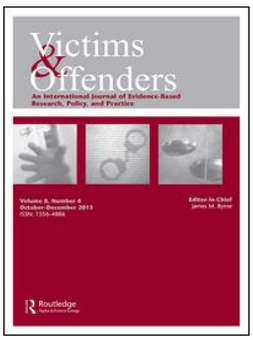

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British Columbia Provincial Corrections' Response to the COVID-19 Pandemic: A Case Study of Correctional Policy and Practice

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ABSTRACT

Health and justice officials across North America have described correctional institutions as petri dishes for the transmission of COVID-19. Individuals in custody commonly have health profiles that are more compromised than those of the general population. Institutional infrastructure issues and custody counts that create barriers to protocols, including physical distancing measures, that health authorities recommend to limit the spread of the virus compound these profiles. Many correctional authorities have struggled to implement strategies to mitigate infection rates among custodial populations. This paper examines the strategies employed by one provincial correctional authority in Canada that has to date successfully prevented the spread of COVID-19 in custody centers by adopting a health-informed approach to the crisis rather than a traditional justice-informed response. The findings highlight practices that can inform the responses of other jurisdictions as the pandemic continues and identify areas of future research on the effects of COVID-19 on incarcerated persons, correctional and health-care staff, and communities.

KEYWORDS

Covid-19; Pandemic; Alternatives to incarceration; Early release mechanisms; Prison reform; Prisons: prison resources; incarceration rates; public safety

Introduction

Health and justice officials across North America have described correctional institutions as petri dishes for the transmission of COVID-19 (see e.g., Paynter, 2020). Correctional authorities have struggled to implement strategies to mitigate infection rates within custodial populations (Franco-Paredes et al., 2020; Marcum, 2020; Oladeru et al., 2020; Ouellet & Loiero, 2020; Saloner et al., 2020). A preliminary analysis of COVID-19 infection rates among incarcerated populations in Canada conducted in July 2020 found that infection rates were up to five times higher in provincial custodial institutions and nine times higher in federal correctional institutions than infection rates in the community (Ouellet & Loiero, 2020). A study of infection rates among prisoners across the US that used data collected between March 31, 2020 and June 6, 2020 found infection rates were 5.5 times higher in federal and state prisons than infection rates in the community with the research team acknowledging disparities in infection rates are likely greater (Saloner et al., 2020, pp. 602–603).

Individuals in custody typically have diverse, complex, and coexisting physical and mental health needs that include high rates of mental disorders, substance use disorders,

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communicable diseases (e.g., Tuberculosis, HIV, and hepatitis C), and chronic health conditions (e.g., hypertension, diabetes, asthma; Fazel & Baillargeon, 2010; Kinner & Young, 2018; Kouyoumdjian et al., 2016; McLeod & Martin, 2018). These health profiles are more compromised than those of the general population and in combination with institutional dynamics and infrastructure design, it means that incarcerated populations are likely more vulnerable to COVID-19 outbreaks (World Health Organization [WHO], 2020).

The following discussion examines how one provincial correctional service has been largely successful in preventing the introduction and transmission of COVID-19 among individuals in custody and staff in correctional centers and into the community. The discussion offers a number of recommendations that might assist other correctional authorities in Canada and internationally to respond to the ongoing pandemic and it could inform their responses to other highly communicable viruses as well. The discussion concludes by identifying areas of research that provide evidence-based materials to correctional authorities who may be confronted with similar crises in the future and that can inform correctional policy and practice beyond the pandemic.

While some observers (e.g., Vose et al., 2020) have held that preventing the transmission of the virus in correctional institutions is "impossible," this case study demonstrates that correctional policies and practices can be effective in addressing some of the challenges posed by COVID-19. At the time of writing (mid-August 2020), the British Columbia (BC) correctional service had reported just one case of an infected incarcerated individual and one case of an infected staff member, both of whom recovered from the illness (BC Corrections, 2020a). In July 2020, Ouellet and Loiero (2020) reported that Provincial Health Services Authority's Correctional Health Services was testing individuals in BC provincial custody at a rate of 392 per 1,000 with an infection rate among individuals in custody of 0.7 per 1,000 (Ouellet & Loiero, 2020).[1] The provincial experience is in sharp contrast to that of the federal Correctional Service of Canada in BC where one correctional facility had an outbreak of a total of 120 positive tests among prisoners, resulting in one death (Correctional Service Canada, 2020; testing rate of 222 per 1,000 individuals in custody and an infection rate of 60.68 per 1,000 across federal institutions in BC (Ouellet & Loiero, 2020).[2]

Institutional corrections and COVID-19

As noted, individuals in custody typically have diverse, complex, and co-occurring physical and mental health needs (Fazel & Baillargeon, 2010; Kinner & Young, 2018; Kouyoumdjian et al., 2016; McLeod & Martin, 2018). Compounding the complex health needs among incarcerated populations is institutional infrastructure issues (e.g., shared or poor ventilation systems, small shared spaces), safety and security concerns, inadequate health-care resources, and custody counts that create barriers to protocols, including practicing good hygiene and physical distancing, that health authorities recommend to limit the spread of COVID-19.

Maintaining good hygiene can be difficult for incarcerated populations due to requirements in some jurisdictions that they purchase soap using their own funds and institutional restrictions on providing custodial populations with access to hand sanitizer with a minimum 60% alcohol content for use when soap and water are not available due to concerns prisoners will ingest the sanitizer to become inebriated (Eisen & Weiss-Wolf,

2020; Oladeru et al., 2020; Prisoners' Legal Services, 2020). Maintaining clean surfaces in correctional centers can also be challenging, which is problematic due to the need to disinfect surfaces to reduce the spread of COVID-19. The virus can "survive for prolonged periods on materials that are highly prevalent in custodial settings including nonporous and metallic surfaces" (Franco-Paredes et al., 2020, p. 2).

