Objective: Identifying signs of impairment of inmates' health and relating them to overcrowding of the halls. Method: A case study developed in seven pavilions of a male prison, of medium security, in the State of Paraíba, using an observation script for data collection and thematic analysis. The research project was approved by the Research Ethics Committee CAAE nº 0321.0031.000-11. Results: There were found 804 prisoners, evidenced overcrowding in prisons; poor lighting; deficiency in aeration; dirt in physical environments; bare wires with risk of fire; packaging of perishable foods in places and unsuitable containers; and the presence of waste in the hallways. Conclusion: overcrowding of pavilions compromises the health of inmates, in addition to disregarding the current legislation of the country. Descriptors: Prisons; Law; Health.

RESUMO
Objetivo: Identificar sinais de comprometimento da saúde dos presidiários e relacioná-los à superlotação dos pavilhões. Método: estudo de caso desenvolvido em sete pavilhões de um presídio masculino, de segurança média, no Estado da Paraíba, utilizando-se de um roteiro de observação para a coleta de dados e da análise temática para a análise. O projeto de pesquisa foi aprovado pelo Comité de Ética em Pesquisa CAAE nº 0321.0031.000-11. Resultados: foram encontrados 804 presidiários, evidenciado a superlotação carcerária; precária iluminação; deficiência na aeração; sujeira nos ambientes físicos; fios desnudos com risco de incêndio; acondicionamento de alimentos perecíveis em locais e recipientes impróprios, além da presença de dejetos nos corredores. Conclusão: a superlotação de pavilhões compromete a saúde dos presidiários, além de desrespeitar a legislação vigente no país. Descriptors: Prisões; Direito; Saúde.

RESUMEN
Objetivo: identificar los signos de deterioro de la salud de los internos y relacionarlos con el hacinamiento de las salas. Método: este es un estudio de caso realizado en siete pabellones de una prisión masculina, de seguridad mediana, en el Estado de Paraíba, utilizando un script de observación para la recogida de datos y análisis temático. El proyecto de investigación fue aprobado por el Comité de Ética en la Investigación CAAE nº 0321.0031.000-11. Resultados: se encontraron 804 presos, hacinamiento evidenciado en las cárcel; iluminación deficiente; deficiencia en la aireación; la suciedad en los ambientes físicos; cables pelados con riesgo de incendio; envasado de alimentos perecibles en locales e recipientes inadecuados, además de la presencia de residuos en las galerías. Conclusión: el hacinamiento en los pabellones compromete la salud de los reclusos, así como sin tener en cuenta la legislación del país. Descriptores: Prisiones; Derecho; Salud.

1Nurse, Professor, Doctor of Science, Department of Clinical Nursing, Federal University of Paraíba/UFPE. João Pessoa (PB), Brazil. Email: aurilene_cartaxo@hotmail.com. 2Nurse, Doctor of Nursing, Department of Clinical Nursing/UFPE. João Pessoa (PB), Brazil. Email: gigi8menezes@gmail.com. 3Nurse, Master in Cellular and Molecular Biology, Federal University of Paraíba. João Pessoa (PB), Brazil. Email: dani.ingridb@gmail.com. 4Nurse, Teacher, Master of Health Sciences, Faculty Mauricio de Nassau. João Pessoa, Paraíba (PB), Brazil. Email: iracemafilgueira@hotmail.com. 5Nurse, Occupational Health Nursing Specialist, Family Health Program, Obstetrics and Neonatology, Alinhandra (PB), Brazil. Email: sely.costa@yahoo.com.br. 6Nurse, Occupational Health Nursing Specialist and Surgical Center, Coordinator of the Surgical Center of the Hospital Napoleão Laureano. João Pessoa (PB), Brazil. Email: gip@menezes@gmail.com.
INTRODUCTION

In Brazil, one of the main problems highlighted in the prison system are factors related to its physical and functional structure. Highlighted, overcrowding in the pavilions and in the cells, resulting in the precariousness of confinement and sick environment of the confined, turning the prisons an environment conducive to disease transmission and proliferation of epidemics.1

