

## Health of the person without liberty in social law

Saúde da pessoa reclusa para o direito social

Salud del interno por el derecho social

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### **Abstract**

The objective was to reflect the health of the inmate for the social right in a unit for people deprived of liberty, in the State of Paraíba. Held in a Penitentiary Institute intended to house people deprived of their liberty in a closed regime. This is a case study, where the sample did not have a predetermined number. The interview was used, in which the speeches of the people were recorded and transcribed for analysis purposes. Health care for inmates has not been developed in order to comply with current legislation, it was evidenced that the prevention, maintenance and treatment of the health of this population are in a chaotic situation, but there is reversibility, since the adoption of public policies is implemented and respected.

**Keywords:** Education, Public Health Professional; Person deprived of liberty; Right to health; Nursing research; Teaching.

### **Resumo**

O objetivo foi refletir a saúde da pessoa reclusa para o direito social em uma unidade para pessoas privadas de liberdade, do Estado da Paraíba. Realizado em um Instituto Penitenciário, destinado a abrigar pessoas privadas de liberdade em regime fechado. Trata-se de um estudo de caso, onde na amostra não houve um número pré-determinado. Utilizou-se a entrevista, na qual as falas das pessoas foram gravadas e transcritas para fins de análise. A atenção à saúde das pessoas reclusas não tem sido desenvolvida de modo a atender a legislação vigente, evidenciou-se que a prevenção, a manutenção e o tratamento da saúde dessa população encontram-se em situação caótica, porém há reversibilidade, desde que a adoção de políticas públicas seja efetivada e respeitada.

**Palavras-chave:** Educação Profissional em Saúde Pública; Pessoa privada de liberdade; Direito à saúde; Pesquisa em enfermagem; Ensino.

## Resumen

El objetivo fue reflejar la salud del interno por el derecho social en una unidad para personas privadas de libertad, en el Estado de Paraíba. Recluido en un Instituto Penitenciario destinado a albergar a personas privadas de libertad en régimen cerrado. Este es un estudio de caso, donde la muestra no tenía un número predeterminado. Se utilizó la entrevista, en la cual se grabaron y transcribieron los discursos de las personas para fines de análisis. La atención a la salud de los internos no ha sido desarrollada para cumplir con la legislación vigente, se evidenció que la prevención, mantenimiento y tratamiento de la salud de esta población se encuentran en una situación caótica, pero existe reversibilidad, ya que la adopción de políticas públicas es implementado y respetado.

**Palabras clave:** Educación en Salud Pública Profesional; Persona privada de libertad; Derecho a la salud; Investigación en enfermería; Enseñanza.

## 1. Introduction

Health care for the population deprived of liberty is a social right, which becomes an essential competence of the public authorities, which must develop public policies to be implemented through programs, projects and strategies, to guarantee people the provision of actions and services at different levels of care, from the perspective of prevention, promotion, rehabilitation and recovery. Universal and equitable health actions and services must be developed, with a view to comprehensive care in a decentralized manner in the three governmental spheres, with the effective participation of the community, in addition to being supported by Law 8080/1990. The Organic Health Law has been considered an ideal model for political and organizational formulation, contributing to many changes in the context of the health/disease process of the population that uses health services Brasil (1990); Valim et al (2018).

The Unified Health System (SUS), being universal, includes health care for the Brazilian prison population, regardless of the degree of imprisonment of these people: closed regime (sentence of more than eight years); semi-open regime (a sentence of more than four years and less than eight years) or an open regime (a sentence of less than or equal to four years) Araújo et al (2020).

Bearing in mind that the health actions provided through the prison programs in this sector must be promoted by an interdisciplinary team articulated with health care networks. Even before the institution of the SUS, the health of incarcerated people already had a legal provision from Law 7,210 (1984).

The prisoner's health care is recommended, both preventive and curative, as well as medical, pharmaceutical and dental care, guaranteeing, even that when the penal establishment is not equipped to provide the necessary medical care, it will be provided in another location, with authorization from the establishment's management Céspedes et al (2011).

