infected. Close contact includes:
 - o Living in the same household or room and sharing close space (bathroom) with a sick person with COVID-19
 - o Caring for a sick person with COVID-19
 - o Being within 6 feet of a sick person with COVID-19 for about 10 minutes, OR
 - o Being in direct contact with secretions from a sick person with COVID-19 (e.g., being coughed on, sharing cups or utensils, sharing personal items, kissing, etc.)

Inmate Name: _____ Registration #: _____ Facility Intake Date: _____
STAFF MEMBER (b)(6); (b)(7)(C) DEPT Correct. Service FACILITY FCI
Interviewer Name: _____ Interview Date: _____

Easy Care (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)

()

1. Review the COVID diagnosis with the person:

- Assess person's knowledge of the condition.
- Describe COVID, how it is diagnosed and treated, and the treatment plan. *Isolation x 10 days*
- Describe how COVID is transmitted (droplet).
- Discuss the need to identify potentially exposed contacts. *Corridor - ~~Yes~~ ^{No} outside, alone*

2. Ask about the history:

a. Have you had any known contact with a confirmed or probable diagnosis of COVID? Yes No.
 IF YES, where and when? *FCI - Aug 8th Picking up covid. Cohort*

b. Have you had a positive COVID test? YES NO.
 IF YES, where and when? *Rapid test Easy Care* (b)(6); (b)(7)(C)

c. Have you been diagnosed with COVID-19? YES NO.
 IF YES, where and when? *Easy Care* (b)(6); (b)(7)(C) (b)(6); (b)(7)(C)

3. Ask about medical history: (NA for staff)
 What other medical conditions do you have? (b)(6); (b)(7)(C)

4. Ask about history of COVID symptoms:

(b)(6); (b)(7)(C)	Have you had any of the following symptoms?	IF Yes, how long have you had them? When did they start?
(b)(6); (b)(7)(C)	Cough	(b)(6); (b)(7)(C)
	Fever	(b)(6); (b)(7)(C)
	Shortness of breath	(b)(6); (b)(7)(C)
	Chills	(b)(6); (b)(7)(C)
	Muscle pain	(b)(6); (b)(7)(C)
	Lethargy or fatigue	(b)(6); (b)(7)(C)
	Headache	(b)(6); (b)(7)(C)
	GI symptoms-Nausea or Diarrhea (3+ stools in 24 hours)	(b)(6); (b)(7)(C)
	Chest pain or tightness	(b)(6); (b)(7)(C)
	Sore throat	(b)(6); (b)(7)(C)
	Loss of taste or smell	(b)(6); (b)(7)(C)
	Other:	(b)(6); (b)(7)(C)

Date of symptom onset: *8/14/20*

Ask about the risk factors:

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

Please answer the following questions: When and Where?

Are you living with someone diagnosed with COVID-19? (b)(6); (b)(7)(C)

Have you had contact with someone diagnosed with COVID-19 (> 10 minutes, < 6 feet)? (b)(6); (b)(7)(C)

Are you part of a carpool to work or use public transit? (b)(6); (b)(7)(C)

6. If symptoms began prior to arrival at facility: (not applicable to staff)

a. Where were you living? NA

b. Who were you living with? NA

7. Please describe your previous day-to-day activities at this facility:

Time of Day	Daily Activities
Morning	Been off since since (2 nd) sleeping
Mid-Day	
Afternoon	
Evening	

8. Ask: Has this been your pattern during the period since / / (2 days before symptom onset), or has the way you spend your time changed in any way?

Same	Changed	How and when did your daily pattern change?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Yes

9. Staff only: Did you spend time with anyone outside of your assigned duty post (i.e., lunch, visits, socializing, and institution gym) in the 2 days prior to illness? ✓

9. Ask: Please tell me if you have been involved in any of the following activities ...(Inmates only)

YES	NO	Activity	Where?	When?	With whom?
		Watching TV			
		Playing cards or games			
		Religious services			
		Recreation or sports			
		Work			
		Education			
		Library			
		Other:			
		Other:			

NA

11. Ask: In the last 2 days.....Who are your close friends that you spend time with? Are there any others whom you've spent time with that you would be concerned about getting exposed to COVID-19? (>15 minutes of close contact)

(For Staff: Only close contacts that work at institution)

(b)(6), (b)(7)(C)

12. Inmates - Ask: Did you have any visitors 2 days before symptom onset? YES NO

Visitor Name	When Visited	Locating Information

13. Inmates - Ask: Since / / (2 days before symptom onset), have you had lawyer visits?

YES NO

Lawyer Name/Info	When Visited

14. Ask: Are there any staff members that you have had close contact with? Yes NO

Staff Name	When Visited
(b)(6), (b)(7)(C)	(b)(6), (b)(7)(C)
(b)(6), (b)(7)(C)	(b)(6), (b)(7)(C)
(b)(6), (b)(7)(C)	(b)(6), (b)(7)(C)
(b)(6), (b)(7)(C)	(b)(6), (b)(7)(C)
(b)(6), (b)(7)(C)	(b)(6), (b)(7)(C)
(b)(6), (b)(7)(C)	(b)(6), (b)(7)(C)

Thurs / Friday
→ Not seen in 4-5 notified days
Work detail crew - 2 out of orderly

(b)(6), (b)(7)(C)

15. Ask: Is there any other information that might help identify anyone else you've been in contact with?

Is there anyone else who you're concerned could have become infected with COVID-19 by being near you? *Staff.*

(b)(6), (b)(7)(C)

16. Ask: Do you have any questions about the COVID-19 illness?

(Handwritten mark)

(b)(6), (b)(7)(C) **Staff Recovered Request-** (b)(6), (b)(7)(C)

From: THA/Command Center~
To: (b)(6), (b)(7)(C)
Date: 8/26/2020 2:37 PM
Subject: Staff Recovered Request- (b)(6), (b)(7)(C)
CC: (b)(6), (b)(7)(C)

Staff Recovered Request

Name: (b)(6), (b)(7)(C)
Department: Correctional Services
Last Day at Work: 8/12/2020
First Symptoms: 8/12/2020
Test Date: 8/13/2020
Test Confirmed Date: 08/15/2020 POSITIVE
On/Returning from TDY in past 14 days: No
If Yes, Name of Institution where TDYed: N/A

Indiana State Board of Health instructed her to stay home until at least 8/26/2020

Date Back to Work: 8/26/2020
Symptomatic/Asymptomatic: Asymptomatic (over 10 days)

CONTACT INVESTIGATION Questions for COVID-19 Illness Staff or Inmate

Purpose: This is a tool to help guide contact investigations at the institution level. The goal of interviewing the index case in a contact investigation is to gain the information needed for:

- (1) establishing the infectious period; and
- (2) Identifying potential contacts.
- (3) When utilizing for staff investigation, if question is not applicable, note N/A.

Overview:

- It is critically important that time be spent establishing trust with persons before conducting the interview, and making sure that the person understands the purpose of the contact investigation. Use an interpreter, if needed.
- The following questions should be used to guide the contact investigation interview. Depending on the person's responses, additional questions may be asked as follow-up on their answers.
- Inmates: If inmate is unavailable for interview (i.e., hospital), information can be obtained from cellmates, job supervisors, unit officer or team, etc.
- Staff: If staff is unavailable for interview, may need to obtain information from department head or Admin LT, etc.
- Do NOT file interview documentation in the inmate's medical record or **staff record**.
- Refer to CDC: <https://www.cdc.gov/coronavirus/2019-ncov/php/principles-contact-tracing.html>

Definitions:

- **Main symptoms of COVID-19:** Fever and cough, shortness of breath and may include-headache, sore throat, general feeling of being unwell (myalgia or fatigue), diarrhea or nausea
- **Infectious period:** Person is contagious at onset of symptoms and possibly shortly before (~48 hours).
- **Asymptomatic infections occur** – which means a person may be contagious without symptoms
- **Incubation** of illness or the time from exposure to illness onset is unknown. The average incubation period may be 3-5 days (range 2-14 days).
- **Treatment:** There is no specific treatment for COVID-19 at this time and no vaccine is currently available.
- **Exposed to COVID-19:** In general, you need to be in close contact with a sick person to get infected. Close contact includes:
 - Living in the same household or room and sharing close space (bathroom) with a sick person with COVID-19
 - Caring for a sick person with COVID-19
 - Being within 6 feet of a sick person with COVID-19 for about 10 minutes, OR
 - Being in direct contact with secretions from a sick person with COVID-19 (e.g., being coughed on, sharing cups or utensils, sharing personal items, kissing, etc.)

(b)(6), (b)(7)(C)

Inmate Name: _____ Registration #: _____ Fac _____

STAFF MEMBER: (b)(6), (b)(7)(C) DEPT C/D FACILITY FCI (b)(6), (b)(7)(C)

Interviewer Name (b)(6), (b)(7)(C) Interview Date: 8/15/2

Federal Bureau of Prisons

Contact Investigation for COVID-19 Illness

5. Ask about the risk factors:

(b)(6), (b)(7)(C) Please answer the following questions: When and Where?

(b)(6), (b)(7)(C) Are you living with someone diagnosed with COVID-19? (b)(6), (b)(7)(C)

(b)(6), (b)(7)(C) Have you had contact with someone diagnosed with COVID-19 (> 10 minutes, < 6 feet)?

(b)(6), (b)(7)(C) Are you part of a carpool to work or use public transit?

6. If symptoms began prior to arrival at facility: (not applicable to staff)

a. Where were you living? *NA*

b. Who were you living with? *NA*

7. Please describe your previous day-to-day activities at this facility:

Time of Day	Daily Activities
Morning	<i>Sleeping while off</i> <i>Working</i> <i>Showering</i> <i>exercise</i> <i>Recreation</i> <i>Normal duties</i>
Mid-Day	
Afternoon	
Evening	

8. Ask: Has this been your pattern during the period since / / (2 days before symptom onset), or has the way you spend your time changed in any way?

Same	Changed	How and when did your daily pattern change?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Only worked the 8th</i>

9. Staff only: Did you spend time with anyone outside of your assigned duty post (i.e., lunch, visits, socializing, and institution gym) in the 2 days prior to illness?

9. Ask: Please tell me if you have been involved in any of the following activities ...(Inmates only)

YES	NO	Activity	Where?	When?	With whom?
		Watching TV			
		Playing cards or games			
		Religious services			
		Recreation or sports			
		Work	<i>NA</i>		
		Education			
		Library			
		Other:			
		Other:			

COVID-19 ILLNESS Contact Investigation – Interview Questions (page 2 of 3)

(b)(6), (b)(7)(C)

8 9 10 11 (12) day

(b)(6), (b)(7)(C)

(b)(6), (b)(7)(C)

OFF OFF OFF



Schedule

(b)(6), (b)(7)(C)

All right

(b)(6), (b)(7)(C)



(b)(6), (b)(7)(C)

(b)(6), (b)(7)(C)

Briefly talked to a couple of staff.

All had masks.... (b)(6), (b)(7)(C) unit)

(b)(6), (b)(7)(C) unit

(* Slept alot. * while off.)

Shower day so

Denies any fever.

(b)(6), (b)(7)(C) **Fwd: Positive Staff Info** (b)(6), (b)(7)(C)

From: THA/Command Center~
To: (b)(6), (b)(7)(C)
Date: 8/21/2020 9:33 AM
Subject: Fwd: Positive Staff Info (b)(6), (b)(7)(C)

>>> THA/Command Center~ 8/15/2020 11:36 AM >>>

Name: (b)(6), (b)(7)(C)
Department: Correctional Services
Last Day at Work: 8/12/2020
First Symptoms: 8/12/2020
Test Date: 8/13/2020
Test Confirmed Date: 08/15/2020 POSITIVE
On/Returning from TDY in past 14 days: No
If Yes, Name of Institution where TDYed: N/A

Indiana State Board of Health instructed her to stay home until at least 8/26/2020

CONTACT INVESTIGATION Questions for COVID-19 Illness Staff or Inmate

Purpose: This is a tool to help guide contact investigations at the institution level. The goal of interviewing the index case in a contact investigation is to gain the information needed for:

- (1) establishing the infectious period: and
- (2) Identifying potential contacts.
- (3) When utilizing for staff investigation, if question is not applicable, note N/A.

Overview:

- It is critically important that time be spent establishing trust with persons before conducting the interview, and making sure that the person understands the purpose of the contact investigation. Use an interpreter, if needed.
- The following questions should be used to guide the contact investigation interview. Depending on the person's responses, additional questions may be asked as follow-up on their answers.
- Inmates: If inmate is unavailable for interview (i.e., hospital), information can be obtained from cellmates, job supervisors, unit officer or team, etc.
- Staff: If staff is unavailable for interview, may need to obtain information from department head or Admin LT, etc.
- Do NOT file interview documentation in the inmate's medical record or **staff record**.
- Refer to CDC: <https://www.cdc.gov/coronavirus/2019-ncov/php/principles-contact-tracing.html>

Definitions:

- **Main symptoms of COVID-19:** Fever and cough, shortness of breath and may include-headache, sore throat, general feeling of being unwell (myalgia or fatigue), diarrhea or nausea
- **Infectious period:** Person is contagious at onset of symptoms and possibly shortly before (~48 hours).
- **Asymptomatic infections occur** – which means a person may be contagious without symptoms
- **Incubation** of illness or the time from exposure to illness onset is unknown. The average incubation period may be 3-5 days (range 2-14 days).
- **Treatment:** There is no specific treatment for COVID-19 at this time and no vaccine is currently available.
- **Exposed to COVID-19:** In general, you need to be in close contact with a sick person to get infected. Close contact includes:
 - Living in the same household or room and sharing close space (bathroom) with a sick person with COVID-19
 - Caring for a sick person with COVID-19
 - Being within 6 feet of a sick person with COVID-19 for about 10 minutes, OR
 - Being in direct contact with secretions from a sick person with COVID-19 (e.g., being coughed on, sharing cups or utensils, sharing personal items, kissing, etc.)

Inmate Name: _____ Registration #: _____ Facility Intake Date: _____

STAFF MEMBER (b)(6), (b)(7)(C) DEPT Correctional Serv. FACILITY WSP

Interviewer Name (b)(6), (b)(7)(C) Interview Date: 9/10/20

(b)(6), (b)(7)(C)

5. Ask about the risk factors:

(b)(6), (b)(7)(C) Please answer the following questions: When and Where?

Are you living with someone diagnosed with COVID-19?

Have you had contact with someone diagnosed with COVID-19 (> 10 minutes, < 6 feet)?

Are you part of a carpool to work or use public transit?

6. If symptoms began prior to arrival at facility: (not applicable to staff)

a. Where were you living? NA

b. Who were you living with? NA (b)(6), (b)(7)(C) USP

7. Please describe your previous day-to-day activities at this facility:

Time of Day	Daily Activities
Morning	
Mid-Day	
Afternoon	Not doing a whole lot, get count slips (b)(6), (b)(7)(C) trash @ 7pm
Evening	Trash 7-8:30 pm Spends down time in break room

8. Ask: Has this been your pattern during the period since 9/14/20 (2 days before symptom onset), or has the way you spend your time changed in any way?

Same	Changed	How and when did your daily pattern change?
	<u>Sunday</u>	Activity hasn't changed Days off were Friday/Sat. Worked Sunday Called in Monday morning.

9. Staff only: Did you spend time with anyone outside of your assigned duty post (i.e., lunch, visits, socializing, and institution gym) in the 2 days prior to illness?

Sunday break room: (b)(6), (b)(7)(C) - Not in break room. Can't remember who

9. Ask: Please tell me if you have been involved in any of the following activities ...(Inmates only)

YES	NO	Activity	Where?	When?	With whom?
		Watching TV	X		
		Playing cards or games			
		Religious services			
		Recreation or sports			
		Work			
		Education			
		Library			
		Other:			
		Other:			

COVID-19 ILLNESS Contact Investigation - Interview Questions (page 2 of 3)

CSIT
car mask
break room
r was
usually
11:30am

(b)(6), (b)(7)(C) - Re: Staff Positive- (b)(6), (b)(7)(C)

From: (b)(6), (b)(7)(C)
To: BOP-CPD/Emergency Operations Center; (b)(6), (b)(7)(C) NCRO/Command Ce...
Date: 9/10/2020 9:42 AM
Subject: Re: Staff Positive- (b)(6), (b)(7)(C)
CC: (b)(6), (b)(7)(C)
Attachments: LHIApptResults09082020.pdf

Confirmed positive

(b)(6), (b)(7)(C)

Chief, Occupational Safety & Health Program
Health Services Division
Federal Bureau of Prison

(b)(6)@bop.gov
202-305 (b)(6)

CONFIDENTIALITY NOTICE: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential information or otherwise protected by law. Any unauthorized review, use, disclosure or distribution of this information is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and delete this e-mail message.

