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## Operation and Role of the Operative Body of the Hungarian Prison Service Headquarters in the Fight Against COVID-19 Epidemic

**A Büntetés-végrehajtás Országos Parancsnoksága Operatív Törzsének működése és a COVID-19 járvány elleni védekezésben betöltött szerepe**

### Abstract

During the coronavirus pandemic the Hungarian Prison Service had to introduce measures that were unknown for the service previously and which had a significant impact on the daily duty of the staff. To adapt measures taken by the government for the prison service, the pandemic risks occurring during the special activities had to be modelled. The Operational Body built-up and operated in the Hungarian Prison Service Headquarters took several measures that ensured the framework of rules needed for successful protection. The virus could not enter the Hungarian prisons during the first wave and later on the statistics show more favorable infection and mortality rates among the inmates than in civil life. The current study presents the strategy of defense and the method of central management, as well as provides insight into the background of the decisions made.

**Keywords:** penitentiary, operational body, COVID-19, pandemic

### Absztrakt

A koronavírus-járvány kapcsán a büntetés-végrehajtási szervezetnek új, eddig nem ismert intézkedéseket kellett bevezetnie, amelyek jelentős hatással voltak és vannak a személyi állomány napi munkavégzésére. A Kormány által hozott intézkedések adaptálásához, azoknak a büntetés-végrehajtásra vonatkozó lekövetéséhez modellezni kellett az egyes szaktevékenységek végrehajtása során

felmerülő járványügyi kockázatokat. A Büntetés-végrehajtás Országos Parancsnokságán felálló és folyamatosan működő Operatív Törzs számos intézkedést hozott, amelyek biztosították az eredményes védekezéshez szükséges keretrendszert. A járvány első hulláma alatt a vírus nem tört be a büntetés-végrehajtási intézetek falain belülre, a továbbiakban pedig a civil élethez képest kedvezőbb fertőződési, illetve halálozási arányokat mutatnak a fogvatartotti statisztikák. Jelen tanulmány a védekezés stratégiáját és a központi irányítás módját mutatja be, valamint betekintést enged a meghozott döntések hátterébe.

**Kulcsszavak:** büntetés-végrehajtás, operatív törzs, COVID–19, pandémia

## Introduction

The emergence of a new variant of coronavirus, its worldwide and extremely rapid spread, and the late decisions of countries/regions (e.g. Southern Italy, Spain, New York State) and/or the lack of compliance of its people formed near-disaster conditions caused by mass illnesses and deaths, certainly opening a new chapter in the future of health crisis management strategies of individual states. The pandemic threatening with the collapse of healthcare system and the economy has spread to all areas of life; there was no question that the Hungarian Prison Service (hereinafter: organization) should also introduce new, so far unknown measures which have a significant impact on the daily duty of the staff, on the employment and agenda of the detainees, on transfers and visiting rules; actually on all the activities carried out by the organization.

Closed communities – as we have seen in the case of Hungarian and foreign nursing homes – are in a special situation. People living here are at increased risk of transmitting the infection. However, the closed nature of prisons can be both an advantage and a disadvantage. The infection-free zone can be successfully maintained for a relatively long time, even if the virus outbreaks in civilian life, provided that we can take effective action against its entry into the institutes. The most practical solution was to maintain the closed nature, and to take and consistently observe health precautions for the staff that regularly enter prisons and deal with detainees. The essence of the protection was to keep the virus out of the prisons for as long as possible, but also to be prepared at all times for the possibility of the infection appearing in an institute. This has become inevitable in the second and third waves. In this situation, our goal was to break the chain of infection through consistent contact research, partial or complete closure of the affected quarters, and the use of special protective equipment.

In this study, I present the cornerstones of the defense strategy pursued by the organization as well as the specific actions taken. My aim is to shed light on the background of some of the measures taken by the Hungarian Prison Service Headquarters (hereinafter: HPS-HQ) and to provide insight into the fulfillment of the guiding principles that were laid down and maintained throughout the crisis management. I am also convinced that this trying period did not pass without positive experiences. We responded creatively to the challenges that arose, in collaboration with our associates. The measures that we executed proved themselves. They helped to increase the security of the prison service, and to reduce the workload of the staff, showing that the organization has emerged from the emergency caused by the pandemic and strengthened by acquiring new skills.

## **Strategic directions of the defense**

A leader also has to make decisions on many issues that are not necessarily among the areas of their expertise. In such situations, it is critical to select the right advisors and pay attention to professionals skilled in the specific field. At the beginning of the protection, it was necessary to define the basics, a system of criteria that would help decision-making and at the same time guarantee the effectiveness of the defense, the maintenance of the security of prison service, the access of our legally defined goals, and the acceptance of the staff and the detainees.

