

RIGHTS OF PRISONERS IN INDIA WITH RESPECT TO HEALTHCARE

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INTRODUCTION

It often happens that people believe that “Prisoners are sent to prison as a punishment and not for punishment”. Its hence clearly implied that loss of an individual’s right to liberty is enforced by containment in a environment that’s closed . In other words ,keeping an individual should not have a deleterious effect on him when in the custody of the state . Now clearly talking about the life of prisoners , the health care services they are provided with which play the most important role in the life of a citizen is something that needs to be studied and discussed on a large spectrum . Prisoners like every other citizen have a right to health care , and more significantly have the right conferred upon them by the state not to contract any diseases in during their imprisonment . Prison jurisprudence recognizes that inmates should not surrender all their rights due to incarceration. Yet in custodial institutions, there is a lack of freedoms that continues to occur. Public health programs are designed to provide all members of society with the best possible living environments so that everyone can be safe. In this equation the inmates are frequently forgotten. In India, the issue of hygiene has been compounded by overcrowding. In many jails, conditions are dreadful. Prisoners in India are not also screened for particular infectious diseases, even though all prisoners undergo a medical review before they begin completing their sentence. There have been no regional reports of the prevalence of viral infections among prisoners. Indian prisoner manuals provide for the segregation of inmates suspected of infectious diseases. A few prisons have developed informal connections for rehabilitation of prisoners with other groups to avoid the spread of diseases. Within the justice system, the health care priorities are transparent and almost similar to those of the society. The focus is on reliable and appropriate access to care and mental health services. Confidentiality

of medical records, the requirement for informed consent, the patient's right to withhold care and the physician's duty to give advice should and will not alter whether a patient is a normal citizen or the one under detention.. The present research paper aims at digging deeper into the healthcare services better termed as facilities provided to prisoners . The present paper is expected to throw light on the spectrum of whether state is providing for their medical needs in the prison during their stay and also discusses the various reforms in case required in the same subject if necessary .

RESEARCH OBJECTIVES

The present research paper is written with objectives of analysing the most important subject of a prisoner's welfare i.e medical care provided to him/her. Light is thrown on various dimensions of healthcare of inmates and how the prisons deal with their provision . a study of the same with respect to other countries is made to analyse the difference and lacking necessities in our nation . The entire research paper keeps moving ahead with studying closely each topic related to the subject to conclude with certain suggestions to improve the medical care services provided to inmates in our country.

RESEARCH METHODOLOGY

There are various types of research methods available as per different fields conducting research in . For the purpose of the present paper, the author has used doctrinal type of research method. The said method has been adopted to dig deeper into the various provisions related to right to healthcare of prisoners equated with their implementation and execution.

RESEARCH QUESTIONS

Q1 what are the conditions that prisoners live in with regard to healthcare in India?

Q2 What are the various provisions of Indian law that deal with the provision of healthcare to prisoners?

Q3 Whether the above provisions of law being implemented in an expected way or not?

LITERATURE REVIEW

*Parmanand Katara V. Union Of India*ⁱ – Parmanand Katara being a human rights activist himself filed a writ petition in the supreme court seeking the provision of right to immediate medical aid to all the individuals of the state . This happened in the light of an incident that shoke his conscience where a scooterist who met with an accident when taken to the nearest hospital, was turned away and sent to another hospital 20kms away which was authorized to handle medico-legal cases. The scooterist died while he was being transported to the other hospital. The court in the said case held that a patient whether he be an innocent person or be a criminal liable to punishment under the laws of the society, it is the obligation of those who are in-charge of the health of the community to preserve life so that the innocent may be protected land the guilty may be punished. The court held this saying that preservation of human life is of paramount importance and no life once lost can be ever bought back .

*The Health of Prisoners*ⁱⁱ - More than 10 million people are incarcerated worldwide; over the past decade, this figure has increased by around one million. Mental illnesses and infectious diseases are more prevalent among inmates than among the general public. For several countries, high suicide rates within prison and increased mortality from all release causes have been reported. Prisons ' exposure to disease is uncertain, but diagnosis and aftercare shortages lead to adverse outcomes. Evidence has demonstrated the prevalence of women, prisoners aged 55 and over, and offenders with higher levels of certain disabilities than other prisoners do. Further attention should be given to the commitment of programs to strengthen prisoner safety by the the burden of infectious and chronic diseases, suicide, other causes of premature mortality and abuse, and counteracting the cycle of reoffending.