>>> THA/Command Center~ 9/10/2020 9:38 AM >>>

Name (b)(6), (b)(7)(C)
Department: Correctional Services
Last day at Work: 09/06/2020
First Symptoms: 09/08/2020
Test Date: 09/08/2020 POSITIVE
Test Confirmed Date: 09/10/2020
On/Returning from TDY in past 14 days: No
If Yes, Name of Institution where TDYed: No

FCC THX



Staff Positive Case Form

Be advised, all staff positive cases should be reported through your EOC. A copy/screenshot of the laboratory results or healthcare provider statement indicating the results should be sent to (b)(6) (b)(7)(C) @bop.gov and (b)(6) (b)(7)(C) @bop.gov for confirmation into the Bureau's database. The subject line for the email should include: "COVID-19 Staff + Results - Name of Institution"

Include the following information when reporting:

Emp name, initial or numerical indicator	(b)(6), (b)(7)(C)
Institution:	DSP; FCI
Employee Department:	C/O
Last Day of Work:	7/26/20
First Day of Symptoms:	7/24/20 (bad) 7/25/20
Test Date:	7/27/20
Test Confirmed Date:	7/31/20
Test Report Date:	7/31/20 VCBH (b)(6), (b)(7)(C)
*Unit(s)/Facility worked 48 hrs prior to symptoms or testing:	See below.
*Number of known staff contacts:	Six was all she could recall. Names were given to command center.
*Staff notified and given the priority testing memo?	Staff were notified.
*Number of known inmate contacts:	(b)(6), (b)(7)(C) helping unit (b)(6), (b)(7)(C) is on quarantine during count.
*Are any inmates quarantined and being tested as result of exposure? (#, unit)	(b)(6), (b)(7)(C) unit at FCI was locked down by exa. staff due to (b)(6), (b)(7)(C) working that unit.
*Were staff wearing facial covering or PPE during potential exposure window?	(b)(6), (b)(7)(C) Every one pretty much had masks, except in offices station.
*Needed for CI	Temps and symptom checks completed in (b)(6), (b)(7)(C) on 7/31/20

CONTACT INVESTIGATION Questions for COVID-19 Illness Staff or Inmate

Purpose: This is a tool to help guide contact investigations at the institution level. The goal of interviewing the index case in a contact investigation is to gain the information needed for:

- (1) establishing the infectious period and
- (2) Identifying potential contacts.
- (3) When utilizing for staff investigation, if question is not applicable, note N/A.

Overview:

- It is critically important that time be spent establishing trust with persons before conducting the interview, and making sure that the person understands the purpose of the contact investigation. Use an interpreter, if needed
- The following questions should be used to guide the contact investigation interview. Depending on the person's responses, additional questions may be asked as follow-up on their answers.
- Inmates: If inmate is unavailable for interview (i.e., hospital), information can be obtained from cellmates, job supervisors, unit officer or team, etc.
- Staff: If staff is unavailable for interview, may need to obtain information from department head or Admin LT, etc.
- Do NOT file interview documentation in the inmate's medical record or **staff record**.
- Refer to CDC: <https://www.cdc.gov/coronavirus/2019-ncov/php/principles-contact-tracing.html>

Definitions:

- **Main symptoms of COVID-19:** Fever and cough, shortness of breath and may include-headache, sore throat, general feeling of being unwell (myalgia or fatigue), diarrhea or nausea
- **Infectious period:** Person is contagious at onset of symptoms and possibly shortly before (~48 hours).
- **Asymptomatic infections occur** – which means a person may be contagious without symptoms
- **Incubation** of illness or the time from exposure to illness onset is unknown. The average incubation period may be 3-5 days (range 2-14 days)
- **Treatment:** There is no specific treatment for COVID-19 at this time and no vaccine is currently available
- **Exposed to COVID-19:** In general, you need to be in close contact with a sick person to get infected. Close contact includes
 - o Living in the same household or room and sharing close space (bathroom) with a sick person with COVID-19
 - o Caring for a sick person with COVID-19
 - o Being within 6 feet of a sick person with COVID-19 for about 10 minutes, OR
 - o Being in direct contact with secretions from a sick person with COVID-19 (e.g., being coughed on, sharing cups or utensils, sharing personal items, kissing, etc.)

Inmate Name: (b)(6), (b)(7)(C) Registration #: _____ Facility Intake Date: _____

STAFF MEMBER: (b)(6), (b)(7)(C) DEPT C/O FACILITY VSP

Interviewer Name: (b)(6), (b)(7)(C) Interview Date: 7/31/20

(b)(6), (b)(7)(C)

Monday
Lost taste of sense of smell

Federal Bureau of Prisons

Contact Investigation for COVID-19 illness

1. Review the COVID diagnosis with the person:

- Assess person's knowledge of the condition.
- Describe COVID, how it is diagnosed and treated, and the treatment plan.
- Describe how COVID is transmitted (droplet) (b)(6), (b)(7)(C)
- Discuss the need to identify potentially exposed contacts (b)(6), (b)(7)(C) Nobody outside

2. Ask about the history:

a. Have you had any known contact with a confirmed or probable diagnosis of COVID? Yes No
 IF YES, where and when?
 No one actually diagnosed.

b. Have you had a positive COVID test? YES NO
 IF YES, where and when?
 Contacted by V.G.H.D. (b)(6), (b)(7)(C) Monday - test 7/27/20 Resulted back 7/31/20

c. Have you been diagnosed with COVID-19? YES NO
 IF YES, where and when?
 Tested at convenient care from Dr. office (b)(6), (b)(7)(C)

3. Ask about medical history: (NA for staff) NA
 What other medical conditions do you have?

4. Ask about history of COVID symptoms:

Have you had any of the following symptoms?		If Yes, how long have you had these symptoms?
(b)(6), (b)(7)(C)	Cough	(b)(6), (b)(7)(C)
(b)(6), (b)(7)(C)	Fever	(b)(6), (b)(7)(C)
(b)(6), (b)(7)(C)	Shortness of breath	(b)(6), (b)(7)(C)
(b)(6), (b)(7)(C)	Chills	(b)(6), (b)(7)(C)
(b)(6), (b)(7)(C)	Muscle pain	(b)(6), (b)(7)(C)
(b)(6), (b)(7)(C)	Lethargy or fatigue	(b)(6), (b)(7)(C)
(b)(6), (b)(7)(C)	Headache	(b)(6), (b)(7)(C)
(b)(6), (b)(7)(C)	GI symptoms-Nausea or Diarrhea (3+ stools in 24 hours)	(b)(6), (b)(7)(C)
(b)(6), (b)(7)(C)	Chest pain or tightness	(b)(6), (b)(7)(C)
(b)(6), (b)(7)(C)	Sore throat	(b)(6), (b)(7)(C)
(b)(6), (b)(7)(C)	Loss of taste or smell	(b)(6), (b)(7)(C)
(b)(6), (b)(7)(C)	Other:	(b)(6), (b)(7)(C)

Date of symptom onset: 7/26/2020

Federal Bureau of Prisons

Contact Investigation for COVID-19 Illness

Wears mask ~~back~~ at work

5. Ask about the risk factors:

(b)(6), (b)(7)(C) Please answer the following questions When and Where?

Are you living with someone diagnosed with COVID-19?

Have you had contact with someone diagnosed with COVID-19 (> 10 minutes, < 6 feet)? (b)(6), (b)(7)(C)

Are you part of a carpool to work or use public transit? (b)(6), (b)(7)(C)

6. If symptoms began prior to arrival at facility: (not applicable to staff)

a. Where were you living?

b. Who were you living with? *Ø*

7. Please describe your previous day-to-day activities at this facility: *Works (b)(6), (b)(7)(C) till Sat 7/26/20*

Time of Day	Daily Activities
Morning	<i>Home 7/24/20</i>
Mid-Day	<i>Came to work 5 → Friday (b)(6), (b)(7)(C) Mandate FCIM</i>
Afternoon	<i>Sat Eve (b)(6), (b)(7)(C) Day watch (b)(6), (b)(7)(C) - on 7/26/20</i>
Evening	

Starts 7/26/20. ~~Ø~~ they ~~Ø~~ water

8. Ask: Has this been your pattern during the period since 1/1 (2 days before symptom onset), or has the way you spend your time changed in any way?

Same | Changed How and when did your daily pattern change?

Went feeling sick on Sunday at work, then felt sick

See above.

9. Staff only: Did you spend time with anyone outside of your assigned duty post (i.e., lunch, visits, socializing, and institution gym) in the 2 days prior to illness?

9. Ask: Please tell me if you have been involved in any of the following activities ...(Inmates only)

YES	NO	Activity	Where?	When?	With whom?
		Watching TV			
		Playing cards or games			
		Religious services			
		Recreation or sports			
		Work			
		Education			
		Library			
		Other:			
		Other:			

Ø

COVID-19 ILLNESS Contact Investigation – Interview Questions (page 2 of 3)

Federal Bureau of Prisons

Contact Investigation for COVID-19 illness

11. Ask: In the last 2 days.....Who are your close friends that you spend time with? Are there others whom you've spent time with that you would be concerned about getting exposed to COVID-19? (>15 minutes of close contact)

(For Staff: Only close contacts that work at institution)

8-2-20
 (b)(6), (b)(7)(C)
 Sunday - (b)(6), (b)(7)(C) Sat Eve (b)(6), (b)(7)(C) MW - (b)(6), (b)(7)(C)
 helped (b)(6) to count, Friday (b)(6), (b)(7)(C)
 23ra 7/24

12. Inmates - Ask: Did you have any visitors 2 days before symptom onset? YES NO

Visitor Name	When Visited	Locating Information

13. Inmates - Ask: Since // (2 days before symptom onset), have you had lawyer visits? YES NO

Lawyer Name/Info	When Visited

14. Ask: Are there any staff members that you have had close contact with? Yes NO

Staff Name	When Visited	Locating Information
(b)(6), (b)(7)(C)		Negative
(b)(6), (b)(7)(C)	Tested 8/3 Tested 8/4 Neg Neg	Refused testing *
(b)(6), (b)(7)(C)	Wed	(b)(6), (b)(7)(C)

15. Ask: Is there any other information that might help identify anyone else you've been in contact with?
 Is there anyone else who you're concerned could have become infected with COVID-19 by being near you?

[Handwritten signature]

16. Ask: Do you have any questions about the COVID-19 illness?

[Handwritten signature]

(b)(6); (b)(7)(C) **Positive Staff Info**

From: THA/Command Center~
To: (b)(6); (b)(7)(C)
Date: 7/31/2020 11:38 AM
Subject: Positive Staff Info

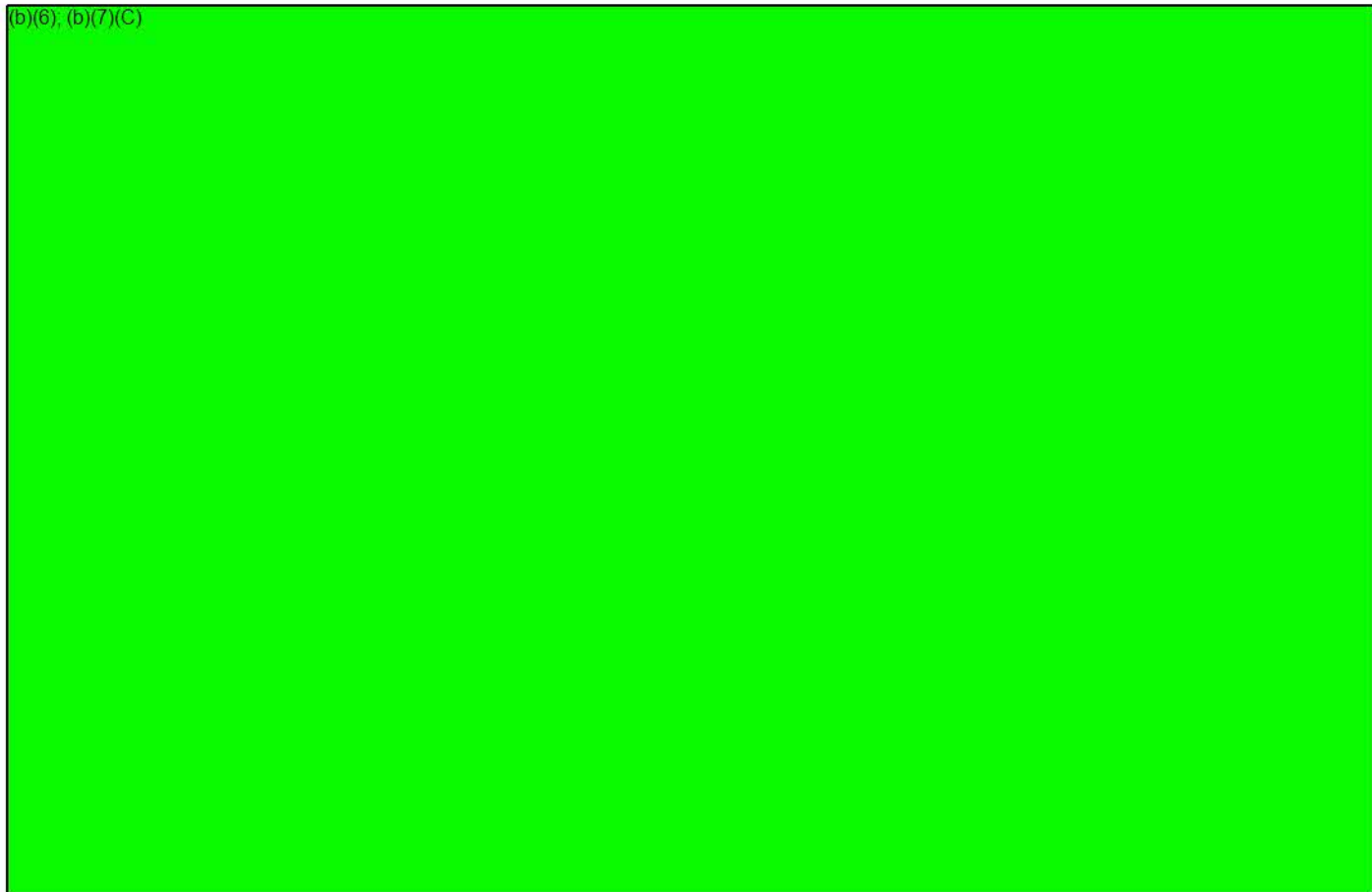
Name: (b)(6); (b)(7)(C)
Department: Correctional Services
Last day at Work: 07/26/2020
First Symptoms: 07/26/2020
Test Date: 07/27/2020 POSITIVE
Test Confirmed Date: 07/31/2020
On/Returning from TDY in past 14 days: No
If Yes, Name of Institution where TDYed: No

PHONE NUMBER: (b)(6); (b)(7)(C)

Her current schedule is below:

As of 7/31/2020 11:38 AM

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



1.2.22 (b)(6), (b)(7)(C) [redacted] [handwritten scribbles]

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

(b)(6), (b)(7)(C)

Re: Positive Staff Info

From: THA/Command Center~

To: (b)(6), (b)(7)(C)

Date: 7/31/2020 11:53 AM

Subject: Re: Positive Staff Info

(b)(6), (b)(7)(C)

(b)(6), (b)(7)(C)

[Large redacted area]

>> (b)(6), (b)(7)(C) 7/31/2020 11:46 AM >>>

(b)(6), (b)(7)(C)

(b)(6), (b)(7)(C) RN IDC

FCC Terre Haute
4700 Bureau Road South
Terre Haute, IN 47802-0033
Phone: 812-244-(b)(6), (b)(7)(C)
Fax: 812-238-4773
Email: (b)(6), (b)(7)(C)@bop.gov

>>> THA/Command Center~ 7/31/2020 11:38 AM >>>

Fri. 7/24

(b)(6), (b)(7)(C)

Mandate to fix unit

(b)(6), (b)(7)(C)

Sat 7/25

(b)(6), (b)(7)(C)

Sun 7/26

Shift Δ to day watch 7/26

Wasnt feeling sick w work on Sunday, then started not feeling well. During night into Monday

(b)(6), (b)(7)(C)

Came to work, was told temp was fine, turned herself away; went to

(b)(6), (b)(7)(C)

to get tested

(b)(6), (b)(7)(C)

Was in

FCC THX



Staff Positive Case Form

Be advised, all staff positive cases should be reported through your EOC. A copy/screenshot of the laboratory results or healthcare provider statement indicating the results should be sent to (b)(6), (b)(7)(C) @bop.gov and (b)(6), (b)(7)(C) @bop.gov for confirmation into the Bureau's database. The subject line for the email should include: "COVID-19 Staff + Results - Name of Institution"

Include the following information when reporting:

Emp name, initial or numerical indicator	(b)(6), (b)(7)(C)
Institution:	FCC THA Normally (b)(6), (b)(7)(C) @ FCI EW
Employee Department:	C/O (b)(6), (b)(7)(C)
Last Day of Work:	
First Day of Symptoms:	7/17/20
Test Date:	7/19/20
Test Confirmed Date:	7/20/20
Test Report Date:	7/22/20
*Unit(s)/Facility worked 48 hrs prior to symptoms or testing:	(b)(6), (b)(7)(C)
*Number of known staff contacts:	Unknown (b)(6), (b)(7)(C)
*Staff notified and given the priority testing memo?	Yes, staff were notified as many as possible
*Number of known inmate contacts:	0
*Are any inmates quarantined and being tested as result of exposure? (#, unit)	0
*Were staff wearing facial covering or PPE during potential exposure window?	Was at a known establishment (during off hours with (b)(6), (b)(7)(C) staff) which has closed due to a positive COVID employee.