The WHO (2020) recommends physical distancing – at least one-meter distance from one another – and self-isolation to limit the spread of COVID-19. These recommendations can be impossible to follow in correctional institutions characterized by high levels of human contact and interactions because of overcrowding and other institutional dynamics with some scholars describing "social distancing [as] the antithesis of incarceration" (Franco-Paredes et al., 2020, p. 3).

Failing to provide appropriate health-care services and implement effective strategies to mitigate infection rates among custodial populations during the global pandemic puts incarcerated persons, a majority of whom are marginalized and vulnerable, at risk, as well as correctional and health-care personnel and the community. First, the types of health conditions prominent among incarcerated populations place these individuals at risk of serious illness and complications resulting from COVID-19. For example, populations living with HIV (those not receiving treatment and those with a lower CD4 count), Tuberculosis, and chronic health conditions (e.g., diabetes, lung disease) have been identified as those more likely to develop serious illness and complications from contracting the virus (BC Centre for Disease Control, 2020a, para. 1). The health profiles of incarcerated populations mean these individuals are "among the most likely to contract the virus and among the least likely to overcome the illness and regain full health" (Vose et al., 2020, p. 769).

Second, extant literature highlights how "infections of the prison soon become the infections of the wider community" (International Centre for Prison Studies [ICPS], 2004, p. 24). Institutional outbreaks, including COVID-19 infection rates, have the potential to create community outbreaks due to the number of individuals who enter and leave custody centers on a daily basis (e.g., correctional and health-care personnel, visitors, and clients) and due to the short periods of time individuals are held in custody (ICPS, 2004; McLeod & Martin, 2018; Oladeru et al., 2020). To illustrate the latter point, in 2017/2018 in Canada (the most recent year for which data are available), 51% of remanded adults (those awaiting trial or sentencing) were held for 1 week or less and 59% of males and 68% of females were sentenced to custody for 1 month or less (Malakieh, 2019). As the WHO (2020) argues "efforts to control COVID-19 in the community are likely to fail if strong infection prevention and control measures, adequate testing, treatment and care are not carried out in prisons and other places of detention as well" (p. 1).

Adult custody in Canada

Adult correctional services in Canada are administered by the federal, provincial, and territorial governments. The federal Correctional Service of Canada operates correctional facilities for individuals sentenced to 2 years or more of imprisonment and supervises federal offenders released into the community (e.g., on parole). Provincial and territorial correctional services operate custody centers for individuals sentenced to 2 years less a day, persons awaiting trial or who have been found guilty and are awaiting sentencing (often referred to as "remand"), and also provide supervision for offenders serving community

sentences (e.g., probation), and, in some provinces, offenders released on parole (Griffiths & Murdoch, 2018; Malakieh, 2019).

On any given day in 2017/2018, approximately 39,000 adults were in custody in Canada (Malakieh, 2019). The majority (24,657) of adults in custody were under the supervision of provincial and territorial correctional services with the remand population outnumbering the sentenced population by approximately 50% per day (14,812 and 9,543, respectively), a trend that has held constant since 2004/05 (Malakieh, 2019).

A notable feature of provincial and federal correctional systems in Canada is the over-representation of Indigenous persons, which is a consequence of a variety of factors, including the ongoing effects of colonialism (Chartrand, 2019; Palmater, 2018). In 2017/2018, Indigenous people represented 29% of admissions to federal custody and 30% of admissions to provincial and territorial custody while comprising only 4% of the general Canadian adult population (Malakieh, 2019).

The high rates of incarceration of Indigenous people places them at a disproportionate risk of contracting COVID-19. COVID-19 outbreaks in prisons in Canada are likely to disproportionately affect Indigenous people and their communities upon their release: individuals and communities who already disproportionately experience adverse health outcomes due to colonialism in Canada (see e.g., National Collaborating Centre for Aboriginal Health, 2013).

In BC, the provincial corrections Adult Custody Division has over 1600 full-time personnel and operates 10 correctional facilities to provide custody for individuals who are sentenced to 2 years less a day of imprisonment, awaiting trial or sentencing (i.e., remand), or pending an immigration review (BC Corrections, 2017; Malakieh, 2019). Prior to BC declaring a provincial state of emergency in March 2020 in response to the coronavirus, the Adult Custody Division was supervising 2,200 individuals in custody and admitting and discharging approximately 50 people per day (BC Corrections, 2020a). Since the start of the pandemic, the Division reported a nearly 32% decrease in their institutional correctional population from pre-COVID levels: as of June 2020, the service was responsible for supervising approximately 1,500 individuals in custody and admitting and discharging roughly 20 individuals per day (BC Corrections, 2020a). Similar to other jurisdictions across Canada, Indigenous people are overrepresented in the province's correctional populations. Data from 2016/2017 indicate that Indigenous people, who comprised just 5% of the adult population in BC, represented 29% of individuals in provincial custody (BC Corrections, 2017).

Correctional authorities in Canada are required to provide individuals in custody with health-care services although the administration of these services varies by jurisdiction (Kouyoumdjian et al., 2016). Since late 2017, individuals in custody in all 10 of BC Corrections' custody centers receive health care from Correctional Health Services: a division within the BC Mental Health & Substances Use Services portfolio of the Provincial Health Services Authority. BC was the third province in Canada to situate health-care responsibilities within the portfolio of the ministry responsible for health services rather than the ministry responsible for justice (McLeod & Martin, 2018). Correctional Health Services team members conduct physical and mental health assessments upon an individual's admission to custody and provide diverse services, such as "medical and nursing care, mental health and substance use treatment programs and services, … and health-related discharge planning to help clients transition successfully to community-based care" (BC Mental Health & Substances Use Services, 2020, para. 4).

