

COMBATING COVID-19 IN THE PENITENTIARY AND SOCIO-EDUCATIONAL SYSTEM: impossibilities in the Penal State?

COMBATE AO COVID-19 NO SISTEMA PENITENCIÁRIO E SOCIOEDUCATIVO: impossibilidades no Estado Penal?

COMBATIENDO COVID-19 EN EL SISTEMA PENITENCIARIO Y SOCIOEDUCATIVO: ¿imposibilidades en el Estado Penal?


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ABSTRACT:

The article presents conjunctural aspects that show the growth of restrictive freedom policies in the framework of a Penal State and the challenges that are presented in the political agenda regarding the necessary adoption of emerging measures to mitigate contagion situations by COVID-19 in the prison system and socio-educational. It presents data on the large percentage of incarceration in Brazil, as well as on the contagious infectious diseases that are evident in the prison population and that reveal the exposure of this population to risks of contagion in pandemic situations. It also exposes data that reveal public administration strategies adopted to mitigate the effects of the recent pandemic on this population, highlighting the particularity of those adopted by different states in the country, such as Amazonas. In its conclusion, it problematizes aspects of the criminal policy developed at the intersections of institutions and agencies such as the police, the courts, the prisons, and agencies managers; highlighting that they operate within the dimensions of race, class, and gender. From these aspects, it emphasizes the importance of registering important intervention proposals that bring mitigating impacts on the daily life of prisons in Brazil.

KEYWORDS: Pandemic; Deprivation of liberty; Criminal policy; Socio-educational policy.

Introdução

The COVID-19 pandemic, which caused the most serious health crisis in the world in this first quarter the 21st century, generated many and diverse debates. From a specialist to a housewife, the subject is more commented on and each one with your choice makes a defense that is closer to his life history and personal relationships (CASTRO; SENO; POCHMANN, 2020, p. 8).

Population agglomerations, human locomotives, and the consequent transport of infectious agents with a population have not yet had access, always had as a result in the history as epidemics that have turned into devastating pandemics. In addition to wars, earthquakes, tidal waves, volcanic eruptions, natural disasters, or those that occasionally occur due to human actions that change the environment, such as bacteria, viruses, and other microorganisms, also cause damage to a productive force, that always happened in the human history.

An epidemic is synonymous with the scourge, outbreak, evil, pandemic, plague, and the outbreak has its etymological root in the Greek *epidémia*, which means the spread of a contagious disease in a specific region. It is a disease of a transitory character, periodic that simultaneously attacks a large number of individuals in a specific location, region. It is considered a pandemic when it causes or increases the number of cases of disease or an abnormal phenomenon, such as intoxications, suicides, and contagion, as taught by Houaiss & Villar (2001). When is pandemic, the characteristic of the epidemic disease will be widely disseminated in territorial extension and quantity of notifications, providing that all the people of that territory have chances of being contaminated, it has a global meaning as we are currently seeing with the current COVID-19 pandemic.

The black or bubonic plague killed 50 million people in Europe and Asia in less than two decades (1333-1351), causing several outbreaks between the 14th and 19th centuries. The bacterium *Yersinia pestis*, common in rodents like the rat, only started to be fought when there was a significant improvement in hygiene and sanitation in cities. For a long time, it was believed that the decrease in the population of urban rats and their fleas had been the main element that contributed to the fight against the disease. Recently, however, researchers at the universities of Oslo, Norway, and Ferrara, Italy, concluded that the first of these outbreaks were caused by human fleas and lice. Rat fleas are also responsible for the transmission of Typhus, caused by the *Rickettsia* bacteria, which between 1918 and 1922 killed three million people when it proliferated in miserable places, in peripheral capitalist countries, in refugee camps, concentration camps or in camps. war (morbillivirus) Ministry of Health (2008).

It has known since antiquity that the Cholera caused thousands of deaths in its first global epidemic in 1817. The choleric vibrión (*vibrio cholerae*) has undergone several mutations. The precarious conditions of basic sanitation, poor personal hygiene, consumption of water without proper treatment, unhygienic food and raw or undercooked fish and shellfish are the main risk factors that involve the spread of this disease (republic of Mozambique, 2016) This epidemic killed an enormous number of slaves in Brazil in the late 19th century and was responsible for a change in the supply of labor.

