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REAS

ORIGINAL ARTICLE

From anonymity to evidence: the invisible work of the Health Promotion Agent during the pandemic period in the Prison System

Do anonimato à evidência: o trabalho invisibilizado do Agente Promotor de Saúde em período pandêmico no Sistema Prisional

Del anonimato a la evidencia: la labor invisible del Agente Promotor de Salud durante la pandemia en el Sistema Penitenciario

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Abstract:
The prison system often idealizes that Persons Deprived of Liberty (PPL), because they are in a controlled environment, would have greater access to health actions and services. However, the reality appears to be quite different. **Objective:** The objective of the study is to analyze the situation of public policies in the prison system during the pandemic period and highlight the lack of implementation of Health Promoting Agents (AgPS). **Method:** 24 AgPS were interviewed, using structured scripts. **Results:** The effectiveness of health systems and policies aimed at PPL is questioned, as, in practice, they are failing to fulfill one of the main objectives: overcoming the difficulties imposed by the restriction of freedom, which hinder full and effective access to health services. **Conclusion:** This study highlights the need to rethink and improve health policies in the prison system, and implement them appropriately.
Descriptors: Health Promoting Agent; Prison System; Public policy; Covid-19; Comprehensive health care.

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Resumo:
O sistema prisional muitas vezes idealiza que as Pessoas Privadas de Liberdade (PPL), por estarem em um ambiente controlado, teriam maiores acesso as ações e serviços de saúde. No entanto, a realidade se mostra bem diferente. **Objetivo:** O objetivo do estudo é analisar a situação das políticas públicas no sistema prisional em período pandêmico e destacar a ausência da implementação dos Agentes Promotores de Saúde (AgPS). **Método:** Foram entrevistados 24 AgPS, utilizando roteiros estruturados. **Resultados:** Questiona-se a eficácia dos sistemas e políticas de saúde voltada para as PPL, pois, na prática, não estão conseguindo cumprir um dos principais objetivos: superar as dificuldades impostas pela restrição de liberdade, que dificultam o acesso integral e efetivo aos serviços de saúde. **Conclusão:** Este estudo destaca a necessidade de repensar e aprimorar as políticas de saúde no sistema prisional, e implementá-las de forma adequada.
Descritores: Agente Promotor de Saúde; Sistema Prisional; Políticas Públicas; Covid-19; Assistência integral à saúde.

Resumen:
El sistema penitenciario muchas veces idealiza que las Personas Privadas de Libertad (PPL), por estar en un ambiente controlado, tendrían mayor acceso a acciones y servicios de salud. Sin embargo, la realidad es muy diferente. **Objetivo:** El objetivo del estudio es analizar la situación de las políticas públicas en el sistema penitenciario durante el período de pandemia y evidenciar la falta de implementación de los Agentes Promotores de Salud (AgPS). **Método:** Se entrevistaron a 24 AgPS, utilizando guiones estructurados. **Resultados:** La efectividad de los sistemas y políticas de salud dirigidos a las PDL es cuestionada, pues en la práctica no están logrando uno de sus principales objetivos: superar las dificultades que imponen las restricciones a la libertad, que impiden el acceso pleno y efectivo a los servicios de salud. **Conclusión:** Este estudio resalta la necesidad de repensar y mejorar las políticas de salud en el sistema penitenciario e implementarlas adecuadamente.
Descriptores: Agente de Promoción de la Salud; Sistema Penitenciario; Políticas Públicas; COVID-19; Atención sanitaria integral.

INTRODUCTION

In 2020, Brazil was hit by the novel coronavirus, causing the spread of Covid-19. The pandemic further aggravated the health conditions of vulnerable populations, especially those who already had a higher prevalence of neglected diseases. The prison context was excluded from public debates at the time, despite conditions favorable to the spread of the disease, such as intense interpersonal contact and overcrowding of cells.

It should be noted that prison units, which already lacked the minimum conditions to guarantee hygiene and social isolation measures for incarcerated individuals, were caught off guard by the pandemic, including the lack of preventive items such as masks and alcohol. Addressing Covid-19 in Brazilian prison units has been a challenge that continues

due to structural deficiencies and the neglect of public authorities and civil society.

