How to Cite:

Goswami, A. K., & Gautam, R. (2022). Medical health condition of prisoners and discrepancy in facilities among the states of Uttar Pradesh, Haryana and Delhi. *International Journal of Health Sciences*, *6*(S6), 8364–8373. https://doi.org/10.53730/ijhs.v6nS6.12256

Medical health condition of prisoners and discrepancy in facilities among the states of Uttar Pradesh, Haryana and Delhi

Mr. Avinash Krishna Goswami

Research Scholar, School of Law, Sharda University, India

Dr. Ritu Gautam*

Assistant Professor of Law, School of Law, Sharda University, India *Corresponding author

Abstract --- Right to health is an integral part of constitutionally guaranteed fundamental rights. When we look at medical services around the world, we can see that many developed nations—like the USA, Germany, and Russia-have excellent medical facilities. They were able to control the situation to a great extent during the Covid 19 pandemic as well. They have a very sophisticated jail management system, and they are fully outfitted with cutting-edge technology, which actually makes it easier for them to track and isolate the inmate. When analysing the situation in India, it is critical to examine our diverse culture and psychology as a whole. This paper has categorically discussed all the issues and by presenting the various statistics available over the medical services. Additionally, the researchers have conducted a comparative analysis of disparities within the jail administration systems of NCT of Delhi state of Haryana and Uttar Pradesh. In the Indian prison administration system, there are numerous flaws and gaps as far as medical services infrastructure, policies and its implementation is concerned. The major problem with respect to inequalities with the medical services within the prison administration system is due to the lack of training and know-how within the administrators with respect to management of medical services and at the same time the expenditure ratio out of the total budget is very low in terms of medical services and equipment as we have seen the maximum budget is spent on food for the inmates. The Covid19 pandemic has given the entire globe an ultimatum that medical services are the key part of the system and therefore cannot be neglected. This study has actually examined the inequality with regards to the medical services within the administrative system.

Keywords—right to health, medical disparities, health services, prison administration.

Introduction

The primary issue with jail administration systems around the world is typically the absence of medical services. After conducting a thorough examination, it was revealed that only a very small percentage of the share of resources is designated for the use of medical services and medical concerns. The administration system had significant difficulties keeping the inmates and other administrators from becoming infected during the Covid 19 incident. There is no denying that there is much work to be done in India to improve the state of the medical services, but it is also important to note that when we compare Indian medical services to those in other developed nations like the USA, Russia, Germany, and other European nations, they are not in as good of shape. Inequality and significant problems with regard to medical services have been discussed in this research paper in relation to the jail administration systems of Uttar Pradesh, Haryana, and the NCT of Delhi. It has also been discussed that these medical services are one of the crucial components of the criminal justice system. When we look closely, we find that the real cost of medical care is 4.5%, or 91.53 crores, which is quite little when compared to the 49.8% of the budget that is spent only on food, or 1004.98 crores.

The largest medical spending was recorded in Delhi in 2020-21 at Rs. 26.77 crores, followed by Uttar Pradesh at Rs. 11 crores and Madhya Pradesh at Rs. 7.12 crores. Out of 316.01 billion rupees, 2.77 crores go to Haryana for medical care. The figures for Uttar Pradesh, Haryana, and the National Capital Territory of Delhi show that we pay very little attention to medical issues, which is a big worry for the safety and security of these prisoners who are under the direct supervision and care of the jail administration. The three main components of the criminal justice system are the police, the judiciary, and prison management. The biggest issue with regard to medical service disparities within the jail administration system is caused by administrators' lack of knowledge of medical issues, and at the same time, the expenditure ratio of the total budget is very low in terms of medical issues, as we have seen the maximum budget is spent on the inmates' food. When we compare the expenditure ratio of Delhi, it is 26.77 crores, and the expenditure in Haryana is 2.77 crores, so there is a very vast difference with respect to the medical expenditure; there is a difference of 24 crores from Delhi to Haryana, which is a very enormous amount; however, if you examine about Uttar Pradesh, the spent is 11 crores, which is again very little in comparison with Haryana.