Between 1850 and 1950 the transmissible infectious disease tuberculosis caused by *Mycobacterium tuberculosis* or Koch's bacillus causes the death of a billion people. Contagion occurs through the respiratory tract attacks the lungs, and sometimes affects other organs and/or systems. Researchers have identified their signs on skeletons in Germany dating from 8,000 BC. Tuberculosis is one of the main public health problems in Brazil and worldwide. According to data from the World Health Organization (WHO), about two million people die each year from the disease worldwide. Tuberculosis and co-infections are serious threats to the prison population.

Data from the Ministry of Health attest that in some states of Brazil, such as Amazonas an incidence rate of tuberculosis among people deprived of their liberty is 35 times higher than the general population. *"In 2017, there were 69,000 new cases of tuberculosis across the country, with 10.5% occurring in this population" deprived of liberty, guaranteed by the Ministry of Health (2018, p. 2).* This is mainly due to the unhealthy conditions and overcrowding of the spaces involved in serving sentences.

The same form of contagion made it possible that smallpox (*orthopoxvirus variolae*) in almost a century (1896 to 1980) killed about 300 million people; the Spanish flu (*influenza virus*) between 1918 and 1919 decimated 20 million people; and measles spread through mucous secretions decimated six million people a year, especially children, until 1963. More recently, several wild mosquitoes have become vectors of disease transmission. Once infected, the females carry the viruses, bacteria, and protozoa that transmit diseases such as yellow fever (*Flavivirus*), malaria (protozoan *Plasmodium*), dengue, Chikungunya and Zika (Gill, 2018; Super Interessante, 2020).

The challenges that historically these epidemics bring us, exceed the concern with the forms of contagion. These are associated with concrete material aspects of health and humanitarian crises, structural racism, and the intersection of categories such as class, race, and gender. Which highlights the process of the vulnerability of racial and sexual groups, segregationist policies, the control of the bodies, the precariousness of

lives, and the consequent deepening of the penal state. It is from this premise that in this text we seek to present some possible measures for dealing with epidemics such as COVID-19. We present empirical data, providing a quantitative description; We conducted an analysis of the situation regarding social vulnerability and highlighted important state actions in the fight against the pandemic that mitigated the protection of the population deprived of liberty during the first months of COVID-19, in Brazil.

The main pandemics that have affected humanity since the passage from feudalism to contemporaneity, and which we briefly highlight here show that the State, independent of its political format (absolutist, liberal, liberal-democratic, Welfare state, liberal or republican social), It has always played a key role in combating different types of local outbreaks, regional epidemics or global pandemics.

In the educational acting, with care and prevention procedures; in the performance of public officials such as firefighters or health care professionals. In the convening of non-state agents such as religious institutions, non-governmental organizations or private institutions, the State is called to intervene not only to propose and manage health policies aimed at the general population but also for actions aimed at local demands; for specific actions in places where the most economically and socially fragile populations are inserted such as hostels, host institutions, socio-educational and prison.

It is from this fact that in this article we intend to discuss efforts made to try to avoid the COVID-19 from spreading and reach the deprived population of freedom. However, the composition of the current Criminal State prevents many of the proposals made in other countries from being put into practice in Brazil, which creates a deadlock for those who work with public policies and puts at risk not only people deprived of liberty, but also, workers in the area: socio-educational agents, police, criminal police, technicians (psychologists, Pedagogue, social workers, among others), relatives of the prisoners and adolescents, teachers, professionals working in the administrative, in cleaning, drivers, etc., and even people who work in the justice system.

Prison and socio-educational system: what does the data reveal?

Brazil is among the countries that incarcerated the most in the world, appearing in the third position; a growth of 460% in 22 years. Data from the Integrated Penitentiary Information System (INFOPEN) of the Ministry of Justice and Public Security (MJSP) show that in December 2019 the country had 773,151 prisoners. A large part of this large group precisely 33.3% of this total was in the provisional regime, awaiting trial in prisons, overcrowded, and precarious (INFOPEN, 2019).

The rapid increase of the prison population and the pressure for the deepening of punitive practices denote the suppression of a Social State in the expansion of the Criminal State (Wacquant, 2001). With a crisis of the state in the late 1970s new standards and changes of punishment centered on restrictive measures of freedom and conservative social order conceptions, aimed at social, political, and economic transformations (Cruz, Souza & Batituci, 2013). In this aspect, an analysis of Brazilian incarceration cannot be disconnected from the global scenario and political and economic policies.

