



# Entre o medo e a morte: ressonâncias da pandemia por covid-19 e da política de gestão prisional na vida de policiais penais cearenses

Between fear and death: echoes of the COVID-19 pandemic and prison management policy in the lives of criminal police officers from Ceará

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## Abstract

This article discusses the echoes of the COVID-19 pandemic in the daily life of Ceará's prison system, focusing on its impacts on the lives of prison officers. Data were collected by participant observation and interviews conducted as part of an ethnographic fieldwork for a doctoral research developed from the experience of the main author as a researcher and prison officer in Ceará prisons. Changes in prison policy during the pandemic are highlighted amidst the measures adopted to contain the virus spread in prisons, with people who live and work in these spaces being affected by COVID-19 and disciplinary policies. It focuses on the pandemic impacts on the lives of prison officers who, even in mourning, began to live in fear of contamination and of being the target of war between criminal factions and the State.

**Keywords:** Prison System in Ceará; Prison Policy; Criminal Police; COVID-19

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## Resumo

Este artigo discute as ressonâncias da pandemia por covid-19 no cotidiano do sistema prisional do Ceará, tomando como foco os impactos desse período na vida dos policiais penais. Os dados aqui analisados são resultados da observação participante e de entrevistas realizadas como parte do trabalho de campo etnográfico de uma pesquisa doutoral, desenvolvida desde o percurso relacional do autor principal enquanto pesquisador e policial penal nas prisões cearenses. As alterações na política prisional no período pandêmico ganham relevo em meio às medidas adotadas para conter a disseminação do vírus nas prisões, sendo as pessoas que vivem e trabalham nestes espaços afetadas pela covid-19 e pela disciplinarização. Esta discussão foca nos impactos desse período na vida dos policiais penais que, mesmo enlutados, passaram a conviver com o medo de contaminação pelo vírus e serem alvo da guerra entre facções e Estado.

**Palavras-chave:** Sistema Prisional Cearense; Política Prisional; Polícia Penal; Covid-19.

## Introduction

Over the last two decades, Brazilian prisons have been a topic of interest for researchers who have focused on these institutions' living conditions (Nascimento, 2021). According to data from the *Departamento Penitenciário Nacional* (DEPEN - National Penitentiary Department), in 2022 the massive increase in imprisonment (reaching 837,443 people incarcerated in that year) gave Brazil the less than honorable position of third place in the ranking of countries that keep the most people incarcerated, behind the United States (more than 2 million), and China (1.7 million) (Brasil, 2022).

Also, according to Depen data, Brazil has 1,458 prisons distributed among its 26 states and the Federal District, with capacity for 581,716 inmates. In practically all of them, the problem of overcrowding is combined with the hard living conditions of people deprived of their liberty due to the lack of basic materials, of services focused on resocialization (via occupational activities, study and leisure), and of technical medical, psychosocial, and legal assistance, among others.

The problems in prisons are also felt by prison officers, who work directly in custody and resocialization (Moraes, 2013; Nascimento, 2022a), maintaining direct and prolonged contact with the prison population (Lourenço, 2010). In this context, these professionals' intense work nature can be perceived by the recurrence of disturbances that subvert order (riots and rebellions) (Nascimento; Siqueira, 2022), by murders during their time off, or by their physical and mental illness (Lima et al., 2019). Brazil has 88,077 prison officers working directly in the custody of people deprived of liberty (Brasil, 2022), which is insufficient for these professionals to perform their duties properly. The expected ratio is one prison officer for every five inmates, but the current ratio is 1:9 (Brasil, 2009).

The prisoners' difficult living conditions and the prison officers' work are the same in all Brazilian states. In Ceará, despite investments in the construction of new prisons and alternative sentences, overcrowding has been a problem in the state for a long time. Ceará has 22,200 people in prison and another 8,219 monitored by electronic ankle bracelets. The state's prisons have capacity for

16,845 inmates, and count on 3,150 prison officers. Therefore, the approximate ratio of prison officers to inmates is 1:10 (Brasil, 2022). This high proportion causes work overload, but also insecurity within overcrowded prison units due to recurrent riots and rebellions, contributing greatly to physical and mental illness in Ceará's prison officers (Nascimento, 2022b).

