

Pandemic and Prison Management: The Impact of Covid-19 on the Brazilian Federal District Penitentiary System

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The article analyses the management of the coronavirus pandemic (SARS-CoV-2) in Brasília's Penitentiary System. The focus of the analysis is on institutional partnerships and on the measures and practices implemented by socio-institutional actors to contain the spread of the virus responsible for the global health emergency. The research is based on qualitative fieldwork, which centred on the production of official data on the management of the Covid-19 pandemic in prisons in Brazil's Federal District. Fieldwork involved semi-structured interviews conducted remotely and in person with inspectors, operators and managers of the prison system: the secretary and coordinator of the State Secretariat for Penitentiary Administration (SEAPE), members of the Public Defender's Office and the Public Prosecutor's Office, professional health workers, prison officers and directors of prison units in Brasília. The set of data allows us to conclude that confronting the pandemic has produced considerable know-how for future health emergencies and helped enhance a variety of important aspects of prison management, such as the introduction of virtual visits and hearings and the improvement of relationships between the prison security and health teams, making hygiene protocols in the prison's daily routine and emergency medical care permanent features.

Keywords: prison; Covid-19 pandemic; prison management; Brasília (Federal District) prison system

Pandemia e Gestão prisional: Implicações da Covid-19 no Sistema Penitenciário do Distrito Federal brasileiro

O artigo analisa a gestão da pandemia de coronavírus (SARS-CoV-2) no Sistema Penitenciário de Brasília. O foco das análises está nas articulações institucionais e nas medidas e práticas implementadas pelos atores socioinstitucionais para enfrentar a disseminação do vírus que causou a emergência sanitária em escala mundial. A pesquisa é de natureza qualitativa de campo e teve como foco central a produção de dados oficiais sobre a gestão da pandemia de Covid-19 nas prisões do Distrito Federal. O trabalho de campo foi realizado por meio de entrevistas semiestruturadas feitas de forma remota e presencial com fiscalizadores, operadores e gestores do sistema prisional: secretário e coordenador da Secretaria de Estado de Administração Penitenciária (SEAPE), defensor público, agente do Ministério Público, profissionais da saúde, policiais penais e diretores de unidades prisionais brasilienses. O conjunto dos dados nos permite dizer que o enfrentamento à pandemia produziu um *know-how* considerável para futuras emergências sanitárias e contribuiu na melhoria de uma diversidade de aspectos importantes da gestão prisional, tais como a instauração das visitas e audiências virtuais e o aprimoramento das relações entre as equipes técnicas da segurança prisional e as da saúde, tornando permanentes aspectos relativos aos protocolos de higiene no cotidiano da prisão e aos atendimentos médicos de urgência.

Palavras-chave: Prisão; Pandemia de Covid-19; Gestão prisional; Sistema prisional de Brasília

Introduction

The declaration of a pandemic by the World Health Organization (WHO) on 1 March 2020 indicated the severity of the rapid spread of the new coronavirus (SARS-CoV-2). The Covid-19 pandemic led to a series of precautions being taken to contain the spread of the virus among Brazil's general population with the main measures being social distancing, the adoption of hygiene protocols, mask use, expansion of the public healthcare network, and mass vaccination of the Brazilian population (BORGES; CRESPO, 2020; ORTELAN; ABRAHÃO; GALES, 2021; ANTUNES *et al.*, 2020). Within the prison system, these measures were combined with strategies to reduce overcrowding, including granting house arrest to prisoners with comorbidities and who were considered part of the at-risk groups, which impacted the creation of a set of rules at a managerial and operational level.¹

According to Silva and Sinhoretto (2023), the National Council of Justice (*Conselho Nacional de Justiça*: CNJ) was at the forefront of producing guidelines, executive orders and resolutions with the aim of guiding magistrates, courts and other agents from the justice and prison system on how to minimize the effects of the spread of Covid-19 within the country's prisons, given their well-known overcrowded and unhealthy conditions. The authors analysed this set of documents and observed that CNJ Resolution No. 64,² created under pressure from organized civil society, was correct to highlight the precariousness of the Brazilian prison system in terms of ensuring the safety of inmates and professionals.

Also according to Silva and Sinhoretto (2023), this Resolution provided for the release of around 30,000 people, the granting of house arrest to specific groups, with or without electronic monitoring, and the "adoption of measures to prevent the spread of Covid-19 infection within the prison and socio-educational systems" (NATIONAL COUNCIL OF JUSTICE, 2020). This strategy was adopted to reduce prison overcrowding and thus ensure some control over the impact of the pandemic on prisons. There was no suspension or restriction on new admissions, however, which made this strategy ineffective in practical terms (VASCONCELOS; MACHADO; WANG *et al.*, 2020; MARTINS *et al.*, 2022) with the National Penitentiary Department (DEPEN) reporting that 233,612 people entered Brazilian prisons from July to December 2020 (BRASIL, 2020a).

Martins *et al.* (2022), reviewing the literature on the actions taken in 2020 to provide care for people held or working in prison systems during the Covid-19 pandemic in 45 countries, show that the main actions were aimed at reducing viral transmission and improving the conditions of prison infrastructures. In this respect, some of the most relevant measures highlighted in the reviewed studies were the restriction or suspension of family visits, early release, and the provision of electronic devices for making calls to family members or holding virtual hearings.

The focus on prisons during the pandemic is based on the poor health conditions in these spaces, especially on statistics showing that the incidence of respiratory diseases is 39 times higher among incarcerated people than among the general population (SÁNCHEZ *et al.*, 2005) and the high mortality of people from potentially curable infectious diseases, such as tuberculosis (SÁNCHEZ *et al.*, 2020). Poor air circulation and the concentration of people living in confined spaces with poor hygiene are considered to exacerbate the spread of infectious diseases (NOGUEIRA *et al.*, 2012). The potential insalubrity of Brazilian prisons and the rapid advance of the Covid-19 pandemic made these spaces potential risks for a catastrophic number of deaths. Sánchez *et al.* (2020, p. 1) frame this concern in statistical terms:

Among the general population, each infected person is estimated to contaminate 2-3 people. Given the conditions of incarceration in Brazilian prisons, the estimate is that one case can infect up to 10 people. Thus, in a cell with 150 inmates, 67% of them will be infected after 14 days, and all of them after 21 days. The majority of those infected (80%) will remain asymptomatic or will develop mild forms, while 20% will progress to more severe forms that will require hospitalization, 6% of these patients in ICUs. In this context, actions to tackle COVID-19 must be taken in advance to ensure that the situation does not spiral out of control (Sánchez *et al.*, 2020, p. 1).