*Needed for CI

CONTACT INVESTIGATION Questions for COVID-19 Illness Staff or Inmate

Purpose: This is a tool to help guide contact investigations at the institution level. The goal of interviewing the index case in a contact investigation is to gain the information needed for:

- (1) establishing the infectious period; and
- (2) Identifying potential contacts.
- (3) When utilizing for staff investigation, if question is not applicable, note N/A.

Overview:

- It is critically important that time be spent establishing trust with persons before conducting the interview, and making sure that the person understands the purpose of the contact investigation. Use an interpreter, if needed.
- The following questions should be used to guide the contact investigation interview. Depending on the person's responses, additional questions may be asked as follow-up on their answers.
- Inmates: If inmate is unavailable for interview (i.e., hospital), information can be obtained from cellmates, job supervisors, unit officer or team, etc.
- Staff: If staff is unavailable for interview, may need to obtain information from department head or Admin LT, etc.
- Do NOT file interview documentation in the inmate's medical record or **staff record**.
- Refer to CDC: <https://www.cdc.gov/coronavirus/2019-ncov/php/principles-contact-tracing.html>

Definitions:

- **Main symptoms of COVID-19:** Fever and cough, shortness of breath and may include-headache, sore throat, general feeling of being unwell (myalgia or fatigue), diarrhea or nausea
- **Infectious period:** Person is contagious at onset of symptoms and possibly shortly before (~48 hours).
- **Asymptomatic infections occur** – which means a person may be contagious without symptoms
- **Incubation** of illness or the time from exposure to illness onset is unknown. The average incubation period may be 3-5 days (range 2-14 days).
- **Treatment:** There is no specific treatment for COVID-19 at this time and no vaccine is currently available.
- **Exposed to COVID-19:** In general, you need to be in close contact with a sick person to get infected. Close contact includes:
 - Living in the same household or room and sharing close space (bathroom) with a sick person with COVID-19
 - Caring for a sick person with COVID-19
 - Being within 6 feet of a sick person with COVID-19 for about 10 minutes, OR
 - Being in direct contact with secretions from a sick person with COVID-19 (e.g., being coughed on, sharing cups or utensils, sharing personal items, kissing, etc.)

Inmate Name: _____ Registration #: _____ Facility Intake Date: _____
 STAFF MEMBER: (b)(6), (b)(7)(C) DEPT Fci (b)(6), (b)(7)(C) FACILITY _____
 Interviewer Name: (b)(6), (b)(7)(C) Interview Date: 7/23/20

(b)(6), (b)(7)(C)

1. **Review the COVID diagnosis with the person:**
 Assess person's knowledge of the condition.
 Describe COVID, how it is diagnosed and treated, and the treatment plan.
 Describe how COVID is transmitted (droplet).
 Discuss the need to identify potentially exposed contacts.

2. **Ask about the history:**

a. Have you had any known contact with a confirmed or probable diagnosis of COVID? Yes No
 IF YES, where and when?
Active 12

b. Have you had a positive COVID test? YES NO
 IF YES, where and when?
Resulted 7/22/20 LHI care

c. Have you been diagnosed with COVID-19? YES NO
 IF YES, where and when?

3. **Ask about medical history: (NA for staff)**
 What other medical conditions do you have?

4. **Ask about history of COVID symptoms:**

YES	NO	Have you had any of the following symptoms?	If Yes, how long have you had them? When did they start?
(b)(6), (b)(7)(C)		Cough	(b)(6), (b)(7)(C)
(b)(6), (b)(7)(C)		Fever	(b)(6), (b)(7)(C)
(b)(6), (b)(7)(C)		Shortness of breath	(b)(6), (b)(7)(C)
(b)(6), (b)(7)(C)		Chills	(b)(6), (b)(7)(C)
(b)(6), (b)(7)(C)		Muscle pain	(b)(6), (b)(7)(C)
(b)(6), (b)(7)(C)		Lethargy or fatigue	(b)(6), (b)(7)(C)
(b)(6), (b)(7)(C)		Headache	(b)(6), (b)(7)(C)
(b)(6), (b)(7)(C)		GI symptoms-Nausea or Diarrhea (3+ stools in 24 hours)	(b)(6), (b)(7)(C)
(b)(6), (b)(7)(C)		Chest pain or tightness	(b)(6), (b)(7)(C)
(b)(6), (b)(7)(C)		Sore throat	(b)(6), (b)(7)(C)
(b)(6), (b)(7)(C)		Loss of taste or smell	(b)(6), (b)(7)(C)
(b)(6), (b)(7)(C)		Other:	(b)(6), (b)(7)(C)

Date of symptom onset: 7/19/20

Contact Investigation - Interview Questions (page 1 of 3)

(b)(6), (b)(7)(C)

Federal Bureau of Prisons

Contact Investigation for COVID-19 Illness

5. Ask about the risk factors:

(b)(6), (b)(7)(C) Please answer the following questions: When and Where?

Are you living with someone diagnosed with COVID-19?

Have you had contact with someone diagnosed with COVID-19 (> 10 minutes, < 6 feet)?

Are you part of a carpool to work or use public transit?

6. If symptoms began prior to arrival at facility: (not applicable to staff)

a. Where were you living? *X*

b. Who were you living with? *X*

7. Please describe your previous day-to-day activities at this facility:

Time of Day	Daily Activities
Morning	Works evenings (b)(6), (b)(7)(C)
Mid-Day	
Afternoon	Normal routine, Rds, pass food trays, count
Evening	↓

8. Ask: Has this been your pattern during the period since 1/1 (2 days before symptom onset), or has the way you spend your time changed in any way?

Same	Changed	How and when did your daily pattern change?
	<input checked="" type="checkbox"/>	(b)(6), (b)(7)(C)
		(b)(6), (b)(7)(C)

Was wearing a mask

9. Staff only: Did you spend time with anyone outside of your assigned duty post (i.e., lunch, visits, socializing, and institution gym) in the 2 days prior to illness?

(b)(6), (b)(7)(C) *Just work to home to work*

9. Ask: Please tell me if you have been involved in any of the following activities ...(Inmates only)

YES	NO	Activity	Where?	When?	With whom?
		Watching TV			
		Playing cards or games			
		Religious services			
		Recreation or sports			
		Work			
		Education			
		Library			
		Other:			
		Other:			

COVID-19 ILLNESS Contact Investigation – Interview Questions (page 2 of 3)

(b)(6), (b)(7)(C)

11. Ask: In the last 2 days.....Who are your close friends that you spend time with? Are there any others whom you've spent time with that you would be concerned about getting exposed to COVID-19? (>15 minutes of close contact)

(For Staff: Only close contacts that work at institution)

Nobody

12. Inmates - Ask: Did you have any visitors 2 days before symptom onset? YES NO

Visitor Name	When Visited	Locating Information

13. Inmates - Ask: Since / / (2 days before symptom onset), have you had lawyer visits? YES NO

Lawyer Name/Info	When Visited

14. Ask: Are there any staff members that you have had close contact with? Yes NO

Staff Name		
(b)(6), (b)(7)(C)		

15. Ask: Is there any other information that might help identify anyone else you've been in contact with?

Is there anyone else who you're concerned could have become infected with COVID-19 by being near you?

(b)(6), (b)(7)(C)

16. Ask: Do you have any questions about the COVID-19 illness?

CONTACT INVESTIGATION Questions for COVID-19 Illness Staff or Inmate

Purpose: This is a tool to help guide contact investigations at the institution level. The goal of interviewing the index case in a contact investigation is to gain the information needed for:

- (1) establishing the infectious period: and
- (2) Identifying potential contacts.
- (3) When utilizing for staff investigation, if question is not applicable, note N/A.

Overview:

- It is critically important that time be spent establishing trust with persons before conducting the interview, and making sure that the person understands the purpose of the contact investigation. Use an interpreter, if needed.
- The following questions should be used to guide the contact investigation interview. Depending on the person's responses, additional questions may be asked as follow-up on their answers.
- Inmates: If inmate is unavailable for interview (i.e., hospital), information can be obtained from cellmates, job supervisors, unit officer or team, etc.
- Staff: If staff is unavailable for interview, may need to obtain information from department head or Admin LT, etc.
- Do NOT file interview documentation in the inmate's medical record or **staff record**.
- Refer to CDC: <https://www.cdc.gov/coronavirus/2019-ncov/php/principles-contact-tracing.html>

Definitions:

- **Main symptoms of COVID-19:** Fever and cough, shortness of breath and may include-headache, sore throat, general feeling of being unwell (myalgia or fatigue), diarrhea or nausea
- **Infectious period:** Person is contagious at onset of symptoms and possibly shortly before (~48 hours).
- **Asymptomatic infections occur** – which means a person may be contagious without symptoms
- **Incubation of illness** or the time from exposure to illness onset is unknown. The average incubation period may be 3-5 days (range 2-14 days).
- **Treatment:** There is no specific treatment for COVID-19 at this time and no vaccine is currently available.
- **Exposed to COVID-19:** In general, you need to be in close contact with a sick person to get infected. Close contact includes:
 - o Living in the same household or room and sharing close space (bathroom) with a sick person with COVID-19
 - o Caring for a sick person with COVID-19
 - o Being within 6 feet of a sick person with COVID-19 for about 10 minutes, OR
 - o Being in direct contact with secretions from a sick person with COVID-19 (e.g., being coughed on, sharing cups or utensils, sharing personal items, kissing, etc.)

Handwritten notes:
 7/30/20
 Will try to get test results from Told to get tested.
 to be reviewed to

(b)(6), (b)(7)(C)

Inmate Name: _____ Registration #: _____ Facility Intake Date: _____
 STAFF MEMBER: _____ DEPT C/O _____ FACILITY THY
 Interviewer Name: _____ Interview Date: 7/21/20
Days

Federal Bureau of Prisons

Contact Investigation for COVID-19 Illness

(b)(6), (b)(7)(C)

1. **Review the COVID diagnosis with the person:**
 Assess person's knowledge of the condition.
 Describe COVID, how it is diagnosed and treated, and the treatment plan.
 Describe how COVID is transmitted (droplet).
 Discuss the need to identify potentially exposed contacts

2. **Ask about the history:**
 a. Have you had any known contact with a confirmed or probable diagnosis of COVID? Yes No.
 IF YES, where and when? Inmate in [redacted] came over.
 b. Have you had a positive COVID test? YES NO.
 IF YES, where and when?
 c. Have you been diagnosed with COVID-19? YES NO.
 IF YES, where and when?

3. **Ask about medical history: (NA for staff)**
 What other medical conditions do you have?

4. **Ask about history of COVID symptoms:**

YES	NO	Have you had any of the following symptoms?	IF Yes, how long have you had them? When did they start?
		Cough	
		Fever	
		Shortness of breath	
		Chills	
		Muscle pain	
		Lethargy or fatigue	
		Headache	
		GI symptoms-Nausea or Diarrhea (3+ stools in 24 hours)	
		Chest pain or tightness	
		Sore throat	
		Loss of taste or smell	
		Other:	

Date of symptom onset: / /

Contact Investigation - Interview Questions (page 1 of 3)

Mon - worked went home
Tues - worked (Dr. appt.) went home
 Went to [redacted] but socially isolated
 7 people in group. Last to leave restaurant
 8:30 - 9:00
Wed: Worked home ate @ home
Thurs: Worked [redacted] ate @ home
Fri: [redacted] No temp. Felt bad after work.
 [redacted]

Federal Bureau of Prisons

Contact Investigation for COVID-19 Illness

5. Ask about the risk factors:

Please answer the following questions. When and Where?

Are you living with someone diagnosed with COVID-19? (b)(6), (b)(7)(C)

Have you had contact with someone diagnosed with COVID-19 (> 10 minutes, < 6 feet)?

Are you part of a carpool to work or use public transit?

6. If symptoms began prior to arrival at facility: (not applicable to staff)

a. Where were you living?

b. Who were you living with? X

7. Please describe your previous day-to-day activities at this facility:

Time of Day	Daily Activities
Morning	<i>See back page</i>
Mid-Day	
Afternoon	
Evening	

8. Ask: Has this been your pattern during the period since / / (2 days before symptom onset), or has the way you spend your time changed in any way?

Same	Changed	How and when did your daily pattern change?
		<i>Went to OM to get food. This Friday No one in OM. ON Thurs. went to [redacted] ate [redacted] went home ate @ home. Felt Fine. @ work then leaving felt bad on Friday</i>

9. Staff only: Did you spend time with anyone outside of your assigned duty post (i.e., lunch, visits, socializing, and institution gym) in the 2 days prior to illness?

in office (No masks) [redacted] [redacted] NOT SURE ABOUT MASKS. had mask.

9. Ask: Please tell me if you have been involved in any of the following activities ... (Inmates only)

YES	NO	Activity	Where?	When?	With whom?
		Watching TV	X		
		Playing cards or games			
		Religious services			
		Recreation or sports			
		Work			
		Education			
		Library			
		Other:			
		Other:			

COVID-19 ILLNESS Contact Investigation – Interview Questions (page 2 of 3)

Went to OM to get food. This Friday No one in OM.

(b)(6), (b)(7)(C)

(b)(6), (b)(7)(C)

Mon. Tues

11. Ask: In the last 2 days.....Who are your close friends that you spend time with? Are there any others whom you've spent time with that you would be concerned about getting exposed to COVID-19? (>15 minutes of close contact)

(For Staff: Only close contacts that work at institution)

See page before

12. Inmates - Ask: Did you have any visitors 2 days before symptom onset? YES NO

Visitor Name	When Visited	Locating Information
	X	

13. Inmates - Ask: Since / / (2 days before symptom onset), have you had lawyer visits?

YES NO

Lawyer Name/Info	When Visited
X	

14. Ask: Are there any staff members that you have had close contact with? Yes NO

Staff Name		

15. Ask: Is there any other information that might help identify anyone else you've been in contact with?

Is there anyone else who you're concerned could have become infected with COVID-19 by being near you?

(Handwritten mark)

16. Ask: Do you have any questions about the COVID-19 illness?

(b)(6), (b)(7)(C) **Re: Staff Recovered Request** (b)(6), (b)(7)(C)

From: (b)(6), (b)(7)(C)
To: BOP-CPD/Emergency Operations Center; NCRO/Command Center; THA/CommandC...
Date: 8/5/2020 11:49 AM
Subject: Re: Staff Recovered Request- (b)(6), (b)(7)(C)
CC: (b)(6), (b)(7)(C)
Attachments: (b)(6), (b)(7)(C).pdf

Confirmed recovered.

(b)(6), (b)(7)(C)

Chief, Occupational Safety & Health Branch
Health Services Division
Federal Bureau of Prison

(b)(6), @bop.gov
202-303 (b)(6)

CONFIDENTIALITY NOTICE: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information or otherwise protected by law. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

>>> THA/Command Center~ 8/5/2020 11:27 AM >>>

Staff Recovered Request

Name: (b)(6), (b)(7)(C)
Department: Correctional Services
Last day at Work: 7/18/2020
First Symptoms: 7/17/2020
Test Date: 07/18/2020 POSITIVE
Test Confirmed Date: 07/21/2020
On/Returning from TDY in past 14 days: No
If Yes, Name of Institution where TDYed: N/A

Date Back to Work: 8/4/2020
Symptomatic/Asymptomatic: Asymptomatic

FCC THX



Staff Positive Case Form

Be advised, all staff positive cases should be reported through your EOC. A copy/screenshot of the laboratory results or healthcare provider statement indicating the results should be sent to (b)(6), (b)(7)(C) @bop.gov and (b)(6), (b)(7)(C) @bop.gov for confirmation into the Bureau's database. The subject line for the email should include: "COVID-19 Staff + Results - Name of Institution"

He is trying to get results.

Include the following information when reporting: Will send to me.

Emp name, initial or numerical indicator	(b)(6), (b)(7)(C)
Institution:	THA - FCI
Employee Department:	(b)(6), (b)(7)(C) day shift officer
Last Day of Work:	7/17/20
First Day of Symptoms:	7/17/20 Felt okay when he came to work. About noon, he started not feeling well. Sat
Test Date:	7/28/20
Test Confirmed Date:	7/21/20
Test Report Date:	7/21/20
*Unit(s)/Facility worked 48 hrs prior to symptoms or testing:	Only (b)(6), (b)(7)(C)
*Number of known staff contacts:	6
*Staff notified and given the priority testing memo?	Yes, given memo, not sure.
*Number of known inmate contacts:	120 inmates approx
*Are any inmates quarantined and being tested as result of exposure? (#, unit)	(b)(6), (b)(7)(C) on quarantained
*Were staff wearing facial covering or PPE during potential exposure window?	Was wearing inside the unit around inmates.

*Needed for CI ⊕ 7/21/20, pending next test results.

