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The state of prisons in India is poor, especially in relation to overcrowding, healthcare and sanitation. The issue of medical facilities and adequate treatment was brought to light by the Covid-19 pandemic, where overcrowding led to a failure of compliance with the prescribed social distancing norms. This paper deals with the state of prisons in India, highlighting the impact of the pandemic and examining associated changes in incarceration rates. It analyses relevant Supreme Court orders and the effects of alternative house arrest and other state measures. In conclusion, the paper discusses the measures recommended by the United Nations to alleviate the impact of the virus on prisons.

**Keywords:** Covid-19, prisons, incarceration, prisoners, India, supreme court, United Nations

## **1 The Situation of Prisons in India – pre-COVID**

China commenced its lockdown in January 2020, with other countries successively following suit. The lockdown was an effort to contain the Corona virus. More than one fifth of the world's population had imposed differing levels of lockdown by the end of March 2020 (Gilbert 2020). The Corona virus had a huge impact on the economy, health, food security, livelihood, etc. of almost all people in India. To contain the spread of the virus, social distancing norms were one important measure. Availability of healthcare facilities and immediate treatment was also important.

The situation in the prisons came up as an important issue to be dealt with by the state. Prisons in India have been overcrowded beyond their designated capacity for a long time. Overcrowding, prolonged detention of under-trial prisoners, unsatisfactory living conditions, lack of treatment programs, and allegations of indifferent and even inhumane treatment by prison staff have repeatedly attracted attention. There have been cases of corruption, unequal treatment, and ex-

tremely unhealthy living conditions (diet, clothing and hygiene, serious health hazards, etc.). These problems are further aggravated by staff shortages, inadequate training and lack of implementation or even initiation of prison programmes. Addressing these issues would require a proper budget allocation for health and care in prisons, which is currently inadequate. The legal aid that the prisoners are entitled to is also inadequate.

There are 1,350 prisons in India: 617 sub-jails, 410 district jails, 144 central jails, 86 open jails, 41 special jails, 31 women's jails, 19 borstal schools, and 2 others. In 2019 the total official capacity of the 1,350 prisons was 403,739, while the actual number of prisoners was 478,600 (as reported by Prison Statistics India (PSI); Government of India 2019). Thus, the occupancy rate was as high as 118.5 percent. PSI also reports that around 70 percent of the prison population comprises under-trial prisoners, totalling more than 300,000 (three lakhs). This is an average figure across all prisons; in several prisons the occupancy rate exceeds 500

percent. One such example is the Irinjalakkuda Special Jail in Kerala with a rate of 636 percent (NCAT 2020). It was thus practically impossible to maintain social distancing. And the limited number of health-care workers and jail staff makes healthcare provision inadequate. The figures for prison admittances also remain high, with almost 1,886,092 prisoners admitted in 2019 (Government of India 2019). Thus, occupancy rates of prisons have increased over the years.

The 2019 prison statistics report shows the following situation for available capacity and occupancy.

As the cited data shows, prisons are over-crowded with the occupancy rates much higher than 100 percent. Table 1 provides a detailed count and comparison of capacity versus actual population in central and district jails. The occupancy rate has remained consistently high level: 118.4 percent in 2013, 117.4 percent in 2014 and 114.4 percent in 2015, as reported in the Prison Statistics of 2015.

In 2019, there were 116 reported deaths of prisoners by suicide and a total of 7,394 prisoners suffering from mental illnesses (Government of India 2019). The physical conditions of the prisons is abominable, and there is a persistent and severe lack of food, medical care and sanitation (Bureau of Democracy 2020).

Further, poor hygiene and sanitation in prisons makes prisoners more susceptible to diseases than the general population. Mortality is high in prisons because of diseases such as HIV, tuberculosis, hepatitis, and heart, lungs and kidney conditions (Tata Trusts 2019). It is also reported that no more than 4 percent of the prison budget goes into medical treatment for prisoners (Government of India 2019).

## 2 Prisons in India during Covid

The Coronavirus created an alarming situation in Indian prisons, where overcrowding exacerbated the problems. There was a need to decongest prisons to enable social distancing and isolation of infected prisoners. The states were unable to provide basic amenities, let alone the equipment and facilities required to tackle Covid-19.

The Commonwealth Human Rights Initiative (CHRI) reported a total of 18,157 cases of Covid-19 infections in prisons and 17 Covid-related deaths of prisoners and prison staff in the first wave of the pandemic. The first case was reported around mid-May 2020, about three months after the virus was first detected in the country. In the second wave of the pandemic starting 1 March 2021, there were a total of 5,960 infected prisoners and 646 infected prison staff, with 28 Covid-related deaths of prisoner and six deaths of prison staff. A total of 177,071 prisoners were vaccinated with the first dose and 85,443 had been given the second dose as on September 2021 (CHRI 2021).