Academic concern was focused on the implementation of actions that could minimize the impending catastrophe. However, despite the lack of transparency in the management of the pandemic in some Brazilian states and the non-uniformity of actions (PRANDO; GODOI, 2020; LIMA *et al.*, 2022), the projected number of deaths among prisoners was proportionally lower than among the general population: 0.43% of inmates compared of 1.41% of the general population. The rate of deaths inside prisons was notably four times lower than that of the general population (LOURENÇO; MONTOVANI, 2023).

The importance attributed to the pandemic through the implemented actions is clearly varies between the state prison systems. However, the low death rate among prisoners compared to the general population is to some extent the result of the actions implemented by individual Brazilian states to tackle Covid-19. In a comparative study on the management of the pandemic in Rio de Janeiro (RJ) and the Federal District, Prando and Godoi (2020) highlight the fact that, while in RJ the authorities had tended to minimize the pandemic's seriousness, in the Federal District the authorities were careful to maintain the positive image of the public administration, developing actions strongly associated "with efficiency, prevention and control of contagion" (GODOI, 2020, p. 2), although in both cases the rights of prisoners were found to have been violated.

This research joins other studies that have focused on analysing the management of the pandemic in different states within the Brazilian prison system. The text explores the management of the coronavirus pandemic (SARS-CoV-2) in the Brasília Penitentiary System. It comprises a

qualitative field study produced with the aim of systematizing and analysing official data on the actions implemented in prison units to contain the spread of the coronavirus.

The research was conducted in 2021, with fieldwork developed through semi-structured interviews with prison officers, prison managers, health professionals and members of the Public Prosecutor's Office, the Public Defender's Office and the Criminal Enforcement Court. The material analysed reveals that the institutional articulations for dealing with the health crisis and the decisions made by the institutional actors mobilized different sectors of the state and civil society, fostering closer integration between teams and knowledge through protocols aimed at combating a highly transmissible and deadly viral disease in an institution known for its pre-existing problems.

The text is divided into two sections, in addition to this short introduction and the final remarks. In the first section, we explore the methodological procedures and the research context. Next, we examine the results of the research, describing and analysing the actions implemented to reduce the harmful effects of Covid-19 in the Federal District's prisons, highlighting the institutional coordination between the different actors that make up the justice and prison systems.

Methodological notes and characterization of the FD prison context

This is a qualitative study based on a survey, systematization and analysis of official data on the situation of spread of Covid-19 in the prisons of the Federal District and the control measures implemented, encompassing both prison system managers and operators and inspectors of the justice and penitentiary system. The text originated from a broader research project. Consent for the latter was obtained through an official letter addressed to the secretary of SEAPE³ on 30 November 2020, with the aim of formalizing the request sent by email on 11 November 2020. The document explained the objectives and methodological procedures of the research on Covid-19 management in the Federal District's Penitentiary System, funded by the University of Brasilia's Research and Innovation Deanery. In this letter we requested authorization to interview managers and employees from the prison system and obtain data on the inmates and employees infected with the virus (infected, recovered and deceased). At the same time, we established a dialogue with the Federal District's Health Secretariat and the Ministry of Health to gain access to the health teams and public workers involved in responding to Covid-19 within the Federal District's prison system. Contacts with members of the other institutions participating in the research were made on an individual basis, observing their collaboration in actions to contain the spread of Covid-19 in prison units.

Data on the dynamics of fighting the pandemic was compiled through semi-structured interviews conducted online and in person with the support of SEAPE-DF. A total of 31 interviews

were carried out: secretary (1), advisors (2), coordinator of the Penitentiary System (1), director of the Women's Prison (1), directors of 3 male prison units (3), prison officers (12), members of the Health Secretariat (2), members of the health teams (5), representatives from the Ministry of Health (1), member of the Criminal Enforcement Court (1), member of the Public Prosecutor's Office (1), member of the Public Defender's Office (1).

Considering that the research was conceived and developed during the Covid-19 pandemic to shed light on prison policy actions in the context of a global health emergency (WHO, 2020), the research team faced several methodological challenges in gathering the data. The impossibility of contacting the prison population to conduct interviews or of entering the prison facilities were significant obstacles that need to be highlighted. Although the researchers did manage to enter the administrative areas of the prisons to interview the directors and gain on site observation of some of the sanitary protocols implemented to contain the coronavirus's spread, adopting the already widely-known protection measures, the fieldwork did not include observing the prison routine. In other words, the researchers did not observe how the actions to prevent and control the pandemic were implemented in everyday prison life, nor did they have access to the prison population to conduct interviews.

Due to the social distancing rules and the impossibility of entering the internal premises of the prisons, some of the interviews were conducted using available digital technologies. These tools were also used to maintain a dialogue between the researchers and managers during the fieldwork. The permanent dialogue with managers aimed to identify the responses designed to control the pandemic in Brasília's prisons, while the interviews with prison officers focused on the implementation of these actions in the prison routine. The research team visited in person the Penitentiary Administration Secretariat, the Women's Prison and the Papuda Penitentiary Complex. The interviews lasted between 30 minutes and 1 hour. Contact with prison managers, including the secretary and coordinator of SEAPE, thus took place both in person and virtually through interviews (Skype) and/or instant messaging (WhatsApp).

