

PRISON MANAGEMENT AND PRISONERS SUPERVISION IN THE SITUATION OF COVID-19 FOR THE ERA OF CHANGE

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ABSTRACT

The advent of covid-19 pandemic has once again raised the issue of prisons. Prisons may be breeding grounds for infectious diseases because these places limit the health of prisoners in prisons or public health. The research aimed to investigate the management of prisons in communicable disease control situations where conventional management laws cannot be applied. To alleviate the congestion, the prisoners were released categorically affecting the effectiveness of the remedial action of prisoners. The location problem is quite problematic due to the large number of prisoners making them unable to distinguish from the general prisoners. Prisoners undergoing rehabilitation must live with infected prisoners. In addition, the confined space problem made it impossible to allocate space for specific remediation programs. The issue of activity change affects the continuity of remedial activities due to the need for venues for activities to take care of prisoners infected with COVID-19. The transfer of some prisoners to isolate and treat contagious diseases may affect the purpose of remedial punishment for criminal offenders.

Keywords: Prison, Management, Offender rehabilitation, COVID-19

INTRODUCTION

In the context of criminal law, the judicial procedure contains aims and objectives that are conceptually distinct. Punitive justice concept aims to deter the prisoners, to protect society, and to retribution. The concept of restorative justice aims to compensate, reform wrongdoing, and symbolic reparations to community service. Rehabilitation of prisoners is a rehabilitation and behavioral rehabilitation mission in order to change the prisoners so that they do not repeat the same offense. It can be said that it solves the problem of overcrowding prisoners and returns good people to society. The Department of Corrections is the last agency in the judicial process. Not only being responsible for regulating prisoners according to court judgments, but the Department of Corrections also has an important role in making corrections, improving, and developing behaviors of prisoners to return to society normally. However, these prisoners have long been shaped by social institutions or the environment. Solving problems in prisons in a short time is difficult. The Department of Corrections has made great efforts to innovate and develop methods for treating prisoners in response to society's expectations for the return of decent people to society (Department of Corrections, 2018). However, when unforeseen circumstances occur around the world, the epidemic of the communicable disease COVID-19 creates excessive health problems for individuals living in prisons/penitentiaries or detention centers, and those working in detention facilities. The problem is the pre-epidemic individual and community health risks of being reserved, the prevalence of infectious diseases, the increased risk of the epidemic, inadequate screening, healthcare in prisons/penitentiaries, and the spread of infectious diseases to the community from release (Aebi & Tiago, 2020). Similar health risks are found in detention facilities around the world. Although the level of health risk can vary between incarceration and

detention systems and depend on imprisonment, length of custody, and health care governance in prisons of different countries. Will everyone's right to the highest standards of physical and mental health be found in persons deprived of liberty?

METHODS

Research prison management and prisoners supervision in the situation of COVID-19 for the era of change in Thailand from 1 May 2021 to 9 June 2021. Prisoners were then extracted daily from the Department of Corrections website and supplemented with news reports. The press release is aggregate information about the management of prisons for prisoners in Thailand and confirmed patients. Recovery and deaths related to COVID-19 are scheduled for remediation which are subject to the Department of Corrections' designation. The rate of cases and deaths from COVID-19 in Thailand is obtained during the control and prevention period.

LITERATURE REVIEW

In terms of the specific deterrence theory, the reason for the tougher punishment of prisoners is that those who have committed the same offense are highly likely to commit it again. Therefore, heavier penalties must be imposed to deter future repetitions (Jackson, Ward & Russell, 2009). However, it is argued that there is little evidence to support that longer penalty can help deter recidivism (Singer, 1979). While many studies have concluded that longer prison sentences have no effect on recidivism. Some criminologists have found that prisoners sentenced to prison are at higher risk of recidivism and are more likely to commit recidivism faster than prisoners, particularly among drug-related prisoners (Spohn & Holleran, 2002). The first influenza outbreak in prisons occurred at the San Quentin prison in California, United States. During the 1918 influenza epidemic, infection was suggested by having newly arrived prisoners transferring to another prison because of that prison outbreak. The influenza epidemic was described in a prison. However, in the US, Canada, Australia, Taiwan, and Thailand, there were no reports of influenza outbreaks in youth detention centers or immigration detention centers. Later, as of early 2020, COVID-19 outbreaks have been recorded around the world including Iran. 70,000 prisoners were released to reduce transmission in detention facilities (Saloner, Parish, Ward, DiLaura & Dolovich, 2020). Corrections are also concerned about the violence of prisoners, the shortage of staff, and concerns about making public information about the number of infected prisoners and staff in prisons (ABC Audio, 2020). The novel coronavirus disease 2019 (COVID-19) poses a challenge to prison due to its close confinement, limited access to personal protective equipment, and the increasing burden of heart and respiratory conditions to the risk of COVID-19 among prisoners (Hawks, Woolhandler & McCormick, 2020). The right to treatment of prisoners is the same right to maintain health insurance as Thai citizens (Saraban, 2018).