The guidelines of the Government and of the Operative Body Responsible for Coronavirus Epidemic Control of the Ministry of Interior inspired the Operative Body of HPS-HQ, which was established on 7 March, 2020. A quick and direct working relationship was established with the National Public Health Centre (hereinafter: NPHC), and their support provided a solid professional basis and appropriate framework for all measures taken. We were aware of the background of the precautions explained to the population on a daily basis to control the infection and prevent it from spreading, and direct professional support was also available. In a very simplistic way, our job was to translate all this information into the language of the prison service and to validate it in broad areas of the profession. The Operative Body, composed of selected leaders of the HPS-HQ, initially met daily – several times a day if necessary – and assigned tasks to the prison governors via online connection, and involved them in the preparation of decisions and monitored the execution of these decisions.

In order to adapt the measures taken by the Government, the epidemiological risks arising during the execution of each professional activity had to be

modeled. The possibility of taking precautionary measures guaranteeing the basic conditions of safe (as in infection-free) detention in the given situation also had to be modeled; sometimes it was necessary to model the suspension of the activity too (e.g. employment in an external workplace).

Our first and perhaps most important principle was to reduce the number of entries into the territory of prison institutes and to introduce special rules (protective equipment, body temperature measurement, disinfection). It was necessary to minimize the number of encounters between detainees and persons from outside of the prisons.

Another fundamental direction of the measures taken was to ensure that the health care of prisoners does not burden in any way the civil health care system at the expense of the care of law-abiding citizens.

Thirdly, any fundamental rights of detainees or their rights arising from a prison service legal relationship may be limited only to the extent and for the time necessary. Measures must be taken to compensate for any legal disadvantages that may arise.

Preventing the formation of larger groups of prisoners has emerged as an extremely important principle of our defense. As a result, some professional activities had to be carried out in several parts, involving a larger number of staff.

Last but not least, the organization has clearly stated its position on the issue of easing restrictions, according to which mitigation measures taken in civilian life with regard to prison service institutes can be followed only with a significant delay in time. Restrictions must be made more carefully, after careful consideration and with the consent of health authorities.

### *Gradualism, execution*

In addition to the strategic directions mentioned, these two guiding principles have been reflected in all our measures. These two are closely related. Acceptance is essential for a measure to be executable, while providing the basic infrastructural and material conditions. And there are two other conditions for this, correct information and gradualism.

Here we come to the key factor of the whole defense, which is temporality. In order to be able to make decisions gradually, and with leaving time to prepare, we need to identify threats in a timely manner and respond to them in a timely manner. I am convinced that the defense of Hungary, and within that of the organization, is also successful for this reason.

## Measures taken

The Operative Body has issued Action Plans as well as specific instructions in connection with the measures to be performed by all prison institutes. These measures were continuously monitored, and checked through data request, photographic documentation and on-site visits by the Operative Body. The necessity of the provisions of the Action Plan and the justification of their maintenance were also monitored by the Operative Body and based on the changing circumstances, re-created them with a view to gradation, formulated additions and amendments, and developed a new Action Plan. The Operative Body has increased staff readiness by implementing regular notification exercises and by standby service.

Following the action plans issued by the Operative Body, the prison institutes developed and submitted to the Operative Body their own implementation plan, taking into account local specifics. These plans include short- and medium-term measures to ensure the safety of detention and to prevent the spread of infection.

As part of the restrictive measures, regular monitoring of detainees' body temperature was introduced. It has been determined that prison institutes should establish an adequate number of cells in which all newly admitted persons should be kept in isolation for 14 days. They can only be placed in the community after an asymptomatic period; a later provision suggested that this could be replaced by two negative PCR tests. They were also ordered to wear a mask.

The placement of the prison population, which is at increased risk due to their age (60+), was examined by the Operative Body, and measures were taken to accommodate and move them as segregated as possible.

Infection risk assessments of areas and premises have been carried out in all prison institutes. In each prison, each area/room was divided into three (red-yellow-green) zones according to the degree of danger. The aim was to differentiate the introductory measures, to create a 'Covid regime system'. Information has been posted on the risk level of the room, as well as on the measures affecting the room and the provisions restricting the conditions of stay. The number of mandatory disinfection cleanings could also be determined differently, based on the classifications. Detainee cleaning teams were set up specifically to carry out disinfectant cleanups, which provided earning possibility for detainees who were temporarily out of work and also provided them with useful opportunities to spend their free time.