This study addresses Ceará prison system during the COVID-19 pandemic, recognizing all the problems already mentioned in Brazilian prisons and their worsening during the most critical period of contagion by the SARS-CoV-2 virus. Thus, we aim to discuss the impacts of the pandemic on the daily life of Ceará prisons, focusing on the impacts on the prison officers' lives. The discussion interweaves the most relevant events in the prison system, the measures taken to contain the spread of the virus, and its impacts on the lives of people who live and work in prisons.

The text is the result of doctoral research carried out by the first author between March 2018 and December 2021 (Nascimento, 2021).<sup>1</sup> This is an ethnography produced through fieldwork developed based on the dual role occupied in prisons, as a worker and researcher (Nascimento, 2018, 2022). Participant observation carried out in various prisons extended throughout the research period, but mainly took place at the Sobral Prison Unit (UP-Sobral) while performing the role of prison officer on shifts that followed the ratio of 24-hour work to 72-hour rest.<sup>2</sup> However, for the purposes of the discussion proposed in this text, we only used the data collected from 2020 to 2021, the most critical period of the COVID-19 pandemic.

During the fieldwork, in addition to the intense informal dialogues with prisoners and police officers in the daily routine at UP-Sobral, at least 23 semi-structured interviews were conducted with prison officers, former inmates, visitors, and other professionals who work in Ceará prisons.<sup>3</sup> The reconstruction of the main events that changed

prison policy during the pandemic was done through temporal signaling and the description of relevant episodes, allowing us to think about the measures taken by the prison administration to contain the spread of the virus inside the prisons, but also signaling the impacts of this on the lives of people deprived of liberty and, mainly, of prison officers. The narrative was written in the first person with the aim of signaling the first author as the subject and object of the research, but this does not disregard the work of co-authorship in the conceptualization, data analysis, writing, and review of the text.

The text is divided into three sections. In the first, we reconstruct the path of changes in the daily life of Ceará prisons since the beginning of the pandemic. In the following section, we discuss the literature and statistical data that address living and working conditions in Brazilian prisons, focusing primarily on the pandemic period. And finally, we focus on the events that affected Ceará prison officers' lives.

## Overview of the COVID-19 pandemic in Ceará prisons

On September 4, 2021, when I wrote the last version of the thesis, Brazil had 583,000 deaths from COVID-19, out of a total of 20.9 million diagnosed cases. Of this total, Ceará accounted for 933,000 infected people and 24,046 deaths due to complications from the disease. This data is from the COVID-19 data repository organized by the Center for Systems Science and Engineering (CSSE) of the Johns Hopkins University, which monitors pandemic statistics in countries worldwide (JHU CSSE, 2021).

The rapid spread of the SARS-CoV-2 virus shortly after the first cases of infection were confirmed in Wuhan, China, mobilized the international community, especially around the World Health Organization (WHO), with strategies to contain the spread of the virus, care for infected people, and production of vaccines. Social distancing, use

1 The research was approved by the Ethics Committee for Research Involving Human Beings of Universidade Estadual do Ceará, with CAEE: 44925015.5.0000.5053.

2 The description of the institutional routine at UP-Sobral was made in a field notebook, alternating between work activities as a prison officer and writing as an ethnographer, between one task and the other and during rest periods.

3 The limits of this article do not allow us to delve into the methodological and analytical procedures; for a detailed description, see Nascimento (2021, 2022).

of face masks, and hand sanitization were the first recommendations made by experts to contain the spread of the pandemic, adopted by several countries. Until mid-August 2020, the first vaccines were tested.

The changes resulting from the pandemic were also felt in the daily life of Ceará prisons through the strict health protocols adopted to contain the spread of the virus. In order to provide a chronology of the measures taken and the important events, the following will be some of the events that occurred.

### **March 16, 2020**

The governor of Ceará, Camilo Santana, declared a state of health emergency in the state through Decree No. 33.510, listing several restrictive measures to combat the new coronavirus (Ceará, 2020). With regard to the prison system, social and religious visits, vocational and educational courses at elementary and secondary levels, and judicial and hospital escorts (except emergency ones) were suspended two days after the decree. The recommendation to wear a face mask, sanitize hands, and maintain social distancing were the measures taken to contain the virus, but some prison officers resisted them, repeating the narrative that COVID-19 was nothing more than a “little flu” whose worsening was restricted to people in the “risk group.”<sup>4</sup> Alan,<sup>5</sup> prison police officer who started working in this function in 2018, commented on this: “*The media and the left-wing want to harm Brazil with this social distancing business*” (Alan). And Pedro, a prison officer who joined the force in 2013, added: “*The death statistics are being manipulated. Every death now is from COVID-19*” (Pedro). This denial discourse was propagated by then-president Jair Messias Bolsonaro and was supported by several categories of public security, mainly those with a militarized bias, resulting in high rates of contagion and deaths among these professionals.

