



MONKEYPOX

ENSURING RIGHTS WHILE PROTECTING THE HEALTH OF PERSONS IN DETENTION AND COMMUNITIES

BRIEFING

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OMCT
SOS-Torture Network

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The OMCT works with around 200 member organisations, which constitute its SOS-Torture Network, to end torture, fight impunity and protect human rights defenders worldwide. Together, we make up the largest global group actively standing up to torture in more than 90 countries. Helping local voices be heard, we support our vital partners in the field and provide direct assistance to victims. Our international secretariat is based in Geneva, with offices in Brussels and Tunis.

This briefing builds on the expert input and orientation provided by the OMCT Covid-19 Crisis Action Group. The OMCT Crisis Action Group is an advisory body composed of eminent experts in the detention, prevention of torture, criminal justice system, health, child rights, women's rights and human rights defenders fields. For more information, read our [Guidance Notes Covid-19 and detention: Impacts, lessons and urgent actions](#).

MONKEYPOX: ENSURING RIGHTS WHILE PROTECTING THE HEALTH OF PERSONS IN DETENTION AND COMMUNITIES

The first monkeypox cases have been confirmed behind bars, particularly [in the U.S.](#), a country that has the highest levels of reported cases, with 21,894 people [that have been infected](#), as of 9 September 2022.¹

Since the [World Health Organization](#) declared it a public health emergency on 23 July 2022, confirmed cases have [reached 60,000](#), with around 90 countries where monkeypox is not endemic reporting outbreaks in recent weeks.

Human rights groups recall the need to protect the health of those deprived of liberty by guaranteeing access to basic preventive measures and call on governments and detention authorities to ensure that the human rights of detainees are front and centre of prevention, treatment and mitigation strategies.

Human rights standards took a backseat as governments fought and continue fighting the propagation of the Covid-19 virus in places of detention, with devastating consequences on the lives of persons deprived of liberty and their families. In this briefing, key principles, best practices and recommendations are laid out, drawing on the [lessons](#) from the Covid-19 pandemic.

Urgent call to adopt lasting measures to ensure decarceration

Approximately [two million people](#) are deprived of liberty in U.S. prisons, jails and other places of detention - including juvenile correction facilities, immigration detention facilities and psychiatric hospitals. Over 11 million people are held in penal institutions across the world.

The fact that monkeypox is transmitted via skin-to-skin and skin-body fluid contact (it is also transmitted through contact with respiratory secretions and by touching objects, fabrics and surfaces) dramatically increases the risk of outbreaks in places of detention, which are typically congregate settings of close physical contact (particularly common areas, collective dorms or cells, intake cells). Systemic shortcomings, such as high levels of density, inadequate cleaning and ventilation, which have not necessarily been addressed during the Covid-19 pandemic, increase the risk of exposure and spread of the virus.

The urgent need to reduce prison populations as a primary method to reduce the risk of exposure to contagious diseases, as repeatedly urged by public health and criminal justice experts, has been largely neglected. While in the U.S. there was an initial drop in the prison population from March to May of 2020 as an urgent response to mitigate the

1. Monkeypox can cause a [range of signs and symptoms](#). While the illness is usually mild and most of those infected will recover within a few weeks without treatment, others may develop more serious illness or medical complications and need care in a health facility. Those typically at higher risk include pregnant women, children and persons that are immunocompromised. The most common symptoms of monkeypox identified during the 2022 outbreak include fever, headache, muscle aches, back pain, low energy and swollen lymph nodes (flu-like symptoms), followed or accompanied by the development of a rash which may last for two to three weeks.

impacts of the Covid-19 pandemic in places of detention, the number of detainees has crept up since, according to recent [studies](#), and is [returning to pre-pandemic levels](#).

The World Organisation Against Torture (OMCT) [renews](#) the call addressed to prison and detention authorities and criminal justice systems, in the U.S. and worldwide, to step up their efforts to decongest prisons and other places of detention by favouring alternatives to incarceration and by abandoning punitive responses to drug use and other non-violent, often petty, offences, which disproportionately hit impoverished, racialized and marginalised populations.

During the Covid-19 pandemic, it has become more evident than ever that mass incarceration accelerates the spread of contagious viruses. According to various [studies](#), persons in closed institutions are at least 5,5 times more likely to become infected by the Covid-19 virus and three times more likely to die. The nature of these institutions and the fact that many persons deprived of liberty have health conditions pave the ground for similar trends under the monkeypox virus.

Human rights approach and transparency in the implementation of public health responses to monkeypox

As persons deprived of liberty have suffered enormously from the Covid-19 pandemic and ensuing restrictions on their rights, the OMCT is afraid that authorities and prison administrations have not learned the lessons and are falling short of adopting protocols and measures to provide adequate responses, guided by a human rights-based approach, to this new [public health emergency](#).

