Independent Report submitted to the South African Human Rights Commission concerning the City of Cape Town's COVID-19 Shelter For Street-based People – Strandfontein, Cape Town

11th April 2020

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Chapter 1: Executive Summary

On 11th April 2020, The South African Human Rights Commission invited a team of independent professionals with experience and expertise across sectors including health, safety, social care, human-rights law, humanitarian relief, disaster response, gender-violence, and human-rights monitoring to conduct an assessment of the City of Cape Town's COVID-19 site established under the current State of Disaster National Regulations and lock-down restrictions.

The assessment was initiated following concerns and reports alleging violations of human rights, dignities, health and safety regulations and protocols expressed by street people removed to the site, health workers providing services at the site, NGOS across networks supporting street people, and members of civil society.

The COVID-19 National Regulations are a response to a health crisis and pandemic that is sweeping the world. Decisive action to slow the spread of the virus has led to the South African government instituting a National 21-day lock-down on 27th March 2020, which has since been extended an additional 2 weeks.

During the lock-down all citizens are not allowed to leave their homes except under strictly controlled circumstances, such as to seek medical care, buy food, medicine and other supplies or to collect social grants.

Exempt from this lock-down are the health workers in the public and private sectors, emergency personnel, those in security services (such as the police, traffic officers, military medical personnel, soldiers) and other persons necessary to respond to COVID-19, those involved in the production, distribution and supply of food and basic goods, essential banking services, the maintenance of power, water and telecommunications services, laboratory services, and those involved in the provision of medical and hygiene products.

With exception for pharmacies, laboratories, banks, essential financial and payment services, including the Johannesburg Stock Exchange, supermarkets, petrol stations and health care providers, all shops and businesses will be closed.

It is under these unprecedented circumstances that temporary shelters that are required to meet necessary health and safety standards have been identified and established for homeless people.

In Cape Town, Strandfontein Sports Ground was identified by the City of Cape Town as a site to shelter up to 2000 street people during the lock-down period. Several large tents have been erected on the site, with more being built, in the days before and since it

began moving street people to the site on Sunday 5th April, 2020.
This report has focused on the primary requirements, obligations and service provision in relation to health, safety, hygiene, human rights and human dignities for a temporary shelter during the COVID-19 lock-down.

This assessment has not included additional concerns and complaints raised publicly with regards to the City of Cape Town's consultation process with the surrounding Strandfontein community and questions with regards the tender process for service provision at the site.

Report

This report contains 5 mini-reports written by independent consultants with qualifications and professional experience across multiple sectors and disciplines:

- Health - including epidemiology, infectious diseases, sexual health, women's health
- Addiction medicine and withdrawal treatment
- Social work and care
- Human rights law, including gender human rights
- Humanitarian law
- Human rights advocacy
- Disaster and emergency health services and management
- Vulnerable at-risk children and adults
- Gender in emergencies
- Community-based street people's services and support
- Health and Safety

We have intentionally not harmonized the report to preserve the independence of each assessment and the strength of focus, particular lens and key observations that each report offers.

Recommendations

In light of each assessment and report, the team recommend the following:

1. The immediate phased closure of Strandfontein Site as a COVID-19 shelter and stoppage of any further admissions.

2. A City of Cape Town led Multi-Sectoral Task Team be urgently established, including representatives from the street people now staying at Strandfontein, civil society organisations, local Strandfontein community, representatives from civil society and faith-based communities, and officials from all 3-tiers of government to consult and collectively agree an emergency time-line for the repatriation of those re-located to Strandfontein and the sheltering of those who remain street-based.

The time line of this phased closure to include:

Immediate improvements at Strandfontein

1. Immediate improvement at Strandfontein in relation to the issues in this report to:
    1. Education and management of COVID 19 health and hygiene requirements amongst the occupants and site services to increase compliance and minimise spread of the virus.
    2. Provide 24-7 on-site availability and direct access to quality health care and services for all occupants, including harm reduction for substance users.
    3. Redeploy members of the health team to assess occupants in each tent and manage referrals to the on-site health services.
    4. Safety and security measures implemented, especially for women and Trans-gender community.
    5. Humanitarian provision - mattresses, bedding, sufficient food, access to soap, hot water for showering, drinking etc…, hygiene
    6. Access to on-site trauma councilors / psycho-social support services
    7. Access to information - regular updates concerning COVID 19 within the site and updates through media sources, the lock-down, the services available to those staying at the site, and the option to leave for those with a verifiable address.

Multi-Sectoral Task Team led by the City responsible for:

2. Identification and mapping of smaller sites of shelter and health care
3. Identification and mapping of persons to accommodate across the Metropole
4. Identifying key role players to assist with set-up, training, provisions and services at smaller sites
5. Mobilisation of resources to smaller sites
6. Screening of all current Strandfontein site occupants for home address, health and vulnerability issues - in particular COVID-19 testing and TB screening.
7. Referral home for those with addresses

8. Referral to smaller community sites for those who agree
9. Referral to smaller specialised sites for specific groups: drug users, mental health issues close to psychiatric hospital, etc.
10. Monitoring and evaluation throughout the lock-down
11. Post-lock-down 'Reintegration plan' designed with street-based people and local communities.

Investigation into reported Human Rights violations:

1. Street-based people's reports of **forced removals**
2. Street-based people's reports of **coercion and threats** during removals
3. Street-based people's reports of removals under **false pretenses e.g.** promises to illicit acquiescence
4. Street-based people's reports of **'incarceration'** at Strandfontein and being kept against their will.
5. The use of **intimidation, threats or force** deployed by SAPS, Law enforcement and Private Security in any of the alleged violations in pts. 1-4, including physical man-handling, rubber bullets, tear gas, and batons.

Chapter 2: The South African Human Rights Commission

The South African Human Rights Commission is the national institution established to support constitutional democracy. It is committed to promote respect for, observance of and protection of human rights for everyone without fear or favour.

Strategic Objective 1

Promote compliance with international and regional human rights related treaties.

- Monitor implementation and compliance with international and regional human rights treaties.
- Strengthen engagements with human rights structures at international and regional level – including the International Coordinating Committee of National Human Rights Institutions (ICC); the Network of African National Human Rights Institutions (NANHRI); the Office of the High Commissioner for Human Rights (OHCHR); the African Commission on Human and People's Rights (ACHPR); the African Court; the African Union Commission; and the Commonwealth Forum for Human Rights.
- Support and engage with international and regional human rights mandate holders.
- Dissemination of reports to and from international and regional structures.
- Strengthen engagements with broader stakeholders such as civil society, media and academia.

Strategic objective 2

Advance the realisation of human rights

- Responsive to human rights concerns.
- Conduct research and analysis on human rights complaints and trends.
- Advocating for adherence of legislation with human rights based approaches

Strategic Objective 3

Deepen the understanding of human rights to entrench a human rights culture.

- To expand visibility of the Commission and raise awareness to enhance understanding of human rights and promote a human rights culture.
- Effective advocacy for adoption of human rights based positions and approaches.
- Intensify human rights and people based capacity building activities, and education and awareness raising efforts through outreach engagements at public and community levels to empower people to effectively realise their rights.
- Ensure accessibility of human rights educational material in different formats and languages.
- Comprehensive communications strategy including all media (print, electronic, and social media, underpinned by a functional website.
- Effective internal institutional communication.

Strategic Objective 4

Ensure fulfilment of constitutional and legislative mandates.

- Monitor compliance with the constitution on economic and social rights, in particular the measures taken by the state towards the realisation of economic and social rights.
- Monitor compliance with the Promotion of Equality and Prevention of Unfair Discrimination Act.
- Monitor compliance with the Older Person's Act.
- Monitor compliance with the Promotion of Access to Information Act.
- Ensure institutional compliance with the Public Finance Management Act.
- Engage with Parliament for annual reporting.

Strategic Objective 5

Improve the effectiveness and efficiency of the Commission to support delivery on the mandate.

- Review and enhance the effectiveness and efficiency of governance structures.
- Institutional support and review of administrative systems, policies and processes to improve functionality.
- Comprehensive human resources management planning.
- Design and develop comprehensive monitoring and evaluation systems and processes.

Chapter 3: Independent Team of Consultants

Dr Orly Stern
Dr Stern is a human rights lawyer / consultant, with a key focus being on 'gender in emergencies'. Her key focus is gender-based violence, as well as ensuring facilities and services are safe and suitable for women, and identifying gendered gaps and problems.

Dr Orly Stern is a researcher, consultant and lawyer, focusing on armed conflict, gender and law. Orly has worked and researched in countries including; Somalia, Iraq, northern Nigeria, South Sudan, Sierra Leone, Central African Republic, Jordan, Uganda and South Africa. She had consulted for various international organizations, research institutions and NGOs, and has published extensively in her field, including books, book chapters, reports and articles. Orly holds a PhD in international humanitarian law from the London School of Economics and a Masters in international human rights law from Harvard Law School. She has held a senior fellowship with the Harvard Humanitarian Initiative, and has taught international criminal law at the University of Cape Town.

Dr Gilles Van Cutsem
MD, DTM, MPH, HPCSA

Medical doctor and epidemiologist with 20 years experience with the international humanitarian medical organisation Medecins sans Frontieres/ Doctors without Borders; current position senior HIV/TB adviser and leader of the international MSF HIV/AIDS working group.

Gilles Van Cutsem is a humanitarian doctor, epidemiologist and researcher who currently serves as a senior HIV & TB Adviser for Médecins Sans Frontières's Southern African Medical Unit and as an Honorary Research Associate at the Centre for Infectious Disease Epidemiology and Research of the University of Cape Town. In 2019 he became the leader of MSF's international HIV/AIDS Working Group. His work with Doctors without Borders (MSF) in sub-Saharan Africa spans over two decades, most of it caring for people with HIV and TB in South Africa, but also coordinating various other emergency responses such as the Ebola epidemic in West Africa and the recent cyclone in Mozambique. Experience with migrant and displaced persons health in South Sudan, Angola, Mozambique and South Africa (xenophobic violence in Western Cape, Durban and SAHRC assessment of Lindela).

He holds a Medical Doctor degree from the University of Louvain, a Diploma of Tropical Medicine from the Institute for Tropical Medicine in Antwerp and a Masters in Public Health and Epidemiology from the University of Cape Town.

Dr Duncan Laurenson
MBChB PGDiploma Addiction Care, (University of Cape Town)

Dr Laurenson has 20 years' experience in addiction medicine, and is currently working clinically at TBHIV, an NGO offering opiate substation therapy for intravenous heroin users, and additionally works at a number of Substance use disorder Clinics in Cape Town, namely Kenilworth Clinic and Stepping Stones . He has recently completed a Postgraduate Diploma in Addiction Care at the University of Cape Town.

His interest focuses on medical aspects of addiction, particularly withdrawal treatment (detox) and he is currently engaged in a project monitoring treatment outcomes in various clinical settings.

He was also a member of the Service Quality Measures (SQM) committee, a South African Medical Research Council committee initiative to measure quality of treatment in South African substance abuse treatment centres. Additionally he is a member of InterRAI, a Canadian based outcomes measurement organisation .

Janice King (BSocSci Swk Hons)

A social worker with 13 years experience managing Shelters and Drop In Centre's (DIC's) for street affected, local and foreign children in the Western Cape.

