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# Human Rights Infringements in Brazil's Penitentiary System Understood through Access to Healthcare

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*SIT Study Abroad*

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*Abstract:*

Brazil has a reputation of being home to some of the worst penitentiary conditions worldwide, eventually leading the United Nations to make an appeal to the Brazilian government in 2003 to analyze their systems and make necessary improvements. The poor conditions and lack of access to legal counsel, living space, and specifically healthcare, cause riots and uprisings within prisons that in the past have lead to death of prisoners and guards. Prisons serve a very specific purpose in society, and according to most social theorists that is to reform, not to torture. In Brazil there is no capital punishment, so in most cases the intention is that the prisoner will be assimilated back into society at a certain point. Once the incarcerated persons who were deprived of their liberty have entered back into their communities, there is an inherent impact of what healthcare they did or did not receive while in the penitentiary unit, therefore creating a communal concern for all contacts of that individual and enforcing that prison health is a public health issue. This investigation aimed to understand how the healthcare is provided to prisoners, what the level of access is, and what is denied to the prisoners based on their stigmatized status.

This research provides three points of view through 9 interviews to answer these questions with workers of the Penitenciária Lemos Brito in Salvador, Bahia; a family member of a prisoner from São Paulo, and participant observation of various prisoners in the Centro Médico of Bahia State Penitentiary. While the focus of the research was the medical care provided and available to the prisoners, many other concerns within the system were unearthed related to human rights. The family member interviewee and my interpretation of the observations I made, tell a different story than the one recounted by some of the workers inside the system. However, a clear sentiment is that the healthcare available is truly only basic, not frequent enough, and is severely lacking in financial support and resources. While the concerns about healthcare were obvious, the primary human rights infringement encountered was the overall institutional racism of the Brazilian penal system, thus leading to a lack of re-socialization initiatives and ignorance of this marginalized group in sectors of employment, education, and healthcare in and out of the system.

Key Words: Penal System, Justice System, Healthcare, Prisoners, Human Rights

*Resúmo*:

O Brasil tem a fama de ter uma das piores condições carcerárias em todo o mundo, fato que levou as Nações Unidas a fazerem um apelo ao governo brasileiro em 2003 para analisar o seu sistema e fazer melhorias necessárias. As más condições e falta de acesso a um advogado, à qualidade de vida e, especificamente à saúde, causa tumultos e rebeliões nas prisões que no passado levaram a morte de prisioneiros e guardas prisionais. As penitenciárias têm um propósito muito específico na sociedade, e segundo a maioria dos teóricos sociais elas visam a reforma e não a tortura.

No Brasil não existe pena de morte, por isso, na maioria dos casos a intenção é de que o prisioneiro seja inserido de volta na sociedade em um determinado momento. Uma vez que os prisioneiros, que foram privadas de sua liberdade, voltam para suas comunidades, há um impacto inerente na saúde que elas receberam ou deixaram de receber no período em que estavam na unidade penitenciária, Cria-se assim, uma preocupação comum para as pessoas com as quais eles tiveram contato, e impõe-se que a saúde prisional é uma questão de saúde pública. Minha investigação pretende entender como a saúde é fornecida aos presos, qual é o nível de acesso, e o que é negado aos presos com base em sua condição estigmatizada.

Esta pesquisa fornece três pontos de vista através de 9 entrevistas para responder a estas questões com os trabalhadores da Penitenciária Lemos de Brito em Salvador, Bahia; um membro da família de um prisioneiro de São Paulo, e observação participante de vários presos no Centro Médico da Bahia Penitenciária Estadual . Embora o foco da pesquisa foi a assistência médica fornecida e disponível para os prisioneiros, muitas outras preocupações dentro do sistema foram desenterrados relacionadas com os direitos humanos. O membro da família entrevistado e minha interpretação das observações que fiz , contam uma história diferente da que a relatada por alguns dos trabalhadores dentro do sistema .

No entanto, um sentimento claro é que os cuidados de saúde disponíveis são apenas básicos e não suficientemente frequentes, e carecem severamente de recursos financeiros. Enquanto as preocupações sobre a saúde eram óbvias, a violação primária de direitos humanos encontrada foi o racismo institucional global do sistema penal brasileiro, levando assim a uma falta de iniciativas de ressocialização e ignorância deste grupo marginalizado nos setores de emprego, educação e saúde, dentro e fora do sistema.

Palavras chaves: Sistema Penal, Sistema da Justiça, Sistema de saúde , prisioneiros, Direitos Humanos

## List of Acronyms and Important Terms

Cadeia Pública: Public System, or another area in the State Penitentiary. Some interviewees said "cadeia" when referring to entering the justice system or public realm in general.

C.D.D.- Centro de Decoradio: the area where detainees wait for their sentence or penalty.

C.M.- Centro Médico: The Central Medical wing of the entire prison complex.

C.O.P.- Centro de Observação Penal: An area of the penitentiary that holds 92 prisoners, closer to C.M., and close to the gate of the penitentiary.

Jogamento- Judgement/ Sentence from the courts

Módulo: The different buildings of a certain prison. For example, PLB has 5 módulos.

Preso, Interno, Detento, Prisoneiro, Criminoso: All different ways to refer to prisoners. When asking my questions I used the term "preso" while many that work there, use the word "interno."

P.L.B.- Penitenciária Lemos Brito: The largest area of the Bahia State Penitentiary, where are majority of this research was conducted.

SEAP- Secretarias de Administração Penitenciária e Ressocialização: The titles for security guards in the prison. Note that "Ressocialização" is in their title. More commonly called "agentes."

U.P/ P.U. - Unidade Penitenciária; Penitentiary Unit

## Introduction

The United Nation's Declaration for Human Rights, created in 1948, lists:

- *Article 25: Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services.* and
- *Article 5: No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.*

as inherent human rights, that cannot be ignored due to status, location, or conditional factors such as imprisonment. (United Nations, 1948). The status of an incarcerated person implies that because one committed a crime, they deserve to be punished. That person is stigmatized and outcast, though in many situations those incarcerated persons, were already deprived of liberty and status due to structural violence and institutional racism or poverty cycles. (Silva dos Santos, 2014). These previously listed two articles of the Declaration of Human Rights, are rights, which are routinely taken from people in prisons around the world, but specifically in Brazil. The Brazilian penal system is in a state of reform, but has faced little success changing the dialogue from punishment and brutality to rehabilitation and reformation of those moving through the system. Brazilian prisons are infamous for being the most brutal and dangerous of the modern world, with deplorable conditions and constant infringements on prisoner's safety and wellbeing, as a documented human right. In the last five years, the incarceration rate has increased by 40%, and 380% over the last twenty years, bringing the total number of incarcerated persons up to over 500,000. There are roughly 2.15 people per space in the penitentiary units, and the half a million people is about two thirds more than what the prison system is built for. Besides those already dealing with gruesome treatment inside the prisons, roughly 175,000 persons are detained, waiting for legal counsel or trial, and have been detained for up to two years. (Human Rights Watch, 2013). Brazilian law is written to provide legal representation for all who cannot

afford it, as well as a right to a fair trial, but that is another right taken away from those accused of wrongdoing. Government officials such as President Dilma, and former President Lula have made minor attempts to move forward with prison reform, but this leads to public criticism for acting softly on crime, and therefore does not win elections or public support, causing the issue to be dropped. (Council on Hemispheric Affairs, 2010).

This deprivation of legal support, and then constantly multiplying the number of persons overcrowding the system leads very clearly to health problems on individual and community levels. Rates of tuberculosis and sexually transmitted diseases and infections, such as HIV and Hepatitis C skyrocket in overcrowded prisons with minimal access to healthcare services. Brazil does not have a capitol punishment option, and in general the goal is that the incarcerated persons will eventually assimilate back into their home communities. A study regarding the interactions between Prison Guards and prisoners in Rio de Janeiro makes a valid point by stating "In this context, the dissemination of contagious illness, constitutes a serious risk to the health of the detained, their contacts, and for the communities in which they will go insert themselves back into once they are free." (Translation, Diuana, V. 2008). Due to the lack of human rights, healthcare access, and appropriate living conditions, the prisons do not act as reform or rehabilitation centers, as proposed by social theorist Michael Foucault, who studied the role of prisons in society. "...inhumane cell conditions led to even higher crime rates by preventing the effective rehabilitation of detainees." (Council on Hemispheric Affairs, 2008). The rehabilitation of detainees does not occur, leading to high return rates, more people in prison, and also more returning to their home communities with diseases such as Hepatitis C and Tuberculosis, creating not only a human rights challenge, but a public health one as well.