Overcrowding in correctional centers has been an ongoing challenge for the Adult Custody Division in BC. In 2010, the Division's average occupancy rate was 176% across all of their institutions, "one of the highest rates of double-bunking among Canadian provinces" (Office of the Auditor General of BC, 2015, p. 5). Concerns with overcrowding and several other issues surrounding the administration of institutional corrections culminated in an investigation of the Division by the provincial Auditor General in 2015. In its final report, the Auditor General found that the Adult Custody Division had failed to "demonstrate that it has the right amount or type of facilities needed to provide safe, secure custody" (Office of the Auditor General of BC, 2015, p. 6). The Auditor-General also criticized the division's failure to ensure effective core programs for sentenced individuals in custody. Further, the Auditor General (Office of the Auditor General of BC, 2015) criticized the Division for failing to adhere to all of its legislated requirements and policy expectations pertaining to the accommodation of individuals in custody, including separating non-sentenced from sentenced individuals, and those that concern providing sentenced individuals in custody with timely access to correctional programming to address their risk of re-offending (p. 6).

A follow-up audit completed in 2019 examined the division's progress in addressing the eight recommendations set forth in the 2015 report. This investigation found that the division had partially acted upon two of the report's eight recommendations, made full/substantial progress toward three others, and had not acted on the remaining three (Office of the Auditor General of BC, 2019).

The division had partially implemented the Auditor General's (2015) recommendation to "implement a complete performance management framework of goals, objectives, strategies, performance measures and targets to achieve safe and secure custody, and reduce criminal behaviour . . . including defining appropriate occupancy levels" (p. 7). The division had also only partially implemented the Auditor General's (2015) recommendation to regularly examine trends "in safety and security within and across their correctional centres" (p. 7) to learn how institutional and operational features contribute to incidents, such as inmate-on-staff assaults. The Auditor General (2019) outlined opportunities for improvement for the division to address these partially implemented recommendations, including the service defining how occupancy levels and targets affect "safe, secure custody and behavioural change" (p. 11) and using data to examine trends in safety and security to reduce the likelihood of future incidents.

Since the 2015 audit, the Adult Custody Division had made full/substantial progress toward three of the report's recommendations. The division had taken the initiative to use forecasting data to determine their long-term facility and programming needs and to make decisions about the use of facility resources and programming informed by the attributes of the persons in custody. The division had also taken the initiative to assess the effectiveness of some of their correctional programs and use that data to enhance the programs (Office of the Auditor General of BC, 2019).

The division had not taken any action toward three of the report's recommendations. They had not created a structure to "monitor and continuously improve the classification and case management" (Office of the Auditor General of BC, 2015, p. 7) process across correctional centers. No progress was made toward examining the consequences "of housing sentenced and remanded clients together" (Office of the Auditor General of BC, 2015, p. 7) or changing their practices to meet the policy set out in the *Correction Act Regulation* (2005). Last, the division had not taken action to examine the case management process to "identify and address barriers to

offenders getting timely access to the programs they need to reduce criminal behaviour" (Office of the Auditor General of BC, 2015, p. 7) and to develop an evidence-based risk/needs assessment tool to match offenders with required programming.

The progress audit demonstrated that the Adult Custody Division was in the process of completing the required reforms when the pandemic hit. Despite the outstanding unaddressed issues, the division took quick action to mitigate the potential impact of the virus by adopting a health-informed response to COVID-19 rather than employing a traditional justice-informed approach to the crisis.

A health-informed response to the COVID-19 pandemic

As of mid-August 2020, the various strategies employed by provincial correctional authorities in BC have been successful in preventing the spread of COVID-19 in custody centers.[3] Their response to the global pandemic is informed by the Provincial Health Officer's recommendations to minimize transmission of COVID-19 and reflects the Service's ongoing collaboration with various government partners, including the Provincial Health Services Authority, Occupational Health and Safety, and WorkSafe BC, among others. The response of correctional authorities is premised on a number of components:

Ongoing education about COVID-19 for individuals in custody and correctional staff

The correctional service provides ongoing education about COVID-19 for individuals in custody and correctional staff. In collaboration with the Provincial Health Services Authority's Correctional Health Services, the Division offers information sessions and provides handouts to staff and individuals in custody so they remain informed about COVID-19, its transmission, and how to minimize exposure through their behavior, including frequent hand washing and sanitation (E. Gunnarson, personal communication, August 5, 2020).

Screening and testing

The correctional service screens everyone who enters the custody facilities, including staff, contractors, legal counsel, and individuals being admitted to custody (BC Corrections, 2020a). Staff and contractors are screened at the start of their shifts at the entry to each correctional center. A questionnaire is administered to assess whether these individuals present symptoms of COVID-19 and whether they have traveled outside of Canada in the past 14 days. Those who have traveled outside of Canada and/or who are experiencing symptoms of the virus cannot enter the facility. Legal counsel is also subject to this screening process should they have a face-to-face meeting with a client in a custody center (BC Corrections, 2020a).

