



Prisoners in a pandemic: We should think about detainees during Covid-19 outbreak



Pamela Tozzo ^{a, *}, Gabriella D'Angiolella ^b, Luciana Caenazzo ^a

^a Department of Molecular Medicine, Laboratory of Forensic Genetics, University of Padova, Italy

^b Department of Cardiac, Thoracic, Vascular Sciences and Public Health, University of Padova, Italy

ARTICLE INFO

Article history:

Received 27 May 2020

Received in revised form

29 May 2020

Accepted 29 May 2020

Available online 3 June 2020

Keywords:

Covid-19 pandemic

Detainees

Health in prison

ABSTRACT

In Italy, where the Covid-19 emergency developed immediately after China, the spread of the pandemic has highlighted some unsolved problems inherent to the prison system. This theme is already, unfortunately, of distressing topicality. Among these, the complex balance between the security needs and the protection of the prisoner's right to health deserves particular attention. The detainees, in fact, constitute a group particularly vulnerable to the spread of an infectious disease, both because they have an average level of health lower than that of the general population, and because they live forced in cramped, overcrowded, poorly ventilated environments, in which it is not always possible to observe the general hygiene rules. For these reasons, during the ongoing pandemic emergency, it could be even more difficult to concretely protect the right to health of this portion of the population.

© 2020 Published by Elsevier B.V. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Main text

In Italy the spread of the Covid-19 pandemic has highlighted the unsolved problems inherent to the prison system. Since the abolition of death penalty, a sentence to prison is the harshest punishment imposed on criminals in Italy. Prison has substantially a threefold purpose. First, the separation from society and confinement of dangerous individuals for the safety of the public. Second, by depriving someone of their liberty for a period of time, it is achieved a punishment for crime, that also act as a deterrent for the rest of the society. Third, correction and rehabilitation to the community, with the possibility of preparing the prisoner for a law-abiding life. Recent riots in Italian prisons have made it clear that something in the delicate balance between confinement, punishment, and rehabilitation has failed. Abovementioned riots - according to what the Minister of Justice reported in Parliament - involved about 6000 prisoners (10% of the prison population) and led to the death 13 prisoners. Furthermore, 40 prison officers got injured, in addition to the devastation of several institutions and the escape of dozens of prisoners, some of whom are still wanted. In front of these episodes, it could be difficult not to return an image of

the prisoner as a dangerous person and, therefore, to be controlled and regulated. The great challenge of this moment is not to give in to a custodial involution of the prison and to keep in mind that the conditions of life in the detention institutions, particularly inadequate to face the ongoing pandemic emergency, can act as a stressful factor to aggravate the discomfort inherent in the loss of freedom. These riots were triggered both by the fear of contracting Coronavirus in closed, overcrowded and precariously hygienic environments, and the limitations imposed on prisoners by Italian law to prevent the spread of the virus. These measures provided that in-person visits were no longer allowed up to the end of the month and there was the possible suspension of premium permits and the semi-freedom regime. However, the riots of these days have reminded us the most serious problem of Italian prison system, which is undoubtedly overcrowding. In Italian prisons more than ten thousand detainees are held in excess of the regular capacity. In March 2019, out of 46,904 places available in the Italian prison institutions, there were 60,512 prisoners, that is 13,608 more than the regular capacity, with an overcrowding of 129%. Furthermore, there is a wide spectrum of health problems whose prevalence is greater among prisoners than in the general population. In Italian prisons there is an overrepresentation of drug addicts. Some of these fragile detainees, during the riots, died from drug overdose, after assaulting the infirmaries to steal methadone, a synthetic opioid used in the treatment of opioid addiction. Overcrowding and overrepresentation of drug addicts are chronic issues of the Italian

* Corresponding author. Department of Molecular Medicine, Laboratory of Forensic Genetics, University of Padova, Via Falloppio 50, 35121, Padova, Italy.

E-mail addresses: pamela.tozzo@unipd.it (P. Tozzo), dangiolellagabriella@gmail.com (G. D'Angiolella), luciana.caenazzo@unipd.it (L. Caenazzo).

prison system. The Coronavirus pandemic only forced us for a moment to look at these unsolved problems, before returning to look at what society considers most notable. Nevertheless, it will be difficult to forget the worrying fragility of the penitentiary system, which has appeared not able to guarantee conditions of security and public order neither inside the jail, nor outside, where escaped prisoners have not been captured yet. The public disorder we have witnessed can have profoundly destabilizing effects, by instilling fear in the population, who feel own safety already threatened by the pandemic, and by jeopardizing efforts made to make prisons more human.