*Problem Statement*:

I primarily intended to investigate exactly what the healthcare process and access to it is like for incarcerated persons. How frequently do the inmates see a doctor? Do they feel as though healthcare is adequate? Is treatment available for medical concerns besides basic care? Who administers the care?

After learning about the healthcare system inside the Penitentiary Units anecdotally, I wanted to discover how the minimal level of care impacted those in the system and if their human rights were upheld, or if in fact due to the minimal care, their wellbeing was diminished and negatively affected. I also needed to find out how the families of inmates are impacted by their treatment, and if any overarching health problems caused in the prisons were extended to have an effect on families and communities that the prisoners return to. Understanding all of these facets of the system, in turn allowed me to discover more about the forces that lead prisoners into the “cadeia,” public system. These factors, before and after sentencing, demonstrate more of a human rights infringement, because only a subset of the Brazilian population is exposed to these prison conditions in the first place due to unjust societal structures.

*Background Research & Other Resources*

Significant literature surrounding prison health exists, both in a general and Brazilian context. Because punishment and justice is a founding principle in every modern and ancient society, theoretical and empirical writing regarding the topic date back to the earliest philosophers and academics. My theoretic explanation of the purpose of prisons and how society could effectively use them comes from Michael Foucault in the 1970s. After understanding social theories surrounding the issue of prison and punishment, I looked into American use of prisons and how that could impact the community health. After a short glimpse into a comparative American perspective the rest of my time devoted to literature review focused on Brazil and case studies from Brazilian prisons. While I received initial knowledge and background information from websites and Nongovernmental Organizations such as Human Rights Watch, Amnesty International, and the United Nations, I also found an abundance of epidemiological and quantitative studies following the pathology of disease in overcrowded penitentiary units. The most relevant information I found came from a Rio de Janeiro study about Prison workers relationships with inmates, and Doctor Andreia Silva dos Santos' analysis of National Health Plan in Prisons (PNNSP) and how SUS could provide a pathway for improvement of health for people deprived of liberty, in and out of prisons.

THEORY

Michael Foucault is well known for his theories on prison evolution and how punishment in the Western world has changed from early France's beheading and limb ripping to a more humane treatment inside institutions of power. Foucault's legend is the Panoptical ideal, with rigorous schedules of reform and rehabilitation through work and little education. His idea was that through work and effective "delinquency jobs" within the prisons walls, teaching the

inmates skills for their return to society and a way to police other civilians with their knowledge from inside the prison. While he disagrees with many theorists that the reform in punishment practices came from a humanitarian perspective and thinks it was a shift in power, his theories about useful imprisonment and a reformed population upon release is something that must be employed in more penitentiary institutions. (Foucault, 1975).

Nicholas Freudenberg of the City University of New York, discusses the role of prisons in Urban, American community health in his 2001 article, linking the role of prisons to their impact on the community at large later. He looks at New York, and cities with a majority of incarcerated poor minorities as examples, lending information for my research. He writes about prisons having direct and indirect impacts of health. Directly, they can quarantine or multiply disease, and indirectly they can provide services to people who have never used those health services before or at the same time can disenfranchise the inmates after release. He discusses the overcrowding issue, and emphasizes that violence and inefficiency are more prevalent when there are two or more inmates per one space in the system. Another necessary point made by Freudenberg is the integration of Federal, State and Local penal systems and theories. In Brazil, there is a disconnect between the federal government wanting to take action, and the State and Local governments being hindered due to re-election or other pressing matters. (Freudenberg, 2001). Consequently, the jails are generally located in gentrified, poorer areas, where the government seems to be less concerned such as older Quilambola lands. Freudenberg focuses on the impact of health on urban populations in the United States using reform as his main call to action, much as my results do.

CURRENT STATUS OF BRAZILIAN PRISONS

After the infamous Carandiru massacre in 1992 in São Paulo, much attention was drawn to Brazilian Penitentiary Units and their conditions. In Carandiru alone, over 8,000 inmates were living. The prison was closed in 2003, a step forward, but nongovernment organizations still emphasize the need for change in Brazilian prisons. The Council on Hemispheric Affairs points to the Carandiru massacre, as well as a 2007 incident burning 265 prisoners in Minas Gerais, as wake up calls for authorities to question the current methods at use. CHA, Council on Hemispheric Affairs, also notes the disconnect between authority figures in the jails, and how gangs have the ability to ration food and showers, because of the lack of authority figures to control the situation. The Economist says gangs can step in and run the prisons because they are "occupying space left vacant by legitimate authorities" calling out systemic errors and lack of leadership." (CHA, 2010). As recent as December 2013 in Maranhao, another killing of sixty inmates happened between the two enemy gangs who control the prison.

The Human Rights Watch World Report of 2013, while intended to focus on all human rights infringements or concerns in a nation, really solely focused on Brazilian prisons and their danger to citizens. HRW, Human Rights Watch, enforces the point that trust in police is low, due to the high rates of police violence and killing in Brazil that cannot be ignored. How can the penitentiary system function correctly, if the country does not trust law enforcement? HRW also points to health inadequacy, alleged beatings by workers, and minimal food and water for the reasoning behind many riots and uprisings that have occurred for the past ten years. This explanation of conditions shows the need for reform and permeates the idea that unless the prison is effective in rehabilitation and justice, the inmates will not learn those skills and implement them upon their return to society. Currently the system sends the inmates home,

frustrated, sick, physical and emotionally hurt, and potentially unable to procure employment. This is a clear example of institutional violence, keeping in mind the target group of ex-prisoners is black males.

HEALTH ACCESS AND DISCUSSIONS IN THE PU, PENITENTIARY UNITS

Doctor Andreia Silva dos Santos provides an introduction into the National Health Plan in Prisons, and how SUS should be working, in prisons. It is a tangible, focused way forward for those who are already deprived of their liberty. In the Brazilian system, 93% of inmates are males. Of those males, majority are black, poor, and with a very low level of education. Their high rates of incarceration again point to discrimination, racism, and structural violence. (Santos, 2014). In 1988 the new constitution guarantees healthcare access for all persons, but in prisons, this guarantee seems irrelevant. Doctor Andreia looks for a way to end the cycle of structural violence, by using written laws to reform prison actions. The Ministry of Justice has a social reintegration code, for when the prisoners complete their sentences, as well as a code of health that each unit must follow, although it includes minimal access to one doctor for up to fifteen hundred persons. Using these codes and laws as they are intended, would be progress, and recognizing race and racism as determinants in the incarceration process is essential.

More quantitative data was available regarding the high rates of certain diseases inside prisons. One of the most recognized studies takes place at a women's prison in Espirito Santo. 121 women were interviewed, and discussed their sexual health specifically. The goal of the study was to provide a socio-demographic profile of the women in the prison, because it is s smaller group than detained men. Over 47% of the women interviewed had never had a cervical/pelvic exam prior to the interview, yet a majority of them acknowledged that their sexual initiation happened prior to age fifteen. 28% of the women had history with sexually

transmitted diseases, yet 21.2% said they would not be capable or knowledgeable enough to recognize an STD if they had contracted one. Most of the women were black, age 18-24, and poorly education from the lowest socioeconomic class. (Espinosa, 2004). The racism theme saturates quantitative studies as well.

In São Paulo, a study was conducted to review exactly what healthcare services were provided to inmates. The prisons chosen for the study were coincidently but significantly, 115 - 225% over capacity rate. The medical team that is required for each 1500 persons in prison, consists of one doctor, one dental surgeon, one nurse, and two nursing assistants, all of whom are not required to work a full forty hours a week. The results of the study show that while primary care is seemingly adequate in these prisons, secondary and tertiary care is not available. Any diagnosis, image work, or lab results are often inconclusive and take a very long time to be delivered back to the inmates, creating health disparities by lagged diagnoses. (Fernandez, 2014).