During this period, the work and actions of the Health Promotion Agents (HPAs) in prison units were important for healthcare assistance. Health conditions and confinement increase the risk of viral contamination, as well as favoring its spread inside and outside the units. Regarding the relationship between Public Policies and health policies, it is worth highlighting that the aim is an approach that broadens perspectives from a health policy focused on a vulnerable population, which is related to a Public Policy of access to health as a social right, based on the perception of a problem that deserves intervention by stakeholders.[1]

Therefore, it is fundamental to guarantee access to healthcare for all, including people deprived of their liberty. This involves the implementation of public policies and the training of healthcare teams in prison units. Furthermore, it is important to promote a comprehensive approach to health, which goes beyond the treatment of diseases and includes health promotion. The use of AgPS (Ambulatory Health Promotion) can also be an effective strategy in this context.

This study analyzes the work of prison security agents in the prison context during and after the pandemic. The health crisis undeniably demonstrated the importance of efficient and effective prevention strategies; however, these workers were often exposed to risky situations simply because it was not possible to apply basic sanitary rules.

Therefore, it becomes necessary for healthcare professionals working in pressure ulcers to be constantly trained to meet emerging needs and guarantee the right to health, taking into account the knowledge and peculiarities of this specific reality. To achieve a "society without exclusion," it is necessary to constantly fight for human dignity as a right for all, even if constitutional guarantees are not always aligned with the struggles for social justice. In fact, these social struggles precede constitutional guarantees.

METHOD

The data presented in this article are the results of a doctoral research project in Public Health.[2] To obtain these results, in-depth interviews were conducted in different prison units in the state of Mato Grosso - the Ana Maria do Couto May Penitentiary, in Cuiabá; the Dr. Osvaldo Florentino Leite Ferreira Penitentiary, in

Sinop; the Provisional Detention Center in Peixoto de Azevedo and the Ahmenon Lemos Dantas Industrial Resocialization Complex, in Várzea Grande.

Between January and April 2023, 24 PPLs working as AgPS were interviewed. The interviews were audio-recorded and followed a semi-structured script, allowing participants to express themselves freely. The collected material and interview transcripts were analyzed using thematic analysis.[3] During this analysis, categories were identified that encompassed the participants' interpretations, giving rise to the themes discussed in this article.

The research rigorously followed the ethical principles established by Resolutions 466/2012 and 510/2016 of the National Health Council, which regulate studies involving human beings, and was approved by the Research Ethics Committee of the Sergio Arouca National School of Public Health (ENSP), under registration number CAAE 64231022.6.0000.5240. The financial resources came from the author's own investments. To preserve the confidentiality of the participants, fictitious names chosen by them were used, thus maintaining a personal connection with the data presented.

RESULTS AND DISCUSSION

Health Promotion Agents are incarcerated individuals who work in healthcare assistance and mitigation of emerging diseases within the prison system.[4-5] In 2019, Covid-19 swept the world, particularly affecting those serving sentences, who were already in vulnerable situations regarding health and living conditions. At this time, the work of Health Promotion Agents is fundamental to promoting health and disease prevention, as well as raising awareness, through health education, about protection measures and monitoring cases.

The implementation of the AgPS (Agents for Public Health Services) in the studied units occurred at a time when the number of Covid-19 cases was already declining. However, we were able to ascertain that if it had been implemented as foreseen in the legal framework since its publication, its performance could have contributed even more significantly to the public health emergency. Nevertheless, even with this delay, through some dialogues, it became evident how they played their role at this time, generating experiences for decision-making and knowledge in real-world work.

I worked, it was desperate, I didn't know what to do, because the women were saying things like: "No, you can't take that medicine, you have to take this one,

no," and the girls in the support group always had to call them, "Go there, I'm not feeling well, I need help," and so, it was crazy, but we managed, it was like that, there were several girls... like I said, who weren't feeling well. (...) there was a difference between my work during the pandemic and now, much more relaxed, very calm, because like I said, there were girls who were thinking: "Man, I'm going to die," they were in despair, and I didn't know what to do.(ISADORA).

When we found out someone had Covid, I would immediately warn them to isolate themselves, and that even happened with a boy in another ward. I started removing those who tested positive and isolating them in another ward, not the entire ward. I isolated that individual area. (ADRIANO).

During the pandemic, the interviewees faced numerous difficulties and a feeling of despair in their jobs, dealing with Covid-19 cases and taking rigorous measures to isolate those infected. However, when questioned during the interviews, they reported that the situation is less chaotic and that they feel more prepared to deal with the situation should it happen again. It is evident that the actions of these professionals were essential to prevent an outbreak in the prison community, since, in the field, we observed that the staff of the units avoided getting close to the inmates as much as possible in order to prevent transmission. Even with all the precautions, there were several cases of contagion in the units surveyed.

