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Assessing the Effects of COVID-19 in Prisons in the Northern Triangle of Central America

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ABSTRACT

This article examines the impact of COVID-19 on penitentiary systems in the Central American countries of Honduras, El Salvador, and Guatemala (the Northern Triangle). Despite similar conditions in terms of crowding, lack of personal protective equipment, and infrastructure deficiencies, the neighboring countries have implemented distinctly different approaches to managing their incarcerated populations. In Honduras, in recognition of the elevated risks to certain inmates, nearly 2,000 prisoners were released in the early stages of the contagion. In El Salvador, President Bukele capitalized on the COVID crisis to implement curfews and national lockdowns to ensure conditions approaching martial law, declaring extreme security steps to address gang violence, while claiming incarcerated gang leaders were behind the increased violence. In Guatemala, the President Giammattei, a medical doctor, recognized prisons as epicenters of focus for reducing transmission rates and quickly advanced plans to contain a much larger outbreak. Using data collected from public media sources and in-depth qualitative interviews with prison administrators and staff, we provide a descriptive overview of the COVID impacts in these countries and consider possible longer-term prison policy implications.

KEYWORDS

Prisons; international; cross-national; Covid-19; Pandemic; Alternatives to incarceration; Early release mechanisms; Prison reform

Prison health is public health

The association between prison systems and the spread of communicable diseases is well documented (Braun et al., 1989; Valway et al., 1991; Young et al., 2004). Incarcerated populations have been found to have disproportionately high prevalence rates of diseases, including co-occurrences of HIV, hepatitis, and tuberculosis (Dolan et al., 2016; Gough et al., 2010; Kinner et al., 2020). Research on the spread of blood-borne diseases in incarcerated populations often links the risk of transmission in prison or jail to a greater public health crisis (Macher, Kibble, & Wheeler, 2006; Sacchi et al., 2015). However, given the challenges of over-crowding, inadequate healthcare resources, and often unhygienic conditions, the spread of the SARS-CoV-2 virus and the resulting COVID-19 illness through prison systems represents a unique global challenge.

The pandemic has spread from a regional concern in December of 2019 to a global concern impacting all facets of life. Since then, human-to-human transmission of the virus

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numerous countries and territories worldwide. On March 11, the World Health Organization (WHO) declared the global outbreak a pandemic (WHO, 2020). Virus-screening and quarantining measures are being implemented at airports worldwide, as well as extensive travel restrictions.

Although the impacts of COVID-19 on the health of the general population are still being discovered, prison administrators in the Northern Triangle have attempted to situate their response to the pandemic into their general mandate. For example, one prison administrator discussed their response to COVID-19 as it fits into the general role of prison administration, which is, “to ensure care, custody, and control of the people in our facility . . .”

Given the logistical difficulties in maintaining social distancing and proper hygiene in a confined population, the COVID-19 pandemic has presented heretofore unseen challenges to prison administrators in their balancing of these priorities. While the first COVID-19 diagnosis in the U.S. involving a detained person was announced on March 16, 2020, the rest of the world had already responded to the outbreak within their confined populations. Iran, for example, temporarily released 70,000 prisoners serving sentences of less than 5 years to reduce in-custody transmission (Akiyama et al., 2020; Al Jazeera, 2020). During Italy’s well-documented crisis, failure to calm incarcerated populations led to widespread rioting (Amante, 2020). In the United States, the Federal Bureau of Prisons suspended visitation by community members, limited visits by legal representatives, and reduced facility transfers for incarcerated persons to control the spread of the virus. However, state facilities and local jails implemented interventions at varying levels, which led to outbreaks in corrections facilities (CDC, 2020; Marshall Project, 2020). Countries worldwide rushed to implement mitigating strategies aimed at taming the outbreak within their confined populations.

As the entire world grapples with the effects of COVID-19, prisons, jails, and other detention facilities may not be the first among the concerns that the public considers. Yet, these institutions allow us to consider the management of the outbreak from a micro-societal viewpoint that could offer important mitigation strategies for other settings. Because prison populations often reflect the disparities in health affecting groups that are disproportionately likely to be incarcerated, they illustrate how the pandemic can have different impacts across socioeconomic and racial lines. Racial minorities, persons with substance abuse and/or mental health disorders, persons living in poverty are also more likely to have comorbid health concerns (e.g., diabetes, hypertension, heart diseases). Other illnesses such as tuberculosis and Hepatitis-C, which are more common amongst prisoners, exacerbate complications due to COVID-19 infections and are also significant comorbid factors. Some researchers have argued that “multimorbidity” is common among the prison population which may cause earlier onset of COVID-19 symptoms and result in a higher proportion of more severe cases when compared with general population (Dolan et al., 2016; Kinner & Young, 2018).

In prison settings, communicable diseases have the potential to be transmitted between prisoners, by staff and visitors, between prisons through transfers, and by staff cross-deployment to and from the community. COVID-19 outbreaks in custodial settings are especially important for public health because an outbreak could quickly overwhelm prison health-care services. Furthermore, prisons are a vector for community transmission that will disproportionately impact marginalized communities. In other words, in situations

where COVID-19 has already overrun a facility, released prisoners and inmate visitors could impact the most vulnerable communities by carrying the infections back home. The concerns about secure facilities, especially jails and prisons, should be embedded within the broader public health response. Controlling communicable infections and other public health concerns such as COVID-19, HIV and Hepatitis C, in correctional settings can have positive effects both in these settings and on surrounding communities (Akiyama et al., 2020).