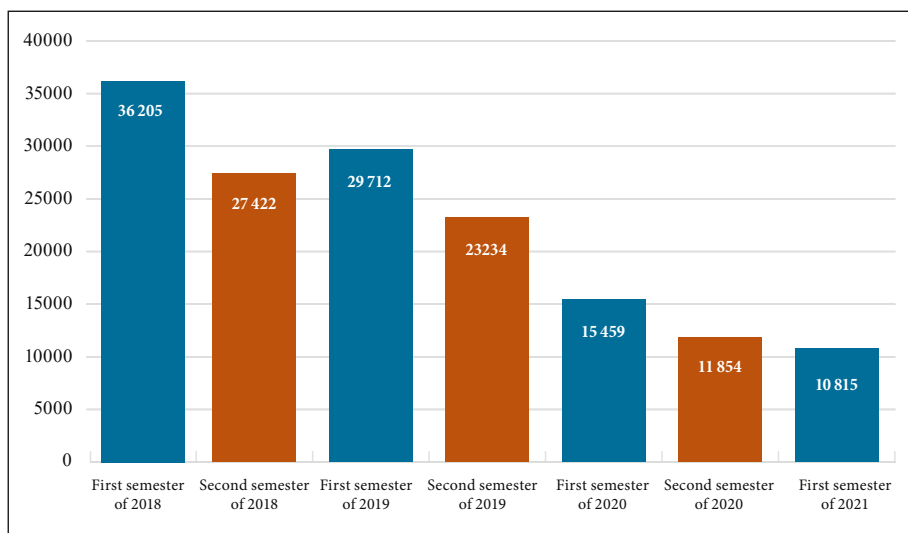
In addition to centrally distributed protective equipment and disinfectants, the HPS-HQ and the prison institutes themselves procured a significant amount of protective equipment; the quantity of the equipment was monitored by the

Operative Body. The Body organized weekly distributions from the central stock to ensure continuity of supply, thus the prison institutes could ensure the formation of the specified amount of reserved stock. With the sufficient supplies, the Operative Body established a comprehensive, regular disinfection of prison institutes. Preventive disinfections are carried out by the prisons themselves, with the employment of detainees.

The organization has taken strict measures regarding the visits. As a first step, all prisons had to set up visitor reception areas where physical contact and the risk of droplet infection were ruled out (plastic wall). After the curfew restrictions entered into force, visiting also ceased. Its full suspension was kept in force even after the removal of the curfew restrictions. The risk of transmission through personal contact during visitation has been identified as one of the most serious threats, therefore its restoration to the pre-emergency order happened only after significant consideration, similarly to the partner organizations in V4 and neighboring countries. In addition to monitoring the similar procedures of foreign prison services, it was of paramount importance that the representative of the NPHC also clearly took a position in favor of maintaining the restriction on the visitation, emphasizing that its termination may be one of the last measures. Accordingly, the contact form for the reception of visitors was reverted on 1 July 2021 with a limited number of relatives, as well as with a clause of having a certificate of vaccination. For those without certification, Skype will remain more widely available under the new regulations, thus the compensation of detainees who cannot benefit from the visits will be solved.

The system of escorts (round-trip transport), which had previously started on a weekly basis from a collection point, was suspended. The transfer of detainees from one institute to another was carried out with regional logistics and central organization (centralized transport system). The number of people involved in escorts fell to its fraction in the first wave, thanks to the National Office for the Judiciary (hereinafter: NOJ). The NOJ has ordered an adjournment break and the organization evaluated the transfer applications more strictly. Escorts for health purposes have taken place, but adequate justification has also been examined in this regard. Other, alternative solutions were used to conduct health examinations (e.g., inviting a doctor to the prison). The transfer of the detainees infected with the coronavirus was carried out by the staff of the Operations Department of the HPS-HQ with central organization and with wearing full protective clothing.

**Figure 1: Number of executed escorts**

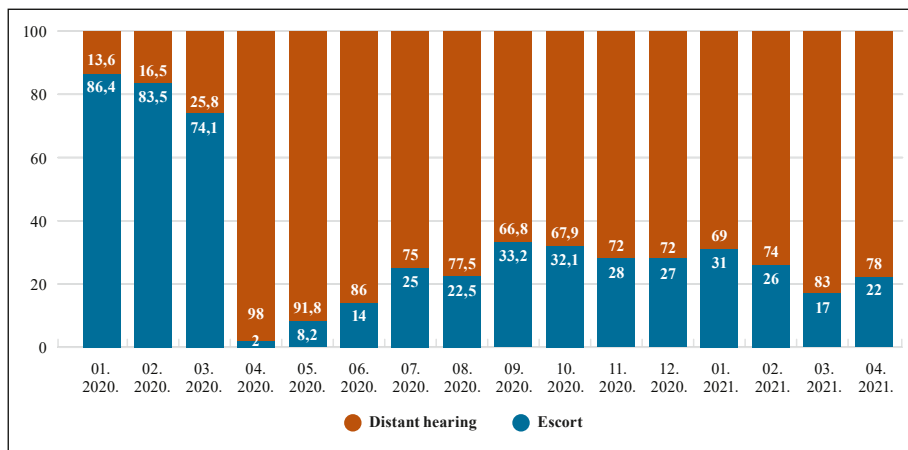


*Note.* Created by the author.

