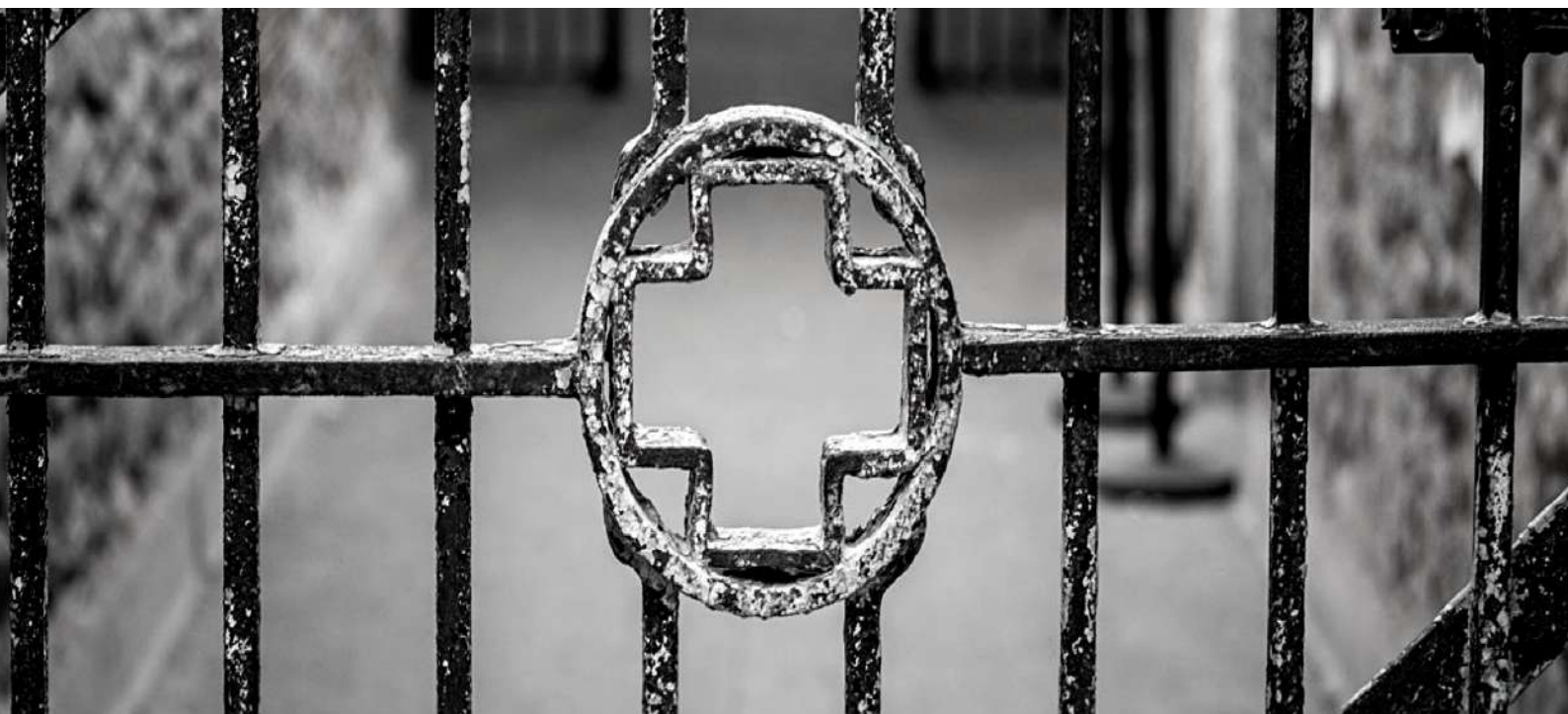


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FINAL REPORT ON THE MANAGEMENT OF CORONAVIRUS IN SPANISH AND CATALAN PENITENTIARY CENTERS

MONITORING THE DEPRIVATION OF LIBERTY AND THE POLICE
ACTIVITY DURING THE
EMERGENCY OF COVID-19.

MARCH 2020 - MAY 2021



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INTRODUCTION

From the SIRECOVI Team at the Observatory of the Penal System and Human Rights (OSPDH) of the UB we hereby present the final report of the project: **Monitoring the deprivation of liberty and the police activity during the Covid-19 emergency**. This comes after more than a year analyzing the measures adopted by the both the Catalan and the General State penitentiary Administrations in response to the recent health crisis as a result of the spread of the SARS-COV-2 virus

This report aims to offer a synthesis of the diverse diagnoses carried out by the SIRECOVI Team during the development of the aforementioned project. It hereby presents a general overview of the main adopted measures taken from March 2020 until the most recent State of Alarm (the 9th of May 2021), by the above-mentioned administrations. It will highlight the main implications that these have had (and continue to have) in terms of the penitentiary realities and especially about the fundamental rights of the people deprived of their liberty and of their families.

Following a similar format to that of previous reports, the analysis has been carried out grouping the studied actions taken in five segments or thematic blocks:

- (1) Sanitary measures
- (2) Communications with the outside world
- (3) Access to Justice
- (4) Reintegration and education, penitentiary treatment and work programmes
- (5) Measures aimed at the reduction of the penitentiary population.

However, in contrast to previous reports in which a differentiated analysis was made of the measures adopted by the Secretariat for Penal Measures, Reintegration and Victim Support (SMPRAV) and by the General State Administration (AGE), on this occasion the aim has been to carry out a comparative analysis of the measures adopted by the two administrations. The idea was to analyse the main results and/or implications that these measures have had on both penitentiary realities and especially on prisoners.

It is important to remember that as a system which attends for the victims of institutional violence, SIRECOVI has direct knowledge of the penitentiary reality in Catalonia. Members of the SIRECOVI are present in the Catalan prisons and maintains direct and continuous contact with its agents and with the people deprived of their liberty and their families. From SIRECOVI we work in a network with other social organizations throughout the whole Spanish State, allowing us access to diverse information relative to the reality of the prison centres for the majority of the State. Of course, the aforementioned direct interaction with the Catalan penitentiary reality has permitted us to access a vast number of supplies from a greater variety of areas. In this sense, it is additionally noteworthy to emphasize the direct dialogue

that we maintain with the SMPRAV, which enabled us to have access to a large amount of internal data regarding the management of the pandemic and the reality of the Catalan prisons, information that by the closing date for this report it had not yet been published. This fact explains the difference in data between the two administrations, especially in quantitative terms.

As a closing of this report, an evaluative analysis will be made of the aforementioned management of each of the said administrations. The objective is to determine to which degree each one has materialized the recommendations made at the beginning of the public health crisis by different state and international institutions and civil society organizations, whom had urged to adopt emergency measures regarding the management of the pandemic in prison centres. Their objective, to guarantee and save the right to life, health and communication for a particularly vulnerable group, as are the people who are deprived of liberty.

Lastly it should be noted that at the end of this report we have included a section of annexes with various graphs created from data provided by both Administrative bodies regarding these topics.

SIRECOVI hopes that the results of this and all the other reports produced within the framework of the project can be useful for the work carried out by other human rights organisations, family and prisoner support groups, and especially for those in charge of prison administrations.

MEASURES TAKEN IN THE SANITARY FIELD

Prison health has been and continues to be, a pending concern for the penitentiary institutions of the State, something which has become increasingly evident due to the recent health crisis. As of today, after almost eighteen years since the approval of the Law of Cohesion and Quality by the National Health System, (which established the transfer of the services and health institutions dependent on Penitentiary Institutions to Autonomous Communities), Catalonia and the Basque Country are the only Autonomous Communities that have carried out said transfer. Despite the fact that the aforementioned Law established a period of 18 months to achieve it. In October 2006, the functions regarding the health of persons deprived of liberty in Catalonia were assigned to the Department of Health of the Generalitat de Catalunya.

As we shall observe, this decentralization of expertise in the penitentiary health area has generated some differences between the two administrations regarding the management of the recent health crisis. In the prisons which depend on the AGE, penitentiary health is still the responsibility of the General Secretariat of Penitentiary Institutions (SGIP).

Therefore, it was the entity responsible for adopting measures to deal with the health crisis in the Catalan prisons, while this challenge in Catalonia has required coordination between the Department of Health and the SMPRAV.

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In the CPs' that depend upon the SGIP, the first responses to the health crisis came earlier than the Catalan ones. They answered to both the pressure derived from the spread of the virus on an international scale and to that from the penitentiary unions (that from by the end of January were demanding progress for the specific course of action and protocol on how to act in the event that the coronavirus was to reach prisons). Thus, at the beginning of February 2020 the SGIP had already established a protocol for the management of contagions inside prisons. This basically consisted in cell isolation for those who could be potentially affected by the virus while notifying the health authorities of the evaluation and procedures taken. In addition, it focused on the need to establish quarantine periods for new admission and inmate hospital transfers for those with serious symptoms. Furthermore, it sent a memorandum to the Directors of each center with recommendations on how to deal with the virus, clarifying that each establishment should personalize them according to their characteristics and their specific situation.

In said scenario from the beginning we found that the prisons dependent on AGE were home to an evident structural crisis. Shortage of Prison Doctors' was amongst a variety of characterizing factors. For example, for some of the centres there was only one Doctor on shift and in other centres not even that, throughout the whole day. This is the why and how complaints began by prison health professionals, who made it clear the impossibility to fulfil procedures required of them. There was also a response from civil society organizations demanding the immediate reinforcement of the health staff who are inside prison centres and additionally important, that the sanitary isolations must take place in authorized zones instead of in the prison cells themselves.

However, on March 11th the SGIP had requested the Public Services to urgently appoint forty temporary Doctors. By the end of 2020 none of these professionals had yet joined their jobs. In April some private entities such as Iberdrola began to cover the deficiencies of public health by offering the service of their companies' Doctors to IIPP, who reinforced the staffs of several CPs by providing consultation at certain times.

On March 6th the first contagion was detected in a Spanish prison, a worker from the Aranjuez prison proceeded to confine the Unit where she was working. Correspondingly, professionals from the UME began to disinfect the prisons dependent on the AGE, especially those where infections had been detected.

In the CPs' which depend on the SMPRAV however, the first measures did not begin to be followed until the 10th of March. Herein, Justice and Health approved a protocol of action for the care of possible cases of coronavirus. The protocol established that inmates suspected of contracting the virus would be isolated in a cell, and the health workers would determine if they should be transferred to the Hospital in order to undergo tests and remain in isolation until the result, or if they would be tested in the same center. Positive cases would be transferred to the Terrassa Penitentiary Hospital Unit (UHPT) to be treated, where twenty-two of the thirty-one available beds had been allocated to patients with coronavirus.

A few days later on the 13th of March the first positive case was detected in a Catalan prison. New measures were adopted such as the identification of people with previous pathologies and those over 65 years of age to analyse one by one and assess the possibility of their release. Or alternatively, a transfer to special units in cases that due to reasons related to conviction their release is not considered possible.

In March 2020, two-hundred-and-twenty-eight people were deprived of their liberty over sixty-five-years of age (two-hundred-and-eighteen men and ten women). Of whom thirty-three identified themselves as particularly vulnerable. From this moment contagions began to occur in centers in Catalonia. The women's penitentiary centre in Barcelona was forced into confinement, amongst various other Units.

On the 18th of March via the application of article 100.2 of the Prison Regulations (RP), the SMPRAV released sixteen of the thirty-three inmates identified as vulnerable. These were people over sixty-five years old who had previous pathologies, the rest of them were transferred to special units. It must be taken into account that in the months prior to the outbreak of the public health crisis the SMPRAV was already making an effort to reduce the population of inmates over sixty-five-years of age. Having registered a reduction of 54.8% between the months of March of 2019 and February 2020. On the contrary, we have not been able to verify that the SGIP adopted any type of specific measure to release, or at least to prevent the contagion of this group of particularly vulnerable inmates. This could explain the high number of deaths that occurred in the following months.

Both in the centers dependent on the SGIP and in the prisons of Catalonia, from the beginning the penitentiary unions began to flag warnings about the lack of protective materials. However we found that in some CPs such as Zuera, the masks manufactured and delivered to the CP were intercepted and confiscated from civil society entities arguing the lack of their necessity. The relatives of inmates (both in Catalonia and the rest of the State) claimed they were prevented from being able to deliver cloth masks through parcels, which had been approved by the Ombudsman.

At the end of March the first deaths occurred in Spanish prisons. A worker and a seventy-eight-year-old inmate who suffered from previous pathologies. Throughout April, infections continuously increased which meant the confinement of Units. Additionally in that same month, the second person deprived of liberty died as a result of the virus. He was a sixty-one-year-old inmate with a previous serious pathology. By the end of that month, ten of the seventy-one CPs dependent on the SGIP had already been affected. The highest number of infections were concentrated in the Community of Madrid at almost 80% of all diagnosed cases. Due to this circumstance, the first protests began by inmates and family members who blamed the conditions of confinement for the prisoners. For example, spending the entire day in the cell. On the contrary the prison unions complained that the confinements were too lax to be "safe".

Also, in Catalonia infections were on the rise. Units were confined, inmates and their family members protested about the conditions of the isolations that were happening. Some inmates reported that they had gone thirty consecutive hours without being able to leave their cells. At the beginning of April, the capacity limit of the Covid-19 unit of the UHPT had already been

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reached, so it was necessary to set up a new hospital area for prisoners with Covid on the second floor of the CP Brians 2 infirmary. Here, they added twenty-two new beds. A few days later, before the appearance of a new outbreak in the Quatre Camins CP, Justice announced that it would build a field hospital in Unit 4 of the Quatre Camins CP with one-hundred-and-forty-five new beds. However, this new hospital was never built.

A similar situation also occurred in Spanish prisons, with factors associated with the rise in infection levels amongst other elements. For example, a considerable surge in an outbreak in the Picassent CP (Valencia), meant that the armed forces were to consider installing a field hospital in said center (which happens to be the Nations' largest center). However, this potential field hospital was not built either.

In consideration to the performance of diagnostic tests, from studies one can observe that while in Catalan prisons on the 22nd of April tests had already been carried out on 4% of the prisons' population and their workers, in contrast the Centers dependent on the rest of the State, did not proceed with testing until the end of April. Both family group members and civil society organizations, as well as union groups began to protest. As a means to demand diagnostic testing for both the staff and inmates of the penitentiary centers.

At the end of April, the Spanish Government had approved a plan for the de-escalation for the whole of the State whereby it established the main parameters and instruments for the delivery of adaptation in society as a whole towards a "new normality". However, neither in Catalonia nor in the rest of the State was there any specific published information about how this would be carried out in prisons. Faced with silence from both parts of the prison administrative bodies, on May 12th throughout the State social organizations presented "proposals for de-escalation in the context of covid-19 in prisons," to the SGIP and the SMPRAV.

It was not yet mid-May when prisons (both Spanish and Catalan) began to defuse the situation. They gradually began to lighten the restrictive measures that had been adopted during confinement. The de-escalation plans initially were published by both administrations, establishing the gradual phasing or reversal of the measures taken, on the advice of the epidemiologic situation. Similarly both legislations ruled that the management teams of each center should adapt their plan and structure it, based on the characteristics of their facilities.

Furthermore, the plan designed by the SMPRAV albeit thoroughly detailed and establishing operational indications in order to assess the impact of the taken measures and therefore enable the introduction of any necessary corrections. Although, we find no mention of the operational instructions and/or protocols which would describe the procedures for a gradual resumption of activities that the guidelines published by the SGIP made. This resulted in reluctance and the eventual filing of complaints from the prison officials of the union groups. This then resulted in the Council of Ministers urging the Government to approve the de-escalation procedures, of those which had the approval of workers' representatives.

Finally, at the beginning of June having progressed to Phase 2 throughout the majority of Spanish territory, the SGIP sent the Directors of the centers a new document concerning the de-escalation measures in the field of Penitentiary Institutions. In this document there are specific detailed provisions regarding the sanitary safety protocols.

For both administrations, health measures included aspects such as: the need to practice and maintain interpersonal distancing, hygiene procedures and safety protocols as well as the use of facemasks and following the identification procedures enabling monitoring and surveying of those who had been infected. Nonetheless we find that while in the Catalan CP the protocols were published earlier and had contemplated any eventual situation, in the Spanish CP these were made more technical and later expanded in response to many cases of external pressures. These pressures were an initial outcome from reports made by certain union groups, but also from the inmates themselves or their groups of family members and support networks. This forced the SGIP to implement continuous and constant modifications regarding the various protocols and standards of action. Despite both administrations having established that it should be up to the management of each center who ultimately decides which measures to take-on in each CP; in the CP reliant on the SGIP the decision-making was left to the Directors. This fact was widely criticized by the union groups of prison workers and hitherto triggered protests among the medical unions. Their protest was to communicate the risk of vulnerability in an institution with an aging personnel and two-hundred-and-twenty posts to cover (the 50% of personnel). Additionally they wanted to alert the risks of not setting up an established common protocol and also the issue of leaving all decisions to the directors of the CPs.

With respect to the sanitary measures which were to be adopted, both governing bodies established the obligation (at least in Phase 1) to endure a fourteen day quarantine for new entries or for those returning from leave. In this context both inmates, inmates from both centres and their family members reported the living conditions during the aforementioned quarantines. In Catalan prisons the duration of the quarantine was reduced given that they were making progress in Phases : from fourteen days in Phase 1 reduced to seven in Phase 2, and consequently zero in Phase 3. In the prisons Nationwide, contrastingly we find a greater difference in the application of standards. On June 20th in some centers such as Zuera or Villena, the quarantines were for fifteen days whereas in others such as Castellon they were for six days. We also found situations such as in the CP of Tenerife for example, where there was a convulsion of inmates under quarantine mixed with those inmates who had observed symptoms. All of this information resulted in new complaints and protests by inmates and their support networks.

Amongst the main differences in terms of health protocols the issue regarding mandatory use of facemasks is noteworthy. In the Spanish CPs they established the non-mandatory use of facemasks. Due to reasons of internal security as well as health reasons for cohabiting inmates who resided in the same cell or who carried out jobs together in workshops, or participated in group activities (except for those with any symptoms) were not obligated, whereas in the Catalan CPs they were of constant obligatory usage whenever the inmates found themselves outside of their cells.

On the other hand, despite the fact that in Catalan CPs the health protocols were considerably

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more rigorous, the necessary measures were not always adopted to ensure compliance with them. This we learn from reports made by inmates, their families and hitherto verified from the SIRECOVE team. In spite of the obligatory nature of the use of facemasks in Catalan CPs some inmates reported that since the beginning of the pandemic they had only been given two facemasks made of cloth. Also that their hygiene was told to be their own responsibility and seemingly there wasn't any installation of sanitary gel dispensers in the designated zones for them neither was there any management control over the use of them.

In mid July the transitional process towards the “new normal” began. Both Catalonia and the rest of the State began this new advance with a certain optimism and a greater proactivity in order to propose action plans and measures for the adaptation of prison management into this new reality.

On the 13th of July the SGIP published its plan of operations for the aforementioned transition to the new normal which later was clarified by sending new guidelines. It is worth highlighting some of the main aspects: the need for the health services to deliver individualized assessments of new entrants, reinstalling permits, mandatory quarantine in isolated Units for those inmates who returned and, the design of a contingency plan adaptative to each centre. All this in the context of escalating infection rates in the group of Penitentiary centres - inevitably forcing the quarantine of Units, the isolation of suspects, active and contacted here numerous workers had to quarantine in their homes which meant sick leave, moreover the reinforcement of Doctors was pending and pressures from the union to stop the transition process towards the “new normal” was ongoing.

In Catalonia on the 29th of July the SMPRAV approved the document “Adaptation to the reopening phase in penitentiary centers.” This founded a series of procedures and protocols to implement within the centers, with an aim of combining different protection and prevention measures and to resume normal activities and living conditions in prisons. Once again, the operational document published by the SMPRAV aimed at facing the new stage was characterized by a detailed point, in contemplation of all possible scenarios and the specific courses of action to follow.

