

Health in M.P. Prisons

- Junie Wadhawan¹

Barring a few exceptions, the conditions of detention in most parts of the world are shockingly poor. Prisons are plagued with problems of overcrowding, corruption, violations of human rights, abuse and violence amongst inmates themselves and vis-à-vis authorities, lack of medical care, structural and physical deficiencies and shortage of staff. The prison environment in most parts of the world is not really conducive to good health, Indian prisons being stark examples. It is a fact that the majority of the prisoners come from the underprivileged sections of the society. These vulnerable poor bring with them aspects of drugs, mental illness, malnutrition, alcoholism etc which quickly aggravate in conditions of overcrowding, exposure to heat, unsatisfactory sanitation and poor quality of food. With mental pressures, tensions, frustrations depressions and stresses being unduly high during incarceration, diseases flourish in such environments. As if to add to their woes, prisoners are hardly ever informed about hygiene, health care or disease. Any chance of catching diseases at their early stages are minimized by the continued ignorance of prisoners and neglect and apathy of staff.

Even the relatively healthy, are at a high risk in such conditions of near contact with the unhealthy, to catch communicable diseases. On release, many of these prisoners take back into their society and communities, dangerous diseases that were either acquired while incarcerated or remained untreated, while behind bars. Unfortunately, in the age of SARS/AIDS, prison and public health authorities seem unconcerned about the ability of short-term prisoners and those with chronic illnesses to carry their maladies on release into the outside environment.

Proper health care is definitely a right of all people, which include prisoners and detainees. The argument that prisoners deserve a lower standard of health care does not really stand valid for in depriving a person of his liberty it becomes the responsibility of those under whose protection he is that his right to proper and timely medical aid is not violated.

Various international instruments such as Article 12 of the International Covenant on Economic, Social and Cultural Rights, recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. Principle 9 of the U.N. Basic Principles for the Treatment of

¹ Research Assistant, Prisons and Human Rights, CHRI.

Prisoners provides that prisoners shall have access to the health services available in the country without discrimination on the grounds of their legal situation. Rule 26 of the Standard Minimum Rules requires that amongst others, the Medical Officer shall regularly inspect the quantity, quality, preparation and service of food and the hygiene and cleanliness of the institution and the prisoners. There are several European bodies also in charge of monitoring prisoners' rights such as the Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment which overlooks ill treatment and other facets of prisoners' conditions such as health.

Closer to home, The Indian Prison Act of 1894 lays down certain legal provisions to ensure that health aspects of prisoners are considered. It therefore becomes mandatory under this law to have a hospital or proper place for the reception of sick prisoners at every jail. There is also supposed to be a medical officer in every jail who shall have charge of the sanitary administrations of the prison. The Act also specifies that any prisoner who is ill, wanting medical attention will be immediately shown to a doctor.

Jail Manuals devote portions exclusively to the health care of prisoners. The Madhya Pradesh Jail Manual specifically requires the Director of Health Services to not only function as an official visitor to the prison but also be a consultative officer on all subjects connected with the general hygiene, and sanitary arrangements of jails. The medical officer is supposed to visit the jail daily and examine every prisoner on his arrival in the jail. It is also in his jurisdiction to order any addition or alteration of diet for the sick, aged and infants. He is not only expected to ensure that the food is of good quality and properly cooked but also that the barracks and other areas are clean and hygienic. It is also his duty to see that every prisoner is provided with sufficient clothing and bedding.

Reality however could not be more different. Amidst pain, sorrow, frustration, loneliness and some hope etched on their faces, lies a sordid tale of the prisoners' quest for justice and what is rightfully his. Though human rights instruments voice the need for the same kind of health care to prisoners as the outside community, this is far from the truth. These closed institutions do not provide the same facilities under custodial care as is available elsewhere. With other issues being given more consideration, medical care becomes a low priority for prison officials. However the fact that prisoners generally come from the 'marginalized sections of the society and may be suffering from bad health, enhanced in the unfavorable conditions in prisons makes it all the more necessary to provide better health care and treatment facilities.

If Madhya Pradesh, the size of France and generally regarded as a well-run state is any example, things are only much worse elsewhere. Medical facilities are in

complete disarray in most of the 109 jails. There is a severe dearth of medical personnel, which not only includes doctors but also laboratory technicians and operators. In many jails, the equipment is lying completely disused, as there is no paramedical staff available to run them. There are no incentives provided to attract doctors to work in jails. In sub jails all over the State, government doctors are appointed on a part time basis with a remuneration of only Rs 175 per month (3.5 US\$) for holding additional charge of prisons, which proves to be very discouraging and hence they refuse to work.

There is a lack of police escorts to refer ill prisoners to outside hospitals, which is evident from the fact that in 2002, only 2,968 police personnel were provided against a requirement of 12,726 escorts. This is even less than 25% of the actual requirement. This drastic shortage means that timely medical treatment is most often an exception rather than the rule. In most jails there are no vehicles available to transport prisoners to hospitals during exigencies. Unfortunately in many instances, authorities often misuse these vehicles for personal work.²

Tuberculosis is rampant and accounts for approximately 40% of deaths in the jails in M.P. There are no TB specialists and hence diagnosis of the disease becomes a major problem.³ Other major diseases afflicting the prisoners are anaemia, dysentery, abscesses, boils, skin diseases and respiratory problems. There are no lady doctors though there are about 407 women prisoners⁴ and there is no question of any special attention for gynecological problems.⁵

Many and even a majority of the prison population are just those awaiting trial, people who may be innocent or in for minor crimes unable to get bail. These prisoners should not be and indeed by law may not be forced into risky and life threatening situations of illhealth that they would not face on the outside. High health risks coupled with the already well known risks of physical abuse and violence that are prevalent in prison amounts to additional punishment over and above the years of restraint that the guilty are paying with and the innocent must put up with. In this world both real and unreal where time stands still for most of those incarcerated, it then becomes the responsibility of the state to at least ensure that these men, women and children behind iron grills are not deprived of their rights to good medical care.

² Reported by Non-official prison visitors in CHRI workshop on Prison Reforms on October 7, 2002, Bhopal.

³ Ibid

⁴ Statistics as in October 2002, given by the M.P. prison department.

⁵ Medical Facilities in Indian Prisons-a study by Dr. Arvind Tiwari, Reader, Department of Criminology and Correctional Administration, Tata Institute of Social Sciences, Mumbai [2002].