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Correctional System's Response to the Coronavirus Pandemic and Its Implications for Prison Reform in China

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ABSTRACT

Large outbreaks of coronavirus infections occurred in several prisons in China in February 2020. Since then, the authorities on the national and local levels have introduced a series of measures to prevent more COVID-19 infections in correctional institutions. This article reviews those strategies and explores their ties to past prison reforms and their potential influences on future directions. First, it provides an overview of the changes in prison management and operation that foreshadowed some of China's approaches to COVID-19 in the prison system. Second, it examines the strategies undertaken by the prison system to stop the spread of COVID-19. Finally, the article discusses the implications of the COVID-19 response for prison reforms and the challenges the Chinese prison system faces in its continuous efforts to contain COVID-19.

KEYWORDS

COVID-19; coronavirus; prison; public health; risk assessment; China; Pandemic; Alternatives to incarceration; Early release mechanisms; Prison reform

Prisons and jails are intensively vulnerable to infectious diseases because they are highly crowded places where social distancing is difficult. Also, incarcerated populations are at higher risk of exposure because correctional officers and supportive personnel frequently leave and return to the facility (Liebrenz et al., 2020). China has one of the largest incarcerated populations in the world. According to World Prison Brief, the rate of incarceration in China was 119 per 100,000 by mid-2014. There are 1,657,812 sentenced prisoners in the Ministry of Justice prisons, excluding individuals held in detention centers, which are reported to be in excess of 650,000. The inclusion of the detainees would raise the incarceration rate to 166 per 100,000 (Walmsley, 2020).

Large outbreaks of coronavirus infections have occurred in many prisons around the world since February 2020. China was no exception. By February 25, there were 555 confirmed infected cases in five prisons, including 271 cases in Hubei province, the epicenter of COVID-19 in China, and 284 cases outside Hubei (Z. Li et al., 2020). The confirmed cases in China's prisons continue to rise in the days following. On February 29, the total number of infected inmates in Wuhan city's prisons alone rose to 806 (Z. Yang, 2020). Since then, the authorities on the national and local levels have introduced a series of measures to speed up the efforts to stop the spread of coronavirus and to improve case management and healthcare services in the prison system that had already been underway before the coronavirus pandemic. This article reviews these efforts and assesses its potential implications for prison reforms in China. First, it provides an overview of two major prison

reforms undertaken in recent years that underpinned some of China's approaches to COVID-19 in the correctional settings. Second, it examines the measures taken by the prison system to minimize the risks and consequences of the coronavirus pandemic. Lastly, the article discusses the implications of the COVID-19 strategies and experiences for prison reforms and the challenges the Chinese prison system faces in the continuous efforts to improve its COVID-19 response.

Chinese prison management and reforms

The Chinese prison system is a top-down system (S. D. Li & Liu, 2019). The Ministry of Justice sets policies and guidelines for the structure and operation of all prisons. It also supervises the performance of prisons of all levels and has ultimate control over personnel management in those facilities. As safety is the top concern in all correctional institutions, the first priority of the system is to keep inmates under strict control to prevent any disorderly conduct and accident (e.g., suicide) from happening (Huo, 2020; Sun, 2020). Under the safety-first principle, the system launched a series of reform efforts to improve case management and provide better services to inmates in the correctional facilities in recent years. Two of the most notable ones have been grid management with integrated risk assessment¹ and restructuring prison healthcare services. Both efforts were innovations initially developed on the local levels and endorsed by the central government for national promotion.

Worldwide, prison management has become progressively more professionally oriented and more reliant on actuarial approach to justice during the era of soaring prison population (McSherry, 2020; Rothschild-Elyassi et al., 2018). Prisons around the world, including China, have placed increasingly more emphasis on risk assessment, classification, and control (Byrne & Dezember, 2016). Since 2015, the central government of China has promoted grid management in the correctional system (General Office of the CPC Central Committee of the People's Republic of China, 2015). With this approach, the authority divided the facility into a number of segments, which were further divided into grid cells. Prison staff collected inmates' information, such as crime history, conviction records, sentences served, risk of escape, potential harms to the community, in-facility performance, and personality profiles through interview, questionnaire, and observation. Based on the assessment, they classified inmates into different risk levels and assigned them the grid cells appropriate for their levels of risk (Beijing Bureau of Prisons, 2016; Pang, 2016; Wang & Xu, 2019).

