

SURVIVING THE PANDEMIC ON THE INSIDE: FROM CRISIS GOVERNANCE TO CARING COMMUNITIES

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Abstract. The COVID-19 global pandemic spurred unprecedented global lock downs and quarantines. In looking at the response to and the impacts of COVID-19 in Canadian prisons, we show how the global pandemic can illuminate the impacts of imprisonment to make them more tangible and relatable to the wider public who are largely disconnected from the prison experience. We begin this article by conceptualizing how ‘crisis governance’ produces new practices of penal operations that become problematically normalized, even after the crisis fades. This is reflected in the Correctional Service of Canada’s (CSC) “new normal” document, a strategic plan and management protocol introduced by federal corrections in response to the pandemic. To highlight the new penal regime, we focus our analytical efforts on the mental health impacts of the CSC’s COVID-19 new governance and response plan as they have been reported by way of lived experiences of federal incarceration in Canada throughout the pandemic. We argue that in their efforts to securitize the environment in light of the very real health risks that COVID-19 presents, the actions taken and not taken by prison officials and Canadian politicians primarily left prisoners isolated, disconnected, and without supportive resources, which aggravates underlying mental health conditions and creates additional emotional distress for vulnerable people. Not only can this approach detrimentally impact staff-prisoner relations, it also fails to consider the value of decarceration as an essential and possibly life-saving component of the correctional COVID-19 risk management response plan. We conclude by considering more humane recommendations that would instead prioritize the creation of “caring communities” where collectives of people support each other’s health and well-being, over punitive and austere management practices. Given that the detrimental effects of isolation are now also being felt to a certain extent by those who are not incarcerated, this penal move to a “new normal” should signal to the wider public the ongoing and exceptionally damaging implications of imprisonment.

Keywords: crisis management, new normal, prison, COVID-19, pandemic governance

Résumé. La pandémie mondiale de COVID-19 a provoqué des confinements et des quarantaines sans précédents, à travers le monde. En examinant la réponse et les impacts de COVID-19 dans les prisons canadiennes, nous exposons comment la pandémie mondiale peut aider à mettre en évidence les effets et les impacts de l'emprisonnement pour les rendre plus tangibles et accessibles au grand public, qui est largement déconnecté de la vie en établissement de détention. Nous commençons cet article en conceptualisant comment la « gouvernance de crise » produit des nouvelles pratiques pénales qui deviennent normalisées et problématiques après la crise. Ce phénomène se reflète dans le document « nouvelle normalité » du Service correctionnel du Canada (SCC), un plan stratégique et un protocole de gestion introduits par les services correctionnels fédéraux pour répondre à la pandémie. Pour mettre en évidence le nouveau régime pénal, nous concentrons nos efforts d'analyse sur les impacts sur la santé et la santé mentale du nouveau plan de gouvernance et d'intervention du SCC concernant la COVID-19, tels qu'ils ont été rapportés au moyen d'expériences vécues d'incarcération fédérale au Canada tout au long de la pandémie. Nous soutenons que, dans leurs efforts pour sécuriser l'environnement à la lumière des risques très réels pour la santé que présente COVID-19, les mesures prises et non prises par les autorités pénitentiaires et les politiciens canadiens ont principalement laissé les prisonniers isolés, déconnectés et sans ressources de soutien; ce qui aggrave des problèmes de santé mentale sous-jacents et crée une détresse émotionnelle supplémentaire pour les personnes vulnérables. Non seulement que cette approche peut avoir un impact négatif sur les relations entre le personnel et les détenus, mais elle néglige également la valeur de la décarcération, en tant qu'élément du plan d'intervention correctionnel de gestion des risques liés à la COVID-19, que nous jugeons être indispensable et susceptible de sauver des vies. Nous concluons en proposant des recommandations plus humaines qui donneraient plutôt la priorité à la création de « communautés bienveillantes » où des collectifs de personnes soutiennent mutuellement leur santé et leur bien-être, plutôt que des pratiques de gestion punitives et austères. Étant donné que les effets néfastes de l'isolement sont désormais également ressentis dans une certaine mesure par ceux qui ne sont pas incarcérés, le grand public est maintenant en mesure de mieux comprendre les conséquences continues et exceptionnellement dommageables de l'emprisonnement et de cette évolution pénale vers une « nouvelle normalité ».

Mots clés: gestion de crise, nouvelle normalité, prison, COVID-19, gouvernance pandémique

INTRODUCTION

On January 26th 2020, the first two documented cases of coronavirus in Canada were reported. Despite some confusion regarding the spread of the disease in the early months of the pandemic, mask-wearing, physical distancing of at least two metres, and handwashing became universally accepted by public health officials as the three best practices for preventing transmission of COVID-19 (Cheng et al. 2020). As one can imagine, facilitating the systematic use of these public health measures inside closed institutional settings like jails, prisons, long-term care homes, and psychiatric facilities, is more difficult, if not impossible. Given the heightened risk of transmission of COVID-19 (a severe acute respiratory syndrome) in closed institutional settings, there is a need not only for increased sanitary practices and the implementation of protective health measures, but also for immediate and ongoing public health education and training for both staff members and residents. At the same time, there is an inherent hypocrisy in attempting to introduce physical distancing measures, isolation, or quarantine in a closed institutional space that is highly populated or overcrowded (i.e., populated above the space's actual capacity), which is a common feature of the modern prison (Piché 2014). Unsurprisingly, a disproportionate number of COVID-19 deaths in Canada have taken place in senior living residences, long-term care, and nursing homes (Webster 2021) and there have now been several outbreaks in prisons across the country (Finlay 2021). According to media accounts, support groups, and advocates, prisoners report that they have had little to no access to personal protective equipment (PPE) such as masks, or adequate methods of hand sanitization, and institutional efforts to prevent transmission have instead concentrated on the containment of prisoners (who are in lockdown and segregation with suspended visitation rights), rather than by way of depopulating carceral spaces (Finlay 2021; Walby & Piché 2020).

When enforced broadly – especially for prolonged periods of time – physical distancing measures can have a number of detrimental side effects, including loneliness, reduced productivity, and the loss of other benefits that are commonly associated with human interaction and connection. While the global community is increasingly reporting the short, medium, and potentially long-term impacts of employing these stricter public health measures to curb COVID-19 transmission, (CBC News 2021a), these noted detrimental effects are actually *typical* outcomes of incarceration more generally (Crewe 2011; Kilty 2014; Law 2012) and they have intensified as a result of the more restrictive measures undertaken in carceral settings throughout the pandemic.

We begin this article by conceptualizing how crisis governance produces new practices of penal operations that become problematically normalized, even after the crisis fades. While crisis governance in criminal justice policymaking is not a new phenomenon and is, in fact, a recurring dynamic in this field, the substantive concerns and policy recommendations vary significantly. Crisis governance is reflected in the “new normal” framework, a strategic plan and risk management protocol introduced by federal corrections in response to the pandemic (CSC 2020a). To highlight the new penal regime, we focus our analytic efforts on the health and mental health impacts of the Correctional Service of Canada’s (CSC) COVID-19 response plan as reported by incarcerated people throughout the pandemic.¹ We suggest that despite long-time calls for decarceration (McMahon 2019; Piché 2014), Canadian prison officials did not consider it as a vital or even viable component of their pandemic response plan, a decision that reflects the lack of political will to permit and commit to a reasonable decarceration plan. This article highlights the inadequacy of the prison as a mechanism to address social problems, let alone the specific health concerns presented by the pandemic. In times of crisis, the tendency is to intensify security and control measures over implementing alternative options of support and care. In this vein, while prison authorities had benevolent intentions of preventing the onward transmission of COVID-19 by way of isolating prisoners, their response plan presents significant detrimental impacts for incarcerated people, which further illustrate our point that carceral environments are ill-equipped to handle such a health crisis.

