



PRISON VOICE

July 2019

Vol. XVI

Issue 11

NATIONAL MONTHLY

₹ 20/-

Healthcare in Prisons





Gratitude to Rev Fr Joe Gonsalves, the former unit coordinator, PMI Bombay.



Most Rev Allwyn D'Silva, the Chairman of PMI Congratulates the new coordinator Rev Fr Glasten Gonsalves for the PMI Bombay unit.



North Region Meeting at Delhi



PMI National Team Congratulating Shri. Seshumurthy (The Chief Superintendent of Bangalore Central Prison)

Contents



PRISON VOICE NATIONAL MONTHLY

**He who has health has hope; and he who has
hope has everything.**



Regulars

Editor's View.....	04
National Coordinator's Desk.....	05

Health as important factor.....	07
Healthcare as a Right.....	08
Access to Healthcare.....	10
The health system in Prison is chronically insufficient.....	12
Services provided-PMI	15
The Challenges-Kerala.....	17
Challenges - Bhopal	19
Physician's Experience.....	20
Healthcare - Goa.....	22
Condolence Message.....	23
Report.....	25
Pencil Drawing Competition Results.....	26

Are you willing?

"Help a Child of a Prisoner

*Prevent a Potential
Criminal"*

*80% of the children of
prisoners are potential
criminals unless somebody
takes care of them. Prison
Ministry India has begun
a scheme to educate 1000
children of prisoners, by
giving*

*Rs. 3,000/- per child in a
year. Your contribution is a
help to mend a life.*

*Please send your valuable
contribution.*

Managing Editor

Rev. Dr. Francis Kodyian MCBS

Chief Editor

Sr. Lini Sheeja MSC

Editorial Board

Rt. Rev. Dr. Alwyn D' Silva D.D.

Mrs. Lorna Lobo

Sr. Getrude SCS

Sr. Jane Agnes Singh SJC

Magazine Staff

Mr. Jesu Raja

Sr. Regina

Ms. Teena Antony, PhD

Circulation Manager

Fr. Stanley MSC

Graphics and Layout

Mohini

Printing

National Printing Press
Koramangala, Bangalore

**Prison Ministry India
No. 52, Near IVY ROSSA**

Hotel and Resort

Thomas Layout

Sarjapur Road

Carmelaram

Bangalore- 560 035

Phone : 080-28439040

09448484960

Email :

nationalpmi2015@gmail.com

prisonvoice123@gmail.com

pmi2005@rediffmail.com

Website :

www.prisonministryindia.org

Good health keeps us fit mentally, physically, socially and intellectually. Good health keeps away sickness and diseases. Good health is the feeling of mental, physical and social well-being. Better health is central to human happiness and well-being. It also leads to economic progress, as healthy populace live longer, are more productive, and save more. Many factors influence the status of health of a population and a country's ability to provide quality health services to its people.

Good health and good sense are two of life's greatest blessings. It is health that is the real wealth and not pieces of silver and gold. Moving over to prisons and healthcare in prisons, it is challenging to ask whether the inmates have health as their wealth. Almost all the inmates in prisons are mentally disturbed as they are isolated from society and are deprived of their freedom. A large number of them are physically ill because they are psychosomatically affected. Quite a few of them develop chronic diseases inside the prison. How are they treated? Whether they have the right to health care, and whether they have access to healthcare is

Sr. Lini Sheeja MSC
Chief Editor



are affected. When a prisoner is sick, it is his or her family that is affected the most. Father, mother, husband, wife and children become helpless when their own blood is suffering behind the bars, and they are not around them to care for them. The prisoners deserve quality healthcare because it is their right. They deserve healthcare because they are the weakest section of civil society. We stand strongest when we stand with the weakest amongst us.

Currently, we need better healthcare for prisoners, healthcare equipment, quality/nutritious food and more numbers of healthcare personnel working in prisons/prison hospitals. The Prison Ministry India volunteers organize

They deserve healthcare because they are the weakest section of civil society

the theme running through this issue. Each state has to pay for the medical care of their prisoners. Overcrowding is an obvious cause of and contributing factor in many of the health issues that crop up in prisons – most notably infectious diseases and mental health issues. Although they have the right to healthcare, their access to healthcare and the quality of that care are often deficient.

When a patient is in ICU, more than the patient, the caregivers, the family members

healthcare programmes and camps for prisoners with the support of jailors as it is highly beneficial to the inmates. "I realized that I had the call to take care of the dying, the hungry, the naked and the homeless – to be God's love in action to the poorest of the poor. That was the beginning of Missionaries of Charity", said St. Mother Teresa. Let each of our call be to care for these prisoners' health as they are the poorest of the poor and deserve to be loved and cared for.



Rev Dr Francis Kodiyan MCBS
National Coordinator & Secretary to C.B.C.I
for Prison Ministry India

**PRISON IS TO BE
CONSIDERED A HOSPITAL
FOR INTEGRAL HUMAN
DEVELOPMENT**

I had the rare privilege and blessing to live in the ancient and romantic city of Rome from 1993 to 2001. I was doing my doctoral thesis on prisoners' reformation trajectory and working at the Pontifical Council for Promoting Christian unity. During those years I used to regularly visit the renowned Rabibbia Prison, one of the major Italian jails intended for the rehabilitation and social reintegration of inmates. It housed the notorious Turkish terrorist Mehmet Ali Agca, who attempted to assassinate Saint John Paul II at Vatican's St Peter's Square. On 27 December 1983, Pope John Paul II visited this prison, went to the cell of Agca and holding his hands he told him, "I have forgiven you". I visited Rabibbia with Ms Luciana Pecoraio, leader of the Cuore di Gesu prayer group led by my professor Robert Faricy, an American Jesuit theologian.

The Rabibbia prison systematically divided the prisoners and kept them in different quarters. There were quarters for prisoners suffering from contagious diseases, terminally ill prisoners and those with AIDS. There were special residences for car robbers, transgenders, mafia, hardcore criminals and so on. After visiting all the sections, I decided to visit the AIDS patients' wing regularly. Many of them knew that they were on their last leg of life. Hence, they were very pious, thirsting for Jesus, ready to confess their sins

and reconcile with God, society, family and themselves. Many came forward to receive the first Holy Communion and several prisoners received communion after many years. This was a faith awakening and a profound spiritual experience for me. I went to the prison with Luciana by her car. During our journey to the prison, we devotionally recited the rosary, and on our way back we recited the divine mercy chaplet.