Overcrowding and lack of sanitation and health facilities acted as catalysts in the spread of the virus in prisons. Within the prisons, it is certain to say that abiding by the WHO guidelines for social distancing was absolutely impossible. Despite the release of some prisoners as directed by the Supreme Court, the spread was not curbed. Additionally many of the released prisoners were also exposed to the virus in their housing areas.

Table 1: Occupancy Rates of Prisons in India

	Central jail			District jails		
	Capacity	Population	Occupancy rate	Capacity	Population	Occupancy rate
Total states	166,820	201,870	121.01	158,717	205,993	129.79
Total Union Territories	10,798	18,151	168.1	269	224	83.27
Total (all India)	177,618	220,021	123.87	158,986	206,217	129.71

### 3 Rights of the Prisoners

As the data presented in the previous section demonstrates, Indian prisons suffer significant neglect. Violations of prisoners' basic rights and maintenance standards are commonplace.

Prisoners are entitled to basic hygiene, health and adequate and proper living conditions. These rights are laid out in documents such as the "Model Prison Manual for the Superintendence and Management of Prisons in India". The manual also specifies a limit to the number of inmates that can be kept in the prisons and the amount of space each of them is entitled to (Bureau of Police Research and Development 2003). Compliance with these guidelines would have represented a step towards making social distancing possible. Further, the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules) specify minimum standards for accommodation, hygiene, clothing, food, healthcare, etc. (United Nations 2015). It is the responsibility of the state to ensure that such standards are met, which in India is often not the case.

### 4 Measures Taken During the Pandemic

Measures taken by prison authorities in response to Covid-19 included establishment of isolation wards; quarantining new prisoners; screening of prisoners, staff, and service providers; supply of masks and sanitizers; limiting or prohibiting visits by lawyers and NGOs; and suspension of cultural and group activities (Mallapur 2020). In order to address the problems of overcrowding, many state governments ordered that arrests should be made only for serious offences and that accused persons should be served notice to appear before a magistrate rather than imprisoned. Other measures included the establishment of temporary prisons to quarantine new prisoners for two weeks before relocating them into regular prisons, transferring prisoners from overcrowded prisons to less crowded prisons, informing prisoners about the virus, and creating Corona care facilities in and around prisons (Mallapur 2020).

However, these measures isolated prisoners from their families and lawyers, thus exacerbating the problems around adequate representation. The new temporary prisons and quarantine centres that pris-

oners were transferred to also had poor living and health conditions (Deol 2020). Meetings with outsiders were restricted as there were not enough prison staff to monitor them (Tata Trusts 2019). This worsened prisoners' conditions with no prospect of respite. And the number of cases increased nonetheless.

The Supreme Court directed that the court proceedings be conducted through video conferencing (Order dated 23/03/2020, *In re: Contagion of Covid-19 Virus in Prisons 2020*) and that lawyers and family members could not make physical visits to prisons. Such meetings were also shifted to video conferencing. Yet the implementation of the video conferencing for court hearings was very slow: from December of 2020 in the state of Karnataka, until February 2021 in the state of Haryana (Amnesty International 2021). Moreover, the duration of video calls was restricted to a maximum of 10 minutes. In Karnataka, it was between 5 and 10 minutes and in Jammu and Kashmir inmates were only allowed to make calls once a fortnight (Amnesty International 2021).

For the vaccination drive, prison staff were given priority as front-line workers. Prisoners were initially not included in the priority groups under the Ministry of Health and Family Welfare guidelines (Amnesty International 2021).

The National Human Rights Commission issued an advisory to all States and Union Territories on the impact of Covid-19 on prisoners (Advisory on the Rights of Prisoners and Police Personnel: National Human Rights Commission 2020). This endeavour was embarked upon by representatives from the police and prison departments, concerned ministries, independent domain experts and civil society organizations. The specific actions undertaken by the same varied from state to state and union territory, but some common measures implemented across India include decongesting prisons by releasing undertrial prisoners (held for minor offences), setting up of isolation wards in prisons to provide medical care, mass testing of prisoners and prison staff, providing hygiene kits and facilities, regular cleaning, setting up legal aid clinics, conducting awareness campaigns to educate prisoners and prison staff about the risks of COVID-19 and how to prevent its spread, etc.

The key recommendations of the NHRC included: collaborating with local and specialist hospitals; creating greater awareness among inmates and staff; urgently filling vacancies for medical and paramedical staff; consideration of more prisoners releases by the High-powered Committees; acquiring adequate stocks of vital medicines, cleaning agents, sanitizers and masks; expanding the budget for medicines, etc. The Committee recommended that – although social distancing was difficult – appropriate isolation and distancing should be instituted to the extent possible, especially for older and sick inmates.

