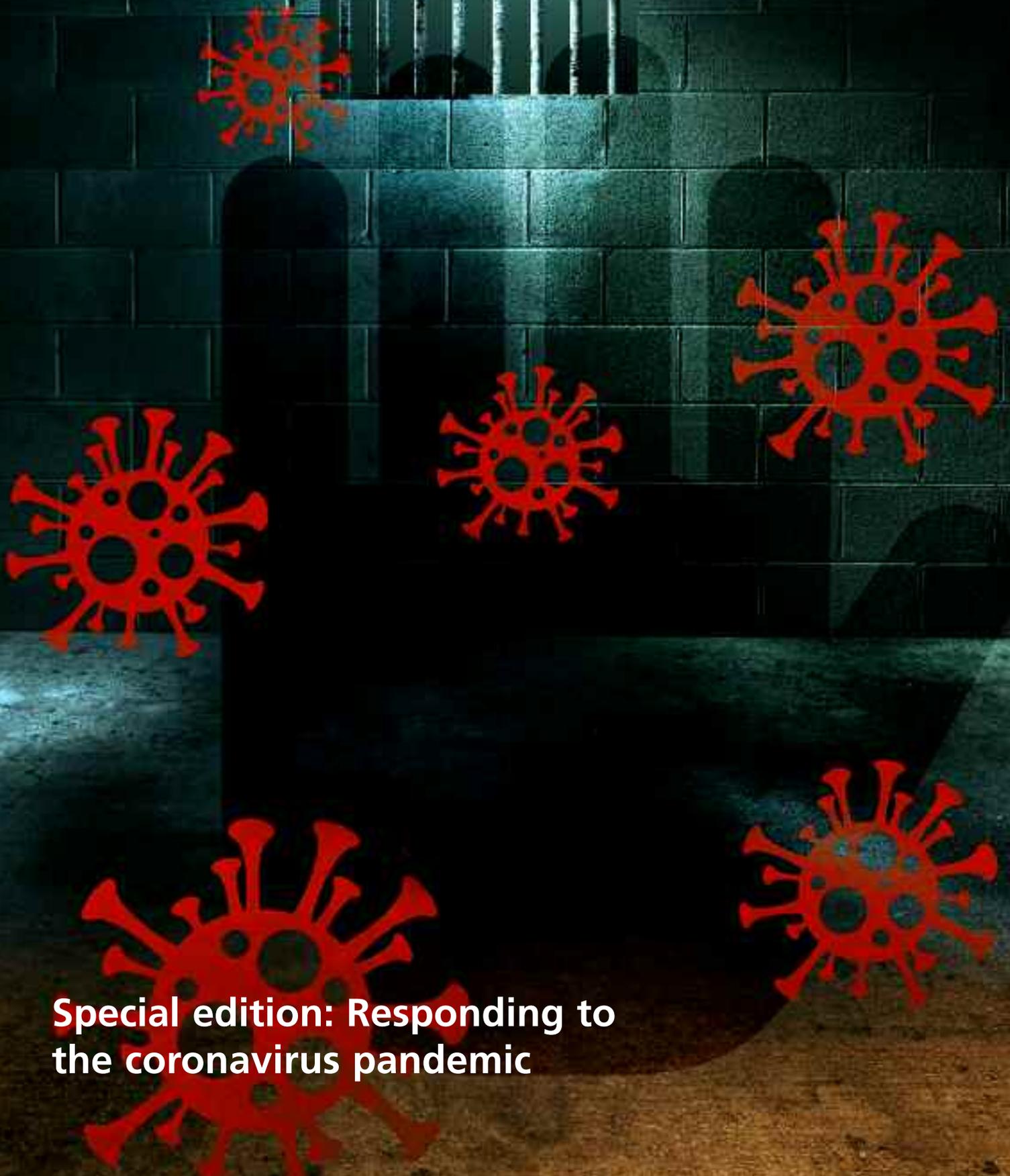


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**Special edition: Responding to
the coronavirus pandemic**

Responding to the coronavirus crisis in Chile

Christian Alveal is the National Director of the Chilean Prison Service (*Gendarmería de Chile*). He is interviewed by *Catalina Droppelmann*, Executive Director Centre for Studies on Justice and Society, Pontificia Universidad Católica Chile^{1,2}.

