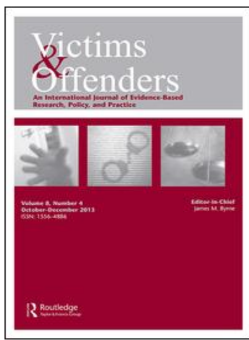

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The Social and Environmental Implications of the Novel Coronavirus on Institutional and Community Corrections in South Africa

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ABSTRACT
South Africa is experiencing the worst outbreak of COVID-19 on the African continent. Amidst many other social and economic pressures facing the country, the surge of coronavirus cases has also disrupted operations in correctional environments. Incarcerated individuals are among the most vulnerable as they are susceptible to infectious disease due to higher rates of chronic and acute illness, close confinement, and overcrowding. Despite the advances in upholding prisoner's rights by the South African government and the pandemic responses by the Department of Correctional Services, the novelty of this virus exposes the weaknesses in systems ill-equipped to deal with a rapidly growing pandemic. This article chronicles the spread of COVID-19 in South Africa's correctional system, its response, and continued areas for improvement, highlighting the unique context of South Africa's history related to corrections and contagion.

KEYWORDS
Covid-19; Pandemic; Alternatives to incarceration; Early release mechanisms; Prison reform

Introduction

The year 2020 stands unforgettable as the world struggles to fight the COVID-19 pandemic. Irrespective of one's living conditions, the outbreak has negatively affected all our lives and will disrupt normal life for the foreseeable future. As the disease progresses around the globe, South Africa emerges as a coronavirus hot spot on the African continent.

South Africa is the sixth most populous country on the African continent, and 24th most populous in the world, with over 58 million citizens (Statistics South Africa, 2020; United Nations, 2019). South Africa experienced a modest economic growth by the standards of other emerging economies and is comprised of a very diverse population encompassing of a wide variety of cultures, languages, and religions (Arndt et al., 2019; Kinner & Young, 2018). The country is currently experiencing a number of challenges ranging from negative structural change, high unemployment and inequality, and persistent poverty. The high unemployment rate and poverty in rural areas have led to increased migration and population growth from the 226 local municipalities to the eight metropolitan areas. The inability of the metropolitan areas to accommodate these huge influxes has placed severe pressure on infrastructure development and the creation of uncontrollable informal settlements (Arndt et al., 2019).

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In this context, the worldwide outbreak of the Coronavirus has also adversely affected South Africa. South Africa is experiencing the world's ninth highest total of COVID-19 cases and the largest outbreak in Africa, with 663,282 confirmed cases and 13,952 deaths[1] (Center for Infectious Disease Research and Policy [CIDRAP], 2020; Johns Hopkins University, 2020). Infection rates have been especially high in metropolitan areas where density limits social distance opportunities. On March 15, 2020, President Cyril Ramaphosa declared the coronavirus outbreak to be a National Disaster (Evans, 2020), and entered a nationwide lockdown for 21 days beginning midnight on Thursday, March 26, 2020 – a decisive measure to save millions of South Africans from infection (Egbe & Ngobese, 2020). The lockdown was extended through the summer, but as of September 21, 2020, the country entered Lockdown 1 Level, which eased restrictions on gathering capacities but maintained restrictions on things like sporting events (Department of Health, 2020). As added support for the country's response, the World Health Organization (WHO) deployed a 43-member, multi-disciplinary surge team to South Africa on August 5, 2020, to provide necessary over-sight and services to the hardest-hit provinces: Eastern Cape, Free State, Gauteng, Kwazulu Natal, and Mpumalanga (CIDRAP, 2020; World Health Organization [WHO], 2020).

The outbreak of the coronavirus has not only affected the social and economic aspects of the South African population, but all spheres of government, especially public institutions which accommodate individuals such as hospitals and correctional centers (prisons). The impact of the virus in correctional centers, which currently house over 160,000 individuals, poses serious implications for inmates and correctional officials. Since the start of the outbreak, South African correctional centers have recorded a total of 7,062 positive COVID-19 cases, 2,683 among inmates and 4,379 among staff[2] (Department of Correctional Services [DCS], 2020a). The uncertainty of the virus' characteristics and the prediction that the infection rate is most likely to peak only in September (Abdool Karim, 2020) makes South African correctional centers high-risk areas because inmates are sleeping in communal cells that accommodate ± 50 per cell. The increased infection rates in communities also make correctional centers more vulnerable as correctional officials can quickly transfer the virus to inmates.