A Correctional Health Services nurse administers a questionnaire and conducts a temperature check on all individuals who are admitted to custody. Asymptomatic individuals go to an induction unit for 14 days (see below); a medically directed isolation protocol is followed for individuals who are symptomatic. Suspected or confirmed cases of COVID-19, and those individuals who have had close contact with people who are suspected of or confirmed to have contracted the virus, are tested and monitored by Provincial Health Services Authority health-care personnel. This monitoring occurs in

a regular living unit that allows the individual to be confined separately from others, or in an alternative unit (BC Corrections, 2020a; E. Gunnarson, personal communication, August 5, 2020).

Institutional policy dictates individuals living on a regular living unit who present symptoms of the virus will be immediately isolated and monitored by Provincial Health Services Authority health-care personnel. Should medical staff determine that an individual must be tested for COVID-19, results are obtained within 24 hours to facilitate contact tracing. The correctional service has also limited movement of staff and individuals in custody within and between their correctional centers. When circumstances require moves, individuals in custody are tested for the virus prior to their transfer (BC Corrections, 2020a).

Induction units

As a preventative measure, induction units have been created that subject new admissions to custody who are asymptomatic to a 14-day assessment period to address any healthcare-related matters before they are integrated into the custodial population. This 14-day isolation period complies with global health guidelines for quarantine after possible exposure to COVID-19 as symptoms can take up to 14 days to appear (WHO, 2020).

Induction units can be any unit within the correctional centers, have single-cell bunking to facilitate physical distancing, and health-care staff conduct frequent health-care checks. Individuals in induction units are assigned to cohorts comprised of individuals who were admitted on the same day. The cohorts receive more limited programming than in a regular living unit although they are offered free phone access and as much time as possible outside of their cells, including access to amenities (e.g., canteen, exercise). The policy also provides that individuals who are being assessed in the induction units and who are "contact concerns" must be provided with "alone time" out of their cells (BC Corrections, 2020a). Time out of one's cell and amenity use depend on the number of cohorts in each induction unit, meaning that individuals in induction units might not receive as much time out of their cells as they would in a regular living unit (BC Corrections, 2020a).

Since individuals risk contracting COVID-19 when they leave the custody center to attend court in person, they are placed in an induction unit for another 14-day assessment when they return to the facility (BC Corrections, 2020a). For this reason, the correctional service encourages individuals in custody, their legal counsel, and their justice partners to use video court wherever possible to minimize the likelihood individuals in custody will be exposed to COVID-19 and to avoid another 14-day induction period upon their return from court (BC Corrections, 2020a).

Individuals required to attend trial over multiple days are placed in separate confinement, most often in the health-care unit, to monitor their health status on an ongoing basis. When their trial is over, they are placed in an induction unit for 14 days before being transferred to a regular living unit in a custody center. Separate confinement cells are the same size as regular cells, individuals maintain access to free telephone calls, and they are single-bunked; however, they receive less time out of their cells (BC Corrections, 2020a).

As of mid-June, 2020, the correctional service noted no clients had attended a lengthy in-person trial (BC Corrections, 2020a). The correctional service acknowledged that experiencing separate confinement could be very challenging for individuals with multi-day or multi-week trials and that the service needed to develop appropriate strategies to provide

individuals in separate confinement with meaningful opportunities to have time out of their cells, particularly on weekends when they did not attend court, to prevent the negative effects of separate confinement (BC Corrections, 2020a).

The correctional service described the induction units as "the single most effective tool for keeping the virus from entering and spreading in centres" (BC Corrections, 2020a, at 19:11). The Service anticipates they will operate induction units until such time as a vaccination is found or a new strategy is developed to prevent the spread of COVID-19 (BC Corrections, 2020a).

Changes to visitation practices

The correctional service has restricted in-person visits "unless there are urgent, exceptional circumstances" (BC Corrections, 2020a, at 21:56) due to concerns about visitors exposing staff and individuals in custody to the virus. When these restrictions were imposed at the beginning of the pandemic, the service simultaneously eliminated the costs of local and long-distance telephone calls and individuals in custody have an unlimited number of calls to increase their ability to maintain contact with their loved ones (BC Corrections, 2020a). Communication with loved ones through phone calls and video visits offers incarcerated populations social support that may minimize the pains of imprisonment, increase their adherence to institutional policies and practices, and promote their reintegration back into society (Duwe & McNeeley, 2020; Hewson et al., 2020; Murdoch & King, 2020).

BC Corrections also reduced and/or suspended volunteer programming and contracted services for non-essential program delivery. Legal counsel are encouraged to use video or telephone means to connect with their clients although BC Corrections provides a room with a built-in glass partition should an in-person meeting be required (BC Corrections, 2020a).

Cleaning, sanitizing, and staff use of personal protective equipment

Since the pandemic started, BC Corrections intensified their cleaning and disinfecting procedures, including increasing the frequency of contracted cleaning services and the cleaning of high-contact surface points. Induction and living units are sanitized multiple times throughout the day. People who enter the custody centers are subject to mandatory handwashing and cleaning protocols (BC Corrections, 2020a).

In April 2020, at the recommendation of their health-care partners, the correctional service changed their policy to require staff use personal protective equipment (PPE) when they cannot maintain 2-m distance from their clients. The Service has different types of masks to minimize the risk of transmission of COVID-19 to individuals in custody (BC Corrections, 2020a).

Physical distancing

The correctional service encourages their staff and individuals in custody to maintain 2-m distance from one another. To that end, they have added lines on the floor in the custody centers to provide visual guidance to their clients during mealtimes and individuals in custody are allowed to have their meals in their cells if they choose to do so. Individuals in custody are also encouraged to maintain physical distance during unit activities and programming (BC Corrections, 2020a). Staff members are also required to remain

2-m distant from their clients when possible, and when they cannot do so, they must wear PPE. The Service has determined that individuals in custody do not require masks, as they have completed a 14-day induction period (BC Corrections, 2020a).