The determined task of the heads of prisons was to communicate effectively with the leaders of the regional courts and district courts, for the sole purpose of conducting video-hearings. The positive outcome of the discussions, following the lifting of the extraordinary adjournment, was that the majority of judges continued to have distant hearings, at the same time, the number of escorts began to rise again. In order to minimize these, all prison institutes established the conditions for criminal justice hearings to be held within the territory of the prison institutes (prison courtrooms). In the case of two institutes, direct access to the court was provided, so a suitable room was designated there for the purpose.

Consultations were held with the President of the NOJ, and site visits were made to each institute. The rooms suitable for conducting criminal court hearings can only be applied for preparatory meetings, hearings held by delegated judges, and for cases involving one or two defendants located in the same institution. These courtrooms can also be used primarily for sentence execution related judicial hearings. As a result of the measure, escort has been substantially reduced, reducing the workload of personnel and increasing the security of the organization.

**Figure 2:** Changes in the proportion of distant hearings and escorts ordered by the courts



*Note.* Created by the author.

In addition to minimizing the number of transports and encounters with civilians, there is another factor that poses a risk of infecting detainees, and that is the personnel itself, whose members are coming home every day. In their case, it was ordered to wear a mask and later a rubber glove in the detention units and during admissions. This measure not only greatly reduced the risk of infection, but also significantly contributed to the improvement of prisoners' mood and sense of security. In addition, all prison institutes provided 3 textile masks per person, and health masks at specific workplaces, which the organization has undertaken to clean, and replace. The Operative Body has issued a photographic methodological guide on the proper use of protective equipment and the proper implementation of disinfection, thus the institutes and institutions were able to perform their daily duty safely.

The infected quarters were closed and the Operative Body decided to order full protective equipment (protective clothing, FFP2 masks, rubber gloves, face protective plastic glass) for those who want to enter these quarters. In such cases, an expert of the Operative Body coordinated the protection with the governor of the affected institute. In all cases, the infections were stopped in such a way that the closure of the prison institute could be avoided.

Restrictions have necessarily appeared in the employment of detainees as well. Primary and secondary education continued to operate in digital form. Certain vocational trainings were suspended, where practical training could not be replaced by distant learning.



The companies were forced to partially cease their production activities due to the spread of the virus. Outside of the prisons, jobs created by employers were also suspended. We assessed what are the critical workplaces that must be maintained when deciding on a possible total closure (e.g. kitchens, hygienic laundries providing services to hospitals, etc.). In addition to the sufficient number of detainees, inmates were trained in these jobs, given that in the event of a possible infection, the missing workforce would affect not only the infected person but all of their contacts. In addition to the sufficient number of workers, more detainees were trained in these jobs. The aim was to ensure the continuous operation of the given workplace at its normal capacity to serve the needs of internal and central supply, even during quarantine. With regards to detainees, the loss of earning opportunities was reduced by reallocating jobs and creating new ones. Statements on production, employment, and inmate earning opportunities were continuously monitored by the Operative Body.

As mentioned earlier, our specific principle is that the health care of prisoners must not result in any disadvantage for the care of law-abiding citizens. Taking this aspect into account we created a department – in accordance with health rules – in the Central Hospital of the Prison Service (by the new name: Medical Centre of the Prison Service) for the observation, placement, and healing of the detainees who require hospitalization. The institution, which also has life support machine capacity, received an epidemiological hospital rating that allowed infected detainees to be cured within the prison service system. The department has been designed to be able to expand as needed. In severe and life-threatening cases, the infected detainee was transferred to an external hospital. The regular testing of those colleagues, who also work in other healthcare institutions, was carried out according to the protocol defined in civil health care. The main building of the new Medical Centre of the Prison Service, built in Berettyóújfalu, was handed over to the Gróf Tisza István Hospital for an unspecified date, in order to provide adequate care to Hungarian citizens in need of hospital treatment, thus helping national defense. The new building was put back into use by the organization in June 2021 after the third wave was stopped. It is currently possible to accommodate infected detainees here.