Currently Director of Western Cape Street Children's Forum which partners with any organization working with vulnerable, at-risk children to create a collaborative, integrated and coordinated sector. The WCSCF plays a strong advocacy and lobbying role, a supervisory role for DIC's and a capacity building role for the sector.

She has 11 years experience working with refugees and asylum seekers, specially in relation to mental health and community support groups.

Tauriq Jenkins

Tauriq Jenkins is chair of the A|XARRA Restorative Justice Forum, based at the Centre of African Studies at University of Cape Town, where he heads the forums' Human Remains Commission. He is the High Commissioner for the Goringhaicona Khoi Khoin Traditional Indigenous Council, and Spokesperson for the Western Cape Khoi and San Kingdom Council.

He is a committee member of Civic Action for Public Participation, Ward Forum 57 representative, the former Chair of the Observatory Civic Association, Deputy Chair of Two Rivers Urban Park Association. He is an alumni of the International Fellows Program at Columbia's School of International and Public Affairs in Foreign Policy. He holds a Master of Fine Arts degree from Columbia University, and studied Oral History at Columbia's GSAS. He is a specialist in theatre arts rehabilitation in prisons and incarceration centers. Founder of the Independent Theatre Movement of South Africa (ITMSA) and Shakespeare in Prison South Africa. Recipient of the International Davis Peace Prize.:"

Chapter 4: Human Rights Report: Gender Issues

Dr Orly Maya Stern

There are a number of problems pertaining to the conditions that women are experiencing in the facility.

1. Numbers

No one in camp leadership was able to provide the exact numbers of women on site. In the Haven compound, there were 600 residents, of which 90 were women.

2. Sleeping in mixed accommodation

Women and men are sleeping in the same tents/halls. When asked why they had not been separated, police reported that residents wanted it this way. They said that when they had attempted to separate groups of men and women who had been together on the streets, they had protested. It is understandable that some women would prefer to stay with their male mates. However, there were other women who did not wish to be sleeping in the same room as so many men. It is recommended that there should be at least one accommodation/tent where women are given the choice of staying without men (while other women who wish to be with their men, should be allowed to do so).

3. Toilets and shower facilities

Although certain toilets and showers had been earmarked for women, the division between male and female facilities have not been marked or enforced. This division is not being respected at all, with men freely using the women's facilities. There are no signs marking the women's toilets and showers. There is no mesh or walling or space separating the men and women's facilities. Men can freely access women's facilities, as these are not cordoned off in any way. This creates a clear security risk for women. This also goes against best practice in camp facilities, where it is seen as essential that women have separated facilities – and that steps are taken to ensure men cannot access these. Women complained of having no private place to change – other than inside the portable toilets. The toilets are dirty, and are not cleaned sufficiently often for a group that size.

4. Women's safety

Many of the women interviewed said that they did not feel safe inside the facility. The night before the visit a young woman was reportedly gang raped in one of the smaller tents. At the time of visit, she had been taken to hospital for medical attention. There was

little clear information about this attack, with some saying she had been raped by gang members. Some said that there had been other attacks of a sexual nature on the site, yet that people were afraid to discuss this.

Women spoke of the need for security around the toilets and showers, particularly at night. One woman said she needed to ask her husband to come with her to the toilet each time she went at night, for fear of her own safety. While the toilets and showers have locks, people report that these are flimsy, and the doors can easily be pulled open. Women complain about poor lighting outside, which exacerbates security risks.

There are said to be a number of women selling sex on the site – with men paying them R20 or cigarettes for sex. Women described being disrespected by the camp authorities; One said, "If you go and ask them for something as a woman, they push you away." Women also describe being mistreated by other residents; being pushed around and having men cut before them in lines. More generally, residents report that there is frequently violence in the facility, but that police stand by and do not intervene.

5. Women's hygiene

At the time of the visit, the hygiene kits ordered had not arrived yet. Many residents said they did not have soap or other toiletries, like toothpaste. Menstrual pads were said to be available – but a woman complained that they were unable to buy specific products that they needed. The toilets had no toilet paper inside of them at the time of visit. One resident explained that in the morning a few rolls of toilet paper are provided, but that these are quickly used up, allowing women no way to clean themselves.

6. Sexual health

While the authorities said that condoms are available, it is not clear where these are available, other than in the health clinic – which people are unable to walk to. Residents questioned about this, said that they had no access to condoms. There are reportedly 4 pregnant women in the group. They are mixed in with the general population, with no evident extra protective or hygiene facilities.

7. LGBTI

There are 19/20 transgender persons in the camp. In one tent, there is a group of them camping together. They report feeling extremely unsafe – and having been threatened by other residents. One said, "They threaten to kick us. They threaten to kill us." Another said, "You need to sleep with one eye open." One of their group had reportedly been assaulted in the facility, due to their gender identity. They said that one of the members of their group is being held alone in another tent. Despite the fact that they have

begged to have her join them, the authorities are ignoring their request. The group suggest having a special tent / area for the LGBTI group to ensure their safety, as they are a highly vulnerable group. The group also reported that their personal nurse from the Triangle Project had not been allowed into the site, of concern to them as they have specific health needs, which this nurse would be able to address.

8. Facilities

Residents complained that there is no place to recharge electronics, like mobile phones. They complain about having no access to a shop, despite having being promised that a mobile store would come to the site. Some said they want to be able to buy basic things (chips, sweets, tampons, etc.) – and not to be restricted to the meals handed out at meal times. Residents complain that they cannot access their money (ATM, pensions, SASSA, etc.), and some were extremely concerned that they would lose those funds.

In most tents there is nowhere to sit, other than the floor. In the one camp, a small number of plastic chairs had been delivered earlier that day. Residents describe being really cold at night, as there are not enough blankets. Most residents do not have matrasses, and sleep on blankets. The beds are quite close together, not allowing the social distancing required to avert COVID-19 spread. There are insufficient handwashing facilities. For a population this size, there should be handwashing facilities spread across the site.

9. Contact with outside world, news, entertainment

Residents have not been given any news about the situation, and about how long they will be expected to remain in the facility – something that is the cause of much stress. They are provided with no news about the situation outside the camp. There is no television or radio. Many do not have phones – and those that do have not been able to charge them. Residents interviewed had not even been informed that the lock-down period had been extended. In one site there was a projector, projecting onto the roof, but in other sites there was no form of entertainment at all. Many residents are very worried, with many questions that are not being answered, about how long they will be kept there and where they will be taken afterwards. Some public messaging needs to be conducted in the sites, to alleviate some of the residents' anxieties.

10. Came to centre under false pretences

Residents complained that they had come to the centre after being provided with false information. Some had been told they would be going just for a couple of days. Some had been promised they were going to a proper shelter – which they emphasised this was not. Some had been told they would have access to a shop, and to their money

(cash points, SASSA). There were reports that police had rounded up people haphazardly to bring to the camps, including people who actually have homes and are not homeless. Entry criteria for the sites are unclear. While authorities kept saying that people were there voluntarily, residents are unable to leave. They were informed that if they left, they would be detained by the police – negating any true voluntariness.

Conclusion

There are a number of problems pertaining to the conditions that women are experiencing in the facility. Women and men are sleeping in the same tents/halls. It is recommended that there should be at least one accommodation/tent where women are given the choice of staying without men (while other women who wish to be with their men, should be allowed to do so). Although certain toilets and showers had been earmarked for women, the division between male and female facilities have not been marked or enforced. This division is not being respected at all, with men freely using the women's facilities. There are no signs marking the women's toilets and showers. This also goes against best practice in camp facilities, where it is seen as essential that women have separated facilities – and that steps are taken to ensure men cannot access these.

Many of the women interviewed said that they did not feel safe inside the facility. The night before the visit a young woman was reportedly gang raped in one of the smaller tents. Women spoke of the need for security around the toilets and showers, particularly at night. There are said to be a number of women selling sex on the site – with men paying them R20 or cigarettes for sex.

At the time of the visit, the hygiene kits ordered had not arrived yet. Many residents said they did not have soap or other toiletries, like toothpaste. The toilets had no toilet paper inside of them at the time of visit. While the authorities said that condoms are available, it is not clear where these are available, other than in the health clinic – which people are unable to walk to.

Chapter 5: Health Report

Dr Gilles Van Cutsem

Report on health conditions in the Strandfontein COVID-19 Temporary Shelter for the Homeless: findings of an independent investigation for the South African Human Rights Commission, conducted on Saturday 11 April 2020.

The report highlights a number of violations of international humanitarian standards with significant risks for the health and safety of residents of the shelter. Residents of the Strandfontein Shelter are at increased risk of negative health outcomes, including acquisition and transmission of COVID-19, TB and other communicable diseases.

Summary

1. This report describes the findings of an independent expert investigation on health conditions at the Strandfontein Shelter for the Homeless requested by the South African Human Rights Commission.
2. The findings in the report are based on direct observations and interviews with residents, staff, and volunteers at the Strandfontein Temporary Shelter for the Homeless.
3. The report highlights significant shortcomings with regards to infection prevention and control, health promotion, access to health care, monitoring of the health of residents, screening for COVID-19 and tuberculosis, interruption of chronic medication, inadequate treatment of opiate and other drug withdrawal, and care for vulnerable populations, including those at higher risk of severe disease and death from COVID-19.
4. The report also highlights numerous examples of failures to respect international protection principles and humanitarian standards[1].
   4.1. Most importantly, the shelter fails to respect the first protection principle:

To enhance the safety, dignity and rights of people and avoid exposing them to further harm.

The congregation of up to 500 individuals in one tent exposes residents to increased risk of infection with COVID-19. In addition, inadequate infection prevention and control measures, the apparent lack of health promotion, and condoms expose the residents to

[1] Sphere. The Sphere Handbook. 2018. Accessed at https://spherestandards.org/wp-content/uploads/Sphere-Handbook-2018-EN.pdf

increased risks of airborne, orofecally and sexually transmitted infections, such as TB, diarrheal diseases and HIV.
Women, men, transgender women, elderly men and women, pregnant women, people with disabilities, people with severe mental health disorders, drug users with acute withdrawal symptoms, and gang members are all grouped together, with an increased risk of violence and very limited security in place, thereby endangering their safety as well as their dignity.
Rather than being a place of safety, the shelter exposes vulnerable people to further harm.

4.2. Residents did not have *access to impartial assistance according to need and without discrimination* (2nd protection principle).

4.3. There were several violations of the Hygiene promotion, Excreta management, and Shelter and settlement standards[1].

5. Given the inadequate infection prevention and control measures, apparent absence of health promotion, and an imperfect screening process, there is a risk of individuals with COVID-19 entering the shelter. Were this to happen, there is a high risk of transmission to most residents of the shelter, of who many are at increased risk of complications of COVID-19 and death.

In conclusion, the Strandfontein shelter hosts large numbers of people in tents, many with increased vulnerability to infections, and provides insufficient infection prevention and control, apparent absence of health promotion, and limited access to health care, including mental health care and specific care for frail people and drug users. There is a high likelihood that people are at higher risk of infection with COVID-19 in the shelter than if they were in the streets.

Overview

1. The findings in this report are based on direct observations and interviews with residents, staff, and volunteers at the Strandfontein Temporary Shelter for the Homeless (hereinafter referred to as the "**Shelter**") during a visit to investigate health conditions at the Shelter, on 11 April 2020.
2. The visit was conducted at the request of the South African Human Rights Commission following allegations of human rights violations and unacceptable health conditions at the shelter.
3. Interviews were conducted with the camp manager, Mr. Vivian Henry, medical students from Students' Health and Welfare Centers Organization (SHAWCO) assisting with health care provision, staff from the Service Providers Non Profit

Organisations The Haven, Ubuntu Circle of Courage, and Oasis, Security Staff, and multiple residents in each of the tents.

