

Prison Healthcare News

Newsletter of the project to promote better prison and public health in Eastern Europe and Central Asia

Editorial

WELCOME to the third issue of *Prison Healthcare News*. Since the newsletter was launched in the Spring of 2002 its readership has grown to over one thousand individuals and institutions in forty-five countries. Our aim is to strengthen the links between prison healthcare and public health services. These links are important for many reasons. Infectious disease control depends on continuity of treatment between prisons and the world outside. Prisoners are citizens even when in prison and they are entitled to the same standard of health care as those outside prison. Overcrowded unsanitary prisons are a health threat and the voices of those whose main concern is public health should be heard when policies about imprisonment are being discussed.

Most subscribers to the newsletter come from the world of prisons. We would like to have more readers from the public health sector. So please pass your copy of the newsletter on to your colleagues working in public health and ask them if they want to subscribe. We shall be very glad to add their names to our list.

Vivien Stern,
Editor

Anton Shelupanov,
Assistant Editor

NEW DEVELOPMENTS

Expert meeting of the Council of Baltic Sea States makes radical recommendations

Twelve countries were represented at the Second Interdisciplinary Expert Meeting on Prevention and Control of Tuberculosis Among Prisoners which was held in St Petersburg between 25 and 27 November and organised by the Council of Baltic Sea States Task Force on

Prevention of Communicable Diseases. Prison and public health experts attended and discussed a range of new developments in the Baltic States and in Russia. The meeting ended with a decision to make three recommendations to the heads of government of the Baltic Sea States:

- ▶ That the level of tuberculosis in prison should be no higher than that in comparative groups in civil society
- ▶ That the diagnosis, treatment and cure rate of tuberculosis in prison should be equal to that in civil society
- ▶ That no cases of HIV transmission should occur in prison.

Prison health budget moves to Health Ministry

The budget for prison health care in England and Wales will move from the Home Office (the Ministry of the Interior) to the Ministry of Health in April 2003.

The move is the first step of a five-year process. At the end of the five years prison health services will be fully integrated into the

National Health Service. The amount of money spent on prison health care will also increase. The reason for the change is to improve health services for prisoners and to ensure that there is continuity of care for everyone including prisoners. Training will be provided for staff in both the

Prison Service and the National Health Service to make the transition easier. For the past two years the standards and policies of the prison health care service have been brought more in line with the standards of the National Health Service and the process will continue.

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The PHN Interview

PHN interviews Dr Dumitru Laticeschi

from Moldova, Director of a medical non-governmental organisation called Medical Reforms in the Penitentiary System.

Q Please tell us a bit about your background – where you studied, and trained and what your specialism is?

I graduated from the Medical University in Chisinau, the capital of Moldova, where I specialised in surgery. I am still working part-time as a surgeon in a hospital in Chisinau.

Q How did you become involved with providing healthcare for prisoners?

After my specialised studies were finished I worked as a surgeon at the Central Prison Hospital. This is when I first encountered the world of non-governmental organisations (NGOs) who were dealing with prison health. Then I became involved and contributed to an assessment of the prison health situation in Moldova made by the Caritas Luxembourg Foundation. After that I became a founder member of the organisation “Medical Reforms in the Penitentiary System.” And it developed from there.

Q In your opinion, what are the most serious prison health issues in the region?

The health of a person depends enormously on the environment in which he or she lives. Most prisons in the region are badly designed, unnecessarily overcrowded, poorly maintained and barely supplied with essential nutritional food and pharmaceuticals. The health policies are often outdated. The epidemics of TB, HIV, and sexually transmitted diseases (STDs) are the litmus paper, which despite nice words, intentions and efforts reveal the critical situation in prison health.

Q What is the first step that needs to be taken to begin resolving them?

Accepting the need for change is the first step. In its existing form, the system fails to fulfil its objectives.

Q How, in your opinion, do these issues relate to public health?

They relate directly to public health. Prisons do not represent a cross-section of society. Rather they

represent a distilled accumulation of the most excluded individuals, who outside the prison walls have difficulties in accessing health services, and who carry a heavy burden of morbidity with “social diseases”. Because prison finds itself holding and serving these segments of the population, the Prison Health Services could be an opportunity to improve the state of public health. Unfortunately, they are often in no position to do anything so positive.

Q Do you feel that a higher level of co-operation between civilian and prison healthcare systems is important?