*Health and beyond...strategies for a better India: using the “prison window” to reach disadvantaged groups in primary care*ⁱⁱⁱ - As of 2019 more than 400,000 people are lodged in

Indian prisons, the latest statistics available. Prisoners represent a heterogeneous community which belongs to socially diverse and economically disadvantaged parts of society with limited awareness of health and healthy lifestyles. There is ample evidence that inmates in India are at elevated risk of mental illnesses including self-harm and are particularly vulnerable to multiple communicable diseases. The wellbeing of jails, combined with abysmal living conditions and inadequate quality of medical care, is a matter of great concern for human rights. However, the concept and subsequent need to view prison health as an essential part of public health and is poorly recognized in India as a strategic investment to reach out to individuals and communities from the primary health system ambit. The current prison healthcare situation in India and discusses various future opportunities that the "trial opening" offers is a topic that needs to be explored in detail. The above article briefly addresses the various systemic obstacles in the Indian prison health system and how they can be resolved in order to truly make primary health care accessible to all.

Union of India (UOI) V. Mool Chand Khairati Ram Trust^{iv} - Article 25 of the Universal Declaration of Human Rights specifies that: all have the right to an adequate standard of living for the health and well-being of themselves and their families, including food, clothes, accommodation and medical care and essential social services, and the right to protection in the event of unemployment, illness, disability, widowhood or old age.

Health care needs of prison mates – Healthcare for prisoners is a challenge particularly given the archaic environment. As the population in jails all over the world grows annually, the provision of excellent healthcare will continue to test our medical resources. The goals of healthcare in the criminal justice system are clear and are identical to those in the community. Prisoners in prison form a particular demographic that's need special medical services. Self-destructive actions like overdose, infectious illnesses (including aids), and severe psychiatric illness are some of the problems faced by physicians who offer medical care to these prisoners. Medical services tend to be a concern in prisons. Its critical because in the present existing culture, physicians struggle to help the mentally ill. progress must be made to allow for more accessible treatment within the prison system alcohol abuse and abstinence from drinking will continue to test us.

Prison mental health in India – The narrative review analysed numerous mental health research carried out in jail in India and observed that the number of Indian trials is relatively lower than in other nations. Since most of the under-trials spend lengthy stretches of time in jails pending their decision, it affects the development of their mental wellbeing. It is about time the Indian judiciary has a mechanism in place that will slash the decision time. In fact, numerous reports have illustrated the need for mental health treatment for the inmates. It will encourage the development of specialized mental health services for early diagnosis and care within jails. Much of the research demonstrated the high prevalence of inmates with psychiatric illnesses and the need for adequate mental health care of jails. When trained in basic mental health, medical officers and other prison staff can play an important role in early detection of mental health problems and referral for timely care in mental health facilities. Interventions such as providing mental health doctors attending them regularly or mental health practitioners on site, fully functioning mental health clinics, detox centers, quick flow of sending seriously ill patients to a local hospital, and regularizing prisoners' learning sessions on the different health problems will contribute to improved mental health of the prisoners. Modification of the prison atmosphere that nurtures a healthy mental health within the inmates may assist with mental health problems reduction and early rehabilitation.

LIST OF CASES

- I. Parmanand Katara vs. Union of India (UOI) and Ors. ^v
- II. Nina ranjan pillai and Ors. Vs. Union of India (UOI) and Ors. ^{vi}
- III. Union of India (UOI) vs. Mool Chand Khairati Ram Trust ^{vii}
- IV. Paschim Banga Khet Masdoor Samity and others vs. State of West Bengal and another ^{viii}

UNDERSTANDING THE HEALTHCARE OF PRISONERS

Limited awareness of the public health interest of incarcerated people is given. This is despite the vast number of prisons incarcerated in other parts of the world, the characteristics of prison

cultures and the increasing number of mental health offenders. About 10 million people are held worldwide within correctional institutions. Nearly half of the world's prison population is held in three countries: China, the Russian Federation and the United States of America (USA), though its total population is just one fifth of the world's population. If one looks at the incarceration rate, the number of prisoners per 100 000 population, there is significant variability between countries and regions. While roughly three-fifths of countries have rates of less than 150 inmates per 100 000, and the world as a whole has a median rate of 145 per 100 000, the average range varies from 756 per 100 000 in the US to 35 per 100 000 in western Africa^{ix}.