4. Camp management provided access to all staff and residents, as well as facilities on-site, with the exception of City of Cape Town Health staff.
5. The local manager of City Health, Ms. Rita Freeks reported that she was instructed not to provide any information and referred us to the Health Area Manager, Ms. Suraya Ellaker (spelling unsure). Several attempts to contact Ms. Ellaker by phone calls and WhatsApp remained without a response.
6. The shelter was set up by the City of Cape Town as part of the response to the COVID-19 pandemic.
7. South African Police started to bring individuals to Strandfontein Temporary Shelter for the Homeless on Sunday 5 April 2020.
8. According to camp manager Mr. Vivian Henry there are no specific entry criteria for admission to the shelter. Exclusion criteria are non-South African nationality and age below 18 years. However earlier reports as well as direct observation confirmed some of the residents are younger than 18 years and some are not South African citizens.
9. According to camp management and service providers, residents are not held against their will. However, according to residents they are not allowed to leave, whilst many would like to do so. The camp, as well as every individual large tent, is fenced, and entrance/exit is controlled by security guards. Residents are not allowed to leave the fenced area around their tent. Numerous police cars were present on-site as well as an armored vehicle.

Infrastructure & number of residents

1. The total number of residents in the shelter varies from approximately 1,500+ reported by the camp manager, 1561 reported by Service Providers, to 1761 reported by residents. This number changes regularly. For example, during our visit we witnessed the escape of 3 residents and the removal of a group of minors. Residents report escapes are frequent.
2. The shelter is constituted of 8 large tents, managed by three NPO Service Providers: The Haven, Ubuntu Circle of Courage, and Oasis. More tents were in the process of being set up, suggesting expansion plans for the shelter. Tent 1 (The Haven) has the highest number of residents, between 600 and 720, and Tent 7A has the smallest number of residents, 48.
    2.1. Tent 1, managed by The Haven:
        2.1.1. According to staff: 600 residents: approximately 500 men and 100 women
        2.1.2. According to residents: 720 residents

2.2. Tent 2, managed by Ubuntu Circle of Courage:
    2.2.1. According to staff: 200 residents: 150 men and 50 women
2.3. Tent 3, managed by Oasis:
    2.3.1. According to camp manager: 470 residents
    2.3.2. According to residents: 550 residents
2.4. Tent 5, managed by Ubuntu Circle of Courage:
    2.4.1. No staff was present on-site
    2.4.2. According to residents: 170 residents
2.5. Tent 6A, managed by Ubuntu:
    2.5.1. No staff present on-site
    2.5.2. According to residents: 73 residents
2.6. Tent 6B & 7B: empty
2.7. Tent 7A, managed by Ubuntu:
    2.7.1. No staff present on-site
    2.7.2. According to residents: 48 residents

3. All tents are fenced and there are security guards controlling access. The entire compound is also fenced.
4. Tent 1 contains multiple smaller tents, although largely insufficient for the entire population of the tent. There are also a number of smaller tents at the back of the large tent. There are no smaller tents in all the other compounds.
5. There are no mattresses and residents sleep on a hard floor.
6. Residents received 2 blankets but complain of cold at night.
7. There is no social distancing and residents were often seen less than 1 meter of each other during the day and whilst queuing for food. Residents are also sleeping at less than 1 m from each other, in one large tent containing up to 500 people.

Health, Limited Access to Health Care and Emergency Care

1. Health care is provided in a medical compound by City Health with support from SHAWCO, from 8:00 to 16:00.
2. There is no medical staff onsite from 16:00 to 8:00.
3. There is no medical staff in the tents. People in the tents requiring medical care have to contact service provider staff during the day to request to be accompanied to the medical compound. Residents reported that this process can take a long time and their requests are not always met.
4. Several residents complained that they could not access medical care at all. At night, residents in need of medical care need to contact security guards who control the gates of the compounds, and convince them to contact camp management to call for an ambulance. This process can take several hours.

5. During my visit I had to ask service provider staff to call an ambulance for two men in the Haven tent (Tent #1), as there was no medical staff present anymore from 15:30 onwards. I did not see an ambulance arriving within the 2 hours I remained on site after having asked for one.
   5.1. The first case was a 68 year old man, with an indwelling urinary catheter, who was complaining of severe shortness of breath. On examination he had a respiratory rate of 36 per minute, a sign of severe respiratory distress requiring emergency medical care. He reported to be asthmatic but not to have been able to access inhalers for the treatment of his asthma. He had a referral letter from a recent admission to New Somerset Hospital stating that he had bladder obstruction secondary to prostate enlargement requiring a urinary catheter, as well as chronic obstructive pulmonary disease (COPD), a known risk factor for complications and mortality from COVID-19. His respiratory symptoms could have been caused by an aggravation of his COPD, a bacterial infection, tuberculosis or viral infections such as COVID-19. The fact that he was left unattended in close proximity to other residents in the tent highlights both the risk of transmission of COVID-19 in this setting and the fact that people with increased vulnerability to COVID-19 are at increased exposure.
   5.2. The second case was a young man injured during a fight that occurred during our visit. He sustained severe trauma to the head and face. Neither law enforcement nor security guards intervened to interrupt the fight. I had to examine the man and tell service provider staff to call an ambulance. This too occurred in The Haven tent #1.
   5.3. Large congregations of men in confined spaces are conducive to violence, especially in the absence of any significant safety intervention.

absence of health monitoring

6. There is no medical staff in the tents.
7. Residents are only screened at entry; there is no ongoing screening for symptoms and signs of COVID-19 and/or other diseases in the tents.
8. Several residents observed had signs and symptoms of respiratory diseases including cough, shortness of breath, and myalgia.
9. Several residents observed required medical care but were not receiving it. This includes the cases described above.

the screening process doesn't eliminate the risk of TB or COVID-19

10. Given that City Health staff refused to provide any information on health care at the site, our understanding of screening processes derives from interviews with the camp manager, service provider staff, and residents.

11. Residents are reported to be screened at entry through a basic questionnaire including questions on cough, shortness of breath, fever, contact with a COVID-19 case, and travel to areas of high transmission.
12. Only individuals who answer positively the questionnaire on clinical signs and epidemiological risk factors (as above) are tested for COVID-19.
13. COVID-19 can be transmitted before individuals become symptomatic, and that a proportion of patients with COVID-19 remain without symptoms, even if they can transmit.
14. In addition, the sensitivity of a single PCR test for COVID-19 of a nasopharyngeal swab is estimated to be around 70%[2,3]. This means that 30% of people with COVID-19 will have a negative test.
15. In addition, there is no systematic screening of personnel working in the shelter, who can also acquire and transmit COVID-19.
16. Therefore we can conclude that the screening process doesn't eliminate the risk of individuals with COVID-19 entering the shelter.

Interruption of chronic medication

17. Several residents complained that their chronic medication had been interrupted and that they could not access this at the clinic.
18. Several people claimed they did not receive their antiretroviral treatment, inhalers for asthma, anti-epileptic medication (such as Epilim), antipsychotic drugs (such as clopixol and chlorpromazine), and medication for diabetes (such as insulin).
19. Some residents reported that they had received chronic medication after several days of pleading with the service provider staff to be brought to the clinic tent.

Insufficient treatment of drug withdrawal symptoms

20. Several residents complained of symptoms caused by acute withdrawal of heroin and other drugs. Some said they were only given paracetamol. The staff of SHAWCO reported that indeed access to medication to treat opiate withdrawal was poor, and that they were trying to ensure access to diazepam, tramadol, methadone and suboxone, but had not been able to ensure that these medications were present on site.

inadequate infection prevention and control[4]

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[2] Fang Y, Zhang H, Xie J, Lin M, Ying L, Pang P, et al. Sensitivity of Chest CT for COVID-19: Comparison to RT-PCR. Radiology. 2020; 200432.

[3] Yang, Yang Y, Yang M, Shen C, Wang F, Yuan J, et al. Evaluating the accuracy of different respiratory specimens in the laboratory diagnosis and monitoring the viral shedding of 2019-nCoV infections. MedRxiv 2020 (preprint; not peer reviewed); doi:10.1101/2020.02.11.20021493

[4] NICD, South African Department of Health. Coronavirus disease 2019 (COVID-19) caused by a Novel Coronavirus (SARS-CoV-2): Guidelines for case-finding, diagnosis, management and public health response in South Africa. V2.0 10-03-2020.

21. Insufficient infection prevention and control measures put residents at risk of airborne, orofecally, and sexually transmitted infections
22. Social distancing was inadequate in all the tents, with residents laying, sitting or standing close to each other, with definitely less than 1 meter between them. In the Haven tent there are over 600 people in the compound, and although this compound contained a number of individual tents either inside or outside the large marquise tent, the number was vastly insufficient to ensure physical distancing of all the residents. The other tents did not have smaller tents.
23. Ventilation was insufficient in all the tents, increasing the risk of transmission of airborne diseases such as tuberculosis and COVID-19. The tents were closed; did not have windows, fans, or any other means to increase ventilation. Several residents were smoking in the tent.
24. There was no soap at any of the hand-washing points in any of the compounds. None of the people leaving toilets observed did wash their hands with soap afterwards.
25. Residents reported to have received one small bar of soap but reported this was insufficient for the week to shower, wash hands, and wash their clothes.
26. Several of the toilets observed were severely soiled.
27. There were no condoms in any of the tents.
28. Most residents were not wearing facecloths or masks. A very small number were wearing self-made cloth masks.
29. Some service provider staff were wearing personal protective equipment (PPE), including facial masks. Others weren't wearing any PPE or masks. None were wearing N95 respirators.

Absence of health promotion

30. There were no health promotion materials or staff in any of the tents.
31. When interviewed, many residents had limited understanding of basic prevention measures for infectious diseases including COVID-19.

Presence of individuals with increased vulnerability to COVID-19 and other adverse health outcomes

32. Several residents were extremely vulnerable and had chronic conditions increasing their risk of severity and death related to COVID-19: at least 4 people in wheelchairs; several elderly people, at least one with severely altered mental state (disoriented in time and space, and unable to care for himself); several people with HIV; 2 individuals with indwelling urinary catheters; several people with severe mental health diseases (such as schizophrenia and dementia); people with urinary and fecal incontinence; several people with chronic respiratory conditions (including asthma and chronic obstructive pulmonary disease); several people with hypertension.
33. Numerous residents were part of populations at high risk for HIV: sex workers, transgender women, young men and women.

34. There was no separation between men and women in any of the tents.
35. Several residents reported to be HIV-positive, a known risk factor for tuberculosis and a potential risk factor for COVID-19.

International Humanitarian Standards[1,5]

1. Violations of the first humanitarian protection principle "*Enhance the safety, dignity and rights of people, and avoid exposing them to further harm*":

    1.1. Large numbers of individuals are grouped together (up to 600 in one tent), with insufficient infection prevention and control measures, and insufficient health promotion, therefore increasing their risk to airborne diseases such as tuberculosis and COVID-19, diseases transmitted orofecally such as viral and bacterial diarrhea, and sexually transmitted infections such as HIV, thereby exposing them to harm.