The relationship between overcrowding and the health impairment may have origin in the lack of hygiene inside the cells and poor ventilation of the environment, providing a grim-looking, sad, mournful and wailing, causing the prisoner, that entered there healthy, do not leave without being affected by some kind of disease or with his fragile health. It stands out the transmission of tuberculosis.2-4

Overcrowding of the prison system, over the years, has shown growing and frightening. The phenomenon is worldwide and also hits Brazil. In the first decade of this century, there was registered an increase almost exponential in this statistic. The number of prisoners in Brazil grew from 233.859 to 514.582, representing an increase of 120% of confined in the national prison system.5

The Penitentiary Department / Brazilian Penitentiary Information System (Depen/InfoPen) found that between 2011 and 2012 this number increased to 515.400 prisoners. During this period, the increase in vacancies to cover the demand was of only 9,39% and only 2,82% of the inmates left for serving sentence.6

In the State of Paraiba the same Department and System presented in 2011 a record of 8.210 inmates for a population contingent of 3.733.503 inhabitants. In 2012 this number jumped to 8.576 prisoners in a population of 3.791.315 inhabitants.6

In 2013, with an estimated of 3.914.421 inhabitants throughout the State of Paraiba the prison population was approximately of 8.756 inmates of both genders, being 2.569 male prisoners in confinement regime and 178 females in the same regime of reclusion. The other prisoners, male and female, found themselves fulfilling other types of regime, such as the open and the semi-open.5-7

In 2014 the State of Paraiba had a population record of 3.943.885 inhabitants being shown a quantitative of 9.200 prisoners, resulting in a worrying statistic, in view of the annual growth considered by the Brazilian Institute of Geography and Statistics (IBGE) is ten times in 138 years. Nowadays with the increase of the incarcerated, the State of Paraiba ranks the third place in the Northeast, after Pernambuco and Ceará and the sixteenth place in relation to all states of the country.7-9

In this context, the relationship between institutional overcrowding and compromised health of prisoners is the least worrisome, because Brazilian prisons longer function as official exclusion mechanism and found this relationship, the State would be providing the fulfillment of a second penalty, the of illness of the prisoners.8-10

Recognizing the economic and cultural differences of the prisoners, as well as the variability of individual and collective health problems raises the need to adopt appropriate measures that result in solving the health problems of citizens who are confined in the Penitentiary System. So, the aim of this study is to identifying signs of impairment of inmates’ health and relating them to the overcrowding of the pavilions.

METHOD

The method used was the Case Study, because it is an empirical investigation, from the desire to understand complex social phenomena such as individual life cycles, behavior of the small group, organizational, administrative and personnel files, apart from the politicians, and related to them. It is a common method in psychology, sociology, social service, administration, education, nursing in community planning, among other areas.11

The research scenario was a medium Security Penal Institute of the State of Paraiba with capacity for 640 inmates, designed to house male inmates, serving custodial sentence with sentence of more than four years, located in the center of a popular neighborhood, with diverse commerce stores, gas stations, banks and schools in the capital of Paraiba, João Pessoa.

The Institute was chosen as a scenario for research to present a multidisciplinary team of Health in respect to the precepts operating the State Health Plan of the Penitentiary System (POESSP) and Health Unit Prison criteria established by the National Prison System Health Plan - (PNSSP).12-4

To conduct qualitative research, a sample of the system, given that, in this type of research concern is focused on the deepening of the study, in its scope and diversity in the process of understanding, is a social group, an organization, an institution or a policy or a representation.15
Impairment of health of inmates by overcrowding…

For the study included 07 pavilions coded with letters, where K represents the pavilion of the prisoners who work inside the institution and the letters X, M, N, P, Q and R represent the other pavilions occupied by prisoners.

Data collection took place between the months of December 2011 to August 2012 and was compulsorily preceded by the knowledge and acquiescence of the authorization of the Directorate of Prison, which guaranteed the security of the researcher, through escort, within the institution.

There was used a script of observation structured or standard type designed exclusively for this purpose, where the data observed were recorded inside the pavilions and cells, complemented by inmates of information during the survey period.