Even if there are partnerships between the Ministry of Health and Justice in the search for the effectiveness of health care for inmates, the services provided to this part of the population still leave something to be desired due to the numerous obstacles observed in the daily life of the Penitentiary System, whether of a political nature, civil or economic, regionally or nationally Carvalho et al (2020).

Therefore, it is necessary to adopt coping strategies to overcome the problems and improve the viability of health actions in this sector. Structural and functional factors such as poor diet, sedentary lifestyle, drug use, lack of hygiene and poor ventilation of the environment, provide a gloomy, sad, funereal and regretful appearance, making the inmate, if he entered there healthy, do not go out without being affected by some disease or with your health fragile Lima (2019).

It is important to highlight the transmission of Tuberculosis, the State of Paraíba is no exception to this rule, even with the existence of the State Operative Health Plan of the Penitentiary System, this plan includes 18 (eighteen) Health teams that work within the prisons Ferreira (2011); Nogueira et al (2018). Of the total, 7 (seven) teams are distributed in the municipalities of João Pessoa, Campina Grande, Santa Rita and Guarabira. These teams are linked to the basic health network and provide care to these people, however, more complex cases are referred to local referral hospitals Ferreira (2011); Nogueira et al (2018).

Therefore, the research aims to reflect the health of the inmate for the social right in a unit for people deprived of liberty,

in the State of Paraíba. Which brings as a research problem, health as a constitutional right and a duty of the State, guaranteed by appropriate legislation and extensive to the population deprived of liberty, also protected by specific legislation, there is recognition of the scarcity of study on the subject, especially on this right within the scope of male populations with regard to the research object.

## 2. Methodology

The study was carried out in a Penitentiary Institute of the State of Paraíba, intended to house people deprived of liberty in a closed regime, with a sentence of more than 4 (four) years. The guidelines established through Resolution 466/12 of the National Health Council, which approves the guidelines and regulatory standards for research involving human beings, were used Brasil (2012).

This is a case study, where there was no predetermined number in the sample, aiming to understand complex social phenomena, allowing researchers to retain the holistic and meaningful characteristics of real-life events, such as individual life cycles, the behavior of small groups, the organizational, administrative and individual processes, in addition to the political ones, and related to them André (2022).

Regarding the methodological approach, when carrying out a qualitative investigation, the concern should be less with generalization and more with the depth, scope and diversity in the understanding process, whether of a social group, an organization, an institution, of a policy or representation. The technique used was the structured interview, in which the speeches of these people were recorded and recorded in forms designed exclusively for this purpose Minayo (2010).

Interview scripts were applied to a certain population of the study, who did not accept the use of the recording, because they were afraid of being identified, even after clarification about the anonymity of their testimonies. The inclusion criterion for carrying out the interviews was the existence of a health team in the penitentiary service to facilitate the researcher's access to that person deprived of liberty, thus enabling access for the investigation. In relation to the exclusion criterion, they were people imprisoned in the isolation sector for some reason.

The testimonies were transcribed and interpreted through the thematic analysis technique, which consists of the search for nuclei of meaning to build a communication in which the presence of certain themes express the reference values and behavior models present in the discourses related to the analytical object Minayo (2010).

To maintain the anonymity of the research participants, the codes Person 1 (P1), Person 2 (P2) and so on were used. The testimonies used in this article were extracted from the Doctoral Thesis, entitled: "Health of prisoners and social rights: a case study in the Prison Unit of João Pessoa - Paraíba", cataloged in the source Instituto de Comunicação e Informação Científica e Tecnológica da Public Health Library, Sérgio Arouca National School of Public Health, Rio de Janeiro - RJ. 148.

## 3. Results and Discussion

Regarding the sociodemographic profile of these people deprived of their liberty, the results revealed some variables of interest for the research object of study. 30% were in the age group above 40 years of age, 50% developed the professional role of bricklayer before arriving at the penitentiary complex, 70% were illiterate and 80% were single, but with children, and on this item they reported: [...] my son lives with his mother, I miss him a lot, I'm leaving soon, just a year to go and I've already served a year and two months of my sentence (P23). [...] I have a son, he is growing far away from me, I know he will be luckier than me in life (P30). [...] the most beautiful thing in this life, I have no words, is with the mother (P32). [...] I don't know much about my children, it's better, I suffer less, we love my children, the mother takes good care of them, I'm sure (P34).