Examining the experience of and response to the coronavirus in South Africa is also contextualized by the history of human rights in institutional settings. The United Nations (UN) Standard Minimum Rules for the Treatment of Prisoners, also known as the Nelson Mandela Rules after South Africa's most famous ex-prisoner, obliged government institutions to prevent foreseeable threats to public health and ensure that all who need vital medical care receive it (United Nations [UN], 2015). In this current time, the intersection of COVID-19 and protecting prisoner's health is all the more apparent and essential for slowing the transmission, ensuring proper health care, and ultimately protecting the public. The UN Human Rights Office has issued additional guidance on upholding the human rights of those in detention and reminding governing bodies of their mandates under the Nelson Mandela Rules (UN, 2020b).

Using data from publicly available databases, government and non-government reports and websites, global corrections resources, and news reporting, this article examines the state of the COVID-19 pandemic in South Africa's correctional system, highlighting its successes and challenges. First, we discuss the Department of Correctional Services, which

operates prisons and community corrections in South Africa. Then, we consider the response to and impacts of COVID-19, as well as the current conditions of prison environment. Third, we examine the impacts of movements to release individuals from incarceration on community corrections. Finally, we consider unique issues presented by COVID-19 in the South African context.

Institutional corrections in South Africa

South Africa operates a centralized institutional and community corrections system. The fundamentals of the correctional system of South Africa derived from the Constitution (Act 108 of 1996), the Correctional Services Act (Act No. 111 of 1998) and the integrated justice system (Constitution of the Republic of South Africa [No. 108 of 1996], n.d.). In 1996, the Department of Correctional Service (DCS) transformed from a punitive military system to one aligned rehabilitation-focused practices. While safety and security remain the core of DCS, it is informed by the strategic imperatives of correcting offending behavior, rehabilitation, and correction as a societal responsibility (Government Printer SA, 2003). Under the auspices of the DCS are correctional centers and community corrections supervision.

Correctional centers (prisons)

The DCS operates 235 active corrections centers which are divided into six regions across South Africa. The country has two ultra-maximum security correctional centers, Pretoria Central and Kokstad, and two privately run centers, Mangaung in Bloemfontein (operated by British company G4S) and Kutama Sinthumule in Limpopo (operated by American company Geo Group; Byrne et al., 2019; DCS, 2020a; Makou et al., 2017). Each region is divided into different management areas that controls correctional centers in their respective jurisdictions. The correctional centers are divided into four categories: 1) remand, 2) minimum, 3) medium, and 4) maximum centers. The remand centers accommodate unsentenced individuals who are awaiting trial. The medium and minimum correctional centers accommodate mostly inmates that are in the low-risk categories whereas the maximum centers accommodate the high-risk (based on offense and behavior record) inmates. Notorious and high-profile inmates are accommodated in ultra-maximum correctional centers.

The political head of the department is the Minister of Justice and Correctional Services, who is supported by a Deputy Minister of Correctional Services. As of August 2020, the Minister is Ronald Lamola and the Deputy Minister is Patekile Holomisa. The department has about 34,000 staff who are responsible for the administration of the 235 correctional centers and community corrections offices across the country (DCA Annual Report, 2017).

There are189,748 incarcerated individuals in South Africa, the majority of whom are men (97%), and reflecting an incarceration rate of 286 per 100,000 residents (DCS, 2020b; Prison Insider, 2020a). Nearly 80% of the incarcerated population is black (DCS, 2020b). The annual cost of housing individuals in correctional centers is R133,805 (South African Rand; Prison Insider, 2020a).[3] South Africa is experiencing severe overcrowding, an overage of 29.30%, as the reported allocated bed space across facilities is 118,572 (DCS, 2020b). The main driver of overcrowding is remand detainees (pre-trial detention) which constitute 29.17% (47,526) of the total inmate population (DCS Annual Report, 2019; Makou et al.,

2017). The DCS reported that as of June 25th, 2020, more than half of individuals incarcerated were being held pre-trial (Deklerk, 2020).

The issue of overcrowding exacerbates another challenge faced by DCS: the rate of infectious disease, particularly HIV, and Tuberculosis (Beyrer et al., 2016; Makou et al., 2017). There are currently 641 Tuberculosis and 27,751 HIV reported cases in correctional centers nationally (DCS Annual Report, 2019). This dilemma is even more pronounced with the problems presented by the coronavirus pandemic. In addition to increasing positive cases, as a result of COVD-19 spread, there have been a reported 69 deaths among staff and 53 deaths among inmates[4] (DCS, 2020a). Minister of Justice Lamola stated, “We are confronted with a glaring impossibility of maintaining social distancing in our centres due to overcrowding” (Heiburg, 2020).

