

Correspondence

COVID-19: back to healthcare basics in Philippine prisons

ABSTRACT

Prisons have not escaped the effects of COVID-19. In countries where there are limited resources and spaces available, there is a need to find innovative ways to keep detainees safe and healthy. We can see various approaches such as the Irish model, which gives due importance to the establishment of contact tracing teams (CTT). In the case of Philippine prisons with high congestion rates, however, we may have to go back to certain healthcare basics to address COVID-19 transmissions.

Countries worldwide are struggling to control the number of COVID-19 cases given the scarcity of resources and the demands placed on healthcare systems.¹ As such, certain communities are seen to be less prioritized over others.² Those belonging to the bottom of the hierarchy, such as prisoners, have been overlooked.³ In the Philippines, it was hardly a month after the outbreak when officials announced that prisons were one of the safest places to be in.⁴ Meanwhile, roughly 330 detainees have already tested positive for COVID-19, later increasing to 783 positive cases.⁵ As opposed to the numbers declared by the government, experts have suspected that more prisoners have fallen ill and died.⁶

Human rights organizations have looked into living conditions in Philippine prisons, and pointed out that prisoners' access to food, water, sanitation and healthcare services are insufficient.⁷ The Philippines has the highest jail population globally—with a congestion rate of 534% for 467 of its prisons.⁷ Some of these prisoners were also discovered to be elderly with pre-existing health conditions, which puts them at a higher COVID-19 risk. As such, social distancing proves to already be more difficult due to overcrowding. Furthermore, only 25% of prisoners use face masks, with 75% at a greater risk of being infected.⁸

Certain vulnerabilities and interventions have already been emphasized by Kahambing's article in this journal, where he suggests an implementation of electronic prison visits and expedition of the release cases with light offenses from Philippine prisons among others.⁹ One aspect that has not been taken into account, though, is the need for more serious contact-tracing methods to prevent further transmission within prisons. This has been highlighted by another article

on Irish prisons in this same journal, where Clark et al. discussed the importance of establishing contact tracing teams (CTT).¹⁰ Unfortunately, while this may have favorable effects on prisons with small populations, prisons with bigger populations such as the Philippines may not be able to adopt the said Irish model.¹⁰

Given the limited resources and space available, and the huge prison population, Philippine prisons may have to go back to healthcare basics to address COVID-19 transmissions. For example, following the Irish model may be viable with inmates as possible members of the CTTs. While inmates may not be official CTT members, they may 'report' interactions between detainees and help train others for COVID-19 consciousness. Besides implementing proper information dissemination, and making water and sanitation accessible, wearing masks should be made mandatory within prison populations as well. After all, with ample awareness, adequate sanitation and handwashing goes a long way in addressing the spread of COVID-19 due to population congestions.¹¹ This way, detainees will be armed with the basics and not merely feel hopeless and purposeless, just 'waiting for the virus' to come.¹²

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Hannah Kristianne Marie Arambulo¹, Caroline Therese Sahagun¹, Hazel T. Biana²

¹De La Salle University, Manila 0922, Philippines

²Philosophy Department, De La Salle University, Manila 0922, Philippines

Address correspondence to Hazel T. Biana,

E-mail: hazel.biana@dlsu.edu.ph

†ORCID: <https://orcid.org/0000-0002-7837-8893>

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