In the socio-educational system the reality does not differ much. Data from 2019 indicate that in Brazil there is a deficit of 2000 vacancies for adolescents and young people in compliance with detention in socio-educational institutions. This deficit, on the one hand, expresses unfavorable conditions for compliance with the principles and rights of adolescents and young people in prison, on the other, demonstrates the increasing number of young people deprived of liberty which shows that the policies aimed at meeting this demand are in the same line as the debate on the criminal state. Data from the last Survey of the National System of Socio-educational Care (SINASE) identified that 26,109 adolescents fulfilled the measure of deprivation of liberty in 2017. Of these, 17,811 were in detention, 2,160 were in semi-freedom and 4,832 were in provisional detention (MMFDH, 2019).

The analysis of these data shows that even the system of deprivation of liberty of adults as the adolescents can be the focus of high mortality by the incidence of COVID-19 due to the number of people institutionalized in the same place, unable to effectively follow the system of isolation and social protection. This situation is aggravated by the fact that the health of those who are deprived of freedom is already quite fragile. Research carried out in the Post-Graduate Program in Public Health (PPSP) at Fiocruz points out that among the diseases that most affect adolescents deprived of liberty are: *"[...] 23.3% with skin diseases (itching, impinged, skin bacteria, boils); 20.6% reported having had asthma/bronchitis; 16.1% reported having Stds [sexually transmitted disease] such as syphilis, gonorrhea, chancre, etc.; 11.8% reported dengue, Zika or chikungunya [...]"*, in addition to heart diseases, tuberculosis and HIV/AIDS that can expressly affect the immunity of adolescents or young people in detention (Pedro, 2018, p. 66). In the adult prison system. It is no different.

Data from the Ministry of Health attest that in some states of Brazil such as the Amazon State, the incidence rate of tuberculosis among the people deprived of liberty reaches 35 times higher than that of the general population. *"In 2017, there were 69,000*

new cases of tuberculosis throughout the country. Which 10.5% occurred in this population" (Ministry of Health, 2018, p. 2). This occurs mainly due to the unsanitary and the overcrowding of the space indicated to a serving the sentence. In this aspect, even among those who are responsible to commit crimes and infractions act, and for the professionals who work in the detention system, internally and externally form to the institution are at imminent risk.

Since the WHO declared on March 11th, 2020 that the world was experiencing a pandemic. The Pan American Health Organization (PAHO) has been concerned about the possibility of major outbreaks in enclosed places, such as prisons and asylums. Italy, one of the first countries to adopt the total quarantine, has taken several measures to prevent contamination in prisons, among them, the restriction of contact or the prohibition of visits and the suspension of various benefits of those who complied with the semi-open regime, among others. As a result of these measures, there were protests and rebellions in almost 30 Italian prisons with the counting of ten dead and several escapes (This is, 2020). In the same way, growing tensions have been identified: a) in the European prison system, with repercussions in Belgium, Sweden, France, and other countries; b) in Latin American and Caribbean prisons in countries such as Argentina, Venezuela, Colombia, Peru, and Brazil, among others; and c) in the United States. These crises have helped the international organizations to indicate as a measure the adoption of a disengagement policy with a view to guaranteeing, including, the human rights of persons deprived of liberty and their families, as well as the professionals who work in these places.

According to a study by Human Rights Watch (HRW), unhealthy conditions and overcrowding of prisons and the socio-educational sector in some Latin American and Caribbean countries pose a risk to the spread of coronavirus and to the health of the general population (HRW, 2020). Amnesty International has issued recommendations to countries, drawing attention to vulnerable populations such as women, indigenous people, the elderly, immigrants, the disabled population, LGBTI, the homeless population, and the prison population (Amnesty, 2020).

Given the complexity of the moment, the policies of criminal justice and juvenile justice also became a focus of attention by state managers, the Courts of Justice, the Public Ministry, the Public Defender, and civil society, in order to adopt and monitor measures to prevent and combat the pandemic. It should be noted, however, that the pandemic does not suspend the status quo of the structural situation and the hygienic perspective of the places of deprivation it's already denounced by several actors working

in the field of human rights, but otherwise, deepens the mechanisms of social control, already underway.

Thus, several agencies of civil society and institutions of the justice system seek to promote strategies to minimize the problem, among which we can mention: the National Agenda for Disengagement, the National and State Mechanisms to prevent and combat torture, the Prison Pastoral, the Councils of the Community, the National Council of the Public Ministry, the Public Defenders and the judiciary itself through Monitoring and Surveillance Groups of the Prison System and Socio-educational existing in the courts and also in the structure of the National Council of Justice. These intergovernmental actors are becoming strategic and fundamental in a search for sanitary improvements and health care of the units of deprivation of liberty of adults, adolescents, and youth.