On March 20, 2020, DCS Justice Minister Lamola announced protocols for deeply cleaning all correctional facilities (Richardson, 2020). President Ramaphosa also suspended visitation at correctional facilities for at least 30 days to control the spread of infection into facilities (Richardson, 2020). On May 8, 2020, in a response to the United Nations’ call to reduce prison populations (UN, 2020a), President Ramaphosa authorized the early release of nearly 19,000 individuals from South Africa’s prisons, which is roughly 12% of the prison population (Isilow, 2020). These early releases emphasize individuals deemed low-risk and within 5 years of release, excluding individuals serving life sentences or those convicted of violent crimes, such as gender-based violence and child abuse, sexual offenses, and murder (Isilow, 2020).

Deplorable incarceration conditions

Over the course of the pandemic, reports of deplorable prison conditions have emerged. In March 2020, detainees at the St. Albans facility described inadequate protocol to disinfect the facility and allow individuals to practice proper hygiene (Kimberley, 2020a). In April 2020, journalists’ reports contradicted those of the Minister of Justice, suggesting that prison officials at the “Sun City” facility in Johannesburg staged the observance of strict health protocols (Mvumu, 2020). In June 2020, reports of inmates burning themselves and others to secure placement in isolation emerged (Naik, 2020). These inmates also reported delayed testing results, staff keeping positive testing information from them, and advised that the number of staff be reduced and certain procedures be limited to lessen the exposure within the facility (Naik, 2020). In the middle of July, reports of a water shortage at the Brandvlei prison in Western Cape depicted inmates sharing a single pan of water (The South African, 2020).

Inadequate healthcare services have also plagued the DCS. The DCS is responsible for the healthcare of all persons incarcerated. In a 2017 Annual Report, DCS employed 890 nurses, 9 doctors, 42 pharmacists, and 83 psychologists and vocational counselors. But, according to recent accounts, individuals who have tested positive for COVID-19 are not receiving adequate medical care, including not being seen by doctors, not receiving medical treatment, and improper cell conditions like frigid temperatures that make the symptoms worse (Ngoepe, 2020).

Reports of unrest and riots have also emerged in South Africa. Incarcerated persons have gone on hunger strikes (Hans, 2020; Koko, 2020; Mdakane, 2020), setting fires to mattresses and clothes (Ellis, 2020; Kimberley, 2020b), engaging in damaging of prison property

(Siqathule, 2020), self-isolation and self-protection with improvised weapons (Mitchley, 2020), and most recently violence against prison officials (Singh, 2020). Inmates' complaints include overcrowding with inmates sleeping on the floor, restrictions to recreation and tobacco, a decrease in food quality, and delays in court proceedings (Postman, 2020). While some of these complaints are not new as previously uncovered by the Judicial Inspectorate for Correctional Services (see Van der Westhuizen, 2017), the coronavirus pandemic exacerbates these conditions. Most recently, on July 5, individuals incarcerated at the Sun City prison in Johannesburg and the Kgosi Mampuru Prison in Pretoria began a hunger strike to protest the alleged concealment of the actual number of sick prisoners and inadequate measures to protects individuals and staff (Koko, 2020; Makgatho, 2020). In a news story published by News24 (Gililli, 2020) about the Sun City prison, one incarcerated individual reported,

> It's a mess here to tell you the truth. We don't even have a doctor or nurses on site. We don't have PPE, we don't practice social distancing at all. The situation is very bad. People are dying, each and every day. Last week two diabetic prisoners died because they didn't get their injections. It's really bad. I even had to buy my own mask, because we are not provided with any.

Prison staff have also engaged in protests due to conditions during the pandemic. In the Voorberg prison in the Western Cape province, supervisors went on strike in response to management's unwillingness to disinfect the institution and provide support for temperature checks (Vuso, 2020). A subsequent protest by frontline officers at Qalakabusha prison in KwaZulu-Natal, demanded testing after an incarcerated person tested positive and improved temperature checks upon entry into the facility (Zincume, 2020). One area of concern for frontline staff has been the risk of exposure to family members. For example, at the East London and Port Elizabeth's St. Albans Correctional Centers, there are approximately 800 apartments on the premises where staff members and their families reside (Prison Insider, 2020b; Zuzile, 2020). Family members have expressed their concern after increased positive cases and deaths of correctional staff at the facilities. Recently, three prison staff working at the Modderbee facility died within a two-week period, generating additional fear and alarm about the inconsistent prevention measures in place (Marupeng, 2020).