The Thematic Analysis consisted in the search for core meanings to build a communication in which the presence of certain themes express the reference values and behavioral models present in the discourse related to the analytic object.\(^{15}\)

The medium security Penal Institute of the State of Paraiba has capacity to house 640 inmates, although focus 804 inmates in their cells, showing a prison overcrowding in all the pavilions, which favors the occurrence of several problems, especially in health care. It could not obtain the number of inmates by cells.

Another highlight, an area of recognition, not characterized as the pavilion, but that has (04) cells, and is intended to separate the inmates from daily contact with their pairs, to prevent clashes. These cells also serve as temporary shelters, when the inmate’s admission to prison. During the stay of inmates in these interim cells, prison officials evaluate their conduct and distribute them to the corresponding pavilion to this assessment.

The project that originated this study was submitted to the Research Ethics Committee of the National School of Public Health - (ENSP) Rio de Janeiro, of the Oswaldo Cruz Foundation (FIOCRUZ) and was appreciated by Resolution 466/2012 of the National Council of Health\(^{16}\) and approved on December 7\(^{th}\), 2011, under the Protocol CEP/ENSP nº 304/11 and Presentation Certificate for Ethics Appreciation/CAAE nº 0321.0031.000-11.

### RESULTS AND DISCUSSION

- **Description of the search field**
- The physical structure of the pavilions and the cells of the medium security Penal Institute of the State of Paraiba

<table>
<thead>
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<tbody>
<tr>
<td>Secure*</td>
<td>K</td>
<td>08</td>
</tr>
<tr>
<td>General</td>
<td>X</td>
<td>54</td>
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<td>M</td>
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<td>Q</td>
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<td>General</td>
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<tr>
<td>TOTAL</td>
<td>07</td>
<td>211</td>
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Figure 1 reveals (07) pavilions, and the pavilion K, intended for prisoners who work within the prison, is composed of (08) cells. The pavilions of letters X, M, N have the largest number of cells, for a total of (160), and are named “General”, gathered together by all kinds of inmates and all kinds of crimes they committed. During the visit, it was observed that many inmates live in hallways. The stands of letters P, Q, R have a smaller number of cells and therefore are more accessible to the health of staff in cases of urgency and clinical emergency.

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The medium security Penal Institute of the State of Paraiba has capacity to house 640 inmates, although focus 804 inmates in their cells, showing a prison overcrowding in all the pavilions, which favors the occurrence of several problems, especially in health care. It could not obtain the number of inmates by cells.

To understand the real physical and functional situation of the pavilions in relation to prison quantitative, researchers undertook a visit to the pavilions X, M and Q - halls a and b, because they have the same characteristics of the other pavilions, with an excess of inmates in the hallways and in the cells in addition to a lot of poor hygiene. Against these findings, it was found that the pavilion K differed from the others by the health and conduct of inmates, formed by workers at the end of execution of a sentence.

Visits to pavilions with a police escort and were preceded by the conduct of inmates to sunbathe, so that the cells were free,
Impairment of health of inmates by overcrowding...

enabling our circulation, observation and notes about the physical constitution of the pavilion. Photos or filming were not allowed, in respect to the internal rules of the prison.

Among the visited pavilions, called our attention to the X pavilion overcrowding, in which was found a perfect environment for hatching and spread of various diseases, both infectious as parasitic. Residents of this pavilion meet custodial sentence for crimes against the person and property, being considered highly dangerous. It is worth noting that the crimes which they practiced and for which they were sentenced, now, they are imposed by the State, as Article 40 of the Penal Execution Law stipulates that: “is binding on all authorities respect to the physical and moral integrity of convicts and pre-trial detainees.”

The overcrowded cells and poor hygiene ensuing characterize, by itself, a disregard for the physical and moral integrity of the inmate, not to mention the predisposition to illness, which will bring more expenses to the State and work to the health staff.

The excess of people in the same space, breathing the same air and talking at once, without any privacy, sharing simple conversations, whispers, cries, conflicts and many screams, constitutes a severe assault on mental health. On the other hand, the disregard for the most basic health care is also an open door to the entry of diseases. Visited the pavilion, the elimination of human waste is made almost no privacy, and cleanliness is precarious, given the scarcity of material for this purpose.