Many jurisdictions worldwide have chosen to “decarcerate,” or release as many people as possible, specifically those individuals who pose low risks of new violent criminal activity. Additionally, some prisons and jails have also released inmates with the highest medical risk profiles for disease, based on age and other preconditions that may make certain individuals at higher risk of infection (ABA, 2020). Similarly, law enforcement authorities in many areas were given broader discretion to avoid arresting certain types of offender, opting for civil citations, rather than arrest whenever possible (Dewan et al., 2020). The courts too, suspended some hearings and allowed longer continuances during the outbreak, and some sentences were downgraded to less restrictive confinement to contain transmission (Gershman & Tau, 2020). These mitigation efforts will help control the spread of the disease, thereby stabilizing the impact of the virus, and reducing the burden on the correctional health-care system as well as the broader community response.

This article considers the response and impact of COVID-19 on penitentiary systems in the Central American countries of Honduras, El Salvador, and Guatemala (the Northern Triangle). Despite similar conditions in terms of crowding, lack of personal protective equipment, and infrastructure deficiencies at the beginning of the crisis, the neighboring countries have implemented distinct approaches to managing their incarcerated populations.

Research methods

Beginning in mid-March through mid-September, 2020 our team collected relevant articles with any mention of COVID-19 related to jails, prisons, staff, or inmates in the Northern Triangle. Data were obtained from the public domain using Boolean searches via general and academic online search engines. Search parameters included newspaper articles, credible blogs, other government and non-government publications, and TV news reports produced in English or Spanish. The review of source relevancy included multiple reader reviews and regular coder reviews to discuss the findings with in-country colleagues, which helped to assess whether the contextual detail identified through these sources was consistent with observations on the ground.

In addition to the scan of local media, as the COVID-19 crisis continued, we developed two separate structured interview guides for prison administrators and prison line staff. Being sensitive to competing demands resulting from the pandemic, we recruited administrators and prison staff based on availability, starting with established contacts that were identified from ongoing investigations. Our recruitment strategy emphasized prison administrators, given that interviews with prison staff were often logistically infeasible due to workloads, availability, and difficulty in obtaining contact information. The research team collected a total of seven interviews with prison administrators, two in Honduras, two in Guatemala, and three in El Salvador. We also adapted the administrator instrument and

interviewed an administrator from a non-governmental agency that works closely with the prison system in Guatemala. These interviews were conducted by cellphone and length and breadth varied considerably. At least two interviews lasted an hour or longer, while another was fewer than 10 min in duration. To confirm interview details, the research team also corresponded with interviewees and other relevant prison officials via e-mail including correspondence with law enforcement authorities, U.S. Embassy representatives, and other relevant actors in the region.

Pre-COVID overview of crime and incarceration in the Northern Triangle

The countries of the Northern Triangle are regularly introduced as being among the most violent in the world, with homicide rates well above global averages during the past 10 years.¹ In recent years however, intentional homicide rates in the three countries have been trending downward. See [Figure 1](#).

These reductions in homicide rates are often attributed to improvements in policing investigations and more effective prosecution strategies which have resulted in a steadily increasing prison population rate (Byrne et al., 2015). See [Figure 2](#).

Despite the continuous increase in incarceration rates, significant crime problems continue to plague all three countries. Data collected by the Latin American Public Opinion Project in each country over the past few years persistently show that the chief concerns for most citizens are the lack of economic opportunities and security matters (Raderstorf et al., 2017).

El Salvador

Despite its small land mass, El Salvador is one of the most densely populated countries in Central America (Central Intelligence Agency, 2020). President Nayib Bukele, former mayor of San Salvador, assumed office on June 1, 2019 and has achieved widespread



Figure 1. Annual homicide rates in the Northern Triangle, 2000–2018.

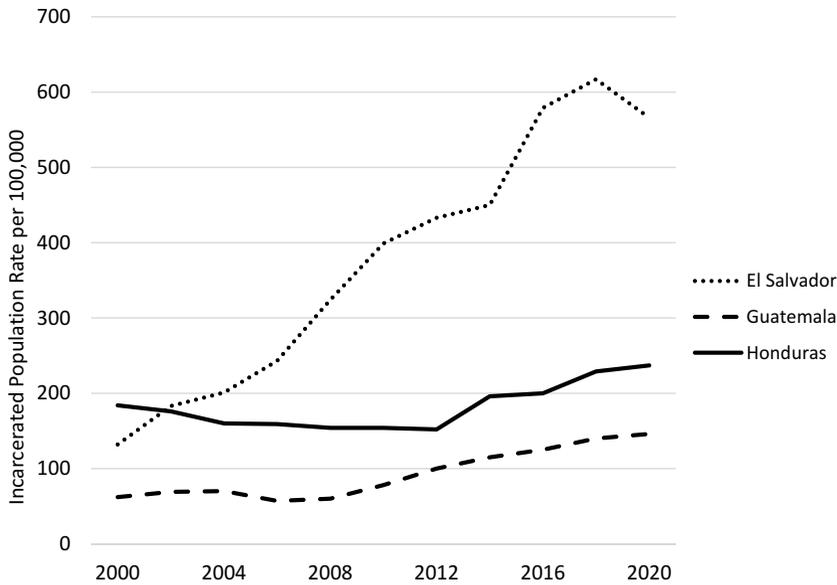


Figure 2. Annual Prison Population Rate in the Northern Triangle, 2000–2020*. *Prison rates presented for 2020 requires additional explanation. Data for all three countries are based on population estimates from the United Nations. El Salvador rate is calculated using August 2020 population estimates of 6.48 million. Guatemala data is from June 2020 population estimate of 17.88 million. Honduras rate is calculated using a September 2019 population estimate of 9.11 million.

