

# Governance of Prison Healthcare: “People in prison exist in a twilight zone between criminal justice and health systems”

By Barry R. Ashpole

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**T**WO RECENT POSTINGS ON THE INTERNET bring into sharp focus the critical issue of governance of prison healthcare. Historically, prison healthcare in many countries has been fragmented, with services managed separately from the national health infrastructure. In the Republic Moldova—current prison population 5,695<sup>1</sup>—steps are being taken to transfer prison healthcare services from the Ministry of Justice to the Ministry of Health.<sup>2</sup> Portugal—prison population 12,339<sup>3</sup>—likewise is working towards integration of prison healthcare into the country’s national health service.<sup>4</sup> Guiding these developments is the Council of Europe’s ‘European Prison Rules,’ which acknowledge that the prison environment is not conducive, in particular, to end-of-life care as prison staff lack the necessary training and resources to provide this highly specialized care.<sup>5,6</sup> Successful transition requires political commitment, cooperation, needs assessment, resourcing, and evaluation.<sup>7</sup>

*Given the complex and chronic health needs of people living in prison, prison healthcare equivalent to that in the community is likely inadequate to support equivalent health outcomes. Governments and prison authorities must therefore strive to ensure healthy prisons for all using a “whole of government approach,” and close the jurisdiction gap between Ministries. Transferring prison healthcare governance and accountability from the Ministry of Justice to the Ministry of Health can be one such substantive measure of improvement.<sup>7</sup>*

The prison populations of Moldova and Portugal stand in stark contrast to those of such countries as Australia (41,900+), the U.K. (86,250+) and the U.S. (1,808,100+).<sup>8,9,10</sup> Transition of prison healthcare from corrections to national health services presents a formidable challenge, particularly in such countries as the U.S., which has “the dubious distinction of having the largest incarceration rate of any nation on earth, and where funding and delivery of healthcare services is “divided” between federal and state administrations.<sup>11</sup> There is some indication, however, of a shift in thinking in the U.S. Two key senators on the committee overseeing the nation’s federal prisons recently urged the Bureau of Prisons to fix a medical care system that has allowed people in its care to die preventable deaths. They were responding, in part, to a news media report showing that federal prisoners die from treatable conditions that are not diagnosed or treated in a timely way

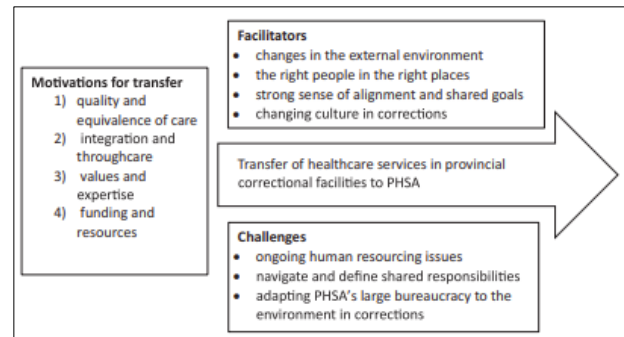
within the prison system.<sup>12</sup> At least 4,950 people had died in federal custody in roughly the last decade, 1 in 4 in the same federal prison.<sup>13</sup>



**Source:** ‘Government institutions responsible for the governance of healthcare in prison in the European Union member states, Norway, Turkey and the United Kingdom,’ European Monitoring Centre for Drugs & Drug Addiction (2019) <https://bit.ly/3Y0ajHh>

There are two perspectives to consider in the transition of governance of prison healthcare: those of the prison authorities and those of the prison inmates.

From the perspective of prison authorities, one Canadian study identified four major themes: 1) quality and equivalence of care, 2) integration and throughcare, 3) values and expertise, and 4) funding and resources. Facilitators included changes in the external environment, having the right people in the right places, a strong sense of alignment and shared goals, and a changing culture in corrections. Participants in the study also highlighted challenges, including ongoing human resourcing issues, having to navigate and define shared responsibilities, and adapting a large bureaucracy to the environment in corrections.<sup>14</sup>



Themes identified with British Columbia Corrections leadership about the transfer of healthcare services in provincial correctional facilities to the provincial services authority.<sup>14</sup>

From the perspective of prison inmates, what has been the impact of any change in the responsibility for healthcare services? Healthcare provision in English prisons, for example, has seen several reorganizations, notably in 2006 and 2013. Despite the reorganizations of healthcare governance, the trends from 2003 to 2019 are of increasing health needs of prisoners and decreasing initial access, ongoing access, and quality of healthcare provision. There has been little indication of any improvements experienced by prisoners from the 2006 or 2013 reorganizations.<sup>15</sup>

The large and growing population of people who experience incarceration makes prison healthcare an essential component of public healthcare and a critical setting for reducing health inequities. People who experience incarceration have a high burden of physical and mental healthcare needs and have poor health outcomes. Addressing these health disparities requires effective governance and accountability for prison healthcare services, including delivery of quality care in custody and effective integration with community health services. Despite the importance of prison healthcare governance, little is known about how prison health services are structured and funded or the methods and processes by which they are held accountable. There is a critical lack of evidence on current governance models and an urgent need for evaluation and research, particularly in low- and middle-income countries.<sup>16</sup>

Continuity of care is critical to the principles of restorative justice, which holds that people who experience incarceration emerge better off than when they entered the criminal justice system. The path toward improved correctional healthcare is long and complex.<sup>17</sup>

People in prison exist in a twilight zone between criminal justice and health systems. Neither adequately addresses or takes full responsibility for the health and rehabilitation of these communities, rendering them some of the most neglected and vulnerable in society. Meanwhile, prison populations are spiralling—an unsustainable and dangerous trend that will have adverse repercussions for wider society by further embedding life-threatening disparities. Governments have a duty of care to incarcerated individuals, ranging from meeting essential healthcare needs to tackling social exclusion. Prisons—and those who live in and work in prisons—are easily forgotten, ignored, or dismissed. It is time to recognise the centrality of prison health to any reasonable conception of social justice. Our societies can do better.<sup>18</sup>

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