In the prisons in Catalonia infections continued, albeit at a lower proportion to that of the rest of the State. At the end of July in Catalonia they proceeded to reopen the second floor of the penitentiary infirmary Brians 2 to give care to prisoners with mild symptoms of Covid-19, throughout the region, and thus doubled the number of available beds.

In September SIRECOVI also resumed prison visit activity after the summer holidays. In this circumstance some inmates condemned the nature of quarantine protocol that was applied to them upon their return from leave. For ten days they only had two hours of fresh-air a day and had to stay the rest of the day in their cells. Shortly after, the SMPRAV announced that it would begin to carry out PCR tests on prisoners returning from leave to avoid quarantines.

With the end of the summer period, infections began to increase across the whole of Spain. A

similar situation was experienced in the prisons dependent on the SGIP, where infections and confinements continued to increase during the months of September and October, resulting in increased restrictions. On September 7th the third person imprisoned in a Spanish CP died as a result of the coronavirus. In this case, it was an elderly (seventy year old) inmate at CP Fontcalent (Alicante), who suffered from multiple previous pathologies (including pneumonia), and resided in the center's infirmary.

Although in the month of October new positives were detected in the CP of Ponent (Lleida) and Mas d'Enric (Tarragona) which meant a forced confinement of several Units, until the end of October, for the Catalan CPs the situation was much more stable. Therefore the number of people deprived of their liberty affected by the virus still remained below thirty. However, it should be noted that the SIRECOVI team verified an irregular and lax compliance with security protocols health in the various prisons in Catalonia. On our visits, we were able to verify that not all the centers took the temperature prior to accessing the center (despite having installed the relevant devices). Also that the non-confluence of inmates from different Units in the communications department was not guaranteed nor were communal areas such as phone booths disinfected between the change-over of users.

It should be noted that the purchase and installation of thermal imaging cameras involved an expense of one-hundred-and-seventy-five-thousand euros for the Department of Justice.

Between the months of February and May from the Center of Initiatives for the Reinsertion (CIRE), they carried out specific training on the hygiene and cleaning procedures essential for all prisons in Catalonia, within the framework of which forty operations were carried out. Here approximately five-hundred inmates received training.

As indicated during the first months of winter the situation was much more alarming in Spanish prisons. Mistakes occurred in some centers due to the lack of coordination between the public health system and prison health. For example, in the Picassent CP a positive inmate spent six days without any surveillance due to the CP not having been notified of their positive PCR result. Once again, the need for the transfer of health officials into prison systems was made evident, with 41% of the physicians posts still vacant in mid-October.

During this period there were also isolations in some Spanish CPs that affected a large number of people deprived of liberty. For example in the Alicante II CP in mid-October there were four-hundred inmates in isolation. Outbreaks and isolations continued to occur in November, the Covid-19 Units in some Spanish CPs began to saturate.

In terms of protective equipment the SGIP published press releases where it was reported on the material that had been distributed. However the complaints from inmates, family members and unions continued to indicate that they were insufficient. Inmates of some CPs like that of Tenerife II claimed that until the beginning of October they did not have protective facemasks. The CSIF union denounced before the European Parliament that they were only given one mask per working day, which can be up to fifteen or even twenty-four hours.

At the end of October the numbers of those affected also began to increase significantly in the penitentiary centers dependent on the SMPRAV. The confinement of Units took place in almost all the penitentiary centers of the Catalan territory. Given the growing increase in infections, a second Covid-19 unit was set up at the Puig de les Basses CP (Girona), to

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complement the Terrassa Prison Hospital Pavilion and the COVID-19 Unit at Brians 2 CP.

In this context, the unions claimed that the Generalitat was not correctly recording the data on the number of workers affected. It was stated at the end of October that in fact there were more than fifty infected and about one-hundred and eight confined since the beginning of the pandemic. In this regard, the silence of the administration in relation to the number of workers affected by the virus that occurred from December and that lasted until the closing of this report should be recognized. Their complaints also continue as to the lack of protection and its poor quality. According to the unions, both inmates and workers were given non-standardized cloth masks. These masks were the only ones distributed among the population deprived of liberty in Catalonia during the entire pandemic.

On November 11th, numerous groups and entities requested of the Department of Justice that they would adopt "urgent measures" to guarantee the rights of inmates during the second wave of the pandemic. Among other elements they requested that prisoners who are deprived of their liberty should be in dignified living conditions and that the restrictions applied to them in no way would result in their living conditions of isolation being jeopardized. The CCOO union itself had shortly before made claims that prisoners did not have enough physical space to carry out their isolation.

During the first fortnight of December infections began to decline in both the Spanish and Catalan CPs. Although infections continued to occur and modules were confined in many prisons, the number of those affected was much lower than in previous months. However, from the second fortnight of December infections increased significantly again, both in centers dependent on the General State Administration and in the Catalan State.

In Catalonia despite the high winter temperatures, inmates of several prisons and their families reported problems with the central-heating during the months of December and January. In mid-December an inmate fainted in his cell of CP Mas d'Enric Unit 5 (Tarragona), and was transferred to the hospital where he was diagnosed with Covid-19 pneumonia. The inmates of said Unit reported that the affected inmate had been requesting medical attention for being ill for more than a week, but that the medical services had said that it was only a headache. The incident uncovered a new outbreak, and forced the Unit to be confined for twelve days. The affected inmate was fifty-five years old and had no previous pathologies. He died at the beginning of the year in the hospital, being the only inmate who died as a result of Covid-19 in Catalonia.

In Spain, during the Christmas period, there were several complaints from various prison workers unions who reported a lack of healthcare and demanded their vaccination and the establishment of a homogeneous criteria for its application throughout the territory, regardless of the Autonomous Communities. At the beginning of the year, the vaccination of workers and persons deprived of liberty, in CP of El Dueso and the CIS José Hierro began.

Also in Catalonia the vaccination process for prison staff began at the beginning of the year.

The first to receive the vaccine were the workers in the centers and treatment departments who provide regular service or are usually sent to the health units. On February 8th, the Department of Health of the Generalitat announced its vaccination plan. In the face of such circumstances the groups of relatives and entities in defence of human rights issued a statement requesting the Department to urgently include people deprived of liberty in this plan. During the first half of February 70% of the prison workers were vaccinated (about four-thousand-three-hundred employees) and on February 24th the prison population began to be vaccinated. According to the SMPRAV, as of March 17th, 80% of prison workers and 75% of prisoners were vaccinated with the first dose of AstraZeneca, pending the vaccination of those aged between fifty-five and sixty-five years old.

Despite the union's demands, the vaccination process happened considerably slower and with more irregularity in the Spanish CPs. On the 5th February the Prison Section of the State Confederation of Medical Unions (CESM) criticized the absence of a vaccination plan in prisons. As of March, staff at various prisons such as Puerto de Santa María had not yet been vaccinated. The unions reiterated their concern about this aspect and also about the fact that those over fifty-five year old were left out of this vaccination phase. Even though the age of the workforce was around fifty-two years old. Different groups acclaimed that although the prison population has been considered as high risk, their vaccination has not been considered in any center except in Cantabria.

At the beginning of January, infections began to increase in the open centers of Catalonia and the health department warned that due to the accumulation in the open sections of prisoners sleeping in the same cell, it was necessary to resume the preventative measures that had governed the prisons of Catalonia at the beginning of the pandemic.

In Spanish prisons on January the 8th, the largest outbreak occurred since the beginning of the pandemic. It lasted until February and affected one-hundred-and-thirty-three inmates of CP Picassent and twenty-two of its workers. It also forced the quarantine of four-hundred-and-seventy-three inmates and twenty-seven workers and the total closure of the center. The unions reported that the outbreak was so difficult to control due to the structural shortage of Doctors in said center. They had five Doctors working, when there should have been twenty. At the end of the month, seven doctors were to join the staff of Spanish prisons from the forty places that had been published in a public announcement in January of the previous year, however the rest would remain unoccupied.

The outbreak at CP Picassent was the first of a series that happened during the months of January and February in the Spanish CPs, registering more than half of the infections and deaths among inmates of Spanish prisons since the start of the pandemic. Amongst them, it is worth highlighting the lack of coordination between both prison administrations. This was detected in the transit unit driving from Madrid CP and in relation to which the SGIP had reported it occurred after the arrival of inmates coming from Catalonia of whom five people tested positive. Also, noteworthy due to its magnitude is the outbreak at the end of January in the Teruel CP where there were one-hundred-and-thirteen affected inmates out of a total inmate population of one-hundred-and-eighty-five and nineteen of its workers.

Given the high incidence of infections on January 21st the SGIP decided to modify the facemask protocol and establish its mandatory use in a greater number of situations. By the

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end of the month the fourth person deprived of liberty in Spanish prisons died as a result of Covid-19. He was a sixty-five-year-old inmate from CP Sevilla I, who suffered from various previous pathologies. Shortly after on February 8th, a seventy-seven-year-old inmate of the Dueñas (Palencia) prison died, registering a new death that same week. On February 21st another sixty-eight-year-old inmate of the Puerto III CP died and that same week an eighth death was counted, of a person deprived of their liberty.

Additionally, in Catalonia there were significant outbreaks and confinements. In mid-January an outbreak was reported in the Women's CP affecting fifteen inmates and several workers. They then proceeded to confine the entire center until late February. The outbreak affected a greater part of the centre's workers; 20% of the workforce were in confinement. On February 23rd there was a new surge in CP Quatre Camins (Barcelona) which lasted until mid-March. The flare-up affected one-hundred-and-twenty-one inmates in the center and forced the confinement of four of its Units. Which became the most significant outbreak in any Catalan prison. Given the impossibility of transferring more patients to the Covid-19 units of CP Brians 2 (Barcelona) and Puig de les Basses (Girona), in coordination with the Department of Health the SMPRAV decided to reinforce the health staff of CP Quatre Camins.

In this context the CPs of AGEs' inmates and family members and likewise the Catalan CPs condemned the conditions in which the isolation was carried out in the Units during confinement. Due to the fact that in some cases there was a reported twenty-three hour enclosure, or even twenty-four hours a day (in Catalunya), without being able to leave their cell. In Spanish prisons the complaints alluded to the fact that inmates did not have a TV in the cell and did not go out into any kind of courtyard. In the face of anxiety and despair the consumption of psychotropic drugs increased. In Catalonia there were complaints regarding the lack of contact with the outside world and situations of psychological abuse. This situation then escalated in one centre where it reached situations of collective self-harm in the form of protest. The groups of relatives constantly condemned the scarcity of information by the Catalan administration, regarding the situation in prisons as a situation that became much more evident during the following months, the publications by the SMPRAV were practically null.

In mid-March prison officials' unions claimed that non-approved masks were still being used in Catalan prisons. Despite the fact that at the beginning of the year and in compliance with the judgment of the TSJC, they had recognized the CCOO's right for all prison staff to receive at least one surgical mask per shift.

The period from mid-March to the end of the State of Alarm (May 9th) has been characterized in both administrations as showing a significant decrease in the number of infections.

In Catalonia at the beginning of April there were twenty-seven inmates and forty-six affected workers. From then on, the figures began to decline and during the first week of May the number of positives remained low in the prisons dependent on the AGE. From April 1st to

May 6th, fifty-nine infections were detected among the workers and fifty-six amongst inmates. Unfortunately in mid-April there was a new death of a prisoner (the ninth in the period analyzed in the present study) he was a forty-five-year-old inmate from the Villena CP (Alicante) who suffered from previous pathologies.

It must be pointed out the disparity between the duration of quarantines in Spanish CPs during said period. While in Galician centers the quarantine for either new admissions (those returning from permitted leave, or even those returning from carrying out a face-to-face or conjugal visit), was for 10 days; in prisons such as Valladolid or Pamplona the inmates who returned to the center for the same previously mentioned reasons and for judicial management, medical or external activity, had to remain in quarantine for fifteen days. Prisoners, family members and human rights groups continue to denounce these situations.

However in Catalonia PCR tests were still being applied to inmates who returned from leave, although according to reports from the SMPRAV at the beginning of April and according to Health criteria; PCR tests are performed only on inmates who have been more than forty-eight-hours outside the center.

Regarding vaccination in Catalonia, the months of March and April 2021 were considered uncertain for prison workers and inmates. There was uncertainty about the second dose being that AstraZeneca had stopped their supply. On May 20th the SMPRAV confirmed that they were waiting for the approval from the Ministry to vaccinate prison officials in a second dose with either Pfizer or AstraZeneca, leaving the choice at the discretion of the workers themselves. However, it is unknown when the second dose is expected to be delivered to the prison population.

From the CCOO union they reported that the level of vaccination among male and female inmates is fluctuating because of the ups and downs in the system. According to information from the union on the 7th of April, four-thousand-eight-hundred-and-seventy-five inmates had been vaccinated. Four-hundred of them had already been freed which represents 69.1%. According to reports from the union 11% of the inmates rejected the vaccine.

In the centers dependent on the AGE, during the months of April and May the vaccination process for the prisoners in all the prisons finally began. From May 6th all inmates of the CPs in the Basque Country, Cantabria, Córdoba, Huelva, Arrecife and Seville had already been vaccinated.

MEASURES IN THE FIELD OF COMMUNICATIONS

The first actions taken began in February 2020 by the SGIP. There was a suspension of communications which implied contact with people who could have been in the spaces in the presence of the virus or at risk of contagion, such as international airports. Already in March, a few days before the start of the first State of Alarm, both administrations canceled special communications (referring to intimate, family and cohabitant relations) in all prisons. This step was extended to ordinary communications (through call centers), due to the initiation of said State of Emergency, in which freedom of movement was prohibited for the entire population except for essential services or force majeure.

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Prison administrations increased the number and duration of telephone calls. The SGIP allowed from ten to fifteen weekly calls lasting eight minutes each. The SMPRAV increased from ten to twenty weekly calls of eight minutes. However in this new context Civil Society organizations and families of people deprived of liberty demanded that the calls be of free cost and also of the installation of a video call system, given the impossibility of seeing their loved ones in person. The two administrations chose to decree the free phone calls only for inmates without income. Also, the distribution of two-hundred-and-thirty smartphones by the SMPRAV and two-hundred-and-five by the SGIP (which at the end of April were increased to thirty more) in order to make 10-minute video calls. The decision of preference in the access to video calls fell initially in the procedures of each penitentiary center, granting priority to those inmates with extraordinary exit permits and with positive evaluation criteria by the Treatment Boards. In Catalonia at the Quatre Camins CP, they began at the end of March and it would seem that the two-hundred-and-thirty smartphones were a sufficient number in relation to the number of inmates; not so in the SGIP, since the two-hundred-and-thirty-five smartphones had to be distributed amongst more than seventy prisons, falling into an unequal distribution between centers and inmates.

According to testimonials from inmates and family members, the prisoners classified in the 1st degree were the ones who were in the worst position. They received considerable negation in their requests for video calls. In addition they reported that at the end of April there were still prisons which had received no opportunities for video-calls. Communication problems were also reported. There were large queues at the phone-booths and the extra-charges economically meant that some family members were unable to make contact for several days. The SMPRAV proceeded to install eleven additional booths in the Units with the highest number of calls. There was also the suspension of the in-person monetary deposit, which meant it was only possible through bank deposit. This phenomenon determined the impoverishment of many inmates since the precariousness, debts and defaults made it impossible for their families to deposit money in the bank without it being withheld.

At the beginning of the de-escalation video calls began in all CPs and ordinary communications began to resume activity. Of course it was dependent on the level of incidence and in which health phase each center was located. Different organizations of civil society and the Human Rights defence presented a series of proposals to both administrations. It is worth highlighting: the maintenance of video calls and their duration, the purchasing of a greater number of smartphones, the maintenance of the increased weekly call quota during confinement (a measure that has been confirmed), and the progressive reestablishment of visits in coordination with the Police Forces. This last point was so that family displacements were not considered grounds for sanction due to perimitory confinements. Relatives also denounced the persistence of the unequal distribution of video calls among inmates. It was understood that those inmates classified as 1st grade were still deprived of video-communication. There was a lack of privacy, since the officials exercised visual control over said inmates and sometimes also auditory, using this as motivation to detain misuse of the telephones.

At the end of May 2020, normal communications resumed in CPs of zones in phase 1 and 2, both in the Spanish State and in Catalonia. Despite reluctance from prison unions which demonstrated previously, against the aperture, mostly only relatives residing in the same province or sanitary zone could attend. During this de-escalation period some CPs such as Mas d'Enric (Tarragona) and Daroca (Zaragoza), changed the system for requesting visits. The inmates were to request the date and after confirmation by the CP then communicate it to their relatives. This then followed the consequent delay or lack of coordination with the visitor. Regarding the sanitary measures in the visits, the testimonies of relatives were very diverse in each CP. In some the booths of the call centers were restricted to 50% occupancy while in others they remained at the top of their capacity. It was not possible to verify that the phone booths were disinfected, nor were there any control of the visitors who entered, insofar as there was no control over the use of the disinfectant gel.

During the month of June first in Catalonia and shortly thereafter in the rest of the Spanish State, special communications in the centers gradually restarted in zones who were in advanced phases of the de-escalation. In some prisons video calls were cancelled for those inmates who had face-to-face visits. The video-calls were also being reserved only for those who did not receive visits. Furthermore, testimonies from family members affirmed that in some CPs the workers of the communication departments did not wear a mask. On the other hand, inmates and family members also claimed that with the return of fluid communications the SMPRAV stopped guaranteeing the telephone balance to the inmates with less economical resources. Additionally that the balance provided by the SGIP only allowed two calls per week, ten was to be the maximum possible.

In the second half of July 2020, when it seemed that communications were resuming in the centers dependent on the SGIP, the SMPRAV officially announced the suspension of them in all its prisons until further notice, considering them too great a risk because of the rise in incidents in Catalonia. Meanwhile in the CPs dependent on the SGIP decisions to maintain communications and conditions in which they were carried out was in the hands of the Directors of each center. Decisions were based on the epidemiological situation of the area and other criteria that were to be considered by the management. The appearance of new infections during August caused many directorates to once again restrict special communications, and even limit ordinary ones. Such events were applauded by prison unions and condemned by civil society organizations and inmates' families. The situation reached a point that later that month the SGIP made communications to various centers, advising a relaxation of the restrictions and to maintain ordinary communications. To essentially return to video calls in those CPs in which they may have been cancelled.

On September 21st, although the SGIP announced the suspension of special communications in forty-three of its seventy-one CPs, the SMPRAV began to gradually resume these communications, although with certain restrictions such as the reduction to a single communication of one hour per month. Under normal conditions they are carried out from two to five times a month and last one hour and a half. There was a demand within these restrictions, for the personal face-to-face meetings and "responsible declaration" of the visitors according to whom there had been no observed symptoms nor had they been in close contact with any Covid positive people in the days prior. In turn, video calls were maintained in the CPs dependent on the SMPRAV and the SGIP announced that they would continue to

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be in force after the pandemic as a communication measure. Yet, despite having been briefly expanded, the family members and civil society organizations still continued to condemn the long and difficult bureaucratic procedure in order to obtain a single video call in the centers dependent on the SGIP. In relation to video calls, it was also announced that both administrations would begin to install video call booths at the end of 2020, and that by the end of 2021 it was expected that they would be installed in all CPs.

During October, infections continued to rise both inside and outside the prisons. There was consequent suspension of special communications in the centers of areas with the highest incidents or in those that had declared outbreaks of considerable magnitude, both in the centers dependent on the SGIP as of the SMPRAV. During this period of suspension of the face-to-face encounters, the SGIP online appointment reservation service was out of service for three days without prior notice from the administration. This left only the possibility to make reservations directly to the center via telephone. Testimonies from relatives and relatives reported innumerable problems in making telephone reservations during those days in various centers. Calls to the CPs were hardly ever picked up, and the few times that telephone contact could be established, many officials refused to carry out the procedure, claiming that it was the correct telephone for communication (nor did it work).

