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The Right to Health Behind Bars: an Analysis of The Implementation of The Corruption Law on Prisoners Implementation of The Right to Health for Inmates From a Human Rights (HAM) Perspective

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Abstract. *This study aims to examine the implementation of the right to health for inmates (WBP) in Semarang Class I Penitentiary and the variables that influence its effectiveness. This study uses a juridical-empirical approach with qualitative methods. Data collection was conducted through a literature review and interviews with inmates, correctional officers, and medical personnel. Data analysis is described descriptively and analytically by comparing legal standards and field practices, which are analyzed using public policy implementation theory and John Rawls's theory of justice. Based on the study, it is concluded that health services for inmates have basically been implemented through promotive, preventive, curative, and rehabilitative efforts, as well as fulfilling basic needs. However, the implementation has not been optimal due to several main obstacles, namely overcapacity, lack of health workers, inadequate infrastructure, and limited medicines and budget in the referral system. In the review of Rawls's theory of justice, this condition indicates that formal justice has been fulfilled in terms of regulations, but substantive justice still requires improvement so that inmates' health rights can be realized fairly and optimally.*

Keywords: *Health; Implementation; Inmates; Rights.*

1. Introduction

Corrections are a crucial pillar in the integrated criminal justice system in Indonesia, which not only functions as a place for executing punishments, but also bears the responsibility of fulfilling human rights for Correctional Inmates

(WBP).[1]This paradigm shift in criminal justice is reinforced by Law Number 22 of 2022 concerning Corrections (Law 22/2022), which positions the right to health as a fundamental right that remains untouched even when individuals' freedom of movement is restricted.[2]The state is absolutely obliged to guarantee health services, adequate food, and physical and spiritual care for prisoners in accordance with applicable health standards in order to maintain their human dignity.

Although regulations have established ideal normative standards, the reality of correctional facilities in Indonesia reveals a serious structural gap between them and conditions on the ground. Nationally, the occupancy rate of correctional institutions and detention centers has exceeded capacity by 89%, directly impacting the degradation of the quality of basic services, particularly in health care.[3]This overcapacity condition triggers poor sanitation, limited space for movement, and a high risk of infectious disease transmission, so that prisoners often become a vulnerable and "forgotten" group in the public health service chain, especially when facing emergency health crises.[4]

The complexity of fulfilling the right to health is particularly evident at the regional level, particularly in Central Java Province. Semarang Class I Penitentiary, a strategic correctional unit in an urban area with a massive influx of inmates, frequently faces fluctuating inmates that far exceed its ideal capacity.[5]Although Semarang Class I Prison has made efforts to fulfill these rights through the existence of an accredited Primary Clinic, limited human resources, such as the low ratio of general practitioners and dentists compared to the number of inmates, have the potential to significantly hamper the implementation of optimal and responsive health services.[6]

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[1]Doris Rahmat et al., The Function of Correctional Institutions in the Development of Prisoners in Correctional Institutions, Jurnal Widya Pranata Hukum Vol 3 No. 2, 2021, pp. 134-137.

[2]Minister of Law and Human Rights Achmad Al Fiqri Reveals Prisons Are Overcrowded, Capacity 140,424, Capacity 265,346 Inmates, Inews.id,https://www.inews.id/news/nasional/menkumham-ungkap-lapas-overcrowded-kapasitas-140424-napinya-265346accessed November 30, 2025

[3]Editorial, Yasonna Reveals Prisons and Detention Centers Are 89 Percent Over Capacity, CNN Indonesia,https://www.cnnindonesia.com/nasional/20240612181117-12-1109140/yasonna-ungkap-lapas-dan-rutan-over-kapasitas-89-persen accessed on November 30, 2025

[4]Ejo Imandeka and Zuldikri, Preventing Coronavirus in Overcrowded Prisons in Indonesia, Atlantis Press 549, 2021

[5]Fandy Gerungan, Central Java Prison Overcapacity, 23 UPTs Accommodate 15,847 Inmates, Manadopost.id, https://manadopost.jawapos.com/mpedia/286153129/lapas-jawa-tengah-kelebihan-kapasitas-23-upt-tampung-15847-warga-binaan#google_vignetteaccessed November 