



Minisymposium

Prisons' preparedness for pandemic flu and the ethical issues

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SUMMARY

In Europe at any given time there are about 1.8 million people imprisoned in penal institutions. About 1 million personnel are working in prisons. With prisons, from the start there are fundamental problems in many parts of Europe. Poor housing conditions in prisons and a high proportion of prisoners who already suffer from severe health problems mean the chance of an outbreak in prison during a pandemic must be quite high. We expect it can be up to 90%. In this article we explain what the characteristics are of the prison population from a health point of view. A high rate of detainees suffers from mental health disorders and/or addiction. A high prevalence of communicable and infectious diseases is the rule, not an exception. According to the European Prison Rules and many other international rules, statements and documents prison health care should be an integral part of the public health system of any country. However, it has to be accepted that the prison population is the least popular in society and in politics. In reality in many countries in Europe the situation in prison cannot meet the level strived for by the European Prison Rules. We compare preparedness on pandemic flu in The Netherlands, Latvia and Romania. We explore the problems and ethical issues that may arise if a pandemic breaks out. There are three ethical dilemmas that require consideration: equivalence of care and prisoners' right to health care; prisoners' interests versus society's interests; countries in need and calls for bilateral help.

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Introduction

At any given time, approximately 1.8 million people are imprisoned in penal institutions in Europe.^{d,e} Prison officers, therapists, psychologists, medical staff, managers and governors are responsible for their safety, well-being, guidance, health care and treatment. In Europe, approximately 1 million personnel work in prisons. In the case of a flu pandemic, if 30% of the prison population is ill with flu at the height of the pandemic and 1% of these patients will die, this means that, in Europe, out of 1 million personnel, approximately 300,000 will be ill and approximately 3000 will die; and out of 1.8 million detainees, approximately 540,000 will be ill and approximately 5400 will die.

There are fundamental problems with prisons in many parts of Europe, such as housing detainees in cramped and unhygienic premises. With the mobility of society and the high proportion of people who already suffer from severe health problems, the

chances of an outbreak in prison during a pandemic must be quite high. Detainees are more likely to become infected as a result of significant overcrowding in prisons, poor living conditions, poor nutrition, and physical and emotional stress. It is estimated that the attack rate of pandemic flu in prisons could be up to 90%.

Whether society likes it or not, every state has a duty of care to those locked away in prisons. The challenge for health care is to get prisons to a 'level playing field' status in comparison with other types of group housing.

The outbreak of a pandemic will not only lead to a medical ethical debate. A pandemic is a civil emergency, not just a health emergency. This article explores the problems and ethical issues that may arise if a pandemic breaks out.

Characteristics of prisons and prison populations in Europe

Before discussing specific ethical issues concerning prisons during a pandemic, it is important to explain the characteristics of the prison population from a health point of view.

In Europe, detainees do not represent a bulk sample of the general population. People who live in the margins of the society are over-represented. In all countries, the proportion of drug addicts is higher in the prison population than in the community. Many detainees suffer from diagnosable mental disorders and/or

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E-mail address: gerdavanthoff@live.nl (G. van't Hoff).^d Europe including Eastern and Central Europe.^e In the International Centre for Prison Studies' World prison population list (8th ed), Table 4 shows a total prison population of 1,877,775, including pre-trial detainees.

addictions serious enough to require skilled treatment. International research among prison populations has yielded consistent results. As many as 89% of prisoners report at least one depressive symptom. Levels of diagnosable and co-occurring mental health and addiction problems reach at least 85–90% in the prison population.¹ In addition, there is often comorbidity with conditions such as personality disorder, alcoholism and drug dependence.²

A high prevalence of communicable and infectious diseases is the rule, not the exception. According to the World Health Organization (WHO), the incidence of infectious diseases in prisons is 10–100 times higher than in society at large. Where data are available, high levels of active tuberculosis (TB), including multidrug-resistant TB and human immunodeficiency virus (HIV)/TB, are reported in prison populations. According to the AIDS Epidemic Update of UNAIDS in December 2003, the number of people infected with HIV continues to rise in Eastern European. The worst-affected countries are the Russian Federation, Ukraine, Estonia, Latvia and Lithuania. HIV is also spreading in Belarus, Moldova and Kazakhstan, and more recently has affected Kyrgyzstan and Uzbekistan.³

Health care in prisons: rules and reality

When a state deprives people of their liberty, it undertakes the responsibility to look after their health. The United Nations Basic Principles for the Treatment of Detainees states that detainees shall have access to the health services available in a country, without discrimination on the grounds of their legal status (1990, Principle 9, see [Appendix](#)).

