

Review Article


Prisoners in pandemic of COVID-19

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Abstract

The criminal justice systems, being a part of public health should be deemed a part of protective health services that the whole society benefits and the measures related to the spread of COVID-19 should equally be benefited. Transmitting COVID-19 to these institutions or from these institutions to other settings in the community decreases the effect of measures and imposes a burden to the systems. Also, the rate of being infected with coronavirus for prisoners is five times higher than that of people living in the general community of the country. This literature review has been made to contribute to managing COVID-19 in criminal justice systems and to guide public health nursing applications. Nurses should have skills to identify the needs of vulnerable groups and protect them against discrimination and inequalities in health services. They advocate for individuals to be referred and get appropriate care. They assist in screening individuals in terms of communicable and non-communicable diseases before the discharge. They make a care plan for individuals before the discharge to prepare them for life outside. They create discharge files for individuals to carry on with their treatments after being released. They also take charge in follow-up of those individuals by reporting them to Family Health Centers.

Key words

Criminal justice system, Correctional health care, Infectious diseases, Prison, Prisoners, Public health.

Introduction

The COVID-19 disease, which is a new type of SARS-CoV-2, a member of the coronavirus family [1], has resulted in the death of millions of people (1.914.378) worldwide, including 14.705 in Turkey. After the disease started to rapidly spread around the world, it was declared

a pandemic and a major threat for people living in densely populated regions and communal living spaces, such as elderly care centers, immigrant/refugee settlements, prisons, and CJSs [2, 3, 4]. Thus, special measures needed to be taken for individuals living in those spaces. In studies conducted on this subject, the samples

included group facilities that were severely affected by COVID-19, like the federal and state prisons of the USA. According to the Marshall Project, which tracked the data on COVID-19 infections in prisons, at least 102.494 prisoners had tested positive as of August 14, 2020, and 889 of them had lost their life. In a study conducted by researchers from Harvard University and the Women's Hospital in Boston and Brigham, 1.032 confirmed COVID cases were reported, including 664 prisoners and 368 staff members, with the rate of COVID-19 disease among prisoners and staff being 6.9%. Another study showed that the infection rate of COVID-19 among prisoners was 4.4% [5]. While the real number of cases within the prison is unknown [6], based on data from December 2020, there were 275.000 COVID-19 cases in USA prisons, with 1.700 deaths [7]. In Turkey, 374 prisoners tested positive for COVID-19, with six deaths [8]. It is believed, however, that the death rates from COVID-19 in the prisons in Turkey and the world do not reflect the real picture of prisons [9].

Incarceration facilities, which host a population largely composed of individuals who are from marginal groups, have low health care standards, a history of smoking and substance abuse, poor hygiene, inadequate preventive healthcare behaviors, poor diet, and higher stress levels due to confinement restrictions, like social isolation and strict security regulations, are environments where social distancing is physically impossible [10]. Prisoners tend to have weaker immune systems and be more vulnerable to diseases, especially infectious diseases, as a result of their living conditions and their pre-incarceration lifestyles, making them one of the most high-risk groups for pandemics. Their vulnerability increases during imprisonment because of their limited movability, space, and medical care [11]. As infectious diseases spread faster in such institutions, they are considered to be epicenters for diseases, [11, 12], such as human immunodeficiency virus (HIV), hepatitis C virus (HCV), and tuberculosis (TB). Given that prisons are populated by individuals at high-risk for

health issues, they are dangerous environments [11]. Moreover, as prisoners have limited access to health services and are more likely to have chronic conditions, they form a high-risk group for COVID-19. Infectious diseases are very common, particularly those affecting the respiratory system, such as tuberculosis and asthma, in the Prisons [13].

The presence of COVID-19 in such environments, where multi-morbidity and chronic diseases are more common and severer than in the general population, can have particularly serious consequences considering the higher rate of mortality of the virus on individuals with chronic diseases or immunosuppression. It has been argued that the aging process for inmates is faster than that of community-residing individuals, and that the age at which they should be considered elderly should start at 55 [14]. In addition, considering that in incarceration facilities health services are insufficient and diagnosis and treatment services are delayed due to security issues [11], the morbidity and mortality rates associated with pandemics would be very high in these facilities, the results of which would place a heavy burden on the economy and the healthcare system of a country and inevitably lead to the violation of human rights for prisoners.