In several countries, in recent decades, there has been a significant rise in the number of inmates. Prison populations have risen in 71 per cent of the countries listed on the World Prison Population List. In the United States, the total number has risen from 450 000 in 1978 to over 2 million by 2005, and the prison population has increased in the United Kingdom of Great Britain and Northern Ireland^x. In several countries, the rise in prison levels has contributed to substantial overcrowding. The reasons for the increase in the number of inmates in developed countries are only partially explained by disparities in crime rates. The main reasons for this are stricter sentencing policies; thus, introducing new approaches to restorative justice at the same time.

Prison health is an inherent aspect of public health^{xi}; The relationship between the prisons and society is intense. Addressing safety in prisons is important in any public health program designed to improve overall public health. That has been expressly recognized by the Regional Office for Europe of the World Health Organization (WHO) since 1995^{xii} through the Health in Prisoners Program, which helps Member States strengthen public health by resolving prisoners' health care and cultivating partnerships between prison health and public health.

Inmates are not a homogeneous group of society. Many have lived in the periphery of society, are poorly educated and come from the socio-economy of oppressed groups. They also have unhealthy habits and addictions such as obesity, smoking, and substance use, which leads to poor general health and puts them at risk for disease. There is a very high incidence of mental health problems: some inmates are seriously mentally ill and should be in a hospital for

recovery, not in jail. Moreover, communicable diseases like HIV, hepatitis, and tuberculosis are more prevalent in prisons than in communities. Before being kept in jail, many prisoners had no experience, or very none, contact with community health facilities. Ability to in-prison health care, as well as continuity, is key.

Many of the inmates return to society, often after relatively short terms in jail. The high numbers of jails, their vulnerability and the prevalence of serious health issues create a crisis that needs attention. Moore & Elkavich claim that public health is a profession in a prime position to raise awareness of these issues, develop services to support prisoners and their families, and impact the social atmosphere with a view to "transforming the political climate and social policies around who uses and who does the time"^{xiii}.

A close look at women's needs in jail and related health problems raised issues of gender inequality and insensitivity, denial of human rights, and showed a general lack of public health consideration.

Talking about the healthcare of prisoners, it is important to address the issue in various aspects as to the same subject such as mental health, oral health, healthcare needs of prisoners etc.

Mental health

Mental health issues prisoners benefit from high quality prison care. Any prisoner's mental health will deteriorate if his or her needs are not fulfilled. Repeated studies have shown that the prevalence of poor mental well-being among prisoners is significantly higher than in the population. The prisons' mental health programs will focus on the psychological needs of the inmates. This could require more robust and organized programs than those in the wider community. Most mental health inmates can also have several other drawbacks, such as substance addiction problems, poor physical health, bad interpersonal skills, history of trauma, relationship difficulties, insufficient accommodation and/or homelessness, low education and limited work experience. Mental health services and education must be of a psychosocial nature and address all the needs of the prisoners, including their psychological needs. The first step in addressing the mental health state of a prison population is to inform the prisoners about their needs and how to handle them. All prison staff should have sufficient training in mental health

education to address the special needs of people with personality disorders. Maintaining relations between a prisoner and his / her family can be important for the mental well-being of the prisoner, for a successful return to society upon release, and for the good of the family. Upon entry to prison all inmates must be screened for a number of mental health and related issues. There should also be a lot of tools available to identify the needs. Some prisoners suffer from moderate or serious mental health problems and can benefit from treatment in a recovery center, either in prison or in hospital.

There would need to be different consideration of the mental health needs of various groups of prisoners, such as women, older prisoners, children and young people, racial or cultural minority prisoners and foreign prisoners. Continuity of care is important for a inmate as well as continuing treatment provided prior to incarceration. The idea of "recovering mental well-being" offers a valuable solution to treatment services for mental health in prisons. Mental well-being recovery is not the same as psychological illness recovery. In treating psychological problems and thereby enhancing their quality of life, it is also all about social healing and supporting the sufferers. Fellow inmates or ex-offenders will also benefit from mentoring to improve mental wellbeing. The 'recovery of mental stability' concept offers a potential approach for the provision of mental health services in prisons. Recovery from mental health is not the same as recovery from psychological illness. It is also all about social healing and helping the sufferers while coping with psychological issues and thus enhancing their quality of life.