8/3/20

(b)(6), (b)(7)(C)

Much improvement

(b)(6), (b)(7)(C)

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

From: THA/Command Center~

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

Date: 7/21/2020 9:43 AM

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

Could you please have him provide us with a copy of his results if he has it?

(b)(6), (b)(7)(C) Here are the list of names (b)(6), (b)(7)(C) said he was around at work. Not sure if they had masks on or not.

From: (b)(6), (b)(7)(C)
To: (b)(6), (b)(7)(C)
Date: 7/21/2020 10:53 AM
Subject: Here are the list of names (b)(6), (b)(7)(C) said he was around at work. Not sure if they had masks on or not.
CC: (b)(6), (b)(7)(C)
BC: (b)(6), (b)(7)(C)

Here are the list of names (b)(6), (b)(7)(C) said he was around at work. Not sure if they had masks on or not. These are the only names he gave to me.

(b)(6), (b)(7)(C)

Said he went to the OM on Thursday or Friday, but there were no staff in there.

(b)(6), (b)(7)(C)
RN IDC
FCC Terre Haute
4700 Bureau Road South
Terre Haute, IN 47802-0033
Phone: 812-244-(b)(6), (b)(7)(C)
Fax: 812-238-4773
Email: (b)(6), (b)(7)(C)@bop.gov

RESPONSE: Defendants object to this Interrogatory on the basis that it is not relevant to the allegations made in this case and is not likely to lead to the discovery of admissible evidence. Defendants also object on the basis that the term “assisted” is vague and unclear. Defendants also object to providing personally identifiable information related to the staff member who tested positive, or the individuals named in the contact investigation. Defendants also object to providing the exact date of the positive tests, as doing so could lead to identifying a member of the execution team. Finally, Defendants object to providing a specific description of execution related responsibilities, as doing so could jeopardize the safety, security, and orderly operation of the institution.

Subject to and without waiving these objections, Defendants refer Plaintiffs to their responses to Request for Production No. 3 and Interrogatory No. 1.

INTERROGATORY NO. 4: Identify the number of Execution Team members and FCC Terre Haute staff members who tested positive for COVID-19 following the executions held at FCC Terre Haute in August, September, and November 2020 but for whom defendants do not have contact tracing records, and state why such records do not exist.

RESPONSE: Defendants object to this Interrogatory on the basis that it is not relevant to the allegations made in this case and is not likely to lead to the discovery of admissible evidence. Specifically, as established in this case, the FCI Terre Haute, where the Plaintiffs are housed, is physically separate from the execution facility and execution team members generally do not even enter the FCI or come into contact with inmates in the FCI. Defendants also object to providing personally identifiable information related to the staff member who tested positive, or the individuals named in the contact investigation. Defendants also object to providing the exact date of the positive tests, as doing so could lead to identifying a member of the execution team.

Defendants also object to producing any contact tracing from team members home institutions, as such investigations are not relevant to FCC Terre Haute.

Subject to and without waiving these objections, the Defendants state that eight BOP execution team members tested positive for COVID-19 within the timeframe referenced above; while a total of nine BOP staff members tested positive for COVID-19 within three weeks of the executions referenced above. One staff member tested positive the week of August 9; six staff members tested positive within one week after return home after the November 19 execution; and two staff members tested positive more than 1 week after returning home from the November 19 execution. Defendants state that they do not possess the test results for these individuals because the tests were conducted by outside, third-party providers, not the Bureau of Prisons. The Defendants also state that the Bureau of Prisons conducted contact tracing for one of the staff members at his home Institution; however, the Defendants do not possess responsive documents regarding the other eight staff members because the Bureau of Prisons did not conduct the contact tracing for those individuals. By way of explanation, the execution team is comprised of members from various BOP locations and was designed to protect the confidentiality of its members. Therefore, when team members report back to their home institution, the institution staff may not know that the employee was a member of the execution team in order to contract trace them, nor do they generally know the identities of other staff members who are part of the execution team. Moreover, some execution team members who tested positive did not return to work at their home institution until meeting CDC guidelines; therefore negating the need for contact tracing at all. Defendants have produced the redacted contact tracing records for the one execution team staff member for whom it possesses responsive records. This record relates to one of the staff members who tested positive within 1

week after returning home from the November 19 execution. Defendants state that the staff member did not identify any FCC Terre Haute staff members or inmates in this contact tracing record, nor is there any reference to FCC Terre Haute in the contact tracing records.

INTERROGATORY NO. 5: For the executions held in August, September and November 2020, identify all instances in which members of an Execution Team (a) spent time in any buildings in FCI Terre Haute or (b) interacted with any inmates other than the inmate who was executed, and state for each such instance why the team member was at FCI Terre Haute or interacted with the inmate(s).

RESPONSE: Defendants object to this Interrogatory on the basis that the word “interacted” is vague and unclear. Defendants further object to this Interrogatory to the extent it may call for information relating to interactions with inmates who are not in the FCI on the basis that it is not relevant to the allegations made in this case and is not likely to lead to the discovery of admissible evidence.

Subject to and without waiving these objections, Defendants state that there are no instances in which members of an execution team spent time in the FCI Terre Haute or interacted with any inmates in FCI Terre Haute.

EXHIBIT 2

**UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF INDIANA
TERRE HAUTE DIVISION**

PATRICK R. SMITH and BRANDON S. HOLM,
individually and on behalf of all others similarly
situated,

Plaintiffs,

v.

WILLIAM P. BARR, in his official capacity as the
Attorney General of the United States; MICHAEL
CARVAJAL, in his official capacity as the Director
of the Federal Bureau of Prisons; and T. J. WATSON, in
his official capacity as Complex Warden for the Terre
Haute Federal Correctional Complex,

Defendants.

No. 2:20-cv-630- JMS-DLP

DECLARATION OF CHARLES P. FORMOSA

I, Charles P. Formosa, declare as follows:

1. I am an investigator with the Federal Public Defender’s Office for the Western District of Washington, where I have been employed since February of 2007. IFrom July 1995 through November 1998, I was employed by the Office of the Capital Collateral Representative in Florida, where I investigated the cases of inmates sentenced to death by the State of Florida throughout state post-conviction proceedings and Habeas Corpus review. From November 1998 to February 2007, I was employed by the Federal Public Defender’s Office in the Eastern District of California, where I investigated the cases of inmates sentenced to death by the State of California during Habeas Corpus review.

2. I was part of Brandon Bernard's legal team. Brandon was executed by the federal government on December 10th, 2020. I was the legal representative for and witness to Mr. Bernard's execution

3. This declaration is based upon my best memory of my personal involvement and personal observations during the execution process for Brandon.

4. On the morning of Brandon's execution, I met with him in a visiting room for death-row inmates at USP Terre Haute. We talked through a partition with three pieces of plexiglass covering the lower parts of the partition except for the three or four inches from the sides of the plexiglass. My previous legal visits were in a similar room but without the fencing and plexiglass. I visited with Brandon for approximately 2 ½ hours.

5. Before my visit with Brandon, I was processed through security where I came into close contact with one BOP staff member and two members of Mr. Bourgeois' legal team. Mr. Bourgeois was scheduled to be executed on December 11, 2020, and his legal team was visiting with him.

6. In order to get to the visiting rooms, a different BOP employee from the one who processed me walked me and the two members of the legal team for Mr. Bourgeois through the halls of the prison where we eventually we took a 12 by 20 feet elevator to the death row visiting rooms. It was not possible to socially distance in the elevator. During my visit with Brandon, I saw some BOP employees walking in the hall behind him who were not wearing masks. When I left the visit, I took the same elevator with the BOP officer and now three members of the Bourgeois team. Mr. Bourgeois was represented by the Federal Defenders Office in Philadelphia, PA who had traveled to Terre Haute as well. Most of the staff members I interacted with had masks on (though some wore them below their noses).

7. I left the prison at 3:00 p.m. I grabbed lunch at a drive-thru and then drove downtown to the Sheriff's office to be picked up by the prison officials to be returned to the prison for the execution. I had been told to arrive at the Sheriff's parking lot by 3:45 p.m.

8. When I arrived at the Sheriff's office parking lot, I met with Brandon's aunt and spiritual advisor. We were outside, but Brandon's aunt was not wearing a mask and was standing next to Brandon's spiritual advisor. Brandon's aunt was initially standing next to her car where two people who were not wearing masks were sitting. I do not remember if the spiritual advisor was wearing his mask at that time. Brandon's aunt is from Louisiana, but had been staying in Terre Haute for a week with the two people in her car. His spiritual advisor drove from New York with stops in different states before arriving in Terre Haute. The three of us were then met by one female and two male prison officials. They were wearing protective equipment and provided Brandon's aunt and spiritual advisor with surgical masks. I brought my own mask. They had us fill out forms, and then we waited for about 30 minutes to receive word that we could come to the prison.

9. At that time, they put all of us into a white transit van with four rows of seats which would accommodate approximately 11 people. There were six of us total in the van, including the driver. The windows in the van were not open. During the ride, Brandon's aunt pulled her mask down exposing her nose and mouth a few times. BOP employees did not request she put her mask back on. I estimate that we spent approximately 15 minutes in the van.

10. They drove us to the USP building, where death row is housed. At the front entrance of the BOP grounds, Brandon's aunt and spiritual advisor had their temperatures checked. They did not check mine because they recognized me as being at the prison earlier that day. They took us in the lobby to process us. They had us all sit down in the waiting area. Present were the six of us and three officers who processed us. They then called us one at a time to be screened. Each of

us went through a body scanner and the officers put our shoes, jackets, and belongings through the metal detectors. They then used a hand wand on each of us, wandng us first in the front and then in the back. All of these actions took place in very close proximity with the officers. While each person went through the security measures, the others waited together. The security officers waited for clearance from another area of the prison before moving us in the same van., There weren't any windows that opened in the security screening room or the waiting area.

11. They then drove us to another building. We entered the front door into a hallway without windows. They took us to a room that also had no windows. My memory is one escort stayed with us most of the time. I remember the other escorts went into a different room with two new males and a new female BOP employee. The room had windows on two sides but I didn't notice if they were open. One of the new males from the other room came in to ask us how we were doing. The female from the van ride came in as well. I remained in that room with the other two witnesses for Mr. Bernard for approximately two hours. They left the door open, but there were no windows in the room. Brandon's aunt did not wear her mask for most of the time. She was the person who spoke the majority of the time while in the room and there were only a few instances when she was silent. At one point, his aunt asked me how I could breathe in my mask. His spiritual advisor pulled his mask down to eat snacks several times while sitting within two feet of Brandon's aunt where he sat the majority of the time. We all were pulling our masks down to drink water. The BOP employee who was in the room with us most of the time sat within three feet of Brandon's spiritual advisor and aunt.

12. About fifteen minutes before we actually left for the execution building, we were brought out and told to get into the van by the original three BOP employees. Brandon's spiritual advisor was taken to a different van by a new BOP employee. After two or three minutes, all three

of us were returned to the same room we had come from. After fifteen or twenty minutes, we were directed to get back in the vans. We were put in our van with the same three employees. Brandon's aunt removed her mask almost immediately after getting into the van. We were in the van for approximately ten minutes. During that time, Brandon's aunt told stories and sang a song. At no time did the BOP employees ask her to put her mask back on her face.

13. Once we arrived at the execution building, Brandon's aunt and I were escorted to a room that was approximately eight by fourteen feet. In the room was the female employee who escorted us to the room from the van and two other BOP employees.

14. The room had an approximately three and half by five window with a blind. In order to see Brandon, I had to stand next to Brandon's aunt who had pulled her mask down so it was under her chin exposing her mouth and nose. None of the BOP employees asked her to put her mask back on. After five minutes, the blind went up. I could see into the execution chamber but could not see Brandon. I had to move around Brandon's aunt to see Brandon. Before I moved, I could see Brandon's spiritual advisor and someone standing next to him. Once I moved around, I saw Brandon was already in the room. He was strapped onto a custom table, though you could not see the body straps because he was covered with a blanket. You could see the tubes going into his body. Standing in the room on the other side of Brandon from me was a BOP employee who made all of the announcements in a loud voice. He never wore a mask. Someone else in the room, whom I could not see, read the death sentence pronouncement. The guy without the mask called to make sure there were not any "impediments" to continuing the execution. I could not see into any other room that might have a view into the execution chamber beyond the room with windows behind Brandon and a window to the right of the BOP employee who was not wearing a mask.

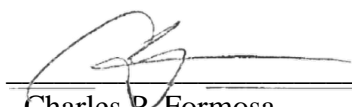
15. Brandon's aunt did not wear her mask almost the entire time we were in our room. A couple of minutes after Brandon was pronounced dead, Brandon's aunt, spiritual advisor and I were escorted to the van by the same people and were taken back to Sheriff's department's parking lot. On the ride to the Sheriff's department, his aunt sobbed most of the time and was not wearing a mask. None of the BOP employees requested she put her mask on.

16. There were no windows that opened to the outside in any of the rooms that I was in throughout the process.

17. Prior to leaving for Terre Haute, I quarantined myself for ten days. I drove my car and parked in the garage next to the airport terminal so I did not have to take a shuttle. I socially distanced myself from others in the airport while waiting to board my plane. While boarding the plane, other passengers were not socially distanced and I had to wait right next to some of the passengers on the plane before I could move forward. Exiting the airplane was even worse for social distancing. The passengers all stood up next to each other to exit the plane. I got my rental car and drove to my hotel.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: 12/17/2020

By: 

Charles P. Formosa

EXHIBIT 3

**UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF INDIANA
TERRE HAUTE DIVISION**

PATRICK R. SMITH and BRANDON S. HOLM, individually and on behalf of all others similarly situated, Plaintiffs,)	
)	
)	
)	
)	
v.)	No. 2:20-cv-630- JMS-DLP
)	
)	
JEFFREY A. ROSEN, in his official capacity as the Acting Attorney General of the United States; MICHAEL CARVAJAL, in his official capacity as the Director of the Federal Bureau of Prisons; and T. J. WATSON, in his official capacity as Complex Warden for the Terre Haute Federal Correctional Complex,)	
)	
Defendants.)	

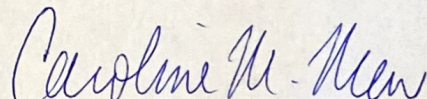
DECLARATION OF CAROLINE M. MEW

I, Caroline Mew, hereby declare as follows:

1. I am over 18 years of age, of sound mind, and otherwise competent to make this declaration. The declaration is based on my personal knowledge, unless otherwise stated.
2. I am a senior counsel at the law firm of Perkins Coie LLP and a counsel of record for Plaintiffs in this action. I am submitting this declaration in support of Plaintiffs’ Second Motion for Preliminary Injunction.
3. Attached as Exhibit A to this declaration is a true and correct copy of Defendants’ Responses to Requests for Production of Documents, served on December 15, 2020.
4. Attached as Exhibit B to this declaration is a true and correct copy of Defendants’ Responses to Interrogatories, served on December 15, 2020.

5. Attached as Exhibit C to this declaration are true and correct copies of a December 22, 2020 letter from Shelese Woods to Robert Burgoyne, and Defendants' supplemental response to Request for Production No. 1.

I declare under penalty of perjury that the foregoing is true and correct. Executed on December 28, 2020.



Caroline M. Mew

EXHIBIT A

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF INDIANA
TERRE HAUTE DIVISION

PATRICK R. SMITH and)
BRANDON S. HOLM, individually and)
on behalf of all others similarly situated,)

Plaintiffs,)

v.)

Cause No. 2:20-cv-00630-JMS-DLP

WILLIAM P. BARR, in his official)
capacity as the Attorney General of the)
United States, *et al.*,)

Defendants.)

DEFENDANTS' RESPONSES TO REQUESTS FOR PRODUCTION OF DOCUMENTS

The Federal Defendants respond to the Plaintiffs' expedited Requests for Production of Documents as follows:

GENERAL STATEMENT AND OBJECTIONS

The Defendants have been ordered to respond to the Plaintiffs' first Requests for Production on an expedited basis. The Defendants are in good faith attempting to gather all responsive information in an expedited fashion in order to respond fully and completely to the Requests. To the extent the Defendants are unable to obtain all of the responsive information, or obtain additional responsive information, they will supplement the responses pursuant to Fed. R. Civ. P. 26.

The Defendants object to the Plaintiff's Instructions and Objections to the extent that they purport to require more from the Defendants than is required under Federal Rules of Civil Procedure 34 or 26.

The Defendants object to Plaintiffs' definition of the term "document," to the extent it encompasses more than the definition contained in Federal Rule of Civil Procedure 34.

The Defendants object to creating a privilege log for documents created since this lawsuit was filed, as this would be unduly burdensome on the Defendants and their counsel.

RESPONSES

REQUEST NO. 1: Complete contact tracing records for the staff member who was identified as testing positive in *Hartkemeyer v. Barr*, 2:20-cv-0336-MMS-DLP, Dkt. 77-1, including records identifying all inmates who were exposed to that staff member and the results of any COVID-19 tests administered to those prisoners.