Advisory 2 dealt with enhancing infrastructure facilities: thermal scanners for early detection of infection; entry/exit protocols, collaboration with local authorities and security personnel for escorting persons with suspected infection for treatment/isolation, inspection and sanitisation of prison premises (offices, accommodation, common areas, hospital wards, kitchens, toilets and vehicles); creation of more toilets and bathing facilities; establishment of more quarantine centres within prisons; establishing prompt and efficient channels for reporting symptoms or illness; and spreading awareness through noticeboards and signage. Advisory 3 dealt with prisoners' health, with measures including allowing inmates access to medical records; informing their families about their conditions and treatment; reviewing dietary provisions; special diets for pregnant women, older prisoners, disabled prisoners, etc.; reviewing general health and creating categories of low, medium and high risk; identification of and health checks for vulnerable inmates; and recognition and treatment of mental illness through yoga, meditation, counselling, recreational opportunities, etc.

The NHRC has been ineffective in protecting and promoting human rights across the country. The recommendations and advisory opinions of the NHRC, as mentioned above, seem almost idealistic to a fault. It is not so because the advisory opinions go beyond the international standards of maintenance of prison systems by the United Nations but also because they lack the force and binding nature of an order. The NHRC's recommendations were intended to be implemented by the relevant ministries in all states and union territories, which were also required to report

back. However, while certain basic steps were followed by the states, not all states reported as required. The lack of implementation of the advisory was indicative of the apathy of the states to its existence.

#### 4.1 House Arrest

Another suggestion made by the Supreme Court was to legislate for the possibility of house arrest (*Gautam Navlakha v. National Investigation Agency* 2021). As already mentioned, prisoners were released under certain restrictions. Limiting a person's freedom to leave their home, can be regarded as another form of detention, namely house arrest. House arrests would have reduced the burden on overcrowded prisons, in a pandemic where social distancing and proper hygiene were vital.

Section 167 of the Code of Criminal Procedure, which lays down the procedure to be followed when an investigation cannot be completed within 24 hours, reads: 'any custody as the Magistrate thinks fit' for the purpose of detention. Such detention can be said to include house arrest when the person is completely prohibited from leaving his or her house and/or to interact with people other than the residents of the house. The court also observed that the presence of a guard to enforce these restrictions on the arrestee was indeed a form of judicial custody. Thus, house arrest can be said to fall under section 167. Placing prisoners on house arrest would directly reduce overcrowding.

The court also observed that

"Among the advantages which have been perceived in promoting the house arrest, have been avoidance of overcrowding of the prisons and also cost saving.

56. There is a tremendous amount of overcrowding in jails in India. Secondly, a very large sum (Rs. 6818.1 crore) was the budget on prisons. Both aspects are relevant in the context of the possibilities that house arrest offer."

During the pandemic it was vital to follow the general norms of social distancing and to minimise the risk of infection to other prisoners and prison staff. This cannot happen if the prisons remain overcrowded. Thus, along with the direction of the Supreme Court to release some prisoners on bail, the possibilities of placing some of them on house arrest also arise.

#### 4.2 The Supreme Court's Order: In Re: Contagion of COVID-19 Virus in Prisons 2020

The Supreme Court took suo moto cognisance of the issue of contagion in prisons and issued applicable guidelines (Order dated 23/03/2020, In re: Contagion of Covid-19 Virus in Prisons 2020). It directed the States and Union territories to establish High-Powered Committees comprising the Chairperson of the State Legal Services Authority, the Home Secretary and the Director General to decide which prisoners can be released on parole or interim bail for a period that they deem appropriate. The category of prisoners to be released on parole was left to be decided by the High-Powered Committees depending on the nature of the offence, the number of years to which they were sentenced, severity of the offence, and any other relevant factors. However, such a release of prisoners was not mandated by this order. The decision was to be taken based on the level of overcrowding in the particular state or union territory and the severity of the pandemic at the time and location. With the exception of Delhi and Goa, the High-Powered Committees released prisoners in pursuance of the court's order.

Further, several directives were issued with respect to how prisoners should be treated when infected, and if they suffered from the virus after their release then the concerned authority was to take the required steps to place them in quarantine. Moreover, as the intention behind releasing the prisoners was to ensure that they did not get infected in prison, only uninfected persons were to be released. Prisoners who had already been infected were not to be released. Directions regarding the transportation of such released prisoners were also issued, to ensure that the norms of social distancing were followed. According to the CHRI tracker, 68,264 prisoners had been released as of October 25, 2020, leading to a reduction of 17.2 per cent in the overall prison population (CHRI 2021).

Further, the concerned authorities were to ensure that the medical facilities provided to prisoners were proper and adequate. Prisoners and prison staff were to be tested regularly, and infected persons treated immediately. Precautionary measures were also to be undertaken to maintain hygiene and sanitation and avoid the spread of the virus.