Many people with mental health problems come to jail for comparatively minor crimes that should be handled within the community with sufficient treatment and assistance. Others who commit more serious crimes in combination with their mental illness that receive better care in a secure hospital than in a prison where one is present. In both cases, mental health providers need to work together with the police and courts to identify individuals with mental health concerns, make recommendations to the police and/or courts, and provide recovery interventions that address the needs of those affected as soon as possible.

Public health professionals who collaborate with police and courts try, if possible, to refer people with mental health issues to community-based or hospital-based facilities. When an person is brought to custody, the mental health department that works with the police or court passes details to the prison health service to ensure consistency of care. Such services have a

major coordination role in the community between the criminal justice system and the health and social care providers.

Clearly, such systems go beyond what mental health services in jail can have. A sustainable mental health care service network will see those who enter (and leave) the criminal justice system as a part of their business.

Oral health

Prisoners' oral-health needs are nuanced. It generates a high demand for dental care, combined with chronic diseases and high rates of co-morbidity. The prison dental team requires strong clinical knowledge and expertise, and a thorough understanding of the procedures and processes of the jail. Commissioners and service managers should be aware of the unique demands of the provision of dentistry in prison and should prepare, review and remunerate these services accordingly.

Good dental health is as critical for inmates as it is for anyone else. Many inmates suffer from bad oral health as they enter prison. Many inmates only receive dental care while they are in prison. Prisons will provide a robust oral health facility, and have a sufficient variety of treatments based on the specific needs of patients. Oral wellbeing will be included in the training plans and wellness triage schemes for inmates. Oral health promotion will be an important part of the delivery of health care services. Prison dental teams should be professionally trained and competent. Dental teams should provide a diverse variety of expertise, including, where applicable, dental hygienists, clinicians, and oral health educators. Prison dental commissions will provide a clear understanding of the inmate's specific needs and the challenges of delivering a dental facility in the prison system. Remuneration schemes for dental practitioners should be sufficiently weighted for the special needs of the patients and the special prison environment standards.

To have an effective and reliable dental service, the dental staff will provide a clear understanding of the procedures and processes of the jail. We ought to be able to communicate with the jail staff and the health and safety workers. All prisons will provide assistance to dentists employed in a prison environment by ensuring an appropriate induction program is in

place. They will also ensure dentists have appropriate training and operate within a system for clinical quality assurance. The dental team also operates in solitary confinement and should have sufficient clinical experience and be experienced in basic oral surgery. A strong mix of dental practitioners in the team will be present, including dental hygienists and therapists to organize and run oral care clinics and initiatives. To generate appropriate research results in this field, the dental team will partner with other prison health care personnel and dental teams. The dental teams working in prisons have a responsibility to pursue ongoing professional development and should be encouraged and assisted to attend prison dentistry-related courses and conferences. They will show acceptable professional standards by peer review, evaluation, and clinical audit.

Women

Women in prison make up a special category within the prison population, largely because of their gender and class differences. Female inmates are a minority of prison populations worldwide, generally accounting for between 2 percent and 9 percent of a country's prison population. Most of the crime's women are incarcerated for are non-violent and land-or alcohol linked. Women prisoners serve mostly short terms.

Most women in prison are mothers, and their children are usually the primary or sole caregivers. Women prisoners have diverse health needs, in particular in terms of their physical and mental wellbeing. These records elevated levels of post-traumatic stress disorders. Women in prison have higher rates of mental health issues than both the general population and the male inmates. There is a close association between the criminal behavior of a woman and her emotional and physical disorder. Drugs also carry a key to a woman's offending. A high percentage of women in jail suffer from a drug addiction, and rates of illicit substance use among women are frequently higher than among male inmates. Women are at greater risk of entering prison with HIV, hepatitis C, sexual health needs and STIs like chlamydia, gonorrhoea and syphilis than men. Three times as many women as men report having witnessed abuse before their incarceration, whether physical or sexual. The delivery of health services in prisons needs to consider the sex and gender-specific needs of women in health care, which should be tailored which provided in a holistic and compassionate way. Gender-sensitive care and

instruction for women in custody on particular health needs should be widely available in all prison systems.