Rebibbia taught me many significant things regarding prisoners' reformation and still continues to inspire me. The minute care given by the prison staff and NGOs to each prisoner touched me. There were chaplains - Catholic priests - to take care of the spiritual needs of prisoners. There were psychologists, psychiatrists, and counsellors to take care of their mental health. There were medical practitioners such as doctors, nurses and paramedical assistants to take care of their physical health problems. There were a lot of NGOs to take care of their spiritual and material needs. Rabibbia has good infrastructure and adequate staff to assist prisoners. They take care of each and every prisoner in a special way. This is what we expect in every prison - enough infrastructure and sufficient committed personnel.

Do our prisons have hospital facilities or clinics? Do our prisons have sufficient medical officers, nurses and paramedical staff? Do our prisons have the assistance of sufficient psychologists, psychiatrists, and counsellors? Do our prisons have chaplains and religious



From National Coordinator's Desk

leaders to take care of their spiritual needs? These are not extravaganzas in prisons but basic human needs fundamental to integral human development. These are also the expectations of prison manuals and human rights. What about PMI rehabilitation centres? Do we provide these facilities to our sons and daughters in our centres?

According to a 2016 report by the U.S. Department of Justice, state and federal prisoners are significantly more likely than the general population to experience serious illnesses that often require hospital-level care. For example, 44% of state and federal prisoners reported having had a chronic condition—such as cancer, cirrhosis of the liver, hypertension, and stroke-related issues—compared to 31% in the general

population in 2011-2012, the most recent data available. Rates of diagnoses of infectious diseases—such as Hepatitis B and C, sexually transmitted diseases, and tuberculosis—were 21% among prisoners, compared to 5% in the general population.

Prison is to be considered a hospital where all types of medical care are to be provided for integral human development. Prisoners and released prisoners are usually ill. They need to be treated as patients. They may have physical, psychological, and spiritual problems. They are to be treated corporally, psychologically, as well as, spiritually. Sufficient medical practitioners, psychologists, counsellors, psychotherapists and spiritual animators are to be provided for them.

Dear Editor,

Recently I came across an article in the Economic and Political Week on prisoners and the criminal justice system. Some of the points mentioned in the article seemed relevant to the Prison Voice. We usually tend to look towards the U.S.A. for any 'enlightenment' on reforms, rules, development. However, according to this article, Scandinavian countries have made giant strides in prison reform. The Dominican Republic, for instance, had shown decline in recidivism (tendency of convict to reoffend) rates. They have recruited civilian jail staff severing ties of correctional institutions with the police and the army. The time spent within the cell has been reduced for the inmates. And it is mandatory that every prisoner attain literacy. These steps can be implemented in the Indian context also.

The Supreme Court of India had ruled in the recent past that prison personnel and civil society be sensitized and also to increase the engagement of non-governmental organisations and counsellors within jails. According to the National Crime Records Bureau, prison population is disproportionately drawn from vulnerable populations, predominantly Scheduled Castes, Scheduled Tribes and Muslims. This discrepancy is attributed to the lack of access of these groups to economic and social capital. Hence, maybe, we the volunteers of Prison Ministry India need to factor in these ratios and judgements and try to rope in personnel from these vulnerable groups to help them. To put it differently, we need to think about having people belonging to different communities as part of our initiatives. The needs and requirements of many of the vulnerable groups are different from that of the general public. So, it will be useful to have the point of view and inputs of people from different communities, which would only make our work easier in the long-term.

Teena Antony

Health is an aspect of our lives that we tend to ignore but it always creeps up on us when we least expect it. Sickness is inevitable and so healthcare has to be given its due importance. Only when we have a healthy body can we have a quality professional, private and social life. The focus on the family is evident in India and thereby family healthcare is equally important as individual healthcare.

Sickness can be broadly classified into three groups: Firstly, diseases acquired naturally. Secondly, communicable diseases. Finally, accidents. The first category includes diseases that spread due to lack of awareness or maybe due to the absence of financial support required for treatment. An example of this could be the recent episodes of encephalitis outbreak in Bihar which arose because of the low economic status of the people there, which inadvertently lead to malnourishment. Communicable diseases could be prevented through health programmes promoted by public health centres. NITI Aayog has recently released the health index score which states that Kerala is the healthiest state. The reason for this is that health is related to literacy, economic status of families and availability of healthcare professionals like doctors, nurses and paramedical staff even in the remotest parts of Kerala. We cannot forget the contribution of mission hospitals in Kerala. Now coming to accidents and road accidents, it is primarily on the rise in India because of multiple reasons like non-motorable road, unscientific humps, absence of functioning streetlights, the dearth of reflectors and presence of potholes. Government missionaries, elected representatives and the public, in general, have to be in sync so that these problems could be addressed.

Another group of illnesses that has to be mentioned is those that arise because of our own actions and lifestyle. These include



Dr Mercy Sabu MBBS, DLO
ENT Surgeon
St Martha's Hospital, Bangalore

diseases that arise due to drinking, smoking and chewing of paan (betel leaves with additives). All of these are known as disease-causing agents, yet we succumb to their use.

It is essential to keep aside a certain percentage of our earnings for ailments that might occur in the future. Of course, healthcare insurance could help to a certain extent. We need to understand that our bodies are more precious than the materials we use. We are not ready to pay/keep aside a certain amount for our health whereas we do not second guess while paying hefty amounts for the maintenance of our cars, houses, etc.

**Sickness is inevitable and so
healthcare has to be given its due
importance.**

Strangely enough, our country seems to be moving towards a trend where it is seen as being perfectly alright to harm and injure medical professionals when something happens to a patient. All of us have to understand that doctors, nurses and paramedical staff risk their own lives daily to treat others. They are more susceptible to diseases than anyone else because of the environment in which they work in and their close proximity to ill people. At the end of the day, they will do their best to treat all who seek their care without any bias. So, the next time you visit a hospital make sure you go with faith in God and consideration for all medical professionals.

A prisoner does not cease to be a human being even when lodged in jail

In the new dimension/reading of Article 21, the Supreme Court held that “right to life” does not mean mere confinement to physical existence but it includes within its ambit the right to live with human dignity. While expanding this concept, the Supreme Court held that the word ‘life’ includes bare necessities such as adequate nutrition, clothing and shelter over one’s head and facilities for reading, writing, expressing oneself in diverse forms, freely moving about, and mixing and co-mingling with fellow human beings. Later, the Supreme Court extended the concept of ‘life’ and held that ‘life’ is not limited up to death but beyond that too. When a person is executed with the death penalty and the doctor has given the death certificate, in such an instance, if the dead body was not lowered within half an hour after the certificate of death was issued, it is a violation of the right to life under Article 21. The Supreme Court held that right to life is one of the basic human rights, guaranteed to every person by Article 21 and not even the State has the authority to violate it. A prisoner does not cease to be a human being even when lodged in jail; he continues to enjoy all his fundamental rights including the right to life. It is no more open to debate that convicts are not wholly denuded of their fundamental rights.