Improving the response of BC corrections to the COVID-19 pandemic

While BC Corrections has been largely successful in preventing the introduction of COVID-19 into custody centers and preventing the transmission of the virus to individuals in custody, personnel, and their communities, the service could improve their response by increasing their use of temporary absences. As per s. 22(1)(a-b) of the *Correction Act* (2004), the service can release individuals from custody on temporary absences for medical, educational, humanitarian, rehabilitation, or reintegration-related reasons. The Assistant Deputy Minister of BC Corrections publicly acknowledged:

> Many of the individuals who come into custody have compromised health to begin with, and so really, are at much higher risk to contract the virus and the consequences as we know of the virus. So really, our focus is really on keeping the virus out of the centres and doing everything that we need to, to keep them safe. (BC Corrections, 2020a, at 44:10)

To that end, the Service could be more proactive in using temporary absences in line with existing regulations in their *Adult Custody Policy* (Adult Custody Division: Corrections Branch, 2005). Specifically: s.5.2.9 allows for a humanitarian absence for compassionate reasons and s. 5.2.11 for communicable disease absence. The application of these sections of the *Adult Custody Policy* (Adult Custody Division: Corrections Branch, 2005) would allow BC Corrections to release more individuals from custody – a population that they themselves acknowledge is vulnerable of contracting and getting seriously ill from COVID-19 – but it would require BC Corrections to focus on both public safety and the health of the individuals in custody rather than solely on public safety.

As a temporary measure implemented since the beginning of the pandemic, BC Corrections has been conducting proactive assessments of both individuals with less than 60 days remaining of their intermittent sentences (a sentence of 90 days or less wherein the convicted individual usually serves their time on weekends in a provincial correctional center; Government of BC, 2020) and nonviolent-sentenced offenders. The assessment focuses on a variety of risk-focused factors, including public and victim safety, criminal history, sentence length, and offense type, and support in the community (BC Corrections, 2020a). Between the middle of March and the beginning of June, only 80 individuals were released on temporary absences: 50 who were serving intermittent sentences (with less than 60 days remaining) and 30 who were serving sentences (BC Corrections, 2020a). Thus, the Service's use of temporary absences has had a minimal effect on their custodial count (BC Corrections, 2020a). Expanding their use of temporary absences to consider both public safety and the health of individuals in custody rather than focusing solely on public safety is one way the correctional service can work toward maintaining their reduced custodial counts.

Discussion

Population management strategies made possible with reduced custodial counts are fundamental to protecting medically vulnerable and elderly prisoners, staff, and the communities to which these individuals return (Franco-Paredes et al., 2020; Vose et al., 2020; WHO, 2020). Custodial populations fluctuate due to external factors such as changes in crime rates and decision-making practices at earlier points of the criminal justice system (Office of the Auditor General of BC, 2015). Of specific relevance to BC Corrections' post-COVID-reduced custodial count – from 2,200 to 1,500 – is that regular operations of the provincial and supreme courts were suspended in BC shortly after the province declared a state of emergency in response to the pandemic (Supreme Court of British Columbia, 2020; The Provincial Court of British Columbia, 2020).[4] These changes led to decreased court activity in the province, which have likely contributed to the correctional service admitting fewer individuals to custody at the same time that existing clients were completing their sentences (BC Corrections, 2020a). BC Corrections (2020a) also describes judges' increased use of bail and decreased use of remand after the pandemic started as key contributors to their reduced custody counts. Judges across Canada are considering COVID-19 in their bail and sentencing decisions, including releasing individuals accused of nonviolent offenses on bail when they have presented reasonable release plans even though under normal circumstances they would likely have been subject to pretrial detention (The Factum, 2020).

Maintaining the reduced custodial count is vital to the ongoing success of BC Corrections' response to the pandemic. First, BC Corrections (2020a) acknowledged that the pre-COVID population count of 2,200 individuals in custody meant many were double-bunked. Two adults, two bunks, a toilet, and occasionally a desk, in a cell roughly the size of a standard parking spot means double-bunked individuals in custody cannot possibly maintain appropriate physical distance – defined by BC's Provincial Health Officer as a distance of 2-m– from each other (BC Centre for Disease Control, 2020b; BC Corrections, 2020a). Thus, reduced custody counts since the start of the pandemic – a decrease of nearly 32% – have allowed the service to single-bunk many of the individuals in their custody, which given the need for physical distancing to reduce the transmission of COVID-19, has been a critical piece of their strategy of responding to the pandemic (BC Corrections, 2020a).

Second, BC Corrections' ongoing ability to operate induction units, providing single-bunking and offering individuals in custody an appropriate amount of meaningful time outside of their cells, is also connected to custodial counts. In June 2020, a time with decreased court activity in the province and a time that was characterized by judges' increased use of bail and decreased use of remand, the correctional service reported approximately 16% (n = 240) of their custodial population was being assessed in induction units. The service's two remand centers were busiest, operating two or three induction units at any given time with an average of 50 to 60 people in each unit (BC Corrections, 2020a, at 62:40). Increases in the custodial count are likely to negatively affect the operation of induction units and those being assessed within them.