On the other hand, the bibliographic production that emerged during the pandemic phenomenon is vast, and the possibilities for analysing documentary material and the technical production of documents, scientific articles and journalistic sources, as well as guideline documents from the World Health Organization (WHO), have helped structure and outline a map of the context to be analysed in epidemiological and social terms, with a substantial set of data.

In order to understand how the strategies for responding to the Covid-19 (SARS-CoV-2) pandemic were implemented in the Federal District Prison System, we need to point out that the

operational mode of prison management in the Federal District differs from other Brazilian states due to the primacy of the role of the state's authority in daily life and its emphasis on disciplining and institutional security (SORIA BATISTA, 2007, 2009, 2016, 2017).

Recent studies have highlighted the dispersion of the First Capital Command (*Primeiro Comando da Capital*: PCC) and the Red Command (*Comando Vermelho*: CV), criminal factions that originated in São Paulo and Rio de Janeiro, respectively, to other Brazilian states (FELTRAN, 2018; MANSO; DIAS, 2018; LESSING, 2022), involving institutional arrangements in which the criminal factions act in (co)management of prison units with the State (BIONDI, 2010; PADOVANI, 2018; GODOI, 2017; NASCIMENTO, 2022; SIQUEIRA; NASCIMENTO; MORAES *et al.*, 2022). This reality differs from Brasília's prison system, which has maintained the state's authority in prison management, despite attempts to seize control by the PCC, CV and Comboio do Cão – a local faction originating from Núcleo Bandeirante, an administrative region of the Federal District.

The fight against the expansion of criminal factions inside and outside the Federal District's prisons has been an arduous joint effort by the public security forces. First, the Civil Police's Penitentiary Agents confronted them with intelligence strategies, the interrogation of prisoners who provided information to the Civil Police stations and the intelligence operations of the Public Security Secretariat (*Secretaria de Segurança Pública*: SSP). In this way, the Civil Police were able to track down, verify and investigate the criminal factions, which, despite their presence in Brasília, were unable to consolidate their control of the peripheries and prisons. Prison officers received police training when they still held the occupational classification of Civil Police Penitentiary Agents.⁴ The training was provided by Civil Police officers at the Penitentiary Special Operations Directorate (*Diretoria Penitenciária de Operações Especiais*: DPOE). The Civil Police also instructed these prison officers for them to continue the intelligence operations within the prison system. As part of this work, the prisoners belonging to criminal factions in the FD Penitentiary System are constantly monitored and separated from other prisoners, remaining in cells in the maximum-security section to prevent the consolidation of the activities of the criminal factions.

When considering prison management, we cannot overlook the operational mode of the prison units or the work performed by prison officers in the punishment and resocialization of prisoners (Brazil, 1984). The literature on prison security professionals has demonstrated the complexity of the work carried out by prison officers in the activities of punishment/custody and assistance/resocialization (MORAES, 2013; NASCIMENTO, 2022a, 2022b; ARAUJO; RIBEIRO, 2023), considered the backbone of penal enforcement (SORIA BATISTA, 2007, 2016;

NASCIMENTO; SORIA BATISTA, 2023). The role of these professionals in the Federal District's prison routine is organized bureaucratically, consisting of technical procedures designed to maintain order, controlling and disciplining the prison population, which requires prison officers to control their emotions, especially the fear of being physically attacked (MONTEIRO, 2023; NASCIMENTO, 2023).

These procedures involve direct contact with prisoners and are aimed at organizing prison life, including activities such as leaving cells, outdoor recreation, eating, returning to cells after going outdoors or family visits, conjugal visits, medical appointments, transferring prisoners to court hearings, and so on. In the case of the Federal District, the institutional identity of prison officers is focused on prison security, including to the detriment of strategies aimed at reintegrating prisoners into society. In this case, the state holds a monopoly on legitimate violence in the prison space, exercising authority within the institution (SORIA BATISTA, 2007, 2009, 2016, 2017). Visualizing the presence of bureaucratic procedures in prison work is extremely important because, as we shall see, responding to the pandemic posed serious challenges for the security routines established in prisons.

These aspects concerning the management of the prison routine in the Federal District's Prison System are essential for understanding how the socio-institutional actions to confront the Covid-19 pandemic unfolded, since the focus on institutional security enabled the coordination with other public sectors to implement various measures for containing the virus's spread – strategies that would have been extremely difficult had the state been co-managing the FD prison system with criminal factions.

These institutional articulations involved diverse bodies and levels of public administration and produced a very singular experience, something akin to the concept of lived public policy (KHAN, 2016; SHORE; WRIGHT, 1997). The policy for combating Covid-19 in the Federal District's prisons was formulated by policymakers and managers, supported by international guidelines that were also being developed simultaneously as the pandemic advanced, heavily impacting people's lives – those of managers, prison officers, prisoners and families – in the midst of a highly complex process. It is important to emphasize that public policies are shaped by the characteristics of the communities in which they are implemented and by the relationships and interactions between the political and bureaucratic actors involved in their formulation and implementation.

The Covid-19 pandemic posed a challenge to global health systems and their capacity to respond to public health emergencies. The mobilization of human resources, supplies such as test kits, vaccines and medicines, set the dynamic for this response in global, national and local terms. Brasilia was no

different and the entire Unified Health System (*Sistema Único de Saúde: SUS*) in the Federal District turned to protective measures such as social distancing and the use of lockdown masks.

The complexity of implementing such actions seems to intensify when it comes to closed institutions, which suggest the separation of people from the broader arena of social life (Goffman, 1999). Prisons, especially those where the state has a monopoly on legitimate violence and where the population is densely crowded, are considered high-risk spaces for the transmission of infectious diseases, including respiratory syndromes like Covid-19, which are highly transmissible, particularly among inmates (SÁNCHEZ *et al.*, 2020; BARROS, 2021; LIMA; CRUZ, 2022).

Brazil's prisons are widely recognized to be emblematic of the country's structural conditions and social inequities. These spaces are predominantly occupied by men and women from the lowest social strata in terms of economic and social indicators, with low levels of education and significant health care demands. Additionally, the overcrowded conditions favour the entry and spread of diseases. According to SEAPE data, in May 2021, the average number of prisoners was 16,184, with space available for 7,885 inmates, distributed over eight prison units. The number of prison officers was around 1,730 (DISTRITO FEDERAL, 2021).