The high-risk individuals for the spread of epidemics who are under the custody of criminal justice systems (CJSs) means that these systems play a major role in how infections pass to the community. As there is constant circulation between CJS staff and visitors, the CJS can function as an intermediary for transmitting infections to the communities [11]. As a result of this potential threat, special measures have been taken in CJSs during the COVID-19 pandemic, and the CJS health services have become an integral part of the public health actions taken by the national public health system [4].

Two specific concerns regarding public health have been raised about the presence of COVID-19 in these institutions. First, there is the fear that

the virus could overload the CJS health systems and thus potentially place additional demands on diagnostic and treatment centers of the national health services. Second, given that on a global scale, these institutions detain nearly 30 million prisoners every year, the circulation of these inmates, a majority of whom come from marginal groups, in and out of the system increases the risk that these institutions will transmit COVID-19 to the community [12]. History shows that prior to the COVID-19 pandemic, different infections were passed from CJSs to the community. Thus, it is necessary that the relevant authorities take necessary measures in CJSs during COVID-19. The World Health Organization (WHO) recommends that individuals entering CJSs be screened for fever and lower respiratory tract symptoms, and that individuals who have a history of COVID-19 and are still symptomatic be isolated until further medical evaluation and tests are conducted [15]. Another intervention recommended by the WHO for CJSs during the COVID-19 pandemic is to triage and conduct a risk assessment and/or screening of individuals entering these systems [15]. Regardless of whether there are suspected cases in the community, entering CJSs should be regarded as a risk, and screenings should be obligatory for those entering or leaving the system. In cases where individuals have a history of cough and/or difficulty in breathing, have passed from areas that have been affected by the pandemic or have been in contact with confirmed cases within the last 14 days, these individuals should be regarded as high risk and kept in quarantine [15]. Precautions have been taken to prevent COVID-19 from entering CJSs and to reduce the risk of infections spreading from CJS to the general public. As CJSs have a major function in maintaining public health, preventing COVID-19 from entering these institutions is beneficial for the entire community. Furthermore, the sudden outbreak of COVID-19 in CJSs would create intense pressure on the national health system and consequently diminish the capacity of the health system to meet the needs of hundreds or even thousands of people [15].

Since the CJSs pose such a major health risk in all countries, these institutions need to create an Epidemic Preparedness Plan that includes the measures necessary to effectively manage their facilities and respond to emergencies. It is also important that health professionals in CJSs create monitoring protocols to follow up suspected cases during the pandemic and to identify the current status of cases to ensure fast diagnosis. Those who have come into contact with prisoners who have tested positive for the disease should be followed up for a week or more. Furthermore, screening mechanisms should be created for influenza and other viruses. Any members of CJS staff who are sick should receive immediate medical attention and care, and those who test positive should be urged to stay at home for at least 24 hours and receive approval from a physician indicating no more fever before returning to work. A work protocol whereby employees work for 15 days and then quarantine for 15 days should be applied for all staff. This method has been used in many countries, including Turkey. Staff should also undergo tests periodically.

A set of universal measures should also be implemented in CJSs during the pandemic. These should include hanging posters featuring preventive measures, such as hand washing, hygiene practices, use of masks, and social distancing, in all living areas, visitor areas, and staff and resting areas. The staff should be informed about what to do (use protective equipment, like goggles, masks and gloves) during and after contact with infected cases. In these institutions, any prisoners and staff who have had contact with infected cases should be isolated and tested, and if possible, the staff should be dismissed from work and the prisoners should be kept in separate rooms. Moreover, any staff that has come into in contact with infected prisoners should have easy access to all protective equipment, such as N95 masks, gowns, and gloves. These items should also be available to the prisoners. All spaces within the institution should be subject to cleaning and disinfection processes, and the rooms should be

adequately ventilated. Standard preventive measures should be taken for laundry, and the necessary hygiene equipment should be provided to the prisoners. Items contaminated with respiratory secretions of infected individuals should be disposed in accordance with the safety measures specified for dangerous wastes and facilities. There should also be protocols for the disposal of masks and gloves in CJSs. It is important that prisoners be provided with disposable dishes and kitchenware in this process. Anyone who enters CJSs should wear masks, disinfect their hands with antibacterial gel, and replace their masks before entering the institution. The same should be applied when exiting the institution, that is, masks that have been used inside should be replaced with new ones. Furthermore, special attention should be given to the diet of prisoners. They should be provided three meals a day, and the dinners should be hot meals. In addition to the three meals per day, the prisoners should be given snacks to ensure adequate diet. Fruits and vegetables rich in vitamin C, protein sources, and vitamin D should be provided as food supplements, as these have been proven to be vital for fighting against infectious diseases [16]. The following basic preventive measures should be applied as standard in CJSs:

- Screening and risk assessment for all individuals accepted to CJSs,
- Application of same preventive measures for entry to and discharge from CJSs,
- Daily (at least once a day) cleaning and disinfection of the environment,
- Promotion of proper personal hygiene and hand washing, and procurement of necessary materials (for everyone in CJSs, including the staff),
- Provision of training on respiratory hygiene and communication protocol,
- Application of special preventive measures in overcrowded prisons,
- Preparation of specific contingency plans to deal with suspected and confirmed cases. All tasks should be defined in the action plan and the individuals

responsible for carrying the tasks out should be informed of their roles (i.e., the action plan must indicate who is responsible for each task, the timing of the task, and the delivery to be used, by whom and how),

- Prioritize provision of personal protective equipment to Prisons on a need basis. Governments should consider the sensitivity of this population, prioritize CJSs, and ensure provision of the necessary materials [15].
- Test all prisoners and staff,
- Quarantine of any staff and prisoners who test positive,
- Supply of test kits and delegation of health care personnel to prisons to do the tests,
- Immediate distribution of cleaning kits with alcohol swab to prisoners upon their entry to the facility,
- Isolation of high-risk prisoner groups (those who are above 65 years of age and/or those who have chronic diseases) [16].

The number of healthcare professionals responsible for providing health services in prisons need to be increased. For prisoners with chronic and/or serious medical conditions, medications should be available, and any health service requests from prisoners should immediately be responded to in accordance with the procedures [17]. Healthcare providers should conduct face-to-face evaluations of prisoners who are in quarantine on a daily basis or at least once every three days to follow up on the mental health of those prisoners who have been affected by the pandemic. Health care professionals should keep a written record of all health services provided.

A key issue for CJSs during the pandemic is to ensure that prisoners' human rights are not violated. In the guide published by the WHO on how to deal with coronavirus (COVID-19) in CJSs in Europe, the explanations provided on

how to prevent and manage a possible disease outbreak highlighted the essential human rights that must be preserved in the responses taken to COVID-19. One of these human rights that must be preserved is access to adequate health care, which includes access to information and access to treatment for mental disorders. People who are deprived of their liberty or who are living or working in closed environments are more vulnerable to contracting the COVID-19 disease than that of the general public. In this regard, CJSs are environments where the transmission of COVID-19 can be more prevalent [6].

The Committee for the Prevention of Torture (CPT) published a declaration titled "Principles on Minimum Standards to be Applied to Individuals Deprived of their Liberty during the Coronavirus Spread and Contagious Disease Process" [18]. This declaration includes very important principles related to individuals detained in CJSs during the fight against coronavirus, including emphasis on the necessity of taking all preventive measures to protect the health and safety of individuals deprived of their liberty [19]. The declaration further warns that any restrictive measures aimed at preventing the spread of the coronavirus in the case of individuals deprived of their liberty must have a legal basis, be necessary and qualified, respectful of human dignity, and time-limited [19]. Since close contact between prisons staff and prisoners facilitates the spread of the virus, all authorities should endeavor to take alternative preventive measures to protect the rights of individuals. This is imperative in cases where prisons are at overcapacity. Moreover, national authorities should consider applying alternatives to arresting and incarcerating individuals charged with crimes or allow early release [19]. Specific attention should be given to the special needs of those who are vulnerable, weak and in need of extra protection, which includes the elderly and those with a history of health problems [19]. The suspension of non-vital activities must never compromise the fundamental rights of imprisoned individuals during the pandemic [19]. Temporary accommodation should be made to

the restrictive policy of termination of any kind of communication with the outside world for prisoners by providing alternative communication methods, like voice over internet, and any deficiencies in communication methods should be compensated for by increasing the duration and number of phone calls [19]. As clearly seen from these articles, the CPT places strong emphasis on the protection of individuals detained in prisons, especially in terms of the preservation of their fundamental human rights and their physical and mental integrity, viewing it as the most fundamental priority in the fight against the rapid spread of coronavirus. The declaration also strongly endorses greater use of pre-trial detention alternatives, commutation of sentences, early release, and probation.