Efforts to contain the virus

Prisons are epicenters for infectious diseases because of the higher prevalence of infection, the higher levels of risk factors for infection, the unavoidable close contact in often overcrowded, poorly ventilated, and unsanitary facilities, and the poor access to healthcare services relative to that in community settings. Infections can be transmitted between prisoners, staff and visitors, between prisons through transfers and staff cross-deployment, and to and from the community. As such, prisons and other custodial settings are a focus of the public health response to COVID-19.

Numerous efforts have been underway to combat transmission of the virus and adequately treat the virus, including early release, alterations to current sentencing policies, system-wide facility checks, designation of facilities to quarantine sick incarcerated individuals, and engagement with community-based support. By July 18, approximately 7,000

individuals had been released (Dube, 2020). The judicial system is also reconsidering the sentencing of certain offenses and those awaiting pre-trial to incarceration in an effort to decongest the prison population (SA News, 2020). This is due in part to the large number of financial and property crimes comprising prison sentences, and the recent estimate that 55.1% of the current population are those awaiting trial (SA News, 2020). Another judicial effort is expunging records of those who plead guilty to certain crimes committed during the lockdown. The Justice Department is considering erasing criminal records of those who are convicted of lockdown-related offenses, such as staying out after curfew as a mechanism to reduce the possibility of incarceration, having a criminal record, and the stigma of conviction (Meyer, 2020).

In April 2020, DCS Chief Operations Commissioner, Mandla Mkabela, conducted operational visits across the country to engage with staff in identifying and implementing best practices for health and safety as well as to assess levels of compliance with DCS protocols. This type of operational scan allowed administrators to "get a true picture" of the on-the-ground battle against COVID-19 (DCS, 2020c).

Special facilities dedicated to quarantining COVID-19 cases have also been established. For instance, the Barberton Medium A Correctional Center in Limpopo, Mpumalanga and North West (LMN) region is being used exclusively for the isolation and treatment of incarcerated individuals who have contracted coronavirus. While Barberton is a release center designated for low-risk individuals, during the pandemic it will house up to 100 people, increase its nursing staff, and coordinate with the local hospital to treat very severe cases of the virus (DCS, 2020i).

In addition to internal efforts to control the virus, DCS has benefitted from the support of community-based agencies. For example, the Gauteng Department of Health has provided additional COVID-19 testing support, while the local Church of Scientology supplied cleaning and disinfecting services to the correctional center offices (DCS, 2020d). Members of the organization Metropolitan, which provides staff with financial wellness support, have donated masks to staff (DCS, 2020e).

Incarcerated individuals have also been part of the effort to control the spread of the virus. In the Windhoek Correctional Center, inmates have been involved in making masks that will disseminated to other incarcerated people and members of the community (Mutanga, 2020). Parolees have also organized to contribute masks to individuals housed in the Rooigrond Medium B Correctional Center (DCS, 2020f).

Advocacy organizations have also been instrumental at improving conditions for those incarcerated and helping to reduce the prison population. While the President's release authorization of 19,000 individuals substantially reduces the prison population, the South African Prisoners Organization for Human Rights (SAPOHR) suggests releasing another 24,000 people to reduce the prison population even further (Maswaneng, 2020). SAPOHR has also demanded that incarcerated individuals with dependent children also be released (Mlamla, 2020). Similarly, the South African Sentenced and Awaiting Trial Prisoners Organization (SASAPO) has advocated for the release of incarcerated mothers to house arrest in order to slow the spread and return mothers to their children (Mlamla, 2020). In a letter penned by Edwin Cameron, Inspecting Judge of Correctional Services, and supported by a coalition of NGOs, they advocated for the early release of ill and elderly individuals (Cameron, 2020). The Law Society of South Africa has also illuminated the

lack of adequate disinfecting practices and are providing legal advice to incarcerated clients, such a requesting cell changes (Evans, 2020).