According to the European Prison Rules,^{4f} and many other rules, statements and documents by international organizations such as the United Nations, WHO, Council of Europe and the European Union,^{5,6,7,8} the standard and quality of care in prisons should be at least equivalent to that in the free society. In reality, the complexity of delivering health care to detainees demands high levels of professionalism amongst penitentiary medical personnel, high standards of treatment for detainees, preventive measures for personnel and detainees alike, and continuity of treatment between the penitentiary and outside society.⁹ Most important is the delivery of a service that is able to help the detainees and which is geared to address complexity.¹⁰

According to WHO, prison health care should be an integral part of the public health system of any country.⁹ The punishment given by the court's decision is the loss of freedom, not the deterioration of health nor the loss of the right to health care. However, it has to be accepted that the prison population is one of the least popular in society and in politics! The general public usually want prisoners to pay for the crimes they have committed, and many want them to suffer. Also, the general public may be afraid of prisoners, considering them all to be thieves, murderers and aggressive criminals.

Of course, the core business of prisons is imprisoning those found guilty of breaking the law, keeping them there for their sentence, taking responsibilities in protecting society from evil, and safeguarding the public from criminality. However, there is another side to the coin; being responsible for the imprisonment of people means taking full responsibility for their safety, livelihood and health care. Being dependent on political and societal approval, prisoners are at particular risk as they have virtually no control over their environment, and usually have no choice over the density and composition of their surroundings.¹¹

In reality, in many countries in Europe, the situation in prison cannot meet the level strived for by the European Prison Rules. There are various reasons, including lack of finance, lack of political

support, impotence and negligence. The situation that has arisen in penitentiary systems in the majority of European countries calls for a whole range of urgent measures to be undertaken, aimed at preventing the spread of diseases among detainees, carrying out vigorous information and education work among them, and providing them with the means of preventing disease.⁹

When talking about preparedness for pandemic flu, and particularly stability in penitentiary systems, continuity of care to prisoners and having to share limited resources, there are many problems. There are ethical dilemmas that will have to be placed at the top of governments' political agendas.

Preparedness for pandemic flu in the Netherlands

Total prison population: 16,416
Prison population rate (i.e. detainees per 100,000 of national population): 100 ¹²
Number of prison staff: approximately 19,000

In April 2008, the Minister of Interior Affairs sent a letter to the Dutch Parliament in which she stated that pandemic flu is a top priority risk for the Netherlands, and that the country is not at all prepared for a situation that may have a dramatic effect on the continuity of organizations, healthcare systems and the economy.

Subsequently, the Ministry of Interior Affairs, the Ministry of Health and national healthcare organizations took many measures to prepare for a flu pandemic. There is sufficient stock of antiviral medications for at least 30% of the population, and there are contracts with pharmaceutical industries to develop a vaccine against the flu as soon as the causative virus is determined.

Auxiliary services, hospitals, the military, the food industry and all organizations that represent the backbone of society are developing scenarios. By September 2009, at least 80% should be prepared for a flu pandemic.

At governmental level, the Ministry of Interior Affairs and the Ministry of Health have developed a scenario that serves as a model for all departments. A working group of representatives from various departments is developing possible situation outlines and guidelines in preparedness for pandemic flu. The Ministry of Justice and the National Agency of Correctional Institutions are also represented in the working group. At the same time, the Ministry of Justice has started a working group in which all sections of justice take part. The National Agency of Correctional Services started a project called 'Preparedness on pandemic flu' in November 2008, and has already developed schemes for crisis communication, and cooperation with cooperative partners in justice and health care. The aim is to prepare situation reports for June 2009 and to organize a national evaluation in September 2009.

Preparedness for pandemic flu in Latvia

Total prison population: 6548
Prison population rate (i.e. detainees per 100,000 of national population): 288 ¹³
Number of prison staff (full-time equivalent): 3048 ¹⁴

In Latvia, there are currently no plans to develop guidelines to prepare for a flu pandemic. There are no action plans for the Ministry of Health, the Ministry of Justice or the police. An inventory of critical processes and vulnerabilities of organizations has not been made. There are no financial resources for preventive measures, vaccination of prison staff and detainees, ultraviolet lamps, prophylactic medicines or stocks of medicines.

^f On 11 January 2006, the Committee of Ministers of the Council of Europe adopted the new version of the European Prison Rules.

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