Restrictions on rights and a tendency to abusively resort to strict and prolonged lockdown measures, including the suspension of any visits, to prevent the spread of contagious diseases, as was globally reported during the Covid-19 pandemic, are coming back with the monkeypox emergency.

It is equally crucial to address a major challenge identified during the Covid-19 pandemic, the lack of transparency and [access to information](#) for detainees, their relatives and the public in general. Prisons should stop being a [black box](#) from which little information emerges, even more importantly now that there is another dangerous and contagious virus circulating. On the one hand, public reporting of data about infectious outbreaks in places of detention is crucial to inform public health efforts to contain them. On the other, places of detention should [provide accurate, clear, reliable, fact-based and up-to-date information](#) to staff, detainees and visitors about monkeypox prevention, including the potential for transmission through close, sustained physical contact, including sexual activity, to allow the best-informed behaviours and to encourage seeking health care if experiencing monkeypox-like symptoms.

Information about the incidence of the virus and the measures being taken, their duration and reasons should be guaranteed, as detailed in [OMCT's Guidance Note](#) on access to information for detainees in a world with Covid-19.

Communication based on facts and scientific evidence is crucial to avoid stigmatising the populations or groups most affected. While many of the reported monkeypox

cases have been among gay and bisexual men, **anyone, particularly in congregate, often crowded, places of detention, can be infected**. Detention authorities have an obligation to protect persons under their custody, particularly people perceived to be members of the LGBTIQ+ community, from acts of discrimination, violence and harassment (by other detainees and by staff), which have already been reported in the context of the monkeypox spread in places of detention.

It is also crucial to take into account that the lack of information has led to [increased anxiety and tensions](#) in detention settings, particularly in the context of the Covid-19 pandemic. Riots broke out in many countries in reactions of anger and powerlessness to the secrecy and scarcity of information, including information about the pandemic and its evolution. The new monkeypox public health emergency provides an opportunity to increase transparency and, thus, reduce distress among detainees and staff.

1. Bans on visits should be temporary and a measure of last resort:

In Brazil, the third country with the highest number of monkeypox cases detected after the U.S. and Spain, a prison in the state of Ceara [suspended](#), on 25 August 2022, family and lawyers' visits for 21 days, following the detection of three suspected cases.

Lockdowns and bans on visits, as they touch on fundamental rights (communication with the outside world, right to family life and privacy), should be a measure of last resort (strictly necessary and proportionate to the aim pursued), be established by law, temporary and time-bound and subjected to regular judicial review and other safeguards to prevent arbitrary, unlawful or disproportionate restrictions on the rights of persons deprived of liberty. Prolonged isolation exposes detainees to an increased risk of torture and other ill-treatment and has a major impact on the mental health and emotional well-being of detainees and their families. Thus, visits should be guaranteed with adequate precautions, as developed in OMCT's [Guidance Note on contact with the outside world in a world with Covid-19](#).

2. Medical isolation, not solitary confinement:

The prevention and control of the monkeypox virus transmission can entail serious risks for the personal integrity of persons deprived of liberty. With symptoms beginning [5 to 21 days](#) after exposure, the isolation period lasts two to four weeks, the typical duration of illness, as people remain infectious until all the scabs have fallen off (scabs are also contagious) and a new layer of skin has formed underneath. This raises serious concerns about how these measures will be carried out in places of detention, following a widely reported excessive and prolonged use of [medical isolation and quarantine measures during the Covid-19 pandemic](#), still documented to date, often reaching the levels of solitary confinement, which can amount to torture and other cruel, inhuman or degrading treatment or punishment.

As stated by the United Nations Subcommittee on Prevention of Torture, areas of isolation inside places of deprivation of liberty should not correspond to places of solitary confinement. Multiple detainees who test positive for monkeypox could stay [in the same space](#) and, in any case, the social isolation should be mitigated by using means to ensure family and social contact.

3. Need to eliminate barriers to accessing medical care and testing:

In countries like the U.S., detainees are often [charged with a fee or "co-pay"](#) to access medical care. Charging detainees may deter them from reporting skin lesions or other infectious disease symptoms while contagious.

In any case, an adequate response should include the free-of-charge testing and medical evaluation of staff and detainees suspected to have monkeypox. Detention facilities should also work with state and local health departments to identify and monitor the health of those who might have been exposed to monkeypox, in order to prevent additional cases.

As observed during the ongoing Covid-19 pandemic, places of detention can be disease incubators, intensifying the spread and favouring community transmission outside detention settings. Steps must be taken to ensure that persons deprived of liberty can report symptoms of illness safely without fearing reprisals, discrimination or punitive measures.

