



Lock up and stay: South Africa's sick prisons

One ideal for a home is to be able to 'lock up and go' when the spirit moves, knowing that all will be safe. A prisoner in a South African prison is likely to encounter 'lock up and stay'. Why should doctors be interested in what appears to be largely a social problem? Certainly the whole correctional services process, from police to judicial system to prisons, provides an image of the social and psychological health of our society. But prisons also have physical and mental health risks and realities that society in general and doctors in particular should know about. The annual report of the Judicial Inspectorate of Prisons, an independent statutory body to monitor the conditions of prisons and the treatment of prisoners, and public addresses by the indefatigable Inspecting Judge of Prisons, Hannes Fagan, provide much of this information.

Until the 19th and 20th centuries (and in some places still today) corporal punishment, execution (both often in public) and banishment were the chief means of punishing serious offenders. These have been replaced by developments of the modern penal system in which parole, probation and other initiatives increasingly replace confinement. These reflect the ideal of constructive penal treatment aimed at bringing about a change in the offender's behaviour. To be effective, punishment should be certain and rapid. While punishment does have a deterrent effect, there is no evidence that increasing sentences serves to discourage criminals. Despite this, public perception and the reality of high levels of crime in South Africa led to parliament passing the minimum sentence legislation in the belief that long sentences would act as a deterrent.

Overcrowding and rates of incarceration

Gross overcrowding is the major problem facing the majority of our 240 prisons, which house more than 180 000 prisoners. Young men under the age of 30 years represent 60% of the prison population (largely engendered by poverty and joblessness) while women comprise only 2.3%. In several prisons occupancies are well over 200%. This leads to appalling conditions with deprivation of human rights and huge financial costs to the country. Under such conditions prisons become crime-promoting institutions. South Africa is one of the worst countries in the world (and the worst in Africa!) regarding the size of our prison population, with 4 out of 1 000 South Africans in prison compared with 65% of countries in which incarceration rates are 1.5 or less per 1 000. It is no consolation that the USA is the worst in the world with a rate of over 6 per 1 000.

To deal with the problem of overcrowding four new prisons housing 300 prisoners each are planned, but only reducing the numbers of incarcerations can adequately solve the problem.

One reason for the overcrowding is that there are over 50 000

awaiting-trial prisoners. They spend an average of 3 months in prison, but thousands have waited for more than a year (and over 1 000 for over 2 years!). Worse still, only about 40% of those awaiting trial will be convicted. Unnecessary arrests by the police, unaffordable bail amounts and unnecessary remands are factors contributing to the numbers of awaiting-trial prisoners. Overcrowding has also resulted from the increase in the number of sentenced prisoners. A major cause of this is the minimum sentence legislation introduced as an emergency measure in 1997, which has resulted in a dramatic increase in the number of long-term prisoners.

Health in prisons

Among the most common complaints from prisoners relate to health care, despite the fact that medical treatment of prisoners is guaranteed by the Bill of Rights. Such complaints include lack of access to medical treatment, ineffective treatment and negative attitudes of medical staff. The overcrowding adds significantly to the danger of the spread of disease.

The 'natural' death rate for prisoners has escalated at a far greater rate than prisoner numbers. In 1995 the rate was 1.65 deaths per 1 000 prisoners and it is now over 9 per 1 000, largely attributable to the AIDS pandemic. Much more use can be made of the provisions for the release of terminally ill prisoners.

Solutions

Through concerted efforts by several agencies the unacceptably large number of awaiting-trial prisoners is now beginning to decline. A major challenge is amending the Correctional Services Act to enable the Department of Correctional Services and the National Council for Correctional Services to regulate as before.

Among many organisations that have contributed to improving the lot of prisoners are the Law Society of South Africa and the Cape Law Society. Under their auspices attorneys have carried out prison visits and the Cape Law Society has undertaken to provide at least 3 days' pro bono service per registered attorney for the Western, Eastern and Northern Cape. Perhaps the Medical Association can take this as a challenge for doctors?

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