The institution in charge of the Prison System in Chile is Gendarmería. Established in 1911, under the supervision of the Ministry of Justice, it both manages Chilean prisons (8 private and 76 public)³ and aims to contribute to the social reintegration of people serving sentences. With a prison population of 40,131⁴ and an imprisonment rate of 216 per 100,000 inhabitants, Chile has the sixth highest level of incarceration in South America⁵. In terms of its make-up, almost a third of the prison population comprises of pre-trial detainees and prisoners on remand (34.7%); Chile has the second highest female prison population within the region, at 7.1% of the total. The prisons occupancy level is 100.4%, and Human Rights Institutions have reported poor living conditions and systematic deficiencies in access to health services for prisoners⁶.

Chile is one of the countries which has been most severely affected by the coronavirus pandemic⁷. The first case was confirmed on 3 March 2020; from that date onwards, the Government started applying quarantines throughout the country, along with other safety measures such as a curfews. The pandemic really started to strike at the end of autumn and throughout winter (from May to September); by the beginning of August, Chile had the eighth highest number of coronavirus cases registered in the world since the pandemic began, and had the highest number of

infections per million inhabitants, with 19,277 infected people⁸. From the end of June, the peak started to fall and the country's daily cases stabilised, remaining between 1,000 to 2,000 daily cases.

In prisons, the first confirmed coronavirus case was a prison officer on 23 March, followed by a coronavirus outbreak in specific prisons in the capital city and other regions of the country⁹. As of 15 December, there have been more than 2,000 prisoners and 1,650 prison officers infected with coronavirus around the country, of which 17 prisoners and two officers unfortunately died. In response to this health crisis, the Prison Service – in coordination with the Ministry of Justice and the Ministry of Health – has implemented several strategies, such as the development of a Coronavirus Plan, a Health Protocol, a massive vaccination campaign against influenza and a pardon act to release prisoners. Nevertheless, there is still a sense of fear and despair among prisoners and prison staff.

This interview was conducted in November 2020 in the context of the COVID and Prisons Chilean Study, a research project conducted at the Centre for Studies on Justice and Society of the Pontificia Universidad Católica of Chile. The present interview was conducted online using the Zoom platform; it lasted two hours and was recorded. The interview was transcribed, edited and translated into English with the informed consent of the interviewee.

1. This interview was conducted within the COVID and Prisons Chilean Study, a study conducted by the Centre for Studies on Justice and Society of the Pontificia Universidad Católica de Chile (CJS UC), with the support of the National Agency of Research and Development (ANID). For more information, see justiciaysociedad.uc.cl.
2. The following academics contributed to this article: Catalina Droppelmann, Executive Director CJS UC; Pablo Carvacho, Deputy Director CJS UC; Ignacio Borquez, Researcher CJS UC; Amalia Valdés, Researcher CJS UC; Angel Aedo, Lecturer in Anthropology, Pontificia Universidad Católica de Chile.
3. GENCHI (2019). Compendio Estadístico Penitenciario 2019. Gendarmería de Chile.
4. Including pre-trial detainees and remand prisoners.
5. <https://www.prisonstudies.org/country/chile>
6. Instituto Nacional de Derechos Humanos (2019). Estudios de las condiciones carcelarias en Chile. Available from <https://bibliotecadigital.indh.cl/bitstream/handle/123456789/1180/estudio-general-2016-2017.pdf?sequence=3>
7. By 17th of December 2020, Chile has 578.732 cumulative cases that have been infected and 16.007 have died due to COVID-19 (MINSAL Chile, 2020). According to the weekly update done by the European Centre for Disease Prevention and Control considering 426 countries worldwide, Chile is N° 24 in the world with more cumulative cases, and based on the Lancet COVID-19 Commission report, Chile is one of the most affected countries worldwide (Lancet Commission report, 2020)
8. John Hopkins, 2020 available from <https://coronavirus.jhu.edu/map.html>
9. By April, there were 68 prisoners infected and 81 prison officers in only one prison: CP Puente Alto.

The interviewee is Christian Alveal, the National Director of the Chilean Prison Service (Gendarmería de Chile). Christian has been part of Gendarmería for 31 years. Before becoming National Director, he governed the largest women's prison in the country, introducing several reforms to promote women's reintegration. In 2018, he was appointed National Director by the Chilean President, becoming the seventh non-civilian Director of the institution. He holds a Degree in Business and Administration, and postgraduate studies in management and security.