The central corridor of the X pavilion which, in theory, should serve only as passing, seemed to fulfill another function in that context. We discern mattresses; some still on the floor and others rolled up and stuck to the wall, all in the worst hygienic conditions, and torn sheets and some pillows, giving us the impression that this space was also used as a kind of “open cell”. From a health point of view, the existence of personal hygiene materials such as razor and bar soap, among other objects, confirmed the inmates of housing event in the hall, which has increased our concern for minimal maintenance of personal hygiene and the possibility of spreading diseases.

Some inmates were holding a sheet on the wall with nails, and left them stretched over the mattress, already tied to the wall, featuring a curtain, whose function was to disguise the presence of food, shoes and clothes. Each space of the hall was covered by these clothes and seemed to be disputed by the inmates - later came to know that the occupation of spaces was cause for conflict, and the finishing order was the criterion of ownership.

Still concerning the occupation of the hall, we also became aware, by means of an inmate, that each cell has a leader, who the other residents should obedience, although we have not gotten to know how they are elected and what is the process for this internal social mobility. Among the prerogatives of this leader is the admission of the resident of the hall of the cell, where exercises its leadership. The recently admitted occupies a space, but without the right to bed.

With regard to the ambient lighting, we verified the lack of light bulbs, generating little or almost no visibility, even in the mornings, when we visit. Along our walk by this “valley of tears”, we faced with a convict, bum, lying on the wet floor, and due to what seemed to us to be a leak. Disoriented and babbling of difficult understanding, that human being ended in fulfillment of his sentence under “protective custody”. Close to him, we found another inmate, affected by vascular disease, which, in an attempt to help him, informed us:

[...] he's tuberculous could not be attended and it's been a long time since nobody calls him to the doctor, even has a fever and spent the night coughing.

The two prisoners were in the pavilion for not being able to go sunbathing, due to their poor physical condition. It is worth noting that in the prison health unit, we heard many complaints of headache, cold and cough, certainly resulting from experience that unhealthy environment.

The structural situation of the pavilion cells is very precarious. There is no lock on the gates, which remain constantly open, allowing the free movement of prisoners by all environments, causing the spread of viruses and bacteria that environment freely occurs. Our escort said was no use repairing the gates, because the next day to repair, always checking the withdrawal of materials for knives making.

The penumbra of the cells, together with the dirt and humidity, keep major threats to the health of residents, due to the high number of mites (parasite that feeds on human skin and cause allergic reactions such as dermatitis, rhinitis and asthma), but, paradoxically, resemble a multicolored patchwork quilt that mark dwelling spaces, adorned with pictures of naked women, global artists, preferably singers and soccer players.
Arruda AJCG de, Silva CC, da Vasconcelos DiB de et al.

We were allowed to enter a secluded area bounded by blankets where the darkness almost did not allow the move. Our escort showed numerous devices used by convicts to hide illicit objects such as loose tiles, small holes hidden by photographs, which, despite being discovered on the occasion of “combing” operations, always insisted reappear and fulfill its role as maintainer the illusion of being able to do what you want. “We reserve the right not to specify the types of objects, as we understand not be relevant to the research”.

A fact that called us enough attention was the device used for individual power supply. Each inmate, with the consent of the leader of the cell, improvises, with bare wires coils for old plastics, his particular plug for operation of electronics or simply heating of water in plastic buckets, already wasted. From the point of view of health, we highlight the danger of fires, since such actions are carried out by persons not authorized to work with electricity, and its overload will find, in blankets and papers pasted on the wall, the ideal fuel for rapid dissemination.

It also caused us great concern from the point of view of the health of inmates, storage of food, perishable and non-perishable inside the cells. No storage conditions and check expiry dates. These foods may predispose their user to bacterial contamination and parasitic infestations. Inside some cells, we identify fruits, tomatoes, onions and peppers, hanging on ropes to extend clothes as well as shelves in the area for the shower and next to the toilet bowl. We also observe plastic deposits deteriorated sausage with a whitish appearance, and a huge fetid odor, and juices in pet bottles with expiry date.

Finally, with the amount of exposed food, we found the presence of many flies inside the cells and also in the corridors, acting as vectors among the prisoners who had serious skin diseases with high suppuration content, and foods, which themselves consume.