It is precisely when it is more difficult to recognize aspects of humanity in the prisoners' behaviour that we must ask ourselves what we have done wrong as a society. If it is true, as Dostoevsky said, that "the degree of civilization in a society can be judged by entering its prisons", the journey to be undertaken is still long and difficult. In these days, we have to face the challenging problem of how to protect the health of prisoners during a pandemic, preventing contagion in prison. In fact, compared with the general population, prisoners and detainees worldwide experience a higher burden of infectious diseases. The prevalence of HIV, HCV, HBV, and tuberculosis is higher in prison populations than in the general population, mainly because of the criminalisation of drug use and the detention of people who use drugs [1]. It is also known that there are some contextual factors within prisons which contribute to a higher risk of infectious disease transmission among prisoners. Such factors include overcrowding, risk behaviour, delay or lack of diagnosis and treatment, limited access to clean water, inadequate sanitation, and lack of harm reduction measures [2]. In order to prevent coronavirus disease 2019 (COVID-19) outbreaks in prison, WHO/Europe has published interim guidance on how to deal with the coronavirus disease in these settings, entitled "Preparedness, prevention and control of COVID-19 in prisons and other places of detention" [3]. Taking into account that "infection can be spread to people who are nearby (within 1 m) by breathing in droplets coughed out or exhaled by a person with the COVID-19 virus, or people may become infected by touching contaminated surfaces or objects (fomites) and then touching their eyes, nose or mouth (e.g. a person may touch a doorknob or shake hands and then touch their own face)", this interim guidance recommend to take general precautions for infectious respiratory diseases, as observing physical distancing, washing hands with soap and water and drying them with single-use towels, utilizing alcohol hand sanitizer containing at least 60% alcohol, covering mouth and nose with disposable tissue when coughing or sneezing, and avoiding touching of eyes, nose or mouth if hands are not clean. It is clear that preventing the importation of the virus into prisons and other places of detention is essential to avoid or minimize the occurrence of infection and of serious outbreaks in these settings and beyond.

There is a need for a continuous balance between the protection of the security of the prison administration, with the need to limit the use of external hospitalization to only the necessary cases, and the protection of the health of detainees. Nevertheless, it must be kept in mind that even washing your hands can be difficult in

prison, because there are lots of people using a small number of bathrooms and it is not always possible to access to soap when you wash your hands. The detainees are deeply aware of this, and this awareness mixed with fear has led them to the riots of these days. We cannot forget that prison health is public health by definition [4]. The intrinsic difficulties in balancing the detainees' right to health and the protection of public security, which could be affected by the effects of both an excessively high number of releases, and the release of particular categories of subjects, are resonating in these days following the adoption, under age and health reasons, of house arrest for some members of organized crime. During this tragic period it's our duty as a society to protect disadvantaged people, and put in place concrete measures to ensure that prisoners, who already do not have full constitutional rights as the fundamental right to freedom, will not also be deprived of the right to health.

Funding

This research received no external funding.

Availability of data and material

Not applicable.

Code availability

Not applicable.

Declaration of competing interest

The authors declare no conflict of interest.

CRediT authorship contribution statement

Pamela Tozzo: Investigation, Conceptualization, Writing - review & editing. **Gabriella D'Angiolella:** Writing - original draft, Investigation. **Luciana Caenazzo:** Conceptualization, Supervision, Writing - review & editing.

References

- [1] K. Dolan, A.L. Wirtz, B. Moazen, M. Ndeffo-Mbah, A. Galvani, S.A. Kinner, R. Courtney, M. McKee, J.J. Amon, L. Maher, M. Hellard, C. Beyrer, F.L. Altice, Global burden of HIV, viral hepatitis, and tuberculosis in prisoners and detainees, *Lancet* 388 (2016) 1089–1102, [https://doi.org/10.1016/S0140-6736\(16\)30466-4](https://doi.org/10.1016/S0140-6736(16)30466-4).
- [2] M.L. Ndeffo-Mbah, V.S. Vigiotti, L.A. Skrip, K. Dolan, A.P. Galvani, Dynamic models of infectious disease transmission in prisons and the general population, *Epidemiol. Rev.* 40 (2018) 40–57, <https://doi.org/10.1093/epirev/mxx014>, 3.
- [3] WHO, Preparedness, Prevention and Control of COVID-19 in Prisons and Places of Detention, World Health Organization Regional Office for Europe, Copenhagen, 2020.
- [4] S.A. Kinner, J.T. Young, K. Snow, L. Southalan, D. Lopez-Acuña, C. Ferreira-Borges, É. O'Moore, Prisons and custodial settings are part of a comprehensive response to COVID-19, *Lancet Publ. Health* 5 (2020) e188–e189, [https://doi.org/10.1016/S2468-2667\(20\)30058-X](https://doi.org/10.1016/S2468-2667(20)30058-X).