

COVID-19 in the Brazilian prison system: a challenge to public health*COVID-19 en el sistema penitenciario brasileño: un desafío para la salud pública**COVID-19 no sistema penitenciário brasileiro: um desafio à saúde pública***Isabela Romeu Lorenzon de Oliveira¹**

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The aim was to analyze the measures proposed by the Ministry of Justice to face the new coronavirus in Brazilian penitentiaries and its applicability. This is a narrative literature review carried out through articles indexed in MEDLINE and SciELO, between 2016 and 2020, and data from the National Prison Information Survey. With the third largest prison population in the world, the Brazilian prison system represents an imminent threat to public health. The condition of vulnerability which the population deprived of liberty finds itself in was aggravated during the COVID-19 pandemic. To control intramural viral spread, visits and other activities were suspended. This isolated measure does not prevent the spread and subjects the inmates to a “double isolation”, which can aggravate psychological problems. So, expulsion was recommended. If overcrowding persists, other control actions are unlikely to be effective. The health crisis in the prison system is a structural problem, which makes it even more difficult to contain COVID-19. It is urgent to implement extrication so that other measures can take effect, avoiding a possible massacre. Meanwhile, the intervention of health professionals through the distribution of information about the importance of prophylactic measures could help to control this problem.

Descriptors: Prisons; Public Health; Coronavirus; COVID-19; Social Isolation.**Resumen**

El objetivo fue analizar las medidas propuestas por el Ministerio de Justicia para enfrentar el nuevo coronavirus en los centros penitenciarios brasileños y su aplicabilidad. Se trata de una revisión de literatura narrativa realizada a través de artículos indexados en MEDLINE y SciELO, entre 2016 y 2020, y datos de la Encuesta Nacional de Información Penitenciaria. Con la tercera población carcelaria más grande del mundo, el sistema penitenciario brasileño representa una amenaza inminente para la salud pública. La condición de vulnerabilidad en la que se encuentra la población privada de libertad se agravó durante la pandemia del COVID-19. Para controlar la propagación viral intramural, se suspendieron las visitas y otras actividades. Esta medida aislada no evita la propagación y somete a los internos a un “doble aislamiento”, que puede agravar problemas psicológicos. Entonces, se recomendó la expulsión. Mientras persista el hacinamiento, es poco probable que otras acciones de control sean efectivas. La crisis de salud en el sistema penitenciario es un problema estructural, lo que dificulta aún más contener el COVID-19. Es urgente implementar la extracción para que otras medidas entren en vigencia, evitando una posible masacre. Mientras tanto, la intervención de los profesionales de la salud a través de la distribución de información sobre la importancia de las medidas profilácticas podría ayudar a controlar este problema.

Descriptorios: Prisiones; Salud Pública; Coronavirus; COVID-19; Aislamiento Social.**Resumo**

Objetivou-se analisar as medidas propostas pelo Ministério da Justiça para o enfrentamento do novo coronavírus nas penitenciárias brasileiras e sua aplicabilidade. Trata-se de uma revisão narrativa de literatura realizada através de artigos indexados no MEDLINE e SciELO, entre 2016 e 2020, e dados do Levantamento Nacional de Informações Penitenciárias. Com a terceira maior população carcerária mundial, o sistema penitenciário brasileiro representa uma ameaça eminente à saúde pública. A condição de vulnerabilidade a qual a população privada de liberdade encontra-se foi agravada durante a pandemia da COVID-19. Para controlar a disseminação viral intramuros, as visitas e demais atividades foram suspensas. Essa medida isolada não impede a propagação e submete os internos há um “duplo isolamento”, que pode agravar problemas psicológicos. Então, o desencarceramento foi recomendado. Enquanto a superlotação persistir, dificilmente outras ações de controle serão eficazes. A crise sanitária no sistema carcerário é um problema estrutural, o que dificulta ainda mais a contenção da COVID-19. É urgente a implantação do desencarceramento para que as demais medidas surjam efeito, evitando um possível massacre. Enquanto isso, a intervenção de profissionais da saúde através da distribuição de informações, acerca da importância das medidas profiláticas, poderia auxiliar no controle deste agravo.

Descriptorios: Prisões; Saúde Pública; Coronavirus; COVID-19; Isolamento Social.

Introduction

The spread of the new coronavirus, an infectious disease caused by the agent SARS-CoV-2, began in Wuhan Province, China, in December 2019, and quickly gained worldwide notoriety due to its high potential for transmissibility. Thus, on January 30, 2020, the World Health Organization (WHO) declared a Public Health Emergency of International Importance, and, on March 11, 2020, a pandemic¹.