Do prisoners have the right to health care?

The Prisons Act 1894 enacted for the functioning of prisons, provides certain statutory rights to prisoners.

- Section 4 of the Prisons Act provides for accommodation and sanitary conditions for prisoners.
- Section 7 provides for shelter and safe custody of the excess number of prisoners who cannot be safely kept in any prison.



- Section 24 (2) provides for examination of prisoners by qualified medical officers.
- Section 31 provides for separation of prisons containing female and male prisoners, civil and criminal prisoners and convicted and undertrial prisoners.
- Section 33 provides that every civil and un-convicted prisoner, unable to provide himself/herself with sufficient clothing and bedding, shall be supplied with such clothing and bedding.
- Section 35 provides for treatment of undertrials, civil prisoners, parole and temporary release of prisoners.
- Section 37 states that a prisoner must be provided with a medical officer if s/he is in need or if s/he appears out of health in mind or body.

In the era of right-conscious society, where rights are given much more importance, the concept of open jails is gaining momentum. Recently, it was brought to the notice of the Supreme Court that there were 63 open prisons in different parts of the country, but the existing capacity was not being fully utilised. Prisons are no longer seen as places to create deterrence but are seen as places of rehabilitation and so the concept of open jails plays a crucial role. It is based on the idea of socialization of the workers with the outer world so that they can be rehabilitated. Prisoners who are not considered a threat to society are shifted to such jails.

In the open jail system, the prisoners live with their families. They are allowed to find employment and can go out of the

prison, work and can come back within the stipulated time. The rules of these jails are not stringent as compared to closed jails and are also cheaper to maintain than closed jails. The United States, in 2015, adopted Standard Minimum Rules for treatment of Prisoners (Popularly known as Nelson Mandela Rules) which has recognized, inter alia, the rights of prisoners to have contact with the outside world.

Right to health and medical treatment:

The Supreme Court, in a series of cases, held that the “right to healthcare” was an essential component under Article 21 of the Constitution. Article 21 casts an obligation on the State to preserve life. A doctor at the government hospital positioned to meet this state obligation is, therefore, dutybound to extend medical assistance for preserving life. Every doctor, whether at a government hospital or otherwise, has the professional obligation to extend his/her services with due expertise for the protection of life. No law or State action can intervene to avoid/delay the discharge of the paramount obligation cast upon members of the medical profession. The obligation being total, absolute and paramount, the law of procedure whether in statutes or otherwise which would interfere therefore with the discharge of his/her obligation cannot be sustained and must, therefore, give way. Denial of the government’s hospital to an injured person on the grounds of non-availability of bed amounts to a violation of ‘right to life’ under Article 21. Article 21 imposes an obligation on the State to provide medical assistance to injured persons. Preservation of human life is of paramount importance. The right to medical treatment is the basic human right.

The Gujarat High Court, for instance, has directed the jail authorities to take proper care of ailing convicts. The petitioners convicted in the Central Prison, Vadodara suffering from serious ailments were deprived of proper and

immediate medical treatment for want of jail escorts required to carry them to hospital. The Gujarat High Court expressed shock and called I.G. of Prisons and Addl. Chief Secretary and they both acted with promptness and issued the necessary directions in this regard. They held that negligent officers were to be held personally liable. In 2005, the High Court issued directions to the state government, that all Central and District jails should be equipped with ICCU, pathology lab, expert doctors, sufficient staff including nurses and latest instruments for medical treatment in a suo moto writ. In another instance, the Delhi High Court held that where the unit has obtained an interim order directing the Union of India to continue providing anti-retroviral treatment to the petitioner who was provided with the same in Tihar jail and has since been released on bail.

Prisoners do not cease to be human beings and the Supreme Court has reiterated this position in many cases and has recognized the rights of prisoners; so that they do not suffer and a better rehabilitative environment be provided to them to improve themselves and to become better human beings during the course of jail term. The governments of the State and the Centre have the responsibility to not only provide infrastructure, manpower and humane conditions for rehabilitation and rightful survival of prisoners but also to provide information of rights to prisoners at the right time, to avoid possible, potential and excessive abuse of prisoners by powerful people inside the prisons. The recent murder of Mr Munna Bajrangi in Varanasi jail is only the tip of the iceberg, providing a glimpse of the violations of prisoners’ rights in India. Thousands of cases concerning violations of prisoners’ rights inside jails go unnoticed in India. I would conclude by saying that circulation of information regarding rights of prisoners, vast publicity of prisoners’ rights in the media and corner-to-corner surveillance in prisons could be the key to upholding prisoners’ rights in India.

The need of the hour is a major renovation of prison health policies.

Introduction

Prisoners in India are poor, have limited knowledge about health, and practice unhealthy lifestyles. Prisoners are in constant contact with all kinds of people in and around the prison which makes it more difficult for them. Indian prisoners live in overcrowded facilities. The prison environment is unhealthy and leads to the transmission of infectious diseases due to lack of care. Proper treatment is not provided to prisoners. First and foremost, they need good food to remain healthy; inadequate quality and quantity lead to health issues. Lack of occupation of the mind and body leads to accumulated frustration and tension within prisoners. Mental illness is another significant health problem and it is common among prisoners.

Prison healthcare guidelines

The prisons in India should realize the importance of healthcare. Proper guidance to prisoners by having workshops on health will make them realize how important health is. Several sessions by PMI for vocational training, counselling, information on proper diet, proper medical check-up, etc. could better the conditions of the prisoners. Health care is required in all prisons and should be easily accessible to all. Prisoners have their preferences and it should be taken into consideration.



Suraj Thomas MA LLB LLM
LOK-ADALATH ADVOCATE MEMBER
AIVFF - LEGAL ADVISOR)

Gaps in current prison health policies and their implementation

The model prison manual for India has iterated in detail the constituents and requirements of medical care to be given to prisoners. Unfortunately, the gap between stated policy and actual practice is far too wide. For example, the prison policy in India lays emphasis on ensuring proper standards for ventilation, sanitation and hygiene. Yet, Indian prisons have consistently been rated poorly by human rights activists for not being able to provide these basic living standards.

Prison inmates who are completely dependent on the state for the provision of even basic medical care are often sidelined citing security and safety concerns. Basic healthcare provided in prisons is seen as cheap care and there is a need to provide primary healthcare services in standards no less than that provided to non-prison citizens of India. A previously published human rights report suggests that even the primary health care services being provided in Indian jails are of poor

quality. The report had noted that for most parts, it meant “dispensation of one drug, which was described to us as a pain killer that reduced fever – perhaps aspirin.”