In addition to these impediments, there were also restrictions made by the decree of the second State of Alarm decreed on October 25th with respect to the movement between sanitary areas. There were consequent complaints made by relatives who traveled to visits; a problem that has not been resolved since May. In this regard, the visit to persons deprived of liberty was considered as a justified cause of displacement in RD 926/2020, however there was no "standard and legalized" justification or procedure. This left the final decision to the discretion of the security force agents and bodies that were on road control. Family members were being punished on many occasions even for arriving late to the appointment and therefore could not proceed with the visit after the long journey. On October 30th, the SMPRAV responded to the problem and issued a joint communication with the General Police Directorate. Here constituted that displacements were considered justifiable. Although, this situation was not resolved in the rest of the Spanish State and at the beginning of November a total of seventeen organizations in the defense of human rights requested the Secretary of State for Security of the Ministry of the Interior to issue an internal order to the Forces and State Security Forces. This issue would explicitly say displacements were not grounds for sanction. It was not until the end of November that the SGIP responded to the problem by sending a letter in which it was made clear that said displacements were included in section k) of art. 6.1 of RD 926/2020.

Even so, the bureaucratic procedures to obtain supporting documents were still complicated. It caused various families a continuous inability to travel because they did not have access or knowledge of the internet in order to obtain it. It is important to add the disobedience of the Junta de Andalucía. The Junta de Andalucía declared days later that "visiting people interned in CP is no exception." The APDHA, the Liberation Federation and the Enlace Federation

presented a letter to the Andalusian Ombudsman stating that these statements contradicted the orders issued by the Ministry of the Interior, which had to finally yield.

During the month of November the bureaucratic problems regarding communications continued. In Catalonia there was a petition procedure by inmates and their subsequent communication with family members. This highlighted the financial and pragmatic problems that telephone calls entailed. For some seventy relatives of inmates of the Teixeiro CP they had been without a face-to-face visit for eight months, and so reclaimed this fact. Also in November, human rights entities in Catalonia asked the SMPRAV for an effective channel of access to information for family members. However, during the first State of Alarm this channel was effectively carried out in Catalonia unlike the SGIP, which was characterized by its lack of transparency. Furthermore throughout the second State of Alarm it was the SMPRAV that was characterized by the informative secrecy. The SGIP was characterized for having carried out the greatest flow of information in relation to the status of communications and other aspects related with information, to relatives.

December began with some particular communications cancelled in most of the SGIP CPs and in almost half of those of the SMPRAV. Although there was a trend towards opening later on. Regarding video calls, the SMPRAV announced that ninety-five-thousand video calls had been made in nine months. Not for the SGIP who did not announce any figures. They estimated a lower quota due to the smaller and unequal distribution of smartphones and the aforementioned bureaucratic problems. Relatives however, reported that despite the high number of video calls, in the Wad-Ras women's prison inmates only had one call per day and one video call every week, every two weeks or even every month depending on the situation. For foreign inmates they did not receive money, they were banned from telephone calls because the cost to mobiles amounts to two euros from the first minute. The year ended with good news: the installation of new video call booths began in different centers, both from the SGIP and the SMPRAV albeit without details on the price or other conditions of use.

Except for the outbreak detected in Unit 5 of Mas d'Enric on December 31st (which forced the suspension of all communications in said Unit), the year 2021 began with a truce in special communications granted by the administrations. There began installations of video booths and the maintenance of visits by phone booths in all CPs, at 50% capacity, with distance between visitors and mandatory use of a mask. However after the Christmas period the incidents rose again both inside and outside the prisons which meant suspension of physical visits in the SGIP CPs. The central administration initially maintained an open position (although the final decision depended on the directors of each prison). Until on February 2nd there was a press release published in which it recommended "shielding the prisons" for at least fifteen days. Two days later, every form of communication was suspended in all CPs. In El Dueso, Zaballa and Martutene CPs oral communications were permitted. On January 18th, CP Wad Ras (Barcelona) was completely confined.

Human rights defence entities published a model letter for lawyers with the aim to challenge the suspension of oral communications before the JVP. They also denounced that the total suspension of communications represented an attack on the fundamental rights of persons deprived of liberty and their families. Considering that these people on many occasions had been without a physical visit for more than a year. The slight increase in video calls did not alleviate the trauma suffered by inmates and family members. Relatives described February

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2021 as the most desperate month since the start of the pandemic, with no communication other than an eight-minute phone call.

At the end of February, as a result of the new outbreak at the Quatre Camins CP, communications were also suspended for the inmates of Units 4, 5, 8 and DERT. At the beginning of March, oral communications in the SGIP were still restricted by 20% of CPs, while special forms of communications were still restricted by 90%. In mid-March, the oral communications were still suspended by 10% and the special ones by 85%. Later it was also changing towards greater permissiveness, although it varied depending on the territory. As of May 7th, two days before the end of the State of Alarm, oral communications were authorized in all the CPs dependent on the SGIP with exception to Melilla. Intimate, family and cohabitant communications prevailed to be prohibited in more than half of the PCs (intimate and family members in about 54% of PCs, and cohabitant in 65%). Although some CCAA showed a situation of fewer prohibitions, as in the cases of Murcia across all types of authorized communications in its two centers. The Balearic Islands only communications with cohabitant members were forbidden in Ibiza), the Canary Islands (only those members cohabitant were prohibited in Tenerife II) in Galicia (family, conjugal and cohabitant communications were prohibited in Monterroso). Some CCAA continued with most of the communications (except oral) were suspended in Valencia, Andalusia and the Basque Country. Particularly noteworthy is the case of the Community of Madrid where all intimate, cohabitant and familial communications were suspended in the seven centers of the locality. Generalized restrictions which logically by not distinguishing between Units of risk or of those with infection, severely limited the right to communication of around seven-thousand prisoners (and their families).

MEASURES TAKEN IN THE AREA OF REINSERTION, EDUCATION, AND PRISON WORK

In the CPs dependent on the SGIP the restrictions in the field concerning treatment and activities began earlier, as in all areas. This was due to the resolution in February stating that all outdoor activities carried out should be suspended if any member had been in the presence of the virus or with risk of contagion had been detected, such as international airports. Already on March 10th 2020, the SMPRAV restricted the departure of inmates who were involved in collective activities; activities with the entry of external personnel and transfers between CP from Catalonia that had not been for regimental reasons. In addition, in agreement with the Ministry of the Interior, transfers between the CPs of the two administrations were also suspended.

After the decree of the first State of Alarm on March 14th 2020, both administrations decided to suspend all exit permits. Also, the entry of all extra-prison staff and/or who did not provide essential services in prisons and the closure of sports halls and training rooms were not able to mix interns of different modules. A few days later the SMPRAV issued a communication with some guidelines. Amongst some of the pointers it should be noted that the essential activities

were to be carried out with a maximum of ten inmates and occupying a maximum of one third of the room's capacity. Sports activities should be done in outdoor spaces and maintain a safe distance. The artistic monitors were to provide the necessary materials to independently develop the activities. Basically, a greater flexibility was established with respect to the obligatory nature of the activities, so that it would not negatively affect the development of the Individualized Programs Treatment (PIT). These measures were extended at least until April 10th, to the knowledge some specialized care activities for drug addiction were also resumed.

With respect to the SGIP, beyond giving the inmates the possibility of staying in the cell during yard hours, it has not been possible to verify that during the first confinement there was a regulation in the development of any activity. The guidelines of regulated education activities were left to the educational authorities (Ministry of Education). The problem was that people deprived of liberty were left out of virtual and non-face-to-face modalities as they did not have access to virtual platforms or the Internet. An attempt was made to alleviate the deficit with reinforcement material and later by extending the hours to be able to respect social distancing. Although the time without face-to-face classes and the continuity of the system of duties and reinforcements was greatly extended. Though both administrations announced that the Treatment Boards were still being held. Testimonies from inmates, especially those classified as grade 1, reported that in some prisons they were suspended until May and the corresponding grade reviews were not made. Due to a consequent delay in the reintegration process and in obtaining benefits such as degree progressions or exit permits, what was verified was that during this first confinement, and despite the measures that both administrations took even with staffing problems and through designing new “remote” operating protocols, the treatment programs and the Boards were negatively affected. The inmates felt on many occasions abandoned by the professionals of the Boards.

In relation to productive workshops and labour programmes, after the decree of the State of Alarm, the first to speak out were the prison unions. They requested the immediate suspension of all activity in workshops and auxiliary services (kitchen, cleaning and dining room) due to impossibility compliance with health and distancing measures. Yet the SMPRAV only suspended the labor training activities, leaving the workshops open with distancing measures, and the SGIP left the option to terminate pending orders with external companies before closing them. A few days after the closure, at the end of March inmates of different prisons such as Madrid I, Madrid VII, Seville I and Topas, began to make face masks and other elements of sanitary protection for CP and field hospitals, voluntarily and without payment. In mid-April work resumed in some non-essential SGIP service workshops. This fact led to complaints from relatives of both SGIP and SMPRAV inmates. Knowing that they could not see their loved ones and that there were delays in their treatment programs, all the while the economic benefit was prioritized. Inmates were working in contact with people and material from abroad in a context of total confinement where there was no information on the mode of contagion of the virus.

With the end of the total confinement, and in the face of the suspensions and irregularities in the Treatment Boards and treatment activities suffered during this period, various civil society organizations requested a written statement from both administrations. This was part of the end of the penalty by constitutional mandate. The demand also contemplated the return of

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permits and scheduled departures, of regulated education, the end of modular isolation and the recovery of activities in common facilities such as sports centers, the return of the entry of extra-penitentiary personnel and NGOs, and the study of compensatory measures for the delay in obtaining prison benefits that caused the cessation of activities.

On those same days, between May 11th and 13th, both administrations gave indications for the next initiation of treatment activities. There was a return of transferals for health and medical reasons and of permits and scheduled departures. Also the departure of inmates classified in the 3rd grade or with a flexible regime (article 100.2 RP), we observed the return of educational activities. Sports and treatment based on the human and material resources available for its realization according to the health criteria of the moment and the space available for social distancing. These measures were carried out prioritizing inmates with pending permits or with less time to go before completion of their sentence. This meant that for reasons beyond their conduct, as in the previous confinement stages, other inmates with longer sentences or those in the 1st grade category continued to see how their reintegration development and prison benefits were being delayed. In this context, unions condemned the lack of one-hundred-and-forty-one places for social educators in CPs dependent on the SGIP.

It was during the month of June that treatment activities really began to resume and transfers to the open centers closest to their homes for people who progressed into the 3rd grade category. In the CPs dependent on the SGIP, the permissions to leave were to be used in the province where the compliance center was located. Whilst in the SMPRAV they resumed in those CPs in zones of phase 3, and could be used in a sanitary area in the same phase. The SGIP decreed subsequent quarantine periods, a decision that was not accompanied by the provision of more spaces for them. Thus causing the quarantine units to become saturated and permits to be delayed. The SMPRAV chose to place the inmates with permits in the exit units, forbidding their access to the rest of the prison, a fact that caused the inmates with destinations in other modules to have to choose between abandoning leave or maintaining the destination.

In reference to productive work, during the disarray of the unions they called for the closure of the workshops for sanitary reasons. There was an exception of those that manufacture basic sanitary material. They claimed that the SGIP was putting economic criteria before sanitation by opening the workshops without certainty of the health status of the monitors nor the companies, or of the transportation. Inmates from different units were mixing and returning to the cells without changing clothes. There were also complaints from the families, who saw how the workshops resumed activity but not the visits or the treatments services. A few days later at the Madrid VII CP, an inmate suffered an occupational accident and was transferred to the hospital. He tested positive for Covid-19 and this meant the workshop was forced to close.

At the end of May the SGIP sent the CP orders to gradually commence the operation of the

workshops at a pre pandemic pace. The use of facemasks was mandatory as was avoiding contact with external personnel. Authorities were in charge and managed each of the centers, with attention to the maximum number of inmates working, according to the available space. Regarding Catalonia, CIRE complained that almost all of the production workshops had been affected by confinement and subsequent sanitary measures such as increased distance or the impossibility of mixing interns from different units. This resulted in a reduction of about 35% of the work in all industrial workshops.

At the end of July the plan established by the SMPRAV for the “new normal” contemplated the initiation of all group discussion activities, provided that the spaces were used at 50% of their capacity and respecting the measures of social distance. In addition, inmates from different Units could not mix activities. External collaborating groups that carried out cultural and educational activities had to enter gradually. In light of prison activity in the workshops, contact between inmates from different Units was prohibited, and inmates who had a job assignment considered essential had to be located in specific Units.

At the end of September the Department of Justice announced that after six months without face-to-face classes the 2020/2021 school year was to start. Students had to go to class with classmates from the same Unit and under no circumstance was mixing allowed, this in order to avoid contagion. The teaching activity would be carried out mainly in the classrooms set up in the prison Units which were converted into small schools and would have teachers assigned to each Unit. This teacher was designated to only attend the specified students. A part of the training would also be given in the educational spaces of the Adult Schools, where the students of the same Unit would travel in shifts/or rotative days, without there being exchange between internal persons from different units. Also in September activities carried out by external entities in prisons were resumed. However access to contracted professionals was restricted and volunteers were not able to access. In October, the Department of Justice of Catalonia announced that outdoor activities were to restart with a maximum of fifteen people. At the start of November the SMPRAV announced that inmates could continue to file for permission to leave, despite the municipal perimeter confinement .

The "new normal" started with the SGIP where they circulated a memo to all CPs, communicating that they should consider the possibility of chaining leave permits. In order to apply a quarantine for the inmates who had leave, so would also avoid a saturation of the Units intended for them. In mid-August, prison unions asked for the suspension of scheduled departures and the entry of NGO collaborating personnel. The NGOs are the ones who carry out recreational and treatment activities. The SGIP, simultaneously announced the plan to reopen the classrooms for the 2020/2021 academic year at the beginning of September. This was seconded by the demands in the CPs that were in confinement and by the rise of infections both inside but mostly, outside of the prisons. This measure was extended throughout the period of the "new normality" until early November. After the decree of the second State of Alarm, the scheduled departures in all CPs except in the Canary Islands and the Balearic Islands were suspended. It was not until the contagion curve of the second wave stabilized that the SGIP, in early December in accordance with the measure taken by the SMPRAV in early November, sent a new memorandum to the centers for the resumption of the permits that remained pending, despite the perimeter confinements outside.

The dynamics continued in this way until the end of the year, with no incidents or suspended

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permits scheduled for the Christmas holidays with subsequent 10-day quarantines. At the beginning of January, in a letter sent by the SGIP to the CPs, the maintenance of exits and permits was promulgated. Yet the possibility of restricting the entry of extra-penitentiary personnel and/or the suspension of prison activities, the reintegration with collaborating entities and the closure of labor workshops were decisions left to the discretion of the directorates. However, because of the spread in infections during the third wave in January and which culminated in the “shielding” of the prisons dependent on the SGIP, we observed on February 2nd that exit and entry permits were to be suspended again. Restricting elements such as extra prison staff for cultural, sports, training or occupational activities. It was not until the beginning of March that the gradual reestablishment of exit permits with the corresponding quarantines began again, although these varied between CP. Thus, while in Galician centers the quarantines were ten days, in other prisons such as Valladolid or Pamplona they lasted fifteen days.

In the analysis of figures, to appreciate a final balance; although both the SMPRAV and the SGIP (as aforementioned), began to announce in mid-May that they were beginning to gradually reestablish activities. At least in Catalan prisons (the only Administration from which we have been able to obtain figures), stated their reactivation was slow and that at the end of this report the participation rates registered in the same months of the previous year had not been reached at any previous time. As an example, during February 2020 there were five-thousand-six-hundred-and-seven prisoners who participated in some type of treatment program. In February 2021 there were three-thousand-four-hundred-and-eighty-four. This gives us a participation reduction rate of practically 38% .

Regarding permits for leave, although from May 2020 the SMPRAV had announced that the Boards were to begin the evaluation of inmates who had planned permits. During the months of May and June 2020 there was a reduction of 73 % with respect to the number of permits granted in Catalan prisons compared to the same months of 2019. Although the trend was increasing during subsequent months. For instance in January 2021, 29% fewer permits were approved than in January 2020.

Finally, the statistics regarding planned or scheduled departure are even more alarming. In Catalan prisons they were completely paralyzed during the months of April and May and were not able to give authorizations again until the end of June. During the month of July 2020, only twenty-eight departures were authorized, which represents 6% of those approved in July 2019. Although the number of authorized departures was increasing, in January 2021 less than 12% of those approved were so in January 2020. In February of this year less than 20% compared to February 2020. It should be noted in this regard the low proportion of women who have accessed scheduled outings during the period under study, thus observing a greater impact on said collective. From June 2020 to February 2021, eighteen scheduled

departures for women prisoners have been authorized in Catalonia and five-hundred-and-sixteen for men. Furthermore, during those months women made-up less than 3.4% of these outings, despite representing 7% of the prison population.

ACCESS TO THE PRISONS LEGAL GUIDANCE SERVICE AND COMMUNICATIONS WITH OTHER LAWYERS

After the decree of the first State of Alarm, both administrative bodies had limited the communication access with lawyers to only phone calls to be used in extreme circumstances, all the while encouraging them to make calls and video conferences. To this end the availability to use the telephone was extended. Although civil groups organizations claimed on many occasions that these calls entailed a cost and in this sense it was a violation in the right to defence. The Prisons Legal Guidance Services (SOJP) suffered unfortuious outcomes when both administrations decided to suspend them altogether.

At the end of March, the services resumed again in some CPs. It was the Bar Associates and the SOJP staff who began to design and implement alternative communication channels. These included at first by telephone and by video call shortly thereafter. As there was no one protocol, different communication channels and modes were generated with different SOJPs according to who designed them and the collaboration received by each CP. Therefore registering a significant decrease in requests during the following months. Problems such as lack of confidentiality in conversations, transference of documentation and economic costs (as it has to be done from the booths in some centers), and even a lack in the application processes. Despite the insistence on behalf of the administrations that the right to legal assistance should continue to be guaranteed, during the harshest months of confinement, testimonies from lawyers reported various irregularities. There was even denial of entry into some centers, regardless of the seriousness of the matter to be dealt with.

Another event that occurred during the first confinement was associated with the postal mail sent to the Ombudsman. Through such means, he informed the Ministry of the Interior that there could be problems with complaints from inmates, since they are made by ordinary mail and this is limited and with minimal services. Additionally, the proposal by the General Council of the Judiciary to suspend appeals against certain JVP proceedings in the denial of permits and other complaints that did not affect fundamental rights. Groups of lawyers claimed that the measures proposed by the CGPJ regarding the recourse on exit permits for prisoners implied a reduction of their rights. There was specific mention of effective judicial protection (art. 24.1 CE), insofar as the consideration of access to resources and in relation to the right to a trial with all the guarantees (art. 24.2 CE). The groups of lawyers and the lawyers themselves warned that this measure would prevent inmates from accessing free justice, meaning only prisoners who had financial means could hire lawyers to formulate their resources.

The de-escalation began in mid-May with the announcement by both administrations of the

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return of the SOJPs in person through call centers, as well as their designated lawyers. However irregularities and some bans on the entry of lawyers in various state prisons continued. Exemplified in what occurred in the Picassent CP at the end of May. Here various lawyers were denied entry by the deputy director of security. Or in the case of the CP of Topas, whose SOJP was delayed three weeks because the sanitary zone where the prison is located progressed before that of Salamanca, where the Bar Association is located. In the SMPRAV prisons a new confinement of the Segrià region on July 4th made it impossible for the lawyers of the Illustrious College of Lleida to access it, therefore they could not carry out video conferences with inmates, being that there was no adapted protocol for these lawyers to carry out said video conferences without it including travel to the College.

