

# The Impact of COVID-19 Pandemic in South African Correctional Centres: Challenges and Solutions

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# The Impact of COVID-19 Pandemic in South African Correctional Centres: Challenges and Solutions

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The outbreak of COVID-19 was declared a public health emergency of international concern by the World Health Organization (WHO) on 30 January 2020. Many nations, including South Africa, have seen an increase in COVID-19 outbreaks in their population, including those working in and incarcerated in correctional centres. Responding to COVID-19 in correctional centres is a major challenge, particularly due to overcrowding and limited medical resources. This paper uses secondary data to investigate the spread of COVID-19 in South African correctional centres. It focuses on the problems faced by the South African Department of Correctional Services in preventing the spread of COVID-19 in its correctional facilities. The author proposes measures to be followed to prevent the spread of COVID-19 in such facilities. The findings reveal that despite efforts to prevent the spread of COVID-19 in South African correctional centres, the virus spread rapidly among inmates and prison workers.

Keywords: COVID-19, Correctional Centre, Pandemic, South Africa, Prison

The World Health Organization (WHO) declared the outbreak of COVID-19 a public health emergency of international concern on 30 January 2020, and proclaimed it a global pandemic on 11 March 2020 (World Health Organization 2020). COVID-19 has also affected South Africa and its correctional centres.

There are many documented outbreaks of respiratory pathogens in correctional centres in many countries (Kinner et al. 2020). Custodial institutions have seen outbreaks of infections amongst inmates where infections spread at rates far exceeding those in non-incarcerated communities. Highly transmissible viral infections such as measles, mumps, and the novel coronavirus disseminate rapidly among inmates and staff and potentially into the larger community (Kinner et al. 2020). According to Dolan et al. (2016), correctional centres are epicentres for infectious diseases due to their poor infrastructures that are often devoid of appropriate hygienic facilities, overcrowded, and have poor access to healthcare services. Therefore, this paper aims to examine the effect of COVID-19 in South African correctional centres. Its objectives are twofold: firstly, it focuses on the challenges faced by the South African Department of Correctional Ser-

vices (DCS) in preventing the spread of COVID-19 into its correctional facilities; secondly, it proposes measures to be followed to prevent the spread of COVID-19 in correctional centres.

This paper starts by providing an overview of the state of South African correctional centres prior to the COVID-19 outbreak. This is followed by a short description of the extent of COVID-19 in correctional centres in the United States of America and South Africa. Next, it briefly explains the research methodology employed in this study before discussing the challenges faced by the DCS to prevent the spread of COVID-19 in its facilities. Lastly, the paper highlights crucial solutions to be applied to flatten the COVID-19 curve.

## 1 The State of South African Correctional Centres Prior to COVID-19

The South African correctional system was established in the nineteenth century under British colonial rule. The colonial custodial system was characterized by a plethora of restraining laws that increased the incarcerated population (Van Zyl Smit 1992). Imprisonment was used as a powerful tool of social and po-

litical control and inmates found themselves in an extremely vulnerable situation without formal rights and protections (Muntingh 2007).

However, after South Africa embarked on the process of becoming a constitutional democratic country in the 1990s, conditions in correctional centres were to some extent positively affected by the political changes (Muntingh 2007). Several reforms were implemented to improve conditions for black inmates, but many aspects of custodial life remain depressingly unchanged from the years of the apartheid regime (World Prison Brief 2020) due to a prison population that is growing faster than the correctional infrastructure can cope with (Gordin and Cloete 2013).

At approximately 248 per 100,000, South Africa continues to have one of the highest prisoner-to-population ratios in the world (World Prison Brief 2020). Due to the high overcrowding rates, inmates experience inhumane living conditions, correctional centres have become hotbeds for physical and sexual violence, and diseases such as human immunodeficiency virus (HIV) and tuberculosis (TB) are rife (Dolan et al. 2016). Overcrowding also makes adequate supervision of daily custodial life nearly impossible, both in cells and the wider correctional centre environment. There is less supervision of inmates as correctional officials are asked to monitor two to three times the number of inmates they can adequately control. Inmates are exposed to poor living conditions, violence, and other traumatic experiences (Nweze et al. 2021).