Strategies to combat the pandemic

The prison system and the educational sector have an intrinsic relationship. Their implementation falls within the field of inter-sectoral and inter-institutional policies, i.e., management, monitoring and supervision involve an implementation by the Executive (in criminal and socio-educational policy) as an intervention of the Judiciary (monitoring criminal and juvenile execution and promoting justice).

In the case of management strategies in the midst of a public health crisis caused by a pandemic, the measures so far adopted by the government, have in the judiciary and in the health departments, prison administration and juvenile justice the main protagonists for preventive actions and facing the COVID-19.

In this sense, at the national level, the Federal Government published Interministerial Ordinance No 7, March 18th, 2020 of the Ministry of Health (MS) and the Ministry of Justice and Public Security (MJSP), as well as Ordinance No 135, March 18th, 2020 of the MJSP and both have measures to deal with COVID-19 within the prison system. The first, in addition to incorporating the guidelines and norms of the Ministry of Health, brings compelling recommendations to the States and Federal District. In a complementary sense, Ordinance No 135/2020 (MJSP) establishes minimum standards in order to prevent the dissemination of COVID-19.

The norms adopted by the States are regulated through normative acts and documents containing prevention and mitigation actions such as Technical Notes, Standard Operational Plan, and Contingency Plans, the latter being the main document recommended by MJSP Interministerial Ordinance 07/2020. Thus, until the closing of this article, 16 States (63%), elaborated Contingency Plans, such as Alagoas, Amapá,

Amazonas, Bahia, Ceará, Distrito Federal, Maranhão, Minas Gerais, Paraíba, Paraná, Pernambuco, Piauí, Rio Grande do Sul, Rondônia, São Paulo, and Sergipe. The other 11 states (37%) adopted the Technical Notes and/or Protocols of action to the prison system, as guiding documents. According to the Prison System Monitoring Panel of the National Penitentiary Department (DEPEN) of the MJSP, all States and Federal District adopted to a greater or lesser degree measures established by the Ordinances, especially, asepsis actions in the cells, triage at the time of the entry of new/internal/as, isolations of suspected or confirmed cases and total suspension of visits in 100% of the states.

The suspension or prohibition of external visits of family members loved ones and lawyers in the prison and social education system is one of the issues that has generated tensions not only in Brazil but in other countries, requiring public administration communicability measures, safeguarding safety, health and also the right to a private conversation with lawyers or public defenders.

The State of Amazonas, as a precursor, implemented the televisita (streaming video) made by application scheduling, mediated by technology and with a maximum duration of five to ten minutes, respectively. In a pioneering action in Amazon State in a partnership with the OAB / AM (Brazilian lawyers' orders / Amazon state) and the State Government's Secretariat for Penitentiary Administration (SEAP), the Parlatory-video project was implemented so that prisoners could talk to lawyers. Subsequently, Rio Grande do Sul, the Federal District, and the state of Paraná began to use the virtual parlatory model.

The actions made within the prisons have been developed in partnership with universities, companies, foundations, unions, and government agencies aimed to face the new coronavirus. The main activities identified were: a) making disposable masks; b) cleaning services for shelters; c) manufacture of cleaning products, among them, alcohol gel; d) production of bread for snacks to the street population. The impact of these activities includes the remission of the sentence as provided for in Law 7,210 (Criminal Execution Act); use of these services to benefit the prison system itself, the health system, public security, and social assistance.

In the field of health, in addition to asepsis and hygienic procedures with specific protocols for those who enter the system, actions of an active search for tuberculosis and flu symptoms, vaccination against H1N1, distribution of Vitamin C and the expansion of health teams, with new hires, It has shown to be important and effective initiatives as a form of prevention.

We also found that some states suspended educational activities, while others began to adopt distance learning as a mechanism for maintaining school and professional activity. In the Amazon state, one of the prison units in April was started the distance graduation courses such as Information Technology and Administration, for example.