Clearly, yes. There should be uniform standards for treatment and care, and there should be continuity of treatment between prisons and the general health care. But the relationship should be one of co-operation, not subordination of one to the other.

Q You talked earlier about the epidemics of TB, HIV and STDs. Obviously there is a link with measures the prisons can take to reduce the likelihood of transmission. How successful have such harm-reduction programmes been in the Moldovan prison system?

For a dreaming optimist – not spectacular. For a sceptic – unbelievable. Currently there are two prisons where needle exchange is done to minimise the risk of intravenous transmission of HIV by injecting drug-users. Education campaigns, distribution of condoms, bleach and educational materials are done in all institutions. As a result of these campaigns and availability of harm reduction materials we have achieved a measurable decrease of risky attitudes and behaviour. Prisoners understand what makes them vulnerable to disease and HIV is much less stigmatised than before.

Q What can be done to increase the effectiveness of harm reduction measures?

I’ve heard a prisoner saying that it is much safer for him to have an intravenous shot, than to smoke “grass” or drink alcohol: because there is no smell and

less risk of being caught. I think that a system is imperfect if it makes the risk of getting HIV (or Hepatitis C) through an injection a “safer” choice. Legal medical use of drugs and alcohol would certainly save lives. I am a dreamer, but I remember the words of my colleague Karlhenz Keppler – a prison doctor from Vechta (Northern Germany), who used to say, “It is not a problem. Dreams just need travel plans”.

Q In your view, how seriously is the issue of mental health being taken within prison healthcare?

I think that the mental diseases are massively under-diagnosed. And they are not given enough attention. Unless they are severely ill, these mentally ill patients suffer quietly. It is not the fault of the doctors. Mental health is not a major part of their training and practice.

Q How do you see the role of NGOs in prison healthcare? Is their involvement important?

Because of their independent position, NGOs can raise sensitive issues, confront problems and they can be a catalyst for change. They can attract funds and expertise for the needs of prison healthcare, which would otherwise be unavailable. What they can not (and should not) attempt to do is to take over the role of the prison health services. A lot can be achieved through mutually reinforcing co-operation.

Q The purpose of this project is to improve the structures of public and prison health care world-wide, with a particular focus on Eastern Europe and Central Asia. What are your wishes for the project?

So much can be done in this area, where relationships have still to be built! Good luck!

The non-governmental organisation, Medical Reforms in the Penitentiary System, was created in 1997 as an attempt to deal with the unsatisfactory state of affairs in the prison health system. Three-fifths of its founder members were prison doctors. The initial idea was to offer state of the art knowledge to prison doctors, but soon it evolved into formulating projects aiming at reforming the prison health care system. See Newsletter no 2 page 5 for more information on its work.

News in Brief

From Lithuania

Associated Press reported an outbreak of HIV at Lithuania's Alytus prison, where 263 prisoners were found to be infected. Before the outbreak, Lithuania had only 300 registered cases, the lowest rate in Europe. Prisoners have said that the virus was spread through the shared use of an infected syringe, after a “safe” one was confiscated from the prisoners by the authorities.

Source: *Associated Press*, 22 August 2002.

Developments in Russia

Speaking to a Council of Europe conference in Strasbourg on 6 November 2002, Russian Deputy Justice Minister Yuri Kalinin outlined health problems in Russia's prisons. He reported that out of the 905,000 people being held in places of detention in Russia 405,000 of them are currently suffering from some form of disease. More than 90,000 have the active form of tuberculosis; 102,000 are drug addicts; 72,000 suffer from chronic alcoholism and 236,000 suffer some form of mental disorder.

Mr. Kalinin also noted improvements to prison conditions. The number of prisoners being held had been reduced by 200,000. Overcrowding in pre-trial prisons had therefore been reduced by 50 per cent. There were 132,000 prisoners for a capacity of 114,000 and the amount of space allotted to each prisoner had increased from 2.5 to 4 square metres.

Source: Council of Europe.

HIV in US prisons

The latest published figures from the United States indicate that the percentage of prisoners infected with HIV is falling. In 1995 2.3 per cent of all prisoners were infected. In 2000 the proportion was 2 per cent. Most of these are held in State prisons with a small number in Federal prisons. The proportions are higher for women. 3.6 per cent of women in State prisons were HIV positive compared with 2.2 per cent of men. In the District of Columbia 41 per cent of women prisoners were HIV positive and in New York 18.2 per cent fell into that category. New York State held in its prisons nearly a quarter of all the 25,000 infected prisoners. Florida and Texas held around 10 per cent each of the infected prisoners.