Although with less frequency, this kind of dynamic continued to be registered throughout the summer, without any statement by the administrations about any specification to the regulations of protocols which would guarantee legal assistance with adequate health security. For the Madrid Bar Association they had to wait until the end of September to sign an agreement to regulate telematic attention with the SGIP. In the case that face-to-face attention was not possible, an agreement should be extended to the rest of the Autonomous Communities. In spite of this in October some problems continued to be recorded in the communication of confined inmates and their lawyers in the Madrid V CP. Simultaneously, in the Pamplona CP a judicial delegation was also installed to collect notifications, appeal procedures, appearances by video call and more.

November, December and January were months without significant problems in terms of access to justice. However, at the end of January the outbreak detected in Wad-Ras (Barcelona) meant that the lawyers in order to communicate with the inmates had to travel to the center, despite not being able to maintain contact with them, not even through the phone booths. In order for the inmates to speak with their lawyers, a mobile phone was provided to the inmate and another to the lawyer to make a limitless video call. Regarding the SGIP, after the “shielding” of February 2nd, unequal access to justice was recorded again according to each prison. In some, the lawyers and members of the SOJP continued to enter or carry out communications by telematic means. However in other centers without any telematic alternatives, communications were restricted, registering drastic reductions in requests for visits to the SOJP notably in a period where the vulnerability of fundamental rights were accentuated.

Finally shortly before the end of the second State of Alarm, the agreement of April 8th, 2021 it was known that between the SGIP and the General Council of Spanish Lawyers (CGAE) they would allow all prisoners to communicate with their lawyers through videoconference. It would be the responsibility of the SGIP to set up the spaces and make the necessary means available in the prisons to carry out the interviews, always respecting their confidentiality. Something very important that the agreement foresaw is that the SGIP and the CGAE would develop a protocol to ensure that this type of communication must be complementary but not a substitute, thus reinforcing that face-to-face interviews should prevail as a

fundamental basis in the right of defense. We must be aware of the implementation and actual use of this new agreement in the coming months.

PRISON POPULATION REDUCTION MEASURES.

After the State of Alarm, similar figures and total confinements which occurred almost worldwide throughout the month of March 2020, in the reports from the main international health authorities and human rights groups, they included as an essential necessity the management of the pandemic concerning the reduction of prison population in order to manage overcrowding. Also to be able to increase social distancing within the walls, especially for those people belonging to risk groups; those over sixty-five years old or people with previous pulmonary pathologies. The international health authorities were: the WHO, The International Committee of the Red Cross and the protection institutions of Human Rights were entities such as: The UN High Commissioner for Human Rights, The Committee for the Prevention of Torture of the Council of Europe and the Commissioner for Human Rights of the Council of Europe.

In Spain, a few days later various civil society associations echoed these recommendations. The prison administration then requested the leave permits or for house arrest of people from risk groups such as those over seventy years old, with serious and incurable pathologies or with respiratory diseases, this referring to the preventive inmate population and/or of people with short sentences. The administrations adopted certain measures to temporarily reduce the prison population based on art. 86.4 and 100.2 of the RP to allow home detention. At the end of March, the SMPRAV studied applying art. 86.4 of the RP to the prisoners classified in 3rd degree prior to the proclamation of the State of Alarm provided that they meet the following requirements:

- (1) A sound evolution and adaptation of the person in the open regime had been verified,
- (2) The measure favored their reintegration process
- (3) The inmate had a home where they could serve the confinement in adequate conditions.

Before the beginning of April, this administration announced that art. 86.4RP had already been applied to six-hundred-and-twenty-eight prisoners, tripling the number of prisoners who were on house arrest. Before the health emergency, 20% of 3rd degree prisoners benefited from this measure (that's, three-hundred-and-twenty-five), thus reaching 55% (nine-hundred-and-fifty-five). The SMPRAV also announced that an extraordinary JdT would be held in order to study the evolution and prognosis of people classified in art. 100.2RP - referring to those who leave the CPs to work, volunteer, training or treatment- in order to assess whether they could be allowed the right to house arrest. At the beginning of April, it was approved for fifteen inmates classified in 2nd grade (four inmates from the Wad Ras CP and eleven inmates from Quatre Camins), this represented a total of 15% of the Catalan prison population passing confinement in their homes and 70% of those were on semi-release. The remaining 30% of the prison population had the possibility of going outside of the Catalan prisons although they had to spend the night in prisons. There were twenty-two inmates who had approved article 100.2 RP (to fulfill labour), and who were not subjected to any measures of telematic control.

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Civil society organizations in Catalonia continued to reiterate to the Department of Justice the need to expand house arrest measures. Not only for more 3rd degree cases or the regime of article 100.2 of the RP, but also for prisoners over seventy years and those with serious pathologies. The SMPRAV responded in mid-April when health professionals and treatment teams approved that sixteen inmates with vulnerable health could spend confinement outside of prison, eleven of them in their homes and the remaining five in accommodation managed by social entities. Regarding the one-hundred-and-eight septuagenarian people who were living in the SMPRAV prisons at the beginning of the pandemic seventeen of them were already residing in the domicile (16%), by the end of April this figure had risen to forty-five (41%). Of the sixty-three who remained in prison, thirty-five were still under study for the possible application of this measure, twenty-two were denied due to high risk of recidivism, and the remaining six due to the general opposition of the judges to the release of these prisoners, a fact that affected the one-thousand-five-hundred-and-fifty-five preventive prisoners of the SMPRAV and seven-thousand-four-hundred-and-fifty-three from the SGIP.

This last administration did not apply releases in a strict sense but applied the same measures based on arts. 86.4 and 100.2 of the RP, with prior authorization from the judges. This was especially important for mothers with children in prison. Although there is no data as to the exact figures in Catalonia, and knowing that the percentages of application of these measures were much lower than in the other administration, what is known is that at the end of March the SGIP authorized the application of art. 86.4 of the RP to two-thousand-one-hundred-and-fifteen inmates who were already on semi-release. Giving a total of four-thousand-three-hundred-and-eighty-one compared to the two-thousand-two-hundred-and-thirty inmates before the pandemic. Some CIS, such as the one in Pamplona remained empty. In this context there was insufficient supply of telematic wristbands so alternative control channels to be initiated, such as random calls to the check in at the homes of inmates. However, at the beginning of April civil society organizations continued to denounce that the SGIP was not applying the recommendations on prison population reduction from the WHO and the Council of Europe, to their full potential. In the mid-month of April the administration announced that of the seven-thousand one-hundred- and- eighty-two prisoners serving an open sentence (semi-release), five-thousand five-hundred-and-seventy-nine were in their own accommodation under telematic surveillance. Also that two-hundred-and-fifty people had been passed to a 3rd grade classification and therefore article 86.4 of the RP was applied for their confinement at home.

The reversal of confinement in prisons began with the presentation of a document by civil society organizations to both administrations with proposals for de-escalation. The main measures were:

- 1). The maintenance of 3rd grade degrees via telematic, telephone or personal control and its application to those who are still inmates in the CIS.
- 2). Generalized measures aimed at granting open regimes and house arrest for people under the article 100.2 of the RP must be adopted: To people over sixty-five years of age, to pregnant women or mothers with children in prison, to chronically ill people; as well as other

groups, such as people who although they do not have a chronic disease may suffer from ailments considered high risk in the context of the coronavirus.

3). Progression to third degree for those with shorter sentences or who had already used their permits before the confinement, as well as for people who have already served $\frac{3}{4}$ parts of their sentence.

4). The study - and when appropriate - the application of alternative measures for those deprived of liberty for prisoners with mental health problems, people with drug addiction problems and people with international family responsibilities.

During this period the SGIP announced the revision of articles 100.2 and 86.4 RP. According to the Secretariat it was with the intention of keeping them in said measure or progressing them on to 3rd grade. There was an exception that those inmates were to carry out a treatment program in the CP or had shown a step back in their progress. Simultaneously the transfers of progressed inmates to the CIS closest to their homes would be favored. Though not much official statistical data was published in this regard, only in specific cases from press releases. On the other hand the SMPRAV established that in order to prepare for the return to the “new normal” from Phase 3 (June 29th), the Treatment Boards would begin to plan the review of the inmates' situation at 86.4 RP and their eventual re-entry in the centers. The Catalan administration decreed that a progressive opening of open centers would be carried out. In order to reduce the number of inmates in these centers, which would uphold the permanence of 60% to 70% of the inmates in 3rd grade during this period, with a view to reducing this figure to 40% in favor of the application of art. 86.4 of the RP by the end of the health crisis.

In July 2020 Spain ranked eighth in Europe in terms of measures to reduce the prison population, this was mainly thanks to Catalonia, whose administration applied them to 17% (one-thousand-four-hundred-and-seventy-five), of its prison population compared to 5.8 % (two-thousand-nine-hundred-and-eighty-one) of the SGIP. In August, the SGIP referred to the recommendations of international organizations whereby they denied the existence of overcrowding that forced release measures. Additionally whilst recognizing that the increase in outbreaks did not rule out a totally new isolation of prisons, it was a measure that would have previously resulted in confinement, when there were heavy restrictions on movement.

On the other hand, the SMPRAV announced that it would maintain the commitment to propose conditional liberties for health reasons to those inmates who present diseases which made them vulnerable to Covid-19. However the statistical data revealed in the months since the start of the pandemic there had been fewer conditional liberties than in the same months of 2019. The proportion of inmates in 86.4 PR decreased compared to the period of confinement. The reasons reported by the SMPRAV were that the open environment units now took in inmates in a residential way, and that the prosecution and the JVPs were revoking part of the applications of this measure, considering them exceptional due to the health crisis and the confinement situation. In July and August 2020, ninety-five and eighty-eight positive resolutions were granted for the application of art 86.4 of the RP compared to forty-eight in July and another forty-eight in August 2019. This was well below March and April 2020, when eight-hundred-and-ninety-five and five-hundred-and-forty-six were respectively considered.. However, a total of two-hundred and fifty-five of these measures (83, 135 and 37 respectively) were also revoked between June, July and August 2020.

As of January 5th there was a concentration of one-hundred-and-eighteen people deprived of

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liberty sleeping in centers and open sections managed by the SMPRAV. There were one-hundred-and-seventy-two who slept in their homes due to the application of article 86.4. RP. After the first wave (June 2020), there were an additional sixty-five (two-hundred-and-thirty-seven) people deprived of liberty who were on house arrest, in application of art. 86.4RP. It is striking when we consider the decrease in people benefited by this measure. Despite the fact that in the same week of January the Department of Health of the Generalitat reported the protocol against Covid-19 was “Seriously” complicating in prisons due to the problems that occurred in open centers with inmates returning from leave and from the increase in the new 3rd degrees being granted in the revisions of November and December.

Finally on the 5th of January, the repeal of the State of Alarm on May 9th came without official figures from any administration regarding the current level of application of these measures. Yet if we compare the evolution of the improvements for 3rd degree persons deprived of liberty in Catalonia, after the confinement stage with the same period of the previous year, we find that during the months of May to November 2020 progress was made to fewer people in the 3rd grade category than was made during the same months of 2019. On the contrary, the trend is reversed during the month of December 2020, where there is an increase of 41% compared to December 2019. In the month of January the figures are reduced again. In February 2021 there was an increase of 22%, compared to the same month of the previous year.

FINAL APPRAISALS

As observed throughout this report, the structural crisis suffered by the health system in AGE prisons, has defined the management of the pandemic in those penitentiary centres. Although, as we can recall, the responses from the SGIP came earlier than in the case of Catalonia, they presented shortcomings that were highlighted by various union groups. On one hand the guidelines published by the SGIP (especially in the context of de-escalation), were not very exhaustive and did not establish the necessary health security protocols to put them into practice thus giving great discretion to the CP managers for their application. This generated protests by prisoners and their families, complaints by works unions and even a provision that decreed the need for its review by the Council of Ministers. As we have also seen there was a shortage of health personnel which meant that the established health security protocols were not implemented, thus generating protests by prison health professionals who from the outset made clear the structural deficiencies of the prison health system and demanded the adoption of urgent measures.

We also find that both diagnostic tests and vaccines reached Catalan prisons much earlier than those of the rest of the State, which can be explained by the fact that the Catalan prison health

system is integrated into the public health system. Also notable in this regard are the problems that existed in some CPs dependent on AGE due to the lack of coordination with the public health system, which as aforementioned had generated mistakes in the follow-up of positive cases of Covid. These problems, along with many others that affect prison health, have been denounced for years by civil society organizations and professional groups. We hope that the recent health crisis constitutes a turning point in this regard and that the aforesaid transfer of competencies becomes effective.

In contrast the SMPRAV and the Penitentiary Health Program developed more exhaustive action protocols than the SGIP. These contemplated all possible scenarios and the necessary measures to take, in each one of them. Although as has been explained, it seems that they did not make a sufficient effort to ensure compliance with them, many of the planned measures were not finally implemented, at least in an exhaustive manner.

With respect to the main differences between the health security measures and protocols established by both administrations, it should be pointed out that those concerning the process of identification and release of elderly people with previous pathologies made them especially vulnerable to contagion. As previously mentioned, since the beginning of the pandemic both international health authorities and civil society organizations have requested prison administrations to adopt measures aimed at protecting this population group. However, no action was taken by the central administration in this regard. Possibly, the adoption of some type of measure would have prevented a large number of these deaths as a result of coronavirus for deprived of liberty in State prisons of the vast majority who were over sixty-five years old and had previous pathologies. As seen, in the case of Catalonia, during the period studied there was only a single death of a person deprived of liberty, a fifty-five-year-old man who had no previous pathology.

Another aspect to mention is related to the use and distribution of protective materials. It is striking that in the prisons dependent on the AGE, there was no mandatory use of facemasks for prisoners from the beginning of the pandemic, despite the fact that their use in closed spaces had been recommended by the health authorities and was required for the whole population. The SGIP referred it was due to both health and internal security reasons, however when during the second wave of infections increased at an alarming rate, the SGIP changed the criteria and decreed its mandatory use. Also, the reluctance shown by both administrations to allow the entry of protective face masks from the outside, could be explained for the primacy of regimental security over health, as revealed by prisoners, family or social groups. It is of concern that despite the fact that both prisoners and union groups warned of the shortage of protective materials, both administrations set restrictions for families and civil society organisations to supply prisons with material. It should also be noted that although both administrations publicly announced the distribution of protection material, at least in Catalonia the prisoners stated that the only facemasks they had received during the entire pandemic had been cloth masks. As we reiterate in previous reports, at SIRECOVI we believe that access to surgical masks should have been always guaranteed for all prisoners.

Special mention should be made of the conditions in which the sanitary isolations have been conducted by both administrations. We consider it of concern that despite the

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recommendations made by international organizations and civil society entities, many prisoners reported that they spent the entire day in their cells. On many occasions they were without yard hours or without telephone contact with the outside world. Let us remember that in the declaration of principles regarding the treatment of persons deprived of liberty in the context of the pandemic issued by the CPT in March 2020, special mention was made to the need for restrictive measures adopted to combat the pandemic to be in accordance with the respect of fundamental rights, ensuring in cases of full isolation access to sunlight, outdoor access and a minimum of human contact. Likewise, civil society organizations asked the administrations to adopt measures so that the restrictions applied to prisoners would not in any case lead to isolation living conditions. Thus, both administrations seem to have ignored the recommendations, and in many cases, quarantines and sanitary isolations indirectly became perceptible isolation sanctions, which in some cases lasted for more than a month.

Regarding the vaccination processes, whilst in Catalonia the prison population was vaccinated in February (once the group of prison workers had been vaccinated), the situation was much more alarming in the CPs dependent on the AGE. In early February there was not even a vaccination plan for prisons. It should also be noted about vaccination in prisons dependent on the AGE, the disparity of criteria and times between one centre and another, which has generated discrimination both between prisoners and workers depending on the Community Autonomous where the CP was located. At SIRECOVI, we believe that as demanded by civil society organizations and prison unions, it would have been necessary to establish a single and uniform vaccination plan for all prisons.

Finally and importantly, despite the fact that international and national authorities have emphasized the need to protect people deprived of liberty because they are especially vulnerable in the context of the pandemic, none of the administrations included them as a priority vaccination group at first, however prison staff were included. From SIRECOVI we want to show our concern once again for the little importance that political and social institutions show towards people deprived of liberty, as this topic expresses, reinforcing the social conception of people deprived of liberty as "second category" citizens.

In respect to the measures taken regarding communications, there are several issues that we want to highlight. In the first place we must have in mind that for people deprived of liberty, communication with the outside is a crucial aspect for their life in prison. Maintaining bonds with family and loved ones is very important from an emotional well-being point of view, as well as from a treatment perspective. Preparing for life in eventual freedom involves being able to relate with what happens outside of prison. It is also very important for family members to be able to maintain this link, especially in a context of these uncertain pandemic times, such as that experienced during the last year.

As seen, one of the first measures carried out by the administrations at the beginning of the pandemic was tied with communication between prisoners and the outside world. In the different communications and recommendations of international organizations, the need for

fluid communication between people deprived of liberty and those outside the prisons was highlighted to ensure the right to family connection and access to information, among other aspects. In this regard, it was urged to look for alternatives that would alleviate the lack of face-to-face communications, for example telecommunications.

The Spanish and Catalan Administrations introduced compensatory measures to the stoppage of face-to-face communications, making video calls available. Several things should be critically pointed in this regard: Firstly, the low number of electronic devices purchased by the administrations, especially by the Spanish Administration, made it clear that this measure could not work as a true alternative to face-to-face communications. Secondly, the fact that said communications had the presence of a prison official as a condition for making the video call, seriously limited the privacy and intimacy of said communications. Finally, ordinary telephone calls have revealed the need to financially compensate for a greater number of calls for inmates who could not afford said increase, due to precarious conditions pre-existing to the pandemic and, in many cases, loss of income due to the closure of productive workshops in prisons. Although certain free calls were proposed for inmates in a situation of indigence. Arguably one of the most prominent criticisms has to do with the majority of inmates who are not in a state of poverty but who do not stop having a very precarious economic situation that prevents them from paying for these communications.

Regarding video calls as a method of communication between inmates and outsiders, the fact that this measure will continue beyond the pandemic crisis can be seen as favorable. Beyond its inclusion as a new form of communication it is necessary to propose a regulation of its use. All discriminatory situations must be banished, such as those reported by persons deprived of liberty. They stated that they had to choose whether to maintain the option of making video calls or having face-to-face communications. This does not attend to the different circumstances surrounding prisoners' network. An effort should also be made to expand the number of smartphones and new video booths available to carry out this type of communication, especially in the prisons dependent on the SGIP.

We would like to highlight two elements that seem especially serious to us regarding the management of the communications of persons deprived of liberty. On one hand the SGIP resorted on many occasions to the restriction of oral communications in all the CPs when a certain percentage of Covid incidence was reached, instead of doing it only by modules as the SMPRAV did. On the other hand, the SMPRAV established different regimental modalities for the inmates, depending on their condition with respect to the virus. Thus, it was established that prisoners infected with coronavirus had to remain in their cells isolated (when they weren't in any specific health care modules or even in the hospital), verifying a serious decrease in access to telephone calls and video calls for these inmates. This fact seems especially worrying to us, not only because being sick does not put prisoners' rights in the background, but also because being sick implies a state of vulnerability, also emotional, which can be increased in conditions of isolation and furthermore without being able to access any type of communication. This fact is also an extra concern for families, who cannot communicate with their family members and aren't able to know how they are.