We conclude by considering more humane community-based options that would instead prioritize the creation of caring communities, which would facilitate the use of public health measures and supports currently in effect. Given that some of the detrimental effects of isolation commonly experienced by people in prison are being mildly felt by the public at large, this penal move to a “new normal” should signal to the wider public the harms of exceptionally restrictive and isolating carceral practices and thus the need to invest in and build better alternative resources, supports, and forms of accountability in communities.

1. Prison reports and accounts come from stakeholder consultations between members of the National Associations Active in Criminal Justice (NAACJ) and Correctional Service Canada, National Parole Board of Canada, and Public Safety; the organizing members and advocacy groups of the Abolition Coalition in Canada; and from phone calls and letters from prisoners to the individual authors.

CONCEPTUALIZING THE NEW NORMAL

In 2020, as states worldwide were instituting large scale lockdowns and physical distancing in response to the COVID-19 pandemic, those in penal and detention systems remained one of the most invisible yet vulnerable populations to its spread. As a captive population, exposure and the possibility of transmission for incarcerated persons is especially heightened within confined spaces where there is a lack of access to protective and sanitizing equipment and other harm reduction measures, and grossly inadequate healthcare (Iftene & Manson 2013; Kilty 2018; Pont et al. 2018).

To curtail COVID-19 transmissions, many provincial prisons began to employ a variety of decarceration strategies, including temporary absence passes, house arrest options, bond options and early release to those who were within 30 days of their release date (Ling 2020a). On the other hand, the Correctional Service Canada (CSC), the organization responsible for federal corrections, elected to curtail the spread by suspending and postponing all prison visits, temporary absences (both escorted and unescorted), work releases, inter-regional and international transfers, and parole hearings (CSC, 2020a). At the onset of the pandemic, Public Safety Minister Bill Blair directed the National Parole Board of Canada and CSC to consider early release measures, albeit with few results. At the time of writing, the federal government had released two people from prison on the grounds that they were especially vulnerable to the coronavirus. One case was Marshall Kazman who was granted bail, pending his application for leave to appeal to the Supreme Court of Canada for charges on fraud and money laundering. The second case was Derrick Snow who, with a non-violent record, was granted an unescorted temporary absence (UTA) for medical reasons (i.e., the serious threat to his life posed by COVID-19) in a last-minute settlement prior to his Federal Court *Charter* bid to compel the warden of Bath Institution to grant him a UTA. As a cancer patient, Snow argued that that he met the statutory criteria for a UTA under s. 116 of the *Corrections and Conditional Release Act* and that withholding his release was a violation of his *Charter* rights to life and security of the person (Schmitz 2020). Although Minister Blair stated in mid-April “about 600 people have already been released,” none were specifically related to safety precautions over COVID-19 (Ling 2020c), meaning release rates remained consistent at “normal” levels (Harris 2020).

The CSC claims to have issued PPE, enforced hand hygiene sanitation and disinfection practices, and to have medically isolated anyone with viral symptoms (CSC 2020a). Yet, according to members of the

National Associations Active in Criminal Justice (NAACJ 2020), people housed in a number of different federal prisons were in lockdown 23 hours a day, had no access to the library, gym, cafeteria, programs, or visits from outside groups, and were only allowed one hour a day outside (Chartrand 2020). This situation reoccurred on and off in varying institutions from the first to the fourth wave of the pandemic. According to the Office of the Correctional Investigator (OCI) (2020: 4-5), the federal prison watchdog, complaints from federal prisons ranged from staff not wearing proper protective gear or practicing safe physical distancing, loss of yard time, lack of access to programs, chaplaincy and overall restrictive routines, to poor conditions of confinement. There has also been an increase of incidents including protests, threats against staff, assaults on inmates, hunger strikes, and other disturbances. There were early reports of forced interventions using compression grenades and plastic bullets when individuals were climbing barricades or refusing to return to cells, such as at Collins Bay Institution in the province of Ontario and Donnacona Institution in the province of Quebec (NAACJ 2020).

Since the outbreak, several lawsuits, class actions, and *Charter* challenges have been filed. One lawsuit was filed by Joelle Beaulieu, a woman from Joliette prison in the province of Quebec, on behalf of all federal prisoners incarcerated in Quebec since March 13, 2020. The application alleges that federal prison officials acted too slowly in implementing protective measures. Another lawsuit filed in B.C.'s Supreme Court by seven former and currently incarcerated individuals claims the CSC "breached the *Charter* by subjecting incarcerated persons to medical and administrative lockdowns — a form of isolation akin to solitary confinement — for indeterminate periods of time, suspending parole hearings, and withholding the programs and services that they require, including visitation and spiritual counselling." Another lawsuit was launched in federal court by Sean Johnston in conjunction with the Canadian Civil Liberties Association, the Canadian Prison Law Association, the HIV & AIDS Legal Clinic of Ontario, and the HIV Legal Network (see Anthony and Chartrand, Forthcoming). Generally, the court challenges outline that physical distancing measures in prison have been grossly inadequate and that restrictive interventions do not keep prisoners safe because a prison cannot ensure proper physical distancing without reducing the prison population. The court challenges further argue that the CSC has a duty of care and, in the context of COVID-19, this includes:

Taking immediate and proactive measures to depopulate its institutions to the greatest extent possible, consistent with public safety. ... Unlike other

correctional authorities around the world and across Canada, however, CSC has taken few if any steps to release prisoners from its institutions. (Canadian Civil Liberties Association [CCLA], Canadian HIV/AIDS Legal Network, Canadian Prison Law Association [CPLA], HIV & AIDS Legal Clinic Ontario [HALCO], and Sean Johnston Applicants – and – the Attorney General of Canada, 2020).

On September 14, 2020, in the wake of the first COVID-19 wave, the Commissioner of the CSC announced, “We continue to learn new things about COVID-19 and it is important that we stay up-to-date on the facts and remain responsive in how we manage through it. We are thinking through every operational decision with *health and safety* in mind” (Kelly 2020, emphasis added). While the message is subtle, its application is part of a growing trend in correctional activity that heightens and conflates health risks with safety measures (e.g. see CSC, 2018). Amid the COVID-19 pandemic, the CSC introduced a document entitled *Shaping Our New Normal* (2020a) that introduced an *Integrated Risk Management Framework* (IRMF) to be applied throughout all federal Canadian penal institutions. The framework outlines five levels of risk within federal penitentiaries and other federal correctional sites in terms of viral contact and spread and the mitigation strategies associated with each operational activity. The five levels reflect low to moderate to high risk levels, denoted by colours green, yellow and red, where the red zone reflects the most restrictive measures that we can equate with the conditions found in segregation or solitary confinement (Ling 2020b).

The *Shaping Our New Normal* (SONN) document emphasizes the need to prioritize two important health factors in all correctional procedures and operations for the pandemic context. The first involves the phasing in and consideration of health determinants into mainstream correctional operations; the second involves the creation of new and more restrictive controls that have been conflated with health and safety measures. These penal activities operate in distinct ways to normalize heightened security and restrictive controls in the name of health. This shift is highlighted in the following operational quote:

CSC will adopt a **phased and gradual restoration of interventions, programs and services** approach, ensuring there are appropriate measures in place to limit health and safety risks, while supporting public safety efforts. CSC will adjust restrictions as may be required by public health authorities (CSC 2020a: 14; emphasis in original).

Although the SONN document is intended to guide correctional operations during COVID-19, it reflects a much broader trend in the risk management of correctional practices, one that uses health determinants

to make security assessments. The “new normal” thus sets a baseline of correctional security for managing perceived health hazards as further reflected in the following statement:

In CSC’s new normal, we will be learning to live with the reality of COVID-19 in Canadian communities and will be moving between low-moderate risk and moderate risk of COVID-19 community transmission risk levels. *Not only COVID-19, but other perceived crises moving forward* (CSC 2020a: 19; emphasis added).