Inmates in similar subgroups were routinely shuttled between different activities, such as work assignments, meals, educational programs, and physical exercises throughout the prison. Each grid cell was equipped with prison guards who were responsible for monitoring inmates, supervising and educating them, and attending to their needs (Beijing Bureau of Prisons, 2016; Pang, 2016; Wang & Xu, 2019). They were also responsible for submitting regular reports to designated authorities about the conditions of their grid cells and the behaviors of the inmates assigned to the cells. Through grid management, prison authorities at the higher levels could obtain up-to-date information about every cell in real time and monitor daily activities performed at lower levels (J. Li, 2020). The management system provided the authorities the ability to identify anything unusual in the prison, keep dangerous inmates under control, and prevent potential riots. It coincided with the major principles of actuarial justice that rely on risk assessment and targeted control to effectively manage mass incarceration (Baker & Roberts, 2005).

Another prison reform that has spread to many areas of China in the recent years was the effort to improve healthcare services for prison inmates. Chinese prison law mandated healthcare services in all prisons (Ke, 2014). However, the types and quality of healthcare services varied significantly from region to region, and sometimes from prison to prison in the same region. Common problems faced by all prisons were shortages of qualified physicians and medical equipment. As a result, most prisons were unable to provide adequate healthcare for all inmates (Cheng, 2020). Mental health services were especially lacking. Most prison hospitals and clinics did not have licensed mental health professionals. In the absence of psychiatrists and clinical psychologists, prison staff with experiences dealing with inmate emotional and psychological problems, such as those running educational and counseling programs, often filled the vacuum and provided limited services. Insufficient funding was another problem that nearly all prisons had to deal with. For example, the national budget allocated for healthcare services in 2011 for all prisons was 224 RMB (about 34 USD) per inmate, compared to the actual expenditure of 425 RMB (65 USD) per inmate. This mismatch resulted in a budget deficit of nearly 400 million RMB (about 67 million USD) (Cheng, 2020). Prisons across the country have been experimenting with various ways to solve these problems in healthcare in general and mental health services in particular. To address shortages in medical equipment and physicians, correctional institutions partnered with local hospitals to outsource some of the care, especially the treatment of inmates with serious illness. To improve mental health services, some prisons worked with service providers in surrounding communities to bring psychologists and psychiatrists to the facility to treat inmates with psychiatric problems. However, these services were generally limited to developed areas where governments could afford to provide supplemental funding for health services to incarcerated offenders. For less developed areas, Internet-based healthcare has been promoted as cost-effective ways of overcoming financial constraints and lack of resources. In this type of approach, prison hospitals and clinics collected patient data and shared them with a network of physicians working in similar healthcare settings and community hospitals. Through remote diagnostics and consultation, prison staff could obtain timely diagnosis of the symptoms and arrange appropriate treatment for the sick inmates. The Internet-based services were especially suitable for mental health treatment. An inmate with a mental health problem could receive assessment and evaluation by a mental health professional through remote access. Treatment sessions could also be administered online with real-time interaction between the patient and the doctor (Chen, 2017).

Overall, prior to the coronavirus pandemic, the Chinese government had stepped up the efforts to accelerate the structural reform to improve efficiency of prison management and to provide better healthcare services to a correctional population that increasingly demanded more attention to their basic rights, including the rights to healthcare when incarcerated. Coincidentally, these efforts, including the implementation of grid management and risk assessment as well the innovations in healthcare, helped prepare the system to deal with the larger crisis brought about by the pandemic.

