



Revista Prevenção de Infecção e Saúde

The Official Journal of the Human Exposome and Infectious Diseases Network

ORIGINAL ARTICLE

DOI: <https://doi.org/10.26694/repis.v8i1.3064>

Impacts of the COVID-19 pandemic on the reality of Brazilian prisons

Os impactos da pandemia da COVID-19 na realidade das prisões brasileiras

Impactos de la pandemia de COVID-19 en la realidad de las cárceles brasileñas

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How to cite this article:

Oliveira HC, Freitas PR. Impacts of the COVID-19 pandemic on the reality of Brazilian prisons. Rev Pre Infec e Saúde [Internet]. 2022;8:3064. Available from: <http://periodicos.ufpi.br/index.php/repis/article/view/3064>. DOI: <https://doi.org/10.26694/repis.v8i1.3064>

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ABSTRACT

Introduction: Since 2020, the world has been suffering the impacts of the new coronavirus, which has assumed the proportions of a global pandemic, a reality that also affects people deprived of liberty and public servants, who work within prison units in Brazil. **Objective:** To investigate and analyze the impacts and numbers of cases of covid-19 that affected the population deprived of liberty and civil servants in the reality of Brazilian prisons. **Design:** This research is exploratory and bibliographic in nature, using public domain data, authors and Brazilian legislation. Also, the time lapse of the data reflected here is until April 2021. **Results:** Information and notifications of cases of covid-19, which affect Brazilian prisons, are not widely publicized and do not follow the update as other segments of the population. In addition, some measures were taken by governments, including the suspension of visits, the purchase of hygiene kits, such as alcohol gel and others. **Implications:** In this scenario, there was evidence of the indifference and negligence of governments with people deprived of liberty, who do not have their rights enforced in most prisons in the country.

DESCRIPTORS

Pandemics; Covid-19; Prisons; Public Health.

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Submitted: 2022-09-23

Accepted: 2022-09-23

Published: 2023-02-25

INTRODUCTION

The health of people who are in deprivation of liberty also needs to be considered a public health issue in the reality of Brazil, although in most cases, due to the terrible conditions of serving the sentence in the country's prisons, it is increasingly difficult to effect, making the services and access to health in Brazilian prisons insufficient to those offered to the general population.

Health as a right to the population serving sentences that make up the Brazilian prison system, has legislative apparatus that supports public health policies, such as the State Policy for Primary Health Care for Persons Deprived of Liberty in the Prison System, the very Unified Health System/(from portuguese *Sistema Único de Saúde* - SUS), the Penal Execution Law/PEL LEP, National Health Plan in the Prison System (NHPPS), Brazilian Constitution of 1988.

Thus, as determined by the health care section of the person serving a sentence, in its Art. 14 adds that: "Health care for prisoners and internees of a preventive and curative nature will include medical, pharmaceutical and dental care".¹

It is up to the states of the federation to manage their prison units, however submitted to the Judiciary, as defined in the caput of Art. 3, "the convict and the internee shall be assured all the rights not affected by the sentence or by the law. Single paragraph. There shall be no distinction of a racial, social, religious or political nature".¹

In addition, by CF/1988, the obligation of the State to care for the health of people deprived of liberty, ratifying the responsibility of the State and ensuring the right to health for all in Art. 196: "health is everyone's right and a duty of the State, guaranteed through social and economic policies aimed at reducing the risk of diseases and other injuries and universal and equal access to actions and services for its promotion and recovery".²

Given this scenario, it is clear that the country has many laws that support the rights of the prison population, however, they are not always being

implemented, and in times of a pandemic, it is clear that the prison population has been facing serious problems, in addition to the usual terrible conditions of cells in Brazilian prisons, overcrowding and insufficient medical staff in the units are worrying issues and in times of the covid-19 pandemic, they have become a determining factor in rethinking the right to health in spaces of deprivation of liberty of adults, the focus of this study.

In times of the coronavirus pandemic, Brazil has already registered until April 9, 2021, according to the Ministry of Health/MS, cases reached 11.79 million recovered Brazilians, 93,317 new cases in 24 hours and 3,693 deaths in 24 hours. In the state of Rio Grande do Norte, until April 9, 2021, we had a total of 13,497 cases and 4,835 deaths (from 3/27 to 4/9/2021). Another relevant data is in relation to vaccines that in the same period 47,292,496 doses were distributed to Brazil and the number of 25,378,563 doses applied throughout the country. It also registers 11,791,885 million recovered people.³

From this context, the study started with the following question: what are the impacts of the Covid-19 pandemic on Brazilian prisons? Faced with this problem, we delimited as a general scope to investigate and analyze the numbers of cases of covid-19 that reached the population deprived of freedom and servers in the reality of Brazilian prisons.