### **April 27, 2020**

The *Secretaria de Administração Penitenciária* (SAP - Penitentiary Administration Secretariat) confirmed the first death of an inmate due to COVID-19

and the contamination of 67 prison officers. On the same day, Ceará’s epidemiological bulletin recorded 417 deaths, also accounting for 6,985 positive diagnoses for COVID-19. Eight days later, the number of infected police officers jumped to 130, and 60 of them had overcome the disease. Despite the rapid spread of the virus, some police officers did not want to adopt health protocols. In an attempt to encourage prison officers to wear face masks, the Ceará Prison Officers Union (SINDASP-CE) intensified the prevention campaign “*Eu me protejo, Eu te protejo*” [I protect myself, I protect you], which mobilized the category to follow health protocols. During this same period, the distribution of cloth face masks to the prison population began, made by the prisoners themselves with the support from the Red Cross, and infected inmates were transferred to the Maximum Security Penitentiary, which was transformed into a field hospital for the prison system.

### **May 24, 2020**

I started to feel the first symptoms of COVID-19. Intense headache, eye pain, and fatigue. Two days after the first symptoms, I arrived at UP-Sobral for my shift, reported them, had my temperature taken, and was released by the nursing technician. During the day, several prison officers reported the same symptoms. One of them tested positive and was released. In the early morning, I had difficulty breathing and, the next day, after leaving UP-Sobral, I had a fever and shortness of breath. In the days that followed, I lost my sense of smell and taste. The headaches and eye pains subsided but persisted for approximately a month and were accompanied by an intense cough. Similar symptoms were reported by practically all of the on-call officers on the team I am part of.

### **April 19, 2021**

A little over a year after the first measures to try to contain the spread of the coronavirus in Ceará prisons, the report released by the *Conselho*

4 The WHO categorized older adults (aged 65 or over) and people with cardiovascular diseases, diabetes, hypertension, respiratory diseases, cancer, cerebrovascular diseases, chronic kidney disease, obesity, asthma, and smokers as belonging to the “risk group.”

5 All the names of the interlocutors are fictitious for the purpose of protecting their identities.

*Nacional de Justiça* (CNJ - National Council of Justice), in partnership with DEPEN, reported a total of 21 people who died from COVID-19 in Ceará prison system, including five prison officers, six outsourced employees, and six inmates. The same Bulletin reported that 2,085 prisoners and 1,015 employees were diagnosed with COVID-19 (CNJ, 2021). In addition to the deaths, several prison officers were hospitalized due to the worsening of COVID-19, and survivors reported numerous after-effects of the disease.

#### **April 24, 2021**

At UP-Sobral, the prison officer Simão's death caused a stir among professionals. He was the Chief of Security and Discipline and was highly regarded by everyone. In disbelief at the statistics on deaths from COVID-19, Simão did not follow health protocols correctly and spread a denial discourse, confirming that the pandemic was nothing more than a "little flu," and was infected while working on transferring infected prisoners to the field hospital. In addition to becoming infected with the virus, he transmitted the virus to his wife and three children, suffering the guilt and helplessness of seeing one of his children—only 17 years old—intubated, in serious condition. A few days after being infected, Simão was admitted to an Intensive Care Unit (ICU) and intubated, dying days later without the opportunity to see his family and friends again. At that time, the cases of infection and deaths due to COVID-19 were among those close to us and we feared the lethality of the disease.

#### **May 24, 2021**

SAP began vaccinating prison officers with the first dose and, in mid-June, inmates. Although the vaccine was the only alternative for immunization, a small portion of professionals still resisted the vaccine, justifying their refusal based on conspiracy theories and/or "denialism." However, the State Government decreed that vaccination would be mandatory for all public servants. With the progress of vaccination in prisons, several activities that had

been suspended in 2020 were resumed, including classes, vocational courses, and social visits following biosafety protocols. At the time we rewrote this article, in April 2023, the use of face masks among prisoners, when moving around internal and external facilities, remained mandatory, and the health sector was still administering the first, second, and third doses of the vaccine to the prison population.