Community corrections in South Africa

In the South African context, community corrections are a sub-directorate of the social reintegration component in the DCS. The purpose of community corrections is to provide services and interventions that will contribute to the reintegration of individuals as law-abiding citizens by ensuring that probationers are rehabilitated, monitored, and accepted by communities (Government Printer SA, 2003). Placement under community corrections also involves non-custodial sentence options whereby the DCS and courts can place sentenced individuals in communities as an alternative to imprisonment. There are, however, certain minimum requirements that one has to meet before being considered for this sentence options. In terms of the law, there are two alternatives to imprisonment in South Africa, namely correctional supervision and parole (Act-111-of-2008, n.d.). Parole is a discretionary placement option that is executed by the DCS to place offenders under community corrections after serving a certain portion of their sentence. Correctional supervision, or probation, is a community-based sentence which can be imposed by courts whereby individuals will serve their sentence in the community under the control and supervision of correctional officials, subject to conditions which have been set by the court or the Commissioner of Correctional Services, in order to protect the community and to prevent recidivism.

The DCS operates 218 fully fledged Community Corrections offices nationally and 201 additional service points to serve the respective communities and supervised individuals within the community corrections system. The average caseload per annum in the community corrections system is estimated at 71,573 probationers and parolees, with a daily monitoring ratio of 54,935 parolees and 15,251 probationers (DCS Annual Report, 2019). The parolee totals include 1,387 individuals awaiting trial who were placed out conditionally onto community supervision as they cannot afford bail. There are currently 1,854 personnel entrusted with the monitoring of parolees and probationers in DCS community corrections which result in 1:38 monitoring rate per supervision official–two less than the required rate as stipulated in the minimum requirement (Parliamentary Management Group [PMG], 2020).

In the wake of the pandemic and lockdown protocol, DCS has suspended physical monitoring of low- and medium-risk parolees and probationers and substituted it with telephonic monitoring. The high infection rate in certain regions across the country has negatively affected community corrections offices as some staff tested positive resulting in closure of some offices.

Community corrections are responsible for the 19,000 or so individuals expected to be released to their supervision. As of July 1, 2020, only 4,138 inmates had been released on special parole, easing overcrowding by approximately 5% (SA News, 2020). The Minister of Correctional Services cited two unmet criteria: victim-offender dialogue (VOD) and DNA samples, which are requirements before an inmate is released, as the causes for the delay (PMG, 2020). Due to the outbreak of the Coronavirus, the normal route of engagement with victims of crime cannot materialize, victims must be consulted telephonically, and some victims prefer a physical engagement with offenders. The collection of DNA prior release is

also problematic due to infections rates within the South African Police Services, who are tasked with entering this information into the national database, and lockdown restrictions which limits movement of individuals within and outside of correctional centers.

The release of tens of thousands of individuals from incarceration will also place additional burdens on community corrections offices. At present, the current restrictions on community supervision practices due to the lockdown and transmission prevention guidelines will make the rapid growth of community corrections clients an incredible feat. An overburdened community corrections system will diminish the rehabilitative structures currently in place to support reentry and restorative justice practices, put community corrections officers at additional risk of exposure to the virus, and ultimately pose risks to public safety. Without innovative solutions and additional resources, community corrections may struggle to serve clients and uphold public safety.

For example, the increased caseload may prevent community corrections officers from conducting effective monitoring of probationers and parolees in communities. Prior to the lockdown, the community was already uneasy about the early release of parolees, when an 8 year-old boy was murdered by a parolee under community corrections (Kiewit, 2020). Communities also remain concerned about the increases in violent crime pre-pandemic, which mirrored trends in other countries. A recent annual crime statistics report by the South African Police Service (see Table 1) with information from April 2019 to March 2020 revealed an increase in contact crimes such as murder (1.4%), robbery (6.1%), sexual offenses (1.7%), and common assault (2.1%) (Business Tech, 2020). While these statistics reflect pre-pandemic crime rates, the trend generated public suspicion about the release of individuals from prison when President Ramaphosa made his announcement in May. Recently, data reported by the South African Police Service from April to June 2020, 3 months into the pandemic, showed substantial reductions in crime, including murder (−35.8%), robbery (−49.8%), and sexual offenses (−39.7%), compared to the same period in 2019 (South African Police Service, 2020).

While the release of individuals from correctional centers will surely reduce the transmission of COVID-19 inside facilities, recently released individuals face many challenges upon reentry to communities also ravaged by the virus. The incarcerated population consists of individuals who come from disadvantaged areas with poor infrastructures.