One study in Rio de Janeiro, looks into the perspective of ASPs, Agentes Segurancas da Prisoes, or prison workers. This was extremely relevant to my study, as a significant portion of my interviews occurred with workers in the prison system. Vilma Diuana's research points to the relationship between the guard and the inmate as another determinant of access to healthcare services. The prisoners have two forms of relationships, formal and informal, both essential to their daily living and quality of life inside the PU. Formal relationships are those with guards and authorities, while informal are those with other inmates, most specifically gang members or other hierarchical groups. (Diuana, 2008: 1890). The guards have preconceived notions about inmates because of social structure and their stigmatized status of power, leading the guards to devalue the prisoner's complaints. This then progresses to lack of healthcare because the concerns of powerless and criminal prisoners are not acknowledged. Diuana explains the importance of

power distribution throughout the facility and its impact on the health of prisoners, but also further the impact on their communities the prisons will return to. “In this context, the dissemination of contagious illness, constitutes a serious risk to the health of the detained, their contacts, and for the communities in which they will go insert themselves back into once they are free.” (Diuana, 2008: 1888). While some of this information differs from the direct quotations I received for workers in PLB, some of these biases towards prisoners are not explicitly stated, but may still exist due to social structures and media representations.

*Context of this Work:*

From the previously discussed literature review, one grasps that a majority of the data and academic conversation surrounding this topic is quantitative. These researches exist to explain rates of contagious diseases, number of medical professionals in comparison to number of prisoners, or rates of severity of crimes in certain penitentiaries. While one can extract meaning of the way things happen within the system from all of these works, the true qualitative explanation of healthcare and human rights in the prison system, comes primarily from news media and nongovernment organizations with other biases and agendas. My research hopes to create a small window to academic and qualitative data, that can later be expanded upon in a wider and more adequate study in this field.

*Statement of Purpose/ Social Relevance:*

This topic is relevant to Salvador's problem with crime and incarceration conditions, as well as to Brazil's concerning Penitentiary system at large. Amnesty International has deemed the Brazilian prisons as an international area of concern for Human Rights. I chose to work on this project because incarcerated persons are a marginalized and stigmatized group in terms of rights and access to social and public goods. The Brazilian system uses prison as the primary punishment for homicide as well as petty crimes, but does not work with the effective "reform" theory discussed by Foucault and Glaser. Due to this permeating the issue of high incarceration rates by leading to high numbers of return to prison, the government must look at a more effective and humanized way to deal with the penal system. It is structural violence many times that lands these people in prison in the first place, and then to have the prison term be inefficient, and take away human rights such as access to health and well being, complicating job

procuration post release, and ability to vote and participate politically is not acceptable. Because of the impact of the time in prison on the health of inmates and their communities post sentence, I feel as though the incarceration pandemic in Brazil makes this study extremely relevant and important.

## Methodology

*Research Setting:*

Besides one off complex interview and my personal background research, all of the data collection and research was completed at the State Penitentiary Complex. This complex is in the Mata Escuro neighborhood of Salvador, about 25 minutes away from the center of the city. The entrance to the prison is seen in a photograph on the title page of this work. Two iron doors close off the complex to the public, and guards must check in every person or car that enters the premises. My interviews took place in two areas of the prison, but I will provide a general layout of the complex first. There are 5 different prisons for inmates to be held, each with a different number of módulos. Within these prisons there is one specifically for women, one maximum security, and others have male prisoners of all ages and crime severity. Each prison is supposed to have one medical unit, as well as a medical team. In PLB and COP there are recreational, open spaces in the center of the building, but I am not certain whether every prison in the complex has this space. Each of the prisons of the complex holds a various number of inmates. COP for example only has 92 inmates, while PLB has more than 4000. Each prison has an administration area, a place to eat meals, and a gated area where prisoners can communicate with the agents. This will be discussed later, but there is a gated square of space in between the prisoner's common area, and where the agents stay monitoring them, to speak and ask for things- another standard part of the unit. In each unit there are myriad number of cells, and in each cell a differing number of inmates depending on the capacity and unit. In the Cadeia Pública there are eight to ten inmates in one cell, while in COP there are only two. In each cell there is a whole in the ground that functions as a toilet, both for men and women. There are semi-paved roads

running throughout the complex, leading from one unit to the next. Cars can pass through, but the most common sight is the Policía Militaria, SUVs.

The two buildings in which my interviews and observations happened were in the Centro Médico unit near the front of the complex, and the administrative offices of PLB closer to the back of the complex. In CM, after entering through a minimal security gate (that is easily surpassed after being recognized by that guards) there is a room for medical consultations, a pharmacy, a room for nurses to stay in off their shifts, an administrative office, two Isolation Cells, and the infirmary.

In PLB there is a lower level administrative office and an empty room across the hall where I completed my interviews. Upstairs there is also a medical consultation room, a small pharmacy, and a nurses administrative room. Wherever I conducted interviews, there was general quiet and it was separate from prisoners, in the office space.

*Research Subjects:*

While my main objective was to study the effect of the prison health system on prisoners, due to their status as a vulnerable population I could not directly interview them. However, I was able to do some observation of the prisoners, in which I gained a majority of my perspective on their opinions on their access to healthcare within the penitentiary. I was also able to interview Valdemir, who has a close family member in prison currently, providing me with the perspective of families and communities around the prisoners.

My primary interview subjects were workers at all levels in the Penitentiary system. I interviewed men and women, of black, brown, and white color, and with varying years working in the system. My subjects ranged from the director of the entire complex, to the man who offers

directions and controls the door of PLB. The set also included a dentist, doctor, administrative director, and psychologists.

*Data Collection*:

My two methods of data collection were in-person interviews, and participant observation. All interviews were conducted in an efficient and fair manor. I recorded each interview, providing me a way to devote all of my attention to being present there. I asked the same main set of questions to each prison worker, but added various questions depending on the role of that interviewee, or how it was going. These spontaneous questions lead to extremely insightful data at times. The interviews usually lasted anywhere from nine to forty minutes, the average being about twenty minutes. While I scheduled some interviews the first day I traveled to the prison, I generally used the snowball effect to speak with colleagues of those who I had already interviewed, and asked who would be best to speak with next.

Some of my participant observation happened on my first visit to the prison, in terms of observing the structure of the prison, how everything is laid out, where the prisoners are and work, and interactions between agents and prisoners. It was not looking for specific pieces of data, but simply noticing the daily functions of the complex. My second scheduled day of participant observation was spent only in CM, watching medical consultations happen for some of the prisoners. Every time I sat in on a consultation, I introduced myself to the patient and the accompanying agent, and asked permission to sit in on the appointment. Because of the medical nature of the consultations, it was best to explain my purpose instead of simply sitting and being oddly out of place to the prisoners, for concerns that they would not be honest about their medical conditions. While observing on this day I had some key things I was looking and

listening for, but I also was able to just grasp the general workings of the medical care inside the state penitentiary through the experiences of the prisoners and Doctor Andreia.

*Methods of Analysis:*

To analyze all of my data, I recorded all of my observations in my ISP field journal, categorizing each observation by time and date, and by prisoner if it was a specific anecdotal occurrence. For the interviews, I recorded each while they took place. After arriving home from the prison, I transcribed the Portuguese recordings of the interviews. A few days later I would listen again, edit, and then translate to English. I did this to make sure not to lose the essence of the original quote and feeling of the interviewee at that moment and to that specific question.

After all of the data was collected and translated or written down, I created a chart to display yes or no answers to my questions. This is not nearly representative of all of the questions I asked, but it was important to me to compare the answers to basic "control" like questions from all of the workers in the penitentiary who participated in interviews. See the analysis chart on page 30. In this way I could be sure that all of my participants believed that health is a human right, for example.

*Limitations:*

Due to the simple nature of the research project, there are many inherent limitations. The primary limitation was the time available to us to complete the project. Three weeks is not long enough to implement research methods that are truly sound, gather a large enough sample set, or grasp full and legitimate conclusions or solutions.

Another limitation for a majority of the program was doing research in a second language, and a recent, not fluent second language. While my Portuguese knowledge was sufficient enough to complete my interviews, read a substantial portion of my literature for review, and make my way around the prison complex, there were many times when I wished it were better or that I could understand my recordings more clearly.

Working in the prison was an unforgettable experience, but because I ethically could not interview prisoners, it was difficult to attain the perspective that I really wanted. This puts serious limitations on my research, although I feel that I was able to get a fair understanding of the prisoners' situations through observation and outside research. Another limitation was that I interviewed workers of the prison that are currently employed. I felt that this was a limitation because there are inherent biases in defending or explaining your profession, or career path. In continuing to work in this system, it was difficult for some of my interviewees to speak candidly and honestly at times.