popularity for his active, and often strong-handed opposition to organized crime and gangs. Though generally favored by the American administration, President Bukele has shown a disquieting tendency to skirt democratic principles, including sending the military to take over the National Assembly on February 9, 2020, which led to public rebukes from the U.S. government and international observers (The Washington Post, 2020). In a recent move that received considerable attention by U.S. lawmakers, Bukele enacted several modifications to the regulation of country's freedom of information act (*Ley de Access de la Información Pública – LAIP*) that essentially make it more difficult to obtain public information from government institutions (Urquilla & Escalante, 2020).

Six months after closing March 18 due to the coronavirus disease (COVID-19) pandemic, the El Salvador International Airport reopened on September 19. During the closure, the airport has only been operating cargo, repatriation, and other special flights. President Bukele announced that the second phase of economic reopening in El Salvador would be postponed as experts' assessments identified a continued rise in the number of confirmed COVID-19 cases. In El Salvador, the second phase reportedly allows public transportation, business services, manufacturers, and several industries and restaurants to resume operations, the third phase allowing for greater loosening of restrictions contingent on persistent decreases in reported cases. The Salvadoran government began the gradual process of reopening the economy on June 16 with the easing of some movement and business restrictions and the lifting of a 24/7 nationwide curfew. Certain business operations resumed, though businesses are still urged to allow employees to work from home if possible, and those which have resumed will be at a limited capacity. These industries

included construction, textile, and electronic manufacturing business, cargo transport, medical and veterinary services for emergencies and appointments, restaurants and retail stores for delivery and take away services, government offices, and repair and maintenance services. Essential services such as supermarkets, pharmacies, banks, petrol stations, and home delivery food outlets, can continue to operate. Private transport can resume for employees returning to work. Taxis and ride-sharing services have also resumed operations. Individuals are required to wear face masks when leaving their residences. Schools, universities, and parks remain closed.

There are 24 prisons in El Salvador with a total inmate population that hovers just under 40,000 persons, approximately double the original design capacity.² Salvadoran prison authorities have provided regular updates regarding the number of confirmed and suspected cases of COVID-19 throughout the crisis, though reported counts have not been independently verified, and the availability and application of testing has been inconsistent. For example, the Ministry of Health offers snap shots of the situation that are seemingly in conflict with prison administrators' reports. On March 29, the government reported 108 confirmed COVID cases among inmates, adding that an additional 945 were suspected of having the virus. However, in the same report, one facility (*La Esperanza*) reported that 85 persons were screened and 34 were determined to be positive. The *La Esperanza* example leads to two observations: (1) the high rate of positive tests and (2) the limited number of actual tests. The highest numbers of suspected cases on March 29 were in San Vicente (297), Quetzaltepeque (135) and 58 in the psychiatric hospital of the prison system. Prison administrators pointed to prison custodial and administrative staff as leading to the spread of the disease in the prison system, as they rotate in and out of the facilities between shift changes. For example, in some facilities a prison doctor had been identified as the potential source of a COVID-19 outbreak within prisons (J. López, 2020). To highlight the logistic limitations of prisons in the country, one administrator indicated that lack of space required some inmates with confirmed cases of COVID-19 to be housed in the same areas as other inmates, increasing the likelihood of infection spread.

As of September 20, 2020, the government of El Salvador has reported 27,553 confirmed cases of COVID-19 with 812 deaths attributed to the virus (Worldometer.info, 2020). The Bukele administration's response to the COVID-19 crisis has received both acclaim and concern. On the one-hand, it was President Bukele who attracted worldwide attention when he announced very early stimulus incentives to undergird the Salvadoran economy when he suspended payments for basic services including water, electricity, and internet for 3 months in March 2020. Also, the administration recognized the urgency of addressing the COVID-19 crisis in jails and prisons very early in the outbreak, and on March 10, he ordered prison authorities to renew focus on "sanitary protocols to prevent Coronavirus in the prison population," (Human Rights Watch, 2020). However, a month later, in the midst of an extreme bout of violence with 77 homicides occurring between April 24–27, President Bukele announced that undisclosed intelligence sources had revealed that these murders had been ordered by incarcerated gang members operating from within the country's jails and prisons. The Bukele administration then took an aggressive stance against suspected gang members, issuing an open call to law enforcement to round up suspected gang members and place them in crowded and unsanitary conditions in the nation's jails and prisons. A statement released by Human Rights Watch (2020) reported,

In the face of the Covid-19 pandemic, prisons in El Salvador, as in other places, are a potential epicenter of an outbreak. This risk has been exacerbated by the new containment measures ordered by the Bukele government. Paradoxically, the heavy-handed speech that President Bukele uses in the face of the 77 murders of the last days, puts many more lives at risk for possible contagion, both inside and outside the detention centers.