Numerous studies on Covid-19 were conducted in the Federal District in a wide range of disciplinary areas, accompanied by bulletins and technical notes (CODEPLAN, 2020; PRANDO; GODOI, 2022). Specifically, the study by Guimarães and Duarte (2020) analyses the public management of the health crisis caused by the pandemic, focusing on weaknesses and opportunities identified in the context of the Federal District within the framework of the health policies implemented. The decentralization of response strategies to the Covid-19 pandemic in the Federal District was highlighted in this study as a central concern of managers, a fact also corroborated by health and judicial managers in our own research in the prison context. Adopting a similar perspective, this article focuses on the day-to-day actions undertaken to confront the pandemic, but also prioritizes the institutional articulations that enabled the implemented actions to be effective, as we shall see below.

Between institutional coordination, action and cooperation: some results

The research findings were organized into two topics: a) institutional coordination, b) know-how, organization and cooperation.

A) Institutional Coordination

On 12 March 2020, all classes and visits were suspended in every prison unit in the Federal District. The measure indicated the gravity of the situation. This date was recalled by some

penitentiary system workers as a watershed marking the periods before and after the pandemic. The health crisis can be considered to have taken hold from this date, prompting a series of measures to contain the spread of the virus: distribution of health leaflets, sanitization of internal facilities and vehicles, extension of outdoor time for inmates from 2 to 3 hours, creation of specific wards for inmates in high-risk groups, and quarantine for infected people and new arrivals (PRANDO; GODOI, 2020).

We call this initial phase the “prelude to the pandemic,” a moment of preparation for something bigger that was to come, a traumatic period for prison managers and staff, inmates, and the families of all the social actors involved in the prison environment. The feeling prevailing during this phase was the widespread fear of contamination and death. The radical nature of this experience in terms of its mental health impact on those involved is unknown.

Among the social spaces affected by the pandemic, the prison system was one of the places with the highest risk of contagion, given its overcrowding, poor living conditions and lack of hygiene (SÁNCHEZ *et al.*, 2020). For this reason, it was seen as a kind of “tragedy foretold,” due to the system’s propensity to spread the virus. From the outset of the pandemic, the FD Penitentiary System was repeatedly denounced for violations of the human rights of prisoners (PRANDO; GODOI, 2022; PRANDO; FREITAS, 2021). According to the public defender we interviewed, during the pandemic countless fake news stories were produced, “which left prisoners’ families in despair” (interview with a member of the Public Defender’s Office).

Nonetheless, the FD Penitentiary System was a pioneer in the mass testing of prisoners, which was the explanation given by prison management for the high number of infected people in the prison population revealed by Covid-19 data. According to the managers of the prison system, this testing provided a realistic picture of what was happening with the spread of the pandemic in the Federal District’s prisons, with the information widely disseminated in bulletins, marking this prison system out from other states that lacked the necessary test kits.

From a critical perspective, Prando and Godoi (2020) emphasize that this narrative produced a discourse of efficient pandemic management and was accompanied by secrecy or concealment of some of the data. This suppression of information was only possible due to the institutional alignment between the Criminal Enforcement Court (*Vara de Execuções Penais*: VEP), the Public Prosecutor’s Office (*Ministério Público*: MP), and SEAPE, leaving the families of inmates and non-governmental organizations advocating for the rights of the incarcerated out of this debate. From the perspective of our research interlocutors, the fight against the pandemic in the Federal District’s Penitentiary System was the result of a process of institutional coordination that enabled a

“sequence of decisions and measures that led to a good outcome, despite the deaths of four prisoners and one prison officer” (interview with the SEAPE secretary). Much more than an institutional alignment to produce a unanimous discourse, therefore, the institutional coordination in response to Covid-19 mobilized very different sectors through the articulation between SEAPE, VEP, MP, DP, the Health Secretariat (SES-DF), the Ministry of Health, prison health teams and prison officers.

The first issue identified, according to our research interlocutors, was the need to organize a combined response between the health and justice sectors. The managers stressed that health policies for the Federal District’s prison sector have always involved collaborative actions between the two departments, and in a public health emergency, such coordination was considered imminently necessary and urgent. The articulation between these two sectors resulted in a plan of action: the emergency measures taken initially to contain transmission of the virus included the separation of prisoners (into those with and without comorbidities), the use of masks and the adoption of protocols for disinfecting internal facilities.

In this regard, the DP also played its part, asking the VEP-DF to release all prisoners with comorbidities to house arrest, as a measure to reduce overcrowding and avoid infection of prisoners in the risk group. At first, however, as one of the interviewees reported, these requests were denied: “It was a huge disappointment, because even the medical assessments failed to back the need for release” (interview with a member of the Public Defender’s Office). Prando and Godoi (2020) state that this initial resistance to releasing prisoners was based on the discourse of efficient management of the pandemic, but was reconsidered as more cases of infection were confirmed.

According to the public defender interviewed, various conflicts and tensions arose in this context between the collective request for the release of prisoners with comorbidities made by the Public Defender’s Office and the lawyers who filed individual prisoner requests. At the same time, the families of some inmates would call to report that their imprisoned family member had comorbidities and had to be released, yet this was often untrue. The combined work of the DP and the VEP ensured house arrest for 900 prisoners aged between 30 and 60 with comorbidities and progression from a semi-open to an open regime for another 3,000 inmates. This was implemented in several stages. The Public Defender’s Office (DP) made a collective request for early progression while the Criminal Enforcement Court (VEP) asked for individual requests to be made. This led to a conflict with the prisoners’ lawyers and, to resolve this conflict opportunely, the VEP began to release them on its own initiative (*ex officio*).⁵

According to the member of the Public Prosecutor’s Office (MP) interviewed, the measures taken to reduce prison overcrowding were essential for the low number of deaths during the most

critical period of the pandemic: “But we were lucky, four inmates died and one of them had already been released from prison, serving house arrest” (interview with member of the MP). As well as working with the judiciary, the Public Prosecutor’s Office also began to conduct periodic inspections of prisons. The interviewee observed that these procedures enabled the development of a “close institutional relationship with SEAPE, which had not existed before, and they understood the need for us to be there.”