A study[6] reinforces meritocratic thinking, which hinders the effective implementation of actions aimed at the prison population, as we can see in the implementation of the AgPS (Prison Health Agents). Despite the resistance encountered, the country has given increasing importance to health in the prison system over the last thirty years, albeit slowly and gradually. It was possible to identify that the guarantee of social and human rights in these spaces has not yet been realized in practice, due to the existence of laws that are not effectively applied. It is important to emphasize that incarcerated individuals are citizens with rights, contradicting the erroneous association made in our society between transgression and the denial of human rights.

The Covid-19 situation in the prison system generated chaos and despair. The rumors and information circulating were always exaggerated, further increasing panic among inmates. As a result, health services were unprepared to handle this demand, resulting in serious consequences for the mental health of those serving sentences.

If the whole chain didn't get infected, only a few survived. In the beginning, when everything shut down, we didn't have access to television, radio, or anything; we found out through the police, and they just said: "Everyone's dying in the streets, people are dying in trucks"; "Sir, what are we going to do?"; "I don't know, if you die, we'll just take you away. They're not even burying you, they're just burning your bodies to avoid spreading the bacteria." People went crazy everywhere, everyone freaked out. But until then, it hadn't affected us; we were all calm, but it really shook our mental state greatly. (...) The

nurse would come with a cart and everyone would panic: "My God, is this it?" Because when someone tested positive there, they would isolate them, take them away, and put them in isolation (...).(DANIEL).

I thought a lot of people were going to die. The information here, for a person who is imprisoned, is overwhelming, repressed, and shaken. For example, a story comes out from outside: "There's a pandemic, a lot of people are dying, my God." Here, in people's minds, they are much more receptive to information because they don't have access to real information, they only have what I'm told. So the information arrived: "My God, a lot of people are dying." The first impact was on people's psychology, that's when they went into depression because of it: "My family is going to die out there now and then I'm going to die too, because when it hits here everyone is going to die. This thing is killing a lot of people."(JOÃO).

(...) then we would find out about things kind of superficially when a prisoner arrived from the street (...) all sorts of ideas came up that didn't even make sense, (...) it got to the point where the prison guards themselves went there to talk to the whole cell block and said: "from today on, it's like this, you're going to have to fend for yourselves in there, we ourselves are going to avoid going in there as much as possible, both to avoid passing it on to you and also to avoid catching it. So if one of you catches it, you'll probably die and we'll only be able to go in there after things calm down. Whether you like it or not, it generates that panic (...) there were a lot of prisoners who were kind of shaken up like that: "we're all going to die now" (...).(BRUNO).

The psychological impact stemming from the fear of contagion and the lack of access to accurate information was felt by all those deprived of their liberty. When we analyze Freud's theories in relation to the reality of the pandemic, it is undeniable that death became a daily occurrence, psychologically affecting us all.[7] This impact was further amplified within prison institutions, as we can observe in the accounts of the interviewees.

At the beginning of the pandemic, there was a rush to find information, since the unknown affected mental health, imagine then the impact on those who were deprived of their freedom. It was a period marked by debates and denialism on the part of "non-governmental" actors, in addition to the spread of fake news in various media. However, it was a challenge to transmit reliable information given the strategy adopted by the Federal Government, which refused to acknowledge the seriousness of the situation.[8] Furthermore, we realized that the actions of this government were guided by ideologies and economic interests, to the detriment of science, even in a scenario of increasing vulnerability and social inequality.

When the first cases of Covid-19 emerged in the emergency departments, they faced a challenge in controlling the situation, resulting in widespread contamination. Chaos ensued, as evidenced in the following accounts:

When I started, the pandemic was just beginning, and then all hell broke loose. Everyone was infected, isolated, women were really getting sick, the police on duty were going crazy, they didn't know what to do, so many women were sick, it's true.(ISADORA).

When I was there, living in the same cell, there was a lot of bad stuff, and we... I myself caught it, quite a few people there caught it (...) inside I helped them, because there were a lot of bad people, I made... I brought food, I made soup for them to eat there, for the whole cell where I lived, to strengthen them, because otherwise...(LEANDRO).