Regarding the water consumed in the cells, we observed that is wrapped in old plastic bottles, covered with cloth, often moistened to maintain the liquid cooling. The storage of these bottles is made in the barred windows of the bathroom in the same place where the personal hygiene material is deposited. The floor and masonry beds are also utilized for the storage of bottles with water, tied by strings along the rest of personal belongings.

The aeration of the cells was another item of great concern to the researchers, when analyzed from the health point of view.

Impairment of health of inmates by overcrowding...

Access to wind is made by a single window in the bathroom that opens to the outside of the pavilion. The almost unbearable heat justifies the presence of numerous ventilators connected to bare wires, further favoring the occurrence of accidents involving electric shocks and burns resulting therefrom.

It notes, with the reality found in the pavilions, that there are numerous factors that predispose to a greater impairment of health of inmates, we can consider the inadequacy of the means personal hygiene, nutrition, increasing susceptibility to infectious diseases due to overcrowding cells.

Previous research shows that insecurity and unsanitary conditions generated by the overcrowding of cells make prisons an environment favorable to the contagion of diseases and the proliferation of outbreaks, as well as personal conflicts associated with violence, resulting in bodily injury, light, serious and very serious, in addition to psychological and physiological problems that contribute to the emergence of stress, anxiety, resulting from riots of prisoners by rebellions which can cause damage to the health of reversible character , irreversible followed or not of death. 19

In the midst of so much aggression on human rights, neglect, lack of hygiene, poor living conditions and sufferings of every kind, found in the same pavilion X, something that could be compared to an “oasis in the desert”. It was a spotless cell, airy, light, no curtains or sheets to separate environments and lined beds with washed quilts. Shelves scattered on the walls, separated according to the guarding, getting the vegetables on one side and the fruit and cookies from another, nothing should to a good home pantry.

In the cell, which we called “differentiated”, there were shelves intended for books, among them some Bibles, which led us to think that there residents inmates were Evangelicals, which did not happen because we were later informed that its two occupants were Catholics. In this cell we also visualize electronic equipment, such as radio, Digital Versatile Disc (DVD), ventilator, all in perfect working condition, very different from the equipment that we had seen in other cells.

To increase our surprise, we noted a clothesline with clean clothes and-smelling of fabric softener. At the entrance gate of “differentiated cell” had a cloth for cleaning the feet. There were no foul odors or of naked women photos pasted on the wall, and, much less, the appearance of chaos seen in the cells previously visited.

English/Portuguese
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Our curiosity to identify the inhabitants of that cell bumped into the law of silence among inmates and own escort, nothing wanted to inform about the situation. Later, among researchers, there were several assumptions, among which we are on the cell’s overall leader of the pavilions or someone with academic and domestic education far beyond their peers there. No answers to our questions in getting used to the thought of Antoine de Saint-Exupery in The Little Prince, published in 1943, “When the mystery is too large, we do not dare challenge it”.

- The physical structure of the Health Unit of the Criminal Institute of medium security of the State of Paraiba

The Health Unit of the Criminal Institute consists of an area of approximately 30m², used for medical care and nursing. The activities of the psychologist and social worker are held in the same space, divided, however, by a wall. Inmates in attendance make a rotation between those departments.

The furniture consists of four bureaus ten plastic chairs and a stretcher for use of various services without screens, plus a dressing car and a toilet, juxtaposed to a countertop with sink.

The consumption of material used by professionals and technicians, such as gauze, tape, medicine, crepe bands, forms for composition of the inmate medical records, among others, is packaged in a very small and seemingly improvised area. In relation to permanent material, we found the presence of nebulizer, sphygmomanometer, stethoscope, blood glucose meter and surgical material for minor procedures. Medications that require cooling are stored in a mini bar.

The dental service has its own space, separated from the space for the other health professions. The service area for this apparently consistent with the type of activity, although we do not know for sure if the professional has the material it needs for its technical interventions. Upon delivery of the instrument, there was requested by the health care professionals group, except for the medical professional, the answers were given collectively, since the school problems were common to all professionals. Therefore, no specific answers about the subject of dentistry, in particular.