CD: Have you previously had to manage outbreaks of infectious diseases? What has been the nature and scale of this?

CA: Yes, in 2009: the influenza A (H1N1) virus that was declared a pandemic by the World Health Organization, 153 people died due to the virus in Chile. In the prisons, we managed it with antiviral treatment until the appearance of the vaccine in 2010. During that period, we had no deaths in our prisons. In 2017, the mumps epidemic outbreak was declared as a re-emerging disease, because it existed previously. In the country, the largest number of cases were concentrated in [the capital city] Santiago, with 1,480 infected people – but without deaths. In the prisons, the virus was managed with a clinical approach and isolation measures. Although there was an immunisation programme as a barrier measure in Chile, there was still an outbreak in the general population and among the prison population. As mitigation measures, a vaccination campaign was carried out in prisons for both officials and prisoners between range 20 to 40 years of age. Fortunately, there were no fatalities. None of these infectious diseases were as severe as coronavirus.

CD: How prepared were you for the coronavirus outbreak? Did you have contingency plans in place?

CA: The reality of infections in other countries had alerted the National Health authorities to the imminent possibility of the arrival of the virus in Chile, therefore a plan of measures for its containment and mitigation was initiated. However, it is necessary to point out that living conditions in Chilean prisons considerably differ from those outside; thus, the recommended measures –

such as isolation and social distance, among others – were practically inapplicable in our prisons. For this reason, a contingency plan was developed in accordance with the prisons' reality, with the implementation of gradual restrictive measures for each particular prison in the country. In January, before the first case appeared in Chile [3 March 2020], and according to the first guidelines given by the Ministry of Health, we sent instructions to all the prisons of the country detailing measures to face a probable epidemic outbreak and to handle suspected cases. On 28 February, we generated a protocol to manage prisoners with symptoms of coronavirus with instructions for

both officials and prisoners. Simultaneously, we purchased personal protection items and hygiene supplies to be distributed to all prisons. The first prisoner case emerged in the Puente Alto Detention Centre on 28 March. The first staff case emerged in the city of Ñuble in the south of the country on 23 March. In the same month, the protocol was modified according to new instructions from the Ministry of Health. In April, other protocols were developed: a protocol for the elderly and chronically ill prisoners, a protocol for handling deaths and a protocol for admissions and discharges of prisoners in areas that were in confinement.

CD: When did you start to consider that this may be a significant issue for you? How did you feel at that time?

CA: The global situation showed us that the crisis was imminent for all citizens – but when international prison systems began to experience riots, massive escapes and deaths, we realised that this could not take us by surprise. Therefore, we initiated a strategic operational plan that included humanitarian, security and health aspects. From the beginning, all national institutional headquarters were summoned to prepare for the most critical scenario, requesting the greatest support and commitment from all of our prison officials in the development of proposals and in the event of facing complex situations, similar to those that occurred in other countries. Since the beginning of the health emergency, The Minister of Health has always been specific and direct about the possible consequences that the pandemic could have on the Chilean prison system, and about the need to adopt drastic measures

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as soon as possible – which implied important restrictions for the prison population, such as the suspension of all kinds of face-to-face visits, prison programmes and interventions.

Since I took over as director, I have been affected by various issues: strikes, mobilisations, the social outbreak¹⁰ and now coronavirus. And what I felt from an emotional point of view when the pandemic started was, “Why has everything happened during my administration?”. It has been hard not being able to advance on the issues that I always claimed I wanted to change. In the prison system we always have urgent matters to attend to, and so never have time to change the things that are important to change. I did not want to become director to manage emergencies, but to make changes. Nevertheless, now due to coronavirus, everything is one hundred times more urgent than before. With a global pandemic and the threat that thousands of prisoners would die, and their relatives would blame us for their deaths, the situation was awful from the beginning.

CD: Where there any forecasts of the potential impact in prisons? What was the situation you thought you would be facing?