According to information from the National Penitentiary Department (DEPEN), the first recorded case of Covid-19 in Brazil was on 26 February 2020. More than 40 days later, on 8 April 2020, it was possible to verify the first case confirmed by laboratory examination in a prison unit in the country (BRASIL, 2020b). In the Brasilia Penitentiary Complex, the first case of Covid-19 was confirmed in April 2020. However, the virus spread quickly among prisoners and prison workers, which necessitated mass testing. In June 2020, 1,057 cases were diagnosed among inmates and prison staff, 9 of whom required hospitalization with 4 people subsequently dying (GOUVEA-REIS *et al.*, 2020; GOUVEA-REIS, 2021). Based on the information gathered from health and prison administration managers in Brasilia, these first months of the pandemic were critical moments: “a unique moment involving the collaboration of the prison officers and the health area, we joined hands as a team in a very close and intense effort” (interview with a health area manager).

Following the structuring of health units tasked to respond to Covid-19, the Asa Norte Regional Hospital (HRAN) was selected to provide care to the prison population infected by the virus, including five Intensive Care Units (ICUs). Meanwhile, in the prisons, the health teams intensified their care and compliance with security protocols. The health professionals working on the front line received personal protective equipment (PPE): gloves, masks, 70% alcohol and other items. All the necessary supplies were purchased, including thermometers and oximeters, with funds from the DEPEN itself and the State Health Department (SES-DF). Various protective materials used by prisoners and prison officers were made in the prison units by the inmates themselves.

In addition to mass testing, the prison population was mapped (though not separated) according to their risk level based on comorbidities, including hypertension, diabetes, asthma, tuberculosis and HIV/AIDS. Elderly people (over 60) were allocated to separate cells. These measures were promptly implemented and considered essential for controlling infections. Taken as a whole, these actions demonstrate a process of implementing a public policy within the prison system in the context of the Covid-19 pandemic, which emerged within the sphere of power formed by the local state and the intersectoral coordination facilitated by the various technical areas of prison management.

Following this line of argument, studies also highlight the crucial role of primary health care strategies in organizing responses to the pandemic and the privileged place of health services organized in these primary level care networks (NABUCO; OLIVEIRA; AFONSO *et al.*, 2020). It is precisely in this sense that adequate preparation of health services for response to public health emergencies at the primary care level demands a contingent of trained and up-to-date human resources to develop protocols, organize flows, establish forms of risk communication, and use media and other social technologies as part of prevention strategies. This is in addition to strengthening the network with adequate infrastructure for such emergencies, among other measures.

B) Know-how, Organization and Cooperation

The spread of contagious diseases in closed spaces like prisons is nothing new and it is up to prison management to use available resources to reduce the impact and scope of contamination. In the view of prison managers in the Federal District, previous experience with the H1N1 outbreak in 2009/2010 provided an important baseline for formulating actions to combat Covid-19. We should recall that on 25 April 2009, the World Health Organization (WHO) declared a Public Health Emergency of International Concern (PHEIC) due to the spread of the H1N1 virus. During this earlier experience, strict protocols were established for the treatment of prisoners and specific dynamics for moving them in and out of prison units.

Some of the prison directors interviewed stated that, amid fears of the looming health crisis, strategies to combat the pandemic gradually emerged. These involved organization and centralization at the prison level and cooperation between all the institutional actors involved. The first logistical move in the prisons was to centralize activities designed to control the virus's spread. These actions became part of everyday institutional life during the pandemic, highlighted in a process that developed in response to how contamination spread both inside and outside the Federal District's prisons.

4 May 2020 is considered a landmark date in the Federal District's Penitentiary System since it was announced that a task force would be set up to contain the spread of the Covid-19 pandemic. Among the emergency actions considered was the creation of a prison hospital to shelter those infected with the aim of slowing the spread of the disease and providing adequate treatment to inmates. Its implementation proved unnecessary, however. On 6 May, an executive order was issued appointing the head of this task force.

The professionals interviewed in the research were part of the frontline response to the pandemic, participating in the actions and closely monitoring the entire process. According to

one of the health professionals interviewed, “testing began on Good Friday, as part of the active search for people infected with the virus” (interview with a health team nurse). Rapid or PCR tests were performed on all inmates showing symptoms of Covid-19 and those who were confirmed or suspected to be infected were confined to specific spaces (wards or cells) without contact with other inmates, remaining in quarantine for the recommended time. These protocols were coordinated by the health team and any mild symptoms (fever, headache and fatigue) treated with routine medications.

Provisional Detention Centre II (CDP II) was the priority space used for containing and treating infected people, even though the space was still under construction at the start of the pandemic. Block 16 housed prisoners who had tested positive for Covid-19 and would receive care and treatment from the health team. Block 15 housed newcomers to the Penitentiary System, prisoners from the Prisoner Control and Custody Division (*Divisão de Controle e Custódia de Presos*: DCCP) of the Civil Police.⁶

The decision to centralize the response to Covid-19 acknowledged that the directors of the different units – Provisional Detention Centre I (CDP I), Provisional Detention Centre II (CDP II), Federal District Penitentiary I (PDF I), Federal District Penitentiary II (PDF II), the Internment and Re-education Centre (CIR) and the Penitentiary Progression Centre (CPP) – would be unable to combine control of the pandemic with their many other responsibilities.

Prisoners who showed symptoms of Covid-19 were sent to the ward in block 16, ward B, of the CDPII. Confirmed cases, however, were kept in ward A. This strategy allowed for greater security and control in the handling of cases. The health teams entered these spaces accompanied by prison officers and sometimes by managers. Initially, the Health Secretariat (SS-DF) offered sufficient material for testing in prisons, but by the end of November 2021, due to a lack of testing equipment, the protocol was changed so that prisoners who showed symptoms were quarantined without being tested.