This means that greater focus needs to be directed on discharge planning and implementation prior to the release of inmates to ensure that they have ready access to adequate medical services in the community and to prevent their relapse to crime. As part of this discharge planning, screenings should be carried out for any communicable and non-communicable diseases to prevent secondary transmission after discharge [10]. The screenings that have been performed during the pandemic should be expanded, made permanent after the pandemic, and be included within the public health services scope. Moreover, the screenings should be repeated before the discharge to prevent transmission of diseases to the community. However, during the COVID-19 pandemic, there has been no screening performed before discharge. Some countries have instead preferred to place discharged prisoners into quarantine for 14 days in certain cities before sending them to their homes. This type of quarantine for discharged inmates has been applied in Turkey, yet it has resulted in hundreds of prisoners suddenly being released into communities.

Due to the possibility that the COVID-19 pandemic in CJSs could cause enormous loss of life and the virus could be conveyed to the

community through CJSs, many countries have released detainees and introduced new aggressive measures in CJSs. In the USA, a planned release for inmates 55 years of age and older, those with chronic diseases, and pregnant women and children is under consideration [13]. Although this seems to be a right step, if proper arrangements and preventive measures are not taken after the discharge, the released individuals and the community may face even greater risks.

It has been stated that efforts to control COVID-19 in the community would possibly fail if there were no strong infection prevention measures and controls and no sufficient testing, treatment, and care provided in CJSs [13]. In many countries, CJSs have been forced to release prisoners as a national measure to address the overburdened service load of the healthcare system and the economic costs associated with dealing with the pandemic in detention facilities. Since the beginning of 2020, there have been millions of confirmed cases of COVID-19 infection throughout the world, and in Iran, the virus prompted authorities to release 70.000 prisoners [11]. During this pandemic, the outbreak of riots, which is one of the most feared events in CJSs, has occurred in some countries, including Italy, where some prisoners died [20]. In the USA, where approximately 2.2 million are incarcerated, the COVID-19 has been spreading throughout the CJS system. For example, 234 incarcerated individuals in Chicago were reported to have tested positive on April 5, 2020, and 14 of them were hospitalized. In prisons in New York, which includes the Rikers Island complex, 167 prisoners, 23 health professionals, and 114 prison officer (two of whom died) tested positive [13].

There have been calls to have New York City, the epicenter of the pandemic, to release people from Rikers Island, which is the second largest prison in the USA. A total of 60 people, which included 39 prisoners and 21 staff, tested positive in Rikers Island [21]. An 84-year-old male prisoner detained in HMP Littlehey, a category C prison in England, was the first person to die from the virus in the British CJS [21]. In Canada,

481 tests were in prisons and 151 of them were found positive [22].

In response to the increased number of quarantine and isolation cases in federal facilities, the Department of Correctional facilities in USA announced that all 146.000 people detained in federal facilities would be quarantined for 14 days, starting April 1, to reduce COVID-19 exposure and spread of the virus. Studies were conducted to expand the group of prisoners in federal prisons eligible for early release from prisons in Louisiana, Connecticut, and Ohio. As a result of these studies, Correctional facilities in California, New York, Ohio, Texas and other states permitted the early release of thousands of prisoners who were non-violent criminals, elderly, or with medically conditions.

Given that the threat posed by COVID-19 to prison populations and staff is universal, other countries have implemented similar measures to those applied in the USA to reduce risks. For instance, CJSs in Australia, Canada, England, France, Ireland, Germany, Northern Ireland, Scotland, and Wales have released prisoners early and announced that they would continue with more releases.

These individuals may carry not only COVID-19 but also other infectious diseases, such as HIV, hepatitis, and tuberculosis. Moreover, in addition to posing the risk of conveying disease into communities, they may have more than one chronic illness or mental health problems due to their negative life experiences and the conditions they were placed under in the CJS and be discharged without even realizing they suffer from these conditions as a result of inadequate health care. Therefore, national health services should establish systems of monitoring to follow up on prisoners who have been released into communities. Should this fail to be done, it is inevitable that prisoners – who experience inequality, are racial minorities, are homeless, and suffer from substance abuse and mental illnesses – will return to CJSs, placing a heavy

economic burden on the community health system [12]. The following preventive measures are recommended for discharged inmates:

- State guarantee of health rights for individuals released,
- Inclusion of released individuals in the health services provided by Family Health Centers (FHC) or Community Health Centers (CHC) in their regions,
- Contact released individuals to schedule visits to FHC or CHC and screenings for communicable diseases and chronic diseases regularly conducted,
- Screening of released individuals for tuberculosis, Acquired Immune Deficiency Syndrome (AIDS), hepatitis, sexually transmitted diseases and COVID-19 by a specialist of infectious diseases at a training and research hospital,
- Inclusion of released individuals in screening programs offered by FHC on the basis of age group risks and chronic diseases,
- Permanent treatment and follow up of individuals with chronic diseases.