Approaching this issue from the point of view of patriarchal ideology, where a strong social pressure is exerted on men,

generated by the imposition of roles that, when not fulfilled, put their masculinity in check. On the other hand, some testimonies register a certain tranquility on the part of the parents (recluse person) who transfer to the mother (wife or partner) the total responsibility for the care of the offspring, sometimes assuming their role of material provider and forgetting their affective function, sometimes assuming this role, although aware of their spatial limitations Freitas et al (2009); Pereira et al (2019).

Regarding the perception of inmates about the right to health as a social right, they reported that it did not exist, starting with the lack of privacy during consultations at the health unit, since the space inside the unit is precarious. In view of the above, the inmates showed embarrassment, in addition to becoming vulnerable to their peers for having to report their weaknesses and illnesses close to other inmates, who were sharing the same physical space.

We highlight the testimonies (P2 & P17), when asked about their right to health. [...] I come here very little, I don't like it here, because we say what we feel and the other colleagues listen and will comment down there, then it's fire, the colleague had a disease in the intimate part, he doesn't know ! and it had to be bandaged, here at the post and everyone in the pavilions knew and kept telling each other. It makes us weak and ashamed (P2). [...] there's a conversation here that goes down there, I don't know how it happens, there's no explanation for something like that. Here you only have the right to suffer and nothing else, the worst thing we pay here is to suffer, the State only wins on us (P17).

It is verified, through these testimonies, that the incompatibility of the physical structure reserved for health care directly affects the quality of the actions developed by health professionals. With no option of another suitable place to attend to the particularities required by each diagnosis, they continue to develop their actions in an unsatisfactory space, generating revolt among the incarcerated due to the exposure of their intimacies, during the consultations.

In the perception of this population in relation to the physical space destined to the health unit to carry out care, the lack of privacy generated unanimous dissatisfaction among the interviewees, as can be seen below: [...] the space should be larger, because we talk in front of others and they listen (P24). [...] it could be bigger because we go up a lot (P29). [...] I think it should be separated, we are ashamed to speak in front of others (P33). In their testimonies, the interviewees reveal dissatisfaction with the space used to provide this assistance, especially regarding the lack of privacy during the care provided by the health team.

This reality is in disagreement with Resolution No. 06/2006 of the CNPCP, Brazil (2006b), which establishes the minimum areas necessary for the allocation of the constituent elements of a prison health unit. In addition to the architectural precariousness of the physical space and the damage caused by this failure, it is evident that most of the equipment that constitutes the environment or that should provide support for its functionality was absent, which further aggravated the situation. The absence of a specific room for suturing, vaccination, observation, collection of material for the laboratory, material and sterilization center, in addition to a bathroom. These structural elements, when absent, generate precariousness in care, corroborating the disrespect for the individuality of the incarcerated during health actions. When asked about the recognition of the health team working in the unit installed for this purpose, practically all the prisoners showed that they did not know them, with the exception of an assistant from the sector.

The following statements confirm this revelation: [...] I know that there is a doctor, that I can hear them downstairs, the revolt is great because they arrive late and we miss the sunbath, only Jesus! Not to mention that it still interferes with lunch, because we go down very late (P21). [...] if I had a doctor to attend here I would have already gone down. I don't worry about this space, I think about the service (P15). [...] I don't know very well, that doesn't interest me, I just know that in front of the people everything is perfect and it's one thing and behind the back it's another thing (P32).

In all health services, whether of high, medium or low complexity, assisted users must be addressed by name and know by whom they are being cared for. In the prison health unit, already in the research scenario, it was found that there is no concern on the part of most professionals to identify themselves with the prisoner, a fact that makes it difficult to differentiate between professionals from the perspective of prisoners, leading them to approach topics that are inconsistent with the specialty of the

person who assists you. To discuss the testimonies related to elective and emergency health care, it was decided to separate these situations according to the understanding of the study population.