THEORETICAL REFERENCE

In terms of legislation and regulations, the country has made significant advances, on September 9, 2003, through Interministerial Ordinance No. 1777, the National Health Plan for the Penitentiary System (PNSSP) was established, with the participation of the Ministry of Health Social Justice, the National Council of Health Secretaries, the National Council of Municipal Health Secretaries and the National Council for Criminal and Penitentiary Policy, which provides for the inclusion of the population deprived of liberty in the Unified Health System (SUS), ensuring that:

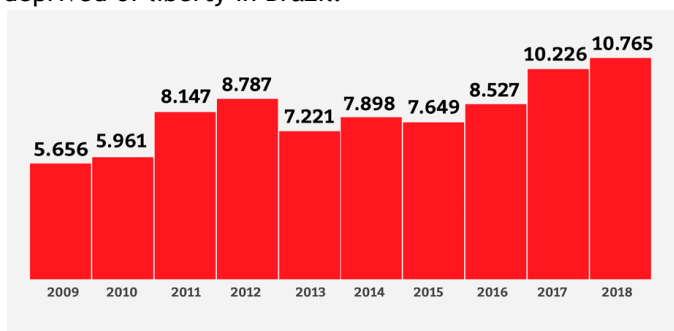
Primary health care actions and services will be organized in prison units and carried out by interdisciplinary health teams. [...]⁴

After 2003, we have a breakthrough in prison health management. The health care of the detainee in smaller prison units started to be referenced by the local Basic Health Unit and the inmates of larger units received minimum health teams, according to ministerial decree 1.777/2003, in its article 5, paragraphs 01 and 02 and article 8 of the PNSPP respectively:

[...] prison units with more than 100 prisoners, health teams will be implemented for up to 500 prisoners and units with up to 100 prisoners, actions and health services will be carried out by professionals from the Municipal Health Department. doctor, nurse, dentist, social worker, psychologist, nursing assistant and dental assistant, whose professionals will work 20 hours a week, taking into account the characteristics of this service.⁵

Brazilian states suffer from problems related to overcrowding and lack of physical infrastructure in prisons. Violence and the low level of education of the population deprived of freedom hinder the effectiveness of actions aimed at health and facilitate the spread of infectious diseases, the most common of which are Pulmonary Tuberculosis, Pneumonia, Leprosy, Scabies, Infections related to the HIV virus and Hepatitis. As such, prison represents one of our greatest social paradoxes. There is no one who defends its maintenance as an effective punitive strategy, [...].⁶ The following data shows how prison units suffer from tuberculosis:

Figure 1 - Tuberculosis cases in prisoners and people deprived of liberty in Brazil.



Source: Ministry of Health (2018).

From the data, we showed that tuberculosis is a disease that plagues prisons in the country, especially due to the poor sanitary conditions, not to mention the issue of overcrowding. The Ministry of Health also reveals that the disease, also transmitted by air, broke a record in 2018, exceeding ten thousand infected.

Thus, it is proven that the prison population has 35 times more cases of tuberculosis than the free population. In other words, a record, in absolute numbers, in the last ten years. For every ten confirmed cases of the disease, one occurred in prisons in Brazil. This fact ends up raising concerns about the increase in the number of inmates infected with SARS-CoV-2, since both diseases are transmitted via the airways, that is, an infected person, when talking, coughing or sneezing, disseminates the pathogen causing the disease in the air.

Another study showed that from 2000 to 2020, the prison population tripled and the penal system would need more than 321,000 places to comfortably house the number of inmates in the country. A major challenge to be faced is the deficiency in the number of health professionals working in Brazilian prisons, the lack of technical equipment necessary for professional intervention in times of emergency, the insufficient number of vehicles and professionals to escort detainees to medical appointments in routines, lack of basic medicines, among others.⁷

According to data from the National Council of Justice/CNJ, the new Brazilian prison population is 711,463 prisoners, taking into account the 147,937 people under house arrest. According to previous data from the CNJ, which did not include house arrests, in May of this year the prison population was 563,526. The new number also changes the current deficit of vacancies in the system, which is 206 thousand, according to the most recent data from the CNJ. Considering house arrests, the deficit increases to 354,000 vacancies. If we count the number of outstanding arrest warrants, according to the

National Bank of Arrest Warrants, there are 373,991, data that would jump this population segment to 1.089 million people.⁸

Faced with this reality and considering the covid-19 pandemic, care must be redoubled, as the prison population, especially in the closed regime, is exposed to a series of difficulties due to poor infrastructure and hygiene conditions, in addition to problems related to the vacancy deficit in the country's prison system.