RESPONSE: Defendants object to this Request on the basis that it is not relevant to the allegations made in this case and is not likely to lead to the discovery of admissible evidence. Specifically, as set forth in the Winter Declaration filed in the *Hartkemeyer* case, the staff member who tested positive did not come into contact with the BOP execution protocol team, nor did he enter the execution facility or the adjacent command center. Defendants also object to providing the name of the staff member or personally identifiable information related to the staff member who tested positive, or the individuals named in the contact investigation.

Subject to and without waiving these objections, Defendants produce the redacted contact tracing records for this staff member.

REQUEST NO. 2: Complete contact tracing records and COVID-19 test records for every member of any Execution Team who tested positive for COVID-19 within three weeks of any of the executions that were held at FCC Terre Haute in August or September 2020 (a total of four executions) or in November 2020 (Mr. Hall's execution), including but not limited to the eight (8) members of the Execution Team for Mr. Hall's execution who were referenced in this case in the Declaration of Rick Winter at ¶ 8 (ECF 33-2) (Dec. 7, 2020).

RESPONSE: Defendants object to this Request on the basis that it is not relevant to the

allegations made in this case and is not likely to lead to the discovery of admissible evidence. Specifically, as established in this case, the FCI Terre Haute, where the Plaintiffs are housed, is physically separate from the execution facility and execution team members generally do not even enter the FCI or come into contact with inmates in the FCI. Defendants also object to producing information that could lead to the identity of the team member, such as the names of or personally identifiable information related to staff members who tested positive, or the individuals named in the contact investigation, as well as the name of the Institution where the team member works or information that could lead to the identification of the Institution where the team member works. Defendants also object to providing the exact date of the positive tests, as doing so could lead to identifying a member of the execution team. Defendants also object to producing any contact tracing from team members' home institutions, as such investigations are not relevant to FCC Terre Haute.

Subject to and without waiving these objections, Defendants state that nine BOP execution team members tested positive for COVID-19 within three weeks of the executions referenced above. One staff member tested positive the week of August 9; six staff members tested positive within one week after returning home after the November 19 execution; and two staff members tested positive more than 1 week after returning home from the November 19 execution. Defendants state that they do not possess the test results for these individuals because the tests were conducted by outside, third-party providers, not the Bureau of Prisons. Defendants also state that the Bureau of Prisons conducted contact tracing for one of the staff members at his home Institution; however, Defendants do not possess responsive documents regarding the other eight staff members because the Bureau of Prisons did not conduct the contact tracing for those individuals. Defendants produce the redacted contact tracing records for the staff member for

whom they possess responsive records. This record relates to one of the staff members who tested positive within 1 week after returning home from the November 19 execution. Defendants state that the staff member did not identify any FCC Terre Haute staff members or inmates in this contact tracing record, nor is there any reference to FCC Terre Haute in the contact tracing records.

REQUEST FOR PRODUCTION NO. 3: Complete contact tracing records and COVID-19 test records for all FCC Terre Haute staff members who tested positive for COVID-19 within three weeks of assisting in any way in any of the executions that were held at FCC Terre Haute in August or September 2020 (a total of four executions) or in November 2020 (Mr. Hall's execution).

RESPONSE: Defendants object to this Request on the basis that it is not relevant to the allegations made in this case and is not likely to lead to the discovery of admissible evidence. Defendants also object on the basis that the Request is overly broad, as it asks for information related to staff members who did not work at the FCI. Defendants also object on the basis that the term "assisting" is vague and unclear. Defendants also object to providing personally identifiable information related to staff members who tested positive, or the individuals named in any contact investigation.

Subject to and without waiving these objections, Defendants state that the Bureau of Prisons has conducted a search for contact tracing records related to all FCC Terre Haute staff who assisted in executions during the time relevant to this interrogatory. As to staff members who: 1) work in the FCI Terre Haute, and 2) assisted in the executions in August or September 2020 (a total of four executions) or in November 2020 (Mr. Hall's execution), and 3) also tested positive for COVID-19 within three weeks of those executions, to date, the BOP has

identified no staff members who met these criteria. Therefore, Defendants possess no documents responsive to this Request.

However, there was one USP Terre Haute staff member who also worked in the FCI Terre Haute, tested positive for COVID-19 within three weeks of the above-mentioned executions, and who was tangentially involved in duties related to carrying out the executions. Specifically, this staff member was assigned to perimeter security, which largely involved being outside or in his vehicle. Defendants produce the redacted contact tracing records for this staff member.

Respectfully submitted,

JOHN C. CHILDRESS
Acting United States Attorney

BY: s/ Shelese Woods
Shelese Woods
Assistant United States Attorney

Brigham J. Bowen
Assistant Director

Lisa A. Olson
Jordan L. Von Bokern
U.S. Department of Justice
Civil Division, Federal Programs Branch
1100 L Street, N.W.
Washington, DC 20001
(202) 305-7919
Lisa.olson@usdoj.gov
Jordan.L.Von.Bokern2@usdoj.gov

Counsel for Defendants

CERTIFICATE OF SERVICE

I hereby certify that on December 15, 2020, the foregoing was served via electronic mail and by U.S. mail, first class postage pre-paid addressed to the following counsel of record:

Robert A. Burgoyne
Caroline New
Perkins Coie LLP
700 13th Street, N.W.
Suite 600
Washington, D.C. 20005

John R. Maley
Barnes & Thornburg LLP
11 South Meridian Street
Indianapolis, Indiana 46204-3535

s/ Shelese Woods
Shelese Woods
Assistant United States Attorney

Response to Request for Production of
Documents No. 1

FCC THX



Staff Positive Case Form

Be advised, all staff positive cases should be reported through your EOC. A copy/screenshot of the laboratory results or healthcare provider statement indicating the results should be sent to Dr. Sylvie Cohen (scohen@bop.gov) and Julie King (jdking@bop.gov) for confirmation into the Bureau's database. The subject line for the email should include: "COVID-19 Staff + Results - Name of Institution"

Include the following information when reporting:

Emp name, initial or numerical indicator	[REDACTED]
Institution:	[REDACTED]
Employee Department:	[REDACTED]
Last Day of Work:	July 8, 2020 until 10:30 ish.
First Day of Symptoms:	July 8, 2020 that evening stuffy nose
Test Date:	July 8, 2020
Test Confirmed Date:	July 11, 2020
Test Report Date:	July 11, 2020
*Unit(s)/Facility worked 48 hrs prior to symptoms or testing:	[REDACTED]
*Number of known staff contacts:	[REDACTED]
*Staff notified and given the priority testing memo?	[REDACTED]
*Number of known inmate contacts:	1
*Are any inmates quarantined and being tested as result of exposure? (#, unit)	No
*Were staff wearing facial covering or PPE during potential exposure window?	Wore mask while speaking with inmate, but not with staff in [REDACTED]

*Needed for CI

CONTACT INVESTIGATION Questions for COVID-19 Illness Staff or Inmate

Purpose: This is a tool to help guide contact investigations at the institution level. The goal of interviewing the index case in a contact investigation is to gain the information needed for:

- (1) establishing the infectious period; and
- (2) Identifying potential contacts.
- (3) When utilizing for staff investigation, if question is not applicable, note N/A.

Overview:

- It is critically important that time be spent establishing trust with persons before conducting the interview, and making sure that the person understands the purpose of the contact investigation. Use an interpreter, if needed.
- The following questions should be used to guide the contact investigation interview. Depending on the person's responses, additional questions may be asked as follow-up on their answers.
- Inmates: If inmate is unavailable for interview (i.e., hospital), information can be obtained from cellmates, job supervisors, unit officer or team, etc.
- Staff: If staff is unavailable for interview, may need to obtain information from department head or Admin LT, etc.
- Do NOT file interview documentation in the inmate's medical record or *staff record*.
- Refer to CDC: <https://www.cdc.gov/coronavirus/2019-ncov/php/principles-contact-tracing.html>

Definitions:

- **Main symptoms of COVID-19:** Fever and cough, shortness of breath and may include-headache, sore throat, general feeling of being unwell (myalgia or fatigue), diarrhea or nausea
- **Infectious period:** Person is contagious at onset of symptoms and possibly shortly before (~48 hours).
- **Asymptomatic infections occur** – which means a person may be contagious without symptoms
- **Incubation of illness** or the time from exposure to illness onset is unknown. The average incubation period may be 3-5 days (range 2-14 days).
- **Treatment:** There is no specific treatment for COVID-19 at this time and no vaccine is currently available.
- **Exposed to COVID-19:** In general, you need to be in close contact with a sick person to get infected. Close contact includes:
 - o Living in the same household or room and sharing close space (bathroom) with a sick person with COVID-19
 - o Caring for a sick person with COVID-19
 - o Being within 6 feet of a sick person with COVID-19 for about 10 minutes, OR
 - o Being in direct contact with secretions from a sick person with COVID-19 (e.g., being coughed on, sharing cups or utensils, sharing personal items, kissing, etc.)

Inmate Name: [REDACTED] Registration #: _____ Facility Intake Date: NA

STAFF MEMBER: [REDACTED] FACILITY: ECP

Interviewer Name: [REDACTED] Date: 7/11/20

Federal Bureau of Prisons

Contact Investigation for COVID-19 Illness

1. Review the COVID diagnosis with the person:
 Assess person's knowledge of the condition. NO symptoms.
 Describe COVID, how it is diagnosed and treated, and the treatment plan.
 Describe how COVID is transmitted (droplet).
 Discuss the need to identify potentially exposed contacts.

2. Ask about the history:
 a. Have you had any known contact with a confirmed or probable diagnosis of COVID? Yes No
 IF YES, where and when?
Last week in laws became positive. Tested on 7/18 Results ⊕ 7/18/20
 b. Have you had a positive COVID test? YES NO.
 IF YES, where and when?
Went Wednesday 7/18 Results positive on 7/18/20
 c. Have you been diagnosed with COVID-19? YES NO.
 IF YES, where and when?
Resulted positive 7/18/20 LHE behind Regional Hosp.

3. Ask about medical history: (NA for staff)
 What other medical conditions do you have?

4. Ask about history of COVID symptoms:

YES	NO	Have you had any of the following symptoms?	If Yes, how long have you had them? When did they start?
	<input checked="" type="checkbox"/>	Cough	
	<input checked="" type="checkbox"/>	Fever	
	<input checked="" type="checkbox"/>	Shortness of breath	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Chills	Little bit started Wed night x two
	<input checked="" type="checkbox"/>	Muscle pain	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Lethargy or fatigue	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Headache	Started Wed. consistent until after 7/18/20 continues with headaches.
	<input checked="" type="checkbox"/>	GI symptoms-Nausea or Diarrhea (3+ stools in 24 hours)	
	<input checked="" type="checkbox"/>	Chest pain or tightness	
	<input checked="" type="checkbox"/>	Sore throat	
	<input checked="" type="checkbox"/>	Loss of taste or smell	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Other:	Nasal congestion like sinus started 7/18/20

Date of symptom onset: 7/18/20

Federal Bureau of Prisons

Contact Investigation for COVID-19 Illness

5. Ask about the risk factors:

YES	NO	Please answer the following questions:	When and Where?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are you living with someone diagnosed with COVID-19?	[redacted] Showing for
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Have you had contact with someone diagnosed with COVID-19 (> 10 minutes, < 6 feet)?	[redacted] 7/5/20
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are you part of a carpool to work or use public transit?	

6. If symptoms began prior to arrival at facility: (not applicable to staff)

a. Where were you living? *[redacted]*

b. Who were you living with? *[redacted]*

7. Please describe your previous day-to-day activities at this facility:

Time of Day	Activities
Morning	[redacted]
Mid-Day	[redacted]
Afternoon	[redacted]
Evening	[redacted]

8. Ask: Has your daily pattern of activities or has the way you spend your time changed in any way?

Same	Changed	How and when did your daily pattern change?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pretty much the same everyday.

9. Staff only: Did you spend time with anyone outside of your assigned duty post (i.e., lunch, visits, socializing, and institution gym) in the 2 days prior to illness?

Lunch & staff. Interviewed 2 FCJ inmates Leonsfoot
Had mask on. Doesn't think inmates had mask on.

9. Ask: Please tell me if you have been involved in any of the following activities ... (Inmates only)

YES	NO	Activity	Where?	When?	With whom?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Watching TV	X		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Playing cards or games			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Religious services			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Recreation or sports			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Work			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Education			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Library			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other:			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other:			

COVID-19 ILLNESS Contact Investigation - Interview Questions (page 2 of 3)

Tues 7/5
Evening

No Mask Mon 7/6/20

Not wear masks

7/120 Made. Round

2 masks 7/7/20

Observed 4 count in table. No mask @ table. They did not talk. Went to officers with masks.

Tues evening: Was @ [redacted] due to possible [redacted] stayed emergency court. Not sure + who staff. Can't remember. [redacted] had mask. Not sure about any masks. Was inside [redacted] just walked.

Federal Bureau of Prisons

Contact Investigation for COVID-19 Illness

11. Ask: In the last 2 days.....Who are your close friends that you spend time with? Are there any others whom you've spent time with that you would be concerned about getting exposed to COVID-19? (>15 minutes of close contact)

(For Staff: Only close contacts that work at institution)

Been home last two days No

12. Inmates - Ask: Did you have any visitors 2 days before symptom onset? YES NO

Visitor Name	When Visited	Locating Information
 	 	

13. Inmates - Ask: Since / / (2 days before symptom onset), have you had lawyer visits?

YES NO

Lawyer Name/Info	When Visited
 	

14. Ask: Are there any staff members that you have had close contact with? Yes NO

Staff Name		

15. Ask: Is there any other information that might help identify anyone else you've been in contact with?

Is there anyone else who you're concerned could have become infected with COVID-19 by being near you?

Not that I know of.

16. Ask: Do you have any questions about the COVID-19 illness?

None.

See prior page

[REDACTED] - Fwd: Previous Staff Positive

From: [REDACTED]
To: [REDACTED]
Date: 7/31/2020 11:33 AM
Subject: Fwd: Previous Staff Positive
Attachments: [REDACTED] Covid Results

>>> [REDACTED] 7/31/2020 8:14 AM >>>

Name: [REDACTED]
Department: [REDACTED]
Last day at Work: 07/08/2020
First Symptoms: 07/08/2020
Test Date: 07/11/2020 POSITIVE 07/22/2020 NEGATIVE 07/23/2020 NEGATIVE
Test Confirmed Date: 07/11/2020
On/Returning from TDY in past 14 days: No
If Yes, Name of Institution where TDYed: No

>>> [REDACTED] 6/23/2020 10:20 AM >>>

Confirmed positive and now recovered.

We did not have this individual in our database as positive.

Please provide the following information:

Name:
Department:
Last day at Work:
First Symptoms:
Test Date:
Test Confirmed Date:
On/Returning from TDY in past 14 days:
If Yes, Name of Institution where TDYed:

[REDACTED]

CONFIDENTIALITY NOTICE: This e-mail message, including any attachments, is for the sole use of the intended recipient (s) and may contain confidential and privileged information or otherwise protected by law. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