Prison policies in India prevent condom distribution policies, despite strong evidence that prisoners engage in high-risk behaviours. There are neither any permanent HIV/STI education programs being run in most prisons nor any prison-based needle and syringe programs. Proper screening for infectious diseases like HIV, STIs and TB in addition to measures to prevent their transmission need to be implemented, probably at standards higher than that provided by national health programs at the community level (since they represent a high-risk vulnerable population).

Linking prison health with primary health: The way forward

Politicians, policymakers and the general public in India are prejudiced by the traditional notion that “sinners deserve neither mercy nor money.” Owing to this mindset, policymakers tend to allocate resources “as per law” rather than “as per needs.” Even this is provided only after significant lobbying by pressure groups like human/prison rights activists. Sadly, the media too presents prison health as a human rights issue and not an issue of public health concern. The very fact that almost all prisoners return back to the community makes it imperative to link prison health with the public health system and bring them under the coverage of primary health care. Policymakers, as well as the general public, need to understand that prison and community are a continuum. The much-needed overhaul

of the prison health system by linking it with public health cannot be achieved without a sustained campaign aimed at changing these dogmas. Historical data from nations which have separate health systems for prisons clearly indicate very poor quality of services.

The need of the hour is a major renovation of prison health policies. There is an urgent need for further research on various aspects of prison health and particularly its epidemiology. Factors which propagate the spread of disease from communities to prisons and vice versa need to be studied and interventions to control them must be implemented. A resilient partnership between primary healthcare professionals and prison authorities can pave the way for achieving the desired changes in the existing prison healthcare system, thereby increasing the overall well-being of those serving their sentences and the community as a whole.

Conclusion

Physicians have important obligations to participate in public debates involving issues of human dignity. One such issue is compassionate release. Physicians can help generate political momentum toward policy analysis and change, contribute medical expertise toward the structuring of scientifically sound compassionate release policies, and advocate directly for their incarcerated patients. As a simple starting point, state and national professional medical societies can study the barriers to effective compassionate release policy, support correctional physicians in addressing those barriers, and engage their members in advocating for policy change.

Medical administration is one of the most important concerns of prison management. The medical officer of a prison has to give careful attention not only to the treatment of sick prisoners but also to every matter connected with the health of prisoners and overall hygiene in the prison. Nothing adds more to a medical officer's credit than his/her success in maintaining the best health



Walter Kamble

Nashik Road, Lay representative, PMI Central Region

The health system in Prison is chronically insufficient

standards in the prisons under their charge.

People believe that prisoners are sent to prison as punishment, and not for punishment. This implies that the loss of an individual's right to liberty is enforced by containment in a closed environment. Thus, keeping the individual in the custody of the state, should not, however, have a deleterious effect on him/her. But this is, unfortunately, the case to some degree or another in many of the world's prisons. Is it possible then to define what healthy environment in a prison is, let alone, talking about a prisoners' right to health services that are to be provided to him/her by the prison authorities?

The answer to this question is that prisoners have unalienable rights conferred upon them by international treaties and covenants. They have a right to health care, and most certainly have a right not to contract diseases in prison. Prison jurisprudence recognizes

that prisoners should not lose all their rights because of imprisonment. Yet there is a loss of rights within custodial institutions, which continue to occur. Public health policies are meant to ensure the best possible living conditions for all members of society so that everyone can be healthy. Prisoners are often forgotten in this equation. They are in constant contact with all kinds of people who come in and out of prison every day. This constant movement in and out of prison makes it all the more important to control any contagious disease within the prison so that it does not spread into the outside community.

In India, overcrowding has aggravated the problem of hygiene. In many jails, conditions are appalling. At the tehsil level jails, even rudimentary conveniences are not provided. Prisoners are not even tested for specific infectious diseases, although all prisoners undergo a medical examination when they begin serving their sentence. No studies of the prevalence of

viral infections among prison inmates have been done at a national level. India's prison manuals provide for segregation of prisoners suspected of having contagious diseases. A few jails have established informal contacts with medical and social organizations for counselling of inmates to prevent the spread of infections.

Human rights instruments call for prisoners to receive health care at least equivalent to that available for the outside population. On one hand, equivalence rather than equity has been called for because prison is a closed institution with a custodial role that does not always allow for the same provision of care available outside. Prisoners are more likely to already be in a bad state of health when they enter prison, and the unfavourable conditions therein worsen the health situation. Hence the need for health care and treatments will often be greater in a prison than in an outside community. However, providing even basic healthcare to prisoners has proved extremely difficult, as the health system is chronically insufficient.

Both prison reform and penal reform are crucial elements if the many problems affecting Indian prisons are to be resolved. Diminishing the overall prison population will allow improvements of the physical and working conditions of the prisons, and help to ensure the security of all individuals in custody. Obviously, financial resources will have to be allotted to the prison systems as well. One effective way to curb the rise in prison

population would be to offer alternatives to imprisonment for non-violent and civil offenders.

Compassionate release is a process by which inmates in criminal justice systems may be eligible for immediate early release on grounds of "particularly extraordinary or compelling circumstances which could not reasonably have been foreseen by the court at the time of sentencing". Compassionate release procedures, which are also known as a medical release, medical parole, medical furlough and humanitarian parole, can be mandated by the courts or by internal corrections authorities. Unlike parole, compassionate release is not based on a prisoner's behaviour or sentencing, but on medical or humanitarian changes in the prisoner's situation.

It is important to develop a standardized national guideline by an independent advisory panel of palliative medicine, geriatrics, and correctional healthcare experts. Such external evaluation would require transparency and public sharing of information about the varied compassionate release processes across jurisdictions and could help identify other avenues for improvement system. At a minimum, the new guidelines should embrace evidence-based principles and a transparent process that includes:

- Assignment of a prisoner advocate to help navigate the process and represent incapacitated prisoners
- A fast track option for evaluation of rapidly dying prisoner, and

Compassionate Release

- A well-described and disseminated application procedure. The guidelines must also delineate distinct roles for physicians and parole boards/corrections.

It should also be proposed that national criteria for medical eligibility for compassionate release categorize seriously-ill prisoners into 3 groups, based not only upon prognostication, but also disease trajectory, and functional and cognitive status. These groups could consist of:

- (1) Prisoners with a terminal illness with predictably poor prognoses
- (2) Prisoners with Alzheimer and related dementias, and

(3) Prisoners with serious, progressive, non-reversible illness with profound functional/cognitive impairments. Use of such an evidence-based categorization could provide a framework within which medical professionals' roles can be served as the starting point for the redesign of medical eligibility criteria, release settings, and in-prison medical needs.