In photographs and videos released by the government during the weekend of April 25 and 26, thousands of detainees are seen often unclothed and left handcuffed on the floor inside the jails while the police searched their cells. Very few of the prisoners had masks and their positioning on the ground inhibited any social distancing measures. Reports from the media failed to highlight the importance of following public health guidelines inside prisons to prevent the spread of COVID-19 in the wider population.³ Acting on suggestions that gang members were organizing murders on the outside, Bukele ordered severe restrictions, with some suspected gang members confined to their cells, often in total darkness and in extreme isolation in an attempt to control the use of hand signals and other types of inmate communication (BBC, 2020; Bukele, 2020). These aggressive measures taken by President Bukele are not new. This punitive response and “*mano dura*” (tough on crime) policies have been in place for decades in the country. They have proven to be an ineffective strategy to deal with gangs in and outside the prison as well as to reduce criminality in the country (Dudley, 2010).

Nationally, President Bukele issued the first, and most restrictive quarantine in Central America, even before there was a positive case of COVID-19 in the country. Many observers have openly questioned whether these his motivations were truly rooted in concerns about public health or if measures such as travel restrictions and curfews, nearing martial law in some instances, were intended to intensify the war on gangs and reduce criminal activities and homicide. Despite these seemingly strict measures, there is evidence to suggest that some of the practices implemented during the heavy-handed prison lockdown measures, such as housing members of competing gangs in common areas, may have been intentional efforts to fuel inter-gang conflicts (Council on Hemispheric Affairs, 2020).

Guatemala

President Giammattei, who assumed office on January 14, 2020, is both a medical doctor and the former director of the Guatemalan penitentiary system from 2006 to 2008 (Economist, 2020), designations which provide both an understanding of the threat of coronaviruses and the specific contexts and working conditions of prisons in Guatemala. Perhaps it is not surprising that he has been especially active, issuing regular press conferences and detailed policies and procedures regarding the pandemic, including prisons. On March 15, only 2 days after Guatemala confirmed its first positive case, the President suspended all family face-to-face visits with prisoners (Pitán, 2020). A day later, all visits from court authorities to prison were also suspended, following a suspected COVID-19 case was reported in Preventative Center in Zone 18, Guatemala City (though this suspected case was in fact negative).

The Guatemalan government declared a “state of calamity” to expand measures aimed at protecting the health and safety of all persons in Guatemala. Like a “state of emergency” in the United States, declaring a state of calamity allows the Guatemalan government to take exceptional measures to protect national security. The Giammattei administration

implemented several restrictions to curb the spread of the COVID-19 pandemic, limiting travel to and from Guatemala on March 5 and suspending commercial flights less than two weeks later. A nationwide weekday and weekend nightly curfew remain in place as of July 2020, restricting all non-essential movement, with violations resulting in a fine or imprisonment. Outside of curfew hours, social distancing and mask-wearing are mandatory, with violations resulting in substantial fines. Nationwide travel restrictions remain in place and all land, sea, and air borders remain closed. Supermarkets, grocers, other markets, and other essential businesses are permitted to operate from 06:00 to 16:00. However, most public and private sectors are suspended, and shopping centers remain closed. The Giammattei administration also prohibited the consumption of alcohol in public areas, and the sale and purchase of alcohol is only allowed during limited hours. In light of the outbreak, public or religious gatherings have been banned and in-person schooling has been suspended. The Aurora International Airport in Guatemala City reopened on September 18, though curfews, some travel restrictions, social distancing, and mandatory mask use continue to be enforced. As of September 20, there are 85,444 confirmed cases of COVID-19 in Guatemala and 3,119 associated fatalities (Worldometer.info, 2020).

The Guatemala prison system is marked by persistent challenges and international efforts to support improvements have been hampered by government bureaucracy, weak political will, and limited budgets. One person interviewed for context on the Guatemalan prison system characterized it this way:

Due to corruption, there is considerable disorder in terms of infrastructure. The installations and general living conditions are unacceptable and, while crowding is over 300% capacity, there is apparently no intention to address the problems. In theory, there are documents to implement prison reform, but nothing has happened and there is no operational plan. This is an institution that must start over every day, addressing the same issues . . . we have to improvise a lot.

The Guatemalan penitentiary system is an institution known for its functional deficiencies, especially in terms of the lack of training for prison personnel. There is no professional career track or institutional hierarchy like there is for the national police. Here correctional officers only receive three months of initial training. Technical staff and administrators learn on the job without any further training. Senior administrators rarely last more than a year before they are replaced.

Upon this backdrop, the penitentiary system is working to control the spread of COVID-19 within its 21 prisons with roughly 15 outpatient physicians⁴ serving just over 26,000 persons in custody, despite only being equipped originally to house approximately 6,800 inmates.

