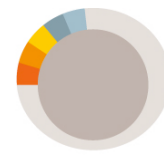


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### ***Preparation for pandemic influenza in prisons***

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The inclusion of considerations about vulnerable populations' fate in a pandemic state in the program of the present conference is something that has to be praised. In prisons, a pandemic state would be a fearsome challenge. Related problems are rather complicated and require:

- political decisions and commitment;
- adjustment of national legislations;
- commitment of various involved institutions;
- availability of human and financial resources.

### **Principles and prisons' reality**

Public opinion tends to think that people go to prison because they are bad. They are confined in order not to jeopardize other members of the society. Therefore prisons should not be very comfortable places. Healthcare should be worse for prisoners than for free citizens. But in the last 10 years in many countries the opinion has changed to become more benevolent for prisoners. Highly developed countries with good socio-economic level are certainly the leaders in this respect. Other countries are following but resources granted to prisons depend on socio-economic well-being, awareness and will of society. The United Nations Basic Principles for the treatment of Prisoners state: *"prisoners shall have access to the health services available in the country without discrimination on the grounds of their legal situation"*. Thus, when a state deprives people of their liberty, it takes on a responsibility to look after their health, to create healthy conditions in prisons and to ensure individual medical treatment when it is necessary. Off course facts are far from theory.

Following recommendation R(98)7 of the Committee of Ministers of the Council of Europe ("The Ethical and Organizational Aspects of Health Care in Prison"), prisoners should not leave prison in a

worse health condition, than they entered. Prisons gather representatives of practically all kinds of vulnerable groups of society throughout the world. In other words, in many countries more than 80 % of prisoners are exactly the people from vulnerable groups in society. Prisons do not just mirror societies. The health problems of a society are exacerbated in prisons. This is particularly true in the area of infectious diseases.

### **What Lavia did to prevent the spread of tuberculosis**

It has to be emphasized that prisons are not totally closed institutions. The following facts should be taken into account. First, prisoners are frequently conveyed to other institutions, to investigation operations and to courts. Then prisoners are in daily contact with prison staff, lawyers, and public prosecutors, procurators, relatives, representatives of various NGOs. An increase of the incidence of infectious diseases in prisons would not be a confined problem.

According to WHO data, the incidence of infectious diseases in prisons is 10 to 100 times higher than in civil society.

The fight against tuberculosis in Latvia has brought some interesting experience. A clear political decision was made to tackle the danger of tuberculosis spreading in our country. It was based on a strategy of education of the higher level officials of prison administration, of prison governors, medical staff and prison staff. Information of prisoners was not neglected.

Administrative measures have been taken in order to improve conditions of life to lessen overcrowding and to establish better conditions of ventilation. Food quality was improved too. Isolation of suspicious cases was systematic. The medical part of the plan devised to fight tuberculosis consisted in: early diagnostics, preventive measures, treatment according to the WHO guidelines, and control of the contacts. It implied a communication with the Tuberculosis and Lung Diseases State Agency on a regular basis.

### **Considering the pandemic risk**

The basic ethical problem in pre-pandemic and pandemic period is the shortage of financial resources to ensure good medical and prophylactic measures. The other significant ethical problem is insufficient connections with public health care.

The infection would be brought from society into prisons and there would be high level of incidence among the prison staff. Disorganization of prison guard could lead to mass escapes of dangerous and criminogenic contingent. Moreover, disease among prisoners would be aggravated with serious complications calling for urgent medical intervention.

In prisons, the overall readiness depends on:

- the medical staff involvement;
- a deep informative and educational work with prison staff and prisoners;
- the ability of prison administration to take right measures.

But there is no common action plans for the Ministry of Health, Ministry of Justice and Police. And resources are lacking to support preventive actions.

All things considered, in the light of the Bellagio Statement, the whole prison population must be regarded as a disadvantaged population. Communicable diseases in prisons can be successfully controlled only through integration of concern for prisoners' health into broader public policies.