Regarding the measures related to treatment and prison work, first of all it is necessary to remember that the very legitimation of the prison in Spain and Catalonia happens due to reintegration. So, all rehabilitative treatment activities are the axis that support the people who

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are deprived of liberty and, therefore it could be conceived that restoration to that of the same level, prior to the pandemic should have been of priority for the Penitentiary Administrations. However, as we can appreciate from the start, the decision taken was to close practically all the treatment and education activities. It was not until quite a few months after the start of the pandemic that said activities restarted, with a reduced capacity and not mixing inmates from different modules. Although, the same did not happen with prison work/labour programmes. The maintenance of the production workshops to be able to dispose of pending orders and, even, the inclusion of the production of necessary products during the pandemic (such as protective gowns and masks), really showed to what extent the need to maintain production from an economic point of view over and above health or educational criteria. It has been seen how civil society has tirelessly insisted on this point, requesting the prioritization of academic and treatment programme issues that have a significant impact on the prison experience of people deprived of liberty.

Access to exit permits by inmates has been clearly affected throughout the health crisis, underestimating the importance that this measure has on inmates. It cannot be ignored that access to the outside is one of the keys to reintegration. Also, it is an essential means to safeguard the mental well-being of the inmates. Although we are aware that the pandemic has made it necessary to reduce the displacement of the population as a whole and at least, during certain periods the restriction of permits may be necessary to comply with the restrictions adopted by the Government in the framework of mobility, as the statistical data previously analysed shows, the impact in this area extended many months after the period of confinement. Likewise, despite the statements made in May by both administrations, there is not enough effort to alleviate the aforementioned affectation. Yet, measures such as those of considering the mobility of inmates during exit permits as essential movements not linked to restrictions, or the reduction of the days of confinement after the return of a permit must be valued very positively as part of the centrality that these exit permits and programmed activities abroad must have.

Another aspect that we would like to highlight regarding exit permits is related to the moment when they began to be resumed in Catalan prisons. The protocol adopted by the SMPRAV required that when an exit permit was authorized for those inmates, as they were assigned a destination, they were made to choose between giving up the permission or the destination. At SIRECOVI, we consider that some less harmful measure could have been adopted, such as the granting of temporary leave to inmates who decide to use a permit while they were working, thus avoiding greater prejudice to prisoners than those the pandemic has caused per se.

Although we do not have data on the specific impact on prisons under the control of the AGE, we do know that, unlike in Catalonia, in the months following the confinement, restrictive measures were taken in the field of reintegration and treatment activities in most of the prisons. This resulted in the suspension of permits, scheduled departures and even treatment programmes, to the extent that the Directorates of the CPs were given discretion to restrict the

entry of extra-prison staff, to suspend reintegration activities with collaborating entities or to close productive workshops. Likewise in February 2021 all the prisons dependent on the AGE were once again shielded, suspending all permits and the entry of external personnel, the very ones who provide a large part of the treatment programmes and activities. For all the above, we infer that the level of affection in this area could be much higher in the PCs dependent on the AGE than in the Catalan PCs.

In order to reduce the impact that the cessation (and subsequent reduction) of activities aimed at reintegration have had on the possibility of accessing prison benefits, from the beginning of the easing-up of confinement, the civil society entities began to request the administrations to study possible measures in order to compensate the time that inmates had not been able to participate in treatment activities and programmes. Thereby adopting measures such as allowing access to open regime, to anticipated parole or reductions in the length of the sentence. Regarding this point, we believe that it is vitally important that if both Penitentiary Administrations really have art. 25.2 of the EC as the objective of custodial sentences, they should apply it in a broad and forceful way in order not to unfairly extend the stay in prison of people who in a non-pandemic context would have been able to obtain said benefits.

With regard to access to justice for the persons deprived of liberty, we can say that the decisions initially adopted by both administrations to suspend Prisons Legal Guidance Services (SOJP) visits and limit communications through the telephone booth as much as possible, greatly limited this access. Additionally, noteworthy, that the Bar Associations and SOJP staff had to be the ones who created other forms of communication to alleviate said legal defenselessness. Firstly, via telephone calls, which were to be taken in the cabins of the CPs thus they could not ensure full confidentiality and therefore unequal treatment was incurred. Later, through the implementation of telematic assistance through videoconferences. It was not until April 8th, 2021, a year after the announcement of the first State of Alarm, when an Agreement was reached between the SGIP and the CGAE to ensure that all prisoners would have access to communicate with their lawyers through video conferencing.

But perhaps the most striking thing regarding access to justice was the proposal by the CGPJ. This consisted of suspending the appeal in rejecting permits or other complaints that are resolved by the Penitentiary Surveillance Courts. Proposal that if it had been admitted, it would have incurred a serious injury to Constitutional Rights such as effective judicial protection and the right to a process with all its guarantees. We would also be faced with the impediment of accessing free justice, a lawyer being mandatory for the appeal in this type of procedure.

Regarding the measures to reduce the prison population, one can appreciate how these measures were included in a large part of the international recommendations of different organizations, which from the beginning of the pandemic insisted on reducing the prison population as one of the measures in controlling the spread of the virus in the prison environment. As previously analysed, the two administrations implemented measures of extra-penitentiary enforcement of the sentence (rather than reduction of the prison population in the strict sense), essentially through the granting of article 86.4 RP, of the progression to the 3rd degree of people who were in article 100.2 RP or the release of prisoners over sixty-

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five years of age with health conditions that make them especially vulnerable to contracting the virus. It should be noted that the Catalan administration in the implementation of release measures was much more forceful, as has been seen previously. The first reflection regarding these measures has to do with the low incidence they have had in the total prison population. This is mainly due to the fact that most of them are measures applicable to a population that is already in the 3rd degree or in a situation of greater flexibility in serving their sentence. This sector of the prison population is a minority, so these measures have had less impact than if they had been applied to the bulk of the prison population that is in the common regimen.

Along the same lines, people who are already in 3rd grade or enjoying regular outings, are usually located in specific prison Units. Thus, once again, these measures have not been able to decompress those Units where there is a greater concentration of persons deprived of liberty.

We have also seen how certain release measures have met with resistance from judicial bodies or prosecutors, either through appeals or because the release decision depends on the judge investigating the case, as in the case of people in pretrial detention. One of the principles from international requests which have been repeated between different organizations: the necessity of different administrations who are competent in penitentiary matters to work in coordination and to opt for measures taken from all perspectives. This request seems to have been ignored by the different judicial and penitentiary administrations both in Catalonia and in the rest of the Spanish state, despite the criticisms made to the Judicial Power from the Ministry of Justice of Catalonia.

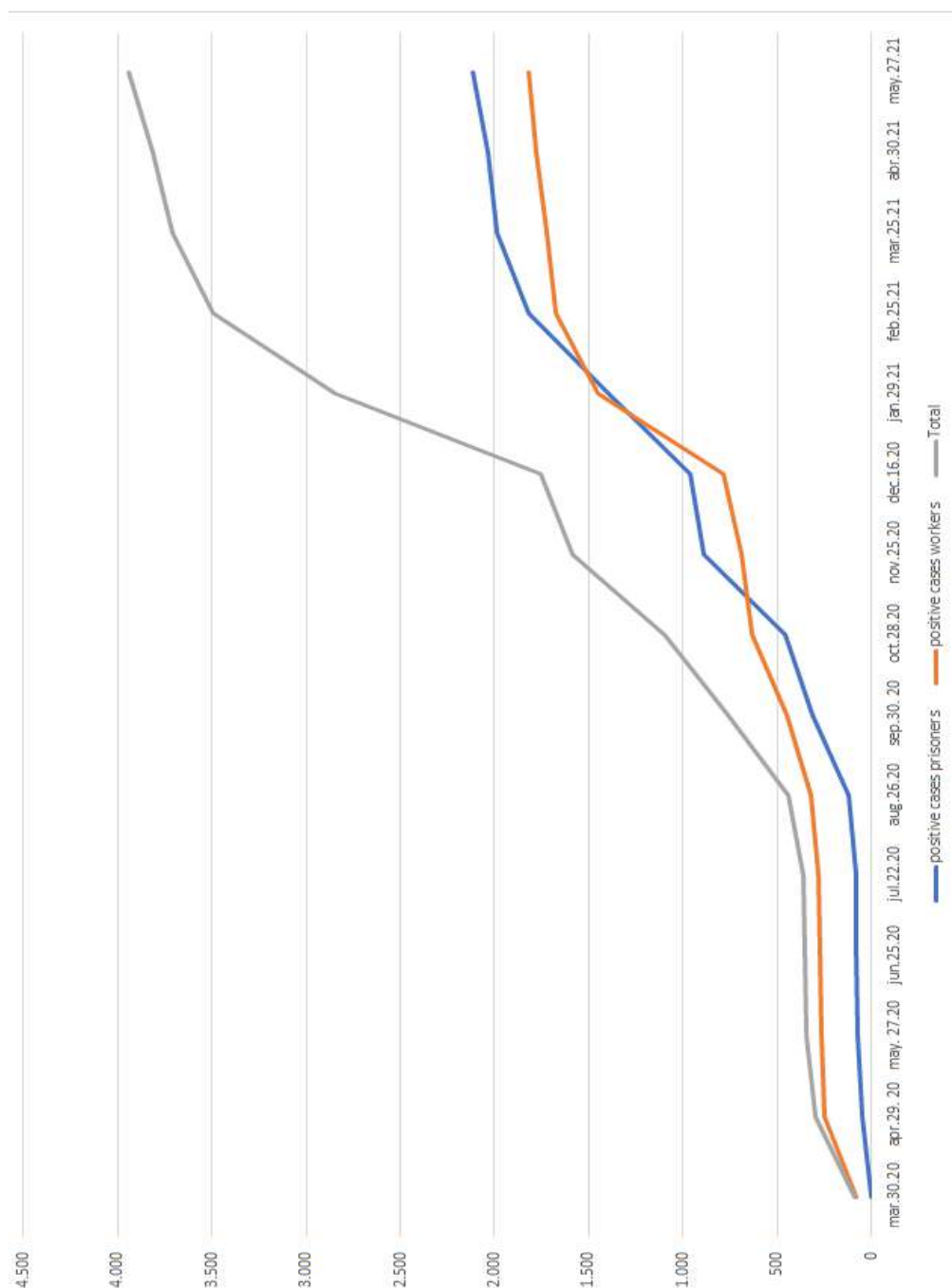
It should also be noted that although the majority of measures to reduce prison population were delivered at the beginning of the pandemic, they seem to have declined over the following months. Requests began to appear for the Treatment Boards to resume activity to assess whether the people who were serving their sentence at home as a measure during the State of Alarm should already return to their designated center. In this context, we find that during the months after confinement and continuously until the closure of our study, there is a significant increase as far as the repeal of art 86.4 RP by the Boards of the Catalan CPs. For example, while in June 2020 only 12.5% of the 86.4 RP approved in comparison with those approved in 2019, 26,67% more were revoked than in June 2019. Although during the month of July 2020 there was a greater number of them (98%), 44% more were revoked than in 2019.

We also find that even though during the second wave of the pandemic, the number of infections in Catalan prisons was higher than during the first wave-with outbreaks and confinements occurring in most centres-, no new measures were adopted regarding decarceration. Rather, the same reductionist trend as in the previous months continued. This fact shows that the process for release and the search for alternatives to the deprivation of liberty in prison are not central or assumed by the institutions as a way forward in prison policy. This is something different international organizations have been recommending

throughout year on year, regardless of the pandemic. It is especially necessary that in the next post-pandemic context, both the Penitentiary Administrations and the Judicial Authorities, turn their decisions towards a policy in the application of forms of compliance in more open regimes while daring to implicate the application of real alternative measures to prison. This would truly ensure the reduction of the prison population and enable systems that strengthen compliance with international standards.

ANNEXES¹

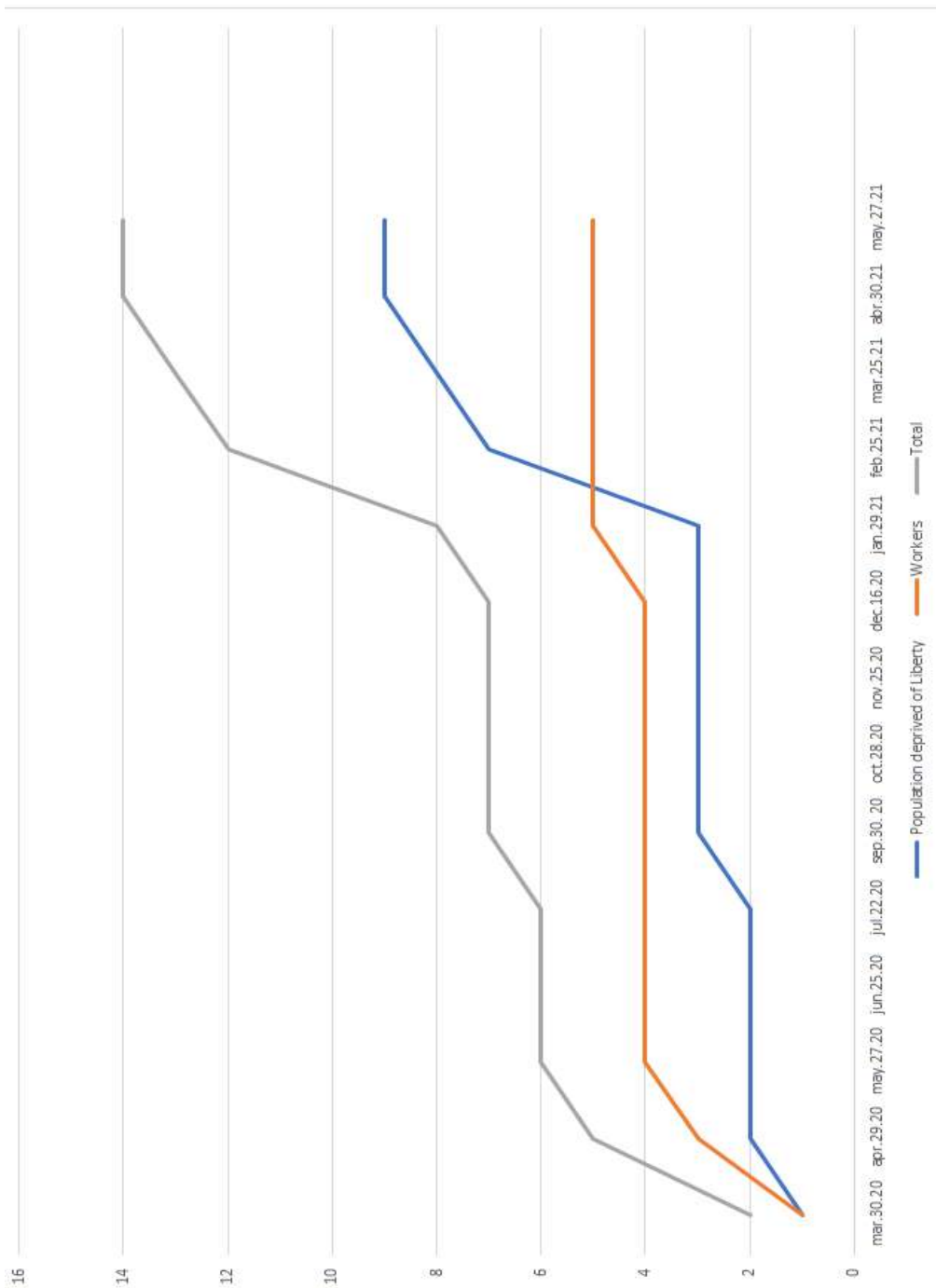
Graph 1. Evolution of those tested positive in the penitentiary centers dependent on the State General Administration (AGE)²



¹ All the graphs shown are self-made based on data provided by the Secretariat for Penal Measures, Reintegration and Victim Support (SMPRAV) or by the General Secretariat of Penitentiary Institutions (SGIP)

² Accumulated data

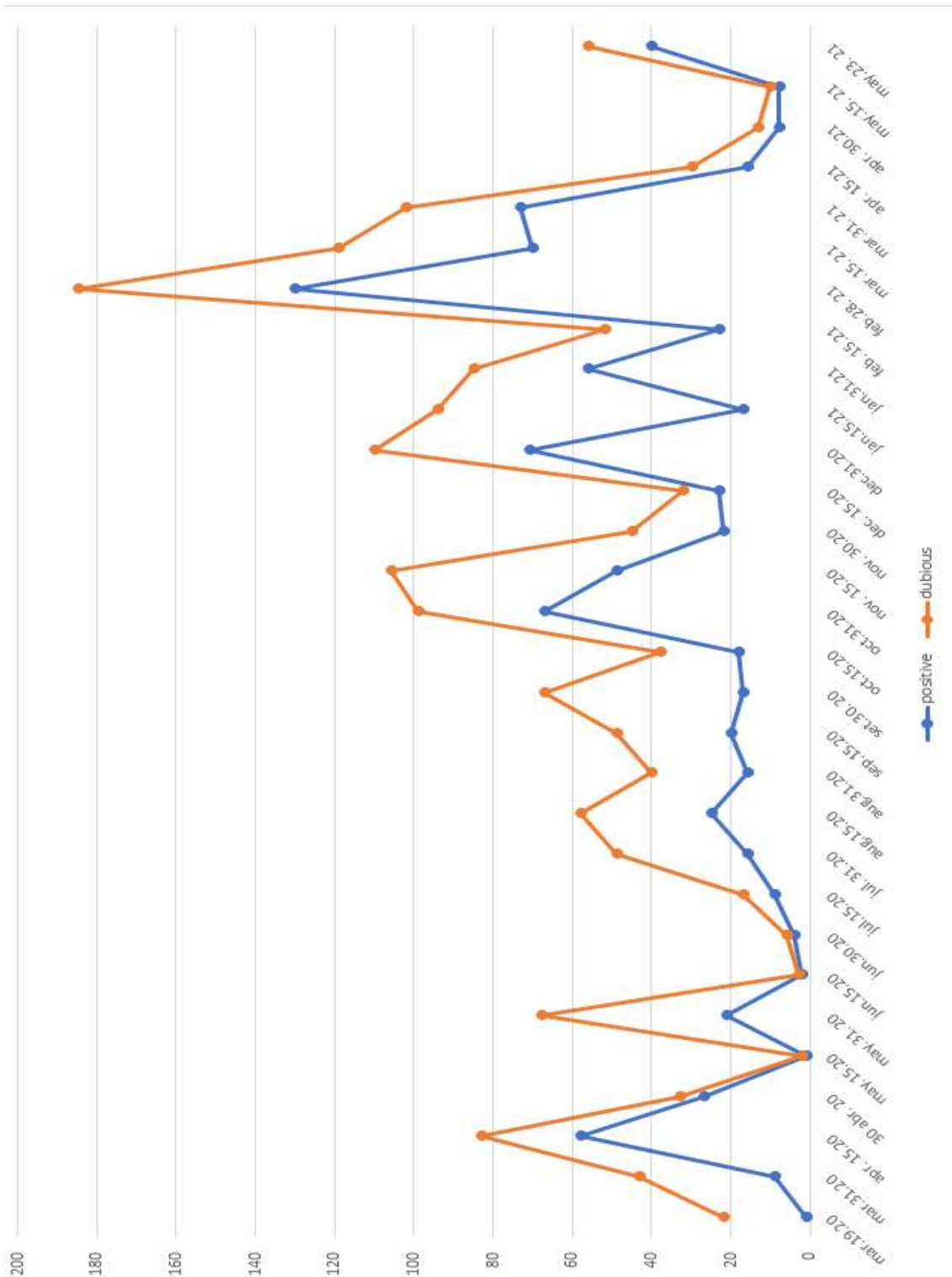
Graph 2. Evolution of deaths due to Coronavirus in AGE prisons³



