

Lifting the veil of invisibility on the health of Brazilian prisoners

Revista Ciência & Saúde Coletiva brings another editorial year to a close, raising the curtain on one of the most thorny, controversial and neglected topics in the implementation of public policies in Brazil and in various parts of the world.

It includes 25 articles that encompass the far reaches of the country and reveal impressive empirical data on the Brazilian penitentiary system. The first astounding statistic is the increase in the population that inhabits this secluded world: according to the latest National Survey of Penitentiary Information (INFOPEN), there is a grand total of 749,233 prisoners today, according to the National Penitentiary Department¹. The upward trend has been increasing by around 8% year upon year since the beginning of this century. Of the total of incarcerated individuals, 40.08% (300,268) committed crimes against property; 29.28% (219,375) were arrested for association with drug trafficking; and 14.35% (107,493) were imprisoned for crimes against a person. The crimes with the lowest incidence are those against the public administration committed by civil servants or individuals (0.34%), with a total of 2,499 prisoners.

There are 11,374 elderly inmates currently in the system, which corresponds to 1.52% of the national penitentiary population, but is growing at a faster pace than the total of convicts: 87% are in the 61- to 70-year-old age bracket, and 13% range from 70 to over 80 years of age.

The reader will discover that the jails are full of impoverished Brazilians whose background of exclusion began long before their criminal careers, as revealed in the study by Minayo and Constantino², which followed their trajectories in the State of Rio de Janeiro in this study.

To place the figures above in context, the 25 articles that comprise this special volume can be grouped into the following categories: situational analyses of prisoners from the standpoint of human rights; policies and practices currently in progress, particularly in the field of health; major infectious diseases and chronic illnesses that predominate among inmates, with the emphasis on tuberculosis, but also on chronic-degenerative ailments; the situation and suffering of female inmates in contrast with diagnoses for men; treatment of mental disorders and care for people in psychological distress; and issues regarding the difficulties and the lack of creativity with respect to social reintegration.

By covering the whole of Brazil from north to south, the authors provide a comprehensive profile of the population that needs to be identified, but above all, attended to, taking into account the ideal of resocialization that has never been achieved. On the contrary, the most varied works question the organization of the system that promotes recidivism, encourages people to be loyal to factions and makes prisoners far more vulnerable to communicable and chronic diseases. In line with the international literature, prisoners are more prone to illness and age faster than their peers living in freedom.

There is a National Policy for Comprehensive Health Care for Persons Deprived of Liberty in the Prison System (PNAISP) jointly established by the Ministries of Health and of Justice since 2015³. However, it has not yet “caught on,” even though there is a federal subsidy for its deployment and implementation. Its focus is to bring SUS principles into prisons and offer comprehensive treatment to those in need.

Despite having such an all-embracing and well-crafted Policy at its disposal, the prison system is the ultimate expression of inequality, social injustice and human suffering to an extreme degree. Reviewing and rethinking the system theoretically known as resocialization is a civic duty that cannot be left solely in the hands of those who dispense justice. Any person who commits a crime deserves to pay the penalty, albeit without being inhumanely tortured and mistreated.

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