The Operative Body has developed its own sampling capacities for both staff and detainees. This meant that all medical staff serving in the institution received training on how to execute the samplings. This way the samples only had to be transported to the laboratory, as a result significantly speeding up the process, furthermore omit the entry of an external sampler or the escort of a detainee suspected of being infected. In terms of staff, samples were taken by our healthcare employees arriving at the home of staff member who showed symptoms

of infection. At the same time, we set up sampling points at regional level for colleagues who were able to visit them from their homes without using public transport. Thus, with an appointment, they could be sampled quickly and risk-free at these locations.

The vaccination of staff took place in March–April 2021, organized by the Ministry of Interior. Following the vaccination of law-enforcement officers as defined in the national vaccination plan, inmates were also provided with vaccinations. The Operative Body assessed the willingness of inmates to vaccinate and accordingly, held consultations with the State Secretariat for Territorial Administration to provide vaccines. The vaccination process took place in one day, with the full involvement of the health care staff of the HPS-HQ and the prison service institutes, at 32 locations, with a total of 11,568 detainees. Inmates who were admitted after this are checked for the presence of a vaccine and, in case it is missing, vaccination is offered to the detainee. According to a special provision of the Operative Body, those, who received their first shot during their civilian life, second doses of the same vaccine will be given in the prison institutes. Many detainees enter the institution unvaccinated but leave the institution vaccinated thanks to the easy availability. As of June 30, 2021, the vaccination rate of personnel was 66.42%, while that of inmates was 78.51%.

## **Monitoring the mood of prisoners, compensatory measures**

The Operative Body followed the actions of the prison service organizations of the V4, neighboring and other European countries. Events involving fatalities (prison rebellion, riot) in Brazil, Italy, or even neighboring Romania could not escape our attention either, and we saw these events as warning signs. As a result, when dissatisfaction, incomprehension or misinformation surfaced, measures were taken in all cases to deal with the situation in a professional, personal manner and to provide explanations.

The mood of the detainees was monitored by the department responsible for intelligence, and was reported to the Operative Body on a weekly basis. The information gathered was important for mapping the general mood of the prison population and the misconceptions that spread among them. We were looking for answers to the question of how restrictive measures are received, whether their significance is understood.

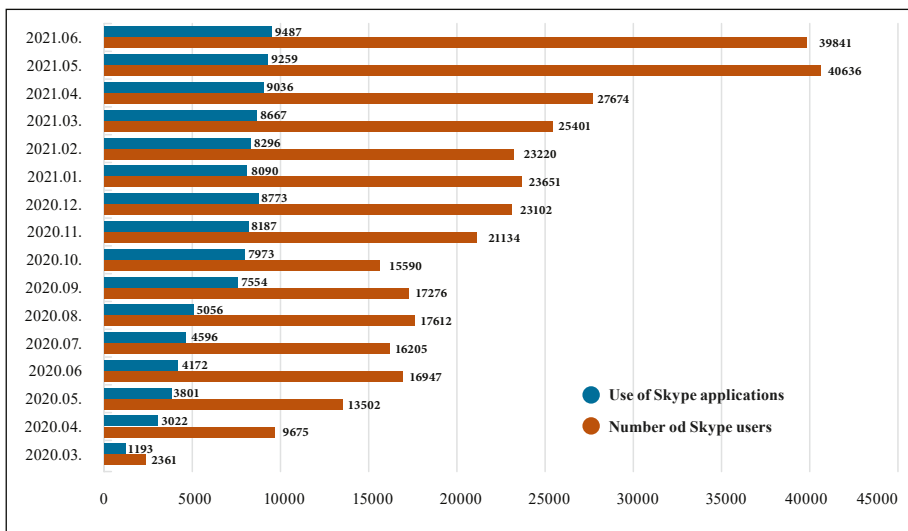
As I mentioned earlier, decisions can be executed successfully if they are accepted. All indications were that it was possible to make the detainees understand that the restrictions had been introduced primarily for their health. And as

long as the system can remain closed, prisons are among the safest places in the country. Of course, impatience was present in the system, mainly due to the lack of visiting, but this could be remedied by appropriate compensatory measures.

For detainees, detention is the basic situation. Nevertheless, we should not underestimate what it means for detainees with active relationships to receive regular visitors and what the periodic lack of these connections means for them. So we had to take action.

We made visiting possible for detainees via regular Skype calls, which were available in a differentiated way, at different times. We created the technical conditions in all institutes, and the system met the requirements. We have extended the possibility of a Skype call to counsels, lawyers and prosecutors, further reducing the number of entries. Detailed instructions and regulations have been issued to verify the smooth and proper use of the Skype device, which we have made available to all participants. The new system was clearly well received. The big advantage is that detainees can see their relatives on a weekly basis. Also, in more cases, a person who did not have a contact person before took advantage of the opportunity, or the detainee may have been able to speak to a long-unseen relative. There is an unequivocal need for the contact form of Skype to be maintained.

