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Ministry of Public Security – Israel
Prison Service

The Medical Array for Treating Prisoners in Israel Prison Service – Follow-Up Audit



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Background

The Israel Prison Service (IPS) medical array provides, among other things, comprehensive medical services to prisoners through clinics in 32 IPS prison facilities¹ and five medical centers, including specialist medical services. The IPS medical center is a prison facility serving as a medical inpatient framework for prisoners, and the mental health center (Maban), managed by the Ministry of Health is a psychiatric hospitalization framework for prisoners. The two facilities are located at the Ramla prisons compound. In 2020, the IPS prison facilities contained approximately 14,000 prisoners. In 2015, the Office of the State Comptroller published an audit report about "The Medical Array for Treating Israel Prison Service Prisoners" (the previous audit)². The present report is a follow-up audit presenting the extent the deficiencies noted in the previous audit were rectified.

1 The report deals with 30 clinics, not including the branches in Petah Tikva and Acre.

2 The State Comptroller of Israel, **Annual Report 65C** (2015), "The Medical Array for Treating Israel Prison Service Prisoners", pp. 385–430.



Key figures

**NIS 57
million**

IPS's medical array
budget in 2021

38%

of the prisoners in
2020 (5,369
prisoners) were
defined as
chronically ill

274,600

the number of
prisoner medical
examinations in
2020. Approximately
15,480 (5.6%) of
them were
performed by
psychiatric
physicians. On
average, a prisoner
visited a general
practitioner 19 times
during 2020

16%

of the prisoners'
complaints reaching
the IPS public
inquiries and
complaints team deal
with medical matters

16

the number of clinics
in need of renovation
or adjustment works
to make them
accessible to disabled
persons

43

the number of
doctors who were
employed in the IPS
prison clinics in 2020,
among them only
three specialists

50%

of the doctors in the
IPS are over 57 years
old, which is the
customary retirement
age in the IPS, thus a
shortage of doctors
during the coming
years is anticipated

71

the number of
doctors' positions in
the IPS which were
not filled in August
2021 (approximately
23% of the positions)






Audit actions



From March to June 2021, the Office of the State Comptroller examined the IPS' activities to rectify the deficiencies noted in the Previous Audit. Supplementary examinations were conducted at the Ministry of Public Security (MPS), the Ministry of Health, the Salary Supervisor at the Ministry of Finance (the Salary Supervisor), and in the districts – the Beer Yaakov/Ness Ziona Mental Health Centre.



Key findings

-  **Elderly prisoners** – in 2020, there were approximately 300 elderly prisoners over 65 years old in the IPS prisons. The Previous Audit found that IPS had not established a systematic program adapted to the composition change of the prisoner population: their age and medical condition. The follow-up audit found that a team who examined a response for the elderly prisoners in 2020 had not completed its work: it had not prepared a cost calculation of keeping an elderly prisoner compared to a regular prisoner, had not circulated a procedure for the elderly handling, had not designed a unique rehabilitation program customized for them, and the strategic work in this matter had been stopped without selecting a preferable option. This deficiency had been rectified to a small extent.
-  **The medics' array** – the Previous Audit found that the reserve medics' forces³ were not routinely placed in shifts at the clinics every month to maintain their professional skills as required by the IPS procedure. The follow-up audit found that from 2018 to 2020, the IPS did not place 62 reserve medics (from an average of 111) in shifts in the prison facilities' clinics to maintain their professional skills. Furthermore, the prison facilities, excluding one prison facility, did not have nine reserve medics, as required by the IPS procedure. This deficiency had been rectified to a small extent.
-  **The physicians' array** – the Previous Audit found that seven positions for doctors in the IPS had not been filled. The follow-up audit found that 17.25 doctors' positions (approximately 23% of the number of positions required) had not been filled and that the discrepancy between the standard and the actual situation had worsened compared to the discrepancy found during the Previous Audit. This deficiency had not been rectified.
-  **Psychiatric hospitalization in an IPS framework** – it was found that the Mental Health Center the had no designated departments for women and adolescents requiring psychiatric hospitalization.
-  **Observation of detainees with a psychiatric background** – in 2018, an inter-ministerial team decided to advance a pilot of establishing a separate and secure department in a psychiatric center in Beer Sheba to allow psychiatric detainees to be professionally observed and diagnosed. As of the audit completion date, the pilot had not yet commenced. Likewise, no option had been selected for detainees' observation by a psychiatrist out of the options examined for optimizing the process.