All of the System’s units had tests, rapid tests and RT-PCR, carried out using a long, sterile cotton swab.⁷ A protocol adapted for the prison population also began to be implemented with the support of the Ministry of Health, which set up a team to monitor care in prisons. Initially, the health protocol required prisoners to remain in isolation for 21 days. This quarantine period was later reduced to 14 days. Both prisoners already infected and those entering the system were quarantined. Every week, new inmates – around 100 – were taken in and quarantined. Once the isolation period was completed, they were distributed to the different prison units in the FD.

In the case of the Federal District Women’s Penitentiary (*Penitenciária Feminina do Distrito Federal*: PFDF), spaces needed to be improvised to shelter prisoners entering the system and those

who fell ill, using the existing structure. Specific places therefore had to be adapted to receive, quarantine and treat these infected female prisoners. After the period of isolation, initially 21 days and later 14, the imprisoned women were tested and then assigned to wards compatible with their sentences. Before deciding on a prison lockdown, a strict protocol was established to control the entry and exit of semi-open regime inmates, who had to sanitize their shoes and hands, change their clothes and wear a mask, among other procedures. Similar to the protocol in the male prisons, women inmates in the risk group were separated from the rest of the prison population, following the indications of the health team.

From the viewpoint of the managers, one element that contributed to the positive response to Covid-19 was women's more attentive behaviour regarding hygiene, concern for their children and precautions against diseases. "Because the traditional sexual division of labour largely remains in society, women know that childcare depends on them, and so they know that they cannot get sick" (interview with the director of PPDF).

On the other hand, among the Penitentiary System's staff, contagion control involved observing symptoms, especially among doctors, nurses and prison officers on the 'front line.' Prison officers were the first to become infected due to their direct contact with inmates, distributing meals, supervising activities in the workshops and cleaning, among other tasks. They were advised to avoid contact with their own family members to limit the spread of the virus inside and outside the prisons, and also minimize contact with their peers with the immediate measure being to suspend joint lunches among employees.

This was how control of the pandemic in the prison system began, adopting this seemingly simple logistics. It is important to emphasize that for a system characterized by the bureaucratization of prison work and the emphasis on security, any change in work routines creates tensions and conflicts. However, the prison security teams eventually yielded to the guidelines stipulated by the health teams, who took the lead in handling the pandemic response actions. An interesting example is PDF II, a maximum-security prison within the Penitentiary Complex, which houses faction members, leaders of the PCC and Comboio do Cão. New security procedures had to be established since the health teams indicated specific protocols. During the first nine months of the pandemic, all searches of cells, wings and inmates the "general prisoner searches," were suspended with intelligence carried out more routinely, as the Prison Administration coordinator highlighted:

We started to use prison intelligence more during the pandemic. When we discovered that prisoners had taken iron from their cells to make stockpiles or knives, we would take them out to sunbathe and left them sitting in the yard. During this interval, the cells would be searched. The prisoners would take off their clothes and walk through the metal detector, without physical contact with the prison officers. It was very difficult, because there was a security standard that had to be relaxed in response to the pandemic (Interview with the Prison Administration coordinator).

Just as happened outside their walls, the advance of the pandemic, despite the health measures implemented, led to the decision to go into lockdown inside the prisons starting in April 2020. A prison lockdown was decreed throughout the Penitentiary System. Gradually, the entry of lawyers, the transfer of prisoners to pre-trial hearings and in-person visits by family members were prohibited or restricted. Smoking was also banned. In other circumstances, these kinds of measures are considered to have a strong negative impact and can “turn the prison upside-down,”⁸ requiring skilful action from prison officers and managers to resolve conflicts quickly.

The restrictive measures adopted to contain the spread of the virus generated various conflicts, with the suspension of family visits being a source of widespread dissatisfaction among inmates and their families. Gradually, however, families came to understand the severity of the situation and played an important role in preventing significant disorder. The suspension of family visits also triggered disturbances in Minas Gerais (BARROS *et al.*, 2020; LIMA; CRUZ, 2022) and São Paulo (LIMA *et al.*, 2022). One of the health team members interviewed believed that the families

...were receptive and collaborative, as suspension of social and conjugal visits was essential for their protection and the protection of their imprisoned relatives. However, there were also tensions with the families, including demands from them to see inmates affected by Covid-19. Providing them with information and explaining that the situation did not allow for such visits was crucial. (Interview with a member of the health team).

On the other hand, the release of digital technologies like videoconferencing greatly facilitated dialogue with prisoners and their families. For hospitalized cases, a bulletin was created for management and another for family members, providing updates on the patients. Conflicts were later stabilized through individual discussion of each case with the VEP Judge.

Even with the suspension of visits, deliveries of food supplies to prisoners continued until the lockdown was imposed. This process was covered by a specific protocol that included careful handling by employees, who issued receipts for the items received, placed them in bags and quarantined them. Only after this process were the food items distributed to the inmates. The same happened with the sums of money brought by family members for prisoners. Virtual visits by family members were also made possible, although the maximum time was relatively short. These procedures were instituted in both male and female prisons.

As mentioned, during the peak phase of the pandemic, inmates were allowed virtual visits with their families. For inmates who did not receive visits in person, an additional opportunity for family contact was provided by scheduling a virtual visit. This could be scheduled by the visitor and the inmate was authorized to participate in the call, so long as he or she was not serving a disciplinary sanction for serious or moderate misconduct. Prisoners who had committed

these misdemeanours had their right to virtual visits suspended during the 10 days of isolation. Prisoners in maximum-security prisons were also entitled to virtual visits, even though they were considered 'dangerous.'