Regarding the responsibilities of the health team, among other activities, health education, the distribution of educational material, the distribution of condoms on the day of the conjugal visit to the companions and assistance to the inmate's family, seeking to resolve doubts. On the other hand, based on the information provided by the interviewee (P9), there is, within the Penal Institute, a large clandestine trade, where everything can be sold or exchanged, including the health protection and promotion objects distributed by the team. For this clandestine trade, prisoners are sentenced to one more penalty in addition to the one imposed by the State, that of falling ill due to perfectly preventable causes.

Research carried out in prisons estimate that approximately 20% of Brazilian convicts are HIV positive, mainly as a result of sexual intercourse without condoms or sharing syringes for injecting drug use. The following statements contradict the legal norm and show a blatant disrespect to Art. 196 of the Constitution of the Federative Republic of Brazil, which provides for health as a right for all and a duty of the State, with universal and equal access to actions and services for its promotion, protection and recovery. [...] it's ok, we are arrested anyway, anything is fine, there are days when I need the doctor and I can't even go up and there are days when he doesn't come (P34). [...] it's hard to say, because whoever is inside is who knows what is down there, our right here does not exist is make-believe (P4). [...] we are not entitled to anything, I don't even know how we get here, the guy will pick us up for the post, I don't even know how he chooses (P35). [...] here is jail! Jail is hell, it's the devil's thing, if you get out alive and without a scratch, you can thank God, which is a miracle. Here is jail only those who know are those who are inside, they have seen the right to nothing (P16) Rabelo et al (2011); Souza et al (2022).

The prisoners' testimonies carry a disconcerting fatalism. For most of them, the natural course of their lives is predetermined and pessimism is the predominant feeling. The lack of information about their rights makes them easy prey to conformism, completely vulnerable to supernatural designs “jail is hell, it's the devil's thing, if you get out alive and without a scratch, you can thank God, which is a miracle” (P16). Fatalism and conformism contribute to the illness of the body, undermining the soul and destroying hope.

The right to health necessarily involves the materialization and exercise of citizenship as the foundation of human dignity. regrettably, for whom health has not yet been achieved by all citizens. In the Prison System, the applicability of the SUS is still incipient, leaving individuals confined to the margins of the right to health and without the assistance compatible with their needs. When asked to report what improvements should be made in that Penal Institution in order to guarantee the health of the inmates, the interviewees alluded to issues of an administrative (human resources), structural (material resources) and operational (work process) nature [...] more people to attend to us and I came more arrested every day, because twelve come and are seen every four, and there are days when some come back without being seen and when the doctor doesn't come we don't go up, which is very disturbing, we could go upstairs to talk to the psychologist or the nurse Rocha (2011); Mendonça (2009).

The State is seen as a product of the interaction between freely formed groups and, therefore, permeable to the pressures and interests of these groups Avritzer (2012). In this sense, the legal apparatus is diffuse and equally distributed among the various actors and/or social groups, depending on the ability and willingness of each to articulate strategies and resources, in the dispute for their interests. Prisoners, when asked about the number of prisoners in the cells, replied that there is overcrowding, often living in the corridors of the pavilions and getting sick from the humidity and exposure to the cold. With these facts identified at the time of the research, overcrowding and precarious basic health care became evident, which confirms the inmate's testimony, as this fact constitutes one of the contributing factors for the inmates' illness.

The central corridor of one of the pavilions was supposed to serve only as a passage, but it seemed to fulfill another function in that context, as we verified the existence of mattresses, some still on the floor and others rolled up and attached to the wall, all in poor hygiene conditions, in addition to sheets and some pillows, giving us the impression that that space was also

used as a kind of “open cell”. Some prisoners stuck a sheet with nails on the wall and left them stretched over the mattresses, already tied to the same wall, featuring a curtain, whose function was to hide the presence of food, shoes and clothes. Each space in the corridor was covered by these empanadas and seemed to be disputed by the inmates later, we came to know that the occupation of spaces was a reason for conflicts and the order of arrival was the criterion of possession.

Regarding ambient lighting, there was a lack of lamps, generating little or almost no visibility, even in the morning, when we made the visit. During our walk through this “valley of tears”, we came across a ragged prisoner lying on the wet floor due to what appeared to be a leak. Disoriented and stammering words that were difficult to understand, that human being ended up serving his sentence, under the “protection of the state”. Next to him, we found another prisoner, affected by vascular disease, who, in an attempt to help him, informed us: “he has tuberculosis and has not been able to go up to be seen and no one has called him to the doctor for a long time, he even has a fever and spent the night coughing.” (P15) The two prisoners were in the pavilion for not being able to go to the sunbath, due to their precarious physical conditions.