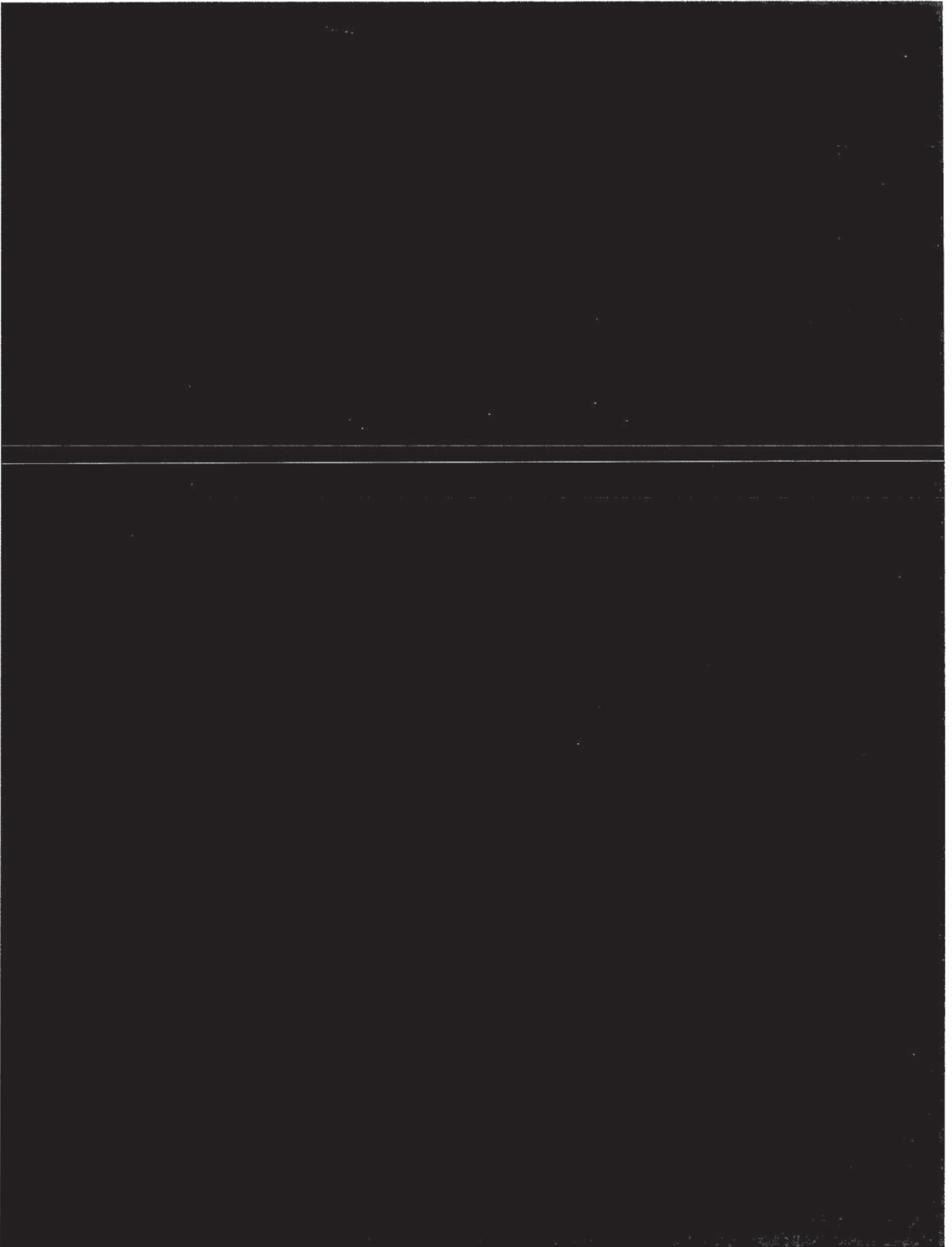
>>> [REDACTED] 6/23/2020 10:15 AM >>>

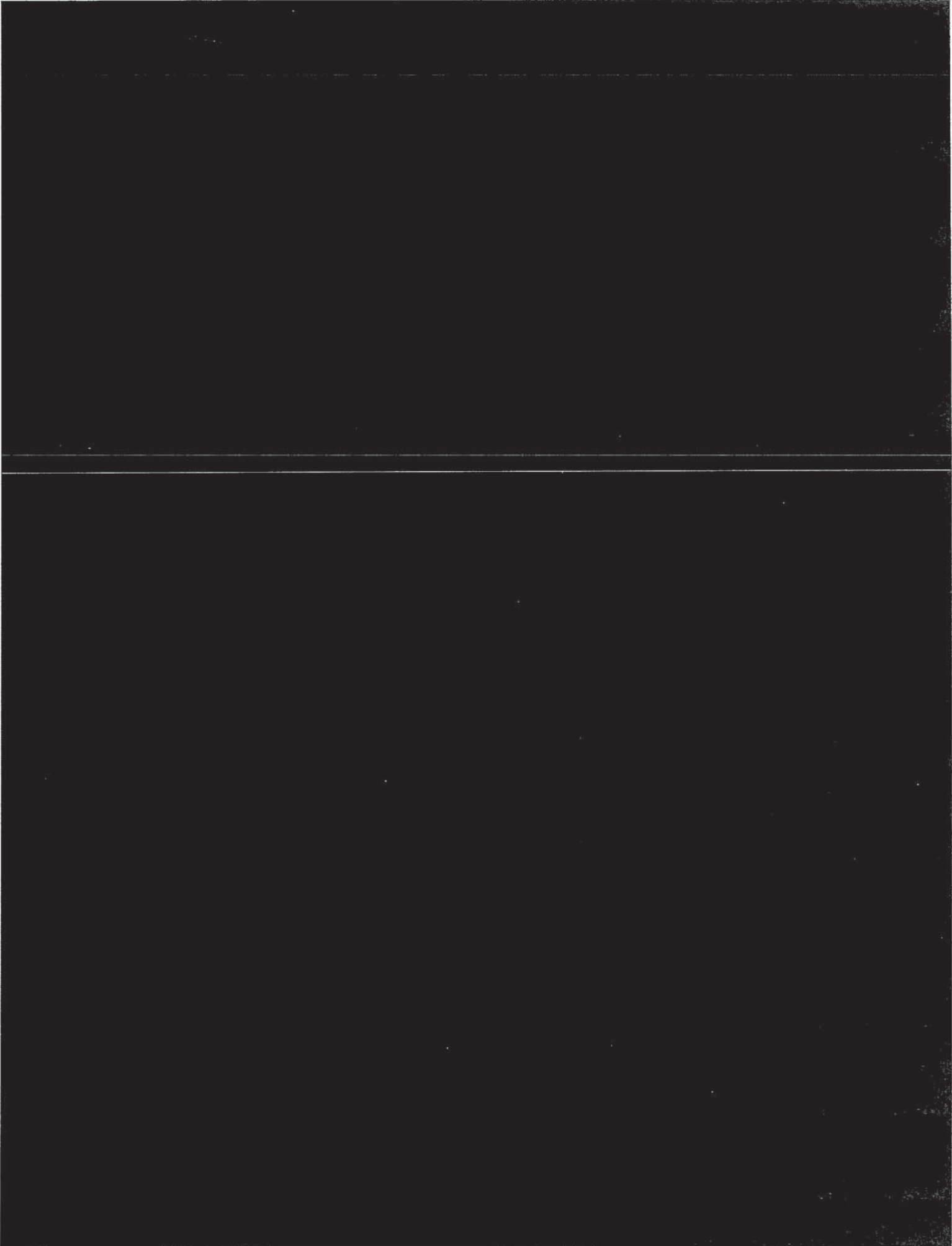
Please see the attached results for the positive staff member at FCC Terre Haute. He is now considered recovered.

[REDACTED]









[REDACTED] - Fwd: Previous Staff Positive

From: [REDACTED]
To: [REDACTED]
Date: 7/31/2020 11:33 AM
Subject: Fwd: Previous Staff Positive
Attachments: [REDACTED] Covid Results

>>> [REDACTED] ~ 7/31/2020 8:14 AM >>>

Name: [REDACTED]
Department: [REDACTED]
Last day at Work: 07/08/2020
First Symptoms: 07/08/2020
Test Date: 07/11/2020 POSITIVE 07/22/2020 NEGATIVE 07/23/2020 NEGATIVE
Test Confirmed Date: 07/11/2020
On/Returning from TDY in past 14 days: No
If Yes, Name of Institution where TDYed: No

>>> [REDACTED] 6/23/2020 10:20 AM >>>

Confirmed positive and now recovered.

We did not have this individual in our database as positive.

Please provide the following information:

Name:
Department:
Last day at Work:
First Symptoms:
Test Date:
Test Confirmed Date:
On/Returning from TDY in past 14 days:
If Yes, Name of Institution where TDYed:

[REDACTED]

CONFIDENTIALITY NOTICE: This e-mail message, including any attachments, is for the sole use of the intended recipient (s) and may contain confidential and privileged information or otherwise protected by law. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

>>> [REDACTED] ~ 6/23/2020 10:15 AM >>>

Please see the attached results for the positive staff member at FCC Terre Haute. He is now considered recovered.

[REDACTED]

Response to Request for Production of
Documents No. 2

[REDACTED] - Contact investigation

From: [REDACTED]
To: [REDACTED]
Date: 11/[REDACTED]/2020 1:35 PM
Subject: Contact investigation
CC: [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]
Tested positive on 11-[REDACTED]-20 result on 11-[REDACTED]-20
Exposed from a [REDACTED] who tested positive from COVID 19
Staff States asymptomatic

Possible exposure is [REDACTED]
Denies any prolonged contact with other staff greater than 15 min and less than 6 feet.

[REDACTED]

Response to Request for Production of
Documents No. 3

- Re: Staff Recovered Request-

From: [REDACTED]
To: [REDACTED]
Date: 10/20/2020 9:38 AM
Subject: Re: Staff Recovered Request-[REDACTED]
CC: [REDACTED]

Confirmed recovered

[REDACTED]

[REDACTED]

[REDACTED]

CONFIDENTIALITY NOTICE: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information or otherwise protected by law. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

>>> [REDACTED] 10/20/2020 9:20 AM >>>
Staff Recovered Request
Name: [REDACTED]
Department: [REDACTED]
Last day at Work: 10/05/2020
First Symptoms: 10/03/2020
Test Date: 10/05/2020 POSITIVE
Test Confirmed Date: 10/7/2020
On/Returning from TDY in past 14 days: No
If Yes, Name of Institution where TDYed: No
Date Back to Work: 10/20/2020
Symptomatic/Asymptomatic: Asymptomatic (over 10 days)

Staff Recovered Request-

From: [REDACTED]
To: [REDACTED]
Date: 10/20/2020 9:20 AM
Subject: Staff Recovered Request- [REDACTED]
CC: [REDACTED]

Staff Recovered Request

Name: [REDACTED]
Department: [REDACTED]
Last day at Work: 10/05/2020
First Symptoms: 10/03/2020
Test Date: 10/05/2020 POSITIVE
Test Confirmed Date: 10/7/2020
On/Returning from TDY in past 14 days: No
If Yes, Name of Institution where TDYed: No
Date Back to Work: 10/20/2020
Symptomatic/Asymptomatic: Asymptomatic (over 10 days)





Staff Positive Case Form

Be advised, all staff positive cases should be reported through your EOC. A copy/screenshot of the laboratory results or healthcare provider statement indicating the results should be sent to Dr. Sylvie Cohen (scohen@bop.gov) and Julie King (jdking@bop.gov) for confirmation into the Bureau's database. The subject line for the email should include: "COVID-19 Staff + Results – Name of Institution"

Include the following information when reporting:

Emp name, initial or numerical indicator	[REDACTED]
Institution:	FCC THP
Employee Department:	[REDACTED]
Last Day of Work:	10/5/20 @ the Command Center
First Day of Symptoms:	10/5/20 evening
Test Date:	10/5/20
Test Confirmed Date:	10/7/20
Test Report Date:	10/7/20
*Unit(s)/Facility worked 48 hrs prior to symptoms or testing:	Was off work 10-2-20, 10-3-20 and 10-4-20
*Number of known staff contacts:	Named 3:
*Staff notified and given the priority testing memo?	Staff were notified by [REDACTED]
*Number of known inmate contacts:	He was off 3 days prior to symptoms and hadn't been around the inmates.
*Are any inmates quarantined and being tested as result of exposure? (#, unit)	Not @ this time.
*Were staff wearing facial covering or PPE during potential exposure window?	Reports wearing a "gator type mask". Reported while at the Command Center they were not wearing masks, but were socially distanced

*Needed for CI

Sent to [REDACTED] 10/8/20 9:59
" " [REDACTED] 10/8/20 10:09
[REDACTED]

CONTACT INVESTIGATION Questions for COVID-19 Illness Staff or Inmate

Purpose: This is a tool to help guide contact investigations at the institution level. The goal of interviewing the index case in a contact investigation is to gain the information needed for:

- (1) establishing the infectious period and
- (2) Identifying potential contacts.
- (3) When utilizing for staff investigation, if question is not applicable, note N/A.

Overview:

- It is critically important that time be spent establishing trust with persons before conducting the interview, and making sure that the person understands the purpose of the contact investigation. Use an interpreter, if needed
- The following questions should be used to guide the contact investigation interview. Depending on the person's responses, additional questions may be asked as follow-up on their answers.
- Inmates. If inmate is unavailable for interview (i.e., hospital), information can be obtained from cellmates, job supervisors, unit officer or team, etc.
- Staff: If staff is unavailable for interview, may need to obtain information from department head or Admin LT, etc
- Do NOT file interview documentation in the inmate's medical record *or staff record*.
- Refer to CDC: <https://www.cdc.gov/coronavirus/2019-ncov/php/principles-contact-tracing.html>

Definitions:

- **Main symptoms of COVID-19:** Fever and cough, shortness of breath and may include-headache, sore throat, general feeling of being unwell (myalgia or fatigue), diarrhea or nausea
- **Infectious period:** Person is contagious at onset of symptoms and possibly shortly before (~48 hours)
- **Asymptomatic infections occur** - which means a person may be contagious without symptoms
- **Incubation of illness or the time from exposure to illness onset is unknown.** The average incubation period may be 3-5 days (range 2-14 days)
- **Treatment:** There is no specific treatment for COVID-19 at this time and no vaccine is currently available.
- **Exposed to COVID-19:** In general, you need to be in close contact with a sick person to get infected. Close contact includes
 - o Living in the same household or room and sharing close space (bathroom) with a sick person with COVID-19
 - o Caring for a sick person with COVID-19
 - o Being within 6 feet of a sick person with COVID-19 for about 10 minutes, OR
 - o Being in direct contact with secretions from a sick person with COVID-19 (e.g., being coughed on, sharing cups or utensils, sharing personal items, kissing, etc.)

Inmate Name: _____ Registration #: _____ Facility Intake Date: _____

STAFF MEMBER: [REDACTED] FACILITY VSP

Interviewer Name: [REDACTED] Interview Date: 10/7/20

Left message @ 3:15
Left message @ 1:00 from home



Federal Bureau of Prisons

Contact Investigation for COVID-19 Illness

1. **Review the COVID diagnosis with the person:**
 Assess person's knowledge of the condition.
 Describe COVID, how it is diagnosed and treated, and the treatment plan.
 Describe how COVID is transmitted (droplet).
 Discuss the need to identify potentially exposed contacts

2. **Ask about the history:**
 a. Have you had any known contact with a confirmed or probable diagnosis of COVID? Yes No
 If YES, where and when?
Denies

b. Have you had a positive COVID test? YES NO
 If YES, where and when?
Oct. 5 took, resulted 10/7/20.

c. Have you been diagnosed with COVID-19? YES NO
 If YES, where and when?
Union Hosp. Clinic @ 6th & Poplar.

3. **Ask about medical history: (NA for staff)** NA
 What other medical conditions do you have?

4. **Ask about history of COVID symptoms:**

YES	NO	Have you had any of the following symptoms?	If Yes, how long have you had them? When did they start?
	<input checked="" type="checkbox"/>	Cough	
	<input checked="" type="checkbox"/>	Fever	
	<input checked="" type="checkbox"/>	Shortness of breath	
<input checked="" type="checkbox"/>		Chills	Mon. 10/5 evening
<input checked="" type="checkbox"/>		Muscle pain	Mon. 10/5 evening
<input checked="" type="checkbox"/>		Lethargy or fatigue	Fri. 10/6
<input checked="" type="checkbox"/>		Headache	Tues 10/6
	<input checked="" type="checkbox"/>	GI symptoms-Nausea or Diarrhea (3+ stools in 24 hours)	
	<input checked="" type="checkbox"/>	Chest pain or tightness	
<input checked="" type="checkbox"/>		Sore throat	Just from drainage.
	<input checked="" type="checkbox"/>	Loss of taste or smell	
		Other:	

Date of symptom onset: 10/5/20

Federal Bureau of Prisons

Contact Investigation for COVID-19 Illness

5. Ask about the risk factors:

YES	NO	Please answer the following questions.	When and Where?
	<input checked="" type="checkbox"/>	Are you living with someone diagnosed with COVID-19?	[redacted] just tested. Kids out of school.
	<input checked="" type="checkbox"/>	Have you had contact with someone diagnosed with COVID-19 (> 10 minutes, < 6 feet)?	
	<input checked="" type="checkbox"/>	Are you part of a carpool to work or use public transit?	

6. If symptoms began prior to arrival at facility: (not applicable to staff)

a. Where were you living?

b. Who were you living with? *[initials]*

7. Please describe your previous day-to-day activities at this facility:

Time of Day	Daily Activities
Morning	Check emails
Mid-Day	Go out and walk around. No groups
Afternoon	Check emails paperwork
Evening	Workout/Jujitsu

8. Ask: Has this been your pattern during the period since *11/3/20* (2 days before symptom onset), or has the way you spend your time changed in any way?

Same	Changed	How and when did your daily pattern change?
		Was off on Fri Oct. 2, 2020 Sat./Sun off as well 1015: Worked Command Center

9. Staff only: Did you spend time with anyone outside of your assigned duties at the facility, *outside of work*

9. Ask: Please tell me if you have been involved in any of the following activities...(Inmates only)

YES	NO	Activity	Where?	When?	With whom?
		Watching TV			
		Playing cards or games			
		Religious services			
		Recreation or sports			
		Work			
		Education			
		Library			
		Other:			
		Other:			

COVID-19 ILLNESS Contact Investigation - Interview Questions (page 2 of 3)



Command Center

Federal Bureau of Prisons

Contact Investigation for COVID-19 Illness

11. Ask: In the last 2 days.....Who are your close friends that you spend time with? Are there any others whom you've spent time with that you would be concerned about getting exposed to COVID-19? (>15 minutes of close contact)

(For Staff: Only close contacts that work at institution)

[Redacted] Not wearing masks. Also weren't sitting real close. A/c separately. Social distanced @ com computer.

12. Inmates - Ask: Did you have any visitors 2 days before symptom onset? YES NO

Visitor Name	When Visited	Locating Information
		Ø

13. Inmates - Ask: Since / / (2 days before symptom onset), have you had lawyer visits? YES NO

Lawyer Name/Info	When Visited
Ø	

14. Ask: Are there any staff members that you have had close contact with? Yes NO

Staff Name		
[Redacted]		

15. Ask: Is there any other information that might help identify anyone else you've been in contact with?
Is there anyone else who you're concerned could have become infected with COVID-19 by being near you?