The coronavirus not only unleashed a novel situation in the prison context, but it also propelled carceral controls forward through a language of crisis management and risk. These trajectories of control reflect a much broader trend with dispossessed populations. Bhander (2004: 272) points out that the ongoing crises and states of emergencies witnessed worldwide – from so-called terror threats, to natural devastation, to pandemics – have seen a new relationship develop between the state and its citizenry, a “new normal” whereby social citizenship and civil participation are enmeshed in ongoing states of crisis that are managed through seemingly benign biometrics of surveillance and control. In a volatile world, which has arguably always been the case, the day-to-day is increasingly invested in affective controls that both incite and aim to manage fear and anxiety. For example, Bhander (2004) suggests that contemporary debates about migration control are discursively mobilized through a fear of “the other” – a framing that inherently supports the military securitization of the border in North America. The racialized “other” status of the person crossing is managed through new technologies of border control such as racial profiling, biometric scans, and easy border passage for elite customers (see also Thobani 2007).

The “new normal” is meant to signal a shift in our expectations of daily life. Whether we are experiencing the “new normal” due to disease, fear, risk, loss of faith or security, we are being called into place as subjects of this discourse. The “new normal” is used in reference to the need for greater control, the expectation of greater security and surveillance of cells, microbes, bodies and society (Bhander 2004: 261).

As Bhander’s work shows, in advancing a neoliberal order, bio-surveillance targets specific populations for segregation, containment or isolation, and always with a potential for elimination to improve upon the health and safety of populations (Chartrand 2014). From a correctional perspective, rather than working towards the safe release and support of incarcerated persons, which would ostensibly be the most effective

response to curb the spread of COVID-19 in a closed and populated institutional environment, the carceral trajectory is to contain people more deeply and for longer periods of time (Crewe 2011). Ben Crewe further contends that “the prison experience has become “deeper” and more burdensome. Movements are more restricted, security has been tightened, and risk has become the trump-card of the system” (2011: 524). In the context of the pandemic, where risk is conflated with security and health, the ongoing crisis management of prison populations through security controls is normalized as the standard of penal administration.

In continuing with risk management traditions (see Werth 2019), the SONN document changes conceptions of the penal subject by not only projecting them within possible criminal risks, but also by conflating risk logics with public health and security measures. While this approach is superficially benign, it is ensconced in the practice of organizing correctional activities into hierarchies that privilege certain risks over others. For example, while correctional officers, more commonly referred to as guards, carry the same level of viral risk as visitors, priority is given to security contacts over family support through visits; correctional programming and psychiatric and other forms of risk assessment are given priority over Indigenous Liaison contacts and spiritual practices; the increased searching of personal effects and a three day quarantine of all items, despite evidence that COVID-19 is not transferred by way of surfaces and objects; computers and the offender management system is made available to correctional officers throughout, while access to library and legal resources are limited or fully suspended for prisoners. In other words, visits, social programs, and anything that is not directly related to the ongoing confinement of people in prison is limited or eliminated, while the security function of the prison is amplified and managed through restrictive and punitive controls.

Our critique here is not meant to imply that psychiatric assessment and treatment, for but one example, should have been stalled, especially given that incarcerated people often wait for lengthy periods of time to access the limited forms of psy-care that are available inside. Rather, we suggest that the decision regarding which programs and supports would continue and which would be halted as a result of the pandemic reflects a problematic approach to risk assessment in this context. One that shores up support for carceral control practices and limits access to many of the supports that prisoners value the most, which can have negative unintended consequences for those whose needs are no longer being met in a climate of heightened anxiety and uncertainty. Moreover, while establishing and managing a hierarchy of risk is an inevitable aspect of any large organization, these penal management protocols significantly

intensify the already problematic use of isolation and segregation in carceral settings, which not only have detrimental impacts on mental health and release planning, but they also engender a distinctly literal meaning to the notion of *social* distancing.

A move towards more intense restrictions and controls delays correctional release by negatively impacting access to the supports, services and programming needed to facilitate it – despite the fact that release remains the most effective and safest route for curbing airborne virus transmission in carceral settings. Within CSC’s *Integrated Risk Management Framework* model, “at risk” demographics must be contained and controlled so that the population comes closer to its “normalized [read, productive and docile] state” (Boodman 2020: para. 9). Although health risks are seen as outside of the control of the incarcerated individual, they are, nonetheless, significantly impacted by this risk management scheme.

Release and the associated practices of community support are treated as the riskiest practices, even for those incarcerated with non-violent offences, while increased carceral security activities are projected as necessary not only in the control of people in prison, but also in terms of preventing the spread of COVID-19. As Boodman (2020: para. 12) further notes, “viruses have been naturalized as apolitical “equalizers” that exercise their capricious transformations across race, class, species, and continent.” The gradual phasing out of prison activities and access to programs can have detrimental effects on prisoner health and wellbeing. The implications of subjecting people in prison to different types of practices, policies and regimes meant to manage risk in this particular context ultimately contributes to their categorization and treatment as an expendable class of citizens.

THE (UN)PRODUCTIVE EFFECTS OF CRISIS MANAGEMENT IN THE CARCERAL CONTEXT

Stay-at-home orders as experienced by the general public are consistent with a biopolitics that protects those whose productive citizenship allows them to stay safely at home with their online jobs, leaving poor people – inside and outside of carceral institutions – to face fines, displacement and death, or at the very least, to live with an increased risk of COVID-19 exposure and transmission (Boodman 2020). Carceral environments are a distinct marker of who has access to adequate care and who does not. Individuals who are held captive in close proximity and in unsanitary conditions where COVID-19 infections will spread (e.g.,

such as in prisons, detention centers and nursing homes), many of whom are unable to support themselves, and individuals who are engaged in essential work (e.g., elder care aides, hospital orderlies, bus drivers, grocery store cashiers, or mail carriers) are all reconstituted as simultaneously at risk and risky subjects in the context of the COVID-19 “new normal” (Boodman 2020). What this global pandemic has illustrated so clearly is that crisis governance models – like CSC’s SONN document and the implementation of the *Integrated Risk Management Framework* – further entrench conditions and practices that directly contribute to the unequal distribution of vulnerability and protection.

Social, political, and economic life in the context of the “new normal” are shaped by a *politics of fear* that legitimates the erosion of civil liberties, as outlined in the class action lawsuits and litigations noted above, by increasing security, surveillance, and systems of control. The discursive function of this “new normal” solidifies a collective sense of fear and anxiety in the public consciousness, resulting in complacency towards otherwise-contentious matters (Bhander 2004). Similar lines of reasoning are used to shape public perceptions of criminalized people in an effort to garner popular support for more police and prisons in the name of public health and safety, as is commonly reflected in political campaigns that advance get-tough-on-crime rhetoric. While most Canadian politicians avoided politicizing their respective pandemic response plans by following the advice of senior public health officials, the lack of political will to support reasonable decarceration efforts showcases the politics of fear that always-already circulates in tandem with more progressive criminal justice decisions and reforms.

Yet, despite a “new normal” that creates restrictive and austere conditions inside Canadian federal institutions to try to minimize viral spread, prisoners remain highly susceptible to contracting the virus. As of May 12, 2021, over 1,500 federal prisoners have contracted COVID-19, representing 10 percent of the prison population, whereas the rate of infection in the community is approximately 2 percent. The number of infected prisoners was also 2.5 times higher than that of the general population during the second wave (OCI 2021). Outbreaks have occurred in 19 federal institutions in every region except for the Atlantic provinces and in two thirds of women’s institutions where the rate of infection is 11 percent (OCI 2021). Notably, the prairie institutions, which incarcerate the highest number of Indigenous prisoners, have also experienced the largest outbreaks with 688 prisoners contracting the virus during the second wave alone (OCI 2021). Thus far, there have been six reported COVID-19 related prisoner deaths in federal correctional sites. That said, CSC has been actively working to vaccinate prisoners; as of August 8,

2021, the rates of fully vaccinated prisoners varied across institutions, with the lowest rate of 32.3 percent at Collin's Bay maximum security unit and the highest rate of 95.6 percent at Archambault's minimum security unit. Overall, 71.7 percent of federal prisoners are now fully vaccinated, although there are concerning trends when considering race, where 76.9 percent of white prisoners, 72.5 percent of Indigenous prisoners, and only 58.9 percent of other visible minority prisoners are fully vaccinated (Government of Canada 2021). Given that the lowest rates of vaccination are found within maximum security units and institutions, this fact suggests that racial minorities may be disproportionately housed in higher security units where they are more likely to experience some form of isolation.

