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STATUS OF MEDICAL FACILITIES AND HEALTH IN PRISONS OF HARYANA*

INTRODUCTION

Prisons in Haryana are governed by the Prisons Act, 1894 and the Haryana Jail Manual¹ 1894 which is based on the erstwhile Punjab Jail Manual, 1894. Similar to other states of India, the management and administration of jails comes under the Department of Home Affairs. There are total 22 districts and 19 jails in Haryana. Out of total 19 jails 3 are central jails and 16 are district jails. Two central jails are situated in Hisar (Hisar I and Hisar II) and one at Ambala. Rest of the districts of Haryana possesses one district jail barring 3 districts namely, Nuh, Panchkula and Charkhi Dadri.

Standards of health and hygiene

The maintenance of proper standards of health and hygiene is important in institutions such as prisons, where a large number of people from different walks of life live together inside an enclosed space. Rule 24 of the Nelson Mandela Rules, 2015² states that “the provision of health care for prisoners is a state responsibility. Prisoners should enjoy the same standards of health care that are available in the community, and should have access to necessary health-care services free of charge without discrimination on the grounds of their legal status”. Both the Model Prison Manual 2016³ and the Punjab & Haryana Jail Manual lay down standards for health-care services

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¹ The Haryana Prison manual is said to be based on the Punjab Jail manual, 1894, available at <<http://haryanaprison.gov.in/haryana-jail-manual>>

² The United Nations Standard Minimum rules for the Treatment of Prisoners (the Nelson Mandela Rules), 2015, Rule 24; United Nations Office on Drugs and Crime (UNODC).

³ Model Prison Manual for the Superintendence and Management of Prisons in India, 2016.

within prisons, including detailed duties of medical officers (MOs) in prisons. The present study is a part of doctoral research being undertaken on prison administration in Haryana. Total 9 jails were visited to collect primary data through structured questionnaire and personal interviews. Information was also collected from secondary data and other options like visiting the web portal of Haryana prison department regularly.

The scholar observed, and analyzed the availability of medical facilities in prisons, with a special focus on the availability of hospitals; medic and pre-medic staff; healthcare needs and issues faced by prisoners, medical examination at admission, promptness to medical emergencies etc.

Medical examination on admission

The practice of medical examinations at admission is being followed in all prisons⁴. The examination is usually done during the early evening shift of the medical officer (MO). Majority of the prisoners told that they were medically examined soon after their admission to jail, while few prisoners complained regarding not mentioning in the medical reports of physical torture in police custody. Despite of the provisions to use the National Human Rights Commission's 'proforma for health screening of prisoners on admission to jail', the inmates complained that injuries resulting from alleged torture would never be documented in the said proformas. It is also important to note that these proformas do not have a column to record such injuries.

Out-patient department facilities

The prison manual defines the role of a Medical Officer which includes medical examination of prisoners upon admission to jail, documenting specific health details of each prisoner in their respective history tickets, monitoring health condition of inmates, monitoring sanitation within jail premises, attending to the Out Patient Department (OPD) and responding to medical emergencies, etc. Usually, the MO attends to inmates at OPD during the morning lock-out time. The medical history of inmates is recorded in their 'OPD card'. Prisoners are required to carry this card even when they are sent for specialized check-ups or treatments at the city hospital on the advice of the MO. However, in few jails MOs are on deputation basis which sometimes create a problem as

⁴ Sec 24(2), The Prisons Act 1894

doctors placed on deputation basis do not get to stay for long periods as is required in prisons. This, in turn, affects the efficacy of health-care in the prison

Absence of specialists

Most of the jails do not have specialized doctors such as dentists (except Gurugram jail), gynecologists, dermatologist, psychiatrists and psychologists to deal with predominant health problems like dental issues, gynecological issues faced by women inmates, skin allergies or scabies, depression, anxiety or even drug de-addiction and drug withdrawal. The scholar was informed that to deal with specialized and recurring medical issues such the ones mentioned above, medical camps are organized by the jail authorities and other departments and NGOs.

Prison Hospitals

A hospital is available within the prison premises in all the 9 visited jails. Gurugram jail seemed to have better medical infrastructure than other jails. The limited medical staff in most prisons is assisted by convict prisoners who are assigned hospital duty. However, all these hospitals are located in the male section of the jails and are accessible only to male inmates. If a female prisoner were to fall ill, she would not be admitted to the jail hospital. There is a lack of female doctors in the jails of Haryana; women are checked by MOs regularly, but most MOs are male.

The Model Prison Manual's Chapter 24 extensively mentions the requirement of a lady MO starting from the admission point. It further specifically mentions that "only lady doctors shall look after the medical care of women prisoners during their stay in the prison". In case of a medical emergency, prisoners are taken to the nearest government hospital with a police escort. However, it was told that sometimes to avoid delay, inmates are often rushed to the government hospitals by prison guards itself. While this ensures prompt treatment but also raises security concerns.

Medical Labs & Equipment

Kaithal, Sonipat and Faridabad jails have their own modern medical equipment like Nebulizers and Oxygen Machines. As these machines are to be operated by lab technicians and due to their unavailability in some prisons these machines are not fully utilized.

Availability of medicines

During their OPD checkups the inmates are provided generic medicines only. An earlier practice of allowing prisoners to take medicines from their families was also stopped some time back because of security concerns. Due to the unavailability of specialized medicines in prisons the inmates suffering from chronic illnesses are the worst hit. It was noted that due to the recent changes in the procurement procedure, medicines can only be bought from state government-run warehouses which either had insufficient or incomplete supply of medicines.

Catering the dietary and nutritional need

The jail authorities take care of the dietary needs of sick inmates, children of inmates, pregnant and lactating women. There is a provision in the jail manual for special diet for inmates whenever required. In addition to the special diet prescribed in the jail manual for children some jails also gives 250 ml of milk to all inmates.

Hygiene and contagious diseases

Though the hospitals visited by the scholar were found to be clean and sanitized, several prisoners were said to be suffering from skin allergies as an outcome of low hygiene levels in barracks (the responsibility to keep the barrack clean and hygienic lies with the inmates). A clear segregation was found among inmates suffering from TB and inmates admitted for other diseases. There were separate rooms meant for TB patients in the jail hospitals. Prisoners are admitted in the hospital strictly on the advice of the MO.

Conclusion/Suggestions:

- The proforma for medical examination of prisoners on admission to jail should be altered suitably to include space to document instances of alleged torture by police in the custody.
- The MO should diligently document all injuries and the alleged cause for each injury during the medical examination of prisoners.
- The women's wards of the prisons should have the provision of women medical officers to ascertain the health needs of female prisoners.

- Specialized health professionals such as psychiatrists, psychologists, gynecologists, and dentists should be appointed, or regular visits should be made by specialized government doctors.
- Access to hospitals must be provided for women prisoners also. Days and times for this can be fixed.
- An emergency escort officer must always be available to attend to any medical emergency in prison.
- Skin diseases are most common and contagious. Special efforts should be made to prevent such diseases.
- The number of MOs should be based on prison population. One MO should be appointed per 500 prisoners.

The recruitment, training and orientation of medical staff should be done keeping in mind that they are expected to work in a custodial setup. Accurate reports by them on inmates' injuries can prevent violence in prison. Prompt treatment can make lives of prisoners much better. Their neglect or condonation is directly linked to lack of accountability of the violence inside prison. A guidebook on the responsibilities and duties of MOs in prison should be prepared, where consequences for not following procedures should be clearly laid out.