Many women in prison are mothers and their children are usually the main or primary caregivers. This results in the institutionalization of large numbers of children when women are incarcerated, because fathers also neglect to care for the child(ren). Children of convicted women did not commit a crime and would not act as if they had done it. The lives of the children living in jail should be as good as the lives they'd live outside of the group, including healthy nutrition and safe playing areas. These children should be allowed to leave the prison at any time if that is considered in their best interest.

Difficult challenges and dilemmas emerge from both welcoming and separating children from their mothers in jails. It is important that the best interest of the child is the primary concern of all decisions taken about a child of an incarcerated mother.

Strategies and resources to prevent depression and self-harm among women inmates shall form part of a comprehensive mental health care program for woman inmates.

Women inmates are to be provided information and guidance on all applicable preventive health care initiatives.

Gender-sensitive preparation for personnel dealing with women inmates must take into account the unique vulnerability and health care needs of women inmates. Continuity of treatment is particularly essential for women whose physical and mental health needs are often very limited but long-term^{xiv}.

Juveniles

During the past decade the population of juvenile offenders in India has risen significantly. It has been shown that juveniles held or imprisoned in institutions of correctional care have multiple health issues. These conditions may have occurred prior to incarceration; may be closely related to legal issues; may have resulted from parental negligence, mental health problems, or physical, alcohol, or sexual abuse; or may evolve within the institutional environment. Also, troubled youth are disenfranchised from mainstream community health care programs. For these youth, their main source of health services can be healthcare offered

by correctional facilities. Paediatricists and correctional health care services have the potential and the duty of helping to improve the health of this underserved and disadvantaged group of teenagers.

A seminal study released in 1980 recorded medical complications in 46 per cent of imprisoned youth entering correctional treatment facilities^{xv}. These concerns included symptoms that exist in the youth population, such as asthma, depression, acne, and diabetes. Conditions that occur at a higher rate in jail than in unincarcerated youth included a 7% prevalence of tuberculosis (confirmed by positive skin test results) and a 90% prevalence of dental caries or broken, damaged, or contaminated teeth. In a more recent survey, 10 per cent of admitted adolescents to a short-term detention facility had serious medical conditions (excluding substance and alcohol addiction or uncomplicated STDs) that, if left untreated, may have a major effect on the youth's development and day-to-day operation. Asthma, orthopaedic disorders and otolaryngological conditions were the most often diagnosed problems. About one-third of the detainees examined had a daily medical source, and just about one-fifth had a private doctor. More than half of teenage families with a pre-existing medical condition seemed unable or unable to help ensure the teenage receives adequate medical treatment after release^{xvi}.

During the detention time children and adolescents confined to correctional treatment facilities will receive recommended extensive paediatric and adolescent preventive health services. The incarceration situation can be used as an opportunity to include adolescent health services, including full medical records and physical and dental exams; STD tests for the most prevalent diseases, including N gonorrhoeae and C trachomatis; and gynaecological exams for adolescent girls. Many diagnostic tests, including child and adolescent psychiatry; psychopharmacology; many mental wellbeing and drug abuse evaluations; neuropsychological, educational and projective testing; and paediatric neurology evaluations should be carried out as appropriate and as requested by the medical provider; Immunizations should be issued as recommended by the AAP, Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices, and the American Academy of Family Physicians^{xvii}.

WHY DO THEY DESERVE SUCH RIGHTS?

There are several legal, ethical, social, and public health grounds why the health care needs to be given to prisoners as citizens of the State.

The legal reasons were stipulated in the judgment given by the apex court of India in 1989. In its landmark judgment in *Parmanand Katara vs. Union of India* (1989), the Supreme Court of India ruled that the State has a responsibility to protect life if it is an innocent individual or a criminal who is liable to punishment under the law. The right to conditions, sufficient for safety and well-being of all was already recognised in the right to conditions, with special reference to safety. The right to conditions, sufficient for safety and well-being of all was already recognised in the right to conditions, with special reference to safety.