While those outside prison walls have found themselves struggling with mental health issues throughout the pandemic and even following reception of the first vaccination dose (CBC News 2021a), Canadian prisoners face particular challenges in this regard. Mental health concerns have been particularly salient among prisoners who have experienced the most restrictive living conditions and highest levels of isolation, along with heightened fear of contracting COVID-19. The collective suffering of the general public reflects a modicum of the harm and challenges that prisoners have long faced, including isolation, lockdowns, overuse of segregation and inadequate access to health care. The pandemic context has proven to be fertile ground for the proliferation of carceral practices that intensify the "depth, weight and tightness" (Crewe 2011) of incarceration and elsewhere (i.e., zero tolerance; complete risk avoidance; more intense surveillance and security measures and control strategies). As we outline below, crisis management in the carceral context detrimentally impacts the health and mental wellbeing of individual prisoners, staff, and their day-to-day interactions and relationships as it erodes basic liberties. To facilitate our analysis, we concentrate on three of the (un)productive effects of "new normal" crisis management in the carceral context: (1) isolation, austerity, and other day-to-day penalties; (2) inadequate health care and increased mental health distress amongst prisoners; and (3) lack of or limited access to correctional programming in prison.

Isolation, austerity and other day-to-day penalties

Despite decades of evidence documenting the futility of the prison project (Law 2012), the system continues to operate in ways that impose daily indignities and that impinge upon prisoners' sense of personal wellbeing and agency. With the additional restrictions introduced throughout the

pandemic, people in prison are experiencing a series of day-to-day penalties well beyond the loss of freedom. These penal practices are often hidden from public view, but nonetheless have destructive, cumulative effects, particularly with the looming threat of COVID-19 infection.

With the suspension of prison visits and activities, contact with loved ones was limited to expensive phone calls and mail, which prisoners fund themselves. Yet, institutional employment opportunities have been limited throughout the pandemic, effectively isolating many prisoners from any community contact and preventing their ability to generate even a small income. To address some of the additional challenges wrought by the suspension of visits and activities, in April 2020 the CSC announced that prisoners would continue to receive their pay at the same level, added additional minutes to prisoners' calling cards, and authorized the waiving of telephone, food, and accommodation deductions (Public Safety Canada, 2020). CSC also initiated video conferencing via Web EX. Although this option is better than nothing, prisoners report problems with the system including poor sound, lack of privacy, and video calls being suddenly terminated without warning (Personal communications with various anonymous prisoners 2020).

During a newspaper interview, Emily Coyle, the Executive Director of the Canadian Association of Elizabeth Fry Societies, a non-profit abolitionist organization that advocates for incarcerated women and girls in Canada, referred to CSC's health care system as "deficient" due to "atrocious" highly restrictive guidelines and "punitive" conditions implemented by public health officials who are not familiar with the prison context (Reynolds 2020). In many institutions, newly admitted prisoners are not being quarantined from the rest of the prisoner population, while prisoners exhibiting any symptoms of the virus are being isolated in solitary confinement (Ling 2020b). Furthermore, prisoners are not being provided with an adequate or consistent supply of PPE, with limited access to cleaning and sanitization supplies, masks, and minimal rations of hand soap (Chartrand 2020; Ling 2020b; OCI 2020). At the same time, there are reports of guards not practicing physical distancing or wearing masks as mandated by public health (OCI 2020), while prisoners are expected to wear a mask whenever they leave their cell, thus requiring them to reuse disposable masks for weeks at a time (Ling 2020b). Finally, with Elders and Chaplains prohibited from entering correctional premises, prisoners have not had in person access and have had limited phone access to spiritual support and no personal visits during this difficult time (OCI 2020).

Institutions in which outbreaks occurred experienced even more restrictive conditions. During the first wave, there was an outbreak in the

women's minimum-security unit at Grand Valley Institution (GVI). The prison was locked down for eight weeks, effectively transforming the minimum-security unit into a maximum-security setting. Women were confined to their cells, unable to cook for themselves, do their own laundry, go outside for fresh air and exercise, or use the phone. Any prisoners who did not have personal belongings, such as a television, stereo, or books, had no means of occupying their time. Canteen was cancelled for weeks, which meant the women had no access to critical items including stamps, writing materials, or hygiene products. Throughout the second wave, long-term lockdowns across multiple institutions continued (OCI 2021). Ironically, this coincided with the one-year anniversary (on November 30, 2020) of the implementation of Bill C-83 (*An Act to amend the Corrections and Conditional Release Act and another Act*, 2019), which was supposed to end the use of solitary confinement in Canadian prisons, replacing this form of torture with Structured Intervention Units (SIUs). Reports indicate that the use of segregation continues to be widespread (Sprott & Doob 2021) and is now being applied to entire institutions in the name of public health. These isolating, austere, and day-to-day penalties are exemplars of the moniker "death by a thousand cuts" that together contribute to the ongoing decline in overall prisoner health and wellbeing.

Inadequate health care and increased mental health distress

The lack of access to beneficial medical care and mental health treatment in prison is an historically long-standing, widespread problem that has been well documented by prisoners (e.g., Fayter & Payne 2017) and prison critics (Faith 2011; Law 2012). Indeed, rather than facilitating access to health care for prisoners, who typically enter the system with more pre-existing medical concerns (Auditor General 2017), austere conditions of confinement present another threat to their physical and mental health (Arbour 1996; Dell, Desjarlais & Kilty 2011) and have been linked to deaths in custody (Kilty 2014; OCI 2008). The harmful conditions that lead to poor medical and mental health outcomes have only worsened during the pandemic (Walby & Piché 2020), despite CSC's claims to have health professionals in each institution and to be dedicated to providing "complete and quality medical care to those who need it and to prevent [the] further spread of COVID-19" (CSC 2021).

As the crisis continues to be managed via austerity measures, the mental health implications of these practices are particularly wide-reaching. Federal prisons already house "some of the largest concentrations of people with mental health conditions in the country" (OCI 2015: 13).

This is, in part, due to the failures of the social safety net to provide community supports for people who face mental health challenges (Balfour 2014; Kilty 2012). In the current pandemic context, prisoners have expressed that they are experiencing exacerbated mental health distress, including heightened levels of anxiety and depression (CBC News 2021b). These mental health impacts are understandable considering the long periods of isolation, worries about the health and safety of friends and family in the community, a lack of opportunities to seek support and care from fellow prisoners, as well as the drastic changes to mental health intervention that have been wrought by the new SONN management strategy.

Psychological interventions in prison were far from ideal in the pre-pandemic context and are commonly critiqued by scholars for, among many reasons, mobilizing discursive rhetoric that seeks to regulate prisoners through “responsible self-governance” while ignoring the structural issues and barriers (i.e., poverty, racism, misogyny) that are linked to criminalization (Kilty 2012; Pollack 2009). In the COVID-19 pandemic context, and under CSC’s “new normal” protocols, prisoners’ already-constrained choices of possible mental health interventions and supports are further complicated by the fact that all forms of intervention have either been significantly modified or halted altogether. According to the SONN (CSC 2020a) document, it is only when the unit or institution is in the lowest risk category (the green zone) that prisoners are permitted access to individual and group counselling. Each progressive risk category involves drastic changes to the interventions offered to prisoners. For example, the SONN document indicates that in low-moderate, moderate, moderate-high, and high-risk categories, individual mental health therapy will be “modified” in an unspecified way. In the moderate and higher risk categories, where available, virtual service delivery and psychiatric appointments *may* be offered in some “higher need” cases, while those who appear more “stable” are to be “seen less frequently” (CSC 2020a: 136). Notably, CSC does not define the categories “vulnerable” or “stable”, and it is unclear how these mental health assessments are made or who is making them. Group therapy is also being altered significantly, as those who are classified into moderate-high and high-risk categories have had their access suspended completely “until the outbreak is over” (CSC 2020a: 137).