A literature review about the mounting of a physical structure for Prison Health Units revealed the existence of a series of legal devices that support matter. Resolution of the No. 50 Board Collegiate of the National Health Surveillance Agency (ANVISA) which provides for the Technical Regulations for planning, scheduling, preparation and evaluation of physical projects of health care facilities. The physical structure is also regulated it Ministerial Decree no 1.777/GM of September 9th, 2003, the Federal Decree no 5.296/2004, Resolution no 03 of September 23th, 2005, and the Resolution 06/2006, the National Council on Criminal and Penitentiary Policy of the Ministry of Justice.20-24

The standardization of the physical structure of the health units in penal establishments for 501 to 800 prisoners must take into account the existence of specific environments for each profession, with constructed area previously determined, as well as the equipment that will make up each environment. Figure 2 describes these environments, their areas and equipment for its functionality.24
For physical standardization of health units in prisons, it is also considered relevant the architectural measures corridors for movement of wheelchairs and wheelchair not, the door dimensions, ventilation and lighting, as well as security standards for firefighting, approved by the Fire Department.

About measures of halls for wheelchair circulation, as well as cots and stretchers, the Resolution in room asserts that the halls should have a minimum width of 2.00 meters, when the length of the hall covering a distance of more than 11.0m and 1.20 m.

According to our observation, the average length of one hour medical care is planned.

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<table>
<thead>
<tr>
<th>Environment</th>
<th>Area (m²)</th>
<th>Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room for medical care*</td>
<td>7.50</td>
<td>- wash sink; - point logic and air conditioning; - counter support;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- point of logic and air conditioning and exhaust to eliminate anesthetic vapors (suggested).</td>
</tr>
<tr>
<td>Dental Room</td>
<td>9.00</td>
<td>- counter support; - point of logic and air conditioning and exhaust to eliminate anesthetic vapors (suggested).</td>
</tr>
<tr>
<td>Nursing station and dressing room/ suture /vaccine.</td>
<td>12.00</td>
<td>- counter support. - bathroom (1,6 m² - minimum).</td>
</tr>
<tr>
<td>Social assistant room</td>
<td>6.00</td>
<td>- point of logic and air conditioning (suggested).</td>
</tr>
<tr>
<td>Room for psychological attendance</td>
<td>6.00</td>
<td>- point of logic and air conditioning (suggested).</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>1.50</td>
<td>- space for storing materials and medicines.</td>
</tr>
<tr>
<td>Material collection room for the lab</td>
<td>3.60</td>
<td>- counter support and exhaustion (suggested).</td>
</tr>
<tr>
<td>Observation cells**</td>
<td>9.00m²</td>
<td>- washing and decontamination room (4, 5 m² - minimum): countertop with sink and tub of evictions and exhaust discharge (proposed); - sterilization room with cuba (3, 0 m² - minimum), linked to the washing and decontamination room for window.</td>
</tr>
<tr>
<td>Sterilized Material Center Simplified</td>
<td>12.00</td>
<td>- 1,5m² - minimum, with bench with tub and sink of evictions with discharge</td>
</tr>
<tr>
<td>Utility room</td>
<td>4.00</td>
<td>- a male and a female. locker room-planned.</td>
</tr>
<tr>
<td>Linen closet</td>
<td></td>
<td>Space for custody of laundry.</td>
</tr>
<tr>
<td>Bathrooms</td>
<td></td>
<td>- a bathroom for cell (sink, basin and shower) and have one with accessibility</td>
</tr>
<tr>
<td>Bathrooms for patients*</td>
<td>1.60</td>
<td>- 6 m² per user and minimum of 3, 00 m (up to four prisoners).</td>
</tr>
<tr>
<td>External patio and solarium</td>
<td></td>
<td>- 6 m² per user and minimum of 3, 00 m (up to four prisoners).</td>
</tr>
</tbody>
</table>

Based on the above Resolution, it is noted that the health unit of the Criminal Institute in the study, does not fit the architectural model legally recommended by Resolution into force, which complicates the work of professionals in the care to the prisoner.