Measures adopted by the judiciary

In order to carry out measures to contain the pandemic, the Judiciary as executor of the criminal justice policy and intervener of the criminal policy plays an important role. Concerned about the arduous challenge to public administration, since March 17th, the National Council of Justice (CNJ) published Recommendation 62/2020, in which it directs the judiciary of the whole country to adopt a series of preventive measures to the spread of Covid-19 within the prison system and the social and educational system. Its foundation, in addition to legal systems, is based on scientific studies and the declaration of pandemic issued by the WHO. The recommendation was recognized as good practice by the Inter-American Commission on Human Rights (IACHR) and the United Nations Development Programme (UNDP).

Among the measures, it lists a number of granting of house arrest to all persons arrested for serving sentence in an open, semi-open regime and those who make up the risk groups: elderly, pregnant women, people with chronic diseases (diabetes, kidney diseases), immunosuppressive (HIV/AIDS, lupus), heart, respiratory (asthma) and other serious diseases such as diabetes, tuberculosis and viral hepatitis that could lead to a worsening of health if contaminated by the new coronavirus; preferential application of socio-educational measures in an open environment; review and reevaluation of provisional prisons and socio-educational measures of detention and semi-freedom for adolescents, point out the CNJ (2020). Pregnant and lactating women and adolescents, as well as babies, are also within the risk group due to their immune conditions. The indigenous population deprived of freedom also deserved attention.

The document recommended that among other actions, the creation of an inter-institutional forum of collaborative governance for crisis scenario management purposes and mitigating proposals to this vulnerable group of people deprived of freedom. The creation of the Committee to monitor the measures to confront Covid-19 and reduce the proliferation factors of the virus, prioritizes the participation of representatives of the Public Ministry, the Public Defender, OAB (Ordens dos Advogados do Brasil - Brazilian lawyers' orders), the Department of Health, Universities, relevant councils and public

services, associations of family members of arrested people or adolescents in serving socio-educational measures, and, of course, of the Magistrates. CNJ data indicate that by the end of April, only six states had no Committee installed.

In this context of pandemic, which requires rapid and efficient solutions from public administration. The CNJ intended that this instance of governance should contribute in a coordinated way with all the actors who are directly or indirectly involved with the socio-educational and penal establishments, spaces commonly known as clusters of people in unsanitary situations. Despite this, the justice system faces social pressure from the interlocutors of the media and society in general who questions and criticizes the release of people in prison or socio-educational. Therefore, the numbers of people released as mitigating measures fell short of what would be indicated.

Due to the numerous restrictions that institutions began to suffer from preventive measures, among them, suspension of visits and attendance of attorneys in person, adequacy of food intake, preventing intimate visits the system began to verify the incidences of riots and rebellions that at some point may spread. Concerned about the situation many public managers have chosen to invest in measures to contain the possible disturbances.

The National Penitentiary Department (DEPEN), for example, met the request of the State Secretariat of Rio de Janeiro, approving extraordinary credit of 19 million reais for the purchase of non-lethal material (Despacho n. 3718/2020/DIRPP/DEPEN/MJ). In the document were listed, among these materials, grenade, ammunition, and sprinklers that according to the site aim to prevent "*[...] riots due to suspension of visits because of COVID-19*" (INFOVIRUS, 2020, s/p).

In this aspect, the repercussions of the pandemic are not restricted to the suspension of visits, because the lack of news and contacts with relatives, often elderly, generates an extra tension in a generally charged and stressful environment, which raises the temperature and the possibility of rebellions increases considerably.

The Joint Technical Note 01/2020 CNJ/CNMP, released two weeks ago by Infovirus, requested that the Depen contributes to fulfilling the CNJ Recommendation 62, through liaison with state departments to produce lists of prisoners in risk groups and mass testing. The Penitentiary Department, however, not only refuses to follow Recommendation 62/CNJ but also allocates its resources to expand electronic monitoring and repression of protests against the tragic situation of the prison population.

The judicial system, on the other hand, is no less responsible for the situation, since it continues with the searches and seizures as well as, most often insists on sentencing people to deprivation of liberty rather than finding other precautionary measures and alternatives to prison. Likewise, there is still a tendency to reject collective requests for freedom and there is no national diagnosis of the legal situation of prisoners at risk. Despite the measures of the CNJ, the number of releases and applications for house arrest granted is far below the overcrowding levels pointed by the federal government itself.

Final considerations

The criminal policy is developed at the intersections of institutions and agencies such as the police, courts, prisons, and other spaces of deprivation of liberty that operate within the dimensions of race, class, and gender. The territorial and control sections of abject bodies (marginalized, peripheral), sometimes consider black, indigenous, poor and peripheral people as second-class citizens who receive little investment in social education policies, health, social assistance, therefore, potential subjects of segregation, control, and punishment. Such aspects, contrary to the necessary guarantee of dignity, are aggravated by the segregation this time under custody and punitive surveillance of the State, and there is historical negligence of health care within the spaces of deprivation of liberty.