However, even though the current conditions in South African correctional centres represent serious breaches of the rights of inmates enshrined in the South African Constitution, the South African constitutional and legal framework protecting human rights in prisons is progressive compared to other African countries. The South African Bill of Rights enshrines the rights to dignity, equality, and humane treatment of detainees, including access to justice, adequate accommodation, health care, exercise, food and water, and reading materials. Furthermore, inmates' constitutional rights are supported by various statutes, policies, and regulations that provide minimum norms and standards for conditions in correctional centres and the treatment of people in those facilities (Department of Correctional Services 2012). These include

the 2004 White Paper on Corrections, which emphasizes rehabilitation as a core function of the correctional centre system (Department of Correctional Services 2004), the 2014 White Paper on Remand Detention (Department of Correctional Services 2014), and the National Strategic Plan on HIV, TB and sexually transmitted infections (STIs) (Department of Correctional Services 2017a). It also includes the Department of Health guidelines for the management of TB, HIV, and STIs in correctional facilities, as well as the national policy to address sexual abuse of inmates in correctional facilities (South African Department of Health 2013).

## 2 The Extent of COVID-19 in Correctional Centres

Confirmed COVID-19 cases among inmates and correctional centre personnel have been reported in many countries. For instance, in the United States, a country with over a quarter of the world's incarcerated population (Wagner and Bertram 2020), its correctional facilities became epicentres of the COVID-19 pandemic (Lemasters et al. 2020). It has been reported that thousands of confirmed cases of COVID-19 are tied to correctional centres with many deaths among inmates and staff (Franco-Paredes et al. 2020).

Marquez et al. (2021) conducted a study on COVID-19 incidence and mortality in US correctional centres from 5 April 2020 to 3 April 2021. Their findings demonstrated that 394,066 COVID-19 cases and 2,555 deaths due to COVID-19 had been reported among the US correctional centre population. Furthermore, they demonstrated that COVID-19 incidence and standardized mortality rates remained consistently higher among the prison population than the overall US population in the first year of the pandemic. While COVID-19 incidence and mortality rates peaked in late 2020 and early 2021 and have since declined, the cumulative toll of COVID-19 has been several times greater among the prison population than the overall US population (Marquez et al. 2021).

In Africa, some of the countries (Rapisarda and Byrne 2020) that experienced the greatest prevalence of COVID-19 infections and deaths are also home to the largest correctional systems (such as South Africa, Egypt, Morocco, Nigeria, and Ethiopia), posing a new challenge in the already congested correctional cen-

tres in those countries. For instance, according to the South African Department of Correctional Services (2020), by 22 August 2020, at least 6,212 COVID-19 infections had been recorded in its facilities. One year later, in a report released on 22 August 2021, 15,984 active cases had been reported (Department of Correctional Services 2021), making an increase of 150 per cent between 2020 and 2021. This number, however, is certain to increase significantly in the future.

Reports of unrest and riots due to fear of contracting COVID-19 have emerged in South African correctional centres. Inmates have gone on hunger strikes (Hans 2020), set fire to mattresses and clothes (Ellis 2020), damaged prison property (Siqathule 2020), and committed violence against prison officials (Singh 2020). Prison officials have also engaged in protests over their working conditions during the pandemic. For instance, in the Voorberg prison in the Western Cape province, supervisors went on strike in response to management's unwillingness to disinfect the prison and provide support for temperature checks (Vuso 2020). A subsequent protest by frontline officers at Qalakabusha prison in the KwaZulu-Natal province demanded tests for staff after an inmate tested positive and also called for temperature checks on entry into the facility to be improved (Zincume 2020).