RESULTS

Health care in prison is an important component of correctional agencies for a number of reasons. First of all, the right to the highest physical and mental health standards that can be had as outlined in the International Covenant on Economic, Social, and Cultural Rights, and can apply to all people, including prisoners. Second, the general health history of prisoners tended to be lower compared to that of others in the community. Mental illnesses, substance abuse, and communicable diseases such as HIV, tuberculosis, and hepatitis are often found to be higher. Thirdly, ignorance of addressing health issues in the prison may affect the transmission of health problems from such prisons to the outside community, just as community health problems can also pass into the prison. In such a context, it is well known that the shortage of adequate health services in prisons is not the only barrier to the

reintegration of the prisoners, but also brings problems with the risk of spreading communicable diseases and life-threatening disease in the prison and community.

Article 24(1) of the United Nations Minimum Standards on the Treatment of Prisoners (Nelson Mandela Rules) Health care for prisoners is the responsibility of the State. Prisoners should be treated to the same standard of health care as outside the community, free access to essential health care services, and free from discrimination on the basis of their legal status that is UN Standard Minimum Rules for the Treatment of prisoners (Nelson Mandela Rules). The commitment of correctional officers is everyone's focus and commitment, continually embracing support from both the public and private sectors to help build a better society in a safer society. The Department of Corrections has always acted as a bridge to bridge the gap between the acquitted and the society, but whether it is successful and sustainable is in the hands of all of us in the country (Corrections in Thailand 2018-2019).

The current problem of medical and public health services is that healthcare professionals who can provide medical care for prisoners with emergency conditions and health personnel who specialize in caring for prisoners with mental health problems to provide all prisoners with access to public health services appropriately and standardized standards, which are fundamental rights that prisoners are entitled to in terms of disease prevention, health promotion, treatment, and rehabilitation are not sufficient.

When prisoners are sick, they need to be taken outside the prison for treatment, which will make it difficult for the officers to perform their duties.

Province	Prisons-Prisoners	Number of tests	Number of infected cases	Waiting to report results	Infected percentage
Bangkok	- Bangkok Remand Prison - Central Women Correctional Institution - Klongprem Central Prison - Thonburi Remand Prison - Prison & Correctional Facility	14,429	6,749	-	47%
Nonthaburi	Nonthaburi	2,661	48	2,214	11%
Chachoengsao	Chachoengsao	798	22	21	3%
Chiang Mai	Chiang Mai	6,469	3,929	-	61%
Total	8	24,357	10,748	2,235	49%

Note: Infected people as reported by the Department of Disease Control until 16 May 2021 at time 18.00. (Data from the Department of Disease Control)

Just a few days of data in early May 2021 is that more than 10 prisons of COVID-19 clusters in several provinces have detected more than 10,000 cases. The most severe situation is in prisons and penitentiaries in Bangkok and its surrounding provinces and large prisons such as Chiang Mai. Out of just ten digits of infections in the first two outbreaks last year, this year the Department of Corrections has had to deal with tens of thousands of infected prisoners. It started with the first group of less than a hundred cases found in a single prison in early April 2021, followed by a large cluster of tens of thousands from a 100% proactive test in early May, even by the Department of Corrections had extended the quarantine period for new prisoners from 14 days to 21 days.