³ Accumulated data

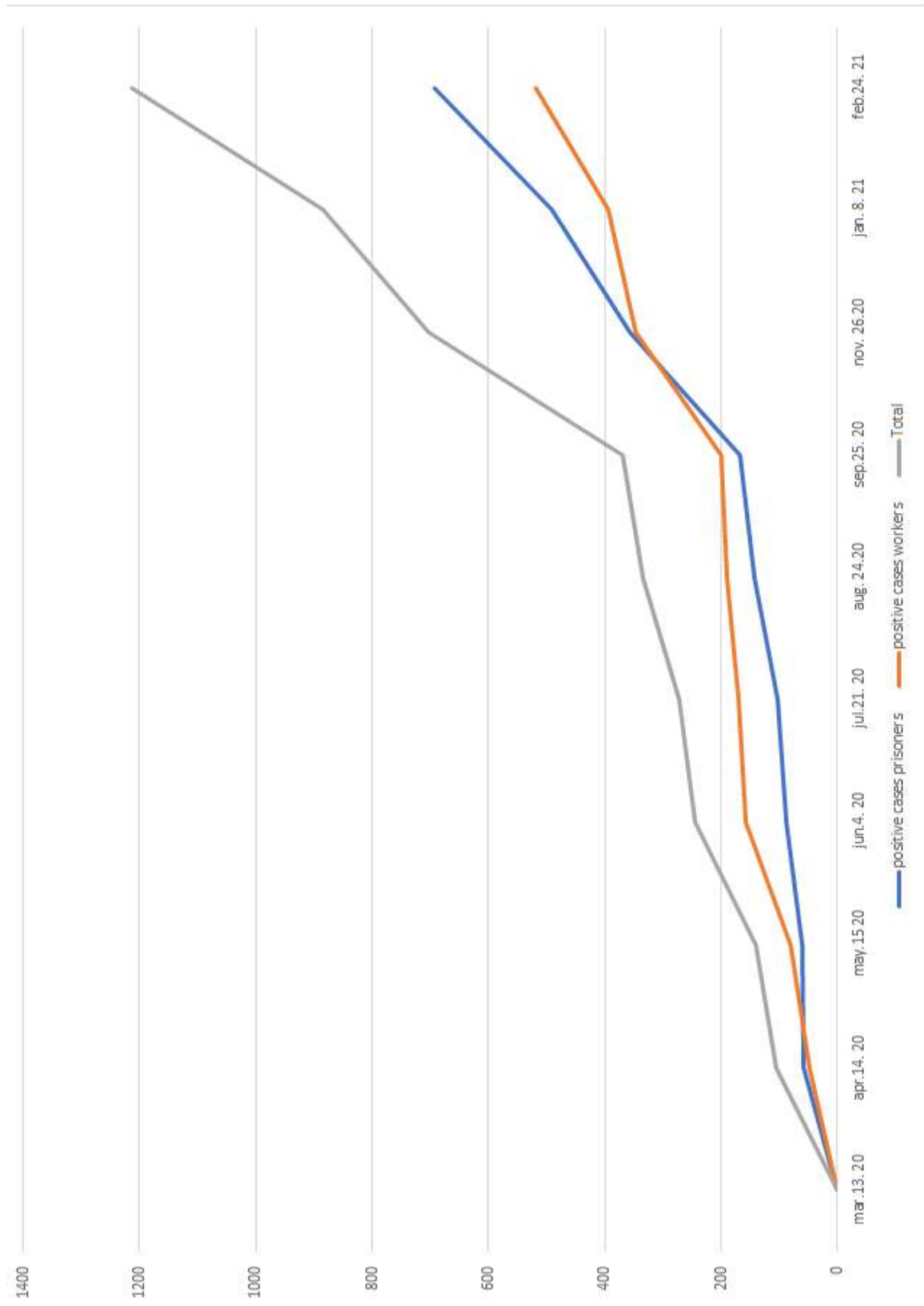
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Graph 3. Evolution of confirmed or suspected cases amongst the population deprived of their liberty in penitentiary centres in Catalonia.⁴



⁴ Daily data

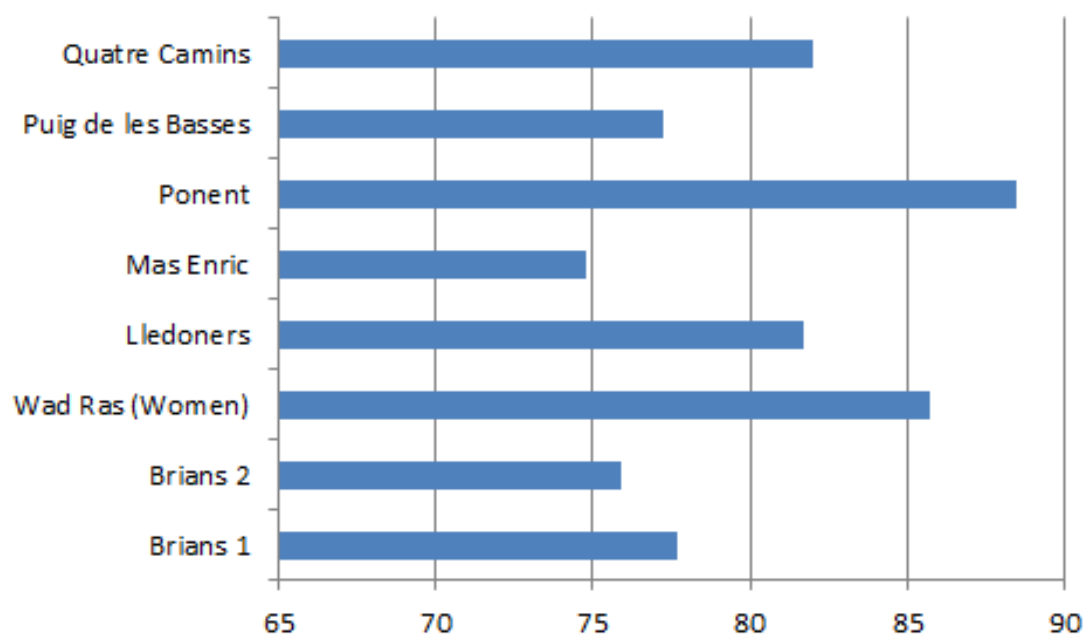
Graph 4. Evolution of infections in Catalan penitentiary centres.⁵



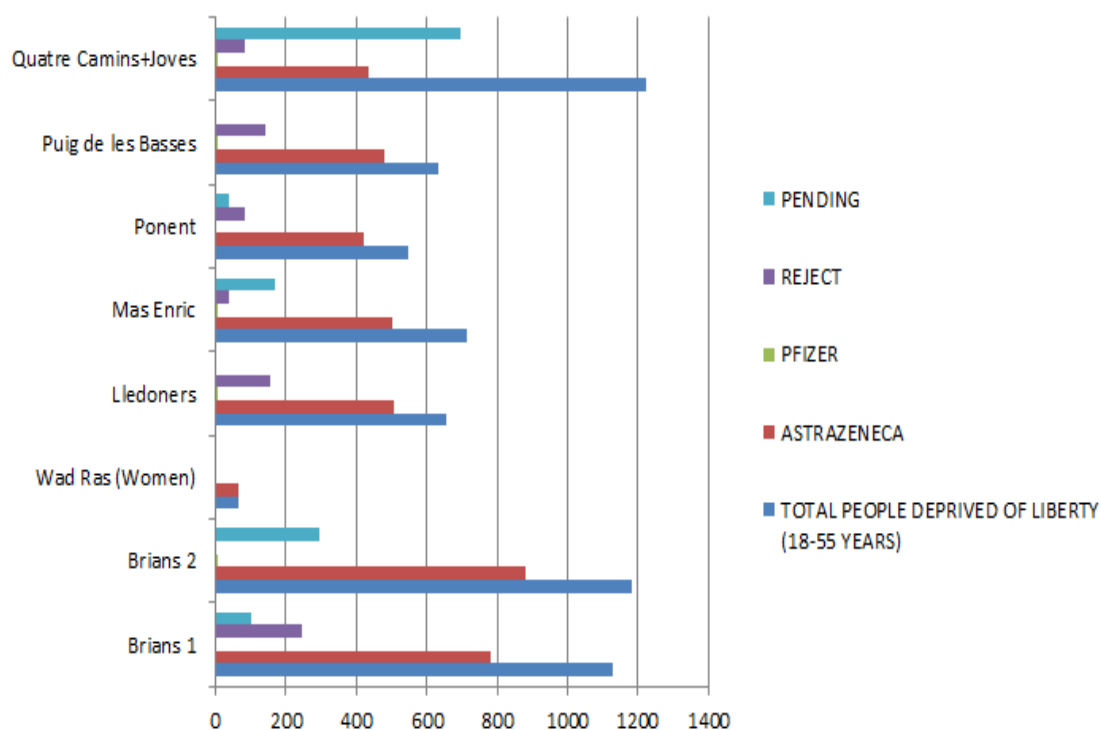
⁵ Accumulated data

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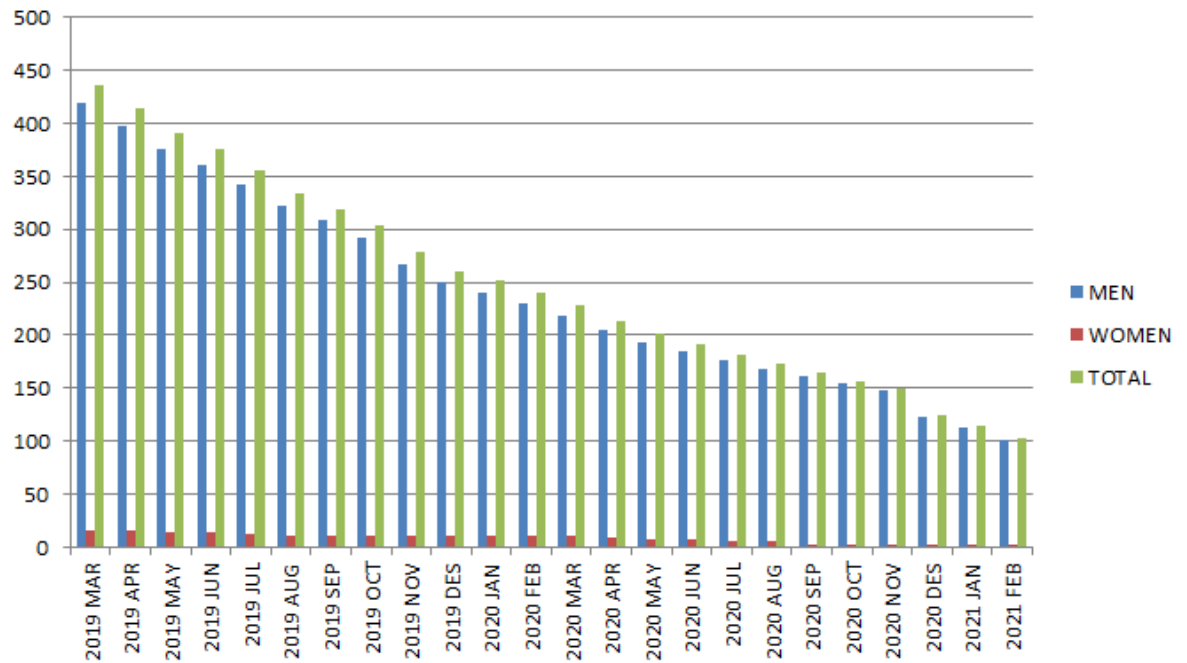
Graph 5. Percentage of (male & female) vaccinated workers in penitentiary centres in Catalonia from the 27th of February 2021, according to centre.



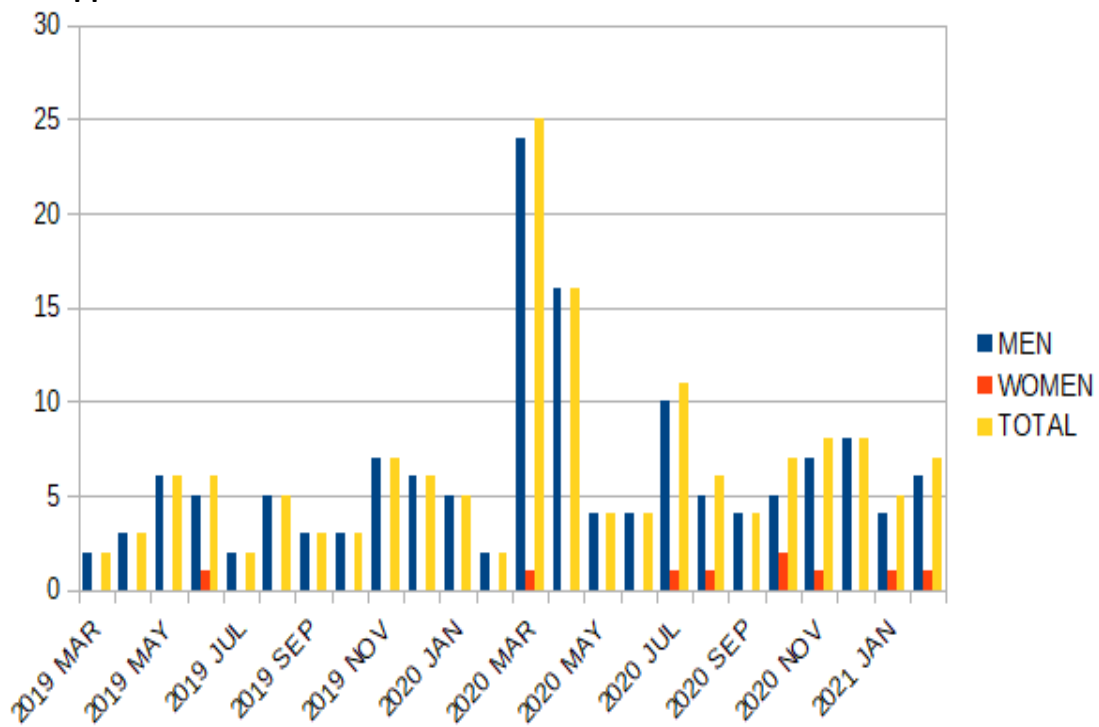
Graph 6. Vaccination situation amongst the population of persons deprived of liberty in penitentiary centres in Catalonia, 17th March 2021, according to centre.7



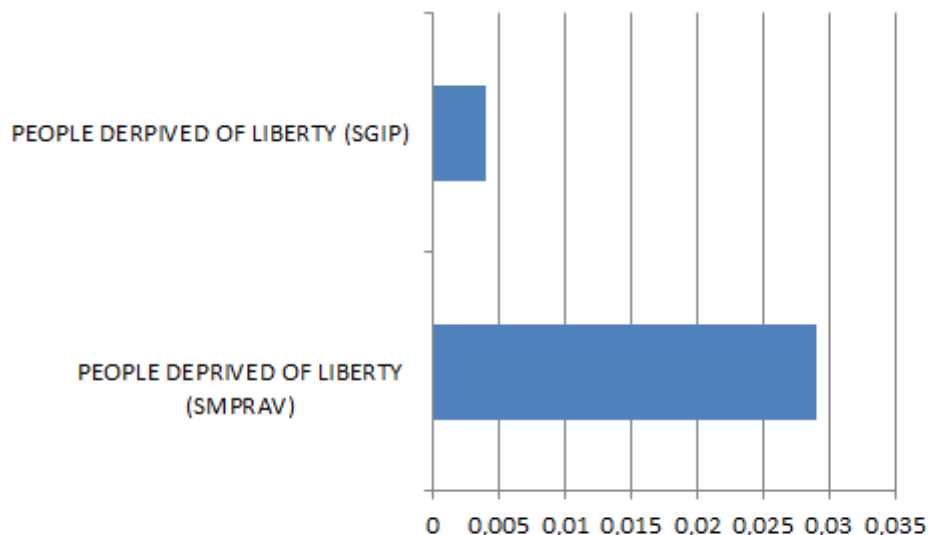
Graph 7. Evolution of the population deprived of liberty, aged sixty-five and over in penitentiary centres in Catalonia.



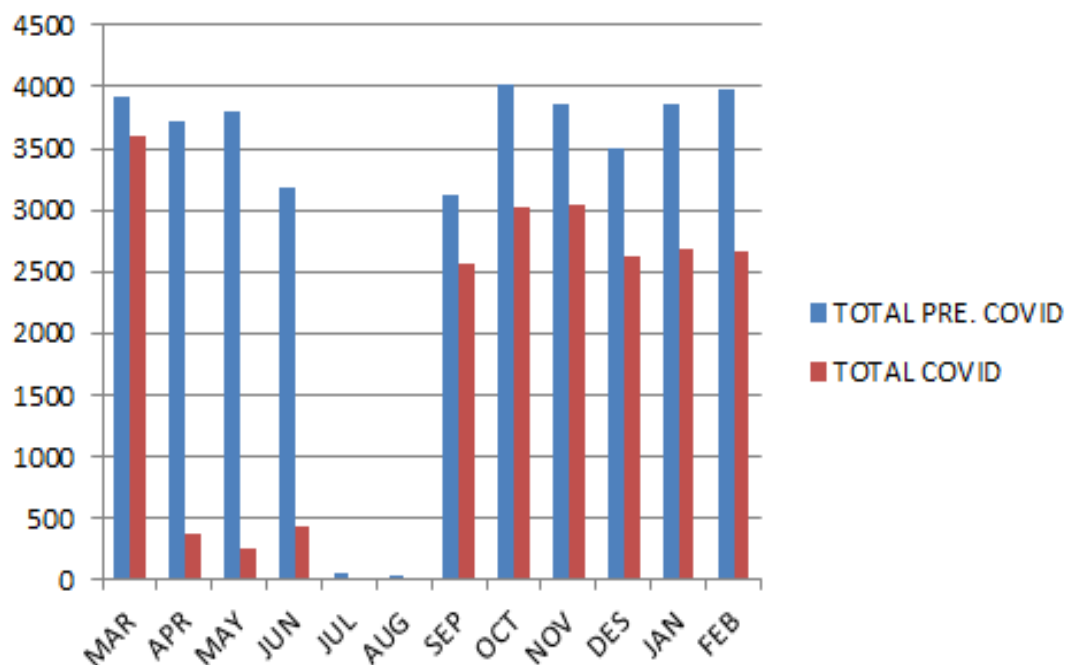
Graph 8. People deprived of liberty in Catalan penitentiary centers over sixty-five years of age and who had previous pathologies, to whom an article 100.2 RP has been applied.



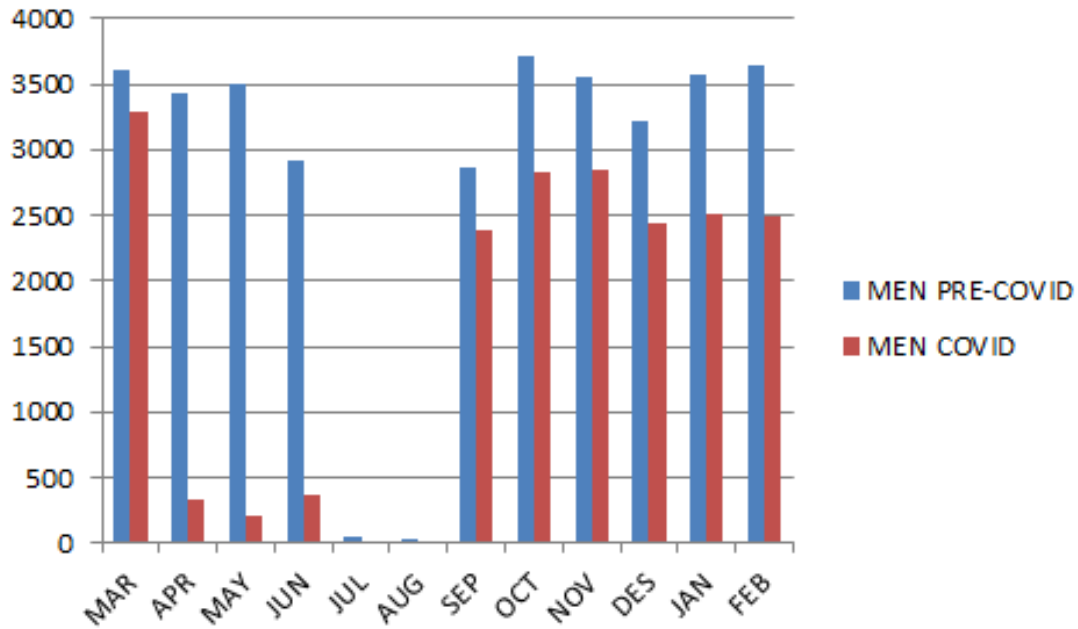
Graph 9. Comparison of the percentage of Smartphone for each person deprived of their liberty in penitentiary centres in Catalonia and the rest of the Spanish state.