    1.2. A number of residents reported that their treatment for chronic diseases had been interrupted, such as antiretroviral treatment for HIV, antipsychotics, antiepileptic medication, or medication for asthma, which can lead to drug resistance, recurrence and aggravation of disease. During my visit, residents called me to attend to a man with respiratory distress which required urgent medical treatment. There was no medical staff on-site and we had to tell service provider staff to call an ambulance.

    1.3. A number of residents reported to be intravenous drug users and experiencing withdrawal symptoms as a consequence of the removal from their environment, without being given adequate treatment.

    1.4. In several tents visited after 16:00 there was no staff at all, with the exception of security guards at the gates, thereby compromising the safety of this highly vulnerable population.

    1.5. In one of the tents a violent fight erupted between residents. Neither security guards nor law enforcement intervened to ensure safety. The fight resulted in one man suffering severe trauma to the face and head, requiring urgent referral to emergency services. Large congregations of men in confined spaces increase the

[5] Sphere. *Applying humanitarian standards to fight COVID-19*. March 2020. Accessed at https://spherestandards.org/wp-content/uploads/Humanitarian-Standards-and-Coronavirus-2020.pdf

risk of violence. No adequate security was in place to prevent or calm violence, and to enhance the safety of the residents.

2. Violations of the second humanitarian protection principle "*Access to impartial assistance according to need and without discrimination.*" were observed:

   2.1. Several residents with physical and/or mental disabilities, including some with severely altered mental state, were left without any assistance.
   2.2. Two residents with indwelling urinary catheters were left unattended. One of them had blood in the urine bag, was severely ill and needed to be referred by ambulance to emergency services.
   2.3. Some residents reported differential treatment according to racial group, with preferential treatment for white and coloured residents.

3. Violations of Hygiene Promotion standard 1.1: Hygiene promotion. "*People are aware of key public health risks related to water, sanitation and hygiene, and can adopt individual, household and community measures to reduce them*"**:**

   3.1. We found no evidence of any health and/or hygiene promotion in the shelter; there were no materials and no health promotion staff.
   3.2. Several communal toilets were extremely soiled.
   3.3. None of the residents observed washed their hands with soap on leaving communal toilets.

4. Areas where Hygiene Promotion standard 1.1 was met:

   4.1. Clean water was available in all the compounds, from taps and warm showers.
   4.2. Portable communal toilets were present in all the compounds.
   4.3. No human or animal faeces were observed in any of the compounds.

5. Violations of Hygiene promotion standard 1.2: Identification, access to and use of hygiene items

   5.1. There was no soap at any of the hand-washing stations in any of the compounds
   5.2. Residents reported to have received a small bar of soap, insufficient to cover their needs of hand-washing, bathing and washing clothes

6. Water supply standard 2.1: Access and water quality. This standard was met.

6.1. Residents have access to running water in sufficient quantities
6.2. There was more than one tap for every 250 people
6.3. There was no queuing at water sources

7. Excreta management standard 3.1: Environment free from human excreta. This standard was met.

8. Excreta management standard 3.2: Access to and use of toilets.

8.1. The standard ratio of minimum 1 shared toilet per 20 people was not met in Tent 3.
8.1.1. Tent 1 has 31 toilets for 600 residents: 1 per 20. Standard met.
8.1.2. Tent 2 has 10 toilets for 200 residents: 1 per 20. Standard met.
8.1.3. Tent 3 has 14 toilets for 550 residents: 1 per 39 residents. Standard not met.
8.1.4. Tent 5 has 8 toilets for 170 residents: 1 per 20 residents. Standard met.
8.1.5. Tent 6A and 7A had more than 1 toilet per 20 residents.

8.2. Distance between tents and shared toilets was over 50 m in tent 5 (substandard), and below 50 m in other tents.
8.3. All toilets had internal locks and lighting was adequate.
8.4. Toilets in tent 1 were not reported as safe by women, as all toilets were shared between men and women.

9. Violation of Shelter and settlement standard 1: planning. Shelter and settlement interventions are well planned and coordinated to contribute to the safety and well-being of affected people and promote recovery.

9.1. The shelter plan has not been agreed with the target population. Most residents interviewed had only received basic information on their rights, the purpose and duration of their stay in the shelter.
9.2. The shelter plan does not provide for the essential needs of the population in terms of safety and health. More details of the assessment of health are provided in chapter 3.

References

[1] Sphere. The Sphere Handbook. 2018. Accessed at https://spherestandards.org/wp-content/uploads/Sphere-Handbook-2018-EN.pdf

[2] Fang Y, Zhang H, Xie J, Lin M, Ying L, Pang P, et al. Sensitivity of Chest CT for COVID-19: Comparison to RT-PCR. Radiology. 2020; 200432.

[3] Yang, Yang Y, Yang M, Shen C, Wang F, Yuan J, et al. Evaluating the accuracy of different respiratory specimens in the laboratory diagnosis and monitoring the viral shedding of 2019-nCoV infections. MedRxiv 2020 (preprint; not peer reviewed); doi: 10.1101/2020.02.11.20021493

[4] NICD, South African Department of Health. Coronavirus disease 2019 (COVID-19) caused by a Novel Coronavirus (SARS-CoV-2): Guidelines for case-finding, diagnosis, management and public health response in South Africa. V2.0 10-03-2020.

[5] Sphere. *Applying humanitarian standards to fight COVID-19*. March 2020. Accessed at https://spherestandards.org/wp-content/uploads/Humanitarian-Standards-and-Coronavirus-2020.pdf

Chapter 6: Medical and Addiction Services Report

Dr DB Laurenson

I have been requested to supply a report focussing medical services and in particular addiction services at the Strandfontein Sports ground Camp.
It is important to note that this report is limited as we were unable to speak to the medical site manager or other medical staff directly, and were restricted from viewing the isolation tents.
I have also been asked by SHAWCO to assist in service delivery.

1. Introductory session

During a comprehensive introductory session chaired by site manager Mr Vivian Henry, we were advised of the following services on site:

2. Medical Tents

- General medical
- Tuberculosis
- COVID-19 isolation

3. MEDICAL SERVICE PROVIDERS

- SHAWCO (Medical students and one doctor) – There were a number of Shawco medical students performing assessments which were then presented to a doctor for treatment options.
- They had been on site on the previous Sunday, Wednesday and Thursday,
- They had approximately 10 students and one doctor.
- On the day of this visit they also provided a volunteer psychiatrist.

4. CITY OF CAPE TOWN DOCTORS (presumably Day Hospital doctors)

I was restricted from access to interview these doctors.
I am therefore unsure of their number and availability on site.

5. PHARMACIST and MOBILE PHARMACY

I was restricted from access to interview the pharmacist.
I am therefore unsure of the extent of medication available on site.

6. NURSES

I was restricted from access to interview the CoCT nurses.
I did interview one of the SHAWCO nurses who stated that the doctors were offering a good service but were potentially limited in their follow up capability as a result of frequent rotation.

7. PSYCHIATRIST (volunteer)

8. AFTER HOURS SERVICE

There were no on-site medical services after 16h00.

9. AMBULANCE AND EMERGENCY SERVICES (NONE ON SITE)

Ambulance services were limited – we were advised of a limited service and long waits for service as Provincial Services were mot yet available.

In addition, Strandfontein Camp staff were apparently liable to collect ambulance patients from emergency units if discharged, which is a logistical/resource problem).

There were no after hours services available other than ambulance (which was not immediately available).

We were advised that there had been no positive COVID-19 or TB screening tests.

There had been one death at the site (patient was found to be dead in his blanket).

10. SCREENING

We were advised that all camp residents had been screened for COVID-19 and TB on arrival, and that there were no positives.

11. MEDICAL SITE VISIT

We were denied access to the site as the senior site manager was not available, and the next in line was not permitted to speak with us.

I was able to speak to SHAWCO and a nurse later.

12. RESIDENTIAL TENT VISITS (Haven and Oasis tents)

I was allowed to enter two tents with other SAHRC representatives.

Of medical concern was a lack (absence) of face masks, and in practice virtually no physical distancing , although it seemed that staff had attempted to distance sleeping spaces initially, but did not have the capacity or mandate to manage this.

People were able to exercise outside the tent, but were not physically distancing in these activities.

After interviewing a few residents, it appeared that some had not been able to access their chronic medication- either at the site, or were not given an opportunity to collect their medication from Day Hospitals prior to being moved to Strandfontein.

It would appear that each tent had a manager, but this manager had no medical training, and was only in managing "hospitality" requirements (meals and bedding).

13. SUBSTANCE USE WITHDRAWAL

Workers from two NGOs reported a significant number of residents who were in untreated withdrawal during the first few days. They received symptomatic treatment (anti-emetics analgesics, antispasmodics, anti-diarrhoeals) rather than specific treatment.

As an example, I have inserted below a list of some of the conditions encountered below:

Main Complaint	Clinical Note	Seen By	Treatment & Follow up	type med/surg/trauma	Tent Name	Note
threatened limb	gangrene	JW		med general	Oasis	booked a
Respiratory illness		JW		med respiratory	Oasis	taken off
acute exacerbation asthma		JW	budeflan inhal e	med respiratory	Oasis	no ventoli
seizure/ blackout		JW		med neuro	Oasis	ambulanc
post partum 6 days	mastitis	JW	? Midwife f/up	med reproductive health	Oasis	Needs Au
pregnant		JW	? Midwife f/up	med reproductive health	Oasis	booked at
pregnant		JW	? Midwife f/up	med reproductive health	Oasis	unbookec
D1 opiate withdrawa	COWS 21/ vomiting	CW/ JW	Paracetomol, antihistam	med SUD	Haven	vomiting i
HPT meds few days l	seen near landsdowr	CW	Needs meds	med HPT	Haven	fainted or
Alc Withdrawal	tremor yerterday/ ba	CW	Ref to Dr	med AUD	Haven	unable to
D1 opiate withdrawa	COWS 22	CW/ JW		med SUD	Haven	
Penioner Assist SASS	old, frail, bedridden	CW	SW assistance	social	Haven	food fetch
Needs stitches remo	wound healed, dry, h	CW	stich cutter needed	surg remove stitches	Haven	non urger
Reported as having TB	but off meds	CW		med respiratory	Haven	reported
D3 opiate withdrawal		JW		med SUD	Haven	
D3 opiate withdrawal		JW	Paracetomol, antihistam	med SUD	Haven	
D2 opiate withdrawal		JW		med SUD	Haven	
? UTI/ Pyelonephritis		JW	paracetomol, ambulanc	med genito-urinary	Haven	disaster m
Covid19 test info		JW		med respiratory COVID?	Haven	
Eyes		JW		med opthalmology	Haven	
Blood Pressure		JW		med HPT	Haven	
Prostate enlarged	fecal incontinence	JW		med urology	Haven	
rash		JW		med dermatology	Haven	
chest pain		JW	Gaviscon	med GIT	Haven	
D2 opiate withdrawal		JW		med SUD	Haven	
stomache ulcer/ asthma/ SOB		JW		med respiratory/ GIT	Haven	
D2 opiate withdrawal		JW	Paracetomol,nausea, TH	med SUD	Haven	
D2 opiate withdrawa	vomiting	JW		med SUD	Haven	
Headache, Pain		JW		med neuro	Haven	
chest pain		JW		med general	Haven	hospital y
Actamol needs meds		JW		med unspecified	Haven	
Flu/ cold symptoms		JW		med general	Haven	
Flu/ cold symptoms		JW		med general	Haven	
D3 opiate withdrawa	needs ARVs	JW	Spasmed, loperamide, V	med SUD	Haven	
D4 opiate withdrawal	stomache	JW	Spasmed, loperamide, V	med SUD	Haven	
D1 opiate withdrawa	back pain	JW		med SUD	Haven	
		JW	Paracetomol, antihistam	med SUD	Haven	
medication recsript		JW		med general	Haven	
D2 opiate withdrawal		JW		med SUD	Haven	
D2 opiate withdrawal		JW	loperamide, THC, vomm	med SUD	Haven	
D2 opiate withdrawa	weakness	JW		med SUD	Haven	
cough complaint		JW		med respiratory	Haven	
headache		JW		med neuro	Haven	
pain		JW	paracetomol	med general	Haven	
? opiate withdrawal		JW	paracetomol, antihistam	med SUD	Haven	
pain headache		JW	paracetomol	med neuro	Haven	
alcoohol withdrawal		JW	thiamine	med AUD	Haven	
		JW	paracetomol,antihistam	med SUD	Haven	
D1 opiate withdrawal		JW	THC, bevispas, antihista	med SUD	Haven	
D1 opiate withdrawal		JW	THC, bevispas, antihista	med SUD	Haven	
pregnant		JW		med reproductive health	Haven	needs pre
chronic meds		JW		med general	Haven	needs Epi
stomache cramps, nausea		JW	immodium, bevispan, n	med GIT	Haven	
D? opioid withdrawal		JW		unknown	Haven	To be see
Opioid withdrawal/ Depression		JW	THC/ analgesia/ ORS	med SUD	Oasis	Assess for
COPD/ Eczema		JW	Inhalers	med respiratory	Oasis	Chronic D
COPD/ Eczema		JW	Inhalers	med respiratory	Oasis	Chronic d
COPD/ Facial Swelling		JW	Inhalers	med respiratory	Oasis	Needs SO
Amputee/ previous CVA		JW	nil	med neuro/ surg	Oasis	Clinic refe
Polysubstance user		JW	nil	med SUD	?Abscond	
HIV/ EX-TB/ Depression/ low BMI		JW	forgot meds, on 2nd line	med general	Oasis	Retreive f
?Cervical spine OA Cx parasthesiae		JW	Panado/ Brufen	Ortho	Oasis	Chronic d
Septic tinea pedis		JW	Clotrim/ Fludox/ gauze	med general	Oasis	For review
HIV/ EX-TB		JW	FDC	med general	Oasis	Retreive f
Epilepsy/ Tik User	uncontrolled fits	JW	Epilim	med neuro	?abscond	
HIV/ Anxiety+Depression		JW	nil (doesnt want ARVs)	med general	Oasis	Clinic refe
?OA		JW	Panado/ Brufen	Ortho	Oasis	Chronic d
HIV		JW	FDC	med general	Oasis	Chronic d
?Schizoaffective		JW	Risperidone 2mg nocte/	psych	Oasis	Chronic D
Gastritis		JW	Myogel	Surg gen	Oasis	Chronic d
COPD		JW	Inhalers	Med respiratory	Oasis	Chronic d
Peptic Ulcer Dx		JW	Lansoloc	Surg gen	Oasis	Chronic d
Polysubstance User		JW	nil	Psych SUD	Oasis	Psycholog
Dental Pain		JW	Panado/ Brufen/ mouth	Dental	Oasis	Needs de
HIV		JW	ARVs	med general	Oasis	Chronic d
Tinea captitis septic		JW	Bactroban/ Flucon	med general	Oasis	For review
LRTI		JW	Amoxil	med respiratory	Oasis	For review
ETOH User	withdrawal/ pre-cont	JW	BCO/ Vit C	Psych SUD	Oasis	Needs thi
GORD/ COPD/ Mandrax Withdrawal		JW	Antacid/ maxalon/ trama	Med respiratory/ Psych SU	Oasis	Chronic d
SUnburn/ ETOH use		JW	Sunscreen	Med derm	Oasis	Chronic d
Tinea pedis		JW	Clotrimazole	Med general	Oasis	For review

14. Referral PATHWAYS

Although the medical tent was available, It appeared difficult to get medical help, either as a result of people not understanding the process, or as a lack of a formal referral pathway from medical staff in the tent (reliant on tent manager and security).

It appeared logistically difficult for a patient who was unable to walk to get to the medical tent. A doctor reported that no stretchers were available during the first few days of occupation.

15. HEALTH AND SAFETY REGULATIONS

Although I am not experienced or qualified to comment on these regulations, in light of the absence of no on-site ambulance, no after hours medical personnel, and no medical staff monitoring health issues within each tent, I would recommend that an expert be appointed to assess these aspects of the site.

Conclusion

On 11th April it appeared no person was denied access, but access was at times difficult to access There were only a handful of patients waiting to be seen, and services appeared to be running smoothly.

There were a number of complaints of lack of service in the first few days of the site being opened, namely

- Substance use dependent patients being in withdrawal with no available medication
- Seizures
- A complicated pregnancy
- Untreated asthma
- General medical problems not attended to
- A patient unable to receive medical help as he was too ill to communicate or walk

Most of the complaints or lack of service delivery appear to be related to delays in the arrival of service delivery in the first few days, rather than a denial of access . One could

probably criticise a lack of planning expertise in dealing with the expected medical morbidities in this population.

In the light of the mentioned above, services appear lacking in terms of

- Medical monitoring in the residential tents (low level check-ins)
- Designated residential tent medical referral staff (nurse) who would be known as such to residents
- Experience in treating substance use disorders
- Referral pathways to medical tent
- Mental health support
- After hours services
- Emergency services

The major medical concern in terms of the current Covid -19 crisis remains the lack of physical distancing and a lack of masks.

A listing of people's known medical conditions per tent would enhance service delivery.

Should the lock-down be extended, these recommendations would need further enhancement and planning.

Chapter 7: Social Care and Services Report

Janice King

On entry, a Law Enforcement Officer offered 'off the record' feedback

- The camp is breaking COVID-19 regulations which state that gatherings of more than 50 people are prohibited. There are tents at the site with almost 500 people grouped together.
- There are people being held here against their will.
- The isolation tents are not getting enough food.
- There seems to be confusion in the process of identifying the alleged rape victim.

1. BRIEFING BY VIVIAN HENRY (Law Enforcement), SITE MANAGER, City of Cape Town.

There are approximately 1,500+ people now on site. The ratio of men and women could not be provided, but estimated that there are slightly more women. The NGOs appointed to manage each tent are busy arm-banding all residents, and collating database.
The occupancy of the tents is too high and the City are busy trying to de-densify the tents, by adding extra large tents and smaller ones. Couples are being moved into smaller tents.

There are 5 large tents:

- The Haven – Hassan Kahn (± 500 in one tent) – one Social Worker
- Ubuntu – Jantjie Booysen and Abeeda Lawson (200 each in 3 tents)
- Oasis – Cliffie (495 in one tent)

- No children – families with children were sent to another site after the first few days.
- 19 transgender women, in a separate tent.
- Pregnant women.
- 4 disabled people in wheelchairs.
- 80% of the occupants are substance users, going through withdrawal. Withdrawal symptoms have begun after 3 days.
- No mattresses, insufficient toiletries and blankets – these have been ordered through a procurement process.

2. MEDICAL CARE

- City Health tent and SHAWCO mobile facilities are open between 8am and 4pm. There is no medical care after hours. Between 4pm-9am all urgent medical needs must be taken by ambulance services to a nearby hospital. Chemist/Pharmacist on site.
- Those with symptoms are being tested for COVID-19
- Separate isolation tents for Male TB, Female TB, Male COVID-19 symptoms, Female COVID-19 symptoms.
- Problem with ambulances. Call Centre says wait for 4 sick people before ambulance will come; Ambulance Drivers will only take one at a time.
- Staff all being screened for COVID-19 daily.
- Soraya Elloker, City Health Area Manager (off site) is updated by medical services on site at the end of each day.

The site is short term, temporary accommodation for the homeless. After the lock-down, the site is to be given back to the community as a sports field.

3. Insufficient knowledge by Site Manager of reality in the tents.

There is no daily report being sent from the NGO tent managers to the City Site Manager. Tent Managers are sitting /standing around chatting. No sense of urgency, while many aspects of service remain incomplete and completely inadequate.
There seems to be no visible protocol for daily operations; no list of goals to be achieved to improve living conditions, no assessments being done of the residents.

4. Human Rights, Freedom of Movement and Redress.

Occupants do not have the freedom to leave the site. If any were to insist, Law Enforcement reported that they would inform SAPS who would then arrest them for breaking the lock-down regulations. If people want to leave, there is a process that is reportedly followed: they have to provide a proof of address, the address must be verified by SAPS, and SAPS will then transport the person(s) to the address.
The Site Manager, a Law Enforcement Officer and some of the occupants, reported that SAPS had been 'picking up' people off the street and dropping them off at this site without checking that they were in fact without accommodation and in some instances using force to remove them. There were many examples of people who are being kept at the camp due to those injustice and the lack of responsibility to process their repatriation. This needs to be remedied with great urgency.
As many may not have had IDs on them, it is difficult to check and verify who is on site.
The National Regulations restrict freedom of movement to essential activities. They do not deny all freedom of movement. The occupants at Strandfontein are denied these

same rights. They are being detained in secured, fenced areas controlled by Helios Private Security and patrolled by Law Enforcement unless they have a verified proof of address.

Medical services cannot be accessed freely and require the coordination and communication of each NGO service provider with the onsite Health Team. This leaves occupants vulnerable without the ability to address their own needs with the appropriate service providers. Their self-agency and dignity has been removed and replaced with layers of external control resulting in increased vulnerability, frustration, human rights violations and systemic abuse.

5. Children being accommodated in an 'adult' camp

A number of families with younger children were removed from the site in the first few days. The Site Manager was not able to say where these families were relocated. During the briefing, Vivian Henry said "There are no children here."
This was incorrect. A database of those being accommodated at the site is still being gathered therefore any categorical statements by the management team cannot be verified and remains inaccurate.

The children that have been identified on site so far, include:
- 15 youths (16/17 years) found in the Haven tent

Three of these children are still at the site, as they refused to go to the Homestead where they have been in the past. They said they would prefer to remain at the site if they were not wanted at home. The Designated Social Workers left them at the site. This is not acceptable Social Work Child Care and Protection practice.

City Social Development ought to be conducting a rapid assessment of all occupants to determine their identity, age, health needs, homeless status, documentation needs.

Provincial Department of Social Development Social Workers ought to be making provision for and removing the children to an appropriate place of safety as a matter of urgency.

6. Shortage of Social Workers on site

The only Social Worker identified on site was working in the Haven Tent. This Social Worker was assessing the residents, identifying children and identifying those who are sick and need medical attention, accompanying occupants to the Medical Tent, taking children home to their families. There seems to be the expectation that she will also

start running programmes for the occupants in the Haven Tent. One Social Worker cannot be expected to work with 600 people and there are more than twice that number on site.

Reports from people on site is that, in the first week, TB/HIV Care were on site, running programmes with the occupants, and 'doing a good job'. For some reason, they were told to not to come back. Street Scapes are also reportedly willing to do programmes for occupants, but are not being allowed on site.