WHO guidance in March recommended temperature measurements, release of prisoners, and elimination of visits to prepare, prevent, and possibly control coronavirus 2019 (COVID-19) in prison (Kahambing, 2021). The Department of Corrections has 311,540

prisoners, which is a high number compared to about 13,000 officer. The old prison area was so cramped that it made it quite crowded. In the past, the Department of Corrections has tried to contain the epidemic to the best of its ability with three measures: (1) insiders are prohibited from leaving, (2) outsiders are prohibited from entering, and (3) the quarantine of new prisoners, prisoners who go to hospitals, and prisoners who go to court for a period of 21 days. There must be a SWAB for testing at least 2 times, which is before entering the quarantine room and before the end of the quarantine period until the epidemic of both waves can be controlled very well until there are statistics of only digits and ten people infected. This corresponds to the total number of infections outside the prison. Until the current wave of widespread outbreaks, the number of infections in prisoners is much higher than before. The Department of Corrections has a problem with prisoners overflowing. There are currently a total of 300,000 prisoners, but the territory of prisons and penitentiaries across the country can only accommodate 150,000 prisoners, causing congestion in the prisons and affecting the control to improve the behavior of the prisoners before they are released.

Considering correctional officers is another high-risk group because of their hard work, close contact with new prisoners, and in and out of prisoners. The report shows that some countries have infected prisoners as high as 88% of the total number of cases in prison. While many countries do not clearly disclose the number of infections among officials. In Indonesia, masks are only available to high-risk prison officers or prisoners (The Jakarta Post, 2020), for example, in a prison in Iran, it was reported that medical personnel were on strike in protests (Abdorrahman Boroumand Center for Human Rights in Iran, 2020). Personnel shortages in prison were widely reported due to illnesses in the organizational structure during the epidemic. In South Africa, corrections must mobilize trainees and army reserves to compensate for shortages in exceptional cases. On the other hand, as well as in the US state of Florida (Politico, 2021), despite health concerns about COVID-19 among prisoners and prison officials, the pandemic has allowed the state to temporarily control the population in the prison, which unlocked what is important for lawmakers and officials. For example, in the summer of 2019, the system had more than 95,000 prisoners, according to state data, which dropped to around 82,000 in October 2020 well in the Covid-19 crisis. However, Florida operates the nation's third largest state prison system. The release of the vaccine could put pressure on filling reserve facilities due to public concerns across the country about the increase in crime (Heyward, 2021). Measures in prisons include masking, social distancing, and isolation of persons with confirmed or suspected infection. Other strategies are unique in the context of a prison: visitation suspension, inter-location suspension, and online consultations with lawyers (Akiyama et al., 2020) same as Thai prison operations where visiting relatives of prisoners is conducted online.

The protection of internal protective measures does not have a special uniform like medical personnel. The problem with corrections officers is linked to a major systemic problem that is prisons worldwide spend less than 0.3% of GDP on prisons with oversupply of prisoners which make them have fewer staff than jobs. Thailand is one of the groups placed in the red zone of this problem with its staff-to-prisoners ratio of 28, which is among the highest in the world (Global Prison Trends 2021. (2021)).

When looking at the whole situation, one reflected on the global prison situation in the past one year after the COVID-19 outbreak, stating that there was not enough information. This is partly because there is no research and no study of the real impact of COVID-19 on the management of prisons. Importantly, there are more than 80 prison countries that do not disclose actual data on the number of infections and deaths in the outbreak in prisons. Therefore, when there is lack of transparency or adequate disclosure of information, it is difficult to formulate policies or methods for managing the outbreak of COVID-19 in prison effectively (Thailand Institute of Justice).

In the COVID-19 epidemic situation, the Department of Corrections found 311,898 correctional prisoners, 22,101 accumulated infections, 6,404 accumulated recovered, 8 accumulated deaths, 249 accumulated released, 15,445 accumulated under treatment, or 4.95 %, 1,939 recovered, and 1,117 new cases. The outbreak was found in 15

prisons/penitentiaries. No outbreak was found in 126 prisons/penitentiaries (Data: Department of Corrections, 28 May 2021).