Interestingly, at a time when COVID-19 restrictions and changes to regular routines and activities have increased tensions in prisons worldwide (see e.g., Perkel, 2020; Scott, 2020), conflicts *appear* to be decreasing in BC Corrections' custody centers where inmate-on-

inmate and inmate-on-staff assaults and use of force incidents have decreased from pre-COVID numbers (BC Corrections, 2020a). Senior management attribute reductions in assaults and use of force incidents to their decreased use of double-bunking and having fewer people on each living unit, changes made possible by reduced population counts (BC Corrections, 2020a). Pre-COVID numbers (August 2018) demonstrate that six of BC Corrections' 10 adult correctional centers were relying on double-bunking due to unit closures largely attributed to staff shortages: the percentage of individuals in custody double-bunked ranged from 17% at Prince George Regional Correctional Center to 66% at Vancouver Island Regional Correctional Center (Office of the Auditor General of BC, 2019). Of concern in the months ahead, as long as a vaccination or viable treatment for the virus are not available, is the correctional service's previous estimate that 35% of their custodial population would be double-bunked by 2022/2023 (Office of the Auditor General of BC, 2015).

Increased custodial counts will not only challenge the Service's ability to continue utilizing their current response to COVID-19 (BC Corrections, 2020a), but also, such increases could potentially result in a return to pre-COVID numbers of inmate-on-inmate, inmate-on-staff, and use of force incidents. Extant literature identifies a plethora of negative effects for incarcerated populations living in, and personnel working within, overcrowded institutions, such as increasing tension and conflict between prisoners and between prisoners and staff, impeding rehabilitative, recreational, vocational, and educational programming, and contributing to an increase in illness, such as the spread of infectious and communicable diseases (Simpson et al., 2019), self-harm, and suicide among prisoners (Haney, 2006; Office of the Auditor General of BC, 2015; Pitts et al., 2014; Sharkey, 2010).

Lessons learned: recommendations for other jurisdictions to consider implementing in response to the pandemic

Many of the strategies developed and implemented by provincial correctional authorities in BC in response to the pandemic follow guidance from the WHO (2020) to prevent the "introduction of the infectious agent into prisons or other places of detention, [limit] the spread within the prison, and [reduce] the possibility of spread from the prison to the outside community" (p. 2). Best practices learned from the success of BC Corrections to date and for correctional authorities in other jurisdictions to consider adapting include those described in earlier paragraphs: providing ongoing education about COVID-19 for individuals in custody and correctional staff, screening and testing everyone who enters custody centers, creating and operating induction units, limiting visitors' access to centers while ensuring other modalities of communication are widely available (i.e., video visitation, unlimited free local and long-distance calling), enhancing sanitization and cleaning practices, and providing staff with PPE when physical distance cannot be maintained.

Other jurisdictions must carefully consider the appropriateness of implementing the strategies that have worked for BC Corrections in terms of their own service's client characteristics, institutional custody counts, and institutional infrastructure, among other factors, such as infection rates in the wider community. Best practices that emerged from this case study of BC Corrections' response to the pandemic, supported by extant literature, are described below.

Adapt a health-informed rather than justice-informed response to COVID-19

BC Corrections has experienced success in keeping COVID-19 out of custody centers by opting for a health-informed rather than a justice-informed approach that has been characterized by close collaboration and coordination between justice and health agencies, an approach recommended by the WHO (2020). Correctional Health Services are independent from BC Corrections in their provision of health-care services for individuals in BC provincial custody facilities and BC Corrections has worked closely with – and followed – the Provincial Health Services Authority's and Provincial Health Officer's recommendations to mitigate the spread of the virus (BC Corrections, 2020a).

Examples of BC Corrections' health-informed approach include screening and testing everyone who enters custody, operating induction units for asymptomatic individuals and isolation for suspected and confirmed individuals, and providing staff with PPE when physical distance cannot be maintained. BC Corrections also has a procedure that allows for contact tracing, which Clarke et al. (2020) argue is a key component of controlling transmission of COVID-19 in correctional institutions. Another primary component of responding to the pandemic through a health-informed approach is ensuring that correctional authorities do not simply default to solitary confinement as the primary solution to minimize transmission of the virus.

Do not default to solitary confinement as the primary solution to minimize transmission of COVID-19

BC Corrections has utilized diverse strategies informed by public health recommendations: strategies that move beyond solitary confinement to mitigate the risk of COVID-19 entering and spreading within custody. Considering alternatives to solitary confinement is vital in light of existing research evidence of the various negative mental and physical health effects on incarcerated persons subject to separate confinement including anxiety, psychosis, perceptual distortions, heart palpitations, worsening of preexisting medical conditions, depression, hopelessness, and higher overall mortality within 5-years post-release (see e.g., Reiter et al., 2020; Shalev, 2008; West Coast Prison Justice Society, 2016; Wildeman & Andersen, 2020).

Further, some correctional services have abolished solitary confinement, and as such, they should be implementing alternative strategies to ensure adherence to policy and legal precedent. Violating the human rights of prisoners and contravening existing regulations is not excused by the existence of a global pandemic (Prisoners' Legal Services, 2020; WHO, 2020). Correctional authorities should maintain opportunities for incarcerated populations to access their community supports, meaningfully engage with other prisoners, and access amenities and outdoor activities to support their mental and physical health during the pandemic (Prisoners' Legal Services, 2020).

Develop a multi-pronged approach to decarceration

Decarceration promotes the health of individuals diverted and released from custody by keeping them out of prisons, "epicentres for infectious diseases" (Kinner et al., 2020, p. E188), and in some jurisdictions, allows them to access higher quality health-care resources in the community than they could access in custody (Henry, 2020).

Decarceration allows both those who *remain* incarcerated (e.g., individuals with higher risk profiles) and staff greater ability to practice social distancing, access existing health-care resources, and quarantine when necessary while also providing opportunities for enhanced cleaning procedures (Henry, 2020; Oladeru et al., 2020; Vose et al., 2020).