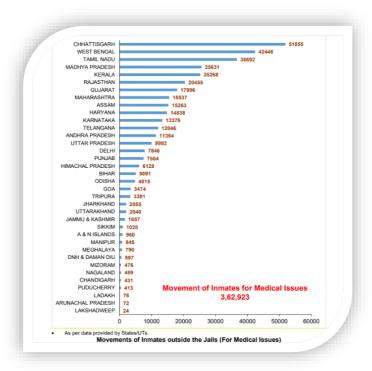
Criminal Justice System

Even though the police, judiciary, and jail administration are all intertwined when it comes to the freedom and rights of the prisoners, it is the states' responsibility to look after them while they are in their custody. Inmates have the right to default bail under S. 167 of the Code of Criminal Procedure 1973, but even then, it is the states' responsibility to take care of them. Since most of the time it has

been seen that there is a lack of transparency and accountability as far as the actual application of rules and regulations are concerned, there are many inequalities and any qualities that can be observed in the criminal justice system in the present day. This study primarily explores the disparities in the medical conditions of prisoners in the jail administration system and clearly mentions and identifies all the major problems and difficulties that the convicts are now facing. The numbers made accessible by the National Crime Record Bureau make the inequality clear to see. In order to determine the degree of disparities in the provision of medical treatments, which is once again a very significant and essential component of the criminal justice system, a comparison of three states, namely Haryana, the NCT of Delhi, and Uttar Pradesh, has been done. According to the available statistics, it is clear that resources and expenditures are being underutilised, and many jail administration systems do not adhere to the principle of optimal resource utilisation. In terms of the constitutional rights entrenched in the Indian Constitution, ensuring that inmates have access to medical care is one of the most important obligations, but in practise, these inmates receive no assistance, either financially, socially, or psychologically, with regard to medical care.

Issues and Challenges

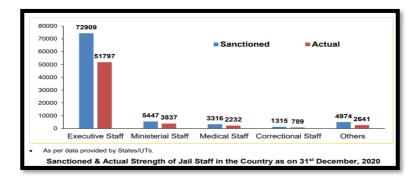
The situation is not favourable when it comes to the management of the medical services in the jail, and both the inmates and the administrators confront several problems and difficulties when it comes to maintaining and providing the medical services. As of December 31, 2020, the authorised strength of the medical staff was 3316, but the actual strength was 2232. The biggest number of open medical staff positions, 191, are recorded in Uttar Pradesh, followed by 113 in Jharkhand and 113 in Bihar. The data indicates that there is understaffing in many states, including Uttar Pradesh, and that there is a significant gap between the authorised and the actual strength. According to the data, this gap stood at 1084 as of December 31,2020, which is a very large number when it comes to the authorised strength of medical staffs.



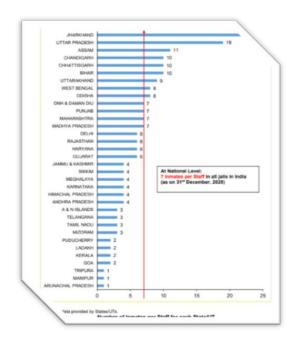
According to statistics on inmate movements due to medical reasons, Chhattisgarh reported the greatest number at 51,855. These changes are only being made because of medical problems in different states. With regard to medical difficulties, Haryana has demonstrated movement of 14,838 whereas Uttar Pradesh has demonstrated 9,992 and Delhi has demonstrated 7,846. According to data, these jails are lacking in medical care and emergency services. To address these problems, convicts were removed from the jail management system and given better care. There has been movement in and out for the medical services, which is not encouraging for the system's medical services. 3,62,923 times in all of India have there been instances involving medical problems. The data is legitimate and trustworthy because it was gathered from the National Crime Record Bureau, Government of India's Prison Statistics 2020.

Frequent movements for medical services have been noted. is not an indication of a sound administrative structure. In order for the necessary emergency services to be given as soon as possible without spending time in the moment, jails should be outfitted with high-quality medical facilities and enough medical staff per prisoner. If the jail administration system provides poor services, there is a high likelihood of carelessness, which could be catastrophic for heart patients and other dangerous inmates who are housed there. The state has a responsibility and an obligation to ensure that every prisoner in the system receives high-quality medical care, and Article 21 of the Indian Constitution also ensures citizens' rights to good healthcare. The state has a constitutional obligation to see that this problem is remedied as soon as feasible with the best solution since the

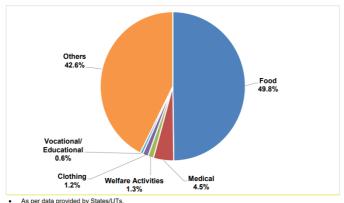
Constitution is supreme and is a fundamental standard that should be adhered to wholeheartedly.