According to our observation, the average attendance at the morning shift was of twelve prisoners, being attended by the health team of four, on a rotating basis among professionals. Service was done without any privacy, since the physical structure does not have individual spaces for the work of each professional. Given the above, the inmates showed embarrassment, and become vulnerable to their peers because they have to report their weaknesses and diseases, next to other prisoners who were sharing the same physical space. We highlight the testimony of two inmates when asked about their right to health.

Fig. 2. Standardization of Health Unit criminal institutions for 501 to 800 people in prison. * Would increase in demand area of space; ** Double rooms for the care.

Source: Resolution n°06/2006. CNPCP.

For physical standardization of health units in prisons, it is also considered relevant the architectural measures corridors for movement of wheelchairs and wheelchair not, the door dimensions, ventilation and lighting, as well as security standards for firefighting, approved by the Fire Department.

About measures of halls for wheelchair circulation, as well as cots and stretchers, the Resolution in room asserts that the halls should have a minimum width of 2.00 meters, when the length of the hall covering a distance of more than 11.0m and 1.20 m width, when the length of the hall covering a distance of 11.0m. These spaces cannot be used as waiting areas.

Regarding the dimensions of the doors in the prison health facilities, directs its production with 80 x 210 cm, including the toilets. Ventilation and lighting should be natural for offices and there must be room for different exams material collection and observations of the inmates in attendance. On the wet areas of the unit, the legal device orients the existence of water locks (traps) and cover for closing. In this area, drains installation is forbidden in all settings where the patients are examined and treated.
Arruda AJCG de, Silva CC, da Vasconcelos DIB de et al.

and kept saying to each other. This leaves us weak and ashamed. (P.)

[...] there is talk here that beats down there, I do not know how it happens, has no explanation something like that. Here one has the right to suffer and nothing more, the worst that we pay here is more to suffer, the State only gains on us. (P.)

There is, by these statements, that the incompatibility of the physical structure reserved for health care has a direct impact on the quality of the actions developed by health professionals. No option from another location, suitable to meet the particular requirements of each diagnosis, continue to develop their actions unsatisfactorily in space, generating outrage among inmates due to exposure of their intimacies, during the sessions.

Besides the architectural precariousness of physical space and the losses caused by this failure, we noted that most of the equipment that make up this space or should provide support for its functionality was absent, what further aggravated the situation. We list the absence of a specific room for suturing, vaccine, observation, collection of material for laboratory, center of material and sterilization, and bathroom. These structural elements, when absent, generate insecurity in attendance, supporting disrespect to the individuality of the prisoner during multidisciplinary actions which compromise the quality of health care.

The right to health includes proper health care and related policies to ensure the promotion and protection of human rights in a focal form and immediacy to vulnerable and marginalized groups. It is understood that the government’s duty not only to avoid the health of individual rights being violated, but ensure policies and doing of health services to all population groups based on equality, freedom and non-discrimination.25

CONCLUSION

This study is in agreement with the current literature about the subject and can cite a review that shows that the current legislation appears to be quite full, but there is a breach of the right to health of prisoners by the State in the national prison system.

From the point of view of prevention, maintenance and treatment of the health of prisoners and overcrowding of the cells and the pavilions, the situation is chaotic; compromising the health of the convict, while presenting conditions for reversibility, through the use of public policies; political will of government managers and some local administrative adjustments.

Regarding the psychological aspects resulting from the process of containment, it drew our attention a sense of resignation and fatalism presented by the significant majority of respondents. These feelings are competing for the deepening of the health problems and are to some extent, encouraged by some members of the team that, paradoxically, end up being responsible for the problems that, in the short term, will have to deal with. The bad local hygiene conditions and the total lack of material conditions to promote and/or keep it constitute a fundamental barrier to be overcome.

The exposure of the inmates to pathogens generated by the garbage accumulation ends invalidating any attempt to maintain health in the Criminal Institute, the research scenario. This serious problem not only affects the lives of the inmates, but also the health of visitors, mainly from their partners at the time of conjugal visits, setting up thus a matter of public health. Exposed to illness, these people are vectors for extramural contamination from prison.

We noted the contempt of which calls the current law, the composition of the physical structure of the pavilions, cells and other components related to health care, necessary to ensure the right to health of the prisoner.

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