**Figure 3:** *The use of Skype as a form of contact*



*Note.* Created by the author.

In addition, the Operative Body generally increased the time frame for telephone calls by 15 minutes per week as a mood-improving measure due to the suspension of contact between detainees and their relatives. Detainees who did not have a mobile phone in the prison institute could call their contacts free of charge 3x5 minutes a month at the expense of the prison. On the online platform created by the prison service, online package sending was still available to relatives. Advance transfer to a deposit account was also available allowing the detainees to purchase necessities in the shop of the prison institute. Their quantitative restrictions have been relieved in view of the situation.

As a result of the closure and fewer job opportunities caused by the epidemic, measures were taken to spend the increased free time of the detainees and to attract their attention. By purchasing new equipment, the HPS-HQ ensured that there was a television in every cell. This has a dual purpose; on the one hand, it attracts the detainee's attention, and on the other hand, they can obtain authentic information about the protective measures taking place in the country. Thus supporting the justification of the new rules required in the prison institutes.

Compensatory measures also include an increased number of bathing opportunities, free use of the prison's gym, an increased length of stay in the open air, and prioritizing small group reintegration sessions and psychological hearings. In the case of compensatory measures, we were constantly monitoring the decisions made in the civil life, thus, for example, the use of the gym was not possible within the prison walls during the period when it was also banned in the civil life.

## Communication

With regards to certain measures and the protection in general, communication has a crucial role in having the decisions accepted and in transferring the correct information. During the information of our staff, we did lean on the governmental campaign, and it was stipulated for the governors of the prisons to inform their colleagues about the early detection of the disease and about the measure to be taken.

When informing inmates, first of all I would like to emphasize personal contact. Reintegration officers were visiting from cell to cell, furthermore gave information in smaller groups day by day about the current situation. The Communication Department of the HPS-HQ prepared outstanding short videos in order to inform the inmates. This work has been recognized on the central level as well ([URL1](#), [URL2](#), [URL3](#), [URL4](#), [URL5](#)). These materials were regularly shown on the CCTV system of the prison service. Furthermore short videos

were prepared for the relatives that were also introduced on our webpage and throughout the social media. Information posters – in various Covid-related topics – were placed in community areas. We have published an extra issue of the ‘Prison news’, a drawing contest was launched and a prayer-booklet was published and distributed containing the works and prayers of the inmates.

We also operate a “call-center” during office hours, by calling the call-center a designated colleague can be reached in each institute, who provides up-to-date information on the measures taken by the organization and the changed rules. For the questions received by the various media on a daily basis, the Operative Body provided the necessary information.

### **New measures to be maintained in the future or to be introduced based on the experience of the emergency**

As I pointed out in my introduction, the Operative Body also monitored the effects of the decisions made with regard to which decisions have a right to exist after the epidemic. What are the positive effects and directions that are justified in the day-to-day operation of the organization?

When creating the detailed rules of certain provisions, the aspect was already to be sustainable and functional even after the epidemic. In these respects (e.g. Skype, criminal court hearings in prisons), the time spent during an emergency can be considered a kind of test run. With regard to other measures (e.g. isolation for 14 days / over 60 years), the organization works on regulations that preserve their essence, but are further thought through.

With the suspension of visiting, the amount of incoming prohibited items, which endanger the order and security of the prison service, also decreased in direct proportion. As a result, in addition to the previously reformed package delivery system, another critical access route was closed. Of course, the possibility of having personal visitors must be ensured once the pandemic ended. Nevertheless, at national level, through 285 telecommunication devices, under uniformed regulation, Skype connection contact persists.

The creation of meeting rooms in the prison institutes for the purpose of conducting criminal court hearings was also generated by the need at the time of the epidemic. Through the working relationship established with NOJ, it was possible to quickly create a solution without escorts, and at the same time supporting the court proceedings. With the creation of meeting rooms, the newly built infrastructure background has also contributed to the reduction of workload of the staff and security of detention.

There was a significant demand for the domestic production of protective equipment during the period of mass illnesses. Production can basically be carried out with the involvement of trained labor. Thus the organization has established production lines in the Hajdú-Bihar County Remand Prison, Sátoraljaújhely Strict and Medium Regime Prison, and Kiskunhalas National Prison, where disposable mouth masks have been made. The employment opportunities provided by the developments will be maintained for the detainees even after the end of the epidemic, and the activity contributes to the provision of civil healthcare institutions and to a more predictable planning of national defense.