Apparently City of Cape Town Social Development is on site but were not seen by the team and were not visible in the tents where the occupants are accommodated. It is unclear whether they have Social Workers or not. There was no mention of them conducting assessments or other social service activities or running programmes with the occupants.

7. Women are accommodated in the same tents as men.

Vivian Henry reported that there had 'almost been a riot' when it was suggested to the occupants that men and women be accommodated separately. However, women have not been given the option of a separate tent for those that may prefer so on grounds of privacy, safety, and personal choice.

There was an alleged rape reported on Friday 10th April. The woman has been removed and a case opened. Believe the woman, as a first step!

8. Insufficient medical care

During our visit, we were informed by the City Health Coordinator that she was ordered not to give out any information to our team. We were informed that her superior, Soraya Elloker (084 222 1478), should be contacted for information. There has been no answer or response to calls.

There is no medical care on site between 4pm and 8am.

There are no Provincial Health services on site or it seems, collaboration.

Referral pathway for those in the tents who are sick is problematic. There are no nursing services in tents, checking for ill people.

Occupants in the Haven Tent reported that a resident had died and had been left lying under his blanket for most of the day. The smell of his discharged bodily fluids had been distressing and a health hazard.

One of the professionals on site reported attempting to assist a sick man to keep his appointment at the Victoria Hospital Urology Department. She arranged with Law Enforcement to transport him for a 10am appointment, as no one else has permission to transport occupants from the site. By midday, he had still not been taken and he was referred to the onsite Medical Tent for treatment, who confirmed that he indeed needed to go to Victoria Hospital. By the time this had taken place, Victoria Hospital had closed. He had a blocked catheter and there was not one on site to unblock it.

Each Tent site is cordoned off and guarded by Security, making it difficult for residents to access medical services.

There are no Mental Health services on site.

There are no Sexual Health services - No condoms available in tents.

One of the Doctors in the Medical tent was 'hiding from the Site Manager' as she had been asked to leave the site for 'asking too many questions'. She expressed concerns re referral pathways from residential tents to medical tents.

9. Substance Users, withdrawal

There was no mention of a specialised unit dealing with substance users experiencing withdrawal. Stacey Doorly-Jones of STAND would be one option to assist harm reduction services.

10. Absence of Provincial Services

There are no Provincial Department officials on site from to eat with relevant issues and needs: Health, Home Affairs or Human Settlements. Department of Social Development come only when called for specific cases.

11. Treatment of foreign nationals

During the briefing, Vivian Henry reported: "There are no foreigners here."
This was inaccurate. There are a small number of foreign nationals seekers at the site.
The Site Manager said that all foreign nationals are being sent to Wingfield/Bellville.
This decision to move all foreign nationals to a separate site is problematic since the

groups at Wingfield/Bellville are a specific group of refugee protesters removed from Cape Town CBD and not a broad group of foreign nationals and refugees.
It would be a mistake to send 'all foreigners' to this one site, as it would increase chances of recruitment and/or potential conflict and abuse within this contentious group.
The automatic separation of foreign nationals is not necessary and goes against the social integration legislated in our Acts relating to foreign nationals in South Africa.

12. Disabled people in wheelchairs accommodated at tented site.
There are 4 people in wheelchairs at the site. Apart from access to a disabled toilet, disabled facilities and assistance do not appear to be available. These vulnerable individuals would be better accommodated in a built environment with adequate facilities such as showers, ramps, and care.

CONCLUSION

The Strandfontein Site is not conducive to the health, safety, dignity and human rights of those residing there. A site accommodating approximately 1,500+ people, in tents of 250 - 600 individuals does not comply with the COVID-19 regulations instituted to curb the spread of the virus. This was the reason for developing the site and therefore, in its current state, it is an unsafe space for those living and working there.
Certainly the degree of CONTROL exercised in removing people to the site and being administered at the site, is unacceptable along with the degree of unsanitary and managerial CHAOS (lack of control of basic humanitarian standards and lack of information about the occupants) makes it thoroughly unworkable and unacceptable.
Although managers are attempting to make some improvements, it is proposed that alternative smaller sites with accommodation, food provision, health services and support for adult homeless people should be developed as a matter of urgency.
Consultation with civil society on this would have been beneficial and can still be done.
An open consultation, led by the City, including representatives of those who were removed and brought to the site and all civil society role players should be initiated urgently to develop alternative options and implementation processes in accordance with the National Regulations.
Most importantly, any action taken with the current occupants of the Strandfontein Site should be done with the utmost respect, care and attention to the fact that these are people, human beings with rights, who should never be indiscriminately rounded up and detained in unsafe conditions.

Chapter 8: C19 Monitor Report

Tauriq Jenkins

The Strandfontein Camp has been initiated by the City of Cape Town in response to the C19 National lock-down announced by South African President Cyril Ramaphosa. The site, which is managed by the City of Cape Town as part of efforts to curb the spread of COVID-19, has been operational since Sunday 5 April. The project has been met with resistance by residents of Strandfontein who claim they were not consulted before it was constructed. The site primarily caters to street based individuals, however, its purpose and effectiveness has come under dispute. Issues of human rights violations and unsuitability have been raised. In response to these concerns the South African Human Rights Commission invited an independent task team of medical health, legal, social services, gender experts and civil society to do an inspection in situ.

Summary

It has been reported by the City of Cape Town that there are no cases of C19 on the Strandfontein site. A way to determine what the C19 situation is at the site, is to test approximately 1,500 + occupants as well as the medical staff, management, the security, and law enforcement on the site. Only eleven (11) people have been tested for C19 (out of 1,500 + people residing in the tents). According to feedback, none of the 11 have tested positive, however, a comprehensive assessment of the C19 situation on the site has not been completed.

A most recent example of this is when on Sunday, April 12, the Department of Justice and Correctional Services said that the East London Correctional Centre in the Eastern Cape had recorded 26 positive cases of COVID-19 at its Medium C Female Centre. An official tested positive at the facility on April 6. The National Institute for Communicable Diseases (NICD) on 8 and 9 April then conducted a mass screening of 268 offenders at the Medium C Female Centre, testing 30 offenders who showed symptoms of COVID-19, and 266 officials.

Of serious concern is that there is little to no psycho-social options on site to deal with the trauma of arrival to the site, the lock-down itself, as well as the escalating psychological discomfort permeating throughout the camp.

Medical services stop at 4PM, and are currently being administered via a paper system which allows only for an update after 4PM. This means that inquiries made before 4PM will be responded to with the previous days findings.

There appears to be no integrated reporting system between the medical unit and the site management. Daily reports on each tent inclusive of health matters, as well as, a register of the occupants are not done.

On Saturday, April 10th during the site visit, the medical tent manager was given strict instructions not to give out any information regarding questions about the medical statistics, and reports to the SAHRC independent task team.

The medical unit manager said any inquiries must go to Cllr Badroodien.

We were informed that there is a problem with ambulance availability and that the City is stretched in as far as doctors, nurses and medical staff. A question to be asked is what is the relationship between Western Cape Government and the City with regards to the medical service delivery needed for the site. There appears to be limited assistance coming in from Province, the reasons for which are unclear.

While the City of Cape Town stated that C19 screenings are in place, it is now common medical knowledge that asymptomatic carriers are a large percentage of C19 transmitters. It is unclear as to whether the current screening process takes this into account. Out of approximately 1,500 occupants, reports reveal that 11 have been tested for C19.

It is important to note, as mentioned by the site manager, that the doctors deployed at the medical unit do not enter the large tents for fear of contracting C19. All patients, including people with symptoms, complaints, illness are identified by non-medical staff and 'volunteers' in each tent. They then inform the disaster risk management team who then transport, stretcher out, or accompany by foot the occupants to the medical tent. In other words, there are no onsite medical inspections and visits to where the occupants are living.

People with conditions, illness and complaints are often waiting for hours, in some cases days before they are permitted to leave the gated tent area for medical assistance. There are occupants without ARV's, no condoms are available, cigarette smoking is prevalent in tents, there are shortages of soap, and apart from one tent, which has some using them, no masks are being used. There is no hand sanitizer in any of the large tents. Mattresses were still not in the tents we visited yesterday.

There is overwhelming oral testimony of people having been forced by Law Enforcement to the collection points to board the busses to Strandfontein, including being delivered there directly, or being beguiled with promises of which include being tested for C19, enough space for distancing, food, shelter, a tent each, mattresses. Being fully briefed and informed to make a decision is very different to being groomed into acquiescence through the promise of safer conditions, being well fed and looked after.

Regarding the journey to Strandfontein, the strategies employed by city and state officials fail to empower towards an informed decision or choice involving one's life.

Having observed some of the collection points in Ward 57, it becomes clear that there is no autonomy to make a decision freely in the face of a veiled threat and coercion, as well as in the context of the refrain or trope employed of 'no guarantee of what may happen after'.

The notion of 'voluntary' must be questioned at its deepest ethical level, so too the notion of consent.

Numerous complaints were received about the quality of the drinking water. The narrative expressed is that of being in a prison, against people's will and without consent. It's a lock-down in the sense of incarceration not in the sense of medical and health safety. Both from my observations and discussions, feedback and interviews with the occupants, the tents are incubators for COVID-19 with people sleeping on top of each other and tightly huddled in queues during meal times. Within the confines of the large tents and the spaces around them, there is no indication of educational awareness on C19, most importantly for the need of social distancing. There was no professional orientation debrief for occupants upon arrival, and no process of continued check-ins are in place.

Hygiene is a serious problem, floors are not being scrubbed with detergents, no toothpaste or tooth brushes are available through the site, and on Sunday 12th April there were areas of dampness due to the previous night's heavy rain and leakages in the tents. There is a shortage of hot water.

Many occupants are suffering major drug use withdrawal without harm reduction treatment. According to testimonies of the occupants interviewed, methadone and medical support for drug use withdrawal were to be made available on site. This has not been the case.

The City has created a vicinity where those who cannot produce confirmed physical addresses which may allow their return to homes are entrapped in conditions primed as a catalyst for C19 transmission.

Much psychological damage is done already, the health risks after 9 days without intervention presents a situation where remedial measures to improve the site are ostensibly already too late.

Undoubtedly, what has been committed is the construction of a perverse dystopian looking glass of inhumanity and indignity.

But most egregious is that these tents are living monuments of slow mass infection, which may lead to the compromised health and even death of some of our most vulnerable.

To place approximately 1,500+ people in confined spaces against their wishes compounded by the concept of non-existent social distancing for 9 days is a direct criminal violation of lock-down regulations, and a crime against our humanity. Tents have had anywhere between 600 to 750 people dwelling in them at certain points during this lock-down period.

As of this Sunday 12th April, the conditions at the site have remained unchanged in terms of social distancing and hygiene. Those being held in the tents did not have access to soap, toothpaste and toothbrushes.

Yesterday (11th April) and today (12th April), most of the tents still had no mattresses, and apart from one tent, masks are not being used. There is still no social distancing being practiced. Hand sanitisers are not available in the large tents.
From the beginning, two blankets were given to each person upon arrival, one to be placed on the floor and one to be used as an actual blanket. Complaints of freezing cold at night have been consistent throughout the visits.

OCCUPANCY and conditions in tents

Currently there are 8 large tents that occupants are staying in. The figure of total occupancy is approximately 1,500+ according to the campsite manager.