Source:

1. CHAPTER - IV - RIGHTS OF THE PRISONERS AND DUTIES OF PRISON OFFICIALS
2. INFORMATION FROM THE PRISON MANUAL

With Best Compliments

And

Lord's Blessings

WILLIAM PANAKAL FAMILY

655, 5th Cross, 11th Main, 4th Block
Koramangala, Bengaluru 560 034
Mobile: 9845046779, 080 25630469



.....
**During my visits to Central Prison I came
 across patients who were paralyzed and
 were unable to move**



Sr. Adele SCCG
 National Team Member

HHealth is wealth. "A sound mind in a sound body" is the maxim. Healthcare is conventionally regarded as an important determinant in promoting physical and mental health, and well-being of people.

Inmates of prison come from various countries and from different states of India. The large number of inmates in prisons poses a huge problem to the officials. Taking care of the physical and mental well-being of inmates, and providing proper healthcare to all those who are sick in the prison hospital of the Central Prison Bangalore is a truly challenging task. The officials face a lot of hurdles to provide all-round healthcare to the inmates.

Prison Ministry India is an NGO serving the brethren behind the bars all over India. The strategy of our ministry for bringing about renewal in the prisoners is the three watchwords - Release, Reformation and Rehabilitation - of those who are kept under custody in prisons, government observation homes for boys, reception centre for ladies and state homes. We care for the inmates of these centres, and whenever possible, the members of their families if they are within areas where we can reach out to them. We read about Mahatma Gandhi who did not become bitter or fretful under constraint. In spite of the troubles he experienced during the period of imprisonment, every time he came out of jail, his mind was richer and more poised. Jail to him was a resting place - a location where one learns to be more regular in one's habits and actions. He felt as happy as a bird in jail. All the inmates

of prison do not have the same mental disposition as the Mahatma. We need to assist them in doing whatever is possible to alleviate their sufferings.

As a full-time volunteer of Prison Ministry India, I had been serving prisoners and their families for the past 15 years in the Central Prison, Bangalore. During my visits when I came across patients who were paralyzed and were unable to move, I used to feel that we could be of help to them if there was a unit of physiotherapy in the prison hospital. Some of the patients, who had shown symptoms of weakness of limbs and of paralysis, should have been helped at the beginning stage so that the paralysis could have been prevented. Besides, the patients who were unable to move their limbs freely could have been assisted through physiotherapy from the start. Physiotherapy helps to strengthen the weakened parts of the body and improve gait and balance. The therapists could also improve stroke patients' ability to transfer and move around in bed so that they could be more independent around the hospital hall, and reduce the burden of care on others for their toileting, bathing, dressing and other activities of daily living.

Hence with the desire to help these patients, I approached the Inspector General of



Services provided-PMI

Prisons. I was encouraged to go ahead with the plan. The Chief Superintendent, as well as the C.M.O. of the Prison Hospital, were also happy about it and provided me with a list of equipment needed for starting physiotherapy. To do good for the suffering brethren, the Lord of the sick in whom I believe, gave me the grace and urged me to move forward with the plans for the realization of my dream.

When we attended a meeting of a group of persons involved in programs for empowering the voiceless and helpless people in society, they proposed to also include people kept under custody in prisons and centres where underage boys and girls found in conflict with the law are detained. One of the persons took us to a generous benefactor interested in serving the prisoners and helping them. He welcomed the idea of including a physiotherapy unit in the prison hospital. He asked me to hand over to him the list of articles and equipment required for giving physiotherapy to the inmates. All the needed arrangements were made to start the unit in a room provided by the C.M.O. of the prison hospital and the D.I.G.

The equipment including a treadmill and all the ultrasonic instruments were sent by the donor to the prison without delay. During the celebration of Prison Ministry Day in the Central Prison Bangalore, the Most Rev. Dr Bernard Moras, who was the Archbishop of Bangalore then, blessed the room and the Physiotherapy Unit in the presence of the prison officials, the national coordinator, the volunteers of Prison Ministry India and the patients in the hospital. We were fortunate to obtain the cooperation of the Principal of Krupanidhi Physiotherapy College, and later, the staff of Oxford College, who sent their BPT and MPT students who rendered

voluntary service to the sick in the prison hospital. We witnessed how therapeutic exercises and manual therapy techniques such as joint and soft tissue mobilization or treatments such as ultrasound, taping or electrical stimulation helped several inmates to relieve pain and restore muscle and joint movements. Prison Ministry India took up the responsibility of providing conveyance to the therapists. Right now, we are facing problems, on and off, due to non-availability of BPT students for uninterrupted service. We are trying to find a way to continue giving care to the inmates.

With the assistance of another NGO, Karunashraya, we were able to provide 5 wheelchairs, 5 walkers and walking sticks to the patients who were physically handicapped in the prison hospital. Besides, we are providing 'Ensure' protein powder to cancer patients and the other sick who are unable to eat the regular food in prison, and who are in need of additional nourishment for their well-being. When patients are shifted to the government hospital outside the prison, we visit them and provide them with fruits and care for them. We have been able to provide them with other help, such as clothes to those who are bedridden in the prison hospital.

I believe that there is great scope for providing better care to the patients by the volunteers of the Prison Ministry through more frequent visits to the prison hospital to alleviate the pain of those who are bedridden. As volunteers of Prison Ministry, we understand the need to have greater determination and persistence to restart the working of the Unit by meeting the essential needs.

"Energy and persistence conquer all things."-
-Benjamin Franklin

According to Human Rights, the phrase "Health Care in Prison" is used to indicate that every inmate in prison is in a caring environment. Everyone who works in a prison has a part to play in promoting the good health of prisoners. A healthy environment in prison can be achieved only if all the staff are involved, including senior staff members who determine the ethos of the prison as a whole. In most of the cases - healthcare staff like medical officers, psychologists, and councillors play a vital role in the care of prisoners.

As all of us are part of society, so is the prison too. There is a well-known saying, "Sinners deserve neither mercy nor money". Some of the basic healthcare amenities provided in prisons seem like cheap care provided by society. People believe that the prisoners are sent to prison for punishment and not for amusement. Thus, the healthcare provided to



Charmaine Edwin
PMI Kerala-Member

officers, superintendents, and assistant jailors every year. This course mainly focuses on the significance of healthcare in prison and also imparts the information required to deal with prison-specific medical and healthcare challenges.

In most prisons, it is not only the prisoners but also the staff that face their own healthcare issues while working there. Once

The unhealthy lifestyle and limited knowledge of health practices among prisoners lead to many infectious diseases.

prisoners is not given much priority by this very society. Lack of proper legislation has been one of the factors which have hindered the institution of adequate healthcare and protection of the rights of prisoners.

We, the society should accept the fact that more than one-third of the prisoners are imprisoned for less than 3 months in India. Thus, there is a great deal of interaction between the two communities on either side of the prison walls. So overall, good health of the prisoner is very essential for good public health.