### 3 Methods

The study draws on the literature to investigate the challenges faced by the DCS to prevent the spread of COVID-19 in its correctional facilities. Search has been conducted in numerous databases such as Academic Search Premier, e-Scholarship, PubMed, Social Science Research Network (SSRN), Google Scholar, and World Health Organization. Eligible data sources were identified, screened, and summarized using a two-stage approach: (1) a systematic search for relevant qualitative studies reported in peer-reviewed journal articles; and (2) a search for national and international newspaper reports containing information related to the aim of this study. Inclusion and exclusion criteria were applied to restrict the data to those most relevant to this study. The following inclusion criteria were used: COVID-19 and correctional centres (prisons); and prevention of COVID-19 in correctional centres (prisons). The search terms used in conjunc-

tion with "COVID-19" (and coronavirus, virus, infectious diseases, prevention, challenges) were: correctional centres, prisons, South Africa, DCS, inmate, offender, detainee, prisoner.

The database search found 2,600 records, 850 of which were screened (after eliminating duplicates); 722 records were omitted by title and description, and 128 were chosen for full-text analysis. The full-text analysis omitted 80 papers that did not meet the inclusion requirements. Finally, 48 studies were selected based on the inclusion criteria mentioned above. A three-stage thematic synthesis methodology was used to synthesize the qualitative evidence, and the CERQual (Confidence in the Evidence from Reviews of Qualitative Research) approach was used to assess confidence in the qualitative research. The rationale for using qualitative secondary data in this paper rests largely on the fact that the COVID-19 pandemic was an unprecedented event, and the aim was to gain a deep understanding of the impact of the pandemic in South African Correctional Centres. Qualitative data were necessary to provide rich information related to the aim of this study.

Open Data Kit software was used to extract and evaluate data from eligible articles including article identification (title, authors, year of publication, journal name), research features (study design, study goal), study population, sample definition (sample size), data sources, level of proof, and outcome.

### 4 Results and Discussion

Most sources indicated that prison overcrowding, the presence of chronic diseases, and limited medical care resources were the big challenges faced by the DCS in preventing the spread of COVID-19 in its facilities.

#### 4.1 Overcrowding

Evidence from Garcia-Guerrero and Marco (2012), and Vieira et al. (2010) confirmed that overcrowding in correctional centres may have damaging health effects for inmates by facilitating the spread of infectious diseases. Furthermore, clinical studies conducted by Shah et al. (2003) and Todrys et al. (2011) demonstrated that correctional centres have high burdens of TB where overcrowding, lack of ventilation, and poor

prevention practices dramatically increase transmission risks of infectious disease.

The COVID-19 virus spreads like TB via droplets that are excreted by coughing and/or sneezing. Therefore, overcrowding of cells prevailing in South African correctional centres directly and proportionately increases the probability of transmission of COVID-19 among inmates. For instance, the Pollsmoor maximum security correctional centre in Cape Town has a theoretical maximum capacity of 4,336 inmates, but actually houses more than 7,000 (Prison Insider 2020). Furthermore, inmates are predominantly incarcerated in poorly ventilated communal cells which were made for 30 inmates but actually accommodate between 60 to 70 inmates. This catastrophic situation is not only found at Pollsmoor. According to Prison Insider (2020), the majority of correctional centres in South Africa are occupied at a 130 percent rate on average and up to 200 percent for some facilities. Overcrowding places inmates at a higher risk of contracting COVID-19.

#### 4.2 The Presence of Chronic Diseases

South African detention facilities house vulnerable people with chronic diseases such as HIV and TB. According to the South African Judicial Inspectorate for Correctional Services (2012), chronic diseases are a serious concern because they are the leading causes of natural death among inmates. Despite this, the prevalence of data on chronic diseases in correctional facilities is limited. The HIV prevalence among inmates was 19.8 percent in 2006, 22.8 percent in 2009, and 15 percent in 2016 (Department of Correctional Services 2017b); and a study conducted in 2014 found a 3.5 percent prevalence of non-diagnosed laboratory-confirmed TB among inmates, and 44.1 percent of those inmates were also HIV positive (Telesinghe et al. 2014).