Work class. Already notified.
Kids out of sports.

16. Ask: Do you have any questions about the COVID-19 illness?

If need any give a holler @ us.

Oct. 15, 2020 *

Staff Positive- [REDACTED]

From: [REDACTED]
To: [REDACTED]
Date: 10/8/2020 9:29 AM
Subject: Staff Positive- [REDACTED]
CC: [REDACTED]
Attachments: [REDACTED]

Name: [REDACTED]
Department: [REDACTED]
Last day at Work: 10/05/2020
First Symptoms: 10/03/2020
Test Date: 10/05/2020 POSITIVE
Test Confirmed Date: 10/7/2020
On/Returning from TDY in past 14 days: No
If Yes, Name of Institution where TDYed: No

[REDACTED]

[REDACTED] - Re: Staff Positive- [REDACTED]

From: [REDACTED]
To: [REDACTED]
Date: 10/8/2020 10:34 AM
Subject: Re: Staff Positive- [REDACTED]
CC: [REDACTED]
Attachments: [REDACTED]

Confirmed positive

[REDACTED]

CONFIDENTIAL NOTICE: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information or otherwise protected by law. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

>>> [REDACTED] 10/8/2020 9:29 AM >>>
Name: [REDACTED]
Department: [REDACTED]
Last day at Work: 10/05/2020
First Symptoms: 10/03/2020
Test Date: 10/05/2020 POSITIVE
Test Confirmed Date: 10/7/2020
On/Returning from TDY in past 14 days: No
If Yes, Name of Institution where TDYed: No

[REDACTED]

Lab Report

[Redacted]

Observation ID: [Redacted]

Age:

Patient ID [Redacted]
Current: [Redacted]

Patient Information

Name: [Redacted]
 Alias: [Redacted]
 Home Address: [Redacted]
 Home Phone: [Redacted]
 Work Phone: [Redacted]
 Sex: [Redacted]
 Race: [Redacted]
 DOB: [Redacted]
 Age: [Redacted]
 Deceased: [Redacted]
 Death Date/Time: [Redacted]
 Marital Status: [Redacted]
 Ethnicity: [Redacted]
 Patient Comments: [Redacted]
 SSN: [Redacted]

ID Type	ID	Issuing Authority	Expiration Date
Patient Internal Identifier	[Redacted]	[Redacted]	[Redacted]
Patient External Identifier	[Redacted]	[Redacted]	[Redacted]

Test Results

Ordered Test: SARS coronavirus 2 RNA (SARS-CoV-2, NAA)
 Codes: 94500-6(LN LOINC)/139900(L LOCAL)
 Status: Final

Resulted Tests and Results

Resulted Test: SARS coronavirus 2 RNA(SARS-CoV-2, NAA)
 Result(s): Detected(SNOMED)

Lab Report



Observation ID:

**Patient ID
Current**



Age:

Reference Range: Not Detect

Date/Time: 2020-10-07 00:35:02.0

Interpretation: Abnormal

Performing Facility: Covance Central Laboratory

Result Method:

Facility ID: 15D0647217

(FI)

Status: Final

Test Code(s): 94500-6 (LN LOINC) /139901 (L LOCAL)

Result Code(s): 260373001 (SNM SNOMED) /LDTDET (L LOCAL)

Result Comments: Detected

This nucleic acid amplification test was developed and its performance

characteristics determined by LabCorp Laboratories. Nucleic acid

amplification tests include PCR and TMA. This test has not been FDA

cleared or approved. This test has been authorized by FDA under an

Emergency Use Authorization (EUA). This test is only authorized for

the duration of time the declaration that circumstances exist

justifying the authorization of the emergency use of in vitro

diagnostic tests for detection of SARS-CoV-2 virus and/or diagnosis

of COVID-19 infection under section 564(b)(1) of the Act, 21 U.S.C.

360bbb-3(b) (1), unless the authorization is terminated or revoked

sooner.

Lab Report

User: [REDACTED]

Observation ID: [REDACTED]

Patient ID: [REDACTED]

Current: [REDACTED]

Age: [REDACTED]

When diagnostic testing is negative, the possibility of a false negative result should be considered in the context of a patient's recent exposures and the presence of clinical signs and symptoms consistent with COVID-19. An individual without symptoms of COVID-19 and who is not shedding SARS-CoV-2 virus would expect to have a negative (not detected) result in this assay.

Order Information

Facility and Provider Information

Reporting Facility: LABCORP BURLINGTON

Ordering Facility: UAP Clinic LLC
221 S. 6th St.
Terre Haute, Indiana 47807
812-232-0564

Ordering Provider: [REDACTED]

Order Details

Program Area: [REDACTED]

Jurisdiction: [REDACTED]

Share record with Guests for this Program Area and Jurisdiction

Lab Report

User: [REDACTED]

Observation ID: [REDACTED]

Patient ID: [REDACTED]

Current: [REDACTED]

Age: [REDACTED]

Date Specimen Collected: 10/05/2020 08:24 PM

Specimen Source:

Specimen Site:

Accession Number: 27907915620

Specimen Details: Respiratory

Patient Status at Specimen Collection:

Pregnant:

Weeks:

Lab Report Comments

Add Comment

There is no information to display

Other Information

Patient's Birth Place:
Multiple Birth:
Alternate Contact:
Alternate Contact Phone:
Alternate Contact Relationship:
Collection Volume:
Clinical Information:
Reason for Test:
Danger Code:
Message Control ID:
Priority Code:
Order Comments:
Receiving Facility:



Lab Report

User: [REDACTED]

Observation ID: [REDACTED]

Patient ID: [REDACTED]

Current: [REDACTED]

Age: [REDACTED]

Participant(s)

Title	Name
There is no information to display	

Copy to Provider(s)

Associated Lab Document(s)

Date	Version
10/07/2020 09:42	1

EXHIBIT B

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF INDIANA
TERRE HAUTE DIVISION

PATRICK R. SMITH and)
BRANDON S. HOLM, individually and)
on behalf of all others similarly situated,)

Plaintiffs,)

v.)

Cause No. 2:20-cv-00630-JMS-DLP

WILLIAM P. BARR, in his official)
capacity as the Attorney General of the)
United States, *et al.*,)

Defendants.)

DEFENDANTS' RESPONSES TO INTERROGATORIES

The Federal Defendants respectfully respond to the Plaintiffs' expedited Interrogatories as follows:

GENERAL STATEMENT AND OBJECTIONS

The Defendants have been ordered to respond to the Plaintiffs' first Interrogatories on an expedited basis. The Defendants are in good faith attempting to gather all responsive information in an expedited fashion in order to respond fully and completely to the Interrogatories. To the extent the Defendants are unable to obtain all of the responsive information, or obtain additional responsive information, they will supplement the responses pursuant to Fed. R. Civ. P. 26.

The Defendants object to the Plaintiff's Instructions to the extent that they purport to require more from the Defendants than is required under Federal Rules of Civil Procedure 33 or 26.

RESPONSES

INTERROGATORY NO. 1: Identify all employees of FCC Terre Haute whose work duties include working at FCI Terre Haute who assisted in any way in the executions held at FCC Terre Haute in August, September and November 2020; identify the executions on which they assisted; provide a short description of their execution-related responsibilities for each execution; and state whether and when each such employee has tested positive for COVID-19.

RESPONSE: Defendants object to this Interrogatory on the basis that it is not relevant to the allegations made in this case and is not likely to lead to the discovery of admissible evidence. Defendants also object on the basis that the term “assisted” is vague and unclear. Defendants also object to providing the names of or personally identifiable information related to staff members who tested positive, or the individuals named in any contact investigation. Finally, Defendants object to providing the names of BOP staff members who assisted with duties related to the execution or a detailed description of execution related responsibilities, as doing so could jeopardize the safety, security, and orderly operation of the institution.

Subject to and without waiving these objections, Defendants refer the Plaintiffs to their response to Request for Production No. 3. Defendants further respond that the Bureau of Prisons has conducted a search for contact tracing records related to any and all staff members who: 1) work in the FCI Terre Haute, and 2) assisted in the executions in August or September 2020 (a total of four executions) or in November 2020 (Mr. Hall’s execution), and 3) also tested positive for COVID-19 within three weeks of those executions. To date, the BOP has identified no staff members who met these criteria.

However, there was one FCC Terre Haute staff member who worked in the USP Terre Haute, tested positive for COVID-19 within three weeks of the above-mentioned executions, and who was tangentially involved in duties related to carrying out the executions. Specifically, this staff member was assigned to perimeter security, which largely involved being outside or in his vehicle. Defendants produce the redacted contact tracing records for this staff member.

INTERROGATORY NO. 2: Identify the number of FCC Terre Haute employees whose work duties include working at FCI Terre Haute who have tested positive for COVID-19, and provide for each employee the date on which he or she tested positive.

RESPONSE: Defendants object to this Interrogatory on the basis that it is not relevant to the allegations made in this case and is not likely to lead to the discovery of admissible evidence. Defendants also object on the basis that the Interrogatory is overly broad, as it asks for information without any temporal limitation.

Subject to and without waiving these objections, Defendants refer the Plaintiffs to <https://www.bop.gov/coronavirus>, which identifies the number of FCI Terre Haute employees who have tested positive for COVID-19 and the number who have recovered. Defendants also refer the Plaintiffs to <https://oig.justice.gov/coronavirus>, which provides a dashboard showing the number of FCI Terre Haute employees who have tested positive for COVID-19 by date.

INTERROGATORY NO. 3: Identify the number of employees from FCC Terre Haute who assisted in any of the executions held at FCC Terre Haute and who tested positive for COVID-19 within three weeks of an execution on which they assisted and provide the dates on which each such employee tested positive.

RESPONSE: Defendants object to this Interrogatory on the basis that it is not relevant to the allegations made in this case and is not likely to lead to the discovery of admissible evidence. Defendants also object on the basis that the term “assisted” is vague and unclear. Defendants also object to providing personally identifiable information related to the staff member who tested positive, or the individuals named in the contact investigation. Defendants also object to providing the exact date of the positive tests, as doing so could lead to identifying a member of the execution team. Finally, Defendants object to providing a specific description of execution related responsibilities, as doing so could jeopardize the safety, security, and orderly operation of the institution.

Subject to and without waiving these objections, Defendants refer Plaintiffs to their responses to Request for Production No. 3 and Interrogatory No. 1.

INTERROGATORY NO. 4: Identify the number of Execution Team members and FCC Terre Haute staff members who tested positive for COVID-19 following the executions held at FCC Terre Haute in August, September, and November 2020 but for whom defendants do not have contact tracing records, and state why such records do not exist.

RESPONSE: Defendants object to this Interrogatory on the basis that it is not relevant to the allegations made in this case and is not likely to lead to the discovery of admissible evidence. Specifically, as established in this case, the FCI Terre Haute, where the Plaintiffs are housed, is physically separate from the execution facility and execution team members generally do not even enter the FCI or come into contact with inmates in the FCI. Defendants also object to providing personally identifiable information related to the staff member who tested positive, or the individuals named in the contact investigation. Defendants also object to providing the exact date of the positive tests, as doing so could lead to identifying a member of the execution team.

Defendants also object to producing any contact tracing from team members home institutions, as such investigations are not relevant to FCC Terre Haute.

Subject to and without waiving these objections, the Defendants state that eight BOP execution team members tested positive for COVID-19 within the timeframe referenced above; while a total of nine BOP staff members tested positive for COVID-19 within three weeks of the executions referenced above. One staff member tested positive the week of August 9; six staff members tested positive within one week after return home after the November 19 execution; and two staff members tested positive more than 1 week after returning home from the November 19 execution. Defendants state that they do not possess the test results for these individuals because the tests were conducted by outside, third-party providers, not the Bureau of Prisons. The Defendants also state that the Bureau of Prisons conducted contact tracing for one of the staff members at his home Institution; however, the Defendants do not possess responsive documents regarding the other eight staff members because the Bureau of Prisons did not conduct the contact tracing for those individuals. By way of explanation, the execution team is comprised of members from various BOP locations and was designed to protect the confidentiality of its members. Therefore, when team members report back to their home institution, the institution staff may not know that the employee was a member of the execution team in order to contract trace them, nor do they generally know the identities of other staff members who are part of the execution team. Moreover, some execution team members who tested positive did not return to work at their home institution until meeting CDC guidelines; therefore negating the need for contact tracing at all. Defendants have produced the redacted contact tracing records for the one execution team staff member for whom it possesses responsive records. This record relates to one of the staff members who tested positive within 1


week after returning home from the November 19 execution. Defendants state that the staff member did not identify any FCC Terre Haute staff members or inmates in this contact tracing record, nor is there any reference to FCC Terre Haute in the contact tracing records.

INTERROGATORY NO. 5: For the executions held in August, September and November 2020, identify all instances in which members of an Execution Team (a) spent time in any buildings in FCI Terre Haute or (b) interacted with any inmates other than the inmate who was executed, and state for each such instance why the team member was at FCI Terre Haute or interacted with the inmate(s).

RESPONSE: Defendants object to this Interrogatory on the basis that the word “interacted” is vague and unclear. Defendants further object to this Interrogatory to the extent it may call for information relating to interactions with inmates who are not in the FCI on the basis that it is not relevant to the allegations made in this case and is not likely to lead to the discovery of admissible evidence.

Subject to and without waiving these objections, Defendants state that there are no instances in which members of an execution team spent time in the FCI Terre Haute or interacted with any inmates in FCI Terre Haute.

I hereby affirm under the penalties for perjury that the foregoing responses to Plaintiffs' Interrogatories are true and accurate.



Warden T.J. Watson

12/15/20

Date

AS TO OBJECTIONS:

JOHN C. CHILDRESS
Acting United States Attorney

BY: s/ Shelese Woods
Shelese Woods
Assistant United States Attorney

Brigham J. Bowen
Assistant Director

Lisa A. Olson
Jordan L. Von Bokern
U.S. Department of Justice
Civil Division, Federal Programs Branch
1100 L Street, N.W.
Washington, DC 20001
(202) 305-7919
Lisa.olson@usdoj.gov
Jordan.L.Von.Bokern2@usdoj.gov

Counsel for Defendants

CERTIFICATE OF SERVICE

I hereby certify that on December 15, 2020, the foregoing was served via electronic mail and by U.S. mail, first class postage pre-paid addressed to the following counsel of record:

Robert A. Burgoyne
Caroline New
Perkins Coie LLP
700 13th Street, N.W.
Suite 600
Washington, D.C. 20005

s/ Shelese Woods _____
Shelese Woods
Assistant United States Attorney

EXHIBIT C



U.S. Department of Justice

*United States Attorney
Southern District of Indiana*

*10 West Market Street
Suite 2100
Indianapolis, IN 46204-3048*

*(317) 226-6333
TDD (317) 226-5438*

*FAX NUMBERS:
Criminal (317) 226-6125
Administration (317) 226-5176
Civil (317) 226-5027
FLU (317) 226-6133
OCDETF (317) 226-5953*

December 22, 2020

VIA EMAIL AND U.S. MAIL

Robert A. Burgoyne
Caroline New
Perkins Coie LLP
700 13th Street, N.W.
Suite 600
Washington, D.C. 20005

Re: *Smith v. Barr, et al.*

Dear Mr. Burgoyne:

I am writing to follow up on our court conference conducted today, December 22, 2020.

Requests for Production of Documents

Request for Production No. 1

The Defendants hereby produce a revised version of this document. We have removed the redaction on page 1 identifying the Institution where this employee primarily worked. As discussed, on page 1, we have also included the Units and Facilities where this staff member worked 48 hours prior to symptoms or testing (FCI and USP), and the Facility (USP) where he had known staff contacts. We did the same on page 4 of the documents, including information about the Units and Facilities where this staff member had previous day-to-day activities. We hope that this suffices to resolve any conflict regarding this document.

Request for Production No. 2

As directed by the Court, attached is a revised version of Defendants' responsive document production.

Request for Production No. 3

As discussed during the conference, Defendants hereby produce a revised version of this document removing the typed text on page 7, line 9. Line 9 identifies three individuals by name, whose names have been redacted to protect their privacy and security. I must make one correction to my statement during the Court conference today that one of the names was not a BOP employee (“outside”). I have since learned that all three individuals listed in line 9 are BOP employees. We are therefore providing a description of where these employees typically work in the facility, noting that some of them have job duties that require them to go into more than one Institution. We hope that this suffices to resolve any conflict regarding this document.

Responses to Interrogatories

Interrogatory No. 1

The Defendants have considered your request that we identify the number of people who worked at the FCC Terre Haute, and whose job duties involved working in the FCI, and who also assisted in any way in the executions held at FCC Terre haute in August, September or November 2020. The BOP has informed me that it cannot reliably provide a response to this question without, at a minimum, interviewing each of the employees who may have assisted in any way in the executions. As set forth in prior declarations and responses, approximately 70+ employees at FCC Terre Haute have functions related to execution events. These employees are not part of the execution team, but have tangential duties related to the executions, including managing checkpoints, perimeter security, staffing the Command Center, and escorting witnesses and demonstrators. These employees include staff who work at the USP, FCI and the Camp. Some of the staff have duties that require them to enter more than one Institution on a regular basis.