Another common problem within this scenario is psychological illness, very common among detainees shortly after arriving in the penal system, and is generally associated with idleness, distancing from family and community.

Despite the high prevalence of depression among prisoners and the risks related to this morbidity being consistent in the literature, gender differences in relation to associated risk factors are still unclear. This is because the existing studies usually analyze either the population of one of the sexes, or just one type of risk factor.⁹

It should be noted that Brazilian prisons, in general, are workplaces with little light, poor air circulation, deteriorated physical structures, lack of office material, among others, which can disrupt the quality of life in the occupational environment, decreasing productivity, increasing stress and other emotional issues such as low self-esteem. In fact, "prison is perceived as a purge of society, a repressive apparatus against people that society wants to contain and isolate, but this exclusion is made from a discourse of transformation [...]"¹⁰

Thus, the Brazilian prison system, naturally, is affected by such circumstances, because, as its prison population increases, the existing situation of overcrowding is consequently aggravated, that is, the country already occupies the third place in the highest number of prisons. prison population in the world.

The current scenario of difficulties in the Brazilian penal system associated with the pandemic has led to actions being taken to minimize covid-19 infections among the prison population. The Ministry of Health with the Ministry of Justice and Public Security prepared the Manual of Recommendations for the prevention and care of the coronavirus in the Brazilian Prison System.

This Manual established the use of personal protective equipment (PPE), surgical masks, gloves and alcohol for security professionals, in addition to guidelines on the importance of keeping spaces ventilated, distancing between people on duty, not sharing objects and the correct way to sanitize shared use equipment during working hours, which changes the routine of prison units through the following recommendations:

Suspension of family visits until the end of the pandemic state; Definition of essential services that must be maintained in this phase, such as legal assistance, social and religious assistance, among others; Screening at the entrance doors of prison units; Allocation of exclusive cells/wings for the isolation of symptomatic prisoners; Separation of seniors over 60 and then other people belonging to the risk group; Distance of at least 1.5 meters while carrying out penitentiary activities (surveillance procedures, for example); and Extension, when possible, of sunbathing time.¹¹

Given these recommendations, the question arises: how to maintain distance in overcrowded cells? If most prisons are overcrowded, implementing such guidelines becomes a difficult task. In addition to the fact that not all prisons in the country have a health team.

Regarding care measures for the proliferation of the virus, Resolution number 04 of April 23, 2020, in the *caput* of Art. 2, provides for the release of prisoners who are not members of criminal factions as a prevention of Covid-19. The same resolution, in its article 3, determines the stay in quarantine for a

period of 14 (fourteen) days of any and all prisoners who are included in the country's prison units.¹²

Technical Note number 11/2020-DESF/SASP/MS, on the other hand, makes clear the distribution method that the Ministry of Health adopted in relation to the availability of rapid tests for the detection of antibodies against the virus, as well as the recommendation to priority groups to carrying out the tests. These include people deprived of their liberty and public security workers engaged in activities.¹³

According to the survey carried out on December 10, 2020 by the National Penitentiary Department, approximately 700,000 people are in prison. Of these, 169,299 tests were performed to detect infected people. The published results indicate that 65.68% of cases were confirmed and 0.2% resulted in deaths.¹⁴

In view of this situation, we can see that the measures adopted by the public authorities to prevent contagion by covid-19 in the prison population must be intensified. Since the numbers show that part of the portion of individuals deprived of liberty has not yet been submitted to the test, which makes it difficult to formulate the epidemiological profile of prisoners and, consequently, of effective health actions for coping with covid-19, in especially at this time of a pandemic that is plaguing the world.

METHOD

The act of researching involves searching for data from a given reality based on scientific knowledge, as he asserts “research is what we do when we are concerned with systematically studying an object [...], but we do it always having a goal to be achieved. reached, [...]”.¹⁵

Regarding the objectives, it is characterized as exploratory, which, for Prodanov and Freitas (2013), aims to provide more information about the object of study, enabling its definition and design. As for the procedures, it is characterized as

bibliographical research that is “elaborated from material already published, [...], with the objective of putting the researcher in direct contact with all the material already written on the subject of the research”.¹⁶

The method used in this study is dialectic, because “dialectics works with the appreciation of qualities and quality, with the intrinsic contradictions of human actions and achievements, and with the perennial movement between part and whole and interiority and exteriority of phenomena”.¹⁷

