

# HEALTHCARE IN PRISONS



**THE GLOBAL GOALS**  
For Sustainable Development

**GLOBAL PRISON TRENDS  
SPECIAL FOCUS 2019**



# Healthcare in prisons

This Special Focus explores the potential that prisons have to be settings for the prevention of disease, the promotion of health, and for identifying and treating physical and mental health needs for the benefit of individual prisoners, staff and communities as a whole. It draws on international standards, such as the UN Sustainable Development Goals (the SDGs). It also draws on the *Guidance Document on the Nelson Mandela Rules*, produced by the OSCE Office for Democratic Institutions and Human Rights and Penal Reform International (PRI), as well as PRI's *Mental health in prison: A short guide for prison staff*.

## Introduction

Rates of disease, substance dependency and mental illness among prisoners are much higher than in the community. People in prison often come from impoverished and marginalised backgrounds where they may have been exposed to transmissible diseases and inadequate nutrition, and their access to good quality health services will have been limited. Some prisoners may have neglected their health and may never have been treated by a qualified doctor before their imprisonment, particularly if they come from rural or remote areas. Additionally, people in prison may have a history of abuse.

They may also have substance dependence and be suffering from withdrawal symptoms.

Once in prison, the conditions in which prisoners live in can create serious risks to their physical and mental health. Prison populations have a disproportionately high rate of people suffering from mental health or behavioural problems, many pre-dating prison and others developing, or worsening, when in prison due to poor conditions and a lack of mental healthcare. A lack of access to sufficient nutritious food and safe drinking water and inadequate opportunities for physical exercise – all of which are common in prison settings – can also contribute to the deterioration of health.

Poor sanitary conditions increase the chances of skin or parasitic diseases, and the lack of sunlight, fresh air, heating or ventilation can also seriously affect prisoners' health.

The transmission of diseases is rife in overcrowded facilities, placing the lives of both prisoners and staff at risk. Communicable diseases are a particular concern, with infection rates for tuberculosis between 10 and 100 times higher than in the community.<sup>1</sup> Prisoners are five times more likely to be living with HIV than adults in the general population, and they have been identified by UNAIDS as a key population that has been left behind in responses to the AIDS epidemic.<sup>2</sup>



Every human being has the right to the highest attainable standard of physical and mental health. When a state deprives someone of their liberty, it takes on the duty of care to provide medical treatment and to protect and promote his or her physical and mental health and well-being.<sup>3</sup> This duty of care is critical, because prisoners have no alternative but to rely on the authorities to promote and protect their health.

The revised UN Standard Minimum Rules for the Treatment of Prisoners (known as the Nelson Mandela Rules)<sup>4</sup> also emphasise state responsibility for healthcare and confirm that people in prison should enjoy the same standards of healthcare that are available in the community. The Rules elaborate further on obligations relating to prisoners' health: people in prison should have access to necessary healthcare services free of charge and without discrimination on the grounds of their legal status; health staff working in prisons should have clinical independence; continuity in healthcare is important; prisoners need prompt access to healthcare in emergencies; informed consent of the prisoner to treatment should

## Useful resources on the right to health in prison

OSCE Office for Democratic Institutions and Human Rights and Penal Reform International, *Guidance Document on the Nelson Mandela Rules: Implementing the United Nations Revised Standard Minimum Rules for the Treatment of Prisoners*, 2018.

Penal Reform International, *Mental health in prison: A short guide for prison staff*, 2018.

UN Office on Drugs and Crime, *Handbook on Prisoners with Special Needs*, 2009.

UN Office on Drugs and Crime, *Handbook on Women and Imprisonment*, 2nd edition, 2014.

World Health Organization, *Moscow Declaration: Prison health as part of Public Health*, 2003.

World Health Organization and the International Committee for the Red Cross, *Information Sheet: Mental Health and Prisons*, 2005.

World Health Organization, *Good governance for prison health in the 21st century. A policy brief on the organization of prison health*, 2013.

World Health Organization, *Prisons and Health*, 2014.

The Worldwide Prison Health Research and Engagement Network (WEPHREN) provides a forum for all stakeholders interested in prison health across the world to exchange ideas and develop collaborative, multi-centre research. ([www.wephren.org](http://www.wephren.org)).

be obtained; and up-to-date and confidential medical records should be maintained and should accompany each prisoner on their journey through the prison system.