Over capacity since 1996, social distancing in prisons is near impossible and unsanitary conditions and access to healthcare are perpetual concerns (K. López, 2020). Concerned about the virus and lack of protective equipment, in some prisons such as *Pavoncito*, located in Fraijanes, inmates began to make cloth masks for their own use, manufacturing at least 3000 masks in the last two weeks of March. A spokesperson for the prison system was reported as saying, “[Inmates] are doing their best to take care of themselves because they are aware of how bad it would be if the virus is found in some prison,” (K. López, 2020). A Guatemalan administrator interviewed in early September, confirmed this point sharing that adolescents in juvenile detention as well as male inmates imprisoned in *El Preventivo* in Zona 18 continue to sew masks for donations to community hospitals. Yet while prisoner

labor is used to manufacture donated masks, prison administrators discuss shortages of masks and indicate that prisons continues to purchase masks for internal use, but also saying that procurement processes are not transparent.

According to media accounts, prison inmates were generally accepting of the restrictions set by the government early in the crisis, but some soon began to advocate for early-release, additional preventative measures, and expanded videoconferences capabilities for visitors. The government promised to consider using existing videoconferencing equipment available through the National Court System,^{5,6} to allow inmates to visit with family and friends, if the visitation restrictions continued for longer than 1 month. However, by mid-August, all visitations continues to be suspended and the video-conferencing equipment is not available for use by prisoners, in large part due to logistical and procedural concerns, according to interviews with a current prison administrator and another professional who works closely with the administrative office of the courts.

On March 28, Guatemala's Attorney General for Human Rights filed a legal complaint before the Supreme Court of Justice against the Guatemalan Ministry of the Interior, the Ministry of Public Health, and the General Directorate of the Penitentiary System. The lawsuit argued that the government was not doing enough to guarantee prisoners access to hygiene products and medical care and that protocols to prevent the spread of the coronavirus in prisons were insufficient. A month later, the Commission for Citizen Protection, a recurring congressional subcommittee, provided recommendations to lawmakers on how to decongest the prisons to help avoid the spread of the coronavirus, which included alternatives to incarceration for pregnant women, terminally ill inmates, and persons over 60 years old. These measures would immediately impact about 2,000 of the most vulnerable incarcerated persons, though to date no specific reforms to the penal code have been instituted (González, 2020).

On May 28, the first prisoner testing positive for COVID-19 in Guatemala died. The inmate, who had been housed in the Male Prison in Zone 18 in the Guatemalan capital, had been interned in the prison infirmary for nearly a month before being transferred to a community hospital, where he died 4 days later. Tests administered after the patient had been transferred outside of the facility revealed the presence of the SARS-CoV-2 virus, and soon the Attorney General for Human Rights began to publicly speak out about the lack of testing available for inmates and prison employees along with delays in obtaining results (Chumil, 2020a; Cuevas, 2020). By early June, three prisons in Guatemala had further substantiated cases of coronavirus and definitive steps were underway to create a separate isolation unit with a capacity for housing nearly 500 inmates at the prison facility known as *Fraijanes II*. By June 24, the number of inmate fatalities increased to eight and 91 prisoners, out of 103 known cases systemwide, were housed and treated for confirmed COVID-19 infections at *Fraijanes II* (Álvarez, 2020). Fourteen correctional officers, five administrative workers, and three nurses had also tested positive.

By the end of July, more than 200 positive cases of COVID-19 infections have been confirmed with just over 20 inmates deceased within the prison system (Prensa Latina, 2020). Approximately half of all positive cases are found in the Male Preventative Prison in Zone 18 in Guatemala City and the second largest number of cases are in the Pavón Penal Farm in Fraijanes. In the same period, 1,000 fatalities were attributed to COVID-19, as the government continues to manage increasing concerns of viral spread. On August 7, 12 corrections officers in the same prison in Mazatenango tested positive for COVID-19. With

no long-term isolation location available to house the infected guards, representatives from the national health system initially advised the patients to go home. The Ministry of Health followed-up with a thorough cleaning of the facility. The guards were ultimately housed in hotel rooms, paid by the government, where the correctional officers could avoid infecting their families or others in the community (Soto, 2020). However, according to an interview conducted with a high-level prison administrator conducted in early September, the actual number of positive infections among prisoners and guards is likely higher. The administrator shared,

the Ministry of Health no longer wants to assume responsibility for testing because of how long it takes to obtain results. For example, if they do a swab today, it will likely take 30 days to get the results. By that time, the person will either be fully recovered, in the hospital, or already dead. The only thing we can do is put suspected cases in quarantine.

Now several months into the COVID crisis, Guatemala's resources, especially in the penitentiary system are stretched thin. In an August interview, a prison administrator shared that the daily operations are increasingly difficult to sustain. With family visits suspended, prisoners are no longer receiving care packages. Food costs are increasing daily. The administrator reported,

there are beans served for every meal, with maybe some eggs or a piece of sausage. Chicken is rare and the prisons are no longer able to provide beef or pork. It's a serious situation and it is getting worse.

Perhaps more concerning is the fact that some prison staff have grown weary of the safety precautions and cultural differences that may affect compliance. According to a current administrator, "we have made site visits to some of the departments [areas outside of the capital] and of course, the people there are not wearing masks – that's how they live there. They have different coexistence rules that are difficult to understand for those who don't live there."