Covid was the law of survival, a true massacre. What happened was that there was nowhere to run. Some were dying, others were lying on the floor, there weren't enough mattresses for our brothers and sisters. We've already been through this Covid situation three times here, so it's very difficult.(PEDRO).

The spread of Covid-19 in prison units had an impact on most inmates. Some were isolated due to health problems, but the lack of resources and adequate care further complicated the situation. The pandemic was described by the inmates as a massacre, both physically and mentally. With the constant increase in the number of inmates and the lack of distancing, adequate hygiene measures, and insufficient testing, the possibility of contamination and rapid transmission was much greater inside the prisons than outside them.[9] Faced with this unhealthy and hostile scenario, the work of prison guards became necessary to minimize health risks, even though they themselves were exposed.

In a context of overcrowding, rigorous surveillance was indispensable to quickly identify the entry of the virus and interrupt its mass spread, but it was unsuccessful.[10] Some authors11 highlight that it is practically impossible to practice social distancing in prison units, as these environments are marked by overcrowding, lack of ventilation and shared spaces such as bathrooms, showers, cafeterias, courtyards and classrooms, where continuous sanitization is not carried out to reduce cross-transmission.

Some countries have opted to adopt the strategy of releasing incarcerated individuals as a preventive and control measure. However, the question arises that keeping incarcerated individuals restricted and infected may overburden health services and public health. By releasing them, there is a risk that they will become "vectors" of infectious diseases to marginalized communities, disproportionately affecting the most disadvantaged people. According to the authors[12], to reduce the mass spread of infections in the prison environment, it was necessary to control social interaction with visitors, family members, lawyers, and even staff, as they could be responsible for transmitting diseases from outside to inside the prisons.

Following the spread of the virus among incarcerated individuals, some symptoms were observed within the prison units, which did not differ from those observed outside. However, the intramural environment significantly contributes to the deterioration of health, especially due to pre-existing illnesses in the prison population. Consequently, the health of these already vulnerable individuals tends

to worsen, requiring prison officers to be prepared in their work to deal with such conditions.

I had all the really bad symptoms: lack of appetite, loss of smell and taste, fatigue, fever, and severe shortness of breath. But let's say there are lasting effects because we're in an unhealthy environment, there's no way around it (...) even today I cough up black phlegm like charcoal. I don't have medical care, I don't have any support. (...) so if I'm going to die, I'm going to die, there's nothing to be done.(MARCOS).

(...) the first time I caught it, I had diarrhea symptoms for 21 days, nothing else. And no smell at all (...) okay, I'm having diarrhea here, but nothing that will kill me. I saw some people who arrived with shortness of breath, but nothing that wasn't controllable, that would make them say: "you'll need oxygen". (JOÃO).

(...) everyone coughing, everyone without taste, with fever, without smell and without taste (...).(ANTÔNIO).

The accounts present the symptoms experienced by several people who contracted Covid-19 in the prison system, such as loss of appetite, decreased sense of smell and taste, fatigue, fever, and respiratory difficulties. Some inmates also mention sequelae, such as the presence of black sputum. Furthermore, they highlight the lack of access to adequate healthcare, especially in the medical field, leading to a lack of assistance. The role of prison guards should be considered due to the complexity of the prison context, an unhealthy work environment.

The pandemic began in February 2020 in Brazil, but from 2022 until the date of the interviews, the first four months of 2023, cases of Covid-19 occurred; however, apparently, the pandemic seemed to have been overcome. Subsequently, cases were scarce and did not present evident symptoms. When contamination of people living with HIV/AIDS occurred and the diagnosis was discovered early, they were promptly isolated from other individuals.

On the one hand, we have sanitary measures aimed at protecting the physical and mental integrity of society in general, that is, of those who are not deprived of their liberty and whose lives can be saved. On the other hand, we have the prison population, which finds itself in an environment where public policies, in general, are nonexistent or precarious; these are lives that cannot be lamented, that cannot be saved.[9]

Hyper-incarceration and restrictive internal conditions tend to affect people's health, making them more vulnerable to infections. This, combined with individual factors, can worsen the disease, since these spaces are conducive to the spread of respiratory infections, such as influenza, tuberculosis, and Covid-19 itself.[12] These comorbidities are especially common among the prison population, which belongs to the most vulnerable strata

of society and whose health situation is aggravated by the limitations of the prison health system.[13]

It is important to highlight that, regarding deaths, a reduced number is observed among those with disabilities in the participating prisons, compared to the reality in Brazil outside of prisons. This is largely due to the strategies created for blocking and preventing transmission:

Within the state, I don't think there are fewer than ten or eleven thousand inmates in the state of Mato Grosso. There have been about ten to fifteen deaths in the entire state within the prison units. On the streets, if there are 12,000 inmates, more than 200 or 300 people have died.(MARCOS).