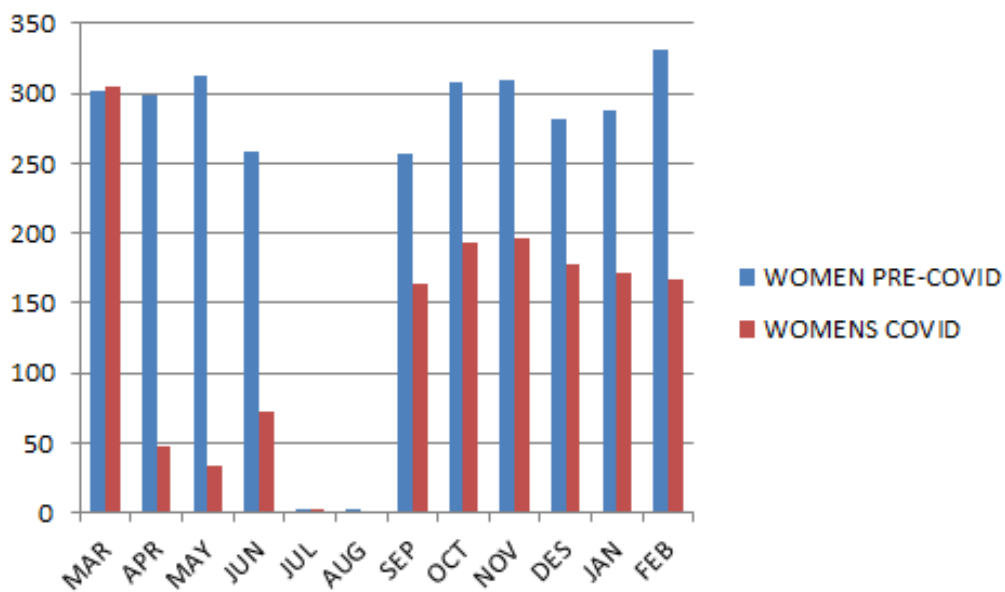
Graph 10. Evolution of persons deprived of liberty in Catalonia who carry out a training program.



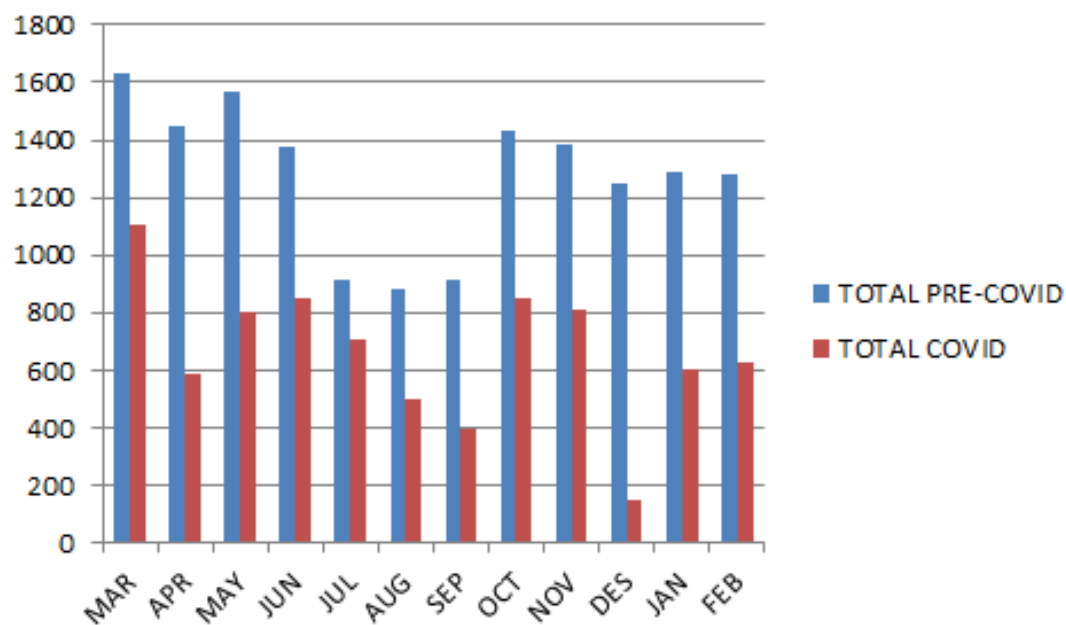
Graph 11. Evolution of men deprived of liberty in Catalonia who carry out a training programme



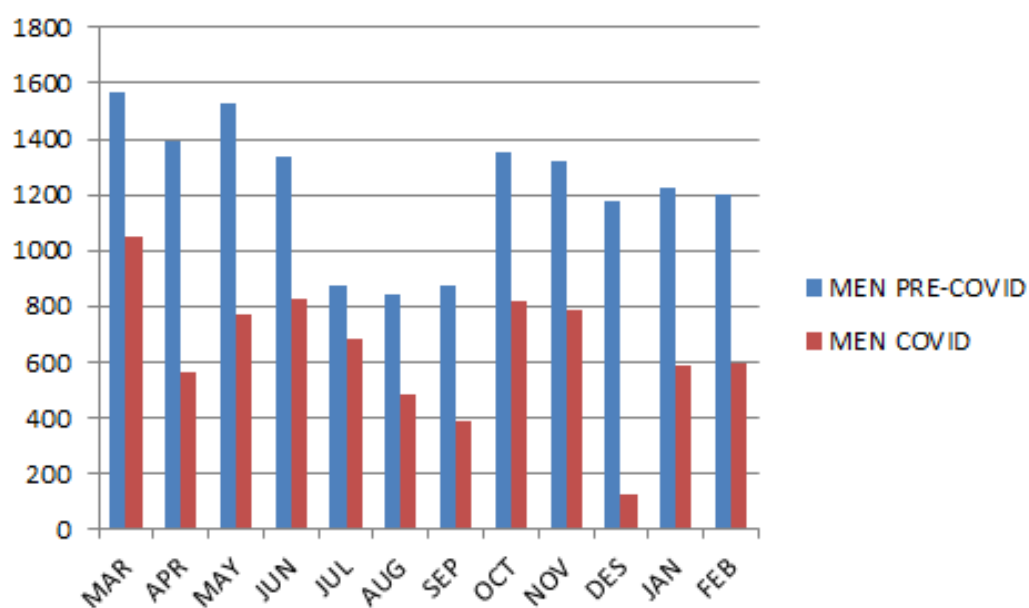
Graph 12. Evolution of women deprived of liberty in Catalonia who carry out a training programme.



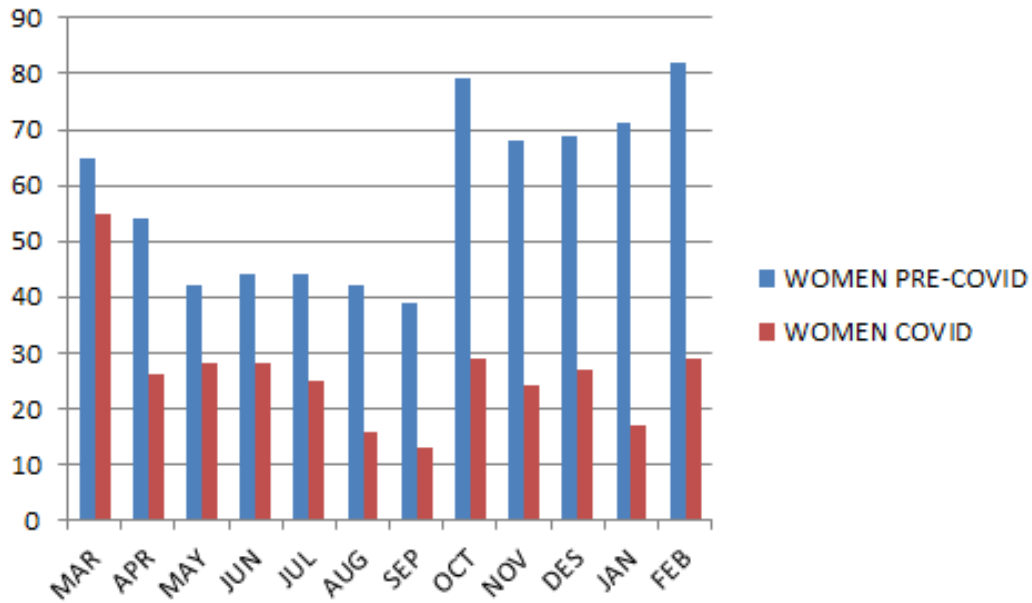
Graph 13. Evolution of the population deprived of liberty in Catalonia that carry out a treatment programme.



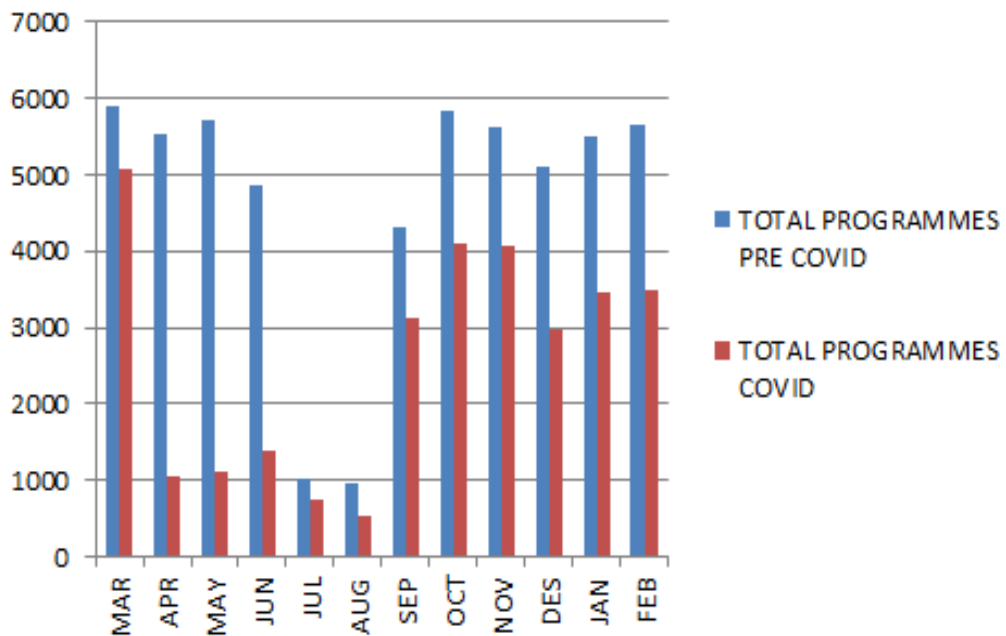
Graph 14 Evolution of men deprived of liberty in Catalonia who carry out a treatment programme.



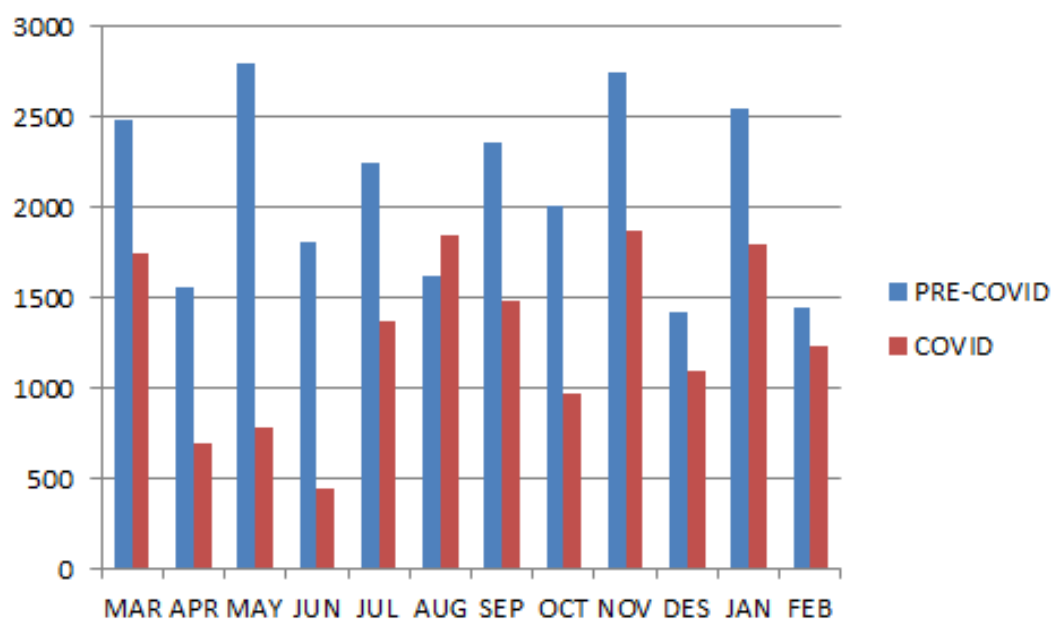
Graph 15. Evolution of women deprived of liberty in Catalonia who carry out a treatment program.



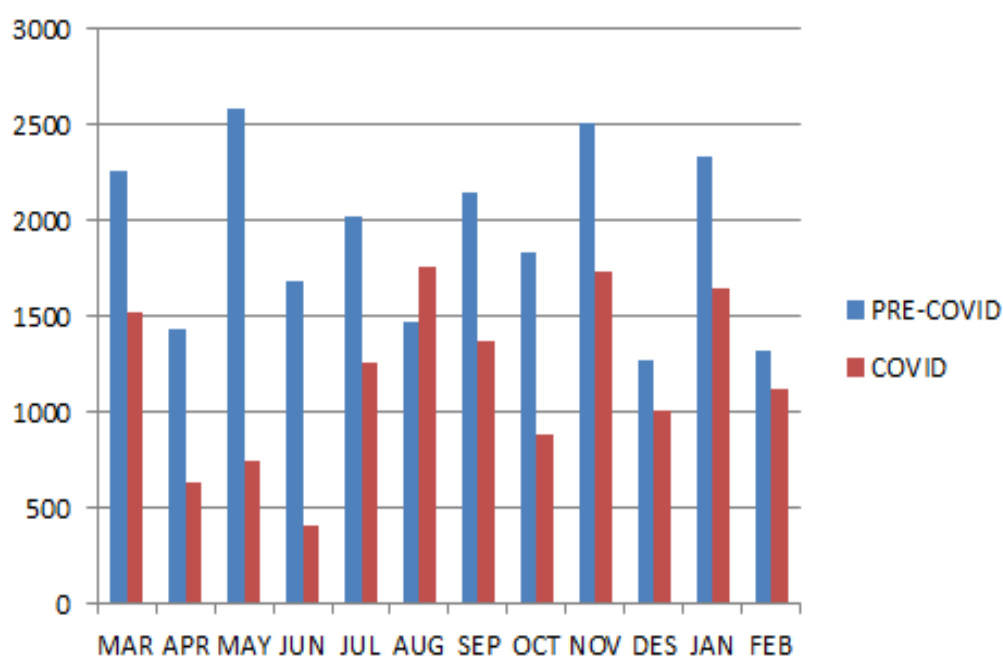
Graph 16. Evolution of the population deprived of liberty in Catalonia that carry out any programme in the field of reintegration and treatment



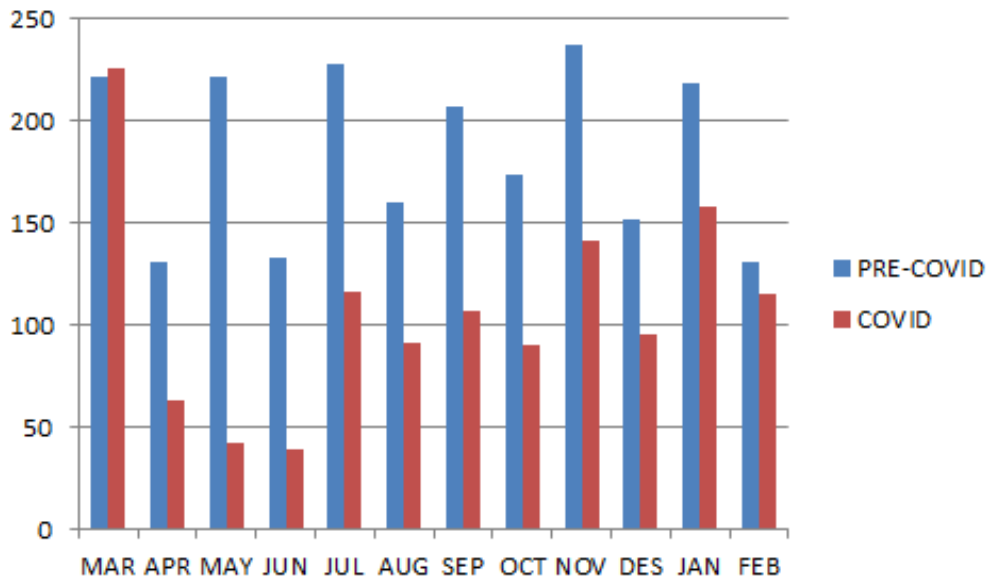
Graph 17. Evolution of exit permits approved in Catalan prisons



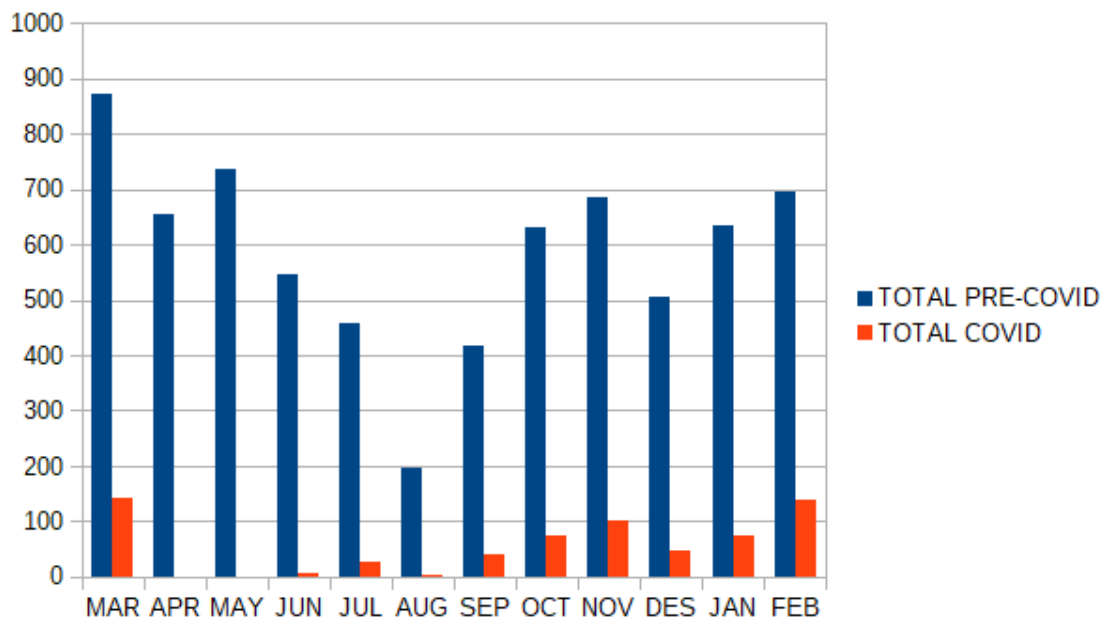
Graph 18. Evolution of the permits used by men deprived of liberty in Catalan prisons



