



TACKLING THE CROWDED JAIL HEALTH THREAT



Prison overcrowding is creating an AIDS-accelerated health crisis – annual ‘natural’ deaths having increased seven-fold over the last seven years.

According to the Inspecting Judge of Prisons, Judge Hannes Fagan, 186 prisoners died of ‘natural causes’ in 1995, 327 died in 1997 and 1 169 died in 2001. He predicted that there would be around 1 360 deaths in 2002.

Overcrowding largely caused by a dysfunctional court system, and a prison culture of sexual abuse and promiscuity, are contributing to the pool of HIV prevalence in society’s most vulnerable sectors.

Judge Fagan quoted October 2002 research that estimated prison HIV prevalence to be 41% - compared with a national figure of 24%.

The latest revelations about Pollsmoor Prison reported to the Jali Commission, are that prison ganglords use rape to maintain power. Anyone falling foul of the gangs is given a ‘slow puncture’, or is raped by an HIV-positive inmate.

Last year a Pollsmoor-based support organisation called Friends Against Abuse, made history by successfully

charging and bringing one alleged perpetrator to court.

Judge Fagan said the country’s worst example of overcrowding was Bizana prison in the Eastern Cape that was 470% full. This small prison was designed to hold 54 prisoners but now houses 254 people. Large prisons across the country routinely operate at between 120% and 270% over-capacity.

Nearly 16 00 inmates remain incarcerated because they cannot afford R50 bail.

Johannesburg’s Medium A Prison designed for 2 630 inmates, was holding 7 071 people in October 2002 - all of them awaiting trial prisoners.

In several prisons, the two toilets and two showers allocated per 60 prisoners and the lack of fresh air, exercise and space to even lie down, contribute to rampant tuberculosis, fleas, lice, scabies - and outbreaks of physical violence.

‘At one prison in Gauteng they were throwing excrement out of the windows’, Judge Fagan reported.

He complained that a major cause of

administrative logjams and overcrowding was the time courts took to process prisoners.

At the end of September 2002, 29% of the country’s prison population was unsentenced - nearly 53 000 out of a total of over 181 000 inmates.

Nearly 21 250 of these unsentenced prisoners waited longer than three months, while 1 344 waited longer than two years, for their trials to be concluded. ‘Put simply, it’s scandalous.’ Judge Fagan said.

In October 2002, 15 750 inmates country-wide remained incarcerated only because they could not afford bail, in many cases set as low as R50. ‘Remember, the magistrate has already decided that this person is safe to stay in the community’, Judge Fagan said.

He said the ‘system stopped functioning properly’ around 1995, citing figures of 24 000 unsentenced prisoners in that year, compared with almost 53 000 currently.

‘You can’t build prisons at that speed! It’s a crazy escalation and the crisis was not caused by Correctional Services, but by the courts’, he said.

He warned that the tendency of magistrates to hand down lengthy



Judge Hannes Fagan



sentences, mainly because of recent minimum sentence legislation, would only aggravate matters. 'If we get too many more 20-year convicts, it will cause big problems in a few years. We need to change the mindset of the public and politicians and then of magistrates and judges', he added.

He quoted a Supreme Court of Appeal judge who, in reducing one applicant's sentence recently, described the tendency as 'Methusela sentencing'.

Judge Fagan said however, that there appeared to be light at the end of the tunnel because the number of awaiting trial prisoners had been reduced from 64 000 in 2000, meaning that some of the Justice Department's emergency measures were working.

Sister Maria Mabena, Acting Director of Health and Physical Care in the Department of Correctional Services, said that as of February 2002, there was one nurse for every 322 inmates and one externally contracted doctor for every 1 092 prisoners. In the rural Eastern Cape, there were no prison doctors at all.

'Every month at least five nurses go overseas and the prison population increases all the time', she said. However despite this fact, the ratio of nurse to inmates had reduced from the 1:480 of February 2001.

Asked what she would do with a 'magic wand,' Mabena said her first priority would be to increase capacity in primary health care. 'Most nurses are not licensed to practise primary care and tend to refer patients without discernment. There is very little monitoring.'

She said there were 12 pharmacies 'on site' in the country's 184 prisons, adding that the department relied on community service pharmacists to keep the system operational.

The North West and Limpopo provinces used Pretoria Prison's pharmacy and the Northern Cape province accessed the Kroonstad Prison

pharmacy in the Free State, as they 'don't have a single pharmacist' in these provinces. Staff shortages meant doctors' prescriptions 'very often just don't get through to the prisoner'.

Professor Sudeshni Naidoo of the Department of Community Dentistry at Tygerberg Hospital is conducting a national study of oral health services in prisons and said that such services are 'virtually non-existent'. 'Basic extractions' are provided and the rare visit to an outside dentist.

Naidoo said that in 2003 she would be developing a Western Cape pilot protocol for 'a basic oral health package' for prisoners, particularly long-term inmates. 'Visiting Pollsmoor is appalling for anyone involved in human rights'.

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Aggravating these prison deficiencies is the absence of a co-ordinated health care approach. This conclusion emerged from a meeting between SAMA, Correctional Services and the Health Professions Council at Pollsmoor Prison last year. The meeting primarily explored the use of community service doctors.

SAMA expressed concern about whether such doctors should be used, and about their safety and supervision.

The jail officials said there were no posts currently available anyway. It emerged that 60 posts had been approved but not yet funded. All 266 sessional doctors practising (excluding those in Gauteng) were contracted to the Health Department.

The meeting agreed that 'no team approach' existed in the rendering of prison health services. The parties decided to meet again to discuss

responsibility for this.

Sister Mabena was excited by the uncompleted talks but confirmed that her department had 'no budget to pay for the posts', and said the bill would have to be footed by the Health Department.

She said the HPC was concerned about supervision for the community service doctors and had rebuffed her offer of 'experienced nurses. They were not happy, they wanted people with clinical expertise'.

Vice-chair of the Junior Doctors Association (Judasa), Dr Karl le Roux, told the SAMJ that the group had canvassed membership views and these were 'overwhelmingly negative'.

'It was felt there's enough need outside the prisons. Basically, people feel insecure, especially the women. We believe it would be unfair'.

Le Roux said his private view was that 'prisoners are getting a raw deal. I think they need to hire more full-time doctors'. He also wondered whether opening up prisons to supervised community services 'could open up more posts in central areas'.

According to Mr Frikkie Venter, MD of Group 4 Correction Services SA that runs the only two private prisons in the country, including the 3 000-inmate Mangaung prison near Bloemfontein, private prisons offer 'comparative value for money'.

He said his research showed that currently government was paying R4,24 per day per prisoner for medical services. His company spent R14,14 per day at Mangaung and R7,76 per day at Katama Sentumele in Louis Trichardt.

Stephen Korabie, MD of the 3 024-prisoner Katama Sentumele prison, said it had two full-time on-site doctors, a radiologist and a psychologist and one nurse to every 26 prisoners.

Chris Bateman