Within these limitations though, using the words of Filipe; a dentist whom I interviewed, I looked at the prison health system "with new eyes," uncovering things that may not be obvious for those that work in the complex day to day. I was still able to conduct personal interviews, learn about individual stories, and see how the system impacts workers and prisoners in many different ways. While there were many different answers given and stories told, many common themes overlapped both the worker and the prisoners' perspectives leading to a better understanding of the gaps in the institution, and where we need to improve as societies to overcome the structural violence that makes ineffective prisons necessary in the first place.

Perspectives

*Workers of the Penitentiary:*

When embarking on this research project, I began with the news and nongovernmental organization descriptions of Brazilian prisons, as the news is where my inspiration for the topic came from. Al Jazeera and BBC portray the prisons to be pitch black, closet sized cells with twenty inmates, all bleeding and violent, starved with no water or medical access, and cruel agents who ignore their cries for help or beat and murder the inmates. I struggled trying to place the Bahia State Penitentiary in this discussion, because while conditions were not ideal and need many improvements, I was not personally exposed to anywhere that I felt was dangerous or downright unsanitary. In doing academically justified research, I will present the perspectives I gathered fairly, and how I experienced them. This penitentiary has a qualified director, and many workers who are dedicated to their vocations, which may be different than other, more stereotypic 'Carandiru' like facilities, as well. However, many of the stories I heard from prisoners and family members did present this terrifying absence of human dignity point of view, leading to a difficult crossroad in my short three-week period, of determining the true placement of my experiences in the larger conversations, what was accurate and what was exaggerated or omitted. I was able to interview and get the perspectives of Director Everaldo Jesus de Carvalho, the Administrative Director of medical services in PLB, Maria "Socorro", Zaira and Emanuela both of whom work in social services, Filipe who is a dentist, the director of the CM Maria, João a SEAP agent, and Chokito, the portaria or door security of PLB.

The first interview I conducted was with Director Everaldo Jesus do Carvalho. While I waited almost two hours in the administrative office for Director Everaldo to actually arrive, once we were able to sit down facing each other across his desk, the conversation was

productive. Director Everaldo has been working in the system for twenty-four years, with some experience as a SEAP agent, and a university background in sociology. With this background, he has the policing experience to identify with his agents, as well as the academic understanding of institutions and populations. Director Everaldo clearly states the most pressing dichotomy in the prison system when answering the question, "what is the biggest challenge in your work here?" He said, "the role to police and punish, to control the deprivation of liberty and all of this coming together with human services." Along with almost every other interview participant, Director Everaldo acknowledged that the prison system is inherently ineffective and does not fulfill its social role. Another idea that was introduced in Everaldo's interview was that "lack of opportunity and disqualification for employment," were key reasons leading to crimes that bring the prisoners to enter into the system. He specifically points to drug trafficking as the most prevalent crime, but the reasons for commencing drug trafficking practices are the unavailability of jobs for this group of the population, happening to be a majority of young, poorly educated black males. Director Everaldo believes, as most other participants, that health care services are a human right, but reverted back to say specifically "basic" services.

Through the director's interview it was clear to me that many of the penitentiary workers are dedicated to their professions, but the government and infrastructure is not adequate to even complete their basic functions. A key point that Everaldo made, specifically regarding health access is the lack of support when inmates need escort or transfer out of the complex, for example to a hospital. In each one of these situations, a police detail and SEAP agent is necessary, as well as an ambulance. Considering the complex has very few ambulances, and the military police are almost always resistant to make the trip, the transfer to the hospital is only executed in extremely urgent, emergency circumstances.

Director Everaldo's sentiments on many questions were echoed by the interviews following his in the workers' perspectives. Every interviewee agreed that the penitentiary system as it functions today, is not adequate or fulfilling its social role, this response was many times followed by the idea that government does not provide fiscal resources to hire enough people, have materials necessary, or invest enough in the infrastructure of prisons around the country. Another participant with a worker's perspective also reported that the rules were not enforced in the correct manner to the prisoners. He disclosed that while he was initially intimidated when beginning his work, he now understands that the best way to converse and deal with the prisoners is by learning about them and their situations; seeing them as fellow humans. Without doing this, the rules are not recuperative, but only punishment related.

Similar to Director Everaldo's sentiments about his challenge of balancing punishment with human services, Zaira, who has worked in social services for 20 years said that the largest challenge is "this dynamic of marginality. Trying to reestablish and make with this [prison] suddenly in their life." She continued on to speak about many people in the prison simply trying to make better lives for their families, but not being able to move social classes due to stratification and outside structures. They want to re-socialize and obtain work or social stability, but it is difficult. She said that many times they will come to her and ask for help in following through with requested services, during and after their sentences. The inmates trust her and she feels extreme gratification in that, but she also emphasized treating each inmate humanly, leading to this feeling of mutual respect.

A question that I asked all interview participants was if they could recount a time when an inmate was refused or did not receive services that they needed and what happened in that instance. This question was interesting to hear the responses from the worker's perspective.

Many stated that either they could not think of a specific circumstance but it has happened due to lack of resources, or they chose one specific situation that was very extreme and not an every day occurrence. After seeing the medical consultations and conducting more observations, it is clear that prisoners are denied or refused services on a daily basis, but that was not an answer that anyone from within the prison system was willing to give.

*Family Member- Valdemir's Story:*

Upon introducing my topic idea to the academic director of the program, she responded with the fact that the prison conditions in Brazil are indeed prehistoric seeming, and that she had a friend from the state of São Paulo whose brother was currently in the system. Fortunately I was able to schedule an interview with this friend and learn about his relation to the prison system as a family member, and his brother's treacherous journey.

"He was without teeth in the penitentiary, he could not eat. He ate with only the screws." Valdemir's brother is currently serving his first sentence in the Brazilian prison system, in São Paulo. While he is able to contact his family and have visitors once a week, the overall experience with the system for both Valdemir and his brother has been heartbreaking and frustrating. Prior to entering prison, Valdemir's brother had a dental health condition, where he needed new implants to be put in. Prior to the implants, you must set screws in the places that the teeth must be to set. At the point that he was required to enter the CDD, he had already begun the process and therefore was living with only screws. In the CDD, where detainees are awaiting their sentence for time periods ranging from two weeks to more than one year, medical care is almost impossible to attain. Valdemir acknowledged that "the penitentiary doesn't have many resources, but it has even more than the waiting area." In his brother's case, he was fortunate

enough to have the financial ability to fund his own treatment. Valdemir's brother paid for a dentist to come to the penitentiary and do a consultation, but upon arriving, the dentist said that he could not complete the work because there was no space to hygienically complete the procedure. The waiting area does not have a consultation or surgery room. Due to the lack of available space, even for a paying inmate, Valdemir's brother waited almost two and a half years without teeth. Eating and speaking, without teeth. The procedure was finally completed after the brother was able to come home for two days, but had to pay again because the screws had become infected while waiting in the penitentiary. In the Brazilian system, inmates are granted a few days at home with their families if they have a permanent address, depending on their crime and sentence if some has already been completed.

I asked Valdemir if he felt as though his brother had access to other health services during his time in prison, and he said that he did not think so. He said a doctor was present some days out of the week, but was almost never available save for emergencies. An important feeling that came from Valdemir was, "At least in São Paulo, the doctors don't serve them like a person. There are few that do this work with love or dedication." From a family members' perspective, only seeing the major infractions of the system, for example denying someone's necessity for teeth, they are denied the possibility of seeing the whole picture. Clearly from Valdemir's point of view, the workers of the prison are incompetent and uncaring. This disconnect is hard to overcome when rights are being denied, but in some cases others are attempting to improve the system behind the scenes.

*Stories and Observations:*

"What do you think of the healthcare you get here?" Andreia asked one of her patients. "Porcaria." *It's shit.* December 3rd 2014, I spent silently watching medical consultations with patients of all ages, genders, and races, Dr.Andreia, and two nursing technicians. Dr. Andreia's shift was from 14:00-19:00, but due to a patient emergency, we stayed until 21:30. In this scheduled time, she must see all of the patient's whose paperwork is in the triaged queue, as well as those in the infirmary and any emergency consultations. After her shift is over, another doctor does not immediately begin working, sometimes leaving the inmates without medical treatment for 12 hour long periods.