Discharging prisoners from CJSs during the pandemic has been regarded to be the sole measure for ensuring social distancing and protection of medically vulnerable individuals [2]. To prevent the spread of the COVID -19 pandemic, early release from prison was deemed to be a reasonable solution by many countries and was therefore put into effect through legal regulations [2, 6]. Turkey has issued regulations on the execution of early release that allow for 50 percent penalty reduction and the possibility of a two-year early release for almost all criminal offenses, excluding journalists, intellectuals, politicians, public officers, judges and prosecutors, faculty members, and security personnel who were judged or sentenced under the Anti-Terror Law [23]. This regulation has resulted in the release of 45.000 prisoners. The aim of this study is to examine the main contributors to the development of the issue of

the COVID-19 pandemic in CJSs and to explore their different views on correctional health and public health. The literature review conducted as part of this study was performed to gather information for use on how best to manage COVID-19 in CJSs and to guide public health nursing applications.

Methods

For this review, searches on PubMed, Google, and Google Scholar were performed for the year 2020 using the keywords, prison health, correctional health, COVID 19, and public health nursing.

Research Limitations

The main limitation of this study was that it was not conducted in a systematic manner.

Conclusion

It is vital that when developing measures to manage the COVID-19 pandemic in CJSs the results from studies on early diagnosis and protection from the disease of all age groups, especially high-risk groups, be applied. In this sense, health care professionals and public health nurses, who in their roles have close contact and are in long-term communication with every segment of society, have tremendous responsibilities. As the threat of infectious diseases gradually decreased by the 20th century, the roles of public health nurses changed to cover new difficulties, including the effects of non-communicable diseases [24]. Public health nurses are professionals whose focus is on the health of a population. They play a vital role in decreasing or preventing the spread of disease by providing vaccines, prophylactic measures, and health training [25]. Nurses play a key role in preventing the spread of infectious diseases and therefore are at the forefront of preventing COVID-19 and performing interventions [25,26]. Moreover, they have an important role in the detection and reporting of infectious diseases and perform home visits to follow up those under treatment and to ensure that patients comply with the recommended treatment [25]. It is important

that those disproportionately exposed to risk be evaluated during a public health crisis like COVID-19. Those who fall under the “vulnerable group” include not only the elderly and those with disabilities or who are unhealthy but also any socioeconomic group that may have difficulty coping with the pandemic mentally, physically, or financially [4]. Nurses should have the requisite skills to identify the needs of vulnerable groups and protect them against discrimination and inequalities in health services [27]. This can be accomplished by ensuring greater accessibility to healthcare during times of crisis and providing accurate and evidence-based health information [28]. As COVID-19 is a major public health issue, the role of nurses is particularly crucial, insofar as taking responsibilities for protection against the virus, managing the post-diagnosis process and treatment, and being public health advocates for individuals, families and the community. In the light of this information, public health nurses can raise awareness in prisoners and staff about protective measures by providing them health trainings in CJSs. Furthermore, considering that in Turkey there are no health professionals on staff in CJSs at nights and weekends, public health nurses can train correction officers on identifying the symptoms of the disease and isolation methods so they can perform early diagnosis of the disease in the absence of health professionals. Overall, public health nurses perform a multitude of functions that are crucial to managing the COVID-19 pandemic. These include, performing filiation services, or contact tracing, by taking swab samples from individuals; promoting treatment compliance by encouraging individuals to receive their treatment regularly; managing the treatment of symptomatic patients; preparing, in collaboration with governors of CJSs, COVID-19 training materials and preventive care posters to hang on the walls of detention facilities; reviewing proper ventilation and sanitation in detention facilities and proper hygiene practices of individuals in CJSs with the CJS management; providing the necessary regulatory measures and trainings on them; conducting health referrals for individuals

to receive appropriate care; assisting in screening individuals for communicable and non-communicable diseases before discharge; developing care plans for individuals before discharge to prepare them for life outside; creating discharge files to enable individuals to carry on with their treatments after being released; and finally, managing the follow-up of individuals newly discharged by referring them to Family Health Centers.

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