Community transmission of the disease has triggered a global health crisis, since, despite its low lethality when compared to other coronaviruses, the number of infected people in the world has already surpassed 120,176,364, and that of deaths, 2,634,370. On February 4, 2021, the National Council for Criminal and Penitentiary Policy published a resolution that recommends health authorities to prioritize individuals deprived of liberty and servants in the National Plan for Operationalization of the Vaccine against COVID-19^{2,3}.

However, such an act has not yet been put into practice. Thus, prevention remains essential, with social isolation, quarantine, social distancing, and individual hygiene measures, such as the use of face masks and frequent hand washing, the main measures recommended to stop viral transmission¹.

Controlling the pandemic has been a major challenge for public health in Brazil. Currently, the country ranks second in the world ranking for the incidence of confirmed cases and deaths resulting from COVID-19². At the same time, only 4.76% of the population received at least the first dose of the vaccine². For those deprived of liberty, the situation is even more critical.

Brazil has the largest prison population in Latin America and the third largest in the world⁴. Those serving sentences in Brazilian penal establishments are subjected to precarious conditions, which place them in a perennial position of vulnerability⁵ and which was aggravated during the COVID-19 pandemic. Therefore, it is urgent to establish

effective measures to combat this injury in prisons to preserve the health and constitutional rights of inmates.

The aim of this study is to analyze the measures proposed by the Ministry of Justice to combat the coronavirus in Brazilian prisons and its applicability, in addition to proposing intervention measures that could be put into practice by health professionals.

Methodology

Narrative literature review developed from the analysis of articles published in the following databases: Medical Literature Analysis and Retrieval System Online (MEDLINE via PubMed) and Scientific Electronic Library Online (SCIELO). For the complementary search, the following were consulted: National Survey of Penitentiary Information (INFOPEN), Secretariat of Penitentiary Administration and resolutions published by the National Council for Criminal and Penitentiary Policy.

The studies were located using an advanced search, between the months of September 2020 and March 2021, and filters were used in Portuguese and English, with a publication date between the years of 2016 and 2021. In order to find articles relevant to In this review, descriptors available in the Descriptors in Health Sciences (DeCS) platform were selected, namely: Prisons, Public Health, Coronavirus, COVID-19, Social Isolation.

Results

Using the selected descriptors, 109 publications were found in PubMed, however, only two addressed the situation of Brazilian prisons. In SCIELO, four publications were located, three on the context of Brazil. Two articles were retrieved via reverse search. As this is a recent issue, there is still a shortage of publications on the subject. Thus, seven articles were selected for full reading.

Based on the selected works, a chart was developed (Chart 1) showing the characteristics of these publications, according to title, authorship, year of publication, journal, adopted methodology and central idea of the study.

Chart 1. Synthesis of selected studies in the databases. Santo Amaro, SP, Brazil, 2021

Title	Authors, Year, Journal	Methodology	Central idea
A pandemia no cárcere: intervenções no superisolamento ⁸ .	de Carvalho SG, dos Santos ABS, Santos IM. 2020. <i>Ciência e Saúde Coletiva</i> .	Narrative review	It concludes that there was an overlapping of problems in the penitentiary system, which resulted in the need for restrictive measures, which are important but cannot be isolated, stressing the need for health education and mass testing. It shows the occurrence of the phenomenon of super insulation.
COVID-19 in prisons: an impossible challenge for public health? ⁹	Sanchez A, Simas L, Diuana V, Larouze B. 2020. <i>Cadernos de Saúde Pública</i> .	Letter	It concludes that containment strategies cannot be limited to restricting visits and activities within prisons. It emphasizes the importance of the wide availability of personal protective equipment, health communication, mass testing, vaccination against Influenza and, above all, the notification of confirmed cases.
Política de Saúde no cárcere fluminense: impactos da pandemia da COVID-19 ¹¹ .	Tavares NLF, Garrido RG, Santoro AER. 2020. <i>Revista de Estudos Institucionais</i> .	Narrative review	It discusses the measures taken by the government of Rio de Janeiro to contain the viral spread intramural, highlighting the disregard for the health of incarcerated people.