Table 1. Police recorded contact crime statistics (pre and post pandemic).

	Pre Pandemic*			Pandemic		
Crime category	April 2018–March 2019	April 2019–March 2020	Percent change	April–June 2019	April–June 2020	Percent change
Murder	21,022	21,325	1.4%	5,398	3,466	−35.8%
Sexual Offences	52,420	53,293	1.7%	12,094	7,296	39.7%
Attempted Murder	18,980	18,635	−1.8%	4,575	3,487	23.8%
Assault with intent to inflict grievous bodily harm	170,979	166,720	−2.5%	37,425	22,064	41.0%
Common Assault	162,012	165,494	2.1%	36,185	25,995	28.2%
Common Robbery	51,765	51,825	0.1%	12,885	6,469	49.8%
Robbery with Aggravating Circumstances	140,032	143,990	2.8%	35,705	21,599	39.5%
Total Contact Crimes	617,210	621,282	0.7%	144,267	90,376	37.4%

Data come from South African Police Service (2020).
*While the global lockdown related to the pandemic began March 15, 2020, police data are captured monthly and are not disaggregated by week.

South Africa is currently already experience problems with social distancing in under-developed areas (i.e. informal settlements in metropolitan areas) to minimize the spread of the pandemic. It is possible that some proportion of the 19,000 released individuals might put additional strain on law enforcement agencies to enforce lockdown regulations.

In addition to public health concerns, the economic vitality of many communities has been diminished. While South Africa has the most robust economy on the continent, it is currently facing the highest unemployment rate at 30.1% (AlJazeera, 2020). Alongside the common barriers faced by recently released individuals, the efforts to curb COVID-19 transmission in the community remains a double threat.

COVID-19 stigma in South Africa

One unique issue around coronavirus in South Africa has been stigma. South Africa, among other African nations, has a storied history of stigma associated with infectious disease (Delius & Glaser, 2005). Infectious diseases, such as HIV/AIDS and tuberculosis, have been documented by scholars as being accompanied by social exclusion, discrimination, open hostility, and rejection by community members. The stigma associated with disease comes with both physiological and psychological effects. Stigmatized individuals may experience greater rates of mental illness or maladaptive coping (Skinner & Mfecane, 2004), as well as be less likely to seek out treatment or services which would reveal their diagnosis, to themselves and others (Murray et al., 2013; Skinner & Mfecane, 2004). While the greatest degree of stigma is associated with sexually transmitted diseases (Delius & Glaser, 2005), the recent experiences with stigma related to the coronavirus appear to reflect commonly held fears and uncertainties about a disease with unclear origins, symptoms, and impacts. In fact, scholar Baldwin-Ragaven (2020, p. 33), identified addressing the public fear about COVID-19 uncertainties as the “neglected element of the treatment plan.”

The advance of the novel coronavirus in South Africa cannot be disentangled from these long-held beliefs about disease. In particular, stigma experienced by frontline workers, like corrections officer and other prison staff, due to their heightened risk of contracting COVID-19, have been discussed. In one report, corrections staff have been turned away in retail and other service establishments, and even “members of the community are pointing fingers at the brown uniform” according to an official DCS statement (Independent Online [IOL], 2020). In response to these incidences of stigma, President Ramaphosa (DCS, 2020g) issued a public address, stating,

> As a society, we have a collective responsibility to stamp out the stigmatisation of people infected with the coronavirus. There have been disturbing reports of individuals being ostracised from their communities and of communities protesting against coronavirus patients being admitted to local hospitals and clinics. This must stop.

For those 19,000 individuals being granted early release, double stigma will likely challenge the reentry process (Batley, 2020; Detention Justice Forum, 2020). The reentry process for formerly incarcerated individuals is rife with barriers to success. In addition to the responsibilities of finding housing, employment, and restoring relationships with family, the stigma associated with a criminal conviction, both anticipated and real, generates an unwelcoming environment in which to reintegrate. In South Africa, this stigmatized status may then be compounded by the status associated with having been in

a correctional center during the pandemic. The concern about this added stigma is important because those who feel negatively perceived by the community because of formerly incarcerated status may be deterred from seeking treatment for COVID-19 or other health conditions (DCS, 2020h). The anticipated stigma related to both infectious disease and criminal status may exacerbate already frayed relationships between communities and the formerly incarcerated. It is imperative for community corrections to better assist those reentering the community in navigating the challenges of both reentry and coronavirus.