CA: The international situation was terrible: the studies and recommendations made by international organisations spoke of a “time bomb”, and our authorities anticipated a fairly high mortality from coronavirus. Faced with this discouraging scenario and with responsibility for more than 49,000 prisoners, we were committed to protecting them from the pandemic. Actually, I will never forget a prisoner saying to a prison officer, “please don’t let us die”. Immediately I thought that most probably all our prisoners were thinking the same. We prepared ourselves for the worse-case scenario, preventing the possible impacts on the prisoners, their families and on the prison officers. Based on the first approximations, we expected a higher level of contagions and thousands of deaths. Nevertheless, the situation has been correctly managed – and, to date we have had a regrettable, but significantly smaller, number of deaths:

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17 deaths of prisoners with previous health issues, and two prison officers.

CD: What action did you take in order to manage the risk of infection spreading?

CA: During the pandemic, the main concern of Gendarmería has been to safeguard the lives of prisoners and prison officers, which is why we have taken all the prevention measures suggested by the World Health Organization. Firstly, we have suspended all face-to-face visits. Physical distancing is one of the most effective measures to minimise the risk of contagion. To comply with this, it is necessary and essential to reduce the number of people per square metre living in the same space, which within any prison seems a difficult alternative to implement. For this reason, one of the first measures was the suspension of visits to the prison population in prison facilities. This was first applied to the units circumscribed to the quarantined counties, and later it was implemented across all prisons throughout the country. Secondly, we implemented a rotating shift system for the staff, in order to reduce the chances of contagion among the prison officers themselves, and the transfer of the virus to the prisoners, also restricting the entrance of other people into the prisons. Thirdly, the Ministry of Justice and Human Rights presented a Pardon Act, which

benefited 1,602 prisoners, who had the opportunity of serving the rest of their sentence at home. Additionally, we have offered early release permissions to those prisoners who have shown significant progress in their social reintegration process, and 1,588 prisoners were released under parole¹¹. Fourthly, in order to continue with the prisons’ decongestion, an efficient distribution operation of the prison population was also carried out, for which 3 essential dimensions have been considered: sanitary, humanitarian, and security. The sanitary aims were to allow physical distancing, hygiene, sanitation, and adequate and necessary ventilation in the prisons’ premises. The humanitarian aspects were to grant prisoners decent treatment and living conditions (bed, food, shelter). Finally, the greater the overcrowding, the

10. Civil protests that have taken place throughout Chile since 2019 in response to a raise in the Santiago Metro’s subway fare, the increased cost of living, privatisation and inequality prevalent in the country.

11. Twice a year, prisoners are released under Parole in Chile, independently of the COVID situation.

greater the friction between the prisoners due to the dispute over space, affecting the internal security of prisons. Given the need to improve the living conditions of the prisoners in the most overcrowded prisons, we opened two new prisons, adding 1,992 available places in the Arica Women's Penitentiary Center and in the Complejo Concepcion el Manzano.

CD: What was the reaction of prisoners to these measures? Did you face resistance, or increased distress?

CA: At first, prisoners were concerned for their relatives; they felt unsafe and hopeless. The prisoners felt that they had two options: either they stayed in prison and resigned themselves to dying infected, or they were going to try to get out of jail, not with the logic of escaping, but with the intention of saving their lives. Therefore, we started to bring doctors and nurses into the prison, we listened to the prisoners' concerns, letting them know that we were together. We were all inside the prison, so we tried to tell them: "if you get infected, I get infected too".

In time, due to the socialisation and dissemination of sanitary measures, they started to trust us. We had strong support from the Minister of Justice, who coordinated the collaboration with the Ministry of Health, the Medical College and other specialists. We implemented what we called the "white apron"¹² strategy, which consisted of face-to-face visits to the penal units by medical personnel and prisons' authorities, who interacted with the prisoners, providing care and orientation. In addition, prisoner mentors were trained by the health personnel in preventive hygiene and control measures to reduce the risks of spreading the virus. These prisoners delivered information regarding health measures to the rest of the prison population. In relation to the visits, there were a large number of prisons in which the prisoners themselves voluntarily requested the suspension of visits, due to concerns about their family and their own health. However, there were high levels of distress in the first months, which generated four riots and different violent actions, that were controlled efficiently without any loss of human life.

CD: What was the reaction of staff to these measures?