Many were infected, but thank God there were no deaths within the unit, they didn't inform us (...)(JOÃO).

(...) because every now and then some bad flu comes here, it scares everyone, they think it's Covid, (...) I used to say: "Covid is affecting some, Covid doesn't kill prisoners". That's the truth. It hasn't killed anyone here. Up there [in other prisons] it killed a lot of people, but here, thank God, it hasn't killed anyone (...).(DANIEL).

According to data collected by AgPS, the number of deaths from Covid-19 in prison units was found to be relatively low compared to the general community. Although some incarcerated individuals contracted the disease, early intervention was implemented.

However, some authors[14] state that, since the first case of Covid-19 in the Brazilian prison system, infections and deaths have maintained a constant increase, despite underreporting and lack of disclosure of this data by the responsible government authorities. The high mortality rates in prison units, along with the large number of incarcerated individuals with infectious and/or transmissible diseases, show that there is still a long way to go before this population has adequate access to the health system.

The increasing contamination and deaths from Covid-19 within the prison system can be seen as a reflection of the difficulties faced in implementing the National Policy for Comprehensive Healthcare for People Deprived of Liberty in the Prison System (PNAISP).[15] Some municipal managers are reluctant to adhere to the PNAISP for fear of assuming responsibilities beyond their duties. However, it is important to remember that everyone in Brazilian territory, whether deprived of liberty or not, has the right to access adequate healthcare.

Considering the overcrowding and prolonged confinement, it is possible to infer that inmates are exposed to a higher risk of Covid-19 infection. However, there are still uncertainties regarding the outcomes of cases identified by prison officers in their daily work.

(...), but the fact is that biologically people caught it and I think nobody got seriously ill here, incredibly enough.(JOÃO).

(...) the body itself had the symptoms, had its complications, but reacted normally and went through this normal phase. In the area where I was, it happened that way.(ARTUR).

(...) because when everyone got sick, not even nurses could go in there, everything was shut down, not even the police could go in, there was no medical care whatsoever, we were isolated from the whole world. When the police came to the roof they would say: "Sir, there are so many bad people here"; "but there are in the whole prison, there's nothing we can do," and they didn't bring medicine, they didn't bring anything. It was God, it was a miracle that nobody died in here and that we all got better.(DANIEL).

The dialogues above make it clear that inmates were affected by the contamination, but there were no reports of serious cases, even in the face of a lack of available healthcare. The pandemic situation highlighted and exacerbated all existing health crises in the prison system, which are not recent. The structural problems related to unsanitary conditions and human rights violations within the prisons, caused by overcrowding, along with deficiencies in medical and social assistance, have persisted for decades and hinder the implementation of emergency public health measures.[14]

During the pandemic, some materials considered "legally permitted" by the prisons were provided to reduce transmission among inmates. However, according to internal regulations, certain materials were prohibited, such as alcohol, even though it was essential for prevention.

We received masks, but now we don't use them anymore, but before, we had to wear masks. Every prisoner who went in and out had to wear a mask. Among ourselves, we didn't wear masks in our daily lives; to leave the cell, we had to wear a mask.(FELIPE).

We received masks, they just didn't give us alcohol because it's illegal, people are afraid we'll drink it, (...) they always told us to wash our hands well, to take care. We also got vaccinated, we've already had more than three doses of the vaccine, they always paid attention (...).(RICK).

(...) we've all been vaccinated, we received the booster, and we still get really sick. I was sick for two days. I had the same symptoms as with Covid after the vaccine. I was even scared, I said: "this vaccine is going to kill us", but thank God I'm much better now (...).(DANIEL).

The narratives of individuals deprived of their liberty primarily reveal their experiences receiving masks and being vaccinated. Some of them presented symptoms similar to those of Covid-19 after vaccination, but recovered, attributing these adverse effects to the vaccine. They also mention the difficulties in obtaining medication during this period, especially antipyretics, which are widely used. It was observed that hand hygiene is hampered due to policies that limit access to soap, and many prison units restrict the entry of alcohol, for fear of improper ingestion.