For a better understanding of the healthcare need of prisoners, Human Rights of the Prisoners Management Courses are conducted by the Academy of Prisons of Correctional Administration (APCA) for the prison medical

this was recognized, the need to change and improve facilities and practices was accepted and changes were made by providing relevant knowledge, developing appropriate attitude and understanding as to why their practices should be different.

Every prison healthcare service deal with the following 4 priority areas:

- Primary Care
- Mental Health
- Infectious Diseases (Tuberculosis, HIV, Skin Diseases)
- Drug Abuse

Primary care is the foundation of prison health services. The prison medical team deals



The Challenges

with both mental and physical conditions of the prisoners. This usually gives them the opportunity to detect and treat serious illness. As inmates come from marginalized and poor communities, some have poor health.

Prisoners always represent a heterogeneous population and studies show that Indian prisoners are at increased risk of mental disorders which includes self-harm, stress due to depression, suicide tendency, violence, and so on. Studies have found that the prevalence of mental illness is three times higher in prisons when compared to the general public. Prisoners with such illness are often shifted to hospitals for further treatment by prison authorities.

Owing to the increase in crime rates, rise in population and the size of the existing building and other reasons, it has been found that there are severe overcrowding and exhaustion of prison facilities in India. The unhealthy lifestyle and limited knowledge of health practices among prisoners lead to many infectious diseases. Prisoners are usually at higher risks of contracting HIV, viral hep, etc. Such instances are usually covered up with close collaboration between health officers and prisoners.

Before moving on to the next point, I would like to write about an incident which I came to know about while writing this article: The scars on the body of 28-year-old Athul (name changed) was found to be not from a fight, but from self-inflicted injuries he made while inside the prison due to withdrawal symptoms.

It is very sad that many prisons in India fail to identify drug addicts. It is only when an instance of self-harm, vomiting, unruly behaviour or drug seizure occurs that the prison authorities use rudimentary means to control the affected prisoner. The National Institute of Social Defence has engaged the services of APCA to equip prison officials

to handle drug abusers who suffer from withdrawal symptoms. But as we say, everything takes its own time for fruition.

Drugs routes into prisons in spite of the frisking to scanning measures make a mockery of the tight security in prisons. Surprise raids and checks are only temporary measures to check the intricate drug peddling networks that operate within the prison. Recently in Kerala, a surprise check was done inside prisons. The result was really shocking: they found sim cards, mobile phones, ganja and many weapons. Who is responsible? Even though preventive measures are in place, drugs and other forbidden materials find their way into prisons.

Actually, there is an urgent need for further research on various aspects of prison health and particularly the current situation. The spread of diseases from society to prison and vice versa need to be studied. There should be proper intervention to control these and the recommended actions should be implemented and not remain on files.

It is also important to ensure that those on de-addiction treatments in prisons are followed up until completion of their treatment schedule even after they are released. Counselling for the inmates, particularly for women, should form an integral part of healthcare provision within the prison (which is active now), and continuity of these services even after they are released is essential to ensure successful rehabilitation. The authorities should take note that women prisoners and older prisoners have needs which are distinct from other prisoners. Special attention should be given to such matters.

Providing healthcare to prisoners is important and should not be ignored. It is necessary to study the various aspects of healthcare and effective treatment options should be made available for better health among prisoners.

The male wing of the Bhopal Central Jail has a hospital with four wards: medical, surgical, for HIV patients and for mental health. Once while passing through these wards, I could smell the stink of rotten flesh so badly that I could not pass through the surgical ward. Being a nurse, I had requested the doctor there and the superintendent whether I could help with the dressing of wounds or if I could train others to do the same. But then I did not get a positive reply. However, I am happy to state that later when I had to pass that way, there was no bad stink.

Now, I have noticed that a lot is being done to take care of the sick. The women's section also has a hospital with one ward, where the sick are admitted.

The facilities provided here are:

1. Dr Pramendra Sharma - He is an orthopaedic and medical officer of the prison and works daily from 10 am to 2 pm.
2. Dr R. N. Sahu - the Psychiatrist, comes from Hamedia hospital and is here every Thursday from 1 pm to 2 pm.
3. The dentist is available from Monday to Friday from 12 pm to 2 pm.
4. Dr Tanuja Saxena comes in every Friday from 12 pm to 2 pm.

There is nobody to
heal their inner
wounds!



Sr. Olive PSOL
Bhopal

5. ART Centre counsellor comes in every day of the week.
6. There is one lab technician coming in for routine blood tests. Other samples are sent to Thyrocare.

The prison also has 1 big and 1 small ambulances. Patients are sent to Hamedia, Sultania, Chirayu, T.B. hospital and Cancer Hospital as per need.

In spite of all these facilities what is lacking is love and special care to those who are depressed, discouraged, or ragged by seniors/hard-core inmates, and sometimes the authorities too come down hard on them. There is nobody to heal their inner wounds; as a result, over time, they develop mental health issues. Then even the family members do not want them. No special counselling is allowed. Sometimes, medicine will be available, but no proper or perfect diet is provided. We, as PMI volunteers, try to do our best during our visits through prayer and by listening to what they have to say.

In the prison, it is difficult to define health as the ability to adapt and manage physical, mental and social challenges throughout life (WHO).

Prisoners have the right to confidentiality and to the treatment

Dr Helan Clarrisha MBBS
Puzhal Central Prison- Chennai

The prisoners in Tamilnadu are entitled to the same standard of healthcare as the general public without discrimination. It is delivered by the government healthcare system. Camps for eye problems, skin problems, and dental problems are conducted by the private healthcare system also.

There are doctors, staff nurses, nursing assistants, and pharmacists available in every prison with resources and facilities for special care. We have a special duty to care for those in places of detention which should cover safety, basic needs, recognition of human rights including health. All health staff should have complete professional independence. Their right to practice their profession within their professional codes of conduct and ethical rules should be clearly understood and accepted. It is important that all the staff in prison accept that the health team will treat prisoners as patients and they must be given freedom for the same. Prisoners have the right to confidentiality and to the treatment and care that is subject to informed consent. Prisoners are also referred to other institutions when they need special facilities or treatments. Continuing care is a crucial element in sustainable prison health service.

Prison health service includes

1. Medical care
 1. Continuance of any treatment started before admission.
 2. Assessment of prisoners' health during admission for infectious (HIV, TB, etc.) and non-infectious diseases.
 3. Proper nutrition.
 4. Exercise in fresh air.
2. Health Promotion
 1. Prisoners' attitude to health is assessed and encouraged.
 2. Help is given to change unhealthy behaviour like tobacco use, substance abuse.