3 The reserve medic forces' medical are prison wardens who have completed a designated medical orderlies course and they also act as medical orderlies when necessary.



Medical treatment for prisoners for up to one year – the Previous Audit found that IPS had paid for treatments for detainees in prison for a period of up to one-year payments, for which the HMOs (Health Maintenance Organizations) should have paid⁴. The follow-up audit found that the IPS does not have any information about all its payments for prisoners' medical treatments who are in prison for up to one year. From 2014 to 2020, IPS received approximately NIS 6.5 million in repayment for medical treatments provided by medical institutions that were supposed to be paid by the HMOs. It was further found that the accounting interfaces and the information transfer between IPS, the National Insurance, and the medical institutions were inadequate. This deficiency had been rectified to a small extent.



Clinic structures – the Previous Audit found deficiencies in the clinic structures in the three examined detention centers. The follow-up audit found that according to the IPS, 16 of the 30 clinics needed renovations or adjustments to make them accessible to disabled persons. One of the non-accessible clinics is the Kishon Detention Facility clinic, noted in the Previous Audit. It was found that the clinic has still not been renovated and has not been made accessible. It should be emphasized that failure to make clinics accessible is inconsistent with the requirement of the Equal Rights for Persons with Disabilities Law, 1998 (the Accessibility Law). This deficiency had not been rectified.



Reorganization of the medical array – the Previous Audit found that from 2002 to 2012, several committees had been formed to examine the IPS medical array, and comprehensive reports were presented in this field. However, the recommendations mentioned in these reports did not mature into formulating and implementing comprehensive reform in the medical array. The follow-up audit found that in January 2015, "The Committee for Examining the Response and Medical Service for Prisoners in the Israel Prison Service"⁵ (the Berlovitz Committee) had submitted its recommendations. Consequently, the IPS formulated a plan to re-organize the medical array. The majority of the Committee's recommendations (six out of eight) and the majority of the elements in the reorganization plan (13 out of 18) were implemented. The Office of the State Comptroller commends the IPS medical array's activity in formulating and implementing a program that solves the discrepancies in the previous audit and the Berlovitz Committee report.

Remote medicine (telemedicine) – extensive use was made of telemedicine during the covid-19 period. As of the audit date, the IPS was in the middle of formulating a pilot for

4 In accordance with the National Health Insurance Regulations (Allocations to the HMOs), 1995, Israeli residents who were in detention or in prison for more than one year would not be included in the insurances at the HMOs.

5 The Joint Inter-Ministerial Committee between the Ministries of Health and Public Security headed by Dr. Yitzhak Berlovitz, who directed the Edith Wolfson Medical Centre in Holon.



upgrading the telemedicine array, in conjunction with the Ministry of Health, which would allow communication with a specialist at the hospital.

Training the person in charge of the clinic – the Previous Report noted that the persons in charge of the clinics were not required to undergo, and in any event did not undergo, training sessions or advanced study courses on general management, and clinics management in particular. The follow-up audit found that the deficiency had been rectified and that the directors of the clinics were required to undergo a clinic director's course and participate in advanced study courses every year.

Advisory medicine – the Previous audit noted that one of the specialist clinics was operated by a health corporation via an engagement agreement that had not been preceded by any public competitive proceeding and without any extension. The follow-up Audit found that the IPS had engaged in a long-term engagement with four hospitals to provide specialist medical services after a tender process.

Key recommendations

- 💡 In 2019, the IPS transferred to the Salary Supervisor at the Ministry of Finance, a program for the training and encouragement of recruitment to the IPS of specialists in family medicine. As 40 out of the 43 doctors in the prison clinics are non-specialist doctors, and half of the IPS, doctors have passed the customary retirement age at the IPS (57) – it is appropriate that the Salary Supervisor complete the examination of the previously mentioned program to assist the IPS in recruiting specialist doctors to its ranks.
- 💡 It is recommended that the IPS complete the strategic work about the elderly prisoners, which started in 2020, and formulate a plan adapted to the composition change of the prisoner population: in their age and their medical condition. It is also recommended to examine the adaptation of the prison facilities and medical facilities to this population and determine the imprisonment conditions of this population and the appropriate treatment methods.
- 💡 The IPS should train additional prison wardens to serve as reserve medics' forces following the prevailing procedures and place them in a clinic shift at least once a month. Likewise, it is appropriate that the IPS validate the procedure, including the standardization of the reserve medics' forces.
- 💡 It is recommended that the Ministry of Health, in conjunction with the IPS, act to map the number of imprisoned women and adolescents who have required psychiatric hospitalization during recent years and, in light of this information, examine what is the optimum hospitalization solution for the unique requirements of these populations.