## **The pandemic and Brazilian prisons' problems brought to light**

Brazil has a complex, decentralized penitentiary system marked by discrepancies between its infrastructure and its administrative management, where insufficient living and habitability conditions in prisons are the target of frequent complaints from family members of people deprived of liberty, institutions that defend human rights, and researchers from various fields of knowledge. The problems of overcrowding, insufficient and poor-quality food, rationed water, lack of hygiene materials, and precarious health services and care are some of the issues that have intensified during the COVID-19 pandemic.

In these spaces, infectious diseases, such as tuberculosis, Sexually Transmitted Infections (STIs), and scabies, stand out in their spread due to poor living and food conditions, inadequate ventilation, and the terrible hygiene situation of the cells. To illustrate part of the scale of the problem, Depen data indicated that 26,497 inmates suffered from some infectious disease, with emphasis on hepatitis (2,509), syphilis (4,977), HIV (7,828), and tuberculosis (7,387), which were diagnosed in the second half of 2020 (Brasil, 2020). These data allow us to say that we are not treating the spread of diseases as exceptions, but that this is the constitutive reality of Brazilian prisons.

According to Sánchez et al. (2020), curable infectious diseases, such as tuberculosis, are recurring causes of death in the prison system. As an environment conducive to the spread of infections, prisons have high rates of incidence of diseases and mortality when compared to the general population.<sup>6</sup> In some cases, these infections also

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<sup>6</sup> Sánchez et al. (2020) state that scabies is thirty times more prevalent in the prison system than in the general population.

extend to prison workers who, in the course of their routine activities, have direct contact with the prison population (Nascimento, 2022a). If in their ordinary context prisons are considered breeding grounds for infectious diseases, in a context of extremely high transmissibility, such as that of COVID-19 pandemic, the situation tends to represent a stronger warning.

In view of the above, some questions arise. How can we follow the social distancing protocol in spaces that are historically overcrowded? How can we encourage hand sanitization in a space where water and hygiene materials are rationed? How can we guarantee health care for a population that complains about basic assistance not only due to the insufficient number of professionals, but also due to the shortage of medicines, prevention policies, and care? Given these questions, we can see that the reality of Brazilian prisons is contrary to the guidelines of experts for containing the spread of the virus. This directly implies that Brazil has one of the highest rates of contamination and deaths from COVID-19 among the prison population in the world (De Oliveira Andrade, 2020), which may also be the result of the erroneous policy when dealing with the pandemic in the prison system.

For Ribeiro and Diniz (2020), the lack of infrastructure and adequate health care in the prison system, combined with erratic measures to prevent COVID-19, have resulted in a significant incidence of diagnosed cases and deaths due to the disease. The authors highlight that the incidence rate of the disease among inmates (30.85/1,000 inmates) is much higher than the average for the general population (19.74/1,000 inhabitants). Given the reality of Brazilian prisons, it becomes even more difficult to comply with health protocols for social isolation, use of face masks, and to establish protocols for disinfecting spaces, mainly due to the large number of inmates and the complex interactions between prison officers and prisoners.

According to Campello and Godoi (2020), the management of the pandemic in the Brazilian prison system was much more concerned with preventing riots due to the suspension of family visits in prison units than with the very spread of the virus among inmates and staff. The authors highlight that Depen allocated approximately R\$20 million for

the purchase of grenades, ammunition and other “less lethal” devices to prevent possible riots and rebellions in prisons but did nothing to reduce the overcrowding in prison units, which would logically be the weak point of pandemic management in the prison system. In response to overcrowding, Depen suggested investing in the purchase of containers for isolating older people, people “at-risk situations,” and infected people. As reported by the authors, these measures have immediate repercussions in the intensification of the use of technologies that generate physical pain, through the punishment industry, instead of expanding care by strengthening health policy in the prison system.

Also reinforcing the maintenance of order as the most significant measure taken during the COVID-19 pandemic in the prison system, Godoi, Campello and Mallart (2020) stress that prisons, far from being identified as spaces segregated from sanitary, health, and care policies, function as a technology of contagion and deaths that are associated with these spaces, so that “what has been happening in Brazilian prisons during the pandemic can be seen as a revealing prism of the process taking place outside the walls, which massacres certain populations and urban territories” (p. 2).