Such shifts to access for mental health care and support, justified as essential protocols to stop the spread of COVID-19, are deeply problematic. Given the Correctional Service Canada’s history of failing to prioritize prisoners’ mental health needs (Balfour 2014; Kilty 2012, 2014; OCI 2008, 2015) and their lackluster response in the “new normal” pandemic

context (OCI, 2021), the “alternative options” for mental health intervention, such as virtual counselling and “seeing patients from outside their room” (CSC 2020a: 136) remain questionable in terms of offering meaningful support and contact. This leaves people in prison vulnerable to ongoing, exacerbated, and even new forms of mental health distress. Reducing and modifying in-person counselling sessions may also result in an increased reliance on psychotropic medication, which, given the already high prescription rates, critics have long-considered to be a punitive aspect of mental health care in prison contexts (Kilty 2012, 2014).

The onus of mental health care then, compounded by the enhanced security protocols and pandemic-related stress and isolation, has been downloaded onto individual prisoners who are expected to manage their own distress with reduced institutional supports and resources. Like many of us who are struggling to cope with the mental health challenges wrought by the COVID-19 pandemic, prisoners are expected to cope with this unreasonable expectation. As new normal protocols make the experience of incarceration deeper, heavier and tighter (Crewe 2011), this also increases the risk of self-harm and suicide amongst prisoners (Kilty 2014).

Lack of or limited access to correctional programming

Under the new SONN risk management framework, depending on a prisoner’s security classification, there have also been fundamental changes to correctional programming delivery, which, in some cases, has stopped altogether (CSC 2020a). Even for those in the yellow zone (a low-risk category), the length of time for program sessions was reduced and the number of participants was cut in half (CSC 2020a). This does not mean that CSC has created additional small program groups to facilitate physical distancing, but rather that access to correctional programming has been indeterminately discontinued for many prisoners. Those who do have access to programs are now required to complete more individual work outside of programming sessions, individualizing a responsibility that contradicts the noted value of working through session content with a program facilitator and group of participants (Fayter & Payne 2017; for notes on prisoner solidarity and resistance see Hartling 2008). This additional facet of isolation amidst the pandemic further evidences how CSC’s “new normal” practices download rehabilitational responsibility to individual prisoners, which partially removes the onus of care from the institution.

While some program changes, such as spacing individuals apart and reducing the number of people in a room, are understandable responses

given what is known about the spread of COVID-19, these protocols nevertheless have negative short and long-term repercussions for prisoners. For example, it is problematic to reduce the number of participants allowed in a programming session by half without increasing the number of available program cohorts, as prisoners who do not complete programming are ineligible for parole and parole hearings are typically delayed until the individual has completed all requirements noted in their correctional plan. Delaying or postponing parole due to interrupted and thus delayed access to programming not only has inevitable mental health implications for prisoners when it comes to their ability to cope with their confinement and prolonged isolation, but it also negatively impacts their release plan and thus their post-carceral lives, and is, least of all, an infringement on their rights and freedoms.

Notably, despite the fact that correctional programming is not considered to be a form of mental health intervention and is not designed to target and treat specific mental disorders, correctional programs do address issues associated with mental health concerns such as thinking patterns, substance use, trauma, and dysregulated emotions (Harris, Thompson & Derkzen 2015). The CSC's position is that correctional programming does not equate to or replace personal treatment provided by a clinician. While we agree with this, and especially given the difficulty prisoners experience in trying to secure psy-care outside of psychotropic medication prescription while incarcerated, it is a misnomer to suggest that correctional programs, as the main form of correctional intervention, do not address or engage in discussions pertinent to the management of one's mental health and emotional wellbeing. For those without a "serious" mental illness, correctional programs are the only form of mental health intervention they receive outside of medication. Only prisoners who present more "serious" mental health needs, or a specific "disorder of thought, mood, perception, orientation or memory that significantly impairs judgment or behaviour" (*Corrections and Conditional Release Act of 1992*, Sec. 85) receive "official" mental health intervention in addition to being mandated to participate in correctional programming. Prisoners who are assessed as being lower risk and having lower needs according to institutional assessment tools (e.g., the Level of Service Inventory-Revised), and who are not diagnosed with a specific mental disorder, are mandated to participate in correctional programming (e.g., the Integrated Correctional Program Model for men or the Continuum of Care for women). The "new normal" modifications to correctional programming are a clear detriment to prisoner mental health as they further isolate already vulnerable people, deny peer-support and solidarity

efforts, and impede correctional release planning as completing the programs identified in one's release plan is a requirement for earning parole.

MOVING BEYOND SECURITY, TOWARDS THE CREATION OF CARING COMMUNITIES

Bhander (2004: 275) suggests that one positive implication of normalizing discourse "is the rethinking of what constitutes the *normal* conditions of life" from the perspective of disenfranchised people (emphasis in original). Radical solidarity with oppressed groups, both behind prison walls and in the community is essential for the promotion of equity and the protection of collective human rights and liberties of *all* people. As we have identified, the pandemic has disproportionately impacted marginalized communities and a key concern shared by advocates and those fighting for prisoner justice is that the highly restrictive practices and onerous obligations will be maintained following the pandemic. Rather than further entrench these detrimental carceral logics both inside and outside the prison, we must approach the pandemic context as an opportunity for radical and transformative social change, much of which can be modeled from solidarity and mutual aid supports found between prisoners.

We have demonstrated how the "new normal" pandemic governance strategy models an exclusionary logic that results in highly restrictive carceral controls with heavy consequences for the health and wellbeing of incarcerated people. Given this, a critical recommendation for countering the continued use of isolation practices involves engendering widespread support of mutual aid initiatives. Peer support programs inside prisons can provide effective mental health support (Pollack 2008; Stewart 1997/2002) and solidarity amongst prisoners helps promote resiliency to the more difficult situations that people in prison commonly experience (Hartling 2008). As outlined above, the loss of liberty, individual rights and freedoms, along with feelings of insecurity, social isolation, fear and anxiety that we have globally experienced as a result of various state responses to the pandemic, constitute the regular and ongoing state of living that prisoners experience in Canada and abroad.

There is a fundamental disconnect between the provision of support and promoting wellbeing and the oppressive and punitive environment of the prison system. Due to the incompatibility of punishment and care practices, prisoners often rely on each other for safety and interpersonal support. For example, an ethic of care amongst prisoners has been docu-

mented in actions such as creating care packages for new arrivals, teaching prisoners how to advocate for their rights, looking after someone who is sick, cooking and sharing food, lending clothes for a visit, and giving a book or music album to someone who is bored or depressed (de Graaf & Kilty 2016; Fayter & Payne 2017; Law 2012). Prisoners are, however, often punished for these acts of solidarity, as they threaten a system that fosters isolation and alienation (Law 2012). Solidarity, peer support, and mutual aid are nonetheless a part of everyday life inside carceral institutions as they enhance mental health and are critical for survival for many (Pollack 2008; Stewart 1997/2002; Davis & Fayter 2020). Positive social relations among stigmatized groups such as prisoners can assist people in transcending hardship and adversity while promoting personal growth (Hartling 2008). Mutual aid and solidarity coincide with a resistance against the more isolating and restrictive aspects of punishment, especially those introduced throughout the pandemic (Davis & Fayter 2020).