In order to provide the requested information, the BOP would need to speak with every staff member who assisted in these executions in any way to determine whether they also went into the FCI during the relevant timeframe. It is also unclear whether employees would reliably recall this information depending on their duty assignment at the time. As discussed, we believe that we have provided sufficient information by identifying all employees who worked in the FCC Terre Haute, assisted in the executions in any way, and tested positive for COVID-19 during the relevant timeframe. Moreover, information about the number of FCI Terre Haute employees who have tested positive for COVID-19 since March is available on the BOP-OIG website.

Sincerely,

JOHN E. CHILDRESS
Acting United States Attorney

By: s/ Shelese Woods
Shelese Woods
Assistant United States Attorney

cc: John Maley, Barnes & Thornburg

FCC THX



Staff Positive Case Form

Be advised, all staff positive cases should be reported through your EOC. A copy/screenshot of the laboratory results or healthcare provider statement indicating the results should be sent to Dr. Sylvie Cohen (scohen@bop.gov) and Julie King (jdking@bop.gov) for confirmation into the Bureau's database. The subject line for the email should include: "COVID-19 Staff + Results - Name of Institution"

Include the following information when reporting:

Emp name, initial or numerical indicator	Staff 1 [REDACTED]
Institution:	FCI [REDACTED]
Employee Department:	[REDACTED]
Last Day of Work:	July 8, 2020 until 10:30 ish.
First Day of Symptoms:	July 8, 2020 that evening stuffy nose
Test Date:	July 8, 2020
Test Confirmed Date:	July 11, 2020
Test Report Date:	July 11, 2020
*Unit(s)/Facility worked 48 hrs prior to symptoms or testing:	FCI [REDACTED] USP [REDACTED] USP [REDACTED]
*Number of known staff contacts:	? "A lot" USP [REDACTED]
*Staff notified and given the priority testing memo?	Ent tested because [REDACTED]
*Number of known inmate contacts:	? A lot
*Are any inmates quarantined and being tested as result of exposure? (#, unit)	No
*Were staff wearing facial covering or PPE during potential exposure window?	Wore mask while speaking with inmates, but not with staff [REDACTED] USP [REDACTED]

*Needed for CI

CONTACT INVESTIGATION Questions for COVID-19 Illness Staff or Inmate

Purpose: This is a tool to help guide contact investigations at the institution level. The goal of interviewing the index case in a contact investigation is to gain the information needed for:

- (1) establishing the infectious period; and
- (2) Identifying potential contacts.
- (3) When utilizing for staff investigation, if question is not applicable, note N/A.

Overview:

- It is critically important that time be spent establishing trust with persons before conducting the interview, and making sure that the person understands the purpose of the contact investigation. Use an interpreter, if needed.
- The following questions should be used to guide the contact investigation interview. Depending on the person's responses, additional questions may be asked as follow-up on their answers.
- Inmates: If inmate is unavailable for interview (i.e., hospital), information can be obtained from cellmates, job supervisors, unit officer or team, etc.
- Staff: If staff is unavailable for interview, may need to obtain information from department head or Admin LT, etc.
- Do NOT file interview documentation in the inmate's medical record or **staff record**.
- Refer to CDC: <https://www.cdc.gov/coronavirus/2019-ncov/php/principles-contact-tracing.html>

Definitions:

- **Main symptoms of COVID-19:** Fever and cough, shortness of breath and may include-headache, sore throat, general feeling of being unwell (myalgia or fatigue), diarrhea or nausea
- **Infectious period:** Person is contagious at onset of symptoms and possibly shortly before (~48 hours).
- **Asymptomatic infections occur** – which means a person may be contagious without symptoms
- **Incubation** of illness or the time from exposure to illness onset is unknown. The average incubation period may be 3-5 days (range 2-14 days).
- **Treatment:** There is no specific treatment for COVID-19 at this time and no vaccine is currently available.
- **Exposed to COVID-19:** In general, you need to be in close contact with a sick person to get infected. Close contact includes:
 - o Living in the same household or room and sharing close space (bathroom) with a sick person with COVID-19
 - o Caring for a sick person with COVID-19
 - o Being within 6 feet of a sick person with COVID-19 for about 10 minutes, OR
 - o Being in direct contact with secretions from a sick person with COVID-19 (e.g., being coughed on, sharing cups or utensils, sharing personal items, kissing, etc.)

Inmate Name: Staff 1 _____ Registration #: _____ Facility Intake Date: NA

STAFF MEMBER: Staff 1 _____ DEPT. _____ FACILITY ECP

Interviewer Name: _____ Interview Date: 7/11/20

1. Review the COVID diagnosis with the person:
 Assess person's knowledge of the condition. NO symptoms.
 Describe COVID, how it is diagnosed and treated, and the treatment plan.
 Describe how COVID is transmitted (droplet).
 Discuss the need to identify potentially exposed contacts.

2. Ask about the history:

a. Have you had any known contact with a confirmed or probable diagnosis of COVID? Yes No.
 IF YES, where and when?
 Last week inlaws became positive. Tested on 7/16 Results (+) 7/18/20

b. Have you had a positive COVID test? YES NO.
 IF YES, where and when?
 Went Wednesday 7/8 Results positive on 7/11/20

c. Have you been diagnosed with COVID-19? YES NO.
 IF YES, where and when?
 Resulted positive 7/11/20 LHA behind Regional Hosp.

3. Ask about medical history: (NA for staff)
 What other medical conditions do you have? /

4. Ask about history of COVID symptoms:

YES	NO	Have you had any of the following symptoms?	IF Yes, how long have you had them? When did they start?
	<input checked="" type="checkbox"/>	Cough	
	<input checked="" type="checkbox"/>	Fever	
	<input checked="" type="checkbox"/>	Shortness of breath	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Chills	Little bit started Wed night x-tux
	<input checked="" type="checkbox"/>	Muscle pain	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Lethargy or fatigue	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Headache	Started Wed. consistent until after Tylenol continues with headaches.
	<input checked="" type="checkbox"/>	GI symptoms-Nausea or Diarrhea (3+ stools in 24 hours)	
	<input checked="" type="checkbox"/>	Chest pain or tightness	
	<input checked="" type="checkbox"/>	Sore throat	
	<input checked="" type="checkbox"/>	Loss of taste or smell	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Other:	Nasal congestion like sinus started 7/8/20

Date of symptom onset: 7/8/20

5. Ask about the risk factors:

YES	NO	Please answer the following questions:	When and Where?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are you living with someone diagnosed with COVID-19?	[Redacted] Showing for
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Have you had contact with someone diagnosed with COVID-19 (> 10 minutes, < 6 feet)?	[Redacted] 7/5/20
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are you part of a carpool to work or use public transit?	

6. If symptoms began prior to arrival at facility: (not applicable to staff)

a. Where were you living? *[Redacted]*

b. Who were you living with? *[Redacted]*

7. Please describe your previous day-to-day activities at this facility:

Time of Day	Daily Activities
Morning	Staying in FCI [Redacted] FCI [Redacted]
Mid-Day	Depends. M - went to FCI mask on Tues met FCI
Afternoon	Office computer work. Lunch 3 out mask
Evening	Used 7/8/20 USP meeting NO mask, no staff 2 mask.

8. Ask: Has this been your pattern during the period since 7/16/20 (2 days before symptom onset), or has the way you spend your time changed in any way?

Same	Changed	How and when did your daily pattern change?
<input type="checkbox"/>	<input type="checkbox"/>	Pretty much the same everyday.

9. Staff only: Did you spend time with anyone outside of your assigned duty post (i.e., lunch, visits, socializing, and institution gym) in the 2 days prior to illness?

Lunch 2 staff. Interviewed 2 FCI inmates. [Redacted]

9. Ask: Please tell me if you have been involved in any of the following activities...(Inmates only)

YES	NO	Activity	Where?	When?	With whom?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Watching TV	X		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Playing cards or games			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Religious services			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Recreation or sports			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Work			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Education			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Library			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other:			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other:			

COVID-19 ILLNESS Contact Investigation - Interview Questions (page 2 of 3)

Tues 7/7
Evening

@ USP

Not wearing mask

7/120 Made Rounds

2 masks

7/7/20 Observed 4 am count in

No mask @ table. They did not. Went to [Redacted] with officer [Redacted] No masks.

Tues evening: Was @ Camp due to possible Stayed emergency count. Not sure + who staff. Can't remember. Not sure about any masks. Was inside Camp. No direct with [Redacted] had mask. Just walked in.

No Mask Mon 7/6/20 7/7

on.

11. Ask: In the last 2 days.....Who are your close friends that you spend time with? Are there any others whom you've spent time with that you would be concerned about getting exposed to COVID-19? (>15 minutes of close contact)

(For Staff: Only close contacts that work at institution)

Been home last two days No

12. Inmates - Ask: Did you have any visitors 2 days before symptom onset? YES NO

Visitor Name	When Visited	Locating Information
 	 	

13. Inmates - Ask: Since / / (2 days before symptom onset), have you had lawyer visits?

YES NO

Lawyer Name/Info	When Visited
 	

14. Ask: Are there any staff members that you have had close contact with? Yes NO

Staff Name		

See prior page

15. Ask: Is there any other information that might help identify anyone else you've been in contact with?

Is there anyone else who you're concerned could have become infected with COVID-19 by being near you?

Not that I know of.

16. Ask: Do you have any questions about the COVID-19 illness?

None.

[REDACTED] - Fwd: Previous Staff Positive

From: [REDACTED]
To: [REDACTED]
Date: 7/31/2020 11:33 AM
Subject: Fwd: Previous Staff Positive
Attachments: Staff 1 Covid Results

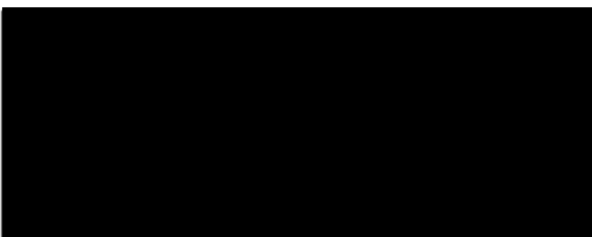
>>> [REDACTED] 7/31/2020 8:14 AM >>>
Name: Staff 1
Department: [REDACTED]
Last day at Work: 07/08/2020
First Symptoms: 07/08/2020
Test Date: 07/11/2020 POSITIVE 07/22/2020 NEGATIVE 07/23/2020 NEGATIVE
Test Confirmed Date: 07/11/2020
On/Returning from TDY in past 14 days: No
If Yes, Name of Institution where TDYed: No

>>> [REDACTED] 6/23/2020 10:20 AM >>>
Confirmed positive and now recovered.

We did not have this individual in our database as positive.

Please provide the following information:

Name:
Department:
Last day at Work:
First Symptoms:
Test Date:
Test Confirmed Date:
On/Returning from TDY in past 14 days:
If Yes, Name of Institution where TDYed:



CONFIDENTIALITY NOTICE: This e-mail message, including any attachments, is for the sole use of the intended recipient (s) and may contain confidential and privileged information or otherwise protected by law. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

>>> [REDACTED] 6/23/2020 10:15 AM >>>
Please see the attached results for the positive staff member at FCC Terre Haute. He is now considered recovered.





07/11/2020

To: Staff 1

Your COVID-19 test result is Positive.

Your Public Health Department has been told of this result as is required by law.

If you're currently experiencing symptoms or if you begin to develop symptoms (shortness of breath and/or fever more than 100.4 degrees F) seek immediate care when one or more of the following symptoms are exhibited:

- Shortness of breath with activities of daily living such as going to the restroom or getting dressed
- Experiencing fast or labored breathing with air hunger
- Fever of 101 degrees F or higher
- Chest pain
- Irregular heartbeat
- Persistent headache
- Vomiting
- Coughing blood
- Feel severely ill

If you show signs of any of the symptoms listed above, seek care within 8 hours if:

- You are pregnant
- Diabetic
- Have chronic high blood pressure
- Heart disease
- Have had a stroke
- Have underlying respiratory diseases like asthma or COPD
- Have a chronic kidney or liver disease
- Have an immunosuppressive condition

When seeking medical care:

- Request Telemedicine/Virtual Visit, if available. These options can help prevent COVID-19 transmission.
- When seeking in person medical care, contact the healthcare facility in advance to inform personnel of positive COVID-19 diagnosis. The facility will tell you how to get care and prevent spread of infection.
- Try to remain calm until help is received. Stress or anxiety may increase breathing difficulty. Sit up, if possible.
- Avoid direct contact with other people. Practice physical distancing by staying 6 feet away from others.
- Wear a cloth face covering over your mouth and nose, when possible. Masks can be made from a bandana, scarf or t-shirt.



07/22/2020

To: Staff 1

Your COVID-19 test result is Negative.

If you feel well and do not have a fever or cough, you may go about your normal activity abiding by your state and local health department recommendation in regards to 'Stay at Home' or 'Shelter in Place' orders. There are times when a second test is needed. Contact your primary health care provider or local Public Health Department if you have a question about re-testing.

Regardless of your result, it is still important for you to take the following actions for care at home:

- Wash hands thoroughly and frequently with soap and water for at least 20 seconds. If soap and water are not readily available, use an alcohol based hand sanitizer that contains at least 60% alcohol. Avoid touching eyes, nose, and mouth with unwashed hands.
- To cough or sneeze, cover mouth and nose with a tissue and immediately dispose of it. If no tissue is available, cough/sneeze into the inside of elbow, not hands. Wash hands thoroughly with soap and water immediately following.
- Avoid sharing eating utensils, towels, linens, clothes or other items. Wash items thoroughly with soap and water.
- Practice physical distancing. This includes avoiding crowded public places where close contact with others may occur. Maintain distance of 6 feet (2 meters) from others, when possible. Avoid contact with people who are sick.
- Use household detergent and water to clean frequently touched surfaces such as tabletops, light switches, handles, phones, keyboards, toilets, faucets, and doorknobs. Dirty surfaces should be cleaned, then disinfected using common household disinfectant.

If you have additional questions please contact your primary provider. It has been our great privilege in assisting you in your healthcare.



07/23/2020

To: Staff 1

Your COVID-19 test result is Negative.

If you feel well and do not have a fever or cough, you may go about your normal activity abiding by your state and local health department recommendation in regards to 'Stay at Home' or 'Shelter in Place' orders. There are times when a second test is needed. Contact your primary health care provider or local Public Health Department if you have a question about re-testing.

Regardless of your result, it is still important for you to take the following actions for care at home:

- Wash hands thoroughly and frequently with soap and water for at least 20 seconds. If soap and water are not readily available, use an alcohol based hand sanitizer that contains at least 60% alcohol. Avoid touching eyes, nose, and mouth with unwashed hands.
- To cough or sneeze, cover mouth and nose with a tissue and immediately dispose of it. If no tissue is available, cough/sneeze into the inside of elbow, not hands. Wash hands thoroughly with soap and water immediately following.
- Avoid sharing eating utensils, towels, linens, clothes or other items. Wash items thoroughly with soap and water.
- Practice physical distancing. This includes avoiding crowded public places where close contact with others may occur. Maintain distance of 6 feet (2 meters) from others, when possible. Avoid contact with people who are sick.
- Use household detergent and water to clean frequently touched surfaces such as tabletops, light switches, handles, phones, keyboards, toilets, faucets, and doorknobs. Dirty surfaces should be cleaned, then disinfected using common household disinfectant.

If you have additional questions please contact your primary provider. It has been our great privilege in assisting you in your healthcare.

Fwd: Previous Staff Positive

From: [Redacted]
To: [Redacted]
Date: 7/31/2020 11:33 AM
Subject: Fwd: Previous Staff Positive
Attachments: Staff 1 Covid Results

>>> [Redacted] 7/31/2020 8:14 AM >>>

Name: Staff 1
Department: [Redacted]
Last day at Work: 07/08/2020
First Symptoms: 07/08/2020
Test Date: 07/11/2020 POSITIVE 07/22/2020 NEGATIVE 07/23/2020 NEGATIVE
Test Confirmed Date: 07/11/2020
On/Returning from TDY in past 14 days: No
If Yes, Name of Institution where TDYed: No

>>> [Redacted] 5/23/2020 10:20 AM >>>

Confirmed positive and now recovered.

We did not have this individual in our database as positive.

Please provide the following information:

Name:
Department:
Last day at Work:
First Symptoms:
Test Date:
Test Confirmed Date:
On/Returning from TDY in past 14 days:
If Yes, Name of Institution where TDYed:



CONFIDENTIALITY NOTICE: This e-mail message, including any attachments, is for the sole use of the intended recipient (s) and may contain confidential and privileged information or otherwise protected by law. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

>>> [Redacted] 6/23/2020 10:15 AM >>>

Please see the attached results for the positive staff member at FCC Terre Haute. He is now considered recovered.