The recommendations submitted to Congress by the President's Commission for Citizen Protection in April resulted in a list of 520 inmates who had been screened and determined eligible for early release from prison based on their criminal profile, age, medical conditions, and conduct reports while in custody. Of these, 140 were approved for early release and the applications for the remaining 380 persons under consideration were still being processed (Chumil, 2020b). At least six bills were being considered by Congress in July to further reduce prison crowding including a new mediation law, revisions to criminal procedure laws, steps to improve electronic notification, a "minor quantities" law, opportunities to expand video hearings, among others (Chumil, 2020b). Thus, despite dealing with similar conditions to El Salvador, Guatemala's response included decarceral measures along with public attempts to mitigate the side effects of isolation for prisoners.

Honduras

On December 26, 2019, before COVID-19 commanded global attention, the Honduran branch of the Office of the United Nations High Commissioner for Human Rights (OHCHR) and the Inter-American Commission on Human Rights (IACHR) declared a State of Penitentiary Emergency in Honduras. The declaration followed extreme violence

in three adult prisons and one juvenile facility in the month of December that led to more than 40 deaths, including four adolescents, and multiple serious injuries (Organization of American States, 2019). The OHCHR/IACHR declaration called for the demilitarization of the penitentiary system and renewed focus on ensuring human rights. Simultaneously, an executive decree on December 16 by two-term President Juan Orlando Hernandez announced a state of emergency in the National Prison System, which is a measure of volatility and internal capacity to ensure rule of law. Both conditions had been exacerbated by an overwhelmed penitentiary system comprised 25 facilities holding more than 22,000 persons in custody. A day later, the entire Honduran Penitentiary System was placed under the control of the military Armed Forces in coordination with the Inter-institutional Security Force.⁷ Notably, the IACHR report indicated that, “... overcrowding, lack of hygiene, and inadequate ventilation constitute a serious threat to the health of detainees. This ... (is), due to the increased risk of contagion of infectious diseases, such as tuberculosis” (IACHR, 2019, p. 149). Thus, conditions prior to the COVID-19 outbreak were already dangerously susceptible to the spread of disease.

In response to the ongoing COVID-19 pandemic, Honduran authorities have extended the nationwide daily curfew and stay-at-home order through August 2020, which limits movement at night and during the day, strictly detailing the requirements of essential activities. Although land and sea borders remain closed generally, open only for the transport of cargo goods and supplies, airports have opened at limited capacity as of mid-August 2020, though curfews and mandatory mask usage has now been extended at least through September 20. As of September 20, there have been 71,616 confirmed cases of COVID-19 in Honduras, and 2,184 associated fatalities (Worldometer.info, 2020).

The specific details of the impact of COVID-19 in prisons in Honduras have been far more challenging to ascertain due to a lack of government transparency. The first prisoner identified as COVID-19 positive in Honduras died on April 23. The details of the conditions of any interventions that may have been performed were not made public, and reports question the official timing of testing for COVID-19 (Ávila, 2020). The maximum-security prison, *El Pozo*, where this inmate was housed prior to his death, limited information regarding the situation. A month later, a second positive case was reported in the national prison in the *Tamara* prison, just outside of Tegucigalpa, and similarly limited the release of information about diagnostic testing, steps toward prevention, and intervention capacity.

In the early weeks of the COVID-19 crisis in Honduras the government made a concerted effort to explore opportunities to reduce crowding in prisons, especially among high-risk inmates. Interviews with prison administrators indicate that a list of high medical risk and elderly prisoners was created in May that included 2,424 names. An additional 1,240 inmates were identified whose preliminary period of preventative detention had expired and these prisoners were scheduled for release. On June 16, the Penitentiary system released 1,624 prisoners as part of the measures being implemented to prevent the spread of the coronavirus (Agencia EFE, 2020). [Table 1](#) provides a summary of several indicators collected between April 23 and August 10 related to COVID-19. The number of tests conducted is not shown and thus a positivity rate cannot be calculated.

Interviews with Honduran National Prison administrators revealed that Honduran prisons are outdated and especially crowded and that the conditions are far from ideal, especially in terms of internal security processes and preparing inmates for reinsertion into the community. Essentially, rather than classifying inmates by risk level, they are instead

Table 1. Select indicators for COVID-19 in the Honduras Penitentiary System.

COVID-19 Statistics – Honduran Prison System ^a	
Positive PCR (swab) tests administered	1,121
Positive PCR tests (prisoners)	930
Positive PCR tests (operational and administrative staff)	161
Positive PCR tests (Healthcare workers)	30
Patients tested positive, presumed recovered	570
Suspected COVID cases in isolation	929
Substantiated and suspected COVID-19 deaths	33
Other deaths (not COVID related)	13
General hospitalizations	24
Hospitalizations due to COVID-19	5

^aSource: Data provided by the Honduran Penitentiary System, April 23 to August 10, 2020.

housed by suspected gang-affiliation. Three large maximum-security prisons are set aside for *MS-13* and *Barrio-18* gang members and especially high-risk inmates, while the other facilities house individuals from other criminal organizations and other lower risk detainees. According administrators, the COVID-19 crisis has highlighted the fact that certain lower risk and special categories of inmates (i.e., pregnant women, women with children, elderly, and chronically ill persons), should be prioritized for early release. However, corrections professionals explained, “... we are only responsible to protect prisoners during their stay, the courts decide who gets in and gets out.”