Although it is beyond the scope of this paper to tease out this point further, we would be remiss if we failed to acknowledge that peer supports alone cannot address the distress that incarcerated people are experiencing in the current context. In fact, without nuance this suggestion could be taken up by neoliberal and neoconservative politicians that support reducing state responsibility for care in carceral settings in ways that would download it to forms of self-reliance and assistance from friends, family, community, and civil society groups. Instead, we suggest that decarceration should have been considered as a viable component of the correctional pandemic response plan and that correctional authorities and politicians failed to see this crisis as a significant opportunity to redistribute correctional funds to better serve criminalized people in community-based forms of management and care.

The kinds of communities of care and mutual aid supports found amongst prisoners were mirrored in the community throughout the country in response to the pandemic. For example, in addition to the Government of Canada's Emergency Community Support Fund, a blanket fund that provided \$350M for the entire range of community organizations that deliver services to those who are most vulnerable to the health, social and economic impacts of COVID-19, prisoner-specific COVID-19 support funds were also developed. The Toronto Prisoner's Right Project fundraised for a Prisoner Emergency Support Fund that provided one-time stipends to applicants released from prison or who were still incarcerated. Free Lands and Free Peoples, an Indigenous-led prison abolitionist group based in amiskwaciwâskahikan on Treaty Six and Métis territory, established the Prairie Province Prisoner Support Fund

to support the transition of people released from prisons in the prairies for housing, food, clothing, and other physical and mental health support. This fund was also used to support families with loved ones still in prison to help pay phone bills and bolster canteen funds. These fundraisers are important examples of building community support in lieu of the singularly-focused carceral control approach taken by penal institutions (see Chartrand 2021).

Emerging from these and other community supports established for people in prison throughout the pandemic, the Choosing Real Safety project was initiated in Canada to divest from policing and prisons and to build safer communities for all. This initiative aims to:

realize a future based on meeting people's needs for real safety, without relying on the violence of policing and without holding people captive in jails, prisons and immigration detention. Hundreds of organizations and thousands of individuals have committed to ending racism, and in particular anti-Black and anti-Indigenous racism, and committed instead to building safety for all of our community members through divesting from policing and punishment and investing in life-affirming institutions, mutual aid, trust, and our collective capacities to care for each other (<https://www.choosingrealsafety.com/>).

Although it is in its early stages, Choosing Real Safety has been modeled after the many successful US-based projects that focus on building communities, often with few or little resources, that aim to hold individuals to account without punitive or retributive consequences or the carceral controls of the prison (see for example, Evans, 2020 Generation Five, 2017; Incite 2003; 2005; Interrupting Criminalization, 2021). We have likeminded initiatives in Canada, including groups like Circles of Support and Accountability (www.cosacanada.com/), Ritten House's Transformative Justice and Harm Reduction Peacekeeping Circle (www.rittenhouseanv.com/tj--hr-circle.html), or Str8Up (<https://www.str8-up.ca/>). By supporting strength-based community groups and programs grounded in principles of support and mutual aid, criminalized people are better positioned to access meaningful employment opportunities, affordable housing, as well as mental health care and accountability (Maruna & LeBel 2003).

Given the economic recession the pandemic has precipitated, some of the 2.5-billion-dollar federal correctional budget (CSC 2020b) could be shifted to community supports. Webster and Doob's (2014) analysis of Alberta's 1993 decarceration strategy that resulted in a 32.3% decrease in the provincial prisoner population, shows that the reduction was the result of combined fiscal, political, and public wills, rather than

due to correctional or sentencing reforms. The idea that prisons are a neutral arbitrator of crime fails to locate the prison within a broader set of social, political, and economic concerns that influence decisions to criminalize and incarcerate (or not). Imprisonment is arguably the most costly and ineffective government intervention for addressing social problems. According to Public Safety Canada (2018) the annual cost for incarcerating a federally sentenced man is \$115,120, while incarcerating a woman costs \$213,800 per year. Looking at health care costs during the first five months of the pandemic, provincial-territorial (PT) governments spent a total of \$11.5 billion for COVID-19 testing, treatment, supplies, and recovery (Conference Board of Canada 2020). These rising pandemic health costs are expected to continue increasing over the next year. Redirecting public spending from the exorbitantly expensive correctional system to decarceral solutions, such as affordable housing, guaranteed basic income at a living wage, and community-based initiatives like those noted above, would facilitate economic recovery, address some of the increased health care costs of the pandemic and contribute to investing in and building healthy communities.

CONCLUSION

The COVID-19 pandemic has forced nations across the globe to rethink how their societies function – from transportation to service delivery, education to medical care, and essential to non-essential work. In this way, the pandemic context presented prison administrators with the opportunity to confront the failures of incarceration and to try alternatives in the name of public health. Instead, we have witnessed how crisis governance is prioritized and risks becoming the “new normal” in carceral settings. For many criminalized people this means an elevated probability of experiencing mental health distress resulting from the heightened security and surveillance protocols that have been established to try to prevent the transmission of COVID-19 in carceral spaces. Given the mental health distress that physical distancing, quarantine, lockdowns and stay at home orders have generated for free citizens (CBC News 2021a), we suggest that the current climate presents an opportunity to become more socially aware and empathetic to the material conditions and impacts of confinement.

We maintain that we must embrace a more compassionate socio-political approach toward criminal justice that prioritizes the humanity and dignity of prisoners as citizens and community members, which we suggest is possible if we endeavour to develop caring communities. The

notion of a caring community requires that we reject the problematic view that criminalized people are in some way a disposable class, and instead necessitates that we mobilize efforts and practices of care to transform our interactions and interventions with distinct, often vulnerable or marginalized, populations – children, the sick, the elderly, the poor, the criminalized – so as to improve their quality of life and subsequently their life chances.

Applied to the pandemic context and the specific plight of incarcerated people, we may think of a caring community as one that prioritizes social and health services, peer support, and other mutual aid efforts, over the hyper-isolationist practices CSC is currently endorsing and that maintain elevated incarceration rates. When we consider that people become more resilient when they experience solidarity and a strong interpersonal support network (Hartling 2008; Tronto 2013), it becomes clear that decarceral solutions are key to facilitating the necessary community connections that are required – not only for successful re-entry in a broader sense (Fayter & Payne 2017) – but also to keep criminalized people and carceral staff members safe and healthy in the pandemic (Bent, 1999; Chartrand 2020; Coverdale 2020; Davis & Fayter 2020). Tronto (2013) contends that attentive, responsible, and responsive care efforts require open lines of communication and mutual respect and trust – in other words, a sense of solidarity that you are caring with, and not just for, others.

The level of social control that Canadians have faced during the pandemic, particularly in the form of lockdowns and stay-at-home orders, offers a window into the even more restrictive and harmful conditions that prisoners have long experienced. By illustrating a shared experience of isolation and intense surveillance that many free citizens find unbearable and distressing, we encourage the general population to give serious consideration to the problematic practices of confinement so as to facilitate a deeper, and we hope more empathic, understanding of what long-oppressed communities cope with on a regular basis (Fayter 2016; Rieger 2017). It is clear that developing a stronger collective sense of empathy and compassion for criminalized people is critical to achieving transformative criminal justice praxis beyond the pandemic context.

CITED CASES

Canadian Civil Liberties Association (CCLA), Canadian HIV/AIDS Legal Network, Canadian

Prison Law Association (CPLA), HIV & AIDS Legal Clinic Ontario (HALCO), and Sean Johnston Applicants – and – the Attorney General of Canada. 2020. *Notice of Application*, Court File No. T- -20

CITED LEGISLATION

An Act to Amend the Corrections and Conditional Release Act and another Act. Statutes of Canada 2019. Bill-C-83. Retrieved from https://www.parl.ca/Content/Bills/421/Government/C-83/C-83_4/C-83_4.PDF (access date 10 August 2021).

Corrections and Conditional Release Act. 1992. S.C. 1992, c.20.