The leaders of inpatient health care facilities of the prison service took measures not to be necessary for patients to appear in person on healthcare related events where the personal appearance was obligatory before. For this reason, inpatient institutions continued to issue specialist medical prescriptions electronically. The measure taken has significantly reduced the number of escorts and the administrative burden. Due to the positive experience, a proposal is made to continue the activity electronically without the personal appearance of the sick detainees in case it is possible.

A mandatory waiting period of 14 days and quarantine for newly admitted detainees may be part of a future admission procedure. With a shorter time interval (e.g. 5–7 days), caution and prevention would be primary, which idea is also feasible for the period before the admittance to the releasing cell. In this way, it would be ensured that the health risk would not be accidentally transferred from civilian life to prison life, nor from prison life to civilian life. The possibility of accommodating detainees over the age of 65 together is also being examined by the organization, because this age group belongs to the vulnerable age group not only due to the epidemic and viral infection, but also due to their fragility and vulnerability. Through co-location, their employment could also be rationalized, if the employment of prisoners would take place specifically limited to this department.

The effectiveness of measures against the coronavirus predicts that the occurrence of the usual seasonal diseases, which are also transmitted by droplet infections (e.g. flu), can significantly reduce the number of illnesses among detainees. Procedures will be developed to prevent the spread of droplet infection diseases until the start of the flu season. For the detainees, the prison institutes provided detergents and toiletries continuously, during which the need for protection developed among the detainees. Developing a more hygienic approach and culture for detainees can also contribute to the success of reintegration.

During the epidemic, the number of escorts was radically reduced, and the system of weekly circular escorts was suspended. All this highlighted that there

is a reason for a complete rethink of the transportation system, which increases cost-effectiveness while reducing workload.

The epidemic situation has caused our organization to remain more open to digital solutions, and expanded its meeting system with well-functioning, fast, online briefings.

## Central Office - Immediate response and organization of evaluation and analysis work

In the first wave of the epidemic, due to preventive measures and the relatively low level of social transmission, no detainee was infected in Hungary. The first positive case was registered on 16 September 2020. Due to the growing number of infections among staff and inmates, it has become essential to start the operation of the Operative Body.

Within the Operative Body, we established the Central Office, which consisted of a senior leader colleague and delegates from all specializations involved in the work of the Operative Body. The Central Office, operating 0–24 hours, became the working body of the Operative Body. All information arrived here, thus a fast-reacting inspection body with authentic data was set up. It was responsible for maintaining central databases, supporting decision-making through various statistics derived from extractable data, and carrying out evaluation and analysis work.

Based on statistics maintained by the Central Office, the number of samples and infections in the epidemic situation was as follows.

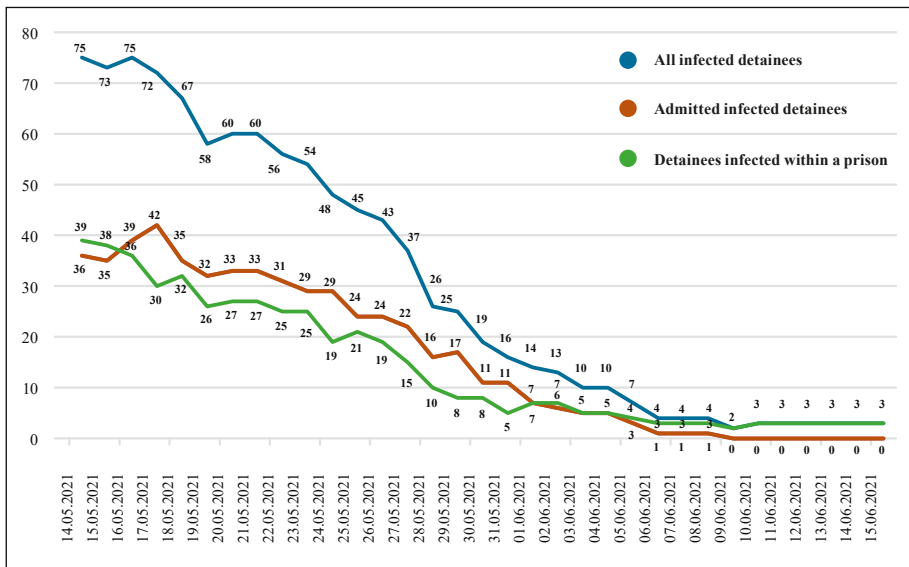
**Figure 4:** *Coronavirus testing data, 2021. 06. 30.*

	Total persons examined from 12/03/2020 to 29/06/2021	Positive cases		Negative cases	On June 30, 2021, under examination	Number of rapid tests performed
		Healed	Infectious on June 30, 2021			
<b>Personnel</b>	11178			8555	7	3380
		2616	0			
<b>Detainees</b>	13844	1341	1	12495	7	1617
<b>In total:</b>	25022	3957	1	21050	14	4997

*Note.* Created by the author.