The overall rate of HIV infected people in prison (0.52 per cent), is about four times the rate in the US general population (0.13 per cent).

The AIDS-related rate has fallen significantly in recent years. In 1995 there were 1,010 AIDS-related deaths. In 2000 there were 174.

Source: US Bureau of Justice Statistics, HIV in Prisons 2000.

FOCUS on **Linking Prison and Public Health**

New developments in Tajikistan

The first ever seminar on the links between prison and public health was held in Dushanbe on 13 and 14 August. The seminar was entitled 'International standards for health care provision to prisoners'. Both prison doctors and prison directors from all over Tajikistan were represented at the conference. Also represented were the Presidential Administration, legal advisers of the Presidential Administration, the Ministry of Interior, the Ministry of Health and non-governmental organisations.

Tajikistan faces many of the problems found elsewhere in the Central Asian region, with overcrowded and under-resourced prisons, health care under pressure and isolated from the public health service, and an upsurge in drug addiction and infectious diseases, especially HIV. However, prison reform is under discussion and a decision has been taken to transfer the management of prisons from the Ministry of the Interior to the Ministry of Justice.

The seminar

The specific objectives of the seminar were to:

- ▶ Introduce the participants to the international standards on human rights and medical care in prisons;
- ▶ Share the positive experience of other ex-Soviet countries in reforming the penitentiary health services;
- ▶ Introduce successful examples from other countries of co-operation between prison health, civilian health services and non-governmental organisations.

Three working groups looked at the possibilities of co-operation between the prison and civilian healthcare sectors and produced practical recommendations. The experience of Kazakhstan in bringing together prison and public health services, particularly in the treatment and prevention of TB infection, was presented to the seminar. The involvement of non-governmental organisations in the provision of health care in the prisons of Moldova was also presented. The model of harm reduction programmes in the prisons of Moldova, with such measures as the provision of clean needles, as well as bleach and condoms, was also discussed.

The seminar was organised by Penal Reform International and the Soros Foundation of Tajikistan as part of the project to improve prison healthcare in Eastern Europe and Central Asia. The organisers reported that the seminar was successful in:

- ▶ Opening up the Prison Health Service towards the general public, the Ministry of Health and non-governmental organisations;
- ▶ Starting a discussion on the sensitive issues of HIV/AIDS transmission in prison, drug use and harm reduction;
- ▶ Drafting a new plan for future co-operation between the Prison Health Service and the Ministry of Health;
- ▶ Producing a broadly agreed set of recommendations incorporating input from all participants from all the sectors: Prison Health, Ministry of Health, Ministry of Interior, the Presidential Administration and non-governmental organisations, which will be fed into the reform process.

Recommendations

The key recommendations were:

- ▶ A uniform standard should be established for collection and analysis of public health data covering prison and civilian healthcare;
- ▶ The Ministry of Health should provide technical, consultative, diagnostic and treatment assistance to the prison health system;
- ▶ Prison health workers should have access to the postgraduate training scheme of the Ministry of Health;
- ▶ The Ministry of Health should assist with central procurement of medical equipment and high quality drugs for the prison health service;
- ▶ A legal framework should be drafted governing the co-operation between the Ministry of Health and the Prison Health Service.

Follow-up study tour to Kazakhstan

As a follow-up to the seminar a seven-day study tour to Eastern Kazakhstan was organised for Tajik representatives in October 2002. Representatives

from Kyrgyzstan and Uzbekistan also participated. Each country delegation was made up of officials from both prison health and public health. East Kazakhstan was chosen because of the wide range of prison establishments it contains and the progress it has made in prison reform. The Head of the Medical Department of the Penitentiary System of Kazakhstan, Dr Marat Akhmetov, led the tour along with representatives of Penal Reform International.

In the East Kazakhstan oblast there are 13 penitentiary institutions holding 12,000 prisoners. It is the only region in Kazakhstan that has every type of institution connected to prison health, including a central prison hospital, a TB colony, juvenile, female and male colonies of different regimes and settlement colonies where some prisoners serve the final part of their sentences.