New intakes to corrections facilities are especially challenging since many prisoners are coming “straight off of the streets,” officials shared, suggesting that, “... we must assume these individuals have likely been exposed.” Therefore, after a “rapid test” for the disease, these individuals are held in isolation, which may vary from 15 to 21 days, to determine if they have symptoms of the disease. Interviews with administrators suggest that this practice will likely be one of the permanent procedures that continues after this current crisis subsides. As a result of the pandemic, staff leave is restricted, and staff are only allowed to return home once a month. Upon their return, they also must submit to a screening and have a period of restricted duty before having contact with inmates or other staff. Honduran prison administrators lauded the prison healthcare system and the contributions of the International Red Cross saying that the strict isolation practices have been the key to controlling a much larger outbreak and can be attributed as a cause of a steady decrease in cases. Interviews with prison administrators instead suggest that while early attention on prisons suggested they might be a source of COVID-19 spread; attention is placed instead now on the unconfined population.

Yet in interviews, prison officials voiced concerns about the continued availability of personal protective equipment and other supplies, saying, “remember, this equipment is essentially disposable and must be constantly replaced, and we are using a lot! I would say that we are going to run out of hand gel, biosafety suits, medical supplies, tests, all the other biosafety equipment like masks and stuff ...” Interviews suggest that while staff have access to basic equipment, they are regularly forced to reuse disposable equipment. One official laments, “... we are not a wealthy country. We do not have a bonanza of resources like other countries. Essentially, we depend on whatever the government can send us.” In response to questions on logistics of purchase orders, one official noted, “The government is practically closed, and the economy is stagnant, there is no movement of capital. Each

Table 2. Shifts in routine prison activities due to COVID-19.

Routine prison activities	El Salvador	Guatemala	Honduras
Public reception services	↓	↓	↑
Prisoner communications (mail, telephone)	≡	↑	↑
Inmate injuries	↓	↓	↓
Prisoner work details	↓	↓	≡
Family visits	↓	↓	↓
Inmate transfers to other facilities	↓	↓	↓
Inmate housing transfers within the facility	↑	↑	≡
Prisoner access to showers	↓	↓	≡
Negative incident reports	≡	≡	≡
Sports/recreation time	≡	≡	≡
Social worker meetings	↓	↓	↓
Health clinic checkups	↓	↓	↑
Substance use programming	↓	≡	↓
In-person court appearances	↓	↓	↓
Injuries to staff	↓	≡	↓
Ability of inmates to file grievances	↓	≡	≡
Education/training activities	↓	↓	↓
Prisoner access to public spaces (dining)	≡	≡	↓
Intakes into the facility	≡	≡	↓
Discharges into the community	↓	↓	↑

Source: Interviews with national-level prison administrators
 Key: Increased (↑), Decreased (↓), Remained the same (≡).

time we need to submit a purchase order; it gets more difficult to fulfill.” He then added, “look, this pandemic affects us all, the inmates, the staff, the community. We face a greater risk of dying and we are all stressed out!”

As part of the interview, we asked the administrator to share how twenty specific activities, ordinarily associated with life on the inside, had been affected during the pandemic. Familiar with the entire Honduran prison system, his answers, as seen in Table 2, detail the logistical changes in prison activities in response to the COVID-19 pandemic.

Discussion

Prisons in the Northern Triangle suffer from several decades of humanitarian crisis, exacerbated by state abandonment, and a lack of financial and human resources. While intensive efforts to strengthen policing and prosecution efforts are increasing arrests and steadily elevating incarceration rates, the corrections system remains neglected, overcrowded, poorly staffed, and sorely mismanaged. The harshest critics argue prisons systems in the Northern Triangle are governed by a symbiotic balance of corrupt government officials and imprisoned organized crime interests. The result of these practices impedes efforts to improve security and strengthen democratic practices in the region. The government responses to COVID-19 further underscores these persistent issues and highlights the ongoing vulnerabilities to organized crime, politicians with right-leaning tendencies, and weak rule of law in these countries.

In 2017, Insight Crime, an important foundation dedicated to studying organized crime in Latin America, referred to prisons in the Northern Triangle as “powerful incubators for organized crime groups” (Dudley & Bargent, 2017). Their analysis accurately asserts that organized crime and gangs in these prisons thrive for a variety of reasons. Inadequate classification systems focus on gang affiliation as the most heavily weighted factor to determine placement in already overcrowded facilities. With few housing options, gang

members are concentrated in common areas which strengthen recruitment strategies and promote even deeper integration of affiliates. Segregation and quarantining strategies to control the spread of COVID-19 have intensified this housing dilemma. Similarly, COVID-19 responses have exacerbated the strains felt by an underpaid, poorly trained prison staff who now face longer hours and added duties, reduced opportunities to visit with family, and increased occupational stress. These conditions are conducive to increased susceptibility to staff corruption. The already insufficient prison programming such as social worker case management activities, substance abuse interventions, educational and vocational training that existed before COVID-19, has largely been suspended, further increasing the available time, physical proximity, and lack of supervision that organized crime thrives on inside these prisons. Data tracking systems, notoriously weak and often unable to provide even basic daily headcounts of inmate populations, have further deteriorated during the current crises due to reduced staffing, fewer rotations and manned supervision stations, and less prison programming. Prisons are currently “suspended in time” due to COVID-19, as governments are distracted by other priorities. Finally, while the functions of prison gangs vary, COVID-19 has presented new deprivations, stemming mostly from reduced personal supplies normally delivered through family visitations, but also by increased demands for personal protection equipment. Criminal enterprises on the inside, fueled by corruption and fanned by government indifference and incompetence, are adjusting to meet these basic needs of prisoners in the short term.