BC Corrections' ability to implement diverse strategies (e.g., induction units) and to practice physical distancing, including single-bunking, in response to COVID-19 has been largely influenced by external factors. Judicial decision-making can play an important role by reducing custody populations by judges relying more on bail than remand for those who come before the courts. When appropriate, judges should consider imposing community sentences – such as home confinement – for individuals convicted of nonviolent offenses and those with low-risk profiles and caring responsibilities (WHO, 2020). At earlier stages of the criminal justice system, police officers should be encouraged to issue citations and divert low-level offenders who do not pose a risk to public safety (Henry, 2020) and prosecutors can exercise their discretion in what charges to lay and whether to lay any charges at all.

Correctional authorities and the ministries responsible for their portfolios also have an obligation to examine how they can release individuals from custody, such as by using temporary absences, without increasing the risk to the community. Correctional authorities should prioritize their use of temporary absences for those most at-risk of becoming seriously ill from the virus: elderly individuals and those with chronic conditions (Simpson & Butler, 2020). Correctional authorities should also offer temporary absences to those with imminent release dates and low-risk profiles as determined by the risk-need-responsivity model of offender management. Correctional authorities can use validated assessment instruments that identify the risks and needs of offenders to target the release of individuals into the community in a manner that promotes both the health of incarcerated populations and the safety of the communities to which they reenter (Vose et al., 2020).

Correctional and paroling authorities should also examine how to alter their decision-making practices for those who have violated the conditions of their release by examining whether those incarcerated for violations of the conditions of their release can be safely re-released into their communities. Additionally, community corrections officers should carefully consider whether breaches of conditions warrant a revocation to custody (Wurcel et al., 2020).

Provide incarcerated populations with ongoing information about COVID-19 and the institution's response and provide them with free access to the items they need to prevent transmission of the virus

Correctional authorities should provide custodial populations with information about the institution's response to COVID-19 as this might alleviate their anxiety about contracting the virus (Pyrooz et al., 2020). Additionally, correctional authorities should reassure individuals in custody that they will have opportunities to maintain connections with their loved ones to support their psychological and emotional well-being during the pandemic (WHO, 2020).

Health guidelines demonstrate the importance of frequent hand washing, sanitizing, and cleaning of high contact points (WHO, 2020). Incarcerated populations should have free access to soap, sanitizer, and cleaning supplies to maintain their personal hygiene and

cleanliness of their living spaces and common areas (Wurcel et al., 2020). They should also have access to masks given high levels of human interactions that characterize imprisonment (Wurcel et al., 2020). Correctional authorities that charge incarcerated populations co-pay fees to see doctors to access medication and testing should eliminate these fees during the pandemic to encourage their populations to access medical treatment, which promotes institutional and public health (Prison Policy Initiative, 2020; Wurcel et al., 2020).

Maintain ongoing contact with existing oversight agencies

Engaging in ongoing communication with existing oversight agencies is a key component of the strategy to mitigate COVID-19 transmission in prison. Oversight agencies are uniquely situated to identify problematic practices that do not promote the rule of law in prison and human rights for prisoners and that may in fact put incarcerated populations, personnel, and communities at risk.

Coordinate support for incarcerated populations upon their release into the community

Now more than ever, prison health *is* community health (McLeod & Martin, 2018). As such, efforts must be made to ensure released individuals have support as they return to their communities. This support requires coordination across health, not-for-profit, and justice providers (Simpson & Butler, 2020) and includes providing individuals returning to their communities with knowledge of the most current COVID-19-related information about transmission and prevention measures, suitable housing arrangements, transportation to their residence, continuity of care (e.g, for opioid agonist treatment), and masks to protect their community. These efforts will likely prove challenging due to increased unemployment rates and additional barriers (e.g., fewer resources) to the delivery of services that support prisoner reentry (Abraham et al., 2020).

Future research

The preceding discussion examined the strategies employed by one provincial correctional authority in Canada that, as of mid-August 2020, have successfully prevented the spread of COVID-19 in custody centers. Lessons from this experience can serve as the focus for future research: findings from these future studies can inform correctional policy and practice.

The research literature suggests that correctional services that have integrated public and prison health services report many improvements: importantly, medical staff can act independently of the correctional authority and "put the needs of the patient before institutional requirements" (ICPS, 2004, p. 24), promote strategies that enhance public health, and coordinate more effective responses to health-care issues that arise, including infections (ICPS, 2004).

Health-care services in BC provincial correctional centers are administered by an independent health provider, Correctional Health Services. Future comparative research should be undertaken to examine how the independent health-care services and health-informed approach utilized by BC Corrections in their response to

COVID-19 differs from the approaches implemented by other jurisdictions in Canada that followed more of a justice-informed response without independent health-care providers. How do outcomes differ in light of the existing research that identifies the benefits of integrated public and prison health services? Outcomes to examine include infection rates, mortality rates, inmate-on-inmate and inmate-on-staff assaults, staff use of force incidents, perceptions and experiences of incarcerated populations and personnel and their families, and recidivism rates. What lessons can be learned for the provision of health-care services to incarcerated populations both during pandemic and "normal" times?

BC Corrections (2020a) reported that reduced custody counts allowed for their enhanced use of single-bunking, which they believe has contributed to decreased inmate-on-inmate and inmate-on-staff assaults, as well as fewer incidents of staff use of force. Additional analyses are required to determine whether these changes are actually significant and not simply a reflection of reduced daily custodial counts. Future research should also explore whether reduced custody counts that allowed for extensive use of single-bunking contributed to decreases in these negative correctional measures, or whether BC Corrections' use of induction units fostered a more positive prison subculture than their regular intake and assessment process. There are possible lessons for population management that BC Corrections could adapt from this research; for example, if induction units are indeed contributing to a more positive prison subculture than the service may wish to continue using these units moving forward under "normal" circumstances to promote the safety and security of individuals in custody, staff, and institutions.