The research has a quantitative approach, which “predicts the measurement of predetermining variables, seeking to verify and explain their influence on other variables. It centers its search on mathematizable information, not worrying about exceptions, but generalizations”.¹⁸

RESULTS AND DISCUSSION

A priori, it should be noted that investments in the field of public security have also made progress, according to data from the 12th Public Security Yearbook of 2018, the federal government increased investments in this area by 6.9%, reaching R\$ 9.7 billion in 2017. The data, released by the Brazilian Public Security Forum, gather information on security and violence throughout Brazil. In total, the country invested BRL 84.7 billion in security, 0.8% more than in 2016. In a per-inhabitant analysis, data from yearbooks reveal that the average investment was BRL 408.13 per person, compared to BRL 407.79 invested in 2016. According to the data, the share of these expenses in the country's total expenses is 2.5%, while in the member countries of the Organization for Economic Cooperation and Development (OECD) this percentage reaches 4.5%.¹⁹

It is also worth considering that most prisons are in territories of precariousness of black lives, poor and considered sexually deviant, of symbolic deaths that also serve a genocidal project. Several infectologists point out that overcrowding, lack of water and soap are the ironically called ideal

conditions for the spread of the new coronavirus, as well as various biological agents of airborne transmission. Among the recommendations present in the CNJ resolution are the uninterrupted supply of water, supply of medicines and mandatory supply of food and basic hygiene items, medical teams in penal establishments and the right to information on measures taken both for prisoners and their families.²⁰

In this way, the author also adds that both the recommendations and the release or home measures for prisoners who are part of the risk group and for those who committed minor crimes, without violence or serious threat, have exposed what activists for reforms and changes in criminal justice systems have been defending for years: is it possible to reduce the prison population and how much the idea of crime is made more flexible by the social context in which it is constructed. So, such actions raise important questions about why we didn't move towards these recommendations earlier? Will things go back to the way they were before after we get through the pandemic peak? Experts have already stated that this epidemic, until a vaccine is developed, will continue to affect everyone in wavering waves of infection. And, for all the conditions presented, it is notable that the prison population is among the most vulnerable.²⁰

This shows us that prisons are reflections of the society that has capitalism as a mode of

production, it shows not only that prisons are part of the society in which we are inserted, but also giving the dimension that this is a mechanism of control and denial of rights that the system has, serving to maintain and criminalize conditions of inequality.

It is a fact that the world is living in a public health crisis and, evidently, the expansion of the covid-19 pandemic is spreading everywhere, thus, the prison system is experiencing a complex scenario, considering the obstacles to carrying out isolation measures and of social distance recommended by the Ministry of Health, as one of the biggest problems faced by the country's prison system is the overcrowding of Brazilian penal units. Added to this, we also have the precariousness of the physical structures of prison units are some of the conditions that allow the spread of infectious diseases, as is the case of covid-19. Due to the public security activity, security and health professionals who work in the prison system cannot fail to carry out their daily routines, as the prison system is unable to interrupt their custody and penitentiary assistance activities. Considering this, everyone who works in prisons must adopt hygiene and safety measures.¹⁹

Data from the National Panel show that according to DEPEN/2020, the country has only two cases within prisons, of the Federal prison system, considering that in these prisons the cells are individual, this contributes to the prevention of cases, let's check the data by region, Next:

Table 1 - Covid-19 numbers in Brazilian prisons

Regions	Pop. prisoner	suspects	Detected	Deaths	Tests	recovered
North East	106794	1480	5770	16	194149	5457
South	67524	240	9913	18	194149	9539
North	51998	400	2738	14	194149	2248
Midwest		22409	42517	133	194149	40067
Southeast	353103	18825	17731	65	194149	17284
Total				246	194149	

Source: National Panel-DEPEN¹⁴

It is a fact that the Covid-19 data did not only reach the prison population, when we talk about the numbers in public security servers, they are also significant, according to the same study, we have, 12,

458 servers that were affected by covid-19, by region, the cases of deaths that were confirmed in the Midwest region reached 11.1%, while in the Southeast 43.1%. This is without taking into account

underreporting, since most prisons in the country do not have a medical team to care for the prison population.