Our worldwide experience in responding to natural disasters, humanitarian crises, and other pandemics should inform our current responses. While the worldwide epidemiological details of COVID-19 continue to emerge, global policymakers and prison administrators are now forced to deal with both the long-term impacts of the outbreak and the likelihood of the annual presence of the SARS-CoV-2 virus. Moreover, the lessons observed in this current crisis and the responses in prisons in Central America and around the world can provide important lessons to aid in better preparation for future pandemics. As evidenced by the current situation, pandemic preparedness is essential, and it is incumbent now to revisit and update prison policies and procedures.⁸ These plans should include strategies on how to limit introduction, control spread once it is already in circulation, and treat patients once they are infected. Additionally, administrators must prepare for identifying correctional staff and vendors on an ongoing basis to isolate and separate them from spreading the virus internally. Prisons equipped with video-conferencing capability can alleviate some of the social isolation experienced by some prisoners through video visitations. This same technology is often used for prisoner meetings with attorneys and even electronic court hearings.

The longer-range effects of COVID-19 for prisons are more challenging to untangle. Pending prison reforms in all three countries could be deprioritized and possibly derailed altogether, as autocratic leaders seek to use this opening to strengthen harsh responses to crime and criminals and reduce transparency. On the other hand, this crisis may help draw attention to the security vulnerabilities and the ongoing erosion of rule of law that is occurring within this important branch of the criminal justice system. The overarching economic impact of the pandemic, while not yet fully projected, is likely to be detrimental to the woefully inadequate tax base and corresponding budgets that would be required to implement the remodeling and new construction required to address prison crowding in the Northern Triangle. Similarly, it seems unlikely that prison reform, including hiring

more qualified and vetted prison staff, better training, improved human resource practices, upgraded classification, implementation of prison management best practices, etc., will be prioritized by governments seeking to restore normalcy once this crisis subsides.

The COVID-19 pandemic has illustrated the challenging conditions under which many prisons normally operate, highlighting the inadequate preparation required to curtail a spreading disease, and the logistical limitations associated with a lack of funding and overcrowding. As evidenced in this report, the Northern Triangle countries of El Salvador, Guatemala, and Honduras face similar conditions that limit their ability to respond to the health crisis. El Salvador, initially viewed as a regional bellwether in taking a strict response to limit the spread of the virus, has not extended these preventative measures to prisons, instead prioritizing limiting gang violence thought to originate from the prison system. In comparison, Guatemala has begun processes to decarcerate prisoners who pose a low risk to public safety but present a high risk for infection and fatality due to COVID-19. The Honduran prison systems face similar challenges, including substantial gang-related prison violence, but limited transparency has made the official Honduran response opaque. Despite facing similar challenges to the national prison systems and dealing with the influence of prison-based gangs, this report suggests that the Northern Triangle countries have responded quite differently. Further reporting along with verified accounts of testing, treatment, and mortality rates will be required to assess the full extent of the impact of the COVID-19 on the prison systems in the Northern Triangle.

Notes

1. See the UNODC 2019 Global Study on Homicide for a comprehensive exploration of this complex phenomenon and an updated dataset of cross-national data. Available at <https://www.unodc.org/unodc/en/data-and-analysis/global-study-on-homicide.html> [Accessed on 18 September 2020].
2. Details on the number of facilities, inmate population, and the distribution by status fluctuate frequently. Updated monthly, the University of London, Institute for Crime & Justice Policy Research maintains the World Prison Brief (2020) database. See <http://www.prisonstudies.org/world-prison-brief>.
3. On April 29, The BBC World News released shocking images of some of the especially harsh treatment of prisoners in El Salvador. See <https://www.youtube.com/watch?v=nqcPD2pmxJw>.
4. Sources regarding the number of physicians are conflicting and range between 13–16 individuals. Based on personal conversations, the discrepancy seems to be rooted in whether some physicians are currently available to treat patients. Five prison doctors are reportedly in high-risk categories, presumably because of their ages and/or preexisting medical conditions.
5. Known in Spanish as the *Organismo Judicial (OJ)*. This video conferencing equipment was donated to Guatemala through the Security and Justice Program, coordinated by the United States Agency for International Development (USAID and the Department of State, Bureau of International Narcotics and Law Enforcement (INL); These are available in El Preventivo, Cantel in Quetzaltenango, El Boquerón in Santa Rosa, El Infiernito in Escuintla and Fraijanes II in Guatemala.
6. These are available in El Preventivo, Cantel in Quetzaltenango, El Boquerón in Santa Rosa, El Infiernito in Escuintla and Fraijanes II in Guatemala.
7. In Spanish this refers to the, *Fuerza de Seguridad Interinstitucional (Fusina)*. This measure was taken on December 17, 2019 after the murder of the former director of the prison known as “*El Pozo*,” who had been suspended from his post after an inmate was murdered inside that prison.
8. This pandemic call to action is not novel. See Maruschak et al. (2009).

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