People concerned with public safety may argue that BC Corrections' success in mitigating infection rates in their correctional centers calls into question decision-making practices that allowed for the early release of thousands of incarcerated persons to save their lives and counteract institutional outbreaks. For example, in late March, the California Department of Corrections and Rehabilitation paroled 3,500 individuals early, and in July, they announced that as many as 8,000 others – those with approaching release dates and those deemed to be medically vulnerable – could be released by the end of August 2020 (Prison Policy Initiative, 2020). Future research should thus examine trends in crime rates pre-, during, and post-pandemic to evaluate how policies and practices triggered by the pandemic contributed to crime rates and thus, whether the continued use of incarceration for nonviolent offenders and reliance on pretrial detention (i.e., remand) are warranted to promote public safety.

In BC, this research should examine trends in crime rates pre-, during, and post-pandemic to evaluate the effects of BC Corrections' (minimal) use of temporary absences to release offenders into the community early and judicial decision-making to release individuals on bail rather than remand them to custody. Remand custody populations have outnumbered sentenced custody populations in Canada for approximately 15 years (Malakieh, 2019), and BC Corrections has experienced challenges separating remand from sentenced individuals even though they acknowledge separation is good correctional practice as outlined in the *Correction Act Regulation* (2005, Office of the Auditor General of BC, 2019). Examining whether judges can reduce their use of remand and increase their use of bail without sacrificing public safety is an important avenue of future research. Research should also investigate how COVID-19 release strategies and reentry programming – where they exist – compare to pre-

COVID release and reentry programming to determine if traditional strategies could be enhanced (Abraham et al., 2020).

Indigenous people are vastly overrepresented in correctional populations in Canada due to the intergenerational consequences of colonialism in this country (Chartrand, 2019; Palmater, 2018). Given this overrepresentation, it is important to invite Indigenous communities to engage in research to examine the negative consequences of COVID-19 resulting from the incarceration of their people during these unprecedented times. One goal of this research should be to identify opportunities to support nation-specific initiatives designed to meet the unique needs of each nation to counteract any negative effects resulting from the pandemic and to develop policies and practices to decrease the overrepresentation of Indigenous people in correctional populations in the years ahead.

Moving forward, an identified need to learn more about BC Corrections' response to the pandemic from the perspective of those most heavily affected by their approach remains: individuals in custody and those working on the frontlines. The narrative to date has largely been dominated by the Service's voice, limiting what we know about their response and the experiences of a vulnerable and marginalized population (individuals in custody) and their families, and frontline staff. What are the consequences of their response to the pandemic for prisoners and personnel (both correctional and health-care) and their family members? As noted by the WHO (2020), health-care workers' families and communities may avoid them due to fear of contracting the virus and stigma about the work they complete in custody. Future research should examine this stigma for correctional and health-care personnel alike. Further, research should examine how personnel and individuals in custody perceive their own risks and the institutional responses put in place (see e.g., Pyrooz et al., 2020). How do individuals in custody, who have limited autonomy in correctional environments, cope with the stressors associated with the virus and BC Corrections' response? What recommendations might prisoners and personnel offer to inform BC Corrections' – and other jurisdictions' – response to the pandemic in the months ahead? What recommendations might they offer to inform population management practices in post-pandemic times?

Conclusion

Addressing COVID-19 within correctional centers is a key aspect of the global response to the virus as such facilities are "epicentres for infectious diseases" (Kinner et al., 2020, p. E188). Keeping COVID-19 out of correctional institutions to protect vulnerable individuals in custody who often have poor health profiles and have been identified as vulnerable to COVID-19 infection (WHO, 2020), correctional personnel, and the public, is a shared responsibility. BC Corrections has implemented various strategies (e.g., screening and testing, induction units) to minimize the risk of COVID-19 entering their custody centers, but their success to date has largely been dictated by external factors. As noted, BC Corrections' predominant use of single-bunking and induction units is contingent on low provincial custody counts (BC Corrections, 2020a). In the months ahead, crime rates, police decision-making, increased court activity, judicial decision-making, community infection rates, and other factors will fundamentally determine whether BC Corrections can continue to

utilize the strategies they have implemented to address the pandemic and that have to date been so effective in preventing major outbreaks of COVID-19 in custody centers while other correctional authorities have failed to do so (see Franco-Paredes et al., 2020; Marcum, 2020; Oladeru et al., 2020; Ouellet & Loiero, 2020; Saloner et al., 2020).

Notes

1. It is possible this testing rate includes multiple tests of the same person. Further, the rates were calculated using a one-day snapshot of the inmate population from May through July 01 2020 (Ouellet & Loiero, 2020).
2. It is possible this testing rate includes multiple tests of the same person. Further, the rates were calculated using a one-day snapshot of the inmate population from May through July 01 2020 (Ouellet & Loiero, 2020). As of August 7 2020, with a testing rate of 46,782 per 1,000,000, there have been only 3,934 total cases and 195 confirmed deaths in BC, which has a population of approximately five million (BC Centre for Disease Control, 2020c; BC Stats, 2020).
3. To learn more about how BC Corrections has responded to COVID-19 in the community setting, see: BC Corrections (2020a) and (2020b).
4. For further information about these suspensions, see: Supreme Court of British Columbia (2020) and The Provincial Court of British Columbia (2020).

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