Additionally, to avoid future overcrowding, guidelines were issued for new arrests. Drawing on the role of the *sentinel on the qui vive*, the Apex Court directed the authorities to refrain from making arrests in contravention of the guidelines laid down in the case of Arnesh Kumar v. State of Bihar 2014 (Arnesh Kumar v. State of Bihar 2014). In furtherance of the same, the state governments were directed to instruct the police to avoid mechanically arresting offenders for cases under section 498-A of the IPC (domestic violence), and those punishable by seven years or less, with or without fine. Arrests are now to be made only when it is absolutely necessary to do so, under parameters deriving from section 41 of the Code of Criminal Procedure. In case an arrest is necessary, the magistrate is required to assess the report of the police officers and the checklist of parameters, and if satisfied by them, subsequently authorise the detention. In light of the increasing cases and the pertinent issues in prisons, the Supreme Court released further guidelines regarding arrest; failure to comply with these would lead to departmental actions by the appropriate High Courts, against the police officers or the concerned Magistrate.

However, this measure failed to take into consideration the risk of each prisoner getting infected. The suggested criteria for releasing prisoners were based on the seriousness of the offence, rather than the possibility of or vulnerability to infection. In its order, the Court also demonstrated indifference to the lack of official data on the testing of prisoners, the number of active cases and the extent of vaccination. Thus, more importance was given to the risk that the prisoners pose to society than to the health risks the virus posed to them.

#### 5 United Nations Recommendations

The United Nations Office on Drugs and Crimes (UNODC) made recommendations for alleviating the impact of the virus on prisons (UNODC 2020). Firstly, it stated that serious consideration needed to be given to the WHO guidelines, including risk assessments, contingency plans, improved and optimised hygiene measures, consistent availability of health supplies including PPE kits, and close coordination with local and national public health authorities. UNODC also

recommended support and capacity-building for prison staff and health care professionals.

UNODC also provided aid (hospital beds, blankets, adequate access to water, improved ventilation, PPE kits, thermometers, masks, sanitizers, etc.) to countries in need such as Bolivia, Kenya, Lebanon, Mauritania, Myanmar, Philippines, Somalia, Sri Lanka, Uganda and Zambia. In various countries it also helped provide prisoners with additional mobile air-time to communicate with their families, conducted webinars and courses, and set up prison radio stations, vocational training workshops, etc. in and around prisons to provide information regarding Covid-19, the importance of hygiene and other health and safety guidelines (UN News 2021).

UNODC also insisted that the Nelson Mandela rules should be upheld. No measure to tackle the virus should result in inhumane and degraded treatment of prisoners.

UNODC suggested that alternatives to imprisonment could be employed to address overcrowding, focussing on the most vulnerable prisoners: older prisoners, those with chronic or serious diseases, pregnant woman, children, etc. This was done in Afghanistan (Ghubar 2020) and the Philippines (Aljazeera 2020) for example.

Further, sentences for minor offences can be commuted or temporarily suspended, and remand and new sentencing can be done leniently in light of the virus. Finland, for example, postponed the enforcement of sentences of up to six months, and of sentences for failure to pay fines (Cîrlig, et al. 2020).

Like in India, prisoners were released in Ethiopia, the United States, and the German state of North-Rhine Westphalia, etc. on the basis of the severity of the crime committed. However, in the United States the incarceration rate remained high, in fact exceeding the pre-Covid figures (because those who violated lockdown laws were imprisoned too). As a result the infection rate in prisons was extremely high. It was reported that the rate of infection amongst incarcerated people was more than five times the overall rate for the US population (Saloner et al. 2020). Thus, there was a dire need for concerted measures by the concerned authorities to ensure that the situation was

taken care of at the earliest and not worsened by the half-hearted state measures.

## 6 Conclusion

The world was caught off guard by the global pandemic, and was unprepared for its impact. Covid-19 laid bare the shortcomings of the criminal justice system. Deplorable existing conditions in prisons were worsened by the effects of the pandemic. The mental health of inmates was harmed by excessive quarantine and isolation measures, which were frequently associated with cruel, degrading and inhumane treatment by prison staff. The state and the courts are now having to deal with overcrowding, poor sanitation, lack of medical facilities perforce. Failure to address these issues will be detrimental to the health of incarcerated people, and can potentially lead to a collapse of the public health care system itself. The inadequate and half-hearted measures make it very apparent that the well-being of the prisoners is not a priority.

As the guardian of fundamental rights, the Supreme Court has issued hollow words that do fail to enforce the basic human rights of the prisoners. The unsuccessful measures have led to widespread protests in prisons, which have been violently – and sometimes fatally – suppressed. The government must do better and overhaul the prison system with meaningful policy changes and robust contingency planning.

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