In this version of the article, we recognize the limitation of the analysis and capture of surgical responses, which the challenges of the pandemic impose on public administration. Despite the limits, important intervention proposals were registered that brought some mitigating impacts on the daily life of prisons in Brazil. Such measures, obviously, must urgently be expanded.

In local reach, the State of Amazon, admittedly, holder of prisons that were the scene of many deaths and violations, adopted measures that contributed to minimizing the spread of the virus in state prisons, with strategic and innovative measures such as the Televisitas (streaming video) and the Virtual Parlatory, in addition to the isolation and personalized care of prisoners at risk, rigorous sanitation of physical spaces, use of Personal Protection Equipment (PPE) antiviral vaccines have contributed in some way to the protection of the prison population and the socio-educational environment. Despite this, the state already experienced at the beginning of May a widespread riot.

The other impacts need to be deepened in research with indicative analysis, measuring the decision patterns within the criteria established by the CNJ; measures

taken by the prison system (normative acts, reports and the efficiency of the contingency plan), conditions of the health system for the demands of the prison; effectiveness of democratic instances of discussion and referral to the Inter-institutional Committee, as well as the impact of directing financial penalties to purchase supplies to combat COVID-19.

There are still deep challenges for the effectiveness of mitigating and coping measures to the new coronavirus, among which we can highlight two that are central: a) the historical situation of places of deprivation of freedom, the still slow implementation of actions facing the urgency of containing the spread of the virus by the executive powers of the States; b) the punitive logic of criminal justice that still resists extrication, or even the granting of house arrest, since overcrowding in prisons has been considered a biological bomb that puts at risk internal and agents, employees of the prison system.

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ABSTRACT:

O artigo apresenta aspectos conjunturais que evidenciam o crescimento de políticas restritivas de liberdade na moldura de um Estado Penal e os desafios que se apresentam na agenda política com relação à necessária adoção de medidas emergentes para amenizar situações de contágio por COVID-19 no sistema prisional e socioeducativo. Apresenta dados sobre o grande percentual de encarceramento no Brasil, bem como sobre as doenças infecto contagiosas que se evidenciam na população carcerária e que revelam a exposição dessa população a riscos de contágio em situações pandêmicas. Expõe, também dados que revelam estratégias de administração pública adotadas para amenizar os efeitos da recente pandemia nessa população, destacando a particularidade das adotadas por diferentes estados do país, como o Amazonas. Problematisa, em sua conclusão, aspectos da política penal desenvolvida nas interseções de instituições e órgãos como a polícia, os tribunais, as prisões e órgãos gestores; destacando que elas operam dentro das dimensões de raça, classe e gênero. A partir destes aspectos, ressalta a importância do registro de importantes propostas interventivas que tragam impactos mitigadores no cotidiano das prisões no Brasil.

PALAVRAS-CHAVES: Pandemia; Privação de liberdade; Política criminal; Política socioeducativa.

RESUMEN:

El artículo presenta aspectos coyunturales que muestran el crecimiento de las políticas de libertad restrictivas en el marco de un Estado Penal y los desafíos que se presentan en la agenda política con respecto a la adopción necesaria de medidas emergentes para mitigar las situaciones de contagio por COVID-19 en el sistema penitenciario y socioeducativo. Presenta datos sobre el gran porcentaje de encarcelamiento en Brasil, así como sobre las enfermedades infecciosas contagiosas que son evidentes en la población carcelaria y que revelan la exposición de esta población a los riesgos de contagio en situaciones de pandemia. También expone datos que revelan estrategias de administración pública adoptadas para mitigar los efectos de la reciente pandemia en esta población, destacando la particularidad de las adoptadas por diferentes estados del país, como Amazonas. En su conclusión, problematisa aspectos de la política penal desarrollada en las intersecciones de instituciones y organismos como la policía, los tribunales, las cárceles y los órganos de administración; destacando que operan dentro de las dimensiones de raza, clase y género. Desde estos aspectos, enfatiza la importancia de registrar propuestas de intervención importantes que traigan mitigantes impactos en la vida diaria de las cárceles en Brasil.

PALABRAS CLAVE: Pandemia; Privación de libertad; Política criminal; Política socioeducativa.