While in theory during this time they can go to the hospital, it is extremely difficult to organize a transfer, and this only occurs for true emergencies. An inmate brought up this concern during her consultation. "If one of my cellmates had a heart attack and the heart stops or doesn't beat, they call for agent and no one comes, or they take five minutes to come. Then they know not what to do. It doesn't matter if they come because we still die on the floor." The same prisoner who made this comment spoke about her tragic circumstances in the penitentiary during my observation period. This woman, who was not Brazilian, had come into the penitentiary pregnant. She had a forced cesarean section on November 28th the previous year. Due to the horrible conditions in which she had her child, the infant died after childbirth. It was not clear from my listening whether (we will call her Sandra) had her baby in a hospital or in the prison, but either way she was shackled the entire time. Sandra had not seen a doctor in a year since the cesarean section, and now has stomach pains that force her to be constipated and resist eating. Diabetes runs in Sandra's family, but the coffee she is given in the morning still has sugar in it. A different drink is not provided for her. Though her consultation was roughly seven minutes,

she was written a prescription, her cesarean section scars and effects were checked on, and she was able to share her story with a caring doctor. She said she had been asking for an appointment with a gynecologist for 8 months. “We are surviving. No one is healthy.” Sandra acknowledged that the government does not provide enough funding for the prison medical facility, but said she has spent time thinking how it could really be so lacking in money. “We are handcuffed, but the doctors who want to help me are handcuffed too, they can’t do anything either.”

Every patient who came in to see Andreia looked visibly in pain or upset. The consultations ranged from healing physical lesions; to diabetes checks, to severe constipation and stomach pains. Each appointment generally ended with a vaccination, medication, cleaning of a wound, examination and a prescription. The fact that struck me was that these are not ‘emergency’ appointments. Severe stomach pains and a week of not producing any bile is emergent in my consideration, yet they are not taken to a hospital. As we were on our way out, Dr. Andreia received a phone call that a patient was coming to see her from another unit. I did not sit in on this consultation because it was possibly a contagious situation and I was not permitted into the medical area for this interaction. However, the consultation lasted more than an hour with many phone calls placed and voices raised. After over two hours of waiting, 2 military police persons came into the office looking resistant. Andreia explained the situation to them and a seemingly angry discussion happened. The police had very standoffish body language, and at one point eyes were rolled after Andreia spoke. Dr. Andreia called the Director to tell him the situation, and how necessary it was for this patient to go to the hospital through an official transfer. The inmate was internally bleeding. The director agreed to the transfer, and then ordered the military police to accompany the ambulance to the hospital after some begrudging. The transfer happened almost two and a half hours after the initial phone call was placed.

## Results & Discussion

Three weeks of personal interviews and participant observation, with another month of background research is not significant enough for any extremely conclusive results to be made, however I do feel as though coming from an outside perspective can provide a different look into the workings of the state penitentiary, and the system as a whole. Inserting the situation of PLB or CM, into the broader conversation about prisons and human rights of prisoners in Brazil, is difficult due to the various perspectives I attained, and the supporting literature on the subject. I came across three important themes in all my interviews that were bolstered by my participant observations and casual conversations on the topic. In each of the three themes, conclusions about the system can be made, usually referring to an improvement in treatment and more knowledge about the penitentiary system to improve perceptions and conditions.

*Lack of Government Role:*

In every interview that I completed, with perspectives coming for a few different angles, the lack of financial support from federal and state governments was apparent and a key enforced point by the interviewee. The prisoners were quick to make comments that their medicine was not available in the pharmacy or even when they saw a doctor, their procedure could not be completed due to lack of space or resources. I watched Dr. Andreia see various patients, write a prescription, and then have a nurse go to the pharmacy, only to return empty handed since that medication was not in stock. The on-complex dentist, Filipe, stated that his patients did not have toothpaste, floss, or toothbrushes many times. While the prisoners are presented with a small bag of materials when they arrive including these things if they use the entire portion, they must wait for a family member to visit and bring them more, or to buy it in the prison commissary. Considering many inmates do not have visitors often, do not make money for the commissary,

and are in the complex for over ten years, the lack of hygienic materials is a serious health concern.

The actual infrastructure of the complex creates hazards and challenges for prisoners and workers, another area where government funding could improve situations. Zaira stated that work conditions are lacking for all in the system. “We are missing material, conditions, and people to function correctly.” Emanuela, a psychologist of only six months in the system said that there “are physical limitations without money.” She referred to the need for more office space specifically. Emanuela also spoke about the need for projects and workspaces for the actual inmates. While some professors volunteer, or some community organizations contribute, in order for a project to be effective and also to reach the capacity of inmates who need it, it must be government run. Dr.Andreia echoes this feeling, in explaining the empty space outside that could be used and developed for effective rehabilitation projects or handiwork skill-shops.

Valdemir also spoke about the lack of government funding and intervention when speaking about re-socialization and his brother’s situation. He said, “Look we don’t have conditions to treat prisoners in Brazil, and there are many prisoners but little places to put them....There is not a desire to fix from the people, so it will not be a vote and nothing will happen or change.” While overcrowding in actual cells was not a reality that I experienced in my short tours, I know in other complexes and even in other modules that I did not see- there are too many prisoners for such small spaces. As mentioned in the introduction, overcrowding leads to violence, lack of resources, and frustration with prisoners and staff. The most overcrowded prisons are the most violent and dangerous in a Brazilian context. As the incarcerated population grows so exponentially, the government needs to invest more money and create larger facilities, but because of the lack of public interest- this will not occur.

Brazil is a democracy; therefore most elected officials govern using the rational choice theory. Rational choice states that each sovereign makes decisions with a certain agenda, generally being re-election. Valdemir touches on this point previously made by the Council on Hemispheric Affairs, when Presidents Dilma and Lula attempted to make prison reform a reality, they faced extreme resistance due to public perception of stigmatized prisoner and due to their desire for longer terms, abandoned the initiative. In democratic governments there must be public support, in order for an issue to enter the congressional docket. This issue of prison conditions and lack of resources must become a priority for the public in order to attain more funding from the federal government, and to make a small impact in the improvement of the system. A broke and broken system has no chance in being effective or rehabilitative, and then reaching the end its intended for in sociological terms.

*Racial Structures & Human Rights*

The government does not react to the people, because they do not press for reform in the prison system. The typical prisoner demographic is young, black males, who are poor and poorly educated. When they are criminalized and stigmatized further than they already are, this leads the public to create a feeling that they are "dangerous." The frivolous police brutality, and discretions in the law gives false legitimacy to these racist feelings of the public, and for those who have not been exposed to anyone in the prison system- they then are socially framed to not promote human rights within the prisons because these people are "criminals." Valdemir stated, "There are prejudices and negative feelings about prisoners that they are going to kill someone and they're dangerous, but if you knew prisoners they are very few that would kill or commit crimes again. They are good to live with."

While I did not encounter any blatant race injustices happening between prisoners in PLB or CM, as previously stated, the majority demographic of the Brazilian incarcerated population is black. In Salvador, where the general population is majority black this is not as startling. However, as Luis Alberto director of the COP states, in São Paulo and Rio de Janeiro, or other 'lighter' states, the demographic of more black inmates is a constant as well. This is unacceptable, and criminalizes the black population further, showing the institutional violence of the system.

Once a person is inside the system, the lack of empowerment and overall disenfranchisement is where their human rights are truly taken away. A repeated feeling in more than half of the interviews was the need for working options for the prisoners. While for some prisoners it is a cripple to their family, losing that person's previous income, for other prisoners it is a complete blow to their personal empowerment and individual sense of worth. This greatly impacts their mental health, again taking away a total well-being and state of health.

In looking towards Foucault's social theory, Restorative Justice theories, and effective measures of rehabilitation and reform, giving an individual a sense of worth and a purpose is necessary. Learning a skill or literacy is an essential part of reform as well, and the lack of resources available for prisoners to learn skills, or work during their sentences is an immense impact on their life after leaving the penitentiary. Emanuela stated in her interview that she felt the largest human rights infringement towards the prisoners was the inability to provide them work or projects to facilitate their re-socialization. The SEAP agents have titles including the word "reasocialização." In order to avoid recidivism to the penitentiary system, this part must be included in the sentence, and as of now it is frequently if not always ignored.