While there is still very little research about whether people affected by HIV and/or TB are more vulnerable to COVID-19, a South African study conducted by the Western Cape province Department of Health (2020) in collaboration with the National Institute for Communicable Diseases demonstrated that HIV and TB were independently associated with an increased risk of COVID-19 mortality. This study included data from more than 3.4 million adults who attended public

health sector facilities in Western Cape, South Africa. It analyzed the connections between HIV, TB, and COVID-19 mortality between March 1, 2020, and June 9, 2020. Of the patients analyzed, 16 percent were HIV positive and 22,308 had a COVID-19 diagnosis, of whom 625 died (Western Cape Department of Health 2020).

There is concern that HIV infection can affect COVID-19 severity (Nordling 2020). Nevertheless, most researchers agree that HIV patients who are under treatment have a lower COVID-19 mortality risk compared to those who are not under anti-retroviral (ARV) therapy (Nordling 2020). In South Africa, inmates are not excluded from the ARV therapy, although their right to access the treatment is not adequately realized due to limited medical care resources in correctional centres.

#### 4.3 Limited Medical Care Resources

Health care in correctional centres is a contentious issue, therefore it is not surprising that a large number of the complaints recorded by the South African Judicial Inspectorate of Prisons relate to health care issues. Although HIV and TB have been associated with correctional centres for a long time (Muntingh 2006), COVID-19 has brought a new dimension to the correctional centre health care debate. The combination of these three diseases in the correctional centre facilities is extremely dangerous.

According to Dhai and Quid-Mason (2011), the DCS has to comply with all the policies of the South African Department of Health and Procedures in terms of the Right to Healthcare and Medical Services (Dhai and Quid-Mason 2011). As such, the right to appropriate medical attention normally ensures that an inmate with any illness must have access to the same form of community care and treatment (Pieterse 2014). However, correctional healthcare services are usually understaffed in South Africa. Many correctional centres have a limited number of doctors and nurses on hand to respond to routine medical problems, much less a pandemic of infectious disease. According to Skosana (2015), the health needs of incarcerated people in South Africa (147,922 inmates) are in the care of only eleven doctors i.e., one doctor for every 13,447 inmates. Besides, Vanleeuw cited by

Skosana (2015) stated that the majority of correctional centres in South Africa are attended by a medical doctor for one or a half-day a week. Therefore, the shortage of medical doctors together with overcrowding in correctional centres leads to inadequate and substandard health care and this violates inmates' rights.

The shortage of medical personnel poses a significant challenge to the ability to test and treat COVID-19 in correctional settings. In addition to the shortage of medical personnel, there are shortages of medical equipment such as oxygen tanks and cannulas for the care of respiratory distress patients as well as a shortage of personal protective equipment for inmates. In her investigation of how South African correctional centres manage COVID-19, Khoza (2020) found that:

“Inmates serving both short and lengthy sentences say basic regulations to combat the spread of the coronavirus are being flouted, putting their lives at risk. They further claim that they are being subjected to unhygienic environments. They allege that they receive poor-quality masks and sometimes none at all.”

Nevertheless, on the 20 July 2021, the DCS started the COVID-19 vaccination rollout for all inmates and personnel in its correctional facilities. One month after the official launch of the vaccination rollout programme, more than 68,593 inmates and 12,328 correctional officials had been inoculated (McCain 2021). This active vaccination drive proves that DCS is moving in a positive direction towards preventing the widespread transmission of COVID-19 in its facilities.