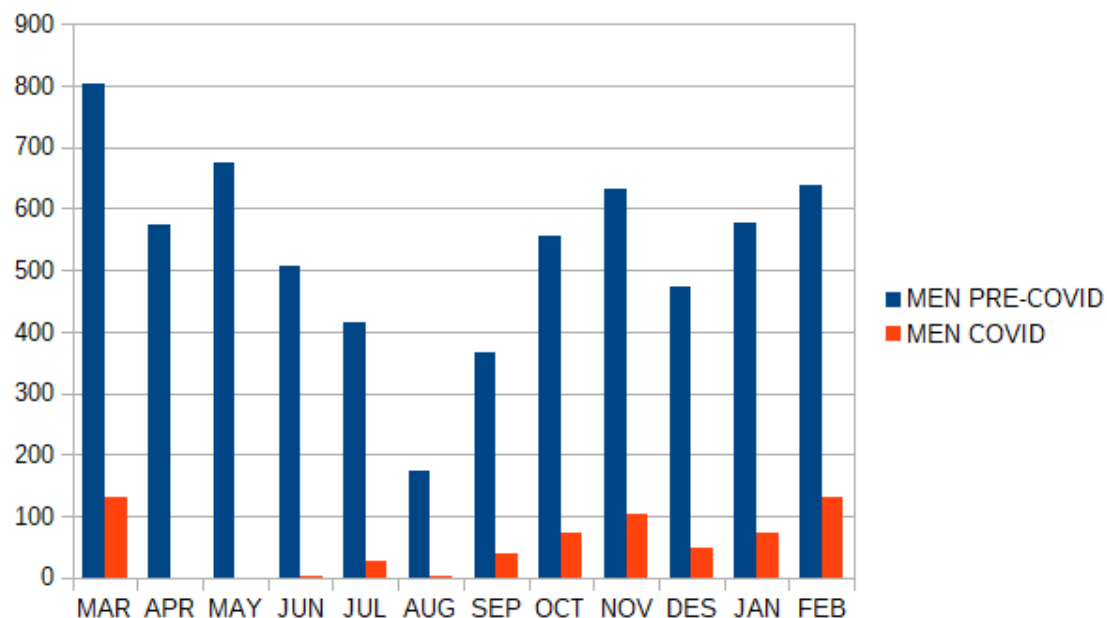
Graph 19. Evolution of exit permits used by women deprived of liberty in Catalan prisons



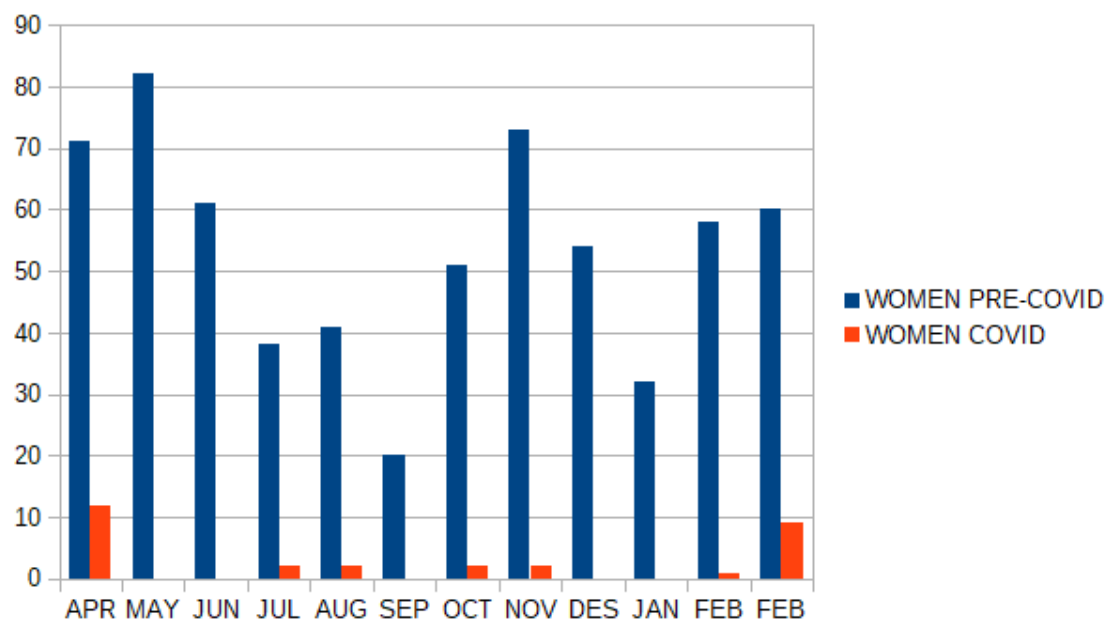
Graph 20. Evolution of approved scheduled outings for persons deprived of liberty in Catalan prisons



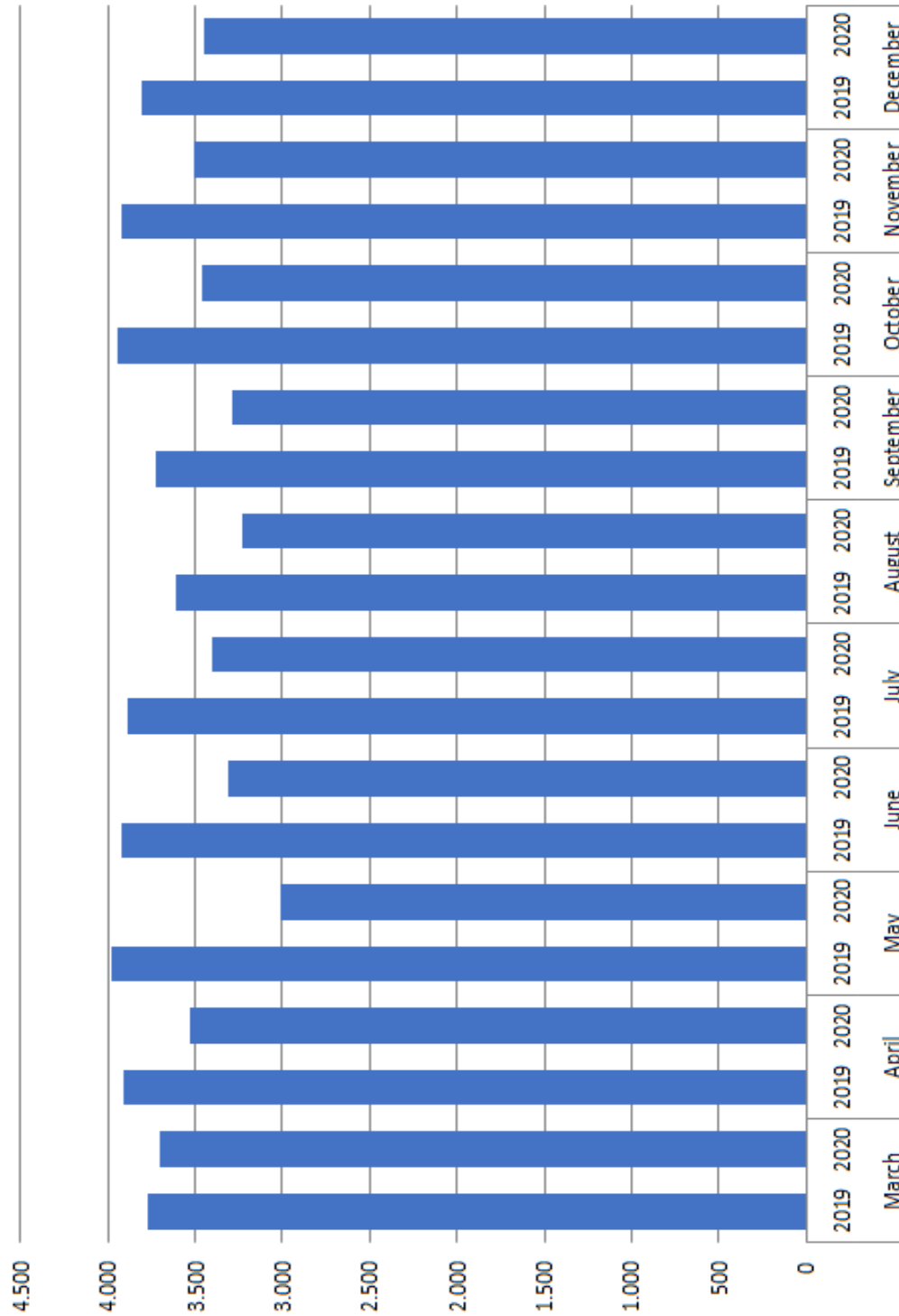
Graph 21. Evolution of programmed outings used by men deprived of liberty in Catalan prisons



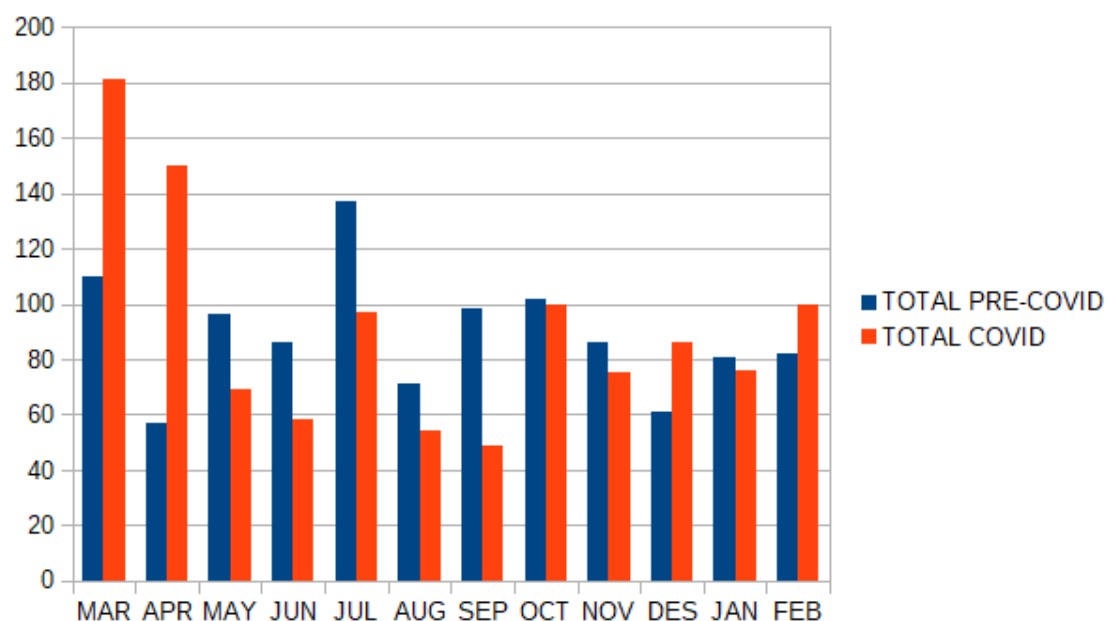
Graph 22. Evolution of the programmed outings used by women deprived of liberty in Catalan prisons



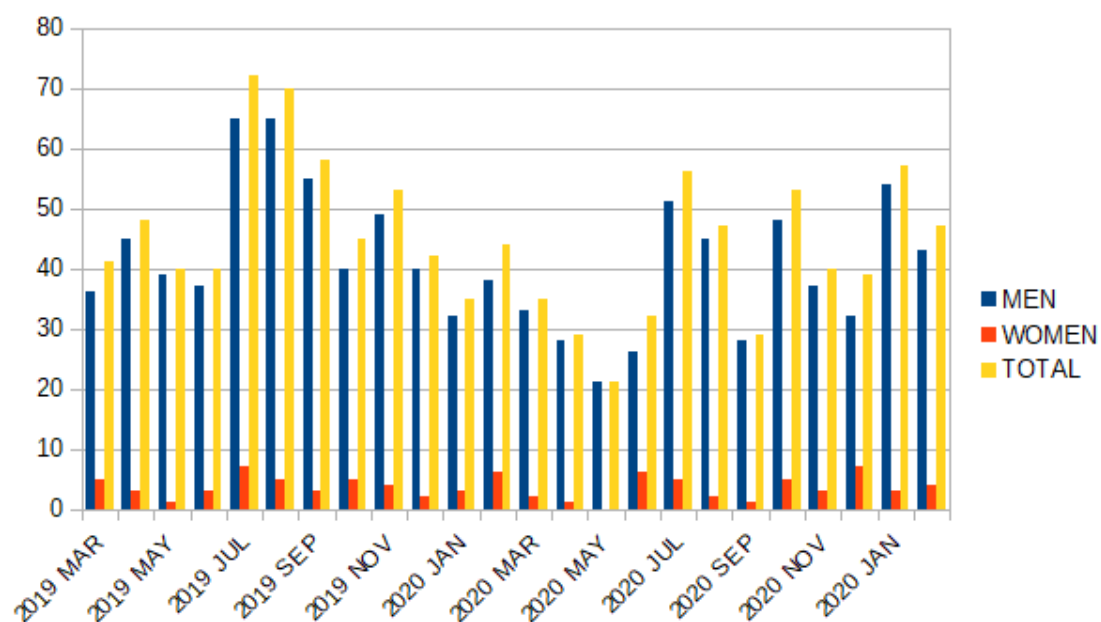
Graph 23. Evolution of the number of prisoners who carry out productive work in Catalan prisons



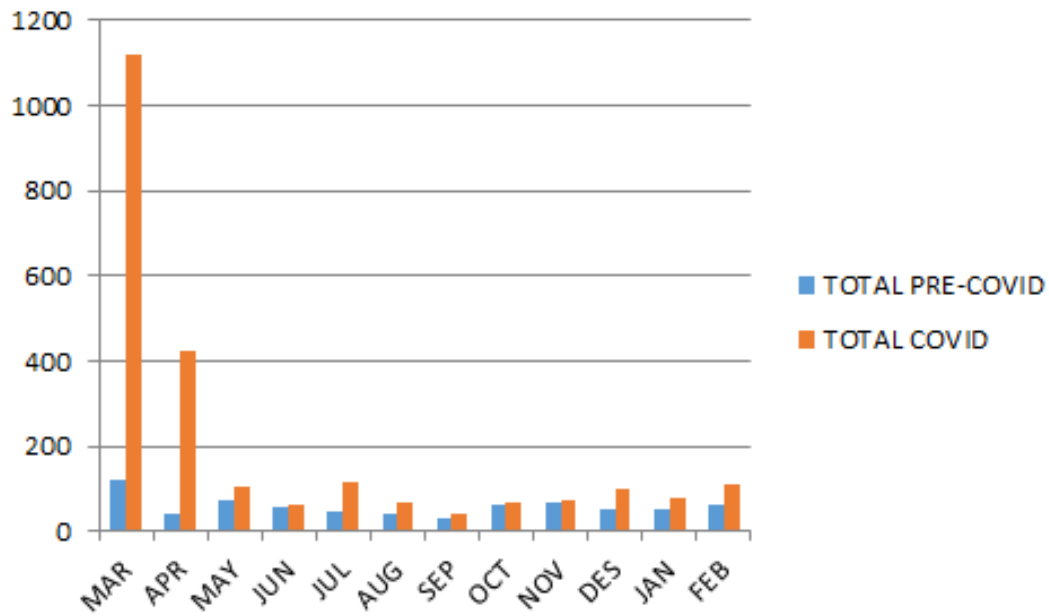
Graph 24. Evolution of the open regime prisoners in Catalan prisons



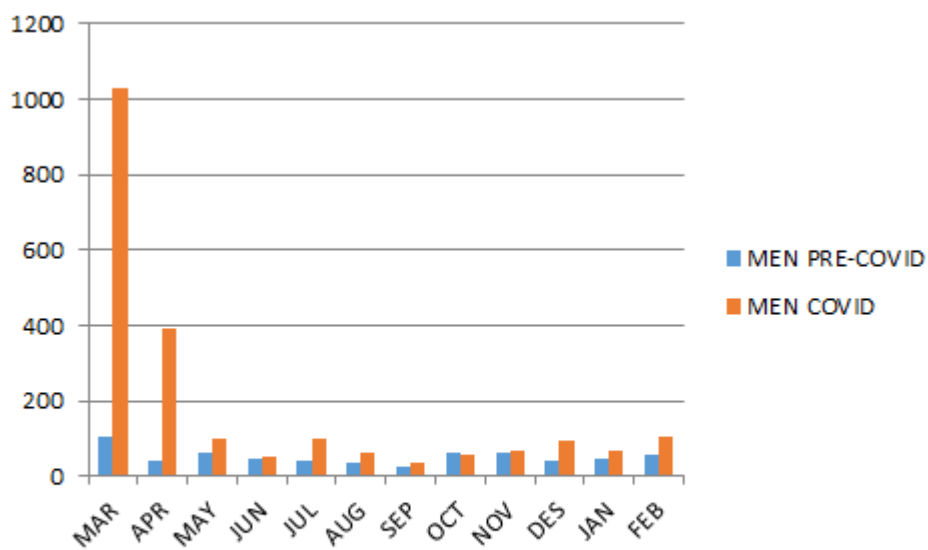
Graph 25. Evolution of regression form open to regular regime in Catalan prisons



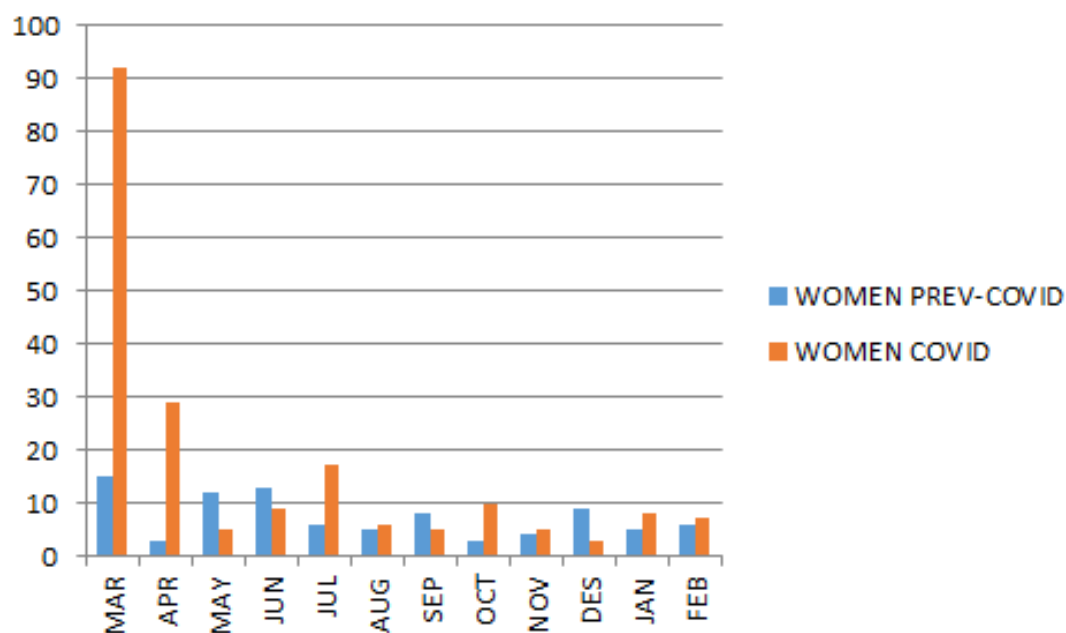
Graph 26. Evolution of classification proposals in article 86.4 RP of persons deprived of liberty in Catalonia



Graph 27. Evolution of classification proposals in article 86.4 RP for men deprived of liberty in Catalonia



Graph 28. Evolution of classification proposals in article 86.4 RP for women deprived of liberty in Catalonia



Graph 29. Evolution of the revocations of article 86.4 RP to persons deprived of liberty in Catalonia