When asked what the motivation for committing crimes, or the reasoning for entering the system in the first place was for the prisoners, the keywords "unemployment, little education, need for money," all repeated from different perspectives. This difficulty procuring employment that happened prior to entering the system, comes from the low social class and low literacy rates of young black males, and after leaving the penitentiary system, obtaining employment has the probability of becoming more difficult. Without an option of employment, the concept of re-socialization is almost impossible, and returning to the prison is probable due to the rights infringements that are happening, based on the stigmatized statuses of blackness, poverty, illiteracy, and imprisonment.

*Healthcare Access inside the Penitentiary*

Available in the CM unit of the state Penitentiary is a doctor, nurses, a dentist, urologist, psychologist, psychiatrist, social workers, and occasionally an ENT (Ear, Nose, and Throat doctor). While this may seem 'extensive' for a penitentiary, the doctor and dentist only work roughly 3 times a week, and psychologists and psychiatrists have part time positions, leaving the critical position for such vulnerable populations some time unattended. The other listed services are 'specialists' who only come to the prison when requested by an inmate. The process of requesting the services in itself is quite extensive, and is not always followed through with. The prisoners can request services by approaching a SEAP agent, through a gated area located in the middle of the recreation area and the security office where the agents spend the day, and make a formal request for service. The agents are then responsible for contacting the administrative director, Socorro in the case of PLB, to schedule an appointment. The appointments are a triage system, beginning in the medical area of that specific módulo. If the health concern cannot be

solved or examined there, the prisoners are transported to CM. If that is not sufficient, in theory they go to the nearest hospital.

A patient being seen by Dr. Andreia told her “I asked to see a doctor last month and the month before too, and did not.” These requests for health services are not always actually obtained by prisoners, showing that the times when prisoners do not receive the services they need are daily and far more frequent than isolated or extreme incidents. While every worker in the prison agreed that health services are indeed a human right, many emphasize the fact that the services must be general or basic, and that they are still “prisoners.” This sentiment of being less than, or “still...” as a justification for lower quality health is what must change.

What is most necessary according to my observations and conversations are more doctors, that are in the prison twenty-four hours a day, seven days a week. Director Everaldo also suggested the need for more health posts in all of the buildings, not solely large complexes or CM. The idea that on weekends, all patients must go to CM and there is not always a doctor on call is shocking to me, and difficult to understand. This need for more doctors is shared by every perspective that I was able to obtain, and reverts back to the need for more funding and financial support to hire more bodies in the system itself.

Besides the need for more bodies working in the system to support the increasing population who are already facing many health problems, those individuals must be treating the patients with dignity and as humans. Dr. Andreia treats each patient as an equal, with compassionate care and general interest in their wellbeing, regardless of sentence, age, or race. This dialogue of respect is absolutely necessary in a penitentiary system. In the state penitentiary I did not experience any outright actions of disrespect, but Sandra mentioned that the “ones wearing the gray shirts,” referring to the SEAP agents, “get paid badly, so they don’t care as

much." After interviewing an agent, in a role who has the most interaction with the patients, he stated that his relationship with the prisoners was fine. "There has to be a distance," but it is "one of respect."

If the agents and prisoners had more significant and positive relationships, the requests for medical care would be taken more seriously and swiftly followed through with, leading to a better health service process overall. This sentiment of human worth, and equality must be extended to all working levels of the prison, including the military police. When I witnessed the military police requiring an order from the director, to complete a hospital transfer for an internally bleeding inmate, I was sickened and frustrated. Their job is to enforce rules and penalty, but also to ensure the safety of the population they work with, the prisoners. Hospital transfers are necessary in many situations, but could be used more frequently according to Director Everaldo, Socorro, and Maria. The fact that the situation must almost be fatal to be transferred is a disservice to the human beings who are prisoners, and causes health problems such as diabetes, or heart disease later due to stalled attendance.

| Quantitative Responses from Workers at the Penitenciária do Estado Bahia | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Everaldo | Socorro | Zaira | Emanuela | Chokito | João | Filipe | Maria |
| Years working in system | 24 | 21 | 20 | 6 mon. | 1.5 | 37 | 2 | 7 |
| Interest in prisoners or employment | Interest, policing experience | Employ-ment | Employ-Ment | Interest | Both | Both | Employ -ment | Doctor (interest) |
| Like the work | Yes | Yes | Yes, very much | Yes | Yes | Yes | Yes | Yes |
| Is the Brazilian Prison System functional | No | No | No | No | No | Not concl - usive | No | No, nor yes. |
| Are the prisoners 'healthy' | Yes/No | No | No | No | No | No | No | No clear response |
| How is your relationship with the prisoners | Very good | Fine | Great | Positive | Great | Good | Good | A little, good |
| Is health a human right | Yes, Basic, yes. | Yes, general | Yes | Yes | Yes | Yes | Yes | Yes |

## Conclusion

*"For all of Brazil this is a problem. A citizen does not have the right to be healthy, imagine someone in the cadeia?"*

Classifying prisoners differently than citizens or 'people' emphasizes the stigma that prisoners face while completing their sentences, and after when attempting to insert themselves back into their communities. Securing quality healthcare is something that rarely happens inside Brazilian prison systems. In CM, and the state penitentiary of Bahia, the patients being seen by a doctor had been attempting to procure services for days, months, and close to a year in some cases. They are in desperate need of a consultation and medication, but had not been seen due to the lack of resources and time. This situation is in place with a qualified director and an extremely passionate doctor. To echo the sentiments of Valdemir, in São Paulo, the doctors do not care about the prisoners and are not dedicated to their work. In stereotypic films such as Carandiru, or in jarring documentary photographs, there are no doctors or health facilities in sight. This is what makes inserting the 'pocaria' quality of healthcare at the state penitentiary into the general Brazilian context so difficult.

It is clear from my personal experiences that almost no prisoners are attended to ideally or timely, whether the situation is an emergency or a simple concern. This is not always due to a lack of care or willingness from the prisons, but it is due to the broken and bankrupt system that does not provide the infrastructure to care for a population of 500,000 people. The reason that the population grows so incrementally and rapidly is due to the penitentiary being the only punishment option for crimes of all severity, and the personal discretion of police to arrest people daily. The racist undertones of police arrests and the 'criminal' demographic leads to this huge incarcerated population, and the ignorance of re-socialization options such as skill work, or

better education options keeps that black, male, poorly educated population in prison or returning shortly after finishing a sentence. This in itself shows the inefficiency of the system, and that something clearly needs to change.

The specific changes that must be made cannot be determined by a foreigner, who speaks broken Portuguese and had a biased and limited time in the prison system, but my suggestions involve government support coming from changing the mindsets of the general population regarding prisoners; changing the dialogue between agents and doctors and the prisoners; encouraging transfers when necessary even when non-fatal urgencies happen; and simply making basic doctor consultations more available to the patients. The prisoners could be seen on a potential schedule basis, to keep their self worth in tact, and to ensure that they are health and no diseases are spreading, but keeping a triage system is necessary as well. When more doctors are hired, this lack of appointments can change, and hopefully every single consultation will not be with prisoners who seem to be in extreme pain or in dire need of a consultation at that point. Health surveillance and prevention is the way to create a healthier environment, but only providing reactive emergency systems permeates the idea of reactive justice instead of restorative justice, and that the prisoners are only worthy of assistance in extremely dangerous situations.

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Termo de Consentimento Livre e Esclarecido

Prezado(a) Senhor(a)

Gostaríamos de convidá-lo a participar de nosso estudo: **Acesso à Saúde e direitos humanos dentro so sistema penitenciário do Brasil** , que tem como objetivo entender: **como prisioneiros acessam saúde e o impacto desse limitado acesso na saúde e bem-estar dos prisioneiros e famílias.**

A pesquisa, estabelecida na ótica da abordagem qualitativa, consistirá na realização de entrevistas, observações e participações junto aos participantes do estudo e posterior análise do discurso dos entrevistados. Será conduzida dessa forma, pois pretendemos a experiência vivida dos participantes.

Trata-se de uma monografia etnográfica, desenvolvida por **Sara Morris** orientada pela **Dra. Andreia Beatriz Silva dos Santos**.