Obvious cause and contributing factor in many of the health issues in prison is mental health. About 10-15% of prisoners have significant mental illnesses. Youth and short sentences are associated with higher levels of violent misconduct, while older age, drug convictions and higher educational attainment indicate reduced violent misconduct. Some people are affected by chronic diseases. The next contributing factor to health issues is drug abuse. Most violent episodes usually occur at weekends which is a consequence of lack of vocational and educational activities during weekends.

Prisoners are entirely dependent on the staff in prison for all aspects of their daily lives, protection and safety. This dependence should be understood by staff since they share the duty of care with their employing authority. This should influence and be reflected in their attitude and approach. Their detainees retain all human rights other than their freedom. Their right to health is in no way diminished by their detention.

Faith-based services could support each of these Risk-Needs-Responsivity (RNR) which will potentially help to provide a framework for coordinating care. Effects of spirituality include a range of positive outcomes like lower levels of criminal activity, reduced substance use/abuse, and improved well-being and mental health. Behavioural motivation comes with better outcome.

The assistance provided by the religious community is through their core elements of education, inspiration, accountability, and compassionate social relations. The service provided by the faith-based community to returning prisoners is unmatched. Better preparation for life after discharge is provided by them. Educational needs are also partially met. Work experience is made available. Social skills are also greatly enhanced.

Warm greetings from Prison Ministry India!

Prison Ministry India is a National Voluntary Organization working unconditionally for the release, reformation and rehabilitation of prisoners, victims' families and their children since its very inception in the year 1986.

Every year PMI conducts the drawing competition for the prison inmates and lot number of them gets participated. This year too we have conducted Fantasy and this is to acknowledge and appreciate your wholehearted cooperation for the drawing competition (Fancy 2019) conducted by Prison Ministry India with the theme of 'The Soul of India lives in it's villages'.

Prison Ministry India national office is very much impressed by the number of participation and the guidance given to the inmates to express their ideas and views through this drawing competition as it was excellent performance by the inmates. The results are declared, congratulations to the winners and appreciate all those have participated in it!

Thanking you once again,
Yours sincerely,

Sr. Lini Sheeja MSC
National Secretary- PMI

Fr. Francis Kodiyan MCBS
National Coordinator &
Secretary to CBCI for PMI

Outdoor physical activities are also encouraged to promote a healthy body



Mr. David Fernandes
PMI Central Region Secretary

Public health policies are meant to ensure the best possible living conditions for all members of society so that everyone can be healthy. Prisoners are often forgotten in this equation. The constant movement of people in and out of prison makes it all the more important to control any contagious diseases within the prison.

The Modern Central Jail, Colvale situated in North Goa, is home to around 500 male and female inmates. The spacious jail premises are a boon for the inmates and conducive for their reformation. It consists of several blocks wherein the convicted and undertrial prisoners are lodged. It contains a hospital block for treatment of minor illnesses. Medical officers from the nearby district hospital as well as the primary health centres visit on alternative days and attend to the health issues of the inmates. Four male nurses work in the dispensary of the hospital block round-the-clock. On average, around 40 inmates visit the outpatient department daily. This department handles dental, ophthalmic, psychiatric and general cases.

Emergencies are well-handled by the medical staff. There is a standby ambulance service round-the-clock. Any emergency is first referred to the Medical Officer and if the case requires further medical investigation/treatment, it is referred to the nearby district hospital, approximately 3 kilometres away. For any specialised treatment, inmates are referred to the Goa Medical College at Bambolim. Good health is of universal concern. Keeping this in

mind, medical camps and workshops are conducted in collaboration with the Prison Ministry to ensure that their health needs are attended to.

A nutritious well-balanced diet along with physical activity is the foundation of good health. The nutrients in the food we eat support our day-to-day activities and also repair any cellular damage that might occur. The inmates are fortunate to receive a balanced diet which includes fish almost daily, and vegetables, pulses and lentils. Chicken is prepared occasionally. Once a week, a purely vegetarian diet is offered. Those with special dietary recommendation are also catered to. They are supplied with milk, eggs and bananas. Approximately 100 inmates are beneficiaries of this facility. The water filters at various locations in the blocks ensure clean drinking water for the inmates.

Outdoor physical activities are also encouraged to promote a healthy body. Various outdoor tournaments are organised by the jail authorities and the Prison Ministry.

However, there are some facilities that need to be improved. A full-time medical officer is required on the premises. Inmates require additional equipment such as stretchers and wheelchairs. A general observation made by the medical staff attending the medical camps is that inmates are well looked after and health care facilities are fairly adequate.

NO TURNING BACK



Mr. M. D. Vincent
First General Secretary
PMI-Andhra Pradesh

Vimochana, the registered body of the A.P. unit of Prison Ministry India, is blessed with many generous and kind-hearted volunteers. One such noble soul to be remembered on 2 June 2019 is the late Mr Michael Christopher M.A., L.L.M.

If anyone asks for an example of 'A friend in need is a friend indeed', we can mention without an iota of doubt that it is the late Mr Michael Christopher. His mother was Mrs Brigitte Michael, the first vice president of Vimochana, while late Sr. Alice Crasta [Sisters of Charity] was the president [2000 to 2008]. After completion of their well-appreciated term, Brigitte's son was elected as the second vice president, to help the then president, the late Sr. Leena Kattokaren FMM. Though he was very young, his dedicated services to the Ministry are highly commended and remembered.



Rescue of the mission during emergencies:

One time, everything was arranged to celebrate the Prison Ministry Sunday in all four jails at Hyderabad. Then we were told that one of the schools which had agreed to perform the cultural programme had backed out at the last minute as the children had exams. Frustrated, we turned to Michael Christopher, who promptly arranged students from his own high school, Christopher Convent High School.

At another instance, we noticed that the sound system in one of the prisons was not functioning well. It would have been very costly to hire one. On top of that, the vendors hesitated to lend their equipment as they were apprehensive about prisons. Once again, the saviour of the situation was Christopher, who made it possible by lending his school's sound system, including his technical person to set up and operate it. Thus, we could always count upon him, as he and his family followed the path of "No turning back" when it came to serving the Church, the society and especially Prison Ministry.

Sparing their vehicles and other material:

Whenever we planned to visit prison officials, associated IAS officers, bishops etc., on important occasions like Christmas, New Year, Ugadi or on their birthdays, one phone call was sufficient and within no time, Mr Christopher would always provide a car/van/a very rich cake and a beautiful flower bouquet to be presented to the celebrant on our behalf. We never ever got any negative response and he never turned back on his word in supporting the ministry in its endeavours.



Condolence Message

At the service of the prisoners:

Being a practising lawyer in the High Court of Hyderabad, he used to render excellent counselling and legal advice to the prisoners as well as released prisoners free of cost. He helped many broken families. With his quick and timely intervention, he rescued many who would otherwise have landed behind the bars.