The argumentative perspective that the pandemic has further opened a gap separating equal access to goods and services between poorer populations, living in peripheral areas, and middle and upper class populations, living in wealthier neighborhoods, is presented as one of the main causes of deaths due to complications from the disease. Considering this inequality and based on data on deaths caused by COVID-19 in Brazil, Costa et al. (2020) highlight that death rates are proportionally much higher in slums than in middle and upper class regions, and in the case of prisons, even with the fragility of the statistics presented by Depen, the figures are still higher than those of the general population.

According to the CNJ bulletin of April 19, 2021, the number of confirmed cases of COVID-19 in the Brazilian prison system was 74,982, with 364 deaths recorded. Of this total, 55,109 cases and 174 deaths were inmates, while 19,873 positive diagnoses and 190 deaths were workers. In light of those data, it is possible to see that it was not only the incarcerated

population that was affected by the high rates. What is particularly striking is the infection rates among professionals who continued to perform their duties during the pandemic (CNJ, 2021).

Based on the data presented by CNJ, I emphasize that the number of prison workers who died due to complications from COVID-19 is not only absolutely higher than the number of inmates who lost their lives due to the disease, but if we consider the proportional relationship between these two populations, the data on deaths among professionals would be even more alarming. This implies that, much more than the announced disaster of the pandemic for the prison population, prison professionals were the most affected in terms of proportional infection and deaths. Some clues gathered during fieldwork allow us to argue that health policies in the prison system were much stricter when applied to the prison population than to professionals, who reproduced the “denial” discourse as a way of avoiding health protocols.

## The pandemic period and its impacts on the prison officers’ lives

Regarding the epidemiological control measures implemented in the prison routine in Ceará to contain the spread of the virus, the entry of prisoners began to be regulated, obligatorily, by personal sanitization, testing and a fifteen-day quarantine period in a reserved space. The use of face masks became mandatory in all activities and services outside the cells, and a disinfection routine, with spraying of a solution of water and chlorine, began to be carried out twice a day in the internal facilities of the prison units. During the most critical period of COVID-19 pandemic, testing all people with flu-like symptoms and their isolation or transfer to a field hospital when diagnosed were the main measures to contain contamination by the virus.

Epidemiological surveillance of the prison population promoted investment in monitoring, identifying cases and blocking the circulation of

the virus within Ceará prison units. This approach to the pandemic in prisons differs from reports by researchers on the pandemic containment policy in other states of the federation (Godoi; Campello; Mallart, 2020; Sánchez et al, 2020). The prison administration strictly regulated health protocols among inmates, but this control was not enforced among professionals, especially in the shared spaces and accommodations.

Partially contradicting the tragedy announced by prison researchers that the prison population would be the most affected by the pandemic (Ribeiro; Diniz, 2020; Sánchez et al., 2020), the data show that, when it comes to deaths due to COVID-19, prison workers are the most vulnerable population in prisons. This is precisely because they are the ones who maintain the flow of work in the units, including routine procedures, maintenance of order, and exceptional protocols implemented to prevent the spread of the virus; they move between inside and outside prisons and develop close and intimate relationships with each other in different spaces and activities (Nascimento, 2022b), factors that have exposed them to the spread of the disease. The lack of strict protocols and of the provision of personal protective equipment (PPE) or its inadequate use are also factors that have contributed to the rapid spread of the virus among professionals.

In the case of Ceará, the focus of this research, the COVID-19 pandemic has not been the only problem faced by prison officers in the last two years. In addition to this global problem, suicide and murder rates have been as lethal as those of the disease. The escalation of conflicts, due to the declared war between criminal factions and the State and due to the implementation of a militarized disciplinary policy in prisons,<sup>7</sup> resulted in a lethal scenario for prison officers, with murders and suicides due to mental illness (Nascimento, 2022b). From 2015 to 2020, there were 11 homicides recorded. In 2020 alone, four prison officers were shot to death while on the streets or commuting from home to work. In 2021, four professionals committed suicide, three of them with their own personal weapon and another

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7 On the disciplinary policy implemented since 2019, see Nascimento (2021) and Nascimento and Siqueira (2022).

in a psychotic episode inside the prison that led him to fire 12 shots at a teammate and later commit suicide, also with his own firearm. In addition to these deaths, there was one death from a massive heart attack during physical tests for an operational course, another of a police officer who fell asleep at the wheel while commuting from work to home, and six more deaths due to COVID-19.<sup>8</sup> In total, from 2020 to 2021, 16 prison officers lost their lives in Ceará, an alarming number for a category with just over 3,000 professionals.