Since Tuesday (April 7), three (3) additional large tents have been erected.

Situated next to each large tent is a smaller tent used for mostly administration, storage, and food distribution. The first tent, managed by the “Haven Shelter” houses approximately 600 people. The second is managed by “UBUNTU Circle of Courage” which housed over 400 at one point, now has 200. The third is managed by “Oasis” which has 470, the 4th tent next the OASIS tent (referred to in this report as “Tent 4” site) has between 200 and 250. It should be noted that these occupants rioted and tried to escape the facility from the main “Ubuntu” tent. Tent 4 had no staff on site.

We were informed that the manager has not visited the Tent 4 site since the 'breakaway' and that there are tensions between him and the occupants.

Apart from the first three tents, there were no staff on site at the other tents.

The manager of Oasis informed us that they have stopped taking more people and will 'decant' the occupancy into another tent.

Occupancy in the tents mentioned are divided up and allocated according to area zones similar to the City's Ward boundaries. However, there is also a random placement of people which may not correspond to the area zones.

Registers of who are in the tents are still being drawn up after 8 days of occupancy. This creates a challenge for monitoring and health checks.

Doctors, and nurses from the main heath tent, which is situated at the far end of the encampment, do not enter the large tents for fear of contracting C19.

People with suspected C19 symptoms, ailments, and complaints are transported, stretchered, or have to walk over to the health tent for inspection and assistance. There are no medical checks by the onsite practitioners outside of their tent.

Each large tent has a team of management monitors who are aided by 'team leaders' drawn from the occupants in each tent. They report to the staff on duty who can communicate to the various departments on site. These include disaster management, the displacement unit, law enforcement, the private security company on the site, and the health team.

There is no integrated system of reports being published daily from various departments on the site. The management of the site includes the logistics around the food, security and maintenance of tents, and the medical health service.

On Saturday the 11th of April, the manager of the health tent said she was given strict instructions not to answer any questions. She said we would have to ask either Cll Badroodien or another manager who is situated off site and in charge of the medical reports collation. The current paper system in the medical tent means reports and done manually. We were told updates are available after 4PM every day. Enquiries, according to the manager, made before 4PM will reflect the previous days findings. A recommendation was made to install an electronic data system to assist speeding up the collation of the reports.

The health service providers end their shift at 4PM.

There is no medical assistance available after that for all 8 tents.

A major issue brought to our attention by the interim site manager was that Western Cape Government was not assisting the medical initiative.

All doctors, and nurses were from City Health, and were assisted by SHAWCO medical students.

MEDICAL INCIDENTS DURING THE VISIT

On Saturday 11th April, at the Haven Tent around 3PM monitors found a 68 year old man with a catheter lying by his side, with blood in the tube, was doubled over in pain, lying on a blanket. One of the Doctors on the team examined him and requested the site team leader to request an ambulance. A request was confirmed at 4:45PM.

At 6PM, the log was checked at the command Centre, and no request for an ambulance had been logged.

An ambulance arrived eventually at 9pm.

On Sunday 12th April, monitors called Victoria Hospital and confirmed the resident had been discharged (and returned to Strandfontein Camp).

While monitors were present a fight broke out between two occupants on Saturday (11th April,). Law enforcement stood outside the fence and watched on as the shift operators dealt with the situation. One of the men involved in the fight was knocked down while the other walked off. A doctor on the SAHRC team assessed him and reported that he needed to be taken to hospital. It occured at 5:30PM by which time the health team had already left, and an ambulance was called.

SECURITY AND FENCING

These large white canvas structures stretch across the Strandfontein sports fields. Circling each tent is a fence guarded by the private security company called Helios Security. The occupants of the tent are restricted to areas between the tents and the fences around each tent, and cannot intermingle with the other tents. Helios guards patrol the gates, restricting entry and exit to the management team, essentially servicing deliveries of food and water, and those allowed to leave usually for medical reasons. Surrounding the private security is Law Enforcement whose cars, and vans are parked in numbers throughout the camp. The entrance to the camp is heavily guarded, with an ID check point that monitors permits. Behind each large tent are smaller tents, toilet facilities and showers.

The entire perimeter has a vibracrete wall patrolled by guards 24/ 7 to stop 'escapees'.

INTERVIEWS AND RESPONSES FROM OCCUPANTS

Extracted from various interviews conducted on site on Saturday, 11th April, 2020 and Sunday, 12th April, 2020 were the following responses and issues raised :

a) Fear of COVID-19 transmission.

Complaints of tightly packed communal areas, lack of social distancing, compounded by prevalence of TB and other respiratory ailments

b) Being misled about the conditions they would expect.

According to many of the testimonies and interviews, the following (reoccurring) conditions have been identified :

1. That they would be tested for C19
2. That they would have a mattress and individual tent
3. That they would be appropriately distanced from each other
4. That they would have three meals a day
5. A hot shower and soap.

Those who informed them of these promises include Ward Councillors, social workers, CID employees and security, and Law Enforcement.

c) Prior to arrival to Strandfontein, a common complaint by occupants was that of being threatened with arrest and / or being told they would go to Pollsmoor if they didn't go home or take the bus to Strandfontein. Both SAPS and Law Enforcement were identified as the main entities that expressed the above line of instruction.

d) Some were forcefully collected by SAPS or Law Enforcement and taken to collection points or taken straight to Strandfontein

e) Not being updated on what's happening on the site.

f) Many people have filed home addresses in order to be released. This information is checked by SAPS, and once verified will be taken to the homes. There are complaints of non-responsiveness to this ongoing process.

g) Feelings of being imprisoned on the site. The site has been described by interviewees as 'worse than prison', 'concentration camp', including being ‘trapped’ against their will.

h) Food is not enough. In all tents, while the food quality was described mostly as unpalatable, there were numerous complaints of the portions being too small. Some complained that no juice or warm beverages were being provided.

i) Toilets, showers and hygiene. Complaints about intermittent to no availability of hot water for showers, inadequate supply of soap.

Chapter 9: Transcription Document: Strandfontein Camp Interviews

Place of Interviews: Strandfontein Camp
Interviewing Authority: Independent Task Team of the South African Human Rights Commission

STRANDFONTEIN CAMP INTERVIEW 1
Saturday 11 April 2020
Time: 5PM
Interviewer: Tauriq Jenkins (TJ)
Main Interviewee: Ivor Bester (IB)
Secondary Interview: Riedwaan Ram (sp)

IB: My name is Ivor Bester, I sleep on the streets in Mowbray.

The social worker Ingrid, when this whole corona business started, first she supplied us with food, and then she told us that it would be better off here at this camp because they were going to supply us with individual tents so that we can stay. We were going to be kept far away from one another, at least a distance, everyone is going to have a mattress, everyone is going to get toiletries. She made unnecessary promises. We understand that some of them are not, whatever. But she shouldn't have done that. She shouldn't have made these promises. The living conditions here - we don't even have soap, we don't have a toothbrush, we don't have toothpaste. How can we brush our teeth and wash? We sleep next to each other, and we are not even a metre, we are not even half a metre distance from one another. We practically slept on top of one another. We sleep with two blankets, one to sleep on top of and one to sleep underneath. So, basically sleeping on the cold floor. And the food is also pathetic. Sorry to say. Not to these people who are giving the food. But the food is pathetic here. We eat more, on the streets, more healthier, much better food, much better sleeping conditions. The showers are not working all the time, sometimes there is not even water. The water that we drink is also pathetic. You must taste that water, it's basically non-potable water. And I mean we come from decent households.

TJ: Have you been tested?

IB: Not yet.

TJ: And how long have you been here for?

IB: I've been here since Tuesday, and today is Saturday almost Sunday again.

RR: And none of us have been tested at all.

My name is Riedwaan Ram (sp)

TJ: Where do you stay?

RR: At the moment I am from Rondebosch/Mowbray. But I gave my address here in Beacon Alley, three, four times already.

As he said, the living conditions are atrocious where we are practically sleeping on top of each other. There is no light in the tent.

TJ: Where were you collected?

IB & RR [unison]: In Mowbray.

IB: Please tell them what Ingrid promised you.

RR: She promised us we will each have a tent of our own, we will have our social distance, we're gonna get tested immediately when we get here for corona, and there will be means made available to us to stop us from getting this thing.

TJ: And you also Mowbray?

All: He is also from Rondebosch, also climbed off at Mowbray Station.

RR: And we'll get paid as well when we finish with this.

TJ: She said you'll get paid?

RR: And she said we will get Methadone.

[?]: Everyone R500 each, we will get paid, because we didn't want to get on the bus.

TJ: And who's gonna pay you?

[?]: She said when we come here by the tent, when we leave here by the camp, here by where we are, each and every person will get R500.

TJ: And did you have any discussion with law enforcement?

[All]: They didn't want to speak to us. Beat us up.

IB: Even here when we say we have family to go to, they let us write our names down but nothing ever gets done.

IB: He's written his name down more than seven times. I don't have a reason to write my name down.

TJ: In Mowbray when you were collected, did you speak to any law enforcement?

[All]: No, you were there, remember you were there. They chased you guys away there.

IB: Can you remember, you and that other guy with the beard, he still showed us the pictures of Belville.

[All]: It looks the same like Belville. It looks worse.

IB: No, it looks different because that one in Belville had mattresses, um, beds and the people are living much better. The pictures, the way you guys showed it, ok you guys talked and you told us, it's not going to be what you think it is.

[All]: But Ingrid made different promises.

STRANDFONTEIN CAMP INTERVIEW 2
Sunday, April12 2020
Time: 15:09
Interviewer: Tauriq Jenkins (TJ)
Interviewee: Carlos Maspica (CM)

CM: Carlos Maspica (sp.), I think it's imperative that we have some contact with the disaster risk management team on the outside. In the evening there is absolutely no security guard or law enforcement officer on the premises as such, they are all on the outside parameters of the gate and the fencing. And so when you have emergencies like we had last night, we had no way of contacting disaster risk management, and it's by sheer luck that we actually got hold of somebody yesterday. So, there has to be a means of contacting disaster risk management. We need to have either security or medical assistance or some way of contacting disaster risk management or an ambulance should something happen at the camp. At the moment where the people get violent, where the people get upset, where the people get sick, we've got no way of actually contacting anybody. It took us over an hour and half to get medical assistance to a guy that was having a seizure last night.
So, it's imperative.

TJ: What's your name?

CM: Carlos Maspica (sp).

TJ: And which area are you from?

CM: Cape Town.

STRANDFONTEIN CAMP INTERVIEW 3
Sunday 12 April 2020
Time: 3.50PM
Interviewer: Tauriq Jenkins (TJ)
Main Interviewee: Mrs Swartz
Secondary Interviewee: Mr Swartz
[Husband and wife, introduced themselves as Mr and Mrs Swartz]

We are from Gordons Bay, we staying at the Spur in Gordons Bay, the owners gave us permission to stay there. Ok. When the lock-down came down, we tried to get to our family in Paarl. Gordon's Bay Police station said that it's got nothing to do with them. My husband was walking the street to go to his gran, to see if we can go and stay there, he got hit. Ok? When the bus came to collect us, they said we have to get on the bus or its Pollsmoor. So we said what are the conditions? Here we were promised to get 3 decent meals a day, a mattress to sleep on, a blanket, toiletries and a food parcel. This is what we have received. My husband has got an illness, he needs five meals a day.

TJ: What is it?