There are basic ethical considerations, outside the legal obligation, for which inmates should be granted medical treatment. Free persons may or may not have health insurance based on their choices on how to maximize the use of their resources, at least in part. Those who chose not to purchase insurance have the option of charging cash for the health care they are searching for. In general, support is given to the very poor, the elderly, and the disabled in the form of federal and state Medicare and Medicaid programmes. Even the so-called "working poor," broadly described as those who earn too much to qualify for help and too little to afford to pay for health care, have the option of using or borrowing cash when they need medical treatment.

Inmates are given treatment for social benefits as well. Within a few years the vast majority of prisoners will be returning to society. Proper treatment helps maintain their physical function, allowing reintegrating ex-inmates into society to focus on constructive activities and avoid being a burden on others. For example, medication for hypertension and diabetes is known to avoid strokes, heart attacks, and other sequelae that would burden society with disabled people's long-term care. It is in the best interest of society that inmates newly released are free from debilitating illnesses.

The reasons for inadequate health services for prisoners are so high that many see correctional medicine and public health as basically two solutions to the same problem^{xviii}. As a demographic, inmates have a higher proportion of individuals at risk than a comparable group

of free people, and statistics indicate that they have a greater proportion of the health issues associated with risk taking — hepatitis B and C, HIV, TB and syphilis, to name but a few. If all of these diseases are to be eradicated or even controlled, it makes sense for public health authorities to implement preventive measures in hospitals and jails where there are a significant number of infectious subjects. Training on disease prevention and disease monitoring are important public health resources that can be used with public health priorities in mind in correctional environment.

THE INDIAN CONSTITUTION ON PRISONERS' RIGHT TO HEALTHCARE

To get a better understanding of the Indian law on provision of medical care to prisoners, the following cases help in perceiving the subject in a better way:

***Parmanand vs. Union of India*^{vix} -**

It was held in this case along with several other important issues that,

“(3) The patient whether he be an innocent person or a criminal liable to punishment under the laws of the society, it is the obligation of those who are in charge of the health of the community to preserve life so that the innocent may be protected and the guilty may be punished. Social laws do not contemplate death by negligence to tantamount to legal punishment.”

***Nina Ranjan Pillai and Ors vs. Union of India and Ors*^{xx} –**

As an important ruling in the subject of provision of medical care to prisoners, in this case it was held that,

“As regards issues concerning the health of prisoners, the law discussed hereinbefore points to the applicability of the principle of strict liability. The State cannot subject a prisoner to any greater loss of liberty than that which is provided by law. The detention in prison is brought about by procedure established by law but that by no means permits the jail authorities to subject prisoners to any greater risk to their life other than the actual loss of physical liberty. In other words, the state has to ensure that no prisoner is deprived of the minimum standard

of health and safety while in jail. As regards availing of medical facilities, the prisoner has no choice regarding the quality or type of treatment. The liability of the State, therefore, is even greater.”

Union of India (UOI) vs. Mool Chand Khairati Ram Trust^{xxi} –

This being one of the landmark cases in Indian history of judgements clearly held that “right to medical treatment has been extended to prisoners also”.

Paschim Banga Khet Masdoor Samity and Ors vs. State of West Bengal and Another^{xxii} –

The court in this has observed that the Constitution envisages the establishment of a welfare State. In a welfare State, the primary duty of the Government is to secure the welfare of the people. Providing adequate medical facilities for the people is an essential part of the obligations undertaken by the Government in a welfare State. The Government discharges this obligation by running hospitals and health centers which provide medical care to the person seeking to avail of those facilities. Preservation of human life is thus of paramount importance. Government is dutybound to provide timely care to persons in serious conditions.

The MULLA COMMITTEE Report^{xxiii}

The Mulla committee was set up in 1983 to examine the prison conditions of the country in various aspects and to suggest changes or improvements in the same. An excerpt from the report that deals with the recommendations and major changes to be made in the matter is given below:

7.13. In the context of our discussions on this problem our recommendations with regard to the medical and psychiatric services in prisons are as follows :

7.13.1. medical officers should be deputed from the state medical service to prisons having at least 5 years of experience post graduation.

7.13.2.the term of deputation of medical officers should be for a period of 3 to 5 years.

7.13.3.medical officers should undergo a short term orientation programme immediately after joining at the prison.