It is worth noting that, in the prison health unit, we heard many complaints of headache, cold and cough, certainly resulting from living in that unhealthy environment. The penumbra of the cells, combined with the dirt and humidity of the environment, pose great threats to the health of residents due to the high number of mites (a parasite that feeds on human skin and causes allergic reactions such as dermatitis, rhinitis and asthma), but, contradictorily, resemble a multicolored patchwork that demarcates living spaces, adorned with photos of naked women, global artists, singers of choice and soccer players. We were allowed to enter an isolated area, delimited by blankets and where the darkness almost did not allow us to move.

Our escort showed numerous artifices used by prisoners to hide illicit objects such as loose tiles, small holes covered by photographs, which, despite being discovered during the “fine comb” operations, always insisted on reappearing and fulfilling their role of maintaining the illusion. to be able to do what you want. “We reserve the right not to specify the types of objects, as we believe they are not relevant to the research”. The storage of perishable and non-perishable food inside the cells also caused us great concern from the point of view of the prisoners' health. Without conditions of storage and verification of expiration dates, these foods can predispose the user to bacterial contamination and parasitic infestations. Inside some cells, we identified fruits, tomatoes, onions and peppers hanging on clotheslines, as well as shelves in the bathing area and very close to the toilet bowl.

We also observed plastic deposits with deteriorated sausages, whitish in appearance, and a huge fetid odor, in addition to juices in pet bottles with expired expiration dates. Regarding the water consumed in the cells, we observed that it is stored in old plastic bottles, covered with a cloth that is often moistened to keep the liquid cool. These bottles were stored in the barred windows of the bathroom, in the same place where the personal hygiene material was deposited. The floor and the masonry beds are also used for the storage of water bottles, as a rule, tied by cords together with the rest of the personal utensils. The aeration of the cells was another item of great concern to the researcher, when analyzed from the point of view of health. Access to the wind, made through a single window in the bathroom that opened to the external area of the pavilion. The almost unbearable heat justified the presence of numerous fans connected to bare wires, further favoring the occurrence of accidents involving electric shocks and resulting burns.

#### **4. Conclusion**

This study reached its objective as it reflected on the health of people deprived of the right of freedom, for the social right, in a certain prison unit in the State of Paraíba.

Health care for people deprived of their liberty has not been developed in order to comply with current legislation, provided for in the PNSSP, with a view to preventing, maintaining and treating the health of these people and the overcrowding of cells and prison sectors, the situation is chaotic, although it presents conditions for reversibility through the use of public

policies, political will of government managers and some administrative readjustments of a local nature.

In the routine of the work process of the health team of the prison institute, the lack of knowledge of the specialty of the members of the health team by the users of the system was also identified as an important generator of inefficiency of the health services. This lack of knowledge makes the therapeutic process difficult, as the user ends up exposing specific problems to different professionals and the resumption of the theme compatible with the professional's expertise in care causes a loss of time, discouraging the intern from exposing other themes that afflict him at that moment.

With regard to the psychological aspects resulting from the imprisonment process, attention is paid to the feeling of conformism and fatalism presented by a significant majority of the interviewees. These feelings contribute to the deepening of health problems and are encouraged by some team members who, contradictorily, end up being responsible for the problems they will have to deal with in the short term.

Therefore, the poor conditions of local hygiene and the lack of material conditions to promote and/or maintain it constitute a fundamental obstacle to be overcome. The exposure of inmates to pathogens generated by the accumulation of garbage ends up making any attempt to maintain health in the prison institute unfeasible, the scenario of this research. This serious problem does not only affect the lives of these people, but also the health of visitors, especially their partners at the time of conjugal visits, thus constituting a public health issue.

It is concluded that new research can emerge from the creation of this scientific content, specifically aimed at this community described as a study-research objective, based on the eloquent bases of ethics-bioethics for fundamental research with human beings.

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