In terms of sanction, there is a disparity of 1,084 medical staff between the sanctioned medical staff, which is 3,316, and the real personnel, which is 2,232. Although there isn't much information available on medical staff. Comparing the executive staff to the medical staff reveals that the executive staff sanction strength is 72,909 while the real staff is 51,797, far more than the medical staff. It is clear that the administrators focus more on the 3,837-person ministerial staff and the 3,837-person executive staff than they do on the medical personnel. The National Crime Record Bureau provides all of the aforementioned figures as of December 31, 2000. Because the government's data are not very satisfying, the nation's medical conditions are not very excellent, and much work needs to be done to improve them.



When we compare Uttar Pradesh, Haryana, and the NCT of Delhi, we find that each state has a relatively low ratio of inmates to staff, which is one of the main problems and challenges we encounter in the jail management system. In Uttar Pradesh, there are 19 prisoners for every staff member, compared to 6 in Haryana and 6 again in Delhi. The workload for the employees grows as the population expands. It is clear that Uttar Pradesh has the most prisoners per staff member and that the personnel is overworked in terms of providing personal attention to each prisoner. When the number of convicts to staff is excessive, the administrators and personnel are unable to give each person their full attention. Despite having 22 prisoners per staff, Jharkhand ranks last when compared to Uttar Pradesh, Haryana, and the NCT of Delhi. In terms of the inmate to worker ratio, UP is in worse shape. This is one of Uttar Pradesh's worrying circumstances, and it needs to be resolved as soon as possible to prevent the administrator from feeling overworked and under pressure while they deal with the detainees in their official role. In all Indian jails, there are seven inmates for every staff member, which is once more a precarious position.



Percentage Distribution of Expenditure on Various Items on Prison Inmates during 2020-2021

In terms of spending on various prison items, the highest amount was spent on food-related activities, or 49.8% of total expenditures, followed by other items (42.60%), welfare activities (1.3%), and medical facilities (4.5%). Clothing made a 1.2% contribution to vocational and educational activities and 0.6% to clothing. In the criminal justice system, it can be seen that all the variables and factors, such as medical welfare, clothing, footing, and other activities, play a very important and crucial role for the overall development of the prisoners. However, according to the NCR's statistics, only 4.5% of medical expenditure was provided to prisoners in the present in minutes during 2020-2021. Without a doubt, food accounts for 49.8% of expenses and is a significant factor, but when it comes to the critical services provided in prisons, medical care has received the least attention. The expenditures are yet another crucial problem that needs to be addressed. is significantly lower than the approved budgeted amount. The approved budget's funds are not being used to their full potential. For the sanctioned budget to be fully utilised and for resource utilisation to be at its best, a proper strategy must be in place.

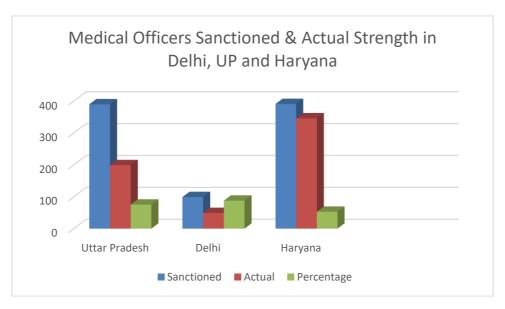
Comparative Analysis: Identification of Inequalities

The researcher found that there are several inequalities within the jail administration system and that there is a pressing need to address this inequity when she did a comparative analysis of the system. This clearly interprets and indicates that Delhi is in a better position and that Haryana is in a very bad state as far as the medical attendance and medical attention of the inmates. Haryana has had the most prisoners leave the jail grounds for medical attendance purposes (14,838), followed by Uttar Pradesh (9,992) and Delhi (7,846). There is more work to be done in order to manage these movements for medical purposes outside the jail premises for all the states involved. Uttar Pradesh's position is not very excellent, but when compared to Haryana, Uttar Pradesh is performing better.