REFERENCES

- Anthony, Thalia and Vicki Chartrand. Forthcoming. States of abolition: COVID-19 and anti-colonial and anti-racist organizing. *Justice, Power and Resistance*.
- Arbour, Louise. 1996. *Commission of inquiry into certain events at the Prison for Women in Kingston*. Retrieved from http://www.justicebehindthewalls.net/resources/arbour_report/arbour_rpt.htm (access date 10 August 2021).
- Auditor General. 2017. Report 5 – Preparing women offenders for release – Correctional Service Canada. *2017 Fall Reports of the Auditor General of Canada to the Parliament of Canada*. Retrieved from https://www.oag-bvg.gc.ca/internet/English/parl_oag_201711_05_e_42670.html (access date 10 August 2021).
- Balfour, Gillian. 2014. Part III: Introduction. In G. Balfour & E. Comack (Eds.). *Criminalizing women: Gender and injustice in neo-liberal times* (pp. 158-176). Winnipeg: Fernwood Publishing.
- Bent, Katherine N. 1999. The ecologies of community caring. *Advances in Nursing Science*, 21(4): 29-36.
- Bhandar, Davina. 2004. Renormalizing citizenship and life in Fortress North America. *Citizenship Studies*, 8(3): 261-278.
- Boodman, Eva. 2020. COVID-19, biopolitics and abolitionist care beyond security and containment. *Abolition Journal*, Online. Retrieved from https://abolitionjournal.org/covid-19-biopolitics-and-abolitionist-care-beyond-security-and-containment/#_ftn1 (access date 10 August 2021).
- CBC News. 2021a. ‘It feels like I’m in jail’: Post vaccine isolation in LTC. *Frontburner Podcast*, 29 March. Retrieved from <https://www.cbc.ca/player/play/1878946371603> (access date 10 August 2021).

- CBC News. 2021b. B.C. inmates file constitutional challenge over COVID-19 restrictions Correctional Service of Canada denies allegations, says safety protocols in place to mitigate spread of virus. *CBC News*, 7 March Retrieved from <https://www.cbc.ca/news/canada/british-columbia/b-c-inmates-file-constitutional-challenge-over-covid-19-restrictions-1.5940082> (access date 10 August 2021).
- Chartrand, Vicki. 2014. Penal and colonial politics over life: Women and penal release schemes in NSW, Australia. *Settler Colonial Studies*, 4(3): 305-320.
- Chartrand, Vicki. 2020. Communities of advocacy, resources, and supports in the wake of COVID-19. *Journal of Prisoners on Prisons*, 29: 92-96.
- Chartrand, Vicki. 2021. Abolition in the land known as Canada in the wake of COVID-19. *Current Issues in Criminal Justice*. Online: 1-6.
- Cheng, Kar Keung, Lam, Tai Hing, & Chi Chiu Leung. 2020. Wearing face masks in the community during the COVID-19 pandemic: altruism and solidarity. *The Lancet*. Retrieved from [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30918-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30918-1/fulltext) (access date 10 August 2021).
- Conference Board of Canada. 2020. *Health Care Cost Drivers in Canada: Pre and Post- COVID-19*. Retrieved from https://www.canadaspremiers.ca/wp-content/uploads/2020/10/CBOC_impact-paper_research-on-health-care_final.pdf (access date 10 August 2021).
- Correctional Service of Canada. 2018. Commissioner Directive #567. Ottawa: National Headquarters. Retrieved from <https://www.csc-scc.gc.ca/politiques-et-lois/567-cd-eng.shtml> (Access date 10 August 2021).
- Correctional Service Canada. 2020a. *Shaping the New Normal, Version 1*. Ottawa: National Headquarters.
- Correctional Service Canada. 2020b. *2020-2021 Departmental Plan*. Ottawa: National Headquarters. Retrieved from <https://www.csc-scc.gc.ca/publications/005007-2608-en.shtml#d3> (access date 10 August 2021).
- Correctional Service Canada. 2021. COVID-19 related death of an inmate. *News Release*, 23 January 23. Retrieved from <https://www.canada.ca/en/correctional-service/news/2021/01/covid-19-related-death-of-an-inmate.html> (access date 10 August 2021).
- Coverdale, Helen Brown. 2020. Caring and the prison philosophy, policy and practice: Under lock and key. *Journal of Applied Philosophy*, Online: 1-16.
- Crewe, Ben. 2011. Depth, weight, tightness: Revisiting the pains of imprisonment. *Punishment & Society*, 13(5): 509-529.
- Davis, Simone W., & Rachel Fayer. 2020. Mutual aid as abolitionist praxis. *Citizenship Studies*, Online: 1-4.

- de Graaf, Kaitlyn, & Jennifer M. Kilty. 2016. You are what you eat: Exploring the relationship between women, food, and incarceration. *Punishment & Society*, 18: 27-46.
- Dell, Colleen A., Valerie Desjarlais, & Jennifer M. Kilty. 2011. This is who I am: Aboriginal women's healing from criminalization and problematic drug use. *Journal of Prisoners on Prisons*, 20: 58-71.
- Evans, Angela K. 2020. Cultivating communities of care: Mutual aid efforts grow in Boulder County and across the country. *Boulder Weekly*, 27 April. Retrieved from <https://www.boulderweekly.com/entertainment/arts-culture/cultivating-communities-of-care/> (access date 10 August 2021).
- Faith, Karlene. 2011. *Unruly women: The Politics of Confinement and Resistance*. New York: Seven Stories Press.
- Fayter, Rachel. 2016. Social justice praxis within the Walls to Bridges program: Pedagogy of oppressed federally sentenced women. *Journal of Prisoners on Prisons*, 25(2): 56-71.
- Fayter, Rachel, & Sherry Payne. 2017. The impact of the conservative punishment agenda on federally sentenced women and priorities for social change. *Journal of Prisoners on Prisons*, 26: 10-30.
- Finlay, Carole. 2021. COVID-19 and Canada's prisons – we must treat inmates more humanely. *Ottawa Citizen*, 19 January. Retrieved from <https://ottawacitizen.com/opinion/finlay-covid-19-and-canadas-prisons-we-must-treat-inmates-more-humanely> (access date 10 August 2021).
- Generation Five. 2017. *Ending Child Sexual Abuse: A Transformative Justice Handbook*. Retrieved from <http://www.generationfive.org/wp-content/uploads/2017/06/Transformative-Justice-Handbook.pdf> (access date 10 August 2021).
- Government of Canada. 2021. *Vaccines Administered to Inmates in the Federal Correctional System*. Retrieved from: <https://www.canada.ca/en/correctional-service/campaigns/covid-19/vaccine-csc/vaccine-table.html> (access date August 11, 2021)
- Harris, Kathleen. 2020. Prisons watchdog in the dark on inmate early release plan to limit spread of COVID-19. *CBC News*, 22 April. Retrieved from <https://www.cbc.ca/news/politics/prison-covid19-blair-zing-er-1.5540304> (access date August 10, 2021).
- Harris, Aileen, Jennie Thompson & Dena Derkzen. 2015. *Assessment of Women Offender Correctional Programs (WOCP) Outcomes*. Ottawa, ON: Correctional Service of Canada.
- Hartling, Linda M. 2008. Strengthening resilience in a risky world: It's all about relationships. *Women and Therapy*, 31(2/3/4): 51-70.
- Incite. 2003. *Community Accountability Working Document*. Seattle: Incite. Retrieved from <https://tinyurl.com/yc7pa7ym> access date 10 August 2021).