One day, the local newspapers announced that five or six women prisoners, though released, could not exit the prison for want of a small amount of penalty that they were supposed to pay. As soon as I happened to read this news, I called Christopher and enquired if we could go to the women's jail to meet Mrs Bahesheera madam, the then superintendent of Central Prison for Women, and together pay the required penalty and release them. He immediately agreed and came along with me to the Women's Central Jail. On the way, he told me, "Uncle, though you said that we both would share their penalty, please leave the entire expenses to me. It is a small amount only, uncle. I will take care of it. You don't worry". I was stunned at his generosity towards the prisoners and the ministry. He was in his 30s while I was in my 60s. But his large heart was great and a fine one indeed! He was also the favourite of all the state coordinators like the late Fr. Marraiah, Fr. P. Chinnappa Reddy, Fr. Sagayaraj, Fr. Dion Isaac and above all late Sr. Leena Kattokaren FMM.

The legacy continues:

2 July 2016, was a dark day for us! Due to the failure of his kidneys for some reason, our dearest friend and most appreciated vice president, Mr Michael Christopher was called to Heaven. May his soul rest in peace! He was only 38. But as they say, "The Lord calls his most loved ones at the early stage to crown them with heavenly glory." "The gardener went around the garden and plucked the most beautiful flower. He then placed it in his room because of its sweet fragrance." Mr Christopher was born on 19 December 1978 to Mr Anthony Michael and Mrs Brigitte Michael. He was the youngest among their three sons. The family was highly blessed and was always very graceful, loving and god-fearing. Though we miss him badly, the legacy of Christopher's contributions to PMI is everlasting. His mother rendered her best of services from 2000 to 2008, followed by Mr Christopher, her beloved son from 2008 to 2016. In spite of being the correspondent and principal of her school and in spite of the continuous ache due to the untimely loss of her loving son, Mrs Brigitte is continuing her valuable services at Vimochana at the request of the state coordinator, Fr. Dion Isaac and his team. Let the Lord bless PMI with many such great families who walk in the light of the Holy Scriptures: "As for me and my house, we will serve the Lord" (Joshua 24:15) all over India, so that PMI may carry on its sacred duties to prisons without ever turning back.

We Miss You!

Our Service will never end

Sr. Joy Panikulam
Former State Coordinator
PMI-Chattisgarh

Chhattisgarh state has 28 jails - 5 central jails, 12 district jails and 11 sub-jails - where volunteers work and where various programmes are conducted, including medical camp, dental camp and eye camps. More than 10,000 prisoners were profited by the camps. We approached the dental college and medical college authorities and requested them to send personnel. Many received dental care including tooth extractions. During Eye camp, more than 500 inmates received spectacles. We provided library books amounting to ₹1,00,000. We also supplied TVs for the inmates worth ₹90,000. Around ₹2,00,000 was spent for the release of more than 100 prisoners.

Tailoring teachers were appointed in the

female sections. Tuition classes, for the prisoners' children studying up to the 12th grade, are going on. We take care of juvenile prisoners; around 350 juveniles are managed in five juvenile homes. Special programmes are arranged on occasions like Christmas, Easter, Deepawali, Rakshabandhan, etc. During the winter season, warm clothes and blankets are given in the male section. On Women's day, petticoats, and sarees are provided. And on Children's day, we supply various play materials, food items and clothes as per their needs and requests. We are happy to inform that they are now asking for a computer. So, within the coming week, we have made arrangements to give them computers for their benefit.

They realised the importance of helping one another

PMI Vasai Unit



We, at the Prison Ministry Vasai, visited the Bhiwandi Remand House on 27 June 2019. It is a juvenile jail.

Fr. Leslie accompanied us this time on our visit to the Boys' section. He gave a talk on the importance of respecting elders, especially their parents. Then, we made the boys participate in a skit based on the

same topic. All the boys watched the skit with interest and responded to the questions asked based on the skit. They realised the importance of helping one another.

In the Girls' section, our volunteers were greeted with enthusiasm. The girls admitted with regret that they had to experience jail at a young age. We distributed snacks in both sections.



Pencil Drawing Competition Results

Congratulations



Golu Govind

Central Jail, Madhya Pradesh



Chinmay Basu

Presidency Central Correctional Home
West Bengal



Jitender

Tihar Jail, New Delhi



Ravi Sardar Sing S.

Central Jail, Madhya Pradesh



Roshan Messi G.

Central Jail, Tihar



Manishbhai B. Parmar

Central Jail, Gujrat



Ravi Sardar Sing S.

Central Jail, Madhya Pradesh



Sanjay P.

Central Jail, Madhya Pradesh



Santhosh N.

Central Jail, Madhya Pradesh



Vishal S.

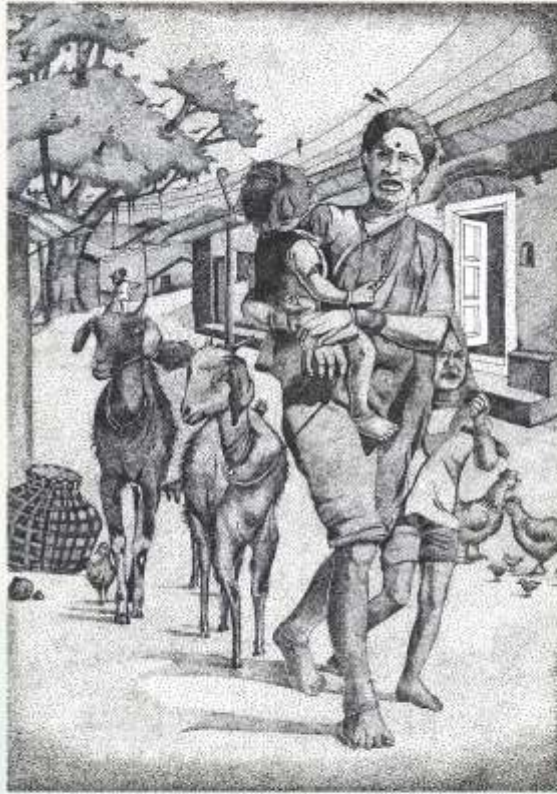
Tihar Jail, Delhi

**We had the highest participation
in Fantasy 2019 with 188 entries
from the CENTRAL JAIL KOTA
Nayapura, Kota Rajasthan
Pin 324 001**

Congratulations!

Pencil Drawing Competition Results

1st
Prize



Dattatary Shankar Patil
Kolhapir Central Prison
Maharashtra

2nd
Prize



Anand Kant K.
Central Prison, Bihar

3rd
Prize



Sonu Sachin N.
Central Prison, Madhya Pradesh



Organised by ST. Cecelia School of Music in association with Prison Ministry India, Pune