In general, the provision of healthcare in prison settings across the world is underfunded, understaffed and of a lower standard than in the wider community. Looking at the SDGs, Goal 3 on health will not be achieved if the right to

health for people deprived of their liberty continues to be deprioritised. Prison can be an important setting for preventing and addressing physical and mental health inequalities among the prison population. Identifying and responding to ill-health and mental health needs is a vitally important component of a prisoner's journey towards rehabilitation and reintegration on release, which in turn can reduce reoffending.

## Provision of healthcare: a 'whole-of-government' approach

### Independence of healthcare staff

The World Health Organization (WHO) and the UN Office on Drugs and Crime (UNODC) state that 'the management and coordination of all relevant agencies and resources contributing to the health and wellbeing of prisoners is a whole-of-government responsibility'.<sup>5</sup> A crucial aspect of this 'whole-of-government'

approach is the requirement for healthcare staff to operate independently of the prison administration, so that any clinical and health assessments of detainees are based solely on medical criteria. This independence is important for prisoners so that they feel they can trust the healthcare provider regarding their health conditions, and can also speak to them openly in order to report torture or other ill-treatment.

If healthcare staff are directly employed by the prison service, or if they appear to be overly friendly with regular prison staff, prisoners are unlikely to trust them – particularly if the prisoners have been ill-treated by prison staff. If they are not independent, healthcare staff may experience a conflict of interest and feel a greater sense of duty towards the prison administration as their employer, than towards the patient.

They may also operate in fear of negative consequences, including dismissal, if they do not comply with requests from prison staff, and may themselves be subjected to retaliatory actions.

To guarantee this independence, direct hierarchical or even contractual relationships with prison management should be avoided. Irrespective of their conditions of employment (whether they are a civil servant, public employee or private contractor), medical staff should always be independent of police or prison authorities. The WHO and the UNODC argue that the best way to safeguard the independence of healthcare staff is to ensure that they are employed by healthcare authorities rather than by correctional authorities.<sup>6</sup>

### Equivalence of care

Healthcare professionals have a duty to provide equivalence of care, meaning that they should provide the same standard of healthcare that a prisoner could expect to receive in the outside world.<sup>7</sup> To achieve equivalence of care, it is vitally important to adequately resource and fund prison health services and to employ sufficient numbers of suitably trained staff. This will be possible only if salaries and terms

and conditions are attractive, in order to recruit and retain prison healthcare staff.

### Continuity of care

Continuity of care is important, not only on admission to prison but also upon release, and is generally easier to manage when prisoners are allocated to a prison close to their usual place of residence. When individuals with specific medical conditions are released from prison, healthcare professionals in the prison should consider whether they need to provide them with medication to account for the time it may take them to arrange further medical consultations and receive a regular supply of medication. The requirement to provide continuity of care also includes a duty to properly manage and transfer a prisoner's medical files. When a prisoner is transferred, their medical files should be transferred to the healthcare service of the receiving institution and should be subject to medical confidentiality.<sup>8</sup>

The most effective way of ensuring continuity of care is to assign responsibility for providing healthcare in prisons to the national health authority. If this is not possible, there should be close links between community and prison healthcare providers.

### Training

To adequately respond to healthcare needs in prisons, both staff and healthcare providers may require specific training opportunities and support services. For example, they should receive training on how to report torture or other ill-treatment within the prison system, including in cases where it may have occurred outside prison and is identified upon a prisoner's arrival. To this end, all healthcare staff should be provided with a copy of the Manual on Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (known as the Istanbul Protocol), and should be trained in applying it.<sup>9</sup> They should also receive training on human rights and medical ethics.

All prison staff should receive training on first aid.<sup>10</sup> This is important because they are often the first responders in the event of an emergency health situation. Nelson Mandela Rule 76(d) also requires that all staff receive training on the psychosocial needs of prisoners and on social care and assistance, including early detection of mental health conditions.

## Reducing the risks to health and promoting well-being

### Assessment

Newly arrived prisoners may have pre-existing, untreated health conditions and/or undiagnosed mental health conditions. Physical and mental health conditions are likely to be exacerbated by imprisonment and should therefore be identified as soon as possible after admission, so that the prisoner can receive appropriate treatment.

