

## *LETTERS TO THE EDITOR*

# On the Management Board of the 10<sup>th</sup> Conference on Prison Health of Barcelona

I've finally decided to send this letter to the Spanish Journal of Prison Health after attending the speech by Professor Vicente Martin on "Prison Health after the General Prison Organic Law: Present and Future thirty-five years later" in the last Conference on Prison Health held in Barcelona.

All those assisting the Meeting witnessed how Mr. Martin, who presided the Spanish Society of Prison Health during the heroic times of professional claim in the 1990s, was surprised to have been invited by the Management Board, to give his opinion on the current situation of prison health, a reality from which he has been set apart for decades now.

This is undoubtedly why his approach was so warmongering with the current management of the General Secretariat of Prison Health: an institution in which I'm involved and to which I transfer all responsibility on the issues suffered by this small part of the National Health System, and more specifically on the dark and unutterable attitude to boycott any initiative seeking to materialize the integration of prison health within the Autonomous Communities' healthcare systems.

For some years now, at least since I have been in charge of the General Deputy Directorate of Prison Health, the General Secretariat of Penitentiary Institutions has been fully convinced on the need to fulfill the legal mandate established by the 2003 Act on Cohesion and Quality to transfer prison health to the corresponding healthcare services in each Autonomous Community. In 2011 I already had the opportunity to explain it from this section of the Journal<sup>1</sup> and I hereby reaffirm it once more. In June last year, by the end of the last term of office, such transfer was materialized in the Basque Country<sup>2</sup>, therefore clearing up the administrative procedures to enable this type of transfer, exploring the coordination procedures between Penitentiary Institutions and the Community Health Service and comparing before and after assistance standards. Last October 2014 prison health in Catalunya was also transferred following the natural process which had already been initiated<sup>3</sup>.

There are many reasons for transferring prison health, but from my perspective, according to my management experience throughout these years, I can say that the 2003 Act on Cohesion and Quality pretended to solve the inefficacy entailed by providing healthcare in prison in a functionally and organically isolated way from the rest of the National Health System. The isolation of prison health actually interferes with the natural logical organization of public healthcare which as a matter of fact defines a territory where healthcare resources achieve a certain level of self-sufficiency to accordingly manage its interaction and interdependence. The prescription and supply of medication, the availability and suitability of diagnostic tests and ultimately all the provisions, especially those referring to the specialized and hospital setting, is exposed in this context to a lack of appropriate interaction, to excessive variability, to both under and overutilization and worse, sometimes to malpractice entailing a risk for patients' safety.

All efforts to involve Community healthcare decision-makers have not even managed to establish a negotiating table so far. Nowadays it is virtually unimaginable to conceive that a negotiation between two parts should be preceded by the imposition of any of them. The procedure to be followed has been perfectly defined and is always preceded by the willingness of the Central State, a willingness to assume what is being transferred and a negotiation that will last what is needed. The first part of this condition has been fulfilled by Penitentiary Institutions for years now. It is for the Autonomous Communities to take the next step. I believe that in the future Management Boards of the Conferences held by the Spanish Society of Prison Health should invite healthcare decision-makers from Autonomous Communities to present their arguments. This would be far more productive than keeping a permanent melancholy or mourning for our bad luck and blaming others, without taking any other measures.

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2. Real Decreto 894/2011, de 24 de junio, sobre traspaso de funciones y servicios de la Administración del Estado a la Comunidad Autónoma del País Vasco en materia de sanidad penitenciaria (BOE núm. 155, de 30/06/11).
3. RESOLUCIÓ SLT/785/2014, de 19 de març, per la qual es resol el procediment d'integració en la condició de personal estatutari de l'Institut Català de la Salut del personal sanitari del Departament de Justícia adscrit als serveis sanitaris penitenciaris i de justícia juvenil (DOGC núm. 6602, de 11/04/14).

## *RESPONSE TO THE LETTER TO THE EDITOR:* **On the Management Board of the 10<sup>th</sup> Conference on Prison Health of Barcelona**

I've taken some days before replying the Letter to the Editor sent by Dr. Arroyo. I took some days because of the appreciation I have for him. I was a member of the Selection Board where he was appointed member of the Prison Health Department and I have backed him –and still do- on the rewarding project of the Spanish Journal of Prison Health. In both cases, with great admiration for his capability and spirit. It is not quite clear to me how my speech deserved that Letter and moreover in the terms and tone with which it was developed by Jose Manuel. I firmly believe that I already answered his questions and points of view during the open discussion which took place during the Conference. That was the place to do so and the kind discussion on two diverging points of view should have been ended there.

By taking the debate outside its natural setting and providing value judgments on what happened during the Conference may lead some of those who did not attend the meeting to a biased version of what in fact took place. This is the reason why I have decided to reply the Letter to the Editor. Warned readers should draw their own conclusions.

The first thing that strikes us is the long-standing unhealthy practice of Madrid's prison health directors to say what SESP Conference Scientific Committees should and shouldn't do. With old experience about these conflicts I can say that we have suffered and dealt with it in the best way possible. I thought that this belonged to the past, to "historical times", but I drearily see how even prepared valuable people do not escape the "*Alcala syndrome*". Is there a cure?

In relation to everything else I ratify what I said. Prison Health stakeholders should lead the integration

process and demand the adherence to the law. I do not believe that this has been or is the case. Without bitterness, without a warmongering attitude, with respect. But I do not believe so. I am not acquainted with the strategic plan of the General Directorate to get the laws to be obeyed. I asked Dr. Arroyo for this plan, for the measures that the General Directorate was taking to achieve the integration. Answer: the ball lies in the Autonomous Communities court. That is not a bad plan for not achieving the integration.

Otherwise I do not believe it to be melancholic to demand the law to be obeyed and the natural leader to assume its role. I have not been set apart from Prison Health for decades either, I still collaborate with everything that I'm requested and from my working position I try to enhance the prestige of a job which is of huge value for public health. However what is still more surprising is that the reasons for the transitory disposition and thereby exposed. With some memory it is easy to remember who covered all healthcare departments, all national and autonomic parliaments and who knocked on the doors of all political parties to get that transitory disposition, which according to everybody was impossible and did not belong to the Act on Cohesion. Jose Manuel joined me on some visits and opened the doors of the Health Department and of political parties in Aragon. He had a fist-hand live experience of how the tenacity, the power of conviction, the work and the effort of some made the impossible become possible. Indeed the situation now is better, that is why inaction is so inexplicable... or is it not?

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