Measures taken by Chinese prison system in response to COVID-19

Since the outbreaks of coronavirus infections in several prisons, the Chinese correctional system has taken a series of measures to minimize the risks of COVID-19 infections and their consequences. Unlike prisons in many other countries, Chinese prisons have not

released inmates to the community to prevent coronavirus infections, although there have been reports of sentences being deferred to reduce new admissions to prisons (Liu, 2020). Rather, the Chinese system has concentrated on efforts inside the prisons to prevent the virus from entering the facility and stop it from spreading once it was there. Although the protocols developed by the correctional institutions varied significantly from one another, there were some common elements.

First, taking advantage of the top-down organizational structure of the system, the authorities promoted a systematic approach to tackle the public health emergency. The governments on the national and provincial levels provided supplemental funding to prisons to support work related to the coronavirus pandemic. For instance, the Communist Party Committee of Bureau of Prisons in Hubei Province allocated around 55,000 U.S. dollars to 30 prisons in Hubei for pandemic prevention and control. The central and provincial authorities also sent protective equipment, testing supplies, and medical professionals to the facilities to help with the efforts to prevent and stop coronavirus infections (Liu, 2020). Moreover, the Chinese Communist Party (CCP) set up emergency party branches to coordinate the activities in every prison. The party branches were responsible for establishing rules and procedures and supervising work performed by prison officers and guards in response to COVID-19 (C. T. Yang, 2020b). The correctional institutions also established a formal reporting system as means to monitoring staff performance and strengthening accountability (Zhu, 2020b). Frontline officers were responsible for collecting the information and reporting it to their supervisors, who in turn were required to submit regular reports of the epidemic status in the prison to higher-ranking authorities. Those who neglected their responsibilities might face serious consequences. For example, several high-ranking administrators in Shandong Province, including the Director of Department of Justice, were fired because of their failure in implementing adequate control that led to a large number of confirmed infections in a prison. In a separate case, the government dismissed the head of a woman's prison in Hubei province for the large number of COVID-19 infections discovered in that facility (Z. Li et al., 2020). There were also many successful stories. For example, Guangdong Province in south China, the most populated province with jurisdiction over 25 prisons, has reported no coronavirus infection in their facilities. The authority attributed their successes to strict organizational control imposed by the communist party committees at the highest level and the "wartime" effort to strengthen interagency cooperation and coordination to achieve high efficiency in system-wide response to COVID-19 prevention and incident management operations (C. T. Yang, 2020c, p. 1). The authority also implemented tough accountability measures to ensure that all prison management and staff followed the rules and procedures specially developed for COVID-19 prevention and control (Xue, 2020).

Second, considering that the rapid spread of COVID-19 infections in several prisons were primarily caused by infected prison guards importing the virus into the facilities, the authorities developed a series of preventive measures to block this route of infection. Every prison had to have a plan on suspending shift work and quarantining prison guards and officers. For example, in some provinces, such as Hubei and Guangdong, individuals from outside were not allowed to enter the prisons until the pandemic was determined to be under control. Prison officers presently on duty stopped working in alternative shifts. Instead, they had to remain on duty for an indefinite period until further notice. In some prisons, guards worked 14 days consecutively and then took 14 days off. When they got back

to work, they had to be quarantined for 14 days before returning to duty. Many prisons adopted this 14–14–14 model or some variant of it when scheduling work assignments (G. Li, 2020).