Initial medical screening enables health personnel to detect and record any injuries, including potential signs of torture and other ill-treatment. Access to a medical professional as soon as possible upon admission ensures that prisoners with pre-existing health conditions continue to receive the care they need and have access to appropriate medication and other treatment. Newly arrived prisoners are

unlikely to have medication with them, or may be too disoriented and stressed to remember to take their medication as required. Prison medical services may also need time to acquire and provide the specific type and quantities of medical supplies needed by individual prisoners. Communicable diseases also need to be identified and treatment provided, with any

## Temperatures in prison

Extreme temperatures in prisons can result in unacceptable and inhumane conditions that threaten the health and well-being of both staff and prisoners, some of whom will be especially vulnerable, including children, older people and those in poor health. This will become an increasingly important issue as global temperatures increase. Exposure to high heat can lead to an increase in aggression, overall poor mental health and, in serious cases, to death. In 2011, 10 people imprisoned in the US died from heat-related causes, triggering lawsuits that resulted in the state agreeing to place permanent air conditioning units in facilities.<sup>11</sup> Equally, prisoners exposed to excessive cold may suffer hypothermia, particularly if they do not have adequate bedding and clothing.

A number of reports surfaced in 2018 that revealed the harms caused by extreme temperatures. In the US, hundreds of prisoners were locked in their cells during a week-long power blackout, during which prisoners were left in darkness, without heat and hot water for some of the coldest days of the winter.<sup>12</sup> Conversely, in Arizona in the summer, prison logs showed temperatures of up to 119 degrees Fahrenheit (48 degrees Celsius).<sup>13</sup> In the UK, prisons built in the 1800s proved inadequate during a summer heatwave and the lack of ventilation resulted in 'oven-like' conditions.<sup>14</sup> In Fuchu prison in Japan, heating routinely does not function and frostbite is a common complaint.<sup>15</sup>

In Cambodia, a former prisoner described living in a crowded prison with her newborn baby: 'It was actually a steaming room. I was using a fan made of a palm leaf to cool my baby down – that was what

I could afford. There was a tiny hole in the wall, but can you imagine how much air you would absorb in such a crowded space? We made a request for an electric fan, but it never arrived.'<sup>16</sup>

The Nelson Mandela Rules state that a physician should regularly inspect the temperature of a prison and that accommodation and clothing should be appropriate for climatic conditions,<sup>17</sup> while the European Prison Rules stipulate that all accommodation for prisoners should have adequate heating.<sup>18</sup> The European Court of Human Rights<sup>19</sup> has also recognised adequate temperature as a basic requirement for acceptable prison conditions. Prison systems now need to adapt to the impending challenge of climate change, by reducing prison overcrowding, closing or retrofitting inadequate facilities, and building sustainable and resilient facilities that ensure the health and well-being of prisoners.

necessary measures put in place in order to prevent such diseases from spreading within the prison.

The initial medical screening of a prisoner provides an important opportunity to identify prisoners at risk of suicide or self-harm. It is particularly important to detect these signs at an early stage, since the risk of suicide or self-harm is much greater during the first days of imprisonment. Additionally, early identification of such risks can help to determine what the safe and appropriate placement and supervision should be for prisoners that have been placed on suicide/self-harm alert. It is good practice to involve a psychologist in initial medical assessments.

Identifying health needs soon after admission helps prison administrations to plan relevant healthcare provision, staffing and other resource requirements, including the special dietary needs of prisoners. It also assists prison management in planning transport, staffing and other logistical arrangements for scheduled hospital visits. Identifying existing or potential

health problems as soon as possible after admission means that prison administrations can save resources by preventing illness or the deterioration of health conditions, and by preventing communicable diseases from spreading to other prisoners or staff. By being aware of the health situation of each prisoner, prison administrations can better plan for individualised rehabilitation programmes, including appropriate training and work opportunities. Prisoners with health problems may be unable to participate in established work programmes, or such programmes may need to be tailored to their particular situation.

## Ongoing healthcare provision

The Nelson Mandela Rules make it clear that healthcare professionals should talk with and examine every prisoner, not only on admission but also as necessary afterwards. To have full access to all prisoners, medical staff should be informed about where they are located, including those undergoing disciplinary

sanctions. Prisoners should have the opportunity to seek medical care and be able to access healthcare services confidentially. The involvement of 'gatekeepers' – such as cell leaders or prison staff – in the process for obtaining a medical appointment should be avoided.