Conclusion

As South Africa faces a growing number of positive COVID-19 cases, the response to the virus in the correctional system remains particularly challenging. The widespread transmission of the virus in communities poses a serious threat to correctional centers due to the confined conditions of incarceration. People who are gathered in close proximity may act as a source of infection, amplification, and spread of infectious diseases within and beyond correctional centers (WHO, 2020). The UN's Nelson Mandela Rules uphold the human rights of those incarcerated by engaging government institutions to prevent foreseeable threats to public health and ensure that all who need vital medical care receive it. In response the outbreak in South African correctional centers, the Minister of Justice Lamola announced several protocols to prevent or to minimize the spread of the virus, including the deep cleaning of correctional facilities, suspension of visits to correctional centers, and the early conditional release of 19,000 individuals under community corrections.

In addition to the primary health impacts of the novel coronavirus, the most notable challenge experienced worldwide in correctional centers is the ability to properly social distance. Correctional centers are considered epicenters for infectious diseases because of the higher background prevalence of infection, the higher levels of risk factors for infection, the unavoidable close contact in often overcrowded, poorly ventilated, and unsanitary facilities, and the poor access to healthcare services relative to that in community settings (Dolan et al., 2016). The overcrowding levels and population density in South African correctional centers have made social isolation almost impossible. Overcrowded cells of almost ± 50 persons per cell and the sharing of bathing facilities have placed correctional centers at risk for transmitting of the COVID virus. Information presented in this article indicates the rapid transmission of the virus after it entered correctional facilities. Contact between officials and inmates is unavoidable as it requires constant interaction on a daily basis, and infections can be transmitted between inmates, staff, and to and from the community. The prevention protocols (e.g., entry screening, personal protection measures, social distancing, cleaning and disinfection, restriction of movement, and suspension of visitation) have, to a large extent, assisted DCS to minimize the infection rate in correctional centers across the country, but more needs to be done.

The issue of overcrowding and population density exacerbates another challenge faced by DCS: the already burgeoning rate of infectious disease (Beyrer et al., 2016; Makou et al., 2017). Emerging research on the COVID-19 virus indicates that individuals with underlying conditions (comorbidities) are the most vulnerable to the COVID-19 virus. Multimorbidity is normative among inmates, often with earlier onset and greater severity

than in the general population, and among aging inmate populations (Kinner & Young, 2018). The constellation of preexisting individual and structural conditions (individual comorbidity, overcrowding, flow of staff from community to correctional center) in correctional settings has magnified the negative implications of COVID-19 spread. The inability of DCS to isolate individuals with such comorbidities and those who are infected due to overcrowding have contributed to the high numbers of fatalities and infections that have been reported in correctional centers (Heiburg, 2020). These conditions, among others related to hygiene and basic care, also present the circumstances for unrest and accumulation of human rights violations. In response, numerous advocacy organizations, like SAPOHR, SASAPO, and the Law Society of South Africa, as well as the Judicial Inspector of Correctional Services, have rallied to support increased attention and resources to this vulnerable population.

The response of the Minister Lamola and the call of the United Nations to reduce prison populations (UN, 2020a), have assisted DCS in dealing with overcrowded centers and establishing protocols to slow the number of infections in correctional centers. The early release of nearly 19,000 low-risk inmates from South Africa's correctional centers, which is roughly 12% of the prison population, was necessary given the circumstances in which inmates were incarcerated. The execution of this decision has been problematic because since the initial decision in May 2020, DCS has only managed to release only about 7,000 individuals (Dube, 2020). The slow release of individuals results from the lack of resources and capacity in the community to handle to proper supervision and support of these individuals, especially related to DNA collection, engagement in restorative justice practices, and other forms of reentry support. In particular, the burden placed on community corrections offices to rapidly acclimate to supervising so many additional individuals is an unmet reality. Without additional support, this shift may compromise the success of released individuals and public safety.

As disease transmission progresses, the South African government, and particularly DCS, continues its efforts to control the impacts of the virus and support the healthy integration of individuals from prison to the community while also establishing the security, safety, and treatment of those who remain incarcerated. Fortunately, there has been substantial slowing in positive cases, and especially fatalities, affording both institutional and community corrections the opportunity to steady the response to the virus.

Notes

1. As of September 23, 2020.
2. As of September 22, 2020.
3. This amount is equivalent to $7,775 US dollars or $6,542 Euro.
4. As of September 22, 2020.

Disclosure statement

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