[husband]: audio indecipherable

[wife] He is receiving 3 meals a day.
His finger is damaged. He needs pain pills. We have been asking now for three days. Nothing has happened. Absolutely nothing.
The toilets are in a devastating state and so are the showers.

TJ: And at night?

[wife]: At night we all sleep here. And its gang violence. Violence I don't mind, we can handle that. But the sanity, the filthiness. This is how we sleep at night.

[husband]: the one meter is not even a consideration. If this one has a virus, that one will get it and that one will get it…

[wife]: If someone gets ill…

TJ: Have you been tested?

[wife]: no, none of us has been tested.
[husband]: that was the other promise that they told us before we get on the bus. They said they were going to test all of us. [end]

STRANDFONTEIN CAMP INTERVIEW 4
Sunday : 12 April 2020
Time: 16:02
Interviewer: Tauriq Jenkins (TJ)
Main Interviewee: Bradley Meyer (BM)

My name, my name is Bradley. Ek is van die Strand. Mense het Law Enforcement en Securight het gekom darso by ons en vir ons gese daar sal n bus kom dan moet ons klim op die bus, hulle sal vir ons vat na n plek toe, daar wat ons al... alles, alles sal veilig is en hygenic sal beter is as wat ons daar sal kry. Ek het vir hulle gese maar ek het n address. Ek het n plek, ek het n ma, ek het broers en susters. Hulle het vir... Hulle het vir my gese ander woorde ek kan nie daarntoe gaan nie. Hoekom, da wat hulle vir, daar waar hulle n plek het daar is van alles hygenic and clean en vir die korinthia ('COVID 19") en vir die virus het die President vir ons n plek en alles sal daar gerieflik wees vir ons almal. So, ek het vir hulle gese nee ek wil nie gaan nie. Ek het my sakkies, my sak klere opgetel, ek het geloop. So het n kaptein van law enforcement vir my geforseer tot binne in die bus. Daarvandaan af het hulle... wil ek by die venster uitspring, het hulle my gekeer aan die eander kant. Daarvandaan af het die bus opgestart ek het gesit, toe wat ons hier kom het hulle net vir ons name gevat, hulle het nie eers vir ons gevra wat makeer nie, of ek siek is of wat is nie, het ek enige probleme nie, ek het net gese nee ek makeer niks ek wil huistoe gaan. So het hulle n foto gevat van my. Niks gescan vir die coronavirus nie. Deurgebring, toe het ons gestaan heel dag amper tot half vyf toe. Buitekant. Buitekant. Ingekom hier na die tent toe. Ons het hier gekom. Ons het nie eers kos gekry nie, ons het gevra vir kos, hulle het vir ons die aand hier by twaalfuur se kant toe bring hulle vir ons brood en botter. Daai was nie eers genoeg nie. Die mense hier, ons het nie eers komberse gehad nie. Niks matrasse nie, tot op vandag toe. Ons het, toe ons hier kom het ons maar net een kombersie gekry, agt snytjies brood, droog, ons het maar dit geaanvaar, hoekom ons is honger, ons is heeldag sonder kos. Ons het gaan le buitekant vir n hele vier vyf dae voordat ons ingekom het omdat die reen gekom het en moes ons ingegaan het, ons het nie n keuse gehad nie, ons het maar gebesluit ons gaan in. So ons het ingegaan, ons le maar nou nog, elkeen le soos so na as moontlik net om die spasie van mekaar te verbeter. Dit is maar al.

(TJ) What is your name?

(BM) My name is Bradley Meyer, I am from Strand.

English Translation

Bradley Meyer: 'My name, my name is Bradley. I'm from the Strand. People have Law Enforcement and [Unclear but it sounds like security guard] Securiright (security company) they said there will be a bus, then we have to get onto the bus, they will take us to a place, where everything will be safe and hygienic. A place where conditions will be better than what we had there where we were. I told them but I have an address. I have a place, I have a mother, I have siblings. They told me ... They told me other words. They said I can't go there. Why?... then they said they have a place for us where is everything hygienic and clean and for the Corinthia (COVID 19... and because of the virus, the President gave us a place and everything will be convenient for all of us. So, I told them no I don't want to go. I picked up my bags, my bag of clothes, I walked on. So a law enforcement captain forced me to go inside the bus, from there they have... I wanted to jump out the window of the bus, they stopped me on the other side. From there the bus started, I then sat down in the bus, then when we got here, they just took our names, they didn't even ask us what was wrong, whether I was sick or whether I had any problems or anything. I just said no there is nothing wrong with me I want to go home. So they then took a picture of me. They never scanned for the coronavirus. Then we stood there all day almost until half-past five in the afternoon. Outside. Outside. Then we came here to the tent. We came here. We didn't even get food, we asked for food. They brought us here, at midnight that evening they brought us bread and butter. That wasn't even enough. The people here... we didn't even have blankets. Nothing... no mattresses, until this day. When we got here we only got one blanket, eight slices of bread, dry, we just accepted it. Why? Because we were hungry. We are without food all day. We were laying outside the tent for a whole four to five days before we came in. We came in because the rain was coming and we had to go in. We had no choice, we just decided we were going in. So we went in, we lay there, each one lying as close as possible just to improve the space [keep a decent space between people] between each other. That's all.'

TJ : 'What is your name?'

BM : 'My name is Bradley Meyer, I am from Strand.'

STRANDFONTEIN CAMP INTERVIEW 5
Sunday 12 April 2020
Time: 4:20PM
Interviewer: Tauriq Jenkins (TJ)
Main Interviewee: David Africa
Secondary Interviewee: John Solani (JS) (sp.)

[Man 1:] No soap, no toilet paper. You see sleeping on the floor with one blanket.

TJ: Where are you from?

[man 1] Kuilsriver

TJ: When law enforcement collected you, what did they tell you?

[man 1]: Tuesday, they said to me when the lock-down finished then we will come back to the Kuilsriver.

[man 2]: My thing is this, the time that they collected us, at that time, they came to us, and they said if we not going to pack our stuff, they gonna lock us up.

TJ: What is your name Sir?

[Man 2]: My name is David Africa (DA)

TJ: And you from?

DA: I'm from Kuilsriver. They gonna lock us up, we ask them or any query, what's it really about? They could say nothing at all, they just … "If you don't take your stuff now, we gonna lock you up, and we gonna lock you up for 6 months". That's the thing that they said to us.

We been forced to set here. They didn't ask us, anything. And they said we are supplied with everything when we come here. Look now. People are dying here. They are fighting for food. People are escaping here now.

[Man 3]: Ya, daar is ene wat dood raak .

TJ: How long have you been here for?

[All]: Dinsdag.

[man 4]: Can I give you my tuppence worth? Just some basic things. There is no sanitizer.

TJ: What is your name sir?

[Man 4]: Sorry, my name is John Solani [JS](sp).

JS: There is no sanitizer at all here.

And first and foremost, they should at least explain to these people what the dos and don'ts are about the virus. Because a lot of the don't know. They don't keep the metre apart, they don't do all the basic things, as you can see by the bedding etc.

And I mean this really has become the breeding ground for the virus. It was supposed to be the exact opposite. But it has now become the breeding ground for the virus.

[ends]

C19 MONITOR REPORT OF COLLECTIONS IN MOWBRAY AND OBSERVATORY TO STRANDFONTEIN

Monitor Report by Tauriq Jenkins
re: Mowbray and Observatory relocation of homeless to Strandfontein
7 April 2020

Mowbray

The previous night, 06/04/20, homeless people in the Mowbray area were told to gather the next day at a centrally identified collection point next to the Mowbray train station and bus terminus.

This morning, 07/04/20, from around 8:30AM onward they gathered with bags and luggage at the place identified above.

Police vans, law enforcement and CID cars began arriving with other homeless people who joined the gathering. No social distancing protocols were observed or instructed.

No gloves, masks or hand sanitizers were apparent or used. The homeless people were told to get into the busses, as they loaded into the busses, no social distancing protocols were observed or instructions given to that effect by the security personnel present.

A CID social worker and manager were present at the scene and played a central role in 'briefing' the gathering of the homeless there about what to do.

One of our monitors was shouted at and threatened with arrest by police for sharing with the gathered crowd specific information regarding the site that the homeless were going to be relocated to. The information he shared included limited medical and psychological options, especially for dealing with withdrawal effects relating to substance use, now impacted by sales ban during lock-down; substance use is widespread among the homeless to help them cope on the streets.

The SAPS aggressively informed our monitor not to speak to the homeless people; threatening that should he want to say anything he would have to do so at the police station.

Later the CID social worker too told him not to speak to 'her people'.

Law enforcement officials later interrogated another monitor on site, demanded to see her permit and claiming it was invalid. She (our monitor) was also instructed in a hostile way to stop recording the events on her cell phone. She responded by stating her rights to do so and they walked off.

Observatory

Street-based people were gathered at the Village Green, by 1:15PM two busses, two SAPS vehicles and a vehicle from the CoCT's Displaced Persons Unit (DPU) arrived on Station Road Observatory next to Village Green.

Three street-based people boarded the bus 'voluntarily'.

Most of the street-based people present stated they wanted to 'go home' and did not want to get on to the bus. Verbal reports from a number of those who did board revealed they had been warned by DPU personnel that a bus would arrive tomorrow too and if they did not take the opportunity to go home by then, they would be nonetheless

be taken to Strandfontein – should they refuse they would be taken to Pollsmoor prison and locked up.

My general concern is that orientation for relocation and information dispensed to the homeless is grossly insufficient to give any credibility to the notion of consent or voluntary relocation in the observed circumstances described above.

Being fully briefed and informed to make a decision is very different to being groomed into acquiescence through the promise of safer conditions, being well fed and looked after. For the homeless, there is no autonomy to make a decision freely in the face of a veiled threat and coercion, as well as in the context of the refrain or trope employed of 'no guarantee of what may happen after'. The strategies employed by city and state officials fail to empower towards an informed decision or choice involving one's life.

The notion of 'voluntary' must be questioned at its deepest ethical level, so too the notion of consent.

The relocation of the homeless from the cities and suburban areas to Strandfontein, as reports have confirmed, is not constructive, as the shelter provision is alleged to be an unsafe environment, yet the homeless are being told they are being relocated to a space they would be safe from C19.

The utopian conceit fed by the state to these most vulnerable people is deceptive both in its inaccuracy and application. The Strandfontein paradigm is a dystopian reality, built on very poor decision-making at the highest level. It shames us all in terms of the victim, the enforcer and the onlooker roles being imposed. COVID-19 becomes secondary under such conditions because the way of handling a disaster situation is undignified and an indignity; it is a betrayal of the soul of our country's social contract and democratic values. This is not something we can or should agree to; unless a radical and humane approach is harnessed immediately, we will have failed to protect our most vulnerable people from this lethal health risk.

As communities, it is important to ensure that these 'camps' are stabilised towards humanitarian conditions; we cannot look on and watch homeless people and vulnerable others simply carted off into likely oblivion; the likely danger and uncertainty must compel us to act towards their real interests.

CONCLUSION

The site is in gross violation of national and international human rights and must be closed down with immediate effect. A careful and responsible repatriation process should follow. Recommended is the decentralising of the camp into other areas in smaller units. Repatriation and decentralising will require a process of an integrated and collaborative co-design with appropriate well vetted NGOs in the social and development sector, civics, health experts, disaster management, and civil society.