Medical care should be available at all times, including when cells are locked and staffing levels are reduced. This may be a particular concern at night, during weekends and on national holidays. The requirement for health services to be available at all times is linked to the need for adequate staffing levels of both prison officers and healthcare personnel.

Facilities should be easily accessible, including for those with physical disabilities. In facilities that hold both male and female prisoners or both adult and child prisoners, there should either be separate facilities or designated times when women and child prisoners can access healthcare services separately.

## Healthcare for specific groups

### Women

Women in prison have different and more acute healthcare needs than men. This is partly due to physiological differences, and partly because of their typical backgrounds, which can include drug use, physical or sexual abuse, sex work and unsafe sexual practices. Health conditions of women prisoners may have been untreated before admission, due to discriminatory practices that prevent women from accessing adequate healthcare in the community.

Women prisoners have specific needs related to reproductive health issues, such as menstruation, pregnancy and menopause.<sup>20</sup> In order to adequately respond to these, female-specific healthcare services need to be provided, including sexual and reproductive care and preventive healthcare such as pap smears and screening for breast and gynaecological cancer.<sup>21</sup> Many prisons fail to deal properly even with women's menstruation.<sup>22</sup> 'Period poverty' continues to be an issue, with reports of

menstrual products being used by prison staff as bargaining chips to exercise power over women.<sup>23</sup>

It is estimated that around 75 per cent of women arriving in prison had some sort of drug-related problem at the time of arrest.<sup>24</sup> The need for specialised treatment programmes for women substance abusers is recognised by the UN Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules).<sup>25</sup> A major concern is that prison systems often do not guarantee access to such treatment and discriminate against women when it comes to substance dependency treatment, or do not tailor programmes for women.<sup>26</sup> In relation to the provision of opioid substitution therapy, a recent study found that women 'generally have no access to these programmes while incarcerated'.<sup>27</sup> The Bangkok Rules are clear that prison health authorities should provide or facilitate specialised treatment programmes for women substance abusers, taking into account prior victimisation, the special needs of pregnant women and women with children, as

well as women's diverse cultural backgrounds.<sup>28</sup> Where relevant programmes do not exist in prison, there is an increased duty on authorities to facilitate access of prisoners to relevant programmes in the community.<sup>29</sup> Studies have shown that women prisoners who participate in such programmes are more likely to be successfully rehabilitated.<sup>30</sup>

Women prisoners are a high-risk group for sexual and reproductive health diseases, including cancer and sexually transmitted infections, particularly due to their typical backgrounds – which often include drug use, sexual abuse and violence, sex work and unsafe sexual practices.<sup>31</sup> Although women prisoners are more likely to contract HIV in prison than men, they have less access to preventive and treatment programmes than their male counterparts.<sup>32</sup> Gender-specific treatment and care for HIV is required by Bangkok Rule 14, acknowledging that medical treatment for women with HIV should be different from treatment for men.

Alarming high rates of mental health problems are reported amongst women prisoners,

### Case study from England

The National Health Service (NHS) in England has launched a pilot programme in a women's prison. The programme was set up to break the cycle of reoffending and to improve the mental and physical health of women in the prison.

There are strict criteria for prisoners to be admitted into the programme, and women must be in the last six months of their sentence. The programme accepts prisoners who are repeat offenders and prisoners who have experiences of domestic violence,

substance misuse or sex work, as well as women who have chaotic lifestyles.

It is run and managed by healthcare teams in the prison, with a view to handing over responsibility for each case to probation services when the offender is released.

The programme offers participants 12 two-hour facilitated group sessions as well as one-to-one meetings on a range of health topics, including:

- Sexual health and healthy relationships.
- Well-being, including healthy diet and exercise.

- How to register and access primary care.
- How to register and access mental health well-being services.
- Emotional self-care.

The sessions include input from former women prisoners who talk about their experiences before and after release. The women are also offered individual follow-up sessions if necessary. Initial outcomes have been positive and NHS England plans to develop and evaluate the enhanced skills pilot, with the intention of embedding it into commissioned health services in prison in the near future.

such as post-traumatic stress disorder, depression, anxiety, and a tendency to attempt self-harm and suicide,<sup>33</sup> much of which is linked to trauma from previous violence they have suffered.<sup>34</sup> As a result, many women are believed to be a security risk and are over-classified. Most women who are admitted to prison are mothers, and the separation from their children, as well as from the rest of their family, can have a severely negative impact on their mental well-being.<sup>35</sup> Bangkok Rule 12 acknowledges that successful treatment of mental health issues requires an individualised gender-sensitive approach, addressing the root causes and taking into account any trauma that the female prisoner may have experienced.