These deaths are in some way directly related to the pandemic and the exhausting and tense work routine implemented since the creation of SAP in 2019, which caused absenteeism at work due to the high number of professionals taking leave of absence due to mental disorders. In a report on the working conditions of prison police officers in Ceará, *O Globo* newspaper reported 301 cases of leave of absence by these professionals in 2021, most of them due to psychiatric illnesses. Excessive work and moral harassment were the main complaints highlighted by the prison police officers interviewed in the report (Ribeiro, 2022).

During the most lethal period of the pandemic, when commerce, public and private institutions, and road transport companies were paralyzed, SAP, without any empathy for its employees, reorganized its personnel management, reallocating prison officers from the interior of the state, mainly in the municipalities of Juazeiro do Norte and Sobral, to perform their duties in prisons in Fortaleza and the Metropolitan Region. Some of these workers lived in cities located in the states of Piauí, Maranhão, Paraíba, Bahia, Pernambuco, or in regions far from the capital, up to a thousand kilometers away, and they had to place themselves at risk commuting to the capital in private transport convoys to avoid having their salaries suspended.

The transfers and moral harassment by some managers, as well as the tension of prison work amid the war between criminal factions and the State and the fear of getting sick with COVID-19, had direct repercussions on these workers' mental health, which is reflected in the extremely high suicide rates

and cases of leave of absence for treatment of mental health problems such as exhaustion, trauma, fatigue, Burnout Syndrome, post-traumatic stress disorder, and depression. The incidence of these cases forced SAP to create a psychological support service aimed at professionals; they did not, however, intervene in the personnel management policy, which continues to make their routine even more painful due to the militarized and exhausting disciplinary nature of the work implemented and the moral harassment by some managers.

During a conversation between prison officers about the changes in prison work since the creation of SAP and the beginning of the pandemic, Artur, a prison officer who joined the profession in 2013, reported his dissatisfaction since the creation of SAP: *"It's much worse here than in a private company, and the system is like a production system. We are sucked dry during our shifts. The supervisor keeps an eye on how long you spend eating and using the bathroom [...]. In addition to being persecuted by the criminal factions, we are also persecuted by the managers"* (Artur). Prison officer Rosa, who entered the profession in 2018, said: *"This administration doesn't care if the officer is well or if he needs help. Quite the opposite, the maxim 'the worse the better' reigns here, which is why there are such alarming numbers of suicides and cases of leave of absence. Since the beginning of this administration, we haven't had a day of peace"* (Rosa). In addition to complaints about management, the conversation also turned to the effects of the pandemic on these professionals' lives. On the subject, Lucas says:

*We have not stopped during the pandemic. At the end of each shift, we always return home with the uncertainty of whether we are healthy or infected with this disease. The fear is constant, because it is not only our lives that are at risk, but also our family members' lives. We have lost colleagues to this cursed disease and others remained in ICUs and/or have various after-effects.* (Lucas)

The prison officers' reports address dissatisfaction, persecution, risks and fears

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<sup>8</sup> Using the Access to Information Law, SAP confirmed that, as of September 9, 2021, six prison officers had died in Ceará due to Covid-19 and another 832 had been diagnosed with the disease.



arising from working in prison during the COVID-19 pandemic. Among the issues, the fear of being transferred to a distant workplace, of being targeted by the supervisor, and of becoming infected with the virus appear prominently in the narratives. All of these factors had important repercussions on these workers' mental health.

Thinking along the lines of the sociology of fear, Miskolci (2017) refers to the Jean Delumeau's writings, stating that this emotion is necessarily related to the fear of death. Based on Delumeau's analyses, the author addresses the transformations of fear in the West, which has become domesticated by anxiety and risk. "Perhaps what collective fears have in common is the power to question idealized conceptions of what we believe ourselves to be today, and the threat to which they react involves our relationship with the past and otherness" (p. 164, free translation). From the author's perspective, uncertainties about the disease, as well as about measures to contain the spread of the virus, generate anxiety in daily life and also in terms of future prospects. In particular, economic uncertainty and the possibility of a family member being a victim of the pandemic are triggers of fear and anxiety.