Third, in collaboration with other government agencies, the prison system accelerated its deployment of grid management with particular emphasis on risk assessment and control. In consistency with the management principles, the Chinese Center for Disease Control and Prevention (CHINACDC) officially issued “The Technological Plan of Novel Coronavirus Prevention and Control in Prisons” in March 2020 (CHINACDC, 2020). According to the guidelines, every correctional facility should categorize inmates into several groups, including seriously ill inmates, normally ill inmates with COVID-19, minor ill inmates with COVID-19, suspected cases, inmates with close contact to a positive COVID-19 case and normal inmates, and implement grid management based on their health conditions. Depending on the distribution of inmates in those categories, they should designate segments of the prison as patient zone, quarantine zone, isolated observation zone, and/or normal zone. Generally, inmates showing serious symptoms of COVID-19 should stay in patient zone. Inmates with minor symptoms should be quarantined. Inmates with close contacts to positive cases and those suspected to be carriers of the virus should be observed in isolated observation zone. Only healthy inmates and those tested negative at the end of the quarantine should be allowed to stay in the normal zone. Prisons with poor health conditions and those who could not meet the guidelines should transfer confirmed and suspect cases to hospitals. Chinese prisons seldom release detailed management data as those are generally considered politically sensitive. However, there are concrete examples. For instance, in mid-February, Qianchuan Prison in Anhui Province moved all 700 inmates admitted to the facility before January 25, the day of Chinese New Year, who had been quarantined for at least 14 days to cell blocks deemed appropriate for them. The management then placed all 1,320 newly admitted inmates under isolated observation. They checked the body temperature of the inmates twice a day and immediately quarantined those who showed any sign of potential infection (G. Li, 2020). In April, Zhejiang Province and the city of Wuhan, where COVID-19 first emerged late last year, tested all prison inmates to identify infected COVID-19 cases and assigned them to appropriate grid cells based on the results of the tests (Guo & Dai, 2020; Zhou, 2020).

Facing common challenges, correctional institutions also strengthened cross-regional collaboration and partnership with other social institutions to form society-wide efforts to contain the spread of the coronavirus (G. Li, 2020). In these joint efforts, the prisons served as a grid in a comprehensive approach to address the public health crisis affecting the society as a whole. For example, prisons collaborated with local government and businesses to ensure that the facilities were protected from the community spread of the virus and their needs for medical supplies and other critical recourses were attended to (C. T. Yang, 2020a). Prisons also stepped up their collaboration with community correctional agencies by promoting “seamless connection” (Luo, 2020, p. 1). In these joint operations, the prison ensured that inmates who were completing their sentences or transitioning to community supervision would be quarantined for at least 14 days before they were handed over to community correctional agencies. Once they were in the community, they would continue to be supervised by the community agencies to monitor their health conditions and their risks of catching and spreading the coronavirus to others in the community (C. T. Yang, 2020c).

Correctional institutions also developed good hygiene protocols to address various risks posed by different environmental conditions inside the prison. For example, staff cleaned and disinfected hard surfaces daily. They opened windows multiple times a day at regular intervals to maintain good room ventilation. They were required to wear face masks while on duties, especially when they were supervising sick inmates (Zhu, 2020b).

Fourth, to prevent the spread of the virus among incarcerated populations, prisons suspended all family visits during the coronavirus pandemic. To help inmates stay connected with their family members, prisons found other ways for prisoners to communicate with their families. For example, some prisons in Jiangsu province contacted the inmates' families and arranged officers to visit them and make videos to share with the inmates. Moreover, many prisons provided virtual visits through remote access via the Internet for the inmates to see and talk to their loved ones (Zhu, 2020d).

Fifth, prisons significantly stepped up their efforts in providing medical care, especially mental health services. In many prisons, physical and mental health promotion became a focus of the prison treatment curriculum during the pandemic. While in-class instructions were canceled, treatment staff made videos and online materials available to inmates to teach them how to improve individual cardiopulmonary function, strengthen immune system, combat sleep disorder, relieve anxiety and depression, and overcome fear. The institutions continued to provide treatment to seriously ill inmates in prison hospitals and clinics, and in community hospitals through referrals.