If a female prisoner requests to be examined by a female healthcare professional, then a female physician or nurse should be made available wherever possible. If a female physician or nurse is not available, then a female staff member should be present during any examination by a male healthcare professional. Sufficient female healthcare staff should be appointed to work in prisons housing female prisoners.

Although pregnant women and women with young children should not be imprisoned unless absolutely necessary,<sup>36</sup> most women in prison are mothers

and are usually the primary or sole caregivers for their children. The Bangkok Rules make specific provision for healthcare and psychological support needs for children living with a parent in prison.<sup>37</sup>

The specific needs of women are often not met by prison systems, which have been largely designed by and for men. There needs to be 'explicit recognition that women and men are different, and that equal treatment of men and women does not result in equal outcomes'.<sup>38</sup> Prisons should have good mental healthcare in place for prisoners with existing conditions, and all policies, regimes, routines and practices in prisons should be trauma-informed. In addition, the individual needs of vulnerable groups such as women need to be taken into account to ensure that the SDGs are met, primarily in regard to healthcare (Goal 3) and gender equality (Goal 5).

## Children

Placing children in detention can cause long-term psychological and physical harm. The UN Special Rapporteur on torture has noted that 'regardless of the conditions in which children are held, detention has a profound and negative impact on child health and development. Even very short periods of detention can undermine the child's psychological and physical well-being and compromise cognitive development.'<sup>39</sup>

Children held in detention are at risk of developing post-traumatic stress disorder, and may exhibit symptoms such as insomnia, nightmares and bed-wetting. Feelings of hopelessness and frustration can be manifested in acts of violence against themselves or others. Reports on the effect of detention on children have found higher rates of suicide, suicide attempts and self-harm, and mental disorder and developmental problems, including severe attachment disorder.<sup>40</sup>

Children in detention may come from difficult family or social backgrounds and may have been subjected to sexual abuse and other violence. Some will have been victims of sexual exploitation. Young prisoners are also at high risk of ill-treatment, including sexual abuse, within prisons.

All children in prison should be properly interviewed and physically examined by a medical doctor (preferably a paediatrician), or by a qualified nurse reporting to a doctor, as soon as possible upon admission to a detention facility, preferably on the day of arrival. In the case of girls, access to gynaecologists and education on women's healthcare should be provided. Rules 38 and 39 of the Bangkok Rules address the specific healthcare needs of juvenile female prisoners, including the need for age- and gender-specific programmes and services, such as counselling for sexual abuse. This is particularly important given that the needs of girls in detention are often overlooked due to their small numbers within many prison systems.

## People in prison with mental health needs

Research has found that approximately one in seven prisoners has a serious mental health condition; these figures have not changed significantly in the past 30 years.<sup>41</sup> Protecting mental well-being and addressing mental ill-health are two of the most challenging issues in prisons worldwide, yet many prisons do not have the resources to provide adequate mental healthcare for either prisoners or staff. Prison staff have an important role to play in supporting all people in prison with mental health conditions and staff who communicate positively with prisoners may be well placed to identify warning signs and potential triggers for mental health decline.<sup>42</sup>

### Case study from Thailand

In Thailand, yoga and t'ai chi practices were used in two projects that aimed to improve the health of women prisoners. Ten women prisoners from Ratchaburi Central Prison became instructors and travelled to Koh Samui women's prison to teach yoga. The project also boosted the morale of prison staff and built better relationships between prisoners and between prisoners and staff.<sup>43</sup>

There are some situations related to mental ill-health that require urgent responses, including if prisoners pose a threat to themselves or others or to the safety and security of the facility.<sup>44</sup> People with mental illness can be at greater risk of suicide and/or self-harm. The WHO notes that suicide is 'often the single most common cause of death in correctional settings'<sup>45</sup> and it accounts for about half of all prison deaths.<sup>46</sup> There is a particularly high rate of suicide among women prisoners, children and newly released prisoners.<sup>47</sup> An international study conducted by the University of Oxford in 24 high-income countries between 2011–2014<sup>48</sup> found that the risk of suicide was three times higher for male prisoners compared to the general male population, and at least nine times higher for women. Interestingly, the study did not find any correlation between the rates of prisoner suicide and rates of overcrowding.