7.13.5.if the number of women prisoners is too small to justify appointment of even a part time lady medical officer ,women medical officer from the nearest hospital may be deputed to visit the jail once a week and as often as necessary.

7.13.6.every central and district prison should have he services of a qualifies psychiatrist who should be assisted by a psychologist and a psychiatric social worker .

Apart from this there are several other exhaustive recommendations made by the report that when executed to the complete extent could bring a drastic positive improvement in the medical care provision to Indian inmates .

ANALYSING THE PROVISION OF HEALTHCARE FACILITIES BY OTHER NATIONS

The provision of health care in prisons is under the jurisdiction of the Ministry of Justice in most European countries, and the prisons administration organizes the medical services. The health ministry is responsible for delivering healthcare in only a few countries (e.g., Norway). Measures have been taken in several countries for affecting the Ministry of Health (France). The State funds healthcare in all nations. Regional governments in the United Kingdom are responsible for the budget and take part in the coordination of services. In Italy it is the Ministry of Justice, strictly speaking, that bears the costs of the prisons ' health care.

In the vast majority of nations, inmates can be admitted to hospital either in custody or outside of jail. Medical care is available only outside jail in Cyprus, Lithuania, Luxemburg, Norway, Sweden and Turkey.

A number of drug users, AIDS victims, people infected with sexually transmitted diseases, tuberculosis and type B or C hepatitis viralis are defined in prison conditions in all countries. The numbers are growing in all of these. Disease information is important if an efficient prison health care program is to be coordinated. Furthermore, all the above-mentioned diseases suggest a wide variety of problems that are of a psychological and sociological type as well as

of a medical type. Generally speaking, all prisoners undergo medical screening after their commission to detect any infectious or progressive illness that may need isolation or immediate care. This, however, is not always the case in every disease and in every region. The prevention of AIDS and other sexually transmitted diseases is the focus of particular attention. Prisoners are given an information booklet virtually everywhere. The methods of information programs and teaching material are especially sophisticated in some countries such as Sweden, Norway, the Netherlands and the United Kingdom, as they include written and individual and community meetings. People in detention are also routinely given talks in Luxembourg and Portugal. A strip cartoon is readily understood by all in Ireland. All the content is translated into many languages in Switzerland and The Netherlands. Eventually, there is currently no system in Greece to educate prisoners about AIDS, and specifics on supplying information to prisoners in Turkish prisons are not available.

CONCLUSION

In prisons, the human environment is often one of violence and high-risk lifestyles, either voluntarily engaged by those inmates with positions of power, or forced upon the weaker inmates. Prisoners have a right to live in conditions that guarantee their individual safety. A detailed understanding of how HIV is likely to be transmitted in a particular jail is of utmost importance for the prison administration. When the key issue is sexual harassment and/or abuse, effective monitoring and prompt intervention must be implemented to protect targeted inmates. There should be no refusing access to leisure, healthcare or access to the outside world for HIV-positive inmates.

There is no reason for segregation from a purely medical point of view as long as the prisoner is safe. HIV-positive inmates should be banned from solitary confinement. Any restrictions should be exceptional, such as compulsory testing of particularly risky situations, such as inmates working in hospitals or dental clinics as medical orderlies. There may also be personal security issues where, for example, inmates suspected to be HIV-positive might seek to be held in a secure unit because they fear for their own health. Imprisonment reform and penal reform are critical elements if we are to address the many issues facing Indian prisons. Reducing the prison population as a whole would allow changes to the prisons ' physical and working

conditions and help ensure the health of those in custody. Financial resources would likely still need to be dedicated to the prison systems. One successful way to reduce the increase of prison rates will be to give nonviolent and civil prisoners alternatives to incarceration.

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ENDNOTES

ⁱ (1995) 3 SCC 248.

ⁱⁱ Jaques Baillargeon, *The Health of Prisoners*, 377 *Lancet*, 267, 288 (2010).

ⁱⁱⁱ Sowmyadeep Bhaumik, *Health and beyond...strategies for a better India: using the “prison window” to reach disadvantaged groups in primary care*, 5 *J Family Med Prim Care.*, 315, 318 (2015).

^{iv} (2018) 8 SCC 321.

^v (1995) 3 SCC 248.

^{vi} (2011) 15 SCC 2252.

^{vii} (2018) 8 SCC 321.

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