As the coronavirus pandemic swept through several prisons and across the country, it caused worries, stress, and uncertainties among prison inmates, exacerbating mental health problems that had already been prevalent in the incarcerated population (Duan & Zhu, 2020). To address this problem, many prisons provided inmates with the opportunities to talk to a clinical psychologist or psychiatrist in person or online through remote access. Some of them also set up a 24-hour hotline that inmates could use to seek psychological consulting (Zhu, 2020a, 2020c). These services were intended to prevent accidents or disruptive behavior caused by severe mental disorder during the time of the coronavirus pandemic. As mentioned previously, to reduce stress and loneliness, some prisons made videos with the family members of the inmates and shared the videos with the inmates in an effort to connect them with their loved ones.

Discussion

The Chinese prison system has made many efforts to address the problems created by the coronavirus pandemic. Some of these steps were emergency measures intended to stop the spread of infection in correctional settings. Others were built on longer-term endeavors to reform the correctional system. The coronavirus pandemic provided a strong impetus to improve the operation of the prison system through risk management and more humanitarian response to inmates' healthcare needs. It is in these two areas where the campaign to stop COVID-19 and decades-long drive to reform the prison system converged. Because of their experience in grid management, Chinese prison management has been keen to classify inmates into different risk groups and apply appropriate screening and supervision procedures to reduce the inmates' exposures to coronavirus and prevent infections. Recognizing the risk presented by prison staff who might bring the virus to the facility from the outside, prison management developed rules and procedures to minimize staff movement and their

risk of being infected and infecting others. Another critical link between prison reform and the war against COVID-19 was the quest to improve healthcare in the correctional settings. Many prisons struggled with providing better care for prison inmates. To make meaningful changes, they had to lobby higher authorities for more funding while building partnerships with local government and hospitals. In the meantime, they made significant progresses in adopting new technology to provide remote consultation, diagnostics, and treatment. Coincidentally, all of these experiences served as good preparation for the tasks involved in COVID-19 prevention and control. The coronavirus crisis, after all, is a public health emergency. To manage it well, the prison system needs to work with governments of all levels and forge strong partnerships with the communities. The successes of the Chinese prison system in combatting COVID-19 are attributable to their continuous effort to manage risks and enhance healthcare services in the correctional setting. It is safe to assume that these reforms will continue not only because the war against COVID-19 is ongoing but also for the fact that all of these changes serve the “safety first” principle of the Chinese prison system. Grid management based on actuarial assessment of risks and targeted intervention has shown to increase the efficiency of correctional supervision and reduce in-prison conflicts and accidents. In the context of public health crisis, such as COVID-19, prison healthcare has also become a safety issue as infections occurred inside the prison can endanger the health and wellbeing of all involved and cause significant disruption to the operation of the facility. In addition to the safety concern, these changes also serve other objectives of prison reform, including improving treatment outcomes and constructing smart prisons through the application of artificial intelligence and Internet-based technology. For all of these reasons, grid management and healthcare services are likely to remain as major focuses of prison management in the foreseeable future.

The Chinese prison system has made significant progresses in response to COVID-19. Since February, there has been no report of new coronavirus outbreak in Chinese prisons either from Chinese sources or by Western media. The lack of new cases could be due to official coverup. But more likely, it reflected China’s overall successes in keeping the pandemic under control. Since the beginning of March, the daily count of new coronavirus cases throughout China, including Hong Kong, has been ranging from 0 to less than 150, until a recent outbreak in Hong Kong in late July that pushed the total number of new cases to over 200 on some days (Baidu, 2020). Despite the progresses, major challenges remain. First, the common practice of holding the top management of the prison system responsible for a virus outbreak in any of their facilities regardless of the actual circumstance may lead to lack of transparency in case reporting. For fear of punishment or job loss, prison administration may resort to hiding information of confirmed cases in order to avoid negative exposure. Lack of transparency with regard to the number of individuals infected in the facilities and steps taken to stop the spread of the virus may lead to more problems because public health experts are unable to access the information and use it to help the administration develop effective countermeasures to control the outbreak.