States should take all reasonable steps to prevent deaths in prison, including suicide. The question of 'reasonable steps' has been considered by the European Court of Human Rights in its jurisprudence, and as a minimum these should include:<sup>49</sup>

- The transfer of prisoners to mental healthcare settings if required.
- Screening as soon as possible after admission, including an assessment of suicide risk.
- All prisons having a suicide prevention strategy.
- Where a suicide does occur, an independent investigation should be undertaken.<sup>50</sup>

Prison healthcare staff also have a critical role to play in suicide prevention, although this is not a matter for them alone.<sup>51</sup> Awareness raising on the prevention of suicide should take place across the entire prison.<sup>52</sup>

## Case study from Australia

Wandoo is a dedicated alcohol and drug rehabilitation prison for women in Perth, and the first female prison in Western Australia to run an intense rehabilitation programme known as a 'therapeutic community'. The facility can treat up to 77 selected minimum- and medium-security prisoners, who must demonstrate a desire to treat their addiction.

The focus of Wandoo is to offer a supportive environment where women can break the cycle

of addiction and drug-related offending. It aims to provide a 'safe, healthy, supportive and respectful space to recover and make positive lasting changes'.

Wandoo offers dedicated and intensive trauma-informed treatment within a therapeutic community. Women are supported via multi-disciplinary case-management to reduce addiction, improve mental and physical health and reduce the chances of reoffending. Women at Wandoo are also offered transitional and post-release support for their ongoing rehabilitation.

## People in prison who use drugs

Prisons can provide a range of evidence-based rehabilitation treatment programmes to break the cycle of substance dependence and crime. The *IDPC Drug Policy Guide* from the International Drug Policy Consortium<sup>53</sup> sets out a series of recommendations for prison authorities for delivering treatment to prisoners who use drugs, which are summarised below.

### Education and information

Simple information on the risks of infection and the steps prisoners can take to protect themselves and others should be widely distributed to prisoners in a format that is appropriate to their language skills and education. Some prison administrations have also used educational videos or lectures to deliver the same messages, leading to higher levels of awareness.

### Vaccination programmes

There are effective vaccinations to protect against hepatitis B, and a period of imprisonment is an opportunity to encourage people (many of whom do not use preventive health services in the community) to have the vaccination.

## Access to safer sex measures

Many prison administrations have allowed the distribution of condoms to prisoners, offering them access to the same protection that is available outside prison. Further measures have included information, education and communication programmes for prisoners, and prison staff on sexually transmitted diseases; these have included voluntary counselling, testing for prisoners, and measures to prevent rape, sexual violence and coercion.

## Needle and syringe programmes

Programmes involving the distribution of clean injecting equipment to people who inject drugs have been effective at preventing HIV and hepatitis infections. However, there has been great reluctance to introduce these public health programmes in prison settings.

## Preventing drug overdose

Prisoners who use drugs are a very high-risk group for accidental overdose, particularly in the period immediately after release. Overdose prevention programmes therefore need to be targeted at prisoners, and should involve information and awareness raising.



## Prison staff

Prison staff work in dangerous and difficult environments and are regularly exposed to work stress, lack of contact with family, long hours, bullying and intimidation, and exposure to traumatic incidents. In many countries, prisons are in very isolated locations, far from population centres. This has

an effect not only on staff but also on their families and their access to schools, medical facilities and other social activities. It is also common for prison staff to be expected to transfer frequently from one prison to another.<sup>54</sup>

To support the health and well-being of staff, a number of measures can be taken, including the provision of counselling,

anti-bullying initiatives, and good working terms and conditions.<sup>55</sup> In addition, reward and recognition schemes, opportunities for career progression and occupational health services are necessary components in strategies to address stress and poor working conditions.<sup>56</sup>

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## Conclusions

Prisoners are a vulnerable and underserved group who have complex health needs that are frequently unmet. The right to health for specific groups within the prison population is also violated, including for women, children, prisoners who have mental health issues and those who use drugs. Delivering healthcare in a prison setting is a highly

complex endeavour. It requires a 'whole-of-government' approach whereby prison healthcare is integrated into wider public health and social care systems and is of a standard equivalent to healthcare in the community. There also needs to be a continuity of care between community and prison. Providing adequate standards of medical care not only contributes to the

health of prisoners themselves but also to the protection of public health, since the vast majority of prisoners will return to the community. The more their health needs are met, the greater the chances are that they will assume a constructive role in society.