Rooms with tablet computers were made available in the prisons. Visitors scheduled a visit online and this link was sent to the unit's visitation centre, with the prisoner's name, medical records and the date on which the visit was scheduled to enter the system. The prisoner was led to the virtual visitation room and remained there for 3 minutes to talk to his family member. There was certainly control over what the prisoner said due to the presence of a prison officer standing nearby, as during this time they have no right to confidentiality, confidentiality being a prerogative reserved for communication with their lawyer. In the view of one of the prison officers interviewed, "the conversation had to be limited to reminiscences, because, aside from the short time available, it was closely monitored" (interview with prison officer).

Before the pandemic, prisoners were free to talk to family members without the prison officers listening in. The staff only entered during visits when they noticed something abnormal. Explaining this practice, one interlocutor stated that "it is not uncommon for prisoners to recruit their own family members to take information outside the prison and continue the criminal activity. Virtual meetings eliminated this possibility" (interview with a prison officer). From the management's viewpoint, therefore, the virtual visit is considered positive.

As the pandemic progressed, the prison management realized the need to protect prison staff with personal protective equipment (PPE). In this regard, the Industrial Sewing Department of the Women's Prison and the Sewing Workshops in the male prisons played a crucial role in producing gowns, caps and masks, all made from fabric donated by the National Prison Support Foundation (*Fundação Nacional de Amparo ao Preso*: FUNAP). Similar care was not shown in states like São Paulo and Rio de Janeiro, where families, non-governmental organizations, the PCC criminal faction and evangelical churches played a significant role in supplying hygiene supplies and personal protective equipment for inmates (LAGO, 2020; LIMA; BIAGIONI; OLIVEIRA, 2021; PRANDO; GODOI, 2020).

In both the men's and women's prisons, the inmate population began using fabric masks made in the prison system's sewing workshops. In CDP II, inmates were only allowed to go outdoors during recreation periods while wearing protection. They were instructed to wear the mask inside the cells as well. The masks provided were cloth and were replaced in the hygiene kit given to inmates every 15 days. Prisoners had to use and wash the mask themselves during this period. The care to replace masks periodically as an essential item for the individual protection of inmates

was not evident in other Brazilian states, such as São Paulo where 57.7% of inmates failed to receive replacements for this item (LIMA *et al.*, 2021).

Confronting the pandemic required the adoption of urgent measures, yet state responses are usually slow due to bureaucratic procedures, such as bidding processes. At the time, the Sub-Secretariat of Penitentiary Administration lacked a budget allocation, as it was controlled by the State Secretariat of Public Security (SSP). However, it is acknowledged that the SSP “helped but did so slowly due to the bureaucratic procedures” (interview with the Secretary of Penitentiary Administration). However, the creation of SEAPE and the task force’s recommendations expedited the institutional bureaucratic procedures to ensure resources were available to implement the actions.

During the most severe period of the pandemic, bringing food to prisoners was no longer authorized. According to the secretary, however, SEAPE made every effort to provide all items necessary for the personal hygiene of prisoners, as well as materials for disinfecting collective spaces. The care taken in providing basic hygiene items by SEAP-DF contrasts with the lack of such care in other states, as reported by Lima *et al.* (2022) in their research conducted in São Paulo and Barros *et al.*, (2020) in their analysis of the case of Minas Gerais. According to Lima *et al.*, (2022), despite the substantial amounts allocated to combat the pandemic in São Paulo prisons (14 million reais for health care for prisoners and 31 million reais for procuring hygiene materials), only 8.3% of prison units received hygiene materials regularly, while 16.7% did not receive any of these supplies.

After the prison lockdown, the Penitentiary System was reopened in a controlled manner. The infected had spread to 75% of the prison population and the health teams considered that the first stage of combatting the virus to be over. The prison security technical team met to plan leaving lockdown. Inmates in the risk group who had not been granted house arrest remained in isolation. In the words of one of the prison officers interviewed: “we sought to resume our normal routine, but with a lot of control, to avoid sliding back on the successes achieved” (interview with prison officer).

Special attention was paid to regulating visits by the family members of prisoners during this process of gradual opening: for example, there were 40 visitors allowed in one block and 40 in the other, while before the pandemic, approximately 200 to 250 people entered each block. This number depended on the decisions of the prisoners, however. Each inmate is allowed to list 10 visitors on the register and 4 can enter each visiting day. Sometimes all 4 visitors would come to see the inmate. In this context, the prison management required that people arriving maintain social distancing and use hand sanitizer. Before entering the prison units, a nurse would take their temperature and look for the presence of symptoms and, if any were detected, they were instructed

not to *descer*, 'go down to' (enter) the unit. The delivery of food supplies also changed, with food items being handed in plastic bags to an employee. This material was disinfected at the unit and given to the inmate 72 hours later by the prison officer in charge of the yard. Before the pandemic, visitors would go down to the unit, pass the bag through the scanner to show that there was nothing illegal inside, and then pick up the bag themselves to take it to the person they were visiting. The procedure for searching visitors remained the same, however, performed using a body scanner.

The reopening of the prisons to allow normal activities like visits, workshops, classes and technical support signalled the weakening of the pandemic and the success of the actions taken to combat it. The latest bulletin on Covid-19 updated by SEAPE in December 2022 identified 4,208 confirmed cases of infection, 3,276 of whom were prisoners and 932 prison officers. It is estimated that 79.9% of the prison population and 22.1% of prison officers became infected. The mortality rates in the Penitentiary System were 0.27% of prisoners and 0.47% of employees.⁹ These mortality rates were much lower than those of the general population of the Federal District, which presented a rate of 1.7%. The bulletin also reports that 16,664 people were vaccinated, representing 1,720 prison officers and 14,974 prisoners.

According to the health and prison managers interviewed, the success of the actions implemented to combat the pandemic in the DF prisons is reflected in the low mortality rate among prisoners compared to the general population. This was achieved thanks to the joint efforts of the different institutions to quickly deliberate on options focused on solving the problems that emerged throughout the pandemic, whether these were caused by the slowness of the justice system, overcrowding, unsanitary conditions in prisons, or inadequate living conditions in these institutions that directly impacted the rapid spread of the virus.