Regarding inmates with mental diseases, there are 69 convicted felons and 95 people who are currently awaiting trial in Haryana, 369 convicted felons and 1,112 people who are now awaiting trial in UP, and 167 convicted felons and 357 people who are currently awaiting trial in Delhi. According to the statistics, Uttar Pradesh has the highest rate of convicts who suffer from mental illness, and those who are now facing trials are stressed out and overworked because their case is still pending. In comparison to Delhi and Uttar Pradesh, Haryana has much better conditions for prisoners who are suffering from mental illness. Under trial is a drawn-out process that takes a lot of time, and occasionally the parties involved are not aware of their rights, such as the right to default bail under Section 167 of the Code of Criminal Procedure and many other provisions with regard to their bail applications in the respective courts. Because of this process, the undertrial takes a very long time, and this is because the parties are not being properly guided by their attorneys. With 17,427, the State of NCT of Delhi has provided the most medical counselling through an NGO, followed by Uttar Pradesh, Haryana, and Uttar Pradesh. There are 8,188 medical counselling sessions, and there are 1,524 counselling sessions in Haryana. The sessions are sometimes crucial for the convicts' true realisation of their guilt as well as for their release from any type of mental stress or worry. They are also crucial for their overall growth and development inside the prison administration system. Since Uttar Pradesh has the highest rate of inmates suffering from mental illness among these three states, it is crucial for the state of Uttar Pradesh to make sure that more and more medical counselling sessions are included in the state's prison system. However, the state of Haryana should incorporate more medical counselling sessions in order to reduce the rate of inmates suffering from mental illness.

The main issue is that there are more inmates and fewer medical professionals. According to UP, there are 539 inmates on the 199 medical staff members. While there are 49 staff members in Haryana, there are 373 prisoners, making the ratio of 49 employees to 373 prisoners too high to manage in this particular circumstance. With 46 inmates and 346 medical personnel, the situation in the NCT of Delhi is significantly better than it is in Uttar Pradesh and Haryana. The biggest proportion of inmates per medical staff is in the state of Haryana, and there is a similar situation in Uttar Pradesh where there is less personnel and more convicts. In the state of Uttar Pradesh, the authorised medical staff is 390,

but only 199 people actually work there, or 51% less. In Haryana, the authorised medical staff is 99, although there are only 49 of them in reality, making up only 49.49% of the total. In terms of the NCT of Delhi, the authorised medical staff strength is 391 but the actual strength is 346, or 88.49%. NCT of Delhi is in a far better situation than the states of Uttar Pradesh and Haryana, which have 51% and 49.49% respectively.



The percentage of medical officers in the National Capital Territory of Delhi is 87.69%, followed by Uttar Pradesh (75.33%) and Haryana (52.77%). Compared to Uttar Pradesh and the state of Haryana, the situation in the NCT of Delhi is significantly better.

Conclusion

According to the aforementioned figures, there are several disparities and inequities in the medical services provided throughout the states of Uttar Pradesh and Haryana in the NCT of Delhi. Given its significance and importance to the criminal justice system, this component of medical care must never be disregarded, and proactive steps must be taken to better the health of convicts under this jail management system. Even if there are several programmes, perks, and laws related to medical services that are periodically adopted by the relevant organisations and the Indian government, the actual implementation phase is a crucial component in the context of these services. The condition in this administrative system was poor during the Covid 19 pandemic as well, and the inmates who were being tried as well as those who had already been found guilty both experienced physical problems at the time. It was commendable on the part of the Indian government that they made very strict provisions with respect to the COVID-19 protocols as well as the jail administration and did very well in implementing these laws and regulations so that the cases of the COVID-19 can be reduced to a greater extent, but as far as the medical services are concerned. The COVID-19 pandemic affected the entire world as well as the Indian jail administration system at the same time.