#### 4.4 Solutions to Prevent the Spread of COVID-19 in South African Correctional Centres

To reduce the spread of COVID-19 in correctional centres, the United Nations High Commissioner for Human Rights urged countries around the world to reduce correctional centres' population by releasing a certain category of inmates with the purpose of facilitating physical distancing and self-isolation (Khumalo 2020). The South African government responded positively to this demand by releasing 19,000 low-risk inmates from its correctional facilities (Isilow 2020). Furthermore, practical prevention measures to reduce the spread of COVID-19 in correctional facilities include the use of alternatives to the incarceration of inmates (Akiyama, Spaulding, and Rich 2020). Alternatives to

incarceration such as community service, house arrest, and fines should be imposed particularly for first-time and nonviolent offenders (Ensor 2019).

Alternatives to incarceration for first-time and nonviolent offenders are not a new approach. This approach is in line with existing international standards such as the United Nations Nelson Mandela Rules<sup>1</sup>, and the Luanda Guidelines<sup>2</sup>. For several years, the United Nations and the African Commission on Human and People's Rights appealed to countries to reduce correctional centres' populations. With COVID-19 spreading fast in correctional centres around the world, these measures need to be prioritized.

The restriction of contact between correctional centres and the community can also assist to reduce the spread of COVID-19. However, this is a big challenge for the reason that correctional officers are the link between correctional centres and the community. Therefore, stringent measures need to be considered to prevent cross-infection from the community to the correctional centres through correctional centres' personnel and vice versa. Therefore, it is important to screen everyone before entering correctional facilities and to encourage officers and inmates to be vaccinated. This idea is supported by Ferreira-Borges, a correctional expert at the WHO:

“We are calling for screening for everyone including new prisoners, workers and visitors from lawyers to family members. They should have their temperature checked and answer questions as part of a health assessment” (World Health Organization 2020, 12).

As part of the solution, it is also critical to implement primary prevention strategies by improving measures to monitor sanitation and by supplying required COVID-19 personal protective equipment to inmates and correctional centres' personnel. In the event that an inmate exhibits signs or is otherwise suspected of COVID-19 infection, he/she should be tested and removed immediately from the cell in which he/she resides and temporarily placed in an in-

<sup>1</sup> The Standard Minimum Rules for the Treatment of Prisoners were first adopted in 1957, and in 2015 were revised and adopted as the Nelson Mandela Rules.

<sup>2</sup> Adopted in May 2014 by the African Commission on Human and People's Rights. The Luanda Guidelines provide guidance to policy makers and criminal justice practitioners with the aim to strengthen the day-to-day practice of arrest, police custody and pre-trial detention.

dividual cell, pending the results of laboratory testing (Penal Reform International 2020).

## 5 Conclusion

This study provides insights into the challenges faced by the DCS in preventing the spread of COVID-19 in correctional centres. As the number of infected inmates and officials increases gradually, the COVID-19 pandemic has put huge pressure on correctional facilities. Ensuring strict sanitary conditions – and the necessary distancing to prevent the spread of COVID-19 in these closed environments – is a considerable challenge due to overcrowding and poor healthcare services. The inmates are vulnerable to contracting the disease due to the deplorable conditions of the correctional centres. Overcrowding in the correctional centres means that inmates can amplify, trigger, and serve as reservoirs for the spread of the virus among inmates themselves, officials and by extension the community. Therefore, decongestion of correctional centres and strict respect for prevention protocols could be the way to flattening the COVID-19 curve. Wellness of the inmates is a public health concern; even without the outbreak of COVID-19, the congestion of inmates in the correctional services ought to be a public health concern, and now, in the era of the COVID-19 pandemic should be a top health priority agenda to decongest the correctional services. Fortunately, as the COVID-19 transmission progresses, the South African government, and particularly the DCS, continues its efforts to control the spread of the virus by vaccinating inmates and correctional officials.

The findings of this study underscore the need for the implementation and study of COVID-19 mitigation and surveillance strategies to flatten the COVID-19 curve in correctional centres across the globe. The inmates are vulnerable people who have the right to safe and healthy living. Their health should be our concern, and therefore efforts to prevent the spread of COVID-19 among inmates are needed and have to be a priority.

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