Medical reforms a priority

East Kazakhstan is also a region where medical reforms have been a priority of the administration and there is good co-operation between the Ministry of Health and Ministry of Interior, and now Ministry of Justice. The civilian TB dispensaries give assistance to the prison system on TB issues on the lines set by a joint agreement on co-operation between the Ministry of Healthcare and the Ministry of Justice. Prisoners in the open prison use the civilian TB dispensaries. There is also a positive experience of co-operation between the prison system and NGOs in East Kazakhstan, including a medical monitoring initiative with one NGO. Due to the combined efforts of the prison and civil healthcare systems the morbidity rate of TB has decreased from 3,434 in 1999 to 2,908 in 2001; the mortality rate has decreased from 345 in 1999 to 174 in 2001.

Prison reform also a priority

Prison reform is also a feature of the East Kazakhstan region. Prison conditions have improved. Relationships between staff and prisoners are better. There is a sound legal basis for closer co-operation between the prison and civilian health services. Also in the region is an HIV/AIDS prevention programme that includes providing information to prisoners, psychological and individual support and training in changing behaviour. The programme is based on close co-operation with the HIV/AIDS Republican Centre.

The region has also created a new complaints system for prisoners and there is co-operation with municipal bodies for the development of small farms to aid the provision of food to prisoners.



From left to right: *Marat Akhmetov* (Head of the Health Care Department of the Penitentiary Administration of the Ministry of Justice of Kazakhstan), *Raushan Abdildaeva* (Deputy Head of the Central Prison Hospital, Ministry of Justice Kyrgyzstan), *Norboba Rakhimov* (Deputy Head of the Prison Administration of the Ministry of the Interior of Uzbekistan, responsible for pre-trial detention centres), *Makhmud Mazhidov* (Head of the Medical Unit of the Central Prison Administration of the Ministry of Justice of Tajikistan) and *Gulnara Kaliakbarova* (Healthcare Issues Consultant for the Prison healthcare project in Central Asia, Penal Reform International, Almaty)

Feedback on the study tour

Aspects of the study tour that the participants found particularly striking were the

- ▶ openness of the Kazakhstan penitentiary system;
- ▶ co-operation between prison and healthcare systems (especially on TB issues);
- ▶ activity of reforming the delivery of healthcare provision to prisoners;
- ▶ development of the DOTS strategy in penitentiary institutions;
- ▶ quality of the relationships between prison staff and prisoners;
- ▶ level of governmental support of prevention and treatment of TB among prisoners.

The aspects which participants felt would be most useful to them in their home countries were:

- ▶ Lessons about the organization of healthcare provision of prisoners;
- ▶ The way co-operation has been developed between prison and civil healthcare systems;
- ▶ The improvement in the living conditions of prisoners;
- ▶ The legislative materials and joint orders between the Ministries of Justice Interior and Health regulating the legal basis of healthcare provision for prisoners;
- ▶ The level of co-operation between penitentiary system and NGOs.

Thanks to Gulnara Kaliakbarova and Leonora Lowe of Penal Reform International for providing reports on these developments.

HIV and drug abuse prevention in the prisons of Turkmenistan

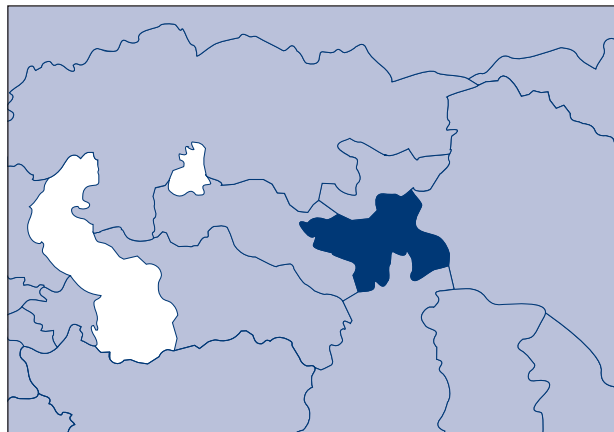
Speaking at a conference in Dushanbe in October, Galina Karmanova, Programme Officer in Turkmenistan for UNAIDS, described a programme of prevention of HIV/AIDS and drug abuse in the prisons of Turkmenistan.

Turkmenistan has the lowest prevalence of HIV/AIDS of all five Central Asian states, with one HIV and one AIDS case reported. However, the facts about infection amongst intravenous drug-users is not yet known. For the past two years prevention activity has been carried out in the prison, jail and detention centre in Akhal province by 'Force for Change, a non-governmental organisation. In the women's prison a youth group has been doing similar work. The programme has also covered a juvenile prison in Mary province and a remand centre for children in Ashgabat.