References

- 1. Aggarwal A, Arora U, Nagpal N. Seroprevalence of HIV in central jail inmates of Amritsar. *Indian J Community Med.* 2005;30:151. [Google Scholar]
- 2. Baillargeon J, Black SA, Pulvino J, Dunn K. The disease profile of Texas prison inmates. *Ann Epidemiol.* 2000;10:74–80. [PubMed] [Google Scholar]
- 3. Bellad A, Naik V, Mallapur A. Morbidity pattern among prisoners of central jail, Hindalga, Belgaum, Karnataka. *Indian J Community Med.* 2007;32:307. [Google Scholar]
- 4. Gupta RK, Singh GPI, Gupta RR. Health status of inmates of a prison. *Indian J Community Med.* 2001;26:86–9. [Google Scholar]
- 5. Haryana Prisons (2022) Haryana Prisons Official Website. Available at: http://haryanaprisons.gov.in/ (Downloaded on: 4 Aug 2022)
- 6. Haryana Prisons (2022) Haryana Prisons Official Website. Available at: https://eprisons.nic.in/public/Home (Retrieved on: 5 Aug 2022)
- 7. International classification of diseases and related health problems 10th revision. [Last accessed on july 2022]. Available from: http://apps.who.int/classifications/icd10/browse/2010/en.
- 8. Kale KM, Jogdand GS, Aswar NR. Sociomedical problems of institutionalised women. *Indian J Med Sci.* 1999;53:162–6. [PubMed] [Google Scholar]
- 9. Kim AA, Martinez AN, Klausner JD, Goldenson J, Kent C, Liska S, et al. Use of sentinel surveillance and geographic information systems to monitor trends in HIV prevalence, incidence, and related risk behavior among women undergoing syphilis screening in a jail setting. *J Urban Health*. 2008;86:79–92. [PMC free article] [PubMed] [Google Scholar]
- NCRB (2018) NCRB Prison Statistics India 2018. Available at: https://ncrb.gov.in/prison-statistics-india
 NCRB (2019) Prison Statistics India 2019. Available at: https://ncrb.gov.in/sites/default/files/PSI-2019-27-08-2020.pdf (Retrieved on: 3 Sept 2020)
- 11. The Prisoners Act, 1900, India. Available at: http://legislative.gov.in/sites/default/files/A1900-03.pdf (Retrieved on: 1 Sept 2020)
- 12. The Prisons Act, 1894, India. Available at: https://www.indiacode.nic.in/bitstream/123456789/2325/1/A1894-9.pdf (Retrieved on: 1 Sept 2020)
- 13. NCRB (2020) Prison Statistics India 2020. Available at: https://ncrb.gov.in/sites/default/files/PSI_2020_as_on_27-12-2021_0.pdf (Downloaded on: 4 Aug 2022)
- 14. Prison statistics India, National Crime Records Bureau. [Last accessed on july 2022]. Available from: http://ncrb.nic.in/PSI2007/prison2007.htm .
- 15. Reichard AA, Lobato MN, Roberts CA, Bazerman LB, Hammett TM. Assessment of tuberculosis screening and management practices of large jail systems. *Public Health Rep.* 2003;118:500–7. [PMC free article] [PubMed] [Google Scholar]

- 16. Singh Randhawa Gurupuneet, Singh, D.J. (2015) Analysis and Challenges faced by Indian Prison System, IOSR Journal of Humanities and Social Science 20, 39-46.
- 17. Sundar M, Ravikumar KK, Sudarshan MK. A cross sectional seroprevalence survey for HIV 1 and high risk sexual behavior of seropositives in a prison in India. *Indian J Public Health*. 1995;39:116–8. [PubMed] [Google Scholar]
- 18. Suryasa, I. W., Rodríguez-Gámez, M., & Koldoris, T. (2021). Get vaccinated when it is your turn and follow the local guidelines. *International Journal of Health Sciences*, 5(3), x-xv. https://doi.org/10.53730/ijhs.v5n3.2938
- 19. Suryatika, I. B. M., Poniman, S., Manuaba, I. B. P., Yasa, I. W. P. S., & Sutapa, G. N. (2021). The potential cancer risk on body organs as abdomen CT-scan exposure result. International Journal of Life Sciences, 5(3), 171–178. https://doi.org/10.53730/ijls.v5n3.1721
- 20. United States department of justice: Bureau of justice statistics. 2008. [Last accessed on july 2022]. Available from: http://www.ojp.usdoj.gov/bjs.
- 21. UP Prisons (2022) UP Prisons Official Website. Available at: http://upprison.gov.in/index.aspx (Downloaded on: 4 Aug 2022)
- 22. Wardana, I. M., Ardani, I. G. A. I., Aryani, L. N. A., Windiani, I. G. A. T., Adnyana, I. G. N. S., & Setiawati, Y. (2022). Other mental disorders ydt due to brain damage and dysfunction and physical disease in patients with anti-NMDA encephalitis: Case report. International Journal of Health & Medical Sciences, 5(4). https://doi.org/10.21744/ijhms.v5n4.1948