The literature on prison workers has been pointing out how stressful the work performed by prison officers is (Lima et al., 2019). According to Bell, Hopkin and Forrester (2019), the recurrent traumatic events experienced by these professionals have caused mental problems that impact on reduced quality of life, fatigue, exhaustion, and dissatisfaction with the work performed in the prison environment. These problems are characterized by feelings of irritability, exhaustion, numbness, anxiety, and other negative emotions that often lead to excessive use of alcohol and/or other drugs as an escape valve.

According to Genest, Ricciardelli and Carleton (2021), the work environment of prison officers poses risks to their mental health. Dealing with prisons' unsanitary conditions, the scenario of tension, violence, moral harassment, and the lack of support from the prison administration are some factors that can influence prison officers' mental illness, which can lead to death by suicide.

It is important to emphasize that death is not only configured as something physical, reaching

to a suicide. Dying is structured earlier in the prison setting itself when there are poor working conditions, lack of hygiene, exhausting work hours, and moral harassment. In addition, there is an improvement in disciplinary methods within a neoliberal perspective, in which the Manichaeism of good-bad, public-private, profit-expense, progress-delay are manifested in prison relations.

Foucault (2010) produces a cut in prison knowledge, highlighting the phenomenon in webs of micro-relations and putting on the agenda the martyrdom of relationships within prison units. Just like a mental hospital or a school, prison follows a model of surveillance and punishment. However, with the advent of neoliberalism, in addition to the production of docile bodies governed by fear, trauma and physical, psychological or even symbolic violence, there is a moral engineering that places prison as a company and the prison police officer as an employee who must achieve maximum performance.

Neoliberalism is a type of psychology. It acts on a social machinery and a moral engineering that underpins the ways of being, acting, and thinking in relationships. Tangled within these aspects are new productions of symptoms and new forms of psychological suffering (Safatle; Silva Junior; Dunker, 2022). The reorganization of the penitentiary system is a way of creating new symptomatic conditions and strategies of suffering in favor of a profitable and perverse capitalist machine for grinding down the poor, whether they are prison officers or inmates.

With SAP, Ceará prison system faces a policy of death aligned with neoliberal models, placing the prison officer as "self-employed." Now, they have to be not only police officers, but also reach goals while being monitored by managers who demand maximum work even with poor working conditions, with a small number of workers in the units and overcrowded prisons. The complexity of the prison officer's actions is established in institutional specificities of control and surveillance, in addition to the stereotype linked to their functions. They need to work in a team and enhance attention, self-control, and proactivity, in addition to decision-making in adverse situations, and experience the prison routine with situations that generate tension, such as threats and aggression, despite the constant pressure

for efficiency producing several symptoms in the individual. This neoliberal prison model generates psychological suffering.

Prison officers who are self-entrepreneurs are unable to effectively fulfill their occupational duties, given that constantly working under pressure, risk of death, threats, and lack of recognition for their profession configures this management of Ceará prison system as a “politics of death” (Mbembe, 2019). In this way, prison exposes necropolitics not only for the prisoner, but also for the prison officer.

Another point that should be highlighted is the fact that health should be understood as a process of relationships, and not only from an organic, biological perspective. It is important to bring this up so that it is understood that health in the prison space is scarce precisely because prison is a context of remains, of death (Neto et al., 2022). All those who are immersed in this environment are susceptible to death. It is a dumping ground, where what is not wanted in society is thrown.

The prison officer is also part of Brazil’s poor population, the one that predominantly comprises the prison population and is the target of the fateful policy of death underway in Brazil. Thus, they are part of a salaried mass that fights against itself. It is a fight in which the necropolitical state brings into play death for death’s sake. In other words, these deaths are centered on the remains, that is, on the people who are part of this economic-moral prison model, even if within the remains there is a police-criminal hierarchy.

In addition to the routine, demands, and threats inside the prison, the prison officer experiences ethical dilemmas and moral values of their own that clash with the practices carried out during shifts. This police officer has to deal with the law that governs the prison interior and the law that governs the outside world, experiencing two different realities. In addition, this person experiences media and social pressure that, at times, blames them for the prison units’ degrading and inhumane actions, failing to notice that they are immersed in this same environment on a daily basis (Moraes, 2013).

I claim that the prison model since the creation of SAP has drastically changed the prison police’s work, implementing a neoliberal policy that blatantly produces a policy of death, a “make die and let

die” (Mbembe, 2019, free translation) policy in the modern mold of moral and economic engineering that produces symptoms and suffering (Safatle; Da Silva Junior; Dunker, 2022).