CA: This question is very important, since, without the commitment of our staff, the management of this health crisis would not have been the same. Each of them, prison officers and civilians, have done their best to keep the prisons operational, even at the risk of their own contagion. Many of them stopped seeing their families, for fear of transmitting the virus. Although we implemented rotating shift systems to reduce the chances of contagion, the staff doubled their efforts to maintain control of the prisons and provide sanitary measures to contain and prevent the spread of the virus. Several measures were implemented in order to

protect the mental and psychological health of our staff, such as training, monitoring, face-to-face visits by psychologists to isolating prison officers, application of PCR tests and telephone monitoring of prison officers who were positive for coronavirus.

Prison officials were feeling a lot of fear and insecurity about how to deal with the pandemic at the beginning. What I did was to act with conviction, firmly. I went to prisons where there were problems and greeted prisoners and officials normally, to give them a sense of normality. I did a video conference call with all the prisons' managers, where I pointed out that the most important thing was to keep the pandemic as a health issue in

prisons and to avoid the situation escalating into a security crisis. There were many reasons to think that this was going to end in a security crisis, because we did not have enough space, there were not adequate living conditions, and we did not have enough paramedics or doctors. In other words, we had lots of reasons to be scared, but what we had to be focused on was management and taking charge of the problems. We also had some staff that refused to cooperate at the beginning, but they quickly understood that we, as prison officers, are mandated even to risk our own lives in order to protect the prisoners. We are mandated to keep order even in dangerous situations: we face riots, fights, and now we cannot be afraid from a bug like coronavirus. The fact that I have been a prison officer for 31 years, and that I have worked directly with

We listened to the prisoners' concerns, letting them know that we were together. We were all inside the prison, so we tried to tell them: "if you get infected, I get infected too".

12. "White apron" is a metaphor used to symbolize the medical intervention in the prisons.

prisoners like all the rest of the prison officers for several years before becoming Director, also helped to enforce cooperation. Also, every time we have had an emergency or a riot due to coronavirus, I have never stayed here at my desk, I always have gone directly to the prisons to solve the problem and support the prison staff.

CD: How were prisoners' families impacted by the measures put in place?

CA: All citizens were subject to the same health measures implemented due to coronavirus: the quarantines were massive, restricting all types of displacement, and were not only for those related to the prison system. However, considering the frequent previous contacts prisoners used to have, undoubtedly families were strongly affected by the suspension of visits. To reassure family members, given the lack of visits and the increase in coronavirus cases at the national level, the Under Secretariat of Human Rights requested the development of a communication plan via WhatsApp, where family members were informed daily of the coronavirus situation in their relatives' prisons. These messages also included the schedule for mail and package deliveries, and information regarding the preventive health measures implemented.

CD: How did you try to mitigate the impact of the measures put in place? Did you develop any new processes or use new technology?

CA: Our first concern in restricting visits was to create an alternative communication system that would allow prisoners to maintain contact with their families. Since the situation outside became more critical every day, the prison environment became strongly stressed. We implemented video call connections and we allowed the entrance of mobile phones provided by the relatives of the prisoners. These mobile phones are controlled by the administration, and are regulated through a protocol of use and operation. Through the Ministry of Justice and Human Rights, a "Humanitarian Calls" project was promoted through the donation of telephone chips, which allowed prisoners isolated due to coronavirus to communicate with their friends and relatives.

CD: What was the impact of coronavirus within the prison system? How did it compare to the forecasts?

CA: Although there were very complex times with massive infections in some prisons, we have experienced great performance and control of the pandemic. All prognosis and even international analysis pointed to a chaotic scenario and of total lack of control in infections and deaths due to the levels of overcrowding. Although the impact was high, by comparison to what was predicted it was substantially less than expected: to date, 17 prisoners have died due to coronavirus. It is important to note that all the deaths were in hospitals, which indicates that they had access to the public health system. While the fatality rate due to coronavirus in the general population in Chile is 2.8% (17 November 2020), among the prison during the same period it was 0.89%.

CD: How did you start to plan to move on from the initial response and start the process of recovery?

CA: We have developed a strong team effort with the support of specialists who have altruistically supported the Prison System during the pandemic. Undoubtedly a collaborative project, where the contribution of each area has added actions to build forceful responses to get ahead in this crisis. International recommendations, instructions from the health authority and the previous experience of our teams were combined to draw up a comprehensive coronavirus contingency plan. We are currently carrying out joint projects with different institutions to implement a protocol for re-establishing prison visits, and we have already implemented a protocol to prevent coronavirus in our National Headquarters.

