Prison reform and public health
The case of tuberculosis in the former Soviet Union

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Prisons are often a closed world. Few people have visited a prison. Often the health care in prisons is provided not by the general health services of a country but by doctors and nurses working for the prison administration. Yet where health is concerned the prison walls are permeable. The health problems of the prisoners reflect the health problems of society and the prison is often an incubator, concentrating and worsening those conditions that flourish amongst underprivileged groups of people.

In no case is this truer than in the case of the tuberculosis epidemic affecting the prisons of the countries of the former Soviet Union. With the increase in economic distress and the breakdown of the public health services, diseases such as TB are becoming more common. Rates of infection in Russia more than doubled between 1991 and 1997. Rates in prisons are much higher. It is estimated that in Russia nearly 100,000 of the 1.5 million prisoners have active TB. Figures for Kazakhstan prisons are estimated to be 20%. Such high rates of infection cannot be a cause of surprise. First of all prison populations are never representative of the general population. They contain higher proportions of those most at risk of TB; the homeless, the very poor, those infected with HIV. The living conditions in the prisons, especially those in the pre-trial prisons, constitute a perfect breeding ground for TB. Kresty prison in St Petersburg, built for 3000, currently holds about 10,000 prisoners. They sleep on bunks tiered three-high, in shifts. The day shift loses the opportunity for one hour's exercise a day in the open air. Fresh air comes in through small barred windows. Often, because of the requirements of the prosecutors, these small windows are covered with metal grilles which obstruct both air and light. There is one tap and one lavatory for each cell.

Treatment is sporadic. Medicines are in short supply. Prisoners get what they can. Sometimes the prison has a few drugs and these are allocated until they run out. Sometimes the family is able to bring in some for a while until their money runs out. By the time pre-trial prisoners have been convicted and sent to the labour camps to serve their sentences, it is reasonable to assume that many of them are resistant to the main TB drugs. Indeed the publication, The Global Impact of Drug Resistant Tuberculosis, published in October 1999,1 suggests that in most Russian prisons for which there is data, at least one-fifth of the TB patients have multi-drug resistant TB, and a majority have some resistance to the first line TB drugs.

A number of enterprising and dedicated people from humanitarian organisations are working hard to bring some relief to the hard-pressed prison service. How successful their interventions have been is not so clear. Some have come with the World Health Organisation-supported DOTS programme, only to find that levels of resistance have reduced the effectiveness of the regime. They have encountered a range of complex problems. Security comes into conflict with medical needs. Prisoners are moved halfway through a drug treatment programme to a prison where there is no treatment. Drugs and nutritional supplements become currency amongst prisoners and are bartered for other goods and services. Programmes limited to prisons fail to address the problems in the society outside. The prison population is not static. Prisoners are entitled to family visits. Prisoners halfway through a DOTS programme are released into the community with no follow-up. Staff who work in a prison also act as a bridge between the prison and the world outside the walls.

The solutions are complex. Narrow medical interventions can easily make the situation worse. A response is needed that looks at the process as a whole. Penal reform is needed to improve the conditions in many of the pre-trial detention centres described by some commentators as torture. It is also needed for public health reasons, to increase the amount of light and fresh air, to provide better food, to improve hygiene. Restructuring the prison medical service so that it is part of the national health system has always been regarded as a prerequisite of the protection of prisoners' rights. It is also essential if the treatment of prisoners is to be linked to treatment in the outside community and some continuity is to be achieved. In the countries of the former Soviet Union too many people are sent to prison. Many of those waiting in pre-trial detention are locked up for minor offences against property. Before their case even comes to trial they can become infected with a disease that may kill them. Alternatives to pre-trial detention and speedier trials would make a vital contribution not only to justice but also to health. Prison reform is thus a legitimate issue for public health professionals.

REFERENCES


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