COVID-19: Prisons exposed in Brazil's crisis ¹³ .	Andrade RO. 2020. BMJ.	Editorial	It highlights the problems behind the ban on visits, such as the revolt of inmates, which can trigger riots, and hunger, since most visitors take food to their inmates. He concluded that the pandemic has aggravated problems affecting the Brazilian prison system for many years.
New Coronavirus (SARS-CoV-2): advances to flatten the curve the prison population ²⁰ .	de Matos MA. 2020. Revista da Sociedade Brasileira de Medicina Tropical.	Letter	It emphasizes the importance of social isolation, given that the disease is initially installed in prison by individuals who have been outside prisons. He believes that the disarticulation between the country's governmental sectors and international bodies makes it difficult to implement a national plan to combat the coronavirus and cites the importance of following the example of countries that have been successful in intramural viral dissemination to flatten the contagion curve.
COVID-19 no sistema prisional brasileiro: da indiferença como política à política de morte ²³ .	da Costa JS, da Silva JCF, Brandão ESC, Bicalho PPG. 2020. Psicologia & Sociedade.	Dossier	It discusses the duality of responses from public authorities in the face of internationally agreed recommendations for intra-prison viral containment. It highlights the fact that the number of hospitalizations and deaths resulting from COVID-19 infection in the black, peripheral and prison population is higher than that of white people.
Brazilian Justice response to protect the prison population from COVID-19 ²⁹ .	de Souza CDF. 2020. Revista de Associação Médica Brasileira.	Letter	It cites the main resolutions of the National Council of Justice regarding the dissemination of the new intra-prison coronavirus and concludes that public authorities must allocate resources for the implementation of the recommendations. However, considering the historical context and the current crisis in the Brazilian penitentiary system, he believes that the financial investment is not enough to prevent countless deaths from occurring.

Discussion

Prisons were not created for the purpose of deprivation of liberty. These were the places where convicts awaited trial and punishment, with death, limb amputation or forced labor being some examples. Thus, there was no concern about the quality of the place or the prisoner's health. However, in 1890, with the creation of the Brazilian Criminal Code, the private penalty became the main point of the penal system, with the objective of isolating the offender and his subsequent reintegration into society⁵.

Then, in 1984, with the Criminal Execution Law⁶, it was established that it is the duty of the State to provide assistance to inmates in different areas, one of which is health, in the form of medical, pharmaceutical and dental care. However, the conditions offered to these individuals in Brazilian penitentiaries are far from what is provided by law⁵.

Overcrowding is a striking feature of the Brazilian prison system, and in 2020, the prison occupancy rate reached 175%. At the same time, only 66.7% of inmates are in penitentiaries that have a health module. The scarcity of filtered water, sewage collection, hygiene supplies, adequate ventilation and balanced nutrition are examples of unconstitutionality to which these individuals are subjected^{4,5}.

Therefore, they are more likely to contract infectious and contagious diseases, with tuberculosis, dermatoses, hepatitis, and sexually transmitted infections being the most prevalent diseases within prisons. The risk of an individual deprived of liberty to develop tuberculosis is, in general, 30 times greater than that of the general population. In addition, circumstances tend to result in the exacerbation of comorbidities^{8,9}.

The transmissibility of the new coronavirus occurs through contaminated objects, aerosolization of virus in a confined space or through proximity to infected people. Most of the deaths resulting from this health problem occur in individuals with comorbidities (76.8%), such as hypertension (56.1%), heart disease (20.7%), diabetes

(18.3%), cerebrovascular disease (12.2%) and cancer (7.3%)⁹⁻¹¹.

In this context, it is possible to assume that, during the pandemic period, overcrowding, in addition to the weaknesses of the medical and social assistance of the system, accentuates the situation of vulnerability in which the population deprived of liberty finds itself, as unhealthy conditions prevent them from following the prophylactic measures proposed by the Ministry of Health, in addition to making them more likely to acquire severe forms of the disease, due to adjacent comorbidities¹².

In Brazil, the first case of coronavirus was confirmed on February 26, 2020, in the city of São Paulo. To prevent the spread of viral intra-prison, on March 16, the Ministry of Justice, through the National Penitentiary Department (Depen), declared the suspension of social visits, educational activities, work, religious assistance, assistance from lawyers and escorts of prisoners held in Federal Penitentiaries for 30 days. As a result, new decrees were issued monthly, extending the cessation of visits and activities for another 30 days, which remains in force until the present moment^{2,13}.

The imposition of restrictive measures, superimposed on existing limitations, submits the intern to a condition of "double confinement", which can result in the potentialization of psychological problems, mood swings and aggressiveness. As an immediate result of such bans, riots were unleashed in prisons across the country. In addition, this isolated measure is not effective in preventing intramural viral spread, as the turnover of detainees and employees in institutions is intense. Thus, the first case of COVID-19 inside a Brazilian penal establishment was confirmed 23 days after the imposition of the measure, in Pará, and the infected custodian was serving a sentence in an open regime^{8,9,15,16}.