Furthermore, compliance with social distancing measures, the use of masks, and 70% alcohol were indicative of how to contain the spread of the virus, which is challenging in these environments. Healthcare in the prison system is precarious, and there is a shortage of policies and resources to ensure quality

care. The lack of a suitable environment that offers effective care, along with a lack of sufficient healthcare professionals to implement multidisciplinary actions, hinders the improvement of the health of individuals deprived of their liberty.

A concerted effort is needed to reduce existing inequalities inside and outside prison walls in order to promote civil rights and the exercise of citizenship for incarcerated individuals. The precariousness of health services and the lack of protective equipment violate their basic rights to health.[16] However, given the lack of these conditions and the lack of commitment, the prison environment resembles a deteriorated machine, legitimized by the State.[17]

Prison units had to adapt to this new reality to maintain contact with the outside world. Faced with the prohibition of family and intimate visits, in order to prevent the spread of the virus and the emergence of new internal cases, strategies such as video conferencing and the receipt of letters were implemented. These measures aimed to guarantee the safety of all involved, while also enabling communication between inmates and their loved ones.

(...) Covid-19 wasn't easy, because until then, there in the ward, some girls were isolated, some visits were cut off (...).(ISADORA).

(...) the suffering we endured for two and a half years without any visits, without letters, with poor food, without legal assistance. It was more the psychological aspect that drives you crazy within the system (...).(MARCOS).

"The visits were cut off, and we had no means of communication, television, radio, nothing (...). That's why I say, when information started to arrive, it was after this structure changed, videoconferencing began. I think there were ten people per month, then a weekend was scheduled, and on that weekend ten people were heard. Then the following month they would choose a date on a weekend, and it would be one person out of the ten, and they would rotate, so the videoconference ended up happening every three months, because if there were 30 people, ten would be heard, and by the time it was their turn again, another two months would have passed, and they would only hear in the third month. Letters were bi-weekly, every 15 days you received one, and you were entitled to receive one letter (...)."(BRUNO).

During the Covid-19 pandemic, inmates in prison units faced a series of communication difficulties and isolation. Without visits, letters, or access to information, contact with the outside world was severely limited, generating greater psychological distress that impacted coexistence and work. Although videoconferencing was implemented later, there were also restrictions. Over time, the situation gradually improved, it became possible to receive letters, and a physical communication structure established by the prison administration was in place.

However, the pandemic only exacerbated an already problematic situation in prisons. In addition to pre-existing issues, new challenges arose, requiring more stringent sanitary measures.

The suspension of visits and other restrictions resulted in over-isolation that negatively affected the mental health of those deprived of their liberty.[11] Covid-19 laid bare all the cruel conditions entrenched in the prison system.

It is important to emphasize that any individual can commit an offense and find themselves in this environment. Therefore, we must learn a lesson from the crisis that has arisen and work to change the fate of the vulnerable populations who live and coexist in prison facilities.

FINAL CONSIDERATIONS

The pandemic arrived in Brazil at a time when the prison health system was already in a problematic situation. The authorities responsible for guaranteeing fundamental rights not only create laws, but also fail to fully implement them. Recommendations and preventive measures to contain the spread of the virus in prisons were neglected, revealing not only social inequalities, but also the lack of preparedness of the health system in the face of the challenge.

The denialist stance adopted by some political leaders only worsened the situation, minimizing the impacts of the pandemic. Despite government efforts and installed capacity, in-house healthcare services were overwhelmed, often operating with reduced staff and minimal working conditions. This resulted in reduced access to and provision of treatment for other diseases, further deepening vulnerabilities.

Furthermore, it is crucial to conduct specific studies for this population, since prison units continue to be high-risk locations with the potential for spreading various diseases, including Covid-19. Overcrowding, lack of personal protective equipment, and poor hygiene conditions only contribute to worsening the situation. The role of prison health workers during this period should be considered, as their work has demonstrated better healthcare services and care compared to prison units that do not have these professionals.

However, it is necessary to recognize that working in unhealthy spaces, dealing with routines that affect mental health, and facing a precarious environment tends to weaken the ability to offer adequate assistance to the prison community. Therefore, measures need to be taken to improve working conditions and ensure a healthy living environment.

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