Garantimos que a qualquer momento da realização desse estudo qualquer participante/pesquisado e/ou estabelecimento envolvido poderá receber esclarecimentos adicionais que julgar necessários. Qualquer participante selecionado ou selecionada poderá recusar-se a participar ou retirar-se da pesquisa em qualquer fase da mesma, sem nenhum tipo de penalidade, constrangimento ou prejuízo aos mesmos. O sigilo das informações será preservado através de adequada codificação dos instrumentos de coleta de dados. Especificamente, nenhum nome, identificação de pessoas ou de locais interessa a esse estudo. Todos os registros efetuados no decorrer desta investigação científica serão usados para fins acadêmico-científicos e inutilizados após a fase de análise dos dados e apresentação dos resultados finais na forma de monografia ou artigo científico.

Em caso de concordância com as considerações expostas, solicitamos que assine este "Termo de Consentimento Livre e Esclarecido" no local indicado abaixo. Desde já agradecemos sua colaboração e fica aqui o compromisso de notificação do andamento e envio dos resultados desta pesquisa.

| | |
|---|---|
| Sara Morris | Dra. Andreia Beatriz Silva dos Santos |
| Estudante no Programa do SIT Study Abroad: Brasil-Saúde Pública, Raça e Direitos Humanos | Orientador(a) |

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Eu, _____, assino o termo de consentimento, após esclarecimento e concordância com os objetivos e condições da realização da pesquisa "Análise da formação acadêmica e científica dos programas de pós-graduação *stricto sensu* em educação física", permitindo, também, que os resultados gerais deste estudo sejam divulgados sem a menção dos nomes dos pesquisados.

_____ , _____ de _____ de 2014.

Assinatura do Pesquisado/da Pesquisada

Qualquer dúvida ou maiores esclarecimentos, entrar em contato com a responsável pelo estudo:

**e-mail:** gabriela.ventura@sit.edu **Telefone:** (71) 9982.2718 ou andreiasantos72@hotmail.com (do SIT Study Abroad: Brasil-Saúde Pública, Raça e Direitos Humanos).

Interview Question Sets

**For prison workers**:

1. How many years have you worked in the prison system? At this specific PU?
   *Quantos anos você trabalhou no sistema prisional? Nesta específica UP?*

2. What was your motivation to start working here/ in the correctional system?
   *Qual foi sua motivação para começar a trabalhar aqui / no sistema prisional?*

3. Do you enjoy your work?
   *Você gosta de seu trabalho?*

4. What is the most challenging aspect of your job?
   *Qual é o aspecto mais desafiador de seu trabalho?*

5. Do you feel that the prison system in Brazil is effective and meets its purpose?
   *Você acha que o sistema prisional no Brasil é eficaz e cumpre a sua finalidade?*

6. What do you feel your primary role is as a penitentiary worker?
   *O que você acha que sua principal função é como um trabalhador penitenciário?*

7. Can you describe to me your relationship in general with the prisoners?
   *Pode descrever-me o seu relacionamento em geral com os prisioneiros?*

8. What health services are provided to the prisoners by the PU?
   *Quais são os serviços de saúde prestados aos presos pelo PU?*

9. Do you feel as though you have any impact on the services received by prisoners or how and when they get those services?
   *Você sente que você tem qualquer influencia sobre os serviços recebidos pelos prisioneiros ou como e quando obter esses serviços?*

10. How often are prisoners seen by a doctor or nurse?
    *Com que frequência os médicos e enfermeiros visitam os prisioneiros?*

11. Do the prisoners have dental care provided to them?
    *Os presos têm acesso a atendimento odontológico?*

12. What is the process for accessing emergency or more urgent health services as requested by the prisoners?
    *Qual é o processo de acesso a serviços de saúde de emergência ou os mais urgentes solicitado pelos presos?*

13. Would you say prisoners are “healthy” according to your specific understanding of health?

*Você diria que os presos são "saudáveis" de acordo com o seu entendimento específico da saúde?*

14. Are there any extremely prevalent diseases in this specific PU?
    *Existem doenças extremamente comuns nessa UP específica?*

15. If so, what actions are taken to combat the spread of that disease?
    *Em caso afirmativo, quais ações são tomadas para combater a propagação dessa doença?*

16. Do you believe that prisoners should have equitable access to healthcare services?
    *Você acredita que os presos devem ter acesso eqüitativo aos serviços de saúde?*

17. Why or Why Not
    *Por que sim ou Por que não?*

18. Can you think of an instance when a prisoner was not able to access his or her necessary services and explain that to me?
    *Você pode citar um exemplo, quando um prisioneiro não teve acesso a serviços de saude necessários? Você poderia explicar isso para mim?*

**For Ex-Prisoners**:

1. How long were you in the penitentiary unit?
   *Quanto tempo você ficou na unidade penitenciária?*

2. How many inmates did you share a cell with?
   *Com quantos detentos você dividiu a cela?*

3. Tell me about your living conditions
   *Me fale sobre suas condições de vida.*

4. How many times do you remember seeing a doctor or nurse?
   *Quantas vezes você se lembra de ido a um médico ou enfermeiro?*

5. Did you ever see a dentist?
   *Você já foi a um dentista alguma vez?*

6. What health services were provided to you?
   *Que serviços de saúde foram fornecidos para você?*

7. What did you generally eat for each meal?
   *O que você geralmente comia em cada refeição?*

8. Was it common for inmates to be ill?
   *Os detentos ficavam doentes com frequencia?*

9. Do you feel as though your healthcare needs were met inside the prison?
   *Você acha que suas necessidades de saúde foram atendidas dentro da prisão?*

10. Were there any times you were refused access to a service?
    *Alguma vez você foi recusado a ter acesso a serviços de saude?*

11. Did you ever have a health emergency while in the PU?
    *Alguma vez você precisou de um servico de emergência na UP?*

12. Were mental health services offered?
    *Os serviços de saúde mental foram oferecidos?*

13. How did the workers of the prisons treat you?
    *Como os trabalhadores das prisões o tratavam?*

14. Did you feel as though you could trust the workers?
    *Você acha que você podia confiar nos trabalhadores?*

15. How is your overall health changed from before being in prison, to now?
    *Como a sua saúde geral mudou de antes de ser preso e agora?*

16. Do you believe that you had equitable healthcare while in prison, to what healthcare you have available to you outside of prison?
    *Você acredita que você teve serviço de saúde igualitario comparado o periodo que você estava na prisão, ao que você tem disponível hoje fora da prisão?*

17. Do you think health is a “human right”?
    *Você acha que a saúde é um "direito humano"?*

**For Family Members**:

1. Which member of your family was/is in the penitentiary unit?
   *Qual membro de sua família estava / está na unidade penitenciária?*

2. Is this his or her first time in prison?
   *Esta é sua primeira vez na prisão?*

3. Are you able to communicate with him/her?
   *Você pode se comunicar com ele / ela?*

4. Have you visited him/her?
   *Você já visitou ele / ela?*

5. Did your family member have any chronic or noteable health concerns prior to entering the PU?
   *O membro de sua família tiver algum problema crônico ou grave de saúde antes de entrar na UP?*

6. Does that family member have any concerning health issues now, while in the PU or after leaving?
   *Será que esse membro da família tem problemas crônicos de saúde agora, enquanto estava na UP ou depois de sair de la?*

7. Can you tell me anything you know about the conditions of the prison your family member is in?
   *Você pode me dizer alguma coisa que você sabe sobre as condições da prisão onde esta o membro de sua família?*

8. Does your family member have access to healthcare services that you are aware of?
   *Você sabe se o membro de sua família tem acesso a serviços de saúde?*

9. Do you feel as though prisoners should have full access to healthcare while in the penitentiary unit?
   *Você acha que os presos devem ter acesso total aos cuidados de saúde, enquanto estão unidade penitenciária?*

10. As a family member of a prisoner, do you feel your health has been compromised due to his/her situation?
    *Enquanto membro da família de um preso, você sente que sua saúde foi comprometida devido a situação dele/ dela?*

11. Are you worried about your family's health once your loved one returns home?
    *Você está preocupado com a saúde de sua família depois que seu membro da família voltar para casa?*

12. Do you know other people in Brazilian prisons?
    *Você conhece outras pessoas que estão nas prisões brasileiras?*

13. Is there anything else you would like to tell me about your family member, yourself, or the current situation involving Brazilian prisons and health?
    *Existe alguma outra coisa que você gostaria de me dizer sobre o membro de sua família, sobre si mesmo, ou sobre situação atual envolvendo prisões e saúde brasileiras?*