- Incite. 2005. *Community Accountability Within the People of Colour Progressive Movement*.
- Seattle: Incite. Retrieved from <https://incite-national.org/community-accountability-within-people-of-color-progressive-movements/> (access date 10 August 2021).
- Iftene, Adelina & Manson, Allan. 2013. Recent crime legislation and the challenge for prison health care. *CMAJ/JAMC*, 185(10): 886-889.
- Interrupting Criminalization. 2021. *Defund the Police – Invest in Community Care: A Guide to Alternative Mental Health Crisis Responses*. New York: IC. Retrieved from <https://communityresourcehub.org/resources/defund-the-police-invest-in-community-care-a-guide-to-alternative-mental-health-crisis-responses/> (access date 10 August 2021).
- Kelly, Anne. 2020. *CSC Update to Stakeholders | Mise à jour du SCC aux intervenants*, 14 Septembre. E-Mail Circular.
- Kilty, Jennifer M. 2012. ‘It’s like they don’t want you to get better’: Psy control of women in the carceral context. *Feminism & Psychology*, 22(2): 162-182.
- Kilty, Jennifer M. 2014. Examining the “psy-carceral complex” in the death of Ashley Smith. In G. Balfour and E. Comack (Eds.). *Criminalizing Women*. (pp. 236-254) Winnipeg: Fernwood.
- Kilty, Jennifer M. 2018. Institutionalizing risk in the “daddy-state”: Carceral spaces as HIV risk environments. In . Hindmarch, M. Orsini & M. Gagnon (Eds.). *Seeing Red: HIV/AIDS and Public Policy in Canada* (p. 79-101) Toronto: University of Toronto Press.
- Law, Victoria. 2012. *Resistance Behind Bars: The Struggles of Incarcerated Women* (2nd ed). Oakland, CA: PM Press.
- Ling, Justin. 2020a. COVID-19 spurs prison reform from provinces but federal government slow to act. *National Post*, 16 April. Retrieved from <https://nationalpost.com/news/covid-19-spurs-prison-reform-from-provinces-but-federal-government-slow-to-act> (access date 10 August 2021).
- Ling, Justin. 2020b. The CSC is censoring whistleblower complaints about COVID-19 in federal prisons. *National Post*, 8 April. Retrieved from <https://nationalpost.com/opinion/justin-ling-the-csc-is-censoring-whistleblower-complaints-about-covid-19-in-federal-prisons> (access date 10 August 2021).
- Ling, Justin. 2020c. The government said it’s releasing many inmates to combat COVID-19. It’s not. *Vice*, 1 May. Retrieved from https://www.vice.com/en_ca/article/jgey9p/the-government-said-its-releasing-many-inmates-to-combat-covid-19-its-not (access date 10 August 2021).
- Maruna, Shadd, & Thomas P. LeBel. 2003. Welcome home? Examining the “re-entry court” concept from a strengths-based perspective. *Western Criminology Review*, 4: 91-107.

- McMahon, Maeve. (2019). *The Persistent Prison?: Rethinking Decarceration and Penal Reform*. Toronto: University of Toronto Press.
- National Associations Active in Criminal Justice [NAACJ]. 2020. Notes from tele/web conference. *Residential Services (Community-Based Residential Facilities & Healing Lodges) Questions from NGOs to Federal partners re: COVID, Corrections and Criminal Justice*, 6 May.
- Office of the Correctional Investigator [OCI]. 2008. *A Preventable Death*. Retrieved from <https://www.oci-bec.gc.ca/cnt/rpt/pdf/oth-aut/oth-aut20080620-eng.pdf> (access date 10 August 2021).
- Office of the Correctional Investigator [OCI]. 2015. *Annual Report of the Office of the Federal Investigator 2014-15*. Retrieved from <http://www.oci-bec.gc.ca/cnt/rpt/annrpt/annrpt20142015-eng.aspx> (access date 10 August 2021).
- Office of the Correctional Investigator [OCI]. 2020. *COVID-19 Status Update*, 23 April. Retrieved from <https://www.oci-bec.gc.ca/cnt/rpt/pdf/oth-aut/oth-aut20200423-eng.pdf> (access date 10 August 2021).
- Office of the Correctional Investigator [OCI]. 2021. *Third COVID-19 Status Update*. 23 February. Retrieved from <https://www.oci-bec.gc.ca/cnt/rpt/pdf/oth-aut/oth-aut20210223-eng.pdf> (access date 10 August 2021).
- Piché, Justin. 2014. A contradictory and finishing state: Explaining recent prison capacity expansion in Canada's provinces and territories. *Champs Pénale/Penal Fields*, XI: Online.
- Pollack, Shoshana. 2008. Labelling clients 'risky': Social work and the neo-liberal welfare state. *British Journal of Social Work*, 40(4): 1263-1278.
- Pollack, Shoshana. 2009. "You can't have it both ways": Punishment and treatment of imprisoned women. *Journal of Progressive Human Sciences*, 20: 112-128.
- Pont, Jörg Stefan Enggist, Heino Stöver, Brie Williams, Robert Greifinger and Hans Wolff. 2018. Prison health care governance: Guaranteeing clinical independence. *American Journal of Public Health*, 108(4): 472-476.
- Public Safety Canada. 2018. *Corrections and Conditional Release Statistical Overview: 2017 Annual Report*. Public Works and Government Services Canada. Retrieved from <https://www.publicsafety.gc.ca/cnt/rsrscs/pblct-ns/ccrso-2017/ccrso-2017-en.pdf> (access date 10 August 2021).
- Public Safety Canada. 2020. *COVID-19 Planning for Federal Corrections*, 27 April, Ottawa:
- Public Safety Canada. Retrieved from <https://www.publicsafety.gc.ca/cnt/trnsprnc/brfng-mtrls/prlmntry-bndrs/20200730/018/index-en.aspx> (access date 10 August 2021).
- Reynolds, Christopher. 2020. Advocate says second COVID-19 wave has inmates locked down in 'atrocious' conditions. *Canadian Press*, 11 November. Retrieved from <https://www.ctvnews.ca/health/coronavirus/>

- [advocate-says-second-covid-19-wave-has-inmates-locked-down-in-atrocious-conditions-1.5184604](#) (access date 10 August 2021).
- Rieger, Joerg. 2017. Empire, deep solidarity, and the future of liberation theology. *Political Theology*, 18: 354-364.
- Schmitz, Cristin. 2020. First federal prisoner released by warden due to COVID-19; counsel urges big push to release more inmates. *The Lawyer's Daily*, 17 April. Retrieved from <https://www.thelawyersdaily.ca/articles/18659> (access date 10 August 2021).
- Sprott, Jane B., & Doob, Anthony N. 2021. *Solitary Confinement, Torture, and Canada's Structured Intervention Units*. Retrieved from <https://www.crimsl.utoronto.ca/sites/www.crimsl.utoronto.ca/files/Torture%20Solitary%20SIUs%20%28Sprott%20Doob%2023%20Feb%202021%29.pdf> (access date 10 August 2021).
- Stewart, Melissa. 1997/2002. In B. Gaucher (Ed.). *Writing as Resistance: The Journal of Prisoners on Prisons Anthology (1988-2002)* (pp.164-176). Toronto: Canadian Scholars Press.
- Thobani, Sunera. 2007. *Exalted subjects: Studies in the making of race and nation in Canada*. Toronto: University of Toronto Press.
- Tronto, Joan C. 2013. *Caring Democracy: Markets, Equality, and Justice*. New York: New York University Press.
- Walby, Kevin, & Justin Piché. 2020. Voices from the inside, voices from beyond: Reflections on the (prison) pandemic. *Journal of Prisoners on Prisons*, 29(1/2): 1-6.
- Webster, Cheryl M. and Athony N. Doob. 2014. Penal reform 'Canadian style': Fiscal responsibility and decarceration in Alberta, Canada. *Punishment & Society*, 16(1): 3-31.
- Webster, Paul. 2021. COVID-19 highlights Canada's Care Home Crisis. *The Lancet*, Online. Retrieved from [https://doi.org/10.1016/S0140-6736\(21\)00083-0](https://doi.org/10.1016/S0140-6736(21)00083-0) (access date 10 August 2021).
- Werth, Robert. 2019. Risk and punishment: The recent history and uncertain future of actuarial, algorithmic, and "evidence-based" penal techniques. *Sociology Compass*, 13(2): 1-19.

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