## Endnotes

All website links cited were accurate at the time of going to press in April 2018.

- 1 World Health Organisation (WHO), *Prisons and Health*, 2014.
- 2 UN AIDS, *The Prevention Gap Report*, 2016, p7.
- 3 Key international standards on the right to health can be found in the International Covenant on Economic, Social and Cultural Rights (1966) and UN Committee on Economic, Social and Cultural Rights, *General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art 12)*, adopted at the Twenty-second Session of the Committee on Economic, Social and Cultural Rights, on 11 August 2000 (Contained in Document E/C.12/2000/4). See also, the UN Basic Principles for the treatment of Prisoners; the UN Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules); the UN Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules) and the UN Convention on the Rights of Persons with Disabilities (CRPD).
- 4 See in particular the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), Rules 24, 25, 27, 30, 31 and 33.
- 5 United Nations Office on Drugs and Crime (UNODC) and World Health Organization (WHO), *Good Governance for Prison Health in the 21st Century: A policy brief on the organization of prison health*, 2013, Executive Summary.
- 6 Ibid.
- 7 UN General Assembly, *Principles of Medical Ethics Relevant to the Role of Health Personnel, Particularly Physicians, in the Protection of Prisoners and Detainees against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment*, resolution 37/194, 18 December 1982, Principle 1.
- 8 United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), Rule 26(2).
- 9 UN Office of the High Commissioner for Human Rights (OHCHR), *Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (Istanbul Protocol)*, 2004, HR/P/PT/8/Rev.1.
- 10 United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), Rule 76(d).
- 11 'Why Temperatures In Prisons and Jails Matter', *Vera Institute*, 10 August 2018, [www.vera.org/blog/why-temperatures-in-prisons-and-jails-matter](http://www.vera.org/blog/why-temperatures-in-prisons-and-jails-matter).
- 12 'It's Cold as Hell': Inside a Brooklyn Jail's Weeklong Collapse', *The New York Times*, 9 February 2019, [www.nytimes.com/2019/02/09/nyregion/brooklyn-jail-no-heat-inmates.html](http://www.nytimes.com/2019/02/09/nyregion/brooklyn-jail-no-heat-inmates.html).
- 13 'Some Arizona Prison Logs Show Temperatures up to 119 Degrees; Others Falsified', *Prison Legal News*, 3 September 2018, [www.prisonlegalnews.org/news/2018/sep/3/some-arizona-prison-logs-show-temperatures-119-degrees-others-falsified](http://www.prisonlegalnews.org/news/2018/sep/3/some-arizona-prison-logs-show-temperatures-119-degrees-others-falsified).
- 14 'Prison Tensions Risk Boiling Over As Heatwave Hits 'Oven-Like' Jails', *Huffington Post*, 25 July 2018, [www.huffingtonpost.co.uk/entry/heatwave-jails\\_uk\\_5b5759fde4b0b15aba92d159](http://www.huffingtonpost.co.uk/entry/heatwave-jails_uk_5b5759fde4b0b15aba92d159).
- 15 'A place of discipline, frostbite and hard labour', *The Independent*, 20 March 2013, [www.independent.ie/irish-news/a-place-of-discipline-frostbite-and-hard-labour-29141778.html](http://www.independent.ie/irish-news/a-place-of-discipline-frostbite-and-hard-labour-29141778.html).
- 16 'Heat: the next big inequality issue', *The Guardian*, 13 August 2018, [www.theguardian.com/cities/2018/aug/13/heat-next-big-inequality-issue-heatwaves-world](http://www.theguardian.com/cities/2018/aug/13/heat-next-big-inequality-issue-heatwaves-world).
- 17 United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), Rules 13, 19, 35 and 42.
- 18 Council of Europe, *Recommendation of the Committee of Ministers to member states on the European Prison Rules* (European Prison Rules), Article 18(1), June 2006.
- 19 European Court of Human Rights, *Ananyev and Others v Russian Federation*, Application nos. 42525/07 and 60800/08, 10 January 2012.
- 20 World Health Organisation (WHO), *Data and Statistics*, [www.euro.who.int/en/health-topics/health-determinants/prisons-and-health/data-and-statistics](http://www.euro.who.int/en/health-topics/health-determinants/prisons-and-health/data-and-statistics).
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# Healthcare in prisons

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