CD: Have you had to maintain any restrictions or adaptations in order to manage the risk on an ongoing basis? How long do you judge that such restrictions will have to be in place?

CA: To date we have maintained the protection measures among prison officers and prisoners. We are strongly supervising compliance with the protocols, and we are carrying out a permanent delivery of health supplies in all the prisons. We have maintained the coronavirus inter-institutional technical table, and we

All citizens were subject to the same health measures implemented due to coronavirus: the quarantines were massive, restricting all types of displacement, and were not only for those related to the prison system.

are permanently training prison staff and prisoners on preventive measures. With the support of the Undersecretary of Public Health, we are implementing permanent PCR testing in all prisons in the country (active search for cases). Regarding the external reaction, there has been an increase of inquiries from political authorities regarding the measures we have taken, which is understandable considering their supervisory role and concerns for the prison population. The measures will be maintained as long as necessary, and until the health authority determines that they can be removed.

CD: What have you learned from this pandemic? What would you do differently if there were further outbreaks?

CA: From every crisis there is a learning process. If we do not consider anything that we could have done better, it means that pride has invaded us. In our Prison Service, there is always the humility of learning and wanting to do things better. Undoubtedly, what has most impacted us is the need of the prisoners to keep the contact with their families. Therefore, if a new outbreak leads to confinement of citizens again, we will have to reinforce actions to give more fluidity to the contacts and to the process of parcel deliveries into prisons. This situation has reinforced our belief regarding the relevance of prison work. We work with people who have been somehow excluded from society, but they have not lost their citizens' rights.

CD: Is there anything you have learned from this that you believe will shape how you operate in the future?

CA: I have learned the importance of firmness, but also of closeness. Firmness in not compromising on what is intractable, and closeness in being empathetic with fear and anguish – both of prisoners and prison officers. I also reaffirmed the importance of being present in prisons; of talking, communicating and exchanging opinions – of being there to see what prisoners were feeling.

Technology has also shown us an immense potential for collaboration within the criminal justice systems. A great example is its use to carry out judicial hearings by video call with courts, which made it possible to reduce the displacement of prisoners and to avoid contagions due to transfers, but also to reduce the probability of escapes and to reduce transports costs. It is very likely that parts of these practices will be institutionalised in the future, due to the benefits that they entail in optimising time, resources and risks of all

kinds. I would also like to highlight the importance of the sanitary protocols, particularly in the prison context, as they are the basis for protecting the health and life of our prisoners.

CD: What are you most proud of in the response to the pandemic?

CA: The commitment and professionalism of the Prison Service staff. The work of each Chilean prison officer who has helped fight the pandemic, ensuring that workplaces are safe and healthy, has been crucial to containing the spread of the virus, and protecting the health of workers and the prison population. I'm very proud of the courage, commitment, responsibility, empathy, professionalism and resilience shown by each of the prison officials when facing the effects of the pandemic.

Concluding remarks

The former interview offers interesting insights regarding the way in which the prison system responded to coronavirus in a developing country. Prison systems in Latin America are strongly affected by overcrowding, poor living conditions and lack of access to social protection services, that severely challenge their capacity to respond to emergencies. Nevertheless, it is noteworthy how the Chilean Prison Service has managed to implement several strategies to prevent a massive spread of coronavirus among people deprived of their liberty. These strategies have brought together carceral, health and public policies logics that have converged interestingly with the prison culture. This interview puts together the experience of the National Director of the Chilean Prison Service during the pandemic, learning from his lessons and fears. It reflects the point of view of someone who has been deeply immersed in the prison culture and logic for more than thirty years, and shows how coronavirus has challenged some of the ways in which prisons are organized, and power and security are negotiated. Future research on coronavirus and prisons should also investigate the way in which actors outside the realm of prisons have helped to control the pandemic in prisons and how prisoners have experienced these difficult circumstances. Although dramatic, this pandemic will shed new light on prisons studies, forcing us to move our gaze beyond the traditional borders of carceral settings. Moreover, it will open the way to think differently about prisons, to generate innovations, and to critically assess the way prisons are managed and conceived.