**For Organizations**

1. What is the mission of your specific organization?
   *Qual é a missão desta organização?*

2. Where do you receive a majority of your funding?
   De *onde você recebe a maior parte do seu financiamento?*

3. Do you work directly with current prisoners, or families?
   *Você trabalha diretamente com os presos atuais, ou suas famílias?*

4. Do you have access to the inside of the PUs or is your work done remotely?
   *Ou seu trabalho é feito dentro ou fora das UPs?*

5. How did the organization begin?
   *Como é que a organização começou?*

6. From your experience, what do you feel is the largest infraction of law or rights on prisoners that Penitentiary units usually have made?
   *A partir de sua experiência, na sua opinião qual é a maior infração das leis ou direitos aos presos que as unidades penitenciárias geralmente têm cometido?*

7. Is there one token story of a prisoner and their time in prison that you would like to share with me?
   *Ha alguma história simbólica de algum prisioneiro e seu periodo na prisão que você gostaria de compartilhar comigo?*

8. Have you ever faced any push back- or resistance from the government because of your work focus?
   *Você já enfrentou alguma resistência por parte do governo por causa de seu foco de trabalho?*

9. What is your organization's biggest accomplishment?
   *Qual é a maior realização da sua organização?*

10. How is one way, in your opinion, health in prisons could be improved?
    *Na sua opinião, como a saúde nas prisões poderia ser melhorada?*

Images for The State Penitentiary

1. Inside view of the room used for dental consultations, Taken on November 24th 2014

a. 

b. 

2. The ‘Panopticon’ shaped unit, now not functioning, created in 1984. Based on Foucault theories.

3. 


Entrance to the State Penitentiary, Taken on November 17, 2014.

ISP Evaluation Questions

1. Could you have done this project in the USA? What data or sources were unique to the culture in which you did the project?

I could have done a similar project in the USA but many factors would need to be changed. I am not sure if I could have gotten the exposure to the prisons or prisoners as an undergraduate student there, that I was able to attain here. I think there would be far stricter security in gaining access and getting on to the prison campus.

2. Could you have done any part of it in the USA? Would the results have been different? How?

I could have done a modified version of this study in the USA. I think I could still have studied the quality of healthcare services and access available to inmates, and how prison conditions impact their human rights status. Surprisingly, I think some results would be the same depending on what area of the country I completed the project in. In some urban areas, the racist institutionalism inside the prison still exists, so the disenfranchisement of a certain group could definitely have been a reality in the USA as well.

3. Did the process of doing the ISP modify your learning style? How was this different from your previous style and approaches to learning?

I have never had to collect primary research data like this before. While I have completed research with professors before, it has never included such an abundance of perspectives and so many personal identities that I needed to be cautious of including in an appropriate way. My learning style is still hands on and experiential, so this was not different, but just emphasized that I enjoy this type of learning the most.

4. How much of the final monograph is primary data? How much is from secondary sources?

The majority of my argument in the final monograph is primary data. My results and conclusions are supported by secondary sources, but was incepted completely from interviews and my personal observations in the field.

5. What criteria did you use to evaluate your data for inclusion in the final monograph? Or how did you decide to exclude certain data?

To evaluate the data I entered all of the easily categorize-able data in a clear chart to show patterns and themes of the responses. If there were questions that completely were outliers on that question set, I disregarded them or excluded them from the final monologue.

6. How did the “drop-offs” or field exercises contribute to the process and completion of the ISP?

I think the field exercises of visiting the maternity ward and the terreiro prepared me for some ISP processes, of observation and asking prevalent questions that you may not have another chance to ask. The drop off helped me to be more aware of my surroundings and travel through

the city of Salvador which was obviously essential.

7. What part of the PHMFSS most significantly influenced the ISP process?

I think the full ISP proposal that we had to turn in with a literature review and hypothesis and questions was the most influencing part for me of the ISP process. It showed me what would be expected, how to budget time for such large projects, and what I really wanted to get out to the experience.

8. What were the principal problems you encountered while doing the ISP? Were you able to resolve these and how?

The principal problem that I faced during the ISP was finances going back and forth to the prison. Each way in a taxi cost up to $R45, and I didn't budget that much, thinking I would be taking a bus. I could have figured out the bus systems, but because of my carefully scheduled interviews and wanting to be respectful of people's time, as well as my security in a different area than I was used to, I chose to take a taxi. Going back and forth 5 times, (plus twice with Andreia) was far more than the $100 I budgeted for transportation.

9. Did you experience any time constraints? How could these have been resolved?

My timing was actually very effective, and I felt as though the period was just long enough.

10. Did your original topic change and evolve as you discovered or did not discover new and different resources? Did the resources available modify or determine the topic?

My topic did not evolve so much as my conclusions and focus. Originally I wanted to look at the medical treatment and access to services that the prisoner had or didn't have. I looked into this, but once I realized that it really is not available except for emergencies, I needed to look into why there is such a lack of financial support, leading into public consideration of prison population and the racist undertones of the institution as a whole.

11. How did you go about finding resources: institutions, interviewees, publications, etc.?□I gained access to all of my interviewees through my adviser Tatiane, the coordinator of the PSFs in

Some of the information and resources was through my initial secondary source research online, using a lot of google scholar, and looking into recent studies in the field- but a majority of my resources in terms of institutions, interviews and even some secondary literature as well, came from Andreia.

12. What method(s) did you use? How did you decide to use such method(s)?

The main method I used was interviews and participant observation. I knew I wanted to get extremely personal experience, and she the emotion behind those experiences that could not be captured with a questionnaire or other method.

13. Comment on your relations with your advisor: indispensable? Occasionally helpful? Not very

helpful? At what point was he/she most helpful? Were there cultural differences that influenced your relationship? A different understanding of educational processes and goals? Was working with the advisor instructional?

My relationship with Andreia was essential and incredible for me. While the timing was difficult, and she is extremely busy, I do feel that our relations were indispensable. I learned so much from her personally, and obviously all of my connections for the interviews were made through her. I hope to continue our relationship, because I truly felt that I learned so much from her- in instructional and casual settings.

14. Did you reach any dead ends? Hypotheses which turned out to be not useful? Interviews or visits that had no application?

I knew I would not be able to interview prisoners prior to starting the ISP period, but even in speaking to other people- this was a perspective I needed to truly be legitimate. While I did my best to provide that, it is not completely what I wanted.

15. What insights did you gain into the culture as a result of doing the ISP that you might not have gained otherwise?

I think most of my cultural experiences happened prior to the ISP, but I think the concept that me as a female, white, foreigner, was able to so warmly be accepted into a community so quickly was a testament to Brazilian sense of community and desire to help. I know a lot of this had to do with Dr.Andreia's Introduction, and my white privilege as a student, but I never felt like a burden in the prison community and everyone was always extremely helpful. In the United States, I feel as though I may not have felt the same way due to the sense of time, urgency and efficiency.

16. Did the ISP process assist your adjustment to the culture? Integration?

Because my apartment mates and I were now living out of our homestay families we had to grocery shop, do our laundry, communicate with a landlord- I felt far more independent and was able to feel comfortable actually living in Brazil on my own, as it would be separate from a program. In this way I felt more integrated.

17. What were the principal lessons you learned from the ISP process?

I learned that if I want to learn something or to see something specific, I need to advocate for that. So much is possible in this world for students, many people are willing to help, but you must be willing to ask and go out of your comfort zone to accomplish that.

18. If you met a future student who wanted to do this same project, what would be your recommendations to him/her?

My main recommendation would be to try and have multiple interviews with the same people, to clarify any outlying questions you had, and to leave more time at the beginning to go to a Brazilian Ethics board to be able to speak to prisoners. Understanding the backgrounds of their experience and then hearing it first hand is an essential piece of my project that I am missing.

19. Given what you know now, would you undertake this, or a similar project again?

Definitely. I loved my ISP experience and want to continue working in this similar area when I return to the states and hopefully in a future return to Brazil. There is so much to learn about restorative justice and other methods of penalty, that do not involve prison, or completely reinvigorating the idea of the prison system- especially in a place as tumultuous in terms of race and class as Brazil.