Another challenge is to address the complex medical needs of vulnerable individuals incarcerated in the prisons during the pandemic, including the elderly, inmate with a mental health condition, and those with a chronic condition, such as asthma, diabetes, or high blood pressure. Providing continuous medical care and mental health services to these individuals is essential for the purposes of protecting human rights, promoting offender rehabilitation, and reducing coronavirus-related fatalities. Moreover, medical

referral is a complex issue for the correctional system. Early coordination between prison authorities, prosecutors, public security, hospitals, and others is vital. The prison system should work with other agencies to develop clear guidelines on referrals (Liebrenz et al., 2020).

Third, from the resource management perspective, it is difficult to sustain the massive control effort in all facilities for a long period of time. Social distancing is hard to implement in correctional institutions due to the crowded nature of the facilities (Liebrenz et al., 2020). In addition, prisons and jails have fast and unexpected population turnover. Newly convicted offenders and those completing their sentences continue to move in and out of the facilities as long as the legal processes remain operating. To reduce overcrowding in correctional institutions during the pandemic, the United Nations and human rights advocates have called for the releases of selected prisoners to stem the spread of COVID-19 (Human Rights Watch, 2020). Many countries have adopted this strategy. To date, there has been no report of early or temporary release of prison inmates to prevent coronavirus infection in Chinese prisons. It is an option that the Chinese prison system should consider if COVID-19 continues to pose a serious threat to the incarcerated population.

Fourth, maintaining mental health through social support became more challenging than ever during the lockdown. Family support is important for inmates' rehabilitation because it helps them stay connected with the outside world and feel being valued by their loved ones. During the lockdown, correctional institutions suspended family visits. The loss of connection with their family members may lead to mental distress, maladaptive behavior, suicide, and self-harm. The virtual meetings provided by some prisons have their limits. For example, some families did not know how to use the Internet technology. Also, correctional facilities in poor rural areas do not have recourse to utilize the communication technology (G. Li, 2020). Governments should do more to strengthen family support for the incarcerated offenders during the public health crisis.

Another challenge is to protect the health and wellbeing of the correctional staff. Prison officers are responsible for enforcing all of the measures for the prevention and control of COVID-19 in the facilities. Long working hours and extended duty time during the pandemic have a negative impact on their physical health, mental health, work performance, and their relationships with their families. Because of the difficulties in practicing social distancing in correctional settings, prison officers are at a heightened risk of being infected (Liebrenz et al., 2020). Staff turnover and absenteeism are low in Chinese prisons, which contributed to the stability in the operation of the facilities. However, prison management should make stronger efforts to ensure a healthy and motivated workforce that is ready to take on some of the most difficult and unpredictable problems that the correctional institutions may encounter during the pandemic.

In conclusion, Chinese prisons have been under emergency management since the outbreaks of the coronavirus infections in February. The Chinese government adopted the risk management model to contain the spread of the virus and prevent new infections. Correctional facilities categorized inmates based on their health conditions and risk of infection and used public health protocols including cleaning, social distancing, personal protection equipment, testing, and medical isolation to minimize the risk of mass infections among the incarcerated population. The system also paid special attention to the healthcare needs of the staff and inmates, including the needs for mental health services during the pandemic. Through the collaboration of the governments, correctional institutions,

hospitals and public health professionals, the system developed and implemented a series of strategies to address the public health emergency while improving mental health services to staff and inmates. Given that no further cluster infection has been reported from the correctional system, it seems that the Chinese control and preventive measures are effective, at least in terms of their own objectives. The crisis brought about by the pandemic has been both a challenge and an opportunity. On the one hand, it created enormous problems for prison management. On the other hand, it provided an impetus for more innovative approaches in prison management, stronger humanitarian responses to the needs of the inmates and closer cooperation among corrections systems, healthcare institutions, local enterprises, and government agencies aiming at achieving broad-based public safety and health.

Note

1. Grid management has been under development as a system of social control in China since 2013. In the prison setting, this system applies risk assessment to categorize prison inmates and places them in a network of supervision and control to promote management efficiency. Beijing Bureau of Prisons (2016) provides a good review of this strategy.

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