Expert scientific voices have also [expressed](#) their opinion in favour of prioritising vaccination in places of detention, which should be offered to all detainees, irrespective of sexual orientation and habits. Incarcerated people often have greater healthcare needs than non-incarcerated people in the community. Thus, at the very least, new therapeutics should be made available to persons deprived of liberty when they are available to the outside community, including vaccines, boosters and anti-virals.

4. Protection of everyone without discrimination:

Detention authorities should ensure access to handwashing. Those who touch lesions, clothing, linens or surfaces that may have had contact with lesions should wash their hands immediately. It is also critical to clean and disinfect the areas where people with monkeypox spent time (dried material from lesions should be wiped off effectively from all surfaces and fabrics). Personal protective equipment should be provided to staff and detainees, as well as visitors, particularly when entering isolation areas, when handling laundry or when cleaning and disinfecting. It is key that those with monkeypox wear a disposable mask over their nose and mouth and cover any skin lesions with long pants and long sleeves, bandages, or a sheet or gown if they need to leave the isolation area or if isolation areas are not yet available. More details on the response to cases can be found [here](#).

5. Adopt, update, publicise protocols on health emergencies and, in particular, on the management of monkeypox in places of detention

Reports have been received indicating a lack of collection and publication of data related to the incidence, impact and management of monkeypox in places of detention. It is crucial that States and detention authorities stop neglecting the importance of ensuring minimum levels of transparency, especially in times of emergency.

To this end, prison and detention administrations should adopt protocols (or update protocols, when already adopted to manage emergencies or the Covid-19 pandemic), in

coordination with public health authorities and consultation of civil society organisations, to increase levels of preparedness by regulating the management of health emergencies. Such protocols should contain the establishment of measures to guarantee transparency and access to information; ensure meaningful and frequent contact with the outside world (with families and lawyers in particular); ensure that basic rights and safeguards are applied when medical isolation is required; secure the access of independent monitoring bodies and strengthen safeguards to prevent torture and other ill-treatment (which were often waived in the name of the contention of the Covid-19 virus and the protection of health), including guaranteeing access to independent complaint mechanisms; as well as guarantee access to mental health services.



Recommendations to states:

- Take urgent measures to decongest prisons and other places of detention by favouring alternatives to detention and by abandoning punitive responses to drug use and other minor offences;
- Ensure transparency and public reporting of data about infectious monkeypox outbreaks in places of detention;
- Provide accurate, up-to-date and reliable information about the measures, particularly restrictive measures, being taken to prevent and control the spread of monkeypox, their duration and the reasons;
- Protect the health and well-being of persons deprived of liberty, particularly those who face a greater risk of serious illness, by taking effective monkeypox infection prevention and control measures, while ensuring that such protective measures involve no greater restriction of their rights than is experienced by the general prison population;
- Prevent and combat any stigma, discrimination and violence associated with monkeypox by putting protective measures in place for all detainees vulnerable to violence or abuse on the basis of their sexual orientation, gender identity or gender expression in line with the Yogyakarta Principles (principle 9);
- Ensure that under no circumstances the medical isolation inside places of deprivation of liberty corresponds to solitary confinement;
- Guarantee access to places of detention by families, lawyers and other external visitors. Lockdowns and bans on visits should be a measure of last resort, be established by law for a limited period of time and subjected to regular judicial review;
- Prioritise vaccination in places of detention, which should be offered to all detainees, irrespective of sexual orientation and habits;
- Adopt and implement protocols, in coordination with public health authorities and in consultation with civil society organisations, to increase levels of preparedness and compliance with human rights obligations in the context of the management of health emergencies in places of detention;
- Guarantee that national preventive mechanisms (NPMs) and civil society organisations can continue carrying out monitoring visits to all places of detention, including places of compulsory quarantine, with the necessary precautionary measures, at times when the exposure to the risk of torture and other ill-treatment is higher as a consequence of the public health measures taken.



Recommendations to civil society organisations:

- Request information about the incidence of the monkeypox virus in places of detention, as well as the protocols and measures adopted to prevent and contain its spread, staying alert about reports pointing to monkeypox cases or suspected cases in places of detention;
- Promote the adoption and implementation of protocols regulating the response and management to health - and other types of - emergencies, which should include safeguards and procedures: to guarantee transparency (regular press conferences, bulletins, agreement with NPMs, etc.); to prevent torture and other cruel, inhuman or degrading treatment or punishment; to guarantee access to independent complaint mechanisms; to guarantee meaningful and frequent contact of detainees with the outside world, their families and lawyers in particular;
- Collect information and submit reports on the above-mentioned areas of concern and urgent action to local, national, regional, and universal human rights protection bodies.



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Cover photo: The words "ec we quarantine" are seen written in a window at the Cook County Department of Corrections (CCDOC), one of the largest US jails, in Chicago, Illinois, on April 9, 2020, after a rise in coronavirus cases. KAMIL KRZACZYNSKI / AFP