If the public health situation is already chaotic and in crisis, imagine inside prison units, where the prison population is increasingly stigmatized and always being in the last plan of action in most Brazilian governments. Therefore, data according to Bulletin 06 of the Covid-19 Transparency Index claims that almost a third of states (32%) still do not publish any information on the number of cases of Covid-19 in this segment; at the beginning of the assessment, in July, more than half (54%) did not meet the requirement. Furthermore, in 11 entities (39%), there is no information on the number of deaths in prisons in the country. 79% do not report the number of tests applied in prisons in the country.²¹

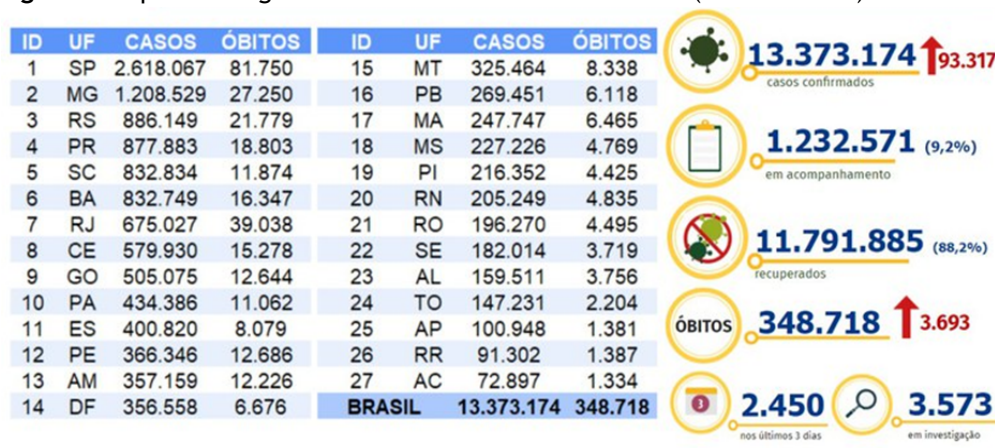
In other words, the omission of states on the issue of the covid-19 pandemic within prisons, data is not disclosed and information on the disease on the third largest prison population in the world. For

entities, the State allows “silent massacre”. Data show that 75% of states do not detail cases by unit and more than 95% do not report basic data such as sex and age group of victims among the prison population.²¹

So that we can understand the data to consider some factors, such as: the total number of the country's prison population, since we are already the third population in the world and therefore, check the respective numbers of servants, also consider the adopted testing system per prison establishment and clear transparency and regularity in the process of disclosing information. Especially because, we well know that for many people deprived of their liberty death by covid-19 would be a 'favor', unfortunately.

When we think about the data at the national level of the states, these are numbers that shock society and that we increasingly need to understand the disease and the social, economic and cultural impacts that it will leave for all countries. Let's see the following data.

Figure 2 - Epidemiological situation of COVID-19 in Brazil (09/04 to 18h)



Source: Ministry of Health.

The sad reality is evident and that the states need to take measures on a daily basis and the prison system as well, therefore, with regard to the prevention measures that were actually adopted and put into effect, they are diverse, as we can see below in the *caput* of the Art. 2 of the Extraordinary and Specific Guidelines for combating the spread of the

new Coronavirus (2019 n-cov) regarding the administration of justice by the criminal enforcement judge:

I - compliance with the provisions of art. 66, VII, of Law No. 7,210, of 1984, carrying out monthly inspections by videoconference, specifically to obtain information on the preventive measures adopted by the

management of the penal establishment regarding the new Coronavirus (2019-nCoV);
 II - during the pandemic period, to know and, if applicable, deliberate on urgent situations, with the hearing of prisoners, when necessary;
 III - examination of the preventive measures adopted by the administration of the penal establishment to face the pandemic, with the presentation of suggestions for the purpose of their improvement;
 IV - provision of a protocol for receiving and processing communications from the director of a penal institution regarding cases of need for medical care in a public health unit or deaths related to the new Coronavirus (2019-nCoV);
 IV - inspection of compliance with the Extraordinary and specific Guidelines established in this Resolution; and the
 V - release of a prisoner who is not a member of a criminal faction as a preventive or

curative measure related to the new Coronavirus (2019-nCoV), pursuant to Resolution No. 62, of March 17, 2020, with a careful examination of the prisoner's profile based on prior manifestation of the Health Assistance sector and the Technical Classification Commission or the Board of the penal establishment.²²

It should also be noted that in view of this reality and the chaos of the pandemic, which is plaguing the world, we have seen improvements in the prison system in relation to compliance with notifications of Covid-19 cases, as shown in the following table:

Table 2 - Advances in Covid-19 information in state prisons.

state	How was	how was it	Main reason
roraima	64	95	Implemented several improvements in the period, especially in its visualization panel, and started to publish a detailed microdata base
Ceará	86	99	Improved the information delivery system, presenting more data on cases, demographics and health infrastructure in an open format.
Rio Grande do Norte Passed	85	96	Rio Grande do Norte The data collection methodology became available.
Paraíba	53	62	Returned to disclose items that had failed to update in the previous evaluation period
Santa Catarina	80	85	Clarified information about the availability of bed data (clinical 6 and ICU) and started to score the item completely
Tocantins	73	74	Reported total number of notifications, including suspects
Alagoas	87	88	It reported the number of tests applied by type.