Therefore, based on Article 136 of the Federal Constitution¹⁷, which determines that "the incommunicability of the prisoner is prohibited", the "virtual letter" was instituted, with the objective of allowing contact



between the inmates and their families and lawyers through videoconference¹⁸.

Subsequently, new federal recommendations were launched, including isolate as much as possible prisoners with chronic illnesses or those over sixty years of age during internal movements; mandatory use of a face mask; suspension of elective dental care; keep elderly, chronically ill, suspected or confirmed inmates of COVID-19 in isolation in the penitentiary and restrict the number of servants and cleaning professionals to the suspected inmate's location and cell¹⁹.

Following the example of other countries^{20,21}, as well as the WHO recommendation²², the National Council of Justice issued Recommendation No. 62/2020²³, which suggests, among other measures, the reassessment of provisional arrests; early withdrawal from closed and semi-open regimes, especially for those who are more likely to develop severe forms of the disease, such as the elderly, immunosuppressed, indigenous, pregnant, and breastfeeding women. Furthermore, it suggests house arrest for inmates with a suspected or confirmed diagnosis of the new coronavirus, individuals imprisoned for food debt and for those serving their sentence in an open or semi-open regime.

Specialists believe that this rational extrication would be the most effective measure to preserve the health of inmates and civil servants who work in the prison system. The justification is clear: if there is no adequate space for adequate social distancing, no other control action will be effective. In 2019, 30.43% of the entire prison population was in pre-trial detention. In other words, around 226,582 inmates were imprisoned even before their final conviction. Therefore, pre-trial detention directly impacts prison capacity, with an unnecessary burden on the system since a significant portion of these individuals are not even sentenced to deprivation of liberty²³⁻²⁷.

Subsequently, the Brazilian office of the United Nations Development Program (UNDP Brazil) and the Inter-American Commission on Human Rights released recommendation 62/2020 as a good practice for several countries. However, the recommendations were not followed, and the scenario becomes increasingly worrying. Therefore, on June 23, 2020, 213 Brazilian organizations and institutions got together and published an urgent appeal, in the form of a complaint, to the United Nations (UN) begging them to question the Brazilian State about the absence of measures to control the spread of the coronavirus in prison. The letter highlights the exponential increase in the number of deaths, negligence, lack of testing and underreporting of cases, the absence of the right to health and the non-communicability policy^{27,28}.

Since the first confirmed case of COVID-19 in the prison system, the number of infections and deaths has

continued to rise. Despite the evident underreporting, given the disproportion between the number of intramural and extramural notifications, the weekly monitoring bulletin of the National Council of Justice²⁹, of March 8, 2021, registered 64,189 confirmed cases and 269 deaths, with 16,046 cases and 122 deaths among the servers. That is, the consequences of the spread of the coronavirus in prison transcend the inmates.

Conclusion

The current scenario shows that the sanitary crisis in the prison system is not a recent situation, a consequence of the pandemic, but a structural problem - the unhealthy conditions and the violation of human rights within the prisons have been perpetuated for decades, which makes it even more difficult the control of a public health emergency³⁰. However, it is urgent to implement the proposed measures, as the pandemic affects vulnerable populations atrociously.

Mass vaccination of these individuals would be the most effective measure to prevent serious cases, hospitalizations and deaths³¹. However, given the current situation of vaccine shortage in Brazil, the wide distribution of hygiene products, filtered water, cleaning products and face masks, as well as mass testing, are actions that could, for now, help with viral containment. Regarding the mental health of inmates, psychotherapy sessions and religious assistance via videoconference should be made available. However, it is urgent that the rational extrication is put into practice, because, without social distancing, other measures are not effective.

Health professionals could intervene by promoting conversation circles in the courtyard, in a staggered manner, where inmates sharing the same cell would have a moment of leisure and, at the same time, they would be given information about the severity of the coronavirus, the situation of the extramural pandemic and the importance of complying with prevention measures, always considering the reality of each prison. In addition, given the high rate of infection among staff, it would be appropriate to provide online training to reinforce prophylactic practices inside and outside prisons.

The intra-carceral coronavirus lethality is at least five times higher than for the general population^{24,32}. Therefore, it is necessary and ethically essential to effectively implement a contingency plan to avoid a possible massacre inside the prisons. In addition, regardless of the pandemic period, it is necessary for the State to reverse the failure of the prison system and provide them with dignified conditions of existence, as deprivation of liberty cannot be synonymous with a threat to health or human life.



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