During the third wave, we also lead statistics to find out what extent does the infection enter the prison institutes trough newly admitted detainees. This statement further complicates the situation if we want to determine the success of the defense, since we could not refuse to admit infected persons. At the same time, it is clear that although these individuals appeared in the statistics of infected detainees, the prison service legal relationship had nothing to do with their infection. Of course, newly admitted, infected inmates remained in single placement until their full recovery or were transferred to the Medical Center of the Prison Services when it was necessary.

**Figure 5:** Admission of infected detainees from 13/05/2021 to 15/06/2021



*Note.* Created by the author.

If we compare the proportions of infections and deaths with the data in civil life, we can clearly see that the closure of the institutes has been turned to their advantage. The rate of infection and death of detainees also remained below that of the civilian population. We performed an exceptionally high number of tests among our staff who are in daily contact with the world outside of the prison. And the large number of – often asymptomatic – infections diagnosed highlight that latency may certainly be present in national data.



**Figure 6:** Statement of the organization's data on the coronavirus in relation to national figures, based on information as of 13 June 2021

National data (population: 9 769 526 persons)									
Active infected (persons)		Recovered (persons)		Deceased (persons)		Infected so far (persons)		Number of samples (case)	
52 272	0,53%*	724 614	7,41%*	29 904	0,3%*	806 790	8,2%*	5 962 887	61,03%*
Data on the staff of the organization (number of staff: 9 419 persons)									
Active infected (persons)		Recovered (persons)		Deceased (persons)		Infected so far (persons)		Number of samples (case)	
6	0,06%**	2 610	27,7%**	6	0,06%**	2 622	27,83%**	24 588	261,04%**
Data on detainees (number of detainees: 17 848 persons)									
Active infected (persons)		Recovered (persons)		Deceased (persons)		Infected so far (persons)		Number of samples (case)	
3	0,01%***	1 337	7,49%***	15	0,08%***	1 355	7,59%	28 586	160,16%***

*Note.* Created by the author.

- \* Compared to the total population of Hungary
- \*\* In relation to the total staff of the organization
- \*\*\* In relation to the total number of detainees

The highest level of infection at one time was 610 on the part of the staff (22 March 2021) and 169 on the part of the detainees (10 March 2021). Redeployment was made only for the purpose of maintaining the operation of a critical workplace (mask manufacturing factory of Kiskunhalas). Occasionally, work had to be suspended in the kitchen of a prison institute due to the infection. In such cases, the alimentation of detainees was provided by another nearby prison institute.

## Summary

The timely and gradually executed measures were leading in the right direction and were able to ensure the smooth operation of the prison service during the epidemic. Our efforts were not in vain, during the first wave of the epidemic we managed to keep the virus outside of the prisons. In the second and third waves, the various statistics show a favorable picture of our activity. In the meantime, our organization continued the construction and completed the establishment of the Medical Center of the Prison Service in Berettyóújfalu on time. The construction of 10 new prison units have also been completed, as a result, 2,750 new capacities were established on 13 July 2020, with this resolving the problem of

the decades over-crowding of prison institutes. The newly established capacities allowed compliance with the rules in connection with the distance between the detainees during the epidemic.

The staff of the organization performed the specified special tasks professionally and in a disciplined manner. Due to the correct management communication, continuous information and the visible results, our measures have been accepted, and are widely known and recognized in society.

I want to thank again for the perseverance of all my staff and for their proven perseverance in difficult times. I would also like to thank the organization's medical staff for their dedicated work, and the exemplary work of our leaders.

### Online links in this article

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URL1: *The prison service has began manufacturing medical protective masks.* <https://www.youtube.com/watch?v=MOkTN9-kWvw>

URL2: *Information for detainees about the coronavirus epidemic.* <https://www.youtube.com/watch?v=ULoqY0POq3o&t=13s>

URL3: *Message to relatives from prison.* <https://www.youtube.com/watch?v=wAaCazIqd5o>

URL4: *Disinfection in Hungarian prisons.* <https://www.youtube.com/watch?v=2cOpQcUVPYo>

URL5: *Protection against coronavirus in prisons.* <https://www.youtube.com/watch?v=YjSnKlpCmH8>

### Reference of the article according to APA regulation

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Schmehl, J. (2021). Operation and Role of the Operative Body of the Hungarian Prison Service Headquarters in the Fight Against COVID-19 Epidemic. *Belügyi Szemle*, 69(S15), 183-200. <https://doi.org/10.38146/BSZ.SPEC.2021.5.8>