Over a period of more than 10 days, the epidemic situation in the Penitentiaries Department showed that the likelihood of recovered prisoners continued to increase. There were 30,171 accumulated infected prisoners and 11,454 prisoners in treatment. Infected patients today are only 102 cases. As of today, there are 505 recovered cases. The total number of recovered patients was 18,538, or more than 61% of the total of 30,171 patients. Prisoners have 26 accumulated deaths. The outbreak was found in 12 prisons/penitentiaries. No outbreak was found in 129 prisons/penitentiaries (data: Department of Corrections, 10 June 2021). The Department of Corrections has two hospitals, penitentiaries, correctional hospitals, and Bang Kwang Central Prison Hospital, which treat red and yellow patients from prisons/penitentiaries in areas where the outbreak is under standard medical care. If the patient is in a severe condition, the treatment will be referred to an external hospital for appropriate treatment from a specialized medical professional.

The epidemic of the COVID-19 virus, in addition to being a new crisis that the world has to face, is also spreading at a relatively fast rate and making it harder to detect the infection than before. In some cases, the infection must be repeated 3 times before the infection can be found. While it is a policy for all prisoners to wear masks at all times, it is practically necessary to remove the mask when bathing or eating, as it can spread the infection. When an infected person was found in the first prison, the Department of Corrections expedited the investigation of the disease and accelerated the detection of the infection to 100% as a quick proactive search. X-rays of the lungs were performed in all infected individuals to distinguish those infected by symptoms and expedite treatment. For such treatment issues, the Department of Corrections has prepared for the establishment of a prison field hospital and the provision of antiviral drugs. In the case of prisoners who do not detect the virus the first time, the test must be repeated every 7 days until all conditions are normal. There will be ongoing proactive investigations and there may be a higher number of infections, but they want to make sure that it is possible for all prisoners to get treatment as quickly as possible so that the situation is finally under control.

The statistics of more than 300,000 prisoners in Thailand in 2021 make Thailand the 6th largest prisoner in the world and the highest prison record among Asian countries. Thailand's champion status reflects some of the problems in the judicial process. The increase in prison numbers as a result of the drug law amendments has led to 70% of male prisoners and 87% of female prisoners being sent to prisons. The budget each year that the state has to pay to the Department of Corrections is up to 12 billion baht. In that amount, it is divided into a food budget for food prisoners of 8 billion baht. While the statistics of prisoners after being released are repeat offenses higher than 30%. The problem with this time bomb is therefore not a problem of corrections alone but a problem of the entire justice system.

The government attaches great importance to the management of solving the COVID-19 outbreak in prisons/penitentiaries by having a resolution to approve a limit of more than 300 million baht for the Department of Corrections to pay for the cost of resolving and preventing the spread of COVID-19 in prisons and 5 penitentiaries across the country. Such items are the cost of 100,000 RT PCR test kits for COVID-19, construction costs of field hospitals to support 2 critically ill patients in Bangkok and its vicinity, construction costs of 10 field hospitals in the provinces of prisons and penitentiaries, and the cost of materials and protective equipment from COVID-19 in prisons and penitentiaries.

According to the research, all prisons and penitentiaries provide basic medical and public health services for prisoners by providing a dedicated medical facility and having a person in the position of professional nurse responsible for the hospital duties. It was found that the Department of Corrections issued a regulation on allowing prisoners to go out of prison in 2016 with the aim of improving the law in relation to allowing prisoners to go out of prison fast and efficiently, which is in line with human rights principles and appropriate to the current situation. The Department of Corrections has vaccinated 20,336 prisoners in 11 prisons/penitentiaries (Data: Department of Corrections as of 8 June 2021).