- 💡 It is recommended that the Ministry of Health and the Ministry of Public Security, in conjunction with the IPS, complete the examination of the alternatives to the observation of detainees by a psychiatrist while maintaining a balance between the medical needs and the necessary security requirements, and act to implement the selected option.
- 💡 It is appropriate that the IPS examine computerized development to allow an automatic computerized examination of a prisoner's status concerning the financing of the medical expenses of the detainees and prisoners who are held in the IPS prisons for a period shorter than one year and give an indication of this after the invoice obtained from the medical institution was fed into the system. It is further appropriate that the IPS and the National Insurance Institute complete the creation of the upgraded computerized interface for transferring data about the prisoners held by the IPS, following the agreement signed between the parties in May 2021. This will make the information transmitted between the bodies more precise and prevent erroneous records.
- 💡 The IPS should prepare an orderly plan to renovate the clinic structures, provide medical treatment in them in appropriate physical and sanitary conditions, and make them accessible for persons with disabilities, pursuant to the Accessibility Law.

The extent of rectification of the primary deficiencies noted in the previous Audit

The Medical Array for Treating Israel Prison Service Prisoners-Key Findings					
Audit chapter	Previous Audit deficiency	The extent of the deficiencies rectification in the follow-up audit			
		Not rectified	Rectified to a small extent	Rectified to a large extent	Fully rectified
Committees to examine the medical array	Failure to implement the conclusions of previous committees dealing with the medical array and failure to implement a reform.				
Elderly and chronically ill prisoners	The unsuitability of the geriatric department and the Ma'asiyahu Prison Clinic for accommodating the elderly and chronically ill prisoners.				
	No program had been established for treating elderly or chronically ill prisoners.				



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The medical staff	The medics' array – the standard number of medics was not examined given the increase in the number of prisoners and their medical condition.				
	Failure to train the person in charge of the clinic.				
	Failure to maintain the professional skills of the reserve medics' forces.				
The physicians' array	Failure to fill doctors' positions.				
	Inadequate professional advanced studies courses for doctors.				
	Lack of ongoing accessibility to updated professional information.				
	Advisory medicine – engagement with institutions to provide specialists.				
Psychiatry in the IPS	Lack of data in the IPS about the ambulatory psychiatric service for prisoners.				
Medical treatment of detainees and prisoners in prison for up to one year	Financing the medical treatment by the IPS for prisoners for a period shorter than one year.				
Clinic structures	Deficiencies in the structures and the clinics' accessibility.				



Summary

The right to health derives from the value of human dignity and the Basic Law: Human Dignity and Liberty. The Israel Prison Service holds prisoners in its facilities, so it is obliged to provide them with the medical treatment they require, following the usual standard of medicine in the community. The Previous Audit noted deficiencies in the Israel Prison Service's recruiting and absorbing the medical personnel, maintaining the clinics' physical infrastructure, and the psychiatric array functioning. Furthermore, the Previous Audit surveyed the recommendations of committees and various bodies following the examination of the medical array in the Israel Prison Service. It was noted that these recommendations had not matured into the formulation of comprehensive reform for improving this array.

The follow-up audit found that some of the deficiencies had not yet been rectified: there are clinics that have not been renovated or are not accessible to prisoners with disabilities. The discrepancy between the standard number for doctors and the positions in practice was not reduced and became even more significant compared with the previous audit. This discrepancy is likely to worsen since about one-half of the doctors in the Israel Prison Service have reached retirement age and since the Israel Prison Service has considerable difficulty recruiting doctors to the medical array. Nevertheless, the Israel Prison Service has also performed various actions to rectify the deficiencies noted in the Previous Report. For example, most of the conclusions of the Inter-Ministerial Committee from 2015 and most of the aspects in the plan for re-organization of the medical array have been implemented

The Israel Prison Service should continue to reinforce and optimize the medical service provided to the prisoners, maintain the skills of the medical staff, customize the medical services to the needs of the elderly and chronically ill prisoners and renovate all the clinics and make them accessible. The Salary Supervisor at the Ministry of Finance should work with the Ministry of Public Security and the Israel Prison Service to complete the program examination encouraging the recruitment of specialists to the Israel Prison Service.