The activities include raising awareness about HIV infection and drug abuse, and the provision of condoms, bleach and disposable syringes to the medical departments in the prisons as a harm reduction strategy. There have also been study visits to Bulgaria, Lithuania and Kazakhstan.

Plans are underway to expand the programme to Dashoguz province and two prisons in Lebap province.

HIV infection increases in Tajikistan



The number of people registered as infected with HIV has increased ten-fold in the last 18 months. According to official figures, in 2000 there were only seven cases of HIV and one of AIDS in Tajikistan. Now 75 cases are officially registered. The cases are mostly of young people who were diagnosed after being tested in prison. This number, according to Zukhra Khalimova of the Soros Foundation in Tajikistan, could just be the tip of the iceberg and the real figure may be nearer 2,000.

Source: Eurasianet 29 October 2002.

Highlights from reports of the European Committee for the Prevention of Torture and Inhuman and Degrading Treatment or Punishment (CPT)

The only region of the world with a supra-national inspection mechanism for its places of detention is Europe. The European Committee for the Prevention of Torture and Inhuman and Degrading Treatment or Punishment (CPT) is the only inspection mechanism of places of detention that allows citizens of a state to inspect the institutions of another state and report their findings. From time to time, Prison Healthcare News will be bringing to the attention of our readers comments made by the CPT on prison health in the countries they inspect. We shall be doing this not to highlight the shortcomings of the countries visited

but to give an insight into what standards the CPT expects and what role it expects prison healthcare staff to fulfil.

Visit to Greece

In November 2002 the Council of Europe published the report of the visit to Greece which was carried out in 2000. The CPT welcomes the introduction of a new Prison Law which sets out the general principle that care in prison should be at the same level as care in the outside community. The transfer of responsibility for prison health care from the Ministry of Justice to

the Ministry of Health was being considered and the CPT expressed its support for such a move.

The CPT looked at the arrangements for screening on reception into prison in the prisons visited and noted that medical screening on arrival is of the utmost importance. In the Greek prisons visited there were delays before the screening was carried out, sometimes as long as a week. This, the Committee noted, was not at all satisfactory. New arrivals should be screened on the day of arrival or at the very latest on the following day.

The CPT was also not satisfied with the practices on medical confidentiality. In one prison, a prison staff member acting as a nurse and the prisoners assisting him had access to medical records. At another, medical information was given by nurses to prison staff. Neither of these practices was acceptable, nor were they in accordance with the new Prison Law.

HIV-positive prisoners were still being segregated in a prison hospital in spite of recommendations made by the CPT on earlier visits that the practice of segregation has no medical justification and should cease. In addition, although there were many drug-users continuing to take illicit drugs in prison, there was no prevention and treatment policy about drug use at all. No advice was provided on the risk of HIV or hepatitis being contracted as a result of needle-sharing and there were no programmes to help prisoners withdrawing from drugs.

Report to the Government of Greece on the visit to Greece carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 23 September to 5 October 2001, Strasbourg, 20 November 2002.

Visit to Georgia

The CPT visited Georgia in May 2001 and published the report in July 2002. The delegation described the living conditions in Prisons Number 1 and 5 as very poor and recommended that the slatted metal blinds covering the windows be removed to allow the entrance of light and air.

The CPT noted that health care in the Georgian prison system is the responsibility of the Ministry of Justice health care department and is provided independently of the prison department. There were few links between the Ministry of Justice health care department and the Ministry of Labour, health-care and Social protection. It was very difficult to transfer prisoners to public hospitals. It was also clear to the delegation that the principle that prisoners should receive the same standard of care as provided in outside society was not observed in Georgia.

The CPT recommended that the Georgian authorities should draw up a comprehensive policy in

health care in prisons based on the principles of:

- ▶ equal care between the prison and the community;
- ▶ the consent of the patient to treatment;
- ▶ the confidentiality of medical records;
- ▶ the professional independence of medical staff.

Report to the Georgian Government on the visit to Georgia carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 6-18 May 2000, Strasbourg, 25 July 2002.

Visit to Belgium

The CPT visited Belgium at the end of 2001 and the report was published in October 2002. The delegation was not satisfied with practices it found at the prison in Andenne. The principle of medical confidentiality was not respected because all consultations with medical personnel took place in the presence of a member of the prison staff. The CPT recommended that measures be taken to ensure that medical consultations take place out of the hearing of prison staff and, unless the doctor specifically requests it, out of the sight of prison personnel.