As different needs were detected throughout this process, the protocol was adjusted to enable rapid responses, especially cleaning and disinfection measures, taking into account the specific security requirements of the prison context. The measures to educate and inform people about the disease included ways of using money and distributing food to inmates. Our interlocutors highlighted the fact that communication was enhanced by strengthening and improving dialogue between the various public security and health departments, notably the SES/DF. At the same time, a monitoring group was quickly set up that predicted 80% infections among inmates and a high percentage of deaths, given the high number of inmates, the overcrowded physical conditions and the lack of ventilation. However, VEP's agility allowed the creation of norms throughout the pandemic, which facilitated the operationalization of the recommended measures.

A study conducted in Federal District prisons in 2021 showed that approximately 90% of the prison population over the age of 60 became infected with Covid-19 within two months. The results of this research also identified good management of the crisis caused by the pandemic in

prisons. The authors observed that despite the major health challenges in the context of prison units, permanent health monitoring, active case tracking and timely assistance for symptomatic patients were considered key strategies for the positive outcomes obtained in managing the impact of the Covid-19 pandemic emergency on the Federal District's prison population (GOUVEA-REIS et al., 2020).

Final remarks

Throughout the descriptions and discussions, notwithstanding the problems, conflicts and tensions experienced, the Federal District Penitentiary System managed to confront the health emergency effectively and efficiently. Despite the irreparable loss of life among professionals and inmates, we can assert that the actions taken in response to the pandemic were successful, surpassing the alarming estimates and predictions made by researchers and activists. In this case, there is a clear relationship between the optimization of human, technological and financial resources and the achievement of the Penitentiary System's objective during the health emergency: to prevent the deaths of inmates and employees.

As explained throughout this article, prison work in the Federal District Penitentiary System is bureaucratic and focuses primarily on prison security. During the pandemic, however, close dialogue between security and health professionals ensured that prison security protocols were relaxed to comply with the routine protocols recommended by health professionals. At first, this was deemed unthinkable, but prison officers and managers gradually realized the severity of the situation, which provoked fear and insecurity among both the prison population and the professionals. The situation was exceptional for everyone to the point that the prisoners themselves, who initially created tensions and conflicts, generally understood the gravity of the health crisis and accepted the severe restrictions imposed. The same applied to the prisoners' families.

The implementation of actions to combat the Covid-19 pandemic also enabled closer relations, coordination and cooperation between different institutions that worked together. Decision-making was coordinated through the creation of an intersectoral committee convened by the Criminal Enforcement Court, composed of the current SEAPE, the Public Prosecutor's Office (MMP), the Unit for Persons Deprived of Liberty, the Health Secretariat and the Ministry of Health.

Among the advances in terms of physical infrastructure and assistance to prisoners, the creation of virtual visits as an alternative to in-person visits benefits both prisoners and their families, as well as prison officers, who are able to intensify security protocols. Closer dialogue between the Public Defender's Office and SEAPE enabled a specific room to be made available in prison units to assist prisoners, which previously took place in the yards. Various cleaning and sanitation

protocols have been incorporated into the prison routine. Some practices that were already known but not performed, such as washing hands, for example, in addition to hygiene rules for visitors, among other measures, have improved the health conditions of professionals, visitors and the prison population itself. Still regarding health improvements, the prison Basic Health Units (*Unidades Básicas de Saúde*: UBS) extended their opening hours from 7 pm to 9 pm, with a view to meeting all demands, and not only those related to Covid-19.¹⁰

The pandemic led to discussions about isolation processes, time, the impact on security and the use of Personal Protective Equipment (PPE), as well as the effects of on individual biopsychosocial health. Regarding the prison system, the relationship between health and security underwent significant changes, despite the different viewpoints, tensions and conflicts that arose. These issues were gradually resolved and led to improvements in the health of prisoners and professionals. In this context, we can note the importance of research and studies that aim to analyse the programmatic issues addressed during the health emergency, allowing for the accumulation of experiences and practices that can guide actions in future health emergencies. Studies on the dynamics of institutional responses to health emergencies in prisons need to be continued from a multidisciplinary and intersectoral perspective. The importance of research and its new contributions to strengthening public policies and implementing new evidence-based strategies developed by professionals directly involved in responding to social demands has become clear.

Notas

¹ Elderly people and/or people with diseases associated with the development of severe and fatal forms of Covid-19 (risk groups), including diabetes, heart disease, high blood pressure, kidney failure, asthma, HIV/AIDS and tuberculosis. Pregnant women and mothers with young children also form part of this group due to their vulnerability (SÁNCHEZ et al., 2020, p. 1).

² This resolution provided for the possibility of house arrest or re-evaluation of imprisonment, as a protective measure during the pandemic, for people accused of crimes without violence or serious threat of bodily harm.

³ SEAP was created by Decree 40,833 of 26 May 2020, a body with budgetary autonomy, which replaced the former Penitentiary System Sub-Secretariat, dependent on the State Secretariat for Public Security.

⁴ This renaming occurred in 2014. Previously these professionals were called Penitentiary Activity Agents.

⁵ The authority-duty to apply the legal norm deemed most appropriate to the case, even if this norm was not raised by the parties.

⁶ Normally, after being taken into custody by police stations, prisoners are sent to the DCCP. On Tuesdays and Fridays, the bonde (transport vehicle) picks them up to take them to the Penitentiary Complex.

⁷ Test samples can be collected from the third day after the onset of symptoms until the tenth day, since there is a greater presence of the virus in the first days of contamination <https://coronavirus.saude.mg.gov.br/>

⁸ The term *virar a cadeia* is used to describe moments of disorder in which prison officers do not have full control over the actions of prisoners. This usually occurs in the form of riots and rebellions.

⁹ Eight prisoners and four professionals died as a result of Covid-19 in the DF prison system. The professionals who died were two prison officers, one civil police officer and one health professional.

¹⁰ During the pandemic, the DF Penitentiary Complex (Papuda), located in the eastern region of the Federal District, had the support of six UBS to organize care, in terms of health promotion, prevention and care, strengthening the role of Primary Health Care (*Atenção Primária em Saúde*: APS).

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