Finally, it is important to emphasize that the suffering experienced by Ceará prison police permeates an ethical-political suffering. This concept emerged to enhance the problem of social contradiction and domination in psychosocial praxis. Suffering is determined not by something of an individual nature, with maladjustments and maladaptations, but rather by a type directly linked to the person’s social situation, restraining them from fighting against social restrictions (Sawaia, 2014).

In this way, ethical-political suffering develops as a concept of dialectical analysis of social inclusion/exclusion. It is the singular experience of dominant social problems in each historical process, which develops from the situation of being recognized as inferior, subordinate, and worthless (Sawaia, 2014). The prison officer experiences the anguish of insufficiency in their work and of not meeting social and media expectations, in addition to the lack of appreciation for the work carried out in prison units. These factors of devaluation produce constant professional exhaustion.

Relationships in prison become ones of suffering/passion, developing bad encounters characterized by servitude, heteronomy, and injustice. Such suffering is established as a potential for being in pain, that is, of reaction and not of action, in the process in which social conditions are maintained, transforming themselves into a crystallized mechanism of existence. What is measured here is that the relationship of ethical-political suffering is found within the scope of the ethics of affection. It is linked to relationships with society, which are permeated by affections in which the body is plunged into a reduction of power via mechanisms of servitude or heteronomy, in the face of situations of exclusion (Sawaia, 2014) structured based on a neoliberal and death-based logic.

The precarious conditions and overcrowding in prisons, in addition to an insufficient number of prison officers within the units, contribute to negative feelings among professionals regarding the difficulty changing the work *modus operandi*, which ends up impacting on their health. According to Sawaia (2006), based on Spinoza, “joy is a state

of greater perfection, because it is associated with active affections (autonomy), and... sadness is associated with a lesser state of perfection, because it favors inactivity and servitude” (p. 80-81, free translation). From Spinoza’s perspective, the process of power of action is constituted through affection (*affectus*). When the power of action increases, there is joy. When it diminishes, sadness reigns.

Thus, joy produces action in the individual, hindering them from being influenced by external causes in the experiences of affections. However, when the individual has experiences of affections in excessive external causes, they become passive (Sawaia, 2006). The prison officer is immersed in a negative work process, in which feelings of impotence, of unproduced listening spaces for listening, develop in them an external and passive affection of exhaustion. This way of understanding ethical-political suffering accentuates the perspectives of insufficiency in the prison officer’s collective imagination, in which the affections that mark the activity of their body diminish the power of action, keeping them in servitude in almost all spheres of life, especially work.

## Final considerations

In a broader perspective, the pandemic has not only caused millions of deaths worldwide, but also the materialization of differences and inequalities in various population segments. In prison, the lethality of the virus seems to be just one of many other issues related to incarceration. With regard to the deficiencies in public health policy, due to the contagion and lack of epidemiological control of centuries-old prison diseases (tuberculosis, STIs, and scabies), the data allow us to say that COVID-19, however lethal it may be, is just one of many other problems affecting Brazilian prisons. In view of this, we can also consider how epidemiological policies are unequally perceived and suffered by the populations that interact with prison, from elements that permeate the dimensions of life to those that shape the public security policy.

Questions on public security policies and issues regarding prison dynamics do not have to be limited to academic texts; they should be incorporated into practice, since work is carried out in a context of

constant illness. The prison *modus operandi* with SAP has become a neoliberal organizational movement that demands maximum performance and generates even more illness, ethical-political suffering.

All of this goes against the premises of the Organic Health Law, which places on the agenda the prevention of injuries and the promotion of workers’ health. In addition, it is essential to work on the perspective of affection in this culture that naturalizes stress and suffering, which can spontaneously link signs and symptoms of mental illness with individuals’ personality, producing difficulties in perceiving this suffering in the prison’s day-to-day life.

Finitude must be an essential issue in this context, requiring a specific focus on health prevention work. Discussing finitude and the feelings it evokes is essential, as this topic can lead to potential stress and psychological overload, not only during the pandemic, but also in prison dynamics on a daily basis. From this perspective, it is necessary not only to problematize the prison officers’ daily lives, but also to raise awareness among professionals and managers in Ceará prison units, including the work routine of activities, the process of mental health care, and strategies that promote the development of social skills in communication and interpersonal relationships.

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## Authors’ contribution

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