The delegation was also dissatisfied with the practice of prison doctors undertaking activities that were incompatible with their function of caring for patients. The two doctors at the prison were also undertaking urine analysis to detect drug use at the request of the Prison Director or a judge. In the CPT's opinion, carrying out such tasks is incompatible with professional ethics and puts at risk the relationship between the patient and the doctor.

Report to the Belgian Government on the visit to Belgium carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 25 November to 7 December 2001, Strasbourg, 17 October 2002.

Conference / Call for papers

Human Rights, Human Wrongs, Human Costs: Health of prisoners and detainees in Australia in the 21st Century

Date 2 – 3 April 2003

Venue Mercure Hotel, Brisbane

More information http://www.pha.org.au/conferences/frame_conferences.htm

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Recent publications

Health Information and Education Magazine

(available in Russian and English)

This publication is published by the St Petersburg Public Fund for the prevention of tuberculosis, AIDS, alcoholism and drug addiction and the Uolaf Palme Centre in Sweden. The magazine contains a number of articles with useful health information and statistics, as well as features, campaigns, historical notes and publication reviews. It features a competition of children's pictures about the harm which drugs do.

For copies, contact: St Petersburg Public Fund for the prevention of tuberculosis, AIDS, alcoholism and drug addiction, Russia 93013, St Petersburg, PO Box 271 or email region80@mail.ru

Protect Yourself

(available in Russian)

Two pocket-sized books for male and female prisoners, endorsed by the Russian Ministry of Justice, have been published by Médecins Sans Frontières and the AIDS Foundation East West. Both publications give concise practical advice on how to protect one's health when incarcerated. Advice covers such aspects as dental care, personal hygiene, skin diseases, sexually transmitted diseases and other infectious diseases such as HIV and TB. The two brochures also carry information specific to male and female health.

For copies, contact: AIDS Foundation East West (AFEW), 15/5, Chayanova Street, Moscow, 125267, RUSSIA. Telephone: +7 095 2506377. Facsimile +7 095 2506387 or email info@afew.org or see www.afew.org

Our readers write ...

Nigar Filyeva from the Independent Research and Practical Legal Center (IRPLC) in Baku, Azerbaijan.

We have received one issue of your health journal on prison and distributed it amongst the specialists on this issue. They have greeted this initiative by you and also they got acquainted with your project. We consider this project very beneficial and important, especially for the soviet type prison system that governments are undertaking to make changes. This issue is very actual in Azerbaijan. Penitentiary reforms in Azerbaijan has received successful changes, however there are a lot of drawbacks in health system of prison. We understand that this is not a problem of the prison but also of the whole society...

From Murmansk.

We congratulate you upon the realisation of a necessary project. We hope for interaction and the publication of materials that do not only highlight the problems but also promote the solutions. All non-governmental organisations in the Murmansk region have now had the opportunity to read *Prison Healthcare News*, and we intend to highlight the issues raised by the editors in our own publications.

The working group of the Russian section of the International Association for Human Rights for the Murmansk region is very concerned with the state of specialist equipment used for monitoring tuberculosis patients in the pre-trial prisons of the region and would like to

request assistance from anyone who may be in a position to grant it.

Several days ago the x-ray equipment in SIZO 1 in Apatity (Murmansk Region) ceased functioning. The equipment is 25 years old. It is repaired on a daily basis by engineers from KOLENERGO. The governor of the SIZO cannot acquire a new piece of equipment and so far no-one has been able to help him.

In the history of charitable work there are many examples of selfless assistance and we have no doubt that this problem shall sooner or later be resolved by our collective efforts. We would like the assistance of the editors of *Prison Healthcare News* and of the public to acquire a functioning x-ray apparatus for the SIZO and for those people whose guilt has not yet been established.

Contact: Mr Stanislav I. Zhadan, Governor of SIZO 1, (815-55) 724-34, ul. Trudovaya, 24-A, Apatity-9, Russia, 184209.

Guennadi Tcherniavski, Chair, Russian section of the International Association for Human Rights for the Murmansk region. Telephone / Facsimile (815-55) 7688-26, POB 242, Apatity-9, Murmansk region, RUSSIA, 184209. Email: engri@com.mels.ru

Sir John Crofton, retired Professor of Respiratory Diseases and Tuberculosis, University of Edinburgh.

I do think your new journal is extremely useful and I am most encouraged to note that symposia have been held for people interested in prison medical services. It will help to build up the climate of opinion which may gradually result in things actually happening... I hope you will spread your influence as widely as possible.

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