DISCUSSION

The health impacts of people in detention centers are at risk of contracting COVID-19 due to a number of interrelated factors: individuals who are deprived of their liberties often have more hidden physical, health, and disease conditions compared to the general population. This is because poor hygiene, stress and poor nutrition can lead to poor immunity, including outbreaks of blood-borne viral infections, tuberculosis, and drug-related side effects. In prison, diseases such as inflammation and germs are often spread due to poor living conditions, congestion, and lack of sanitation. According to the UN Special Rapporteur on Extrajudicial, Summary or Arbitrary Executions, prisoners often suffer from health problems such as diabetes, heart disease, asthma, high blood pressure, and hyperactivity lung infections such as pneumonia and tuberculosis. People in prison are often unable to maintain physical distancing and health care and services may be limited. During epidemic situations, in caring for prisoners with high penalties, correctional officers must perform their duties with vigor, alertness, tact, and caution in detention. At the same time, when it comes to rehabilitating the prisoners and the health care of the prisoners and the health of correctional workers, another part of the practitioner has to supervise the prisoners in a lenient and non-strict manner. They must provide various activities for the prisoners to be friendly and should help and support to encourage the prisoners. Such disparity in job content makes it difficult to perform tasks when corrections officers have a bad attitude towards the performance of the other party because the job content is too different. In addition, if the same officer is responsible for both supervising the prisoners and implementing the rehabilitation and health care of the prisoners, the prisoners may have a greater impact on the performance of their duties due to the unclear role of the officers themselves. In addition, the burden of one officer to perform various tasks makes the work of rehabilitation of prisoners during the epidemic of communicable diseases may be ineffective in rehabilitating offenders.

Guidelines for resolving the coronavirus disease 2019 epidemic command center of the Department of Corrections with the Permanent Secretary of the Ministry of Justice as the chairman of the policy is to prepare for the epidemic of COVID-19. All prisons and penitentiaries have expedited the establishment of field hospitals in prisons and penitentiaries, ready to coordinate with the local public health office to examine standards in preparation for cases of infection immediately. Advise prisons and penitentiaries to set up a command center to tackle the spread of the coronavirus disease 2019 regularly in every prison and penitentiary. Speeding up screening and testing for coviral-19 in prisoners. If the infection is found, X-ray all the lungs as well as give medicine and treat it quickly to avoid a widespread outbreak. Add chlorine to the bath water of the prisoners in all prison penitentiaries. Prisons/penitentiaries that have found the infection must speed up the detection of the infection in all officers and prisoners until it reaches 100%. Prisons where have not found the virus should be randomly tested, especially those with fever and cough. In the event that infected prisoners are released, prior to release, they must coordinate with the local health office to urgently refer the prisoners to the designated public health area. A good practice in responding to the spread of COVID-19 in prisons is to use technology to assist relatives visiting, thereby reducing the risk that outsiders will be able to enter the prison and is a better way to ban the visit, which stresses the prisoners. This method is not always suitable because when the outbreak can be controlled, it should allow the prisoners to meet their relatives again. Data from several countries indicates that the cause of the congestion is the fact that there are groups of people who should not be detained but are still incarcerated. If there is a group of people who have not yet been convicted of an offence, or a group of people who have a few offenses but are severely affected by COVID-19 because of congestion in a prison, this will affect the total picture of the judicial process. The judiciary that sent offenders to prison has also adapted more provisional release forms and adopted a faster temporary release model and reduced the number of bail securities as an integrated approach among many agencies.

CONCLUSION

Due to the large number of prisoners and the presence of a limited space, the prison acts as a carrier of pathogens in the group. When they are more likely to go into prison than other populations and do not receive standardized treatment, they may spread the disease while incarcerated and bring the infection back to another community in prison. Direction for measures is to avoid imprisonment and allow for the use of non-prison facilities and other means of enforcement instead of detention. Initially, electronic ankle bracelets, or EMs, would be used during court hearings for temporary releases that would save people from borrowing money as bail. Probation and before the release of the prisoners, the Department of Corrections will provide vocational training so that they can work to support their families. If any prisoners are unable to adjust their behavior, the Department of Corrections will absolutely not be released. In order to reduce the infection of prisoners, the Department of Corrections has established a field hospital in the prison as an airy, well-ventilated place, and not near other accommodation buildings or crowded places.

There are major utility facilities to operate, provision of necessary supplies, and medical supplies. Supervising the work of personnel and patient care systems is in accordance with the guidelines for medical practice, diagnosis, care, and prevention of infection in hospitals in case of coronavirus disease 2019 (COVID-19) of the Ministry of Health. Unit management system, wards, scheduling, assessment of the adequacy of services, various transport systems, referral systems, material transport, other infectious waste materials, and management and moving the bodies consider the safety and prevention of the spread of infection. Medical/nursing association or record systems such as medical records systems, general communication between the field hospital and other related agencies, such as the Mae Khai Hospital, provincial public health office, and disease prevention and control office, will allow the prisoners in the prison to live a normal life under the minimum criteria of the prisoners.

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