Source: Covid-19 Transparency Index.²¹

It is observed that even with the advancement and improvement of information about the pandemic in prisons in Brazil, data are still negligible considering that we have the third largest prison population in the world. This shows the indifference of governments and once again the forgetfulness of this population.

It is also clear that the actions returned were still not enough, considering that 31% of Brazilian prisons do not offer medical assistance, that is, the conditions of penal establishments in the country make people deprived of their liberty one of the most

susceptible to infections such as Covid-19. The data show that on 01/06/2020, the prison system carried out 1,100 rapid tests for COVID-19, as of April 2020, of all prison units, only 108 of them had received alcohol gel 70% 450g, 320 disposable aprons, 4,000 latex procedure gloves, 9,600 3-layer masks with nose clip and 3,900 PFF2 respiratory protection masks.²¹

It is opportune to emphasize that public health in most states in public calamity, how to remember a segment that did not follow the rules and laws of the country, people who broke the law? If the civilian population that has not committed any

crime already suffers from the covid-19 pandemic, perhaps the population in deprivation of liberty. How complex access to social and fundamental rights is, in times of a pandemic for people in a situation of deprivation of liberty and those who are in a situation of vulnerability and social and economic risk. A country which does not implement public policies such as providing legal apparatus.

CONCLUSION

It is understood that the Brazilian prison system was not prepared for such a challenging moment. Although we have made some advances in recent years, Brazilian prisons currently have low financial budgets, resulting in little investment in human resources, physical infrastructure and acquisition of goods to provide a higher quality service.

Overcrowding is still the biggest bottleneck/problem of infection control within Brazilian prisons. Despite efforts to enforce the Recommendations for the Prevention and Care of covid-19 in the Brazilian Prison System, the disease affects prisoners and civil servants in all regions of the country.

The research findings showed that the covid-19 pandemic further devastated the process of exclusion of people deprived of liberty, as well as the vulnerability of various population segments, and if most states are unable to meet the need of society that calls for safety, for ICU beds and for access to the right to health in times of a pandemic. Thus, we

question, how to enforce human rights, especially health, to a population that lives on the margins of society and who are serving a sentence?

However, even these people deprived of liberty, they have rights guaranteed by law and thus, their rights need to be enforced and states need to have the necessary protocols and care in place, so that the pandemic does not cause more victims and deaths on a large scale in the Brazilian prisons. Therefore, the study showed that the world was not prepared to deal with this Covid-19 pandemic, imagine the Brazilian prison system, which is always relegated to the last plan in the country's public and social policies.

Therefore, the Covid-19 pandemic has taken on a revealing role of the unhealthy and inhumane conditions destined for the process of (re)insertion of the PDL, where the public authorities and all those who make up society will be able to extract positive elements from the current health crisis, from the security public and political, which devastated even more with the pandemic, in most Brazilian states, in order to change the fate of vulnerable segments.

Therefore, it is believed that the implementation of more effective sanitary measures for the conditions of servants and the prison population will directly reflect on the impact of reducing the conditions found in the Brazilian prison environment. Therefore, these considerations are not intended to extinguish the debate, but to sharpen new studies, investigations and reflections on the theme presented here.

RESUMO

Introdução: O mundo desde 2020 vem sofrendo os impactos do novo coronavírus, que assumiu proporções de pandemia mundial, realidade que também afeta as pessoas privadas de liberdade e aos servidores públicos, que atuam dentro das unidades prisionais do Brasil. **Objetivo:** Investigar e analisar os impactos e os números de casos da COVID-19 que atingiram a população privada de liberdade e os servidores na realidade das prisões brasileiras. **Delineamento:** Esta pesquisa é de caráter exploratório e bibliográfico, utilizando-se de dados de domínio público, de autores e das legislações brasileiras. Ainda, o lapso temporal dos dados refletidos aqui é até abril de 2021. **Resultados:** As informações e as notificações dos casos de COVID-19, que atingem as prisões brasileiras, são poucos divulgados e não seguem a atualização como os demais segmentos da população. Ademais, algumas medidas foram tomadas pelos governos, inclusive a suspensão da visita, compra de kit de higiene, como álcool gel e outros. **Implicações:** Neste cenário, houve a comprovação do descaso e da inércia dos governos com as pessoas privadas de liberdade, que não apresentam na maioria das prisões do país os seus direitos efetivados.

DESCRITORES

Pandemia; COVID-19; Prisões; Saúde Pública.

RESUMEN

Introducción: Desde 2020, el mundo sufre los impactos del nuevo coronavirus, que ha asumido proporciones de pandemia mundial, realidad que afecta también a las personas privadas de libertad y a los servidores públicos, que actúan en las unidades penitenciarias de Brasil. **Objetivo:** Investigar y analizar los impactos y números de casos de COVID-19 que afectaron a la población privada de libertad y servidores públicos en la realidad de las cárceles brasileñas. **Diseño:** Esta investigación es de naturaleza exploratoria y bibliográfica, utilizando datos de dominio público, autores y legislación brasileña. Además, el lapso de tiempo de los datos reflejados aquí es hasta abril de 2021. **Resultados:** Las informaciones y notificaciones de los casos de COVID-19, que afectan a las cárceles brasileñas, son poco divulgadas y no siguen la actualización como los demás segmentos de la población. Además, se tomaron algunas medidas por parte de los gobiernos, entre ellas la suspensión de visitas, la compra de kits de higiene, como alcohol en gel y otros. **Implicaciones:** En este escenario, se evidenció la indiferencia y negligencia de los gobiernos con las personas privadas de la libertad, quienes no ven cumplidos sus derechos en la mayoría de las cárceles del país.

DESCRIPTORES

Pandemias; COVID-19; Prisiones; Salud Pública.

REFERENCES

- 1 Brasil. Presidência da República. Casa Civil. Subchefia para Assuntos Jurídicos. Lei nº 7.210, de 11 de julho de 1984. Institui a Lei de Execução Penal. Available from: http://www.planalto.gov.br/ccivil_03/leis/l7210.htm
- 2 Brasil. Constituição Brasileira (1988), promulgada em 5 de outubro de 1988. Brasília, DF: Senado, 2021. Available from: https://www.senado.leg.br/atividade/const/con1988/CON1988_05.10.1988/art_196_.asp
- 3 Brasil. Lei n.º 8.142, de 28 de dezembro de 1990. Dispõe sobre a participação da comunidade na gestão do Sistema Único de Saúde - SUS e sobre as transferências intergovernamentais de recursos financeiros na área da saúde e dá outras providências. Diário Oficial da União, Poder Executivo, Brasília, DF, 31 dez. 1990. Available from: http://www.planalto.gov.br/ccivil_03/leis/l8142.htm
- 4 Brasil. Ministério da Saúde. Portaria Interministerial nº 1777. Gabinete do Ministro, 09 de setembro de 2003. Available from: https://bvsms.saude.gov.br/bvs/saudelegis/gm/2003/pri1777_09_09_2003.html
- 5 Brasil. Ministério da Saúde. Plano Nacional de Saúde no Sistema Penitenciário. Brasília, 2004a. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/plano_nacional_saude_sistema_penitenciario_2ed.pdf
- 6 Reihoffer J, Bicalo PP. A circunscrição histórica das prisões e a crítica criminológica. In: Ferreira LS, Farias FR (Org.). Punição e prisão: ensaios críticos, Rio de Janeiro: Lumen Juris; 2015. p.13-16.
- 7 Borges L. População carcerária triplica em 20 anos: déficit de vagas chega a 312 mil. Revista Veja, Editora Abril, publicado em 14 de fevereiro de 2020. Available from: <https://veja.abril.com.br/brasil/populacao-carceraria-triplica-em-20-anos-deficit-de-vagas-chega-a-312-mil/>
- 8 Brasil. Banco Nacional de Monitoramento de Prisões - BNMP 2.0: Cadastro Nacional de Presos, Conselho Nacional de Justiça, Brasília, agosto de 2018. Conselho Nacional de Justiça (CNJ). CNJ divulga dados sobre nova população carcerária brasileira. Available from: <https://www.cnj.jus.br/wp-content/uploads/2019/08/bnmp.pdf>
- 9 Santos RL, Macêdo AC, Oliveira, JM. Ocorrência de doenças infectocontagiosas em pessoas privadas de liberdade no sistema prisional. Interfaces Científicas [Internet]. 2019 Jun [cited 2022 Nov 23]; 7(2):53-60. Available from: <https://doi.org/10.17564/2316-3798.2019v7n2p%25p>
- 10 Souza JPM. O sistema penitenciário sob a ótica do trabalho. In: Ferreira LS, Farias FR (Org.). Punição e prisão: ensaios críticos, Rio de Janeiro: Lumen Juris; 2015. p.27-41.
- 11 Brasil. Ministério da Saúde. Manual de Recomendações para Prevenção e Cuidado do COVID-19 no Sistema Prisional Brasileiro. Ministério da Saúde, Ministério da Justiça, Segurança Pública e DEPEND, edição 01 de abril de 2020. Available from: <https://www.gov.br/depend/pt-br/assuntos/acoes-contra-pandemia/prevencao-ao-covid-19-no-sistema-prisional/coronavirus-no-brasil>
- 12 Brasil. Ministério da Justiça e Segurança Pública. Diretrizes Básicas para o Sistema Prisional Nacional no período de enfrentamento da pandemia novo Coronavírus (2019-nCoV). Homologação publicada no DOU 24/04/2020, Seção 1, p. 189. Resolução nº 4 de abril de 2020. Available from: <https://www.mppi.mp.br/internet/wp-content/uploads//2020/04/resolucao%20n%2004-2020-cnpcp.pdf>
- 13 Brasil. Ministério da Saúde. Nota Técnica Nº 11/2020-DESF/SAPS/MS. Secretaria de Atenção Primária à Saúde-Departamento de Saúde da Família. Available from: http://www.saude.ba.gov.br/wp-content/uploads/2020/04/Nota_Tecnica_Informativa_Disponibilizacao_de_Testes.pdf
- 14 Brasil. DEPEND. Departamento Penitenciário Nacional - Medidas contra o Covid-19. Detecções do coronavírus nos sistemas penitenciários brasileiros. Available from: <https://app.powerbi.com/view?>
- 15 Mezzaroba O, Monteiro CS. Manual de metodologia da pesquisa no Direito. 5 ed. São Paulo: Saraiva; 2009. MONITORAMENTO-SEMANAL-COVID/19-INF-12.20.PDF. Available from: https://www.cnj.jus.br/wp-content/uploads/2020/12/Monitoramento-Semanal-Covid-19-Info09_12.20.pdf

- 16 Prodanov CC, Freitas EC. Metodologia do trabalho científico: métodos e técnicas da pesquisa e do trabalho acadêmico. 2 ed. Novo Hamburgo: Feevale; 2013. [Recurso eletrônico].
- 17 Minayo MCS (Org.). Pesquisa social: teoria, método e criatividade. Petrópolis: Vozes; 2018.
- 18 Apolinário F. Metodologia da filosofia e prática da pesquisa. 2 ed. São Paulo: Cengage Learning; 2012.
- 19 Brasil. Anuário Brasileiro De Segurança Pública. Fórum Brasileiro de Segurança Pública. Renato Sérgio de Lima Samira Bueno (COORD). Ano 12, 2018, ISSN 1983-7364. Available from: <https://forumseguranca.org.br/wp-content/uploads/2019/03/Anuario-Brasileiro-de-Seguranca-Publica-2018.pdf>
- 20 Borges J. O que a pandemia do coronavírus expõe sobre as prisões? Friedrich-Ebert-Stiftung (FES) Brasil, 2020.
- 21 Índice De Transparência Da Covid-19 2.0. Open Knowledge Brasil. País não conhece extensão da Covid-19 em unidades prisionais. Available from: https://transparenciacovid19.ok.org.br/files/ESTADOS_Transparencia-Covid19_Boletim_6_2.0.pdf
- 22 Resolução nº 4 de abril de 2020. Altera o artigo 13 da Resolução CNAS nº 14, de 15 de maio de 2014, que define os parâmetros nacionais para a inscrição das entidades ou organizações de Assistência Social, bem como dos serviços, programas, projetos e benefícios socioassistenciais nos Conselhos de Assistência Social. Available from: <https://www.in.gov.br/en/web/dou/-/resolucao-n-4-de-2-de-abril-de-2020-251067904>

COLLABORATIONS

HCO: Substantial contributions to the conception or design of the work; in the collection, analysis and interpretation of data; in writing the article or in its critical review; and in the final version to be published. PRF: Substantial contributions to the conception or design of the work. **All authors agree and are responsible for the content of this version of the manuscript to be published.**

ACKNOWLEDGMENTS

Not applicable.

AVAILABILITY OF DATA

Not applicable.

FUNDING SOURCE

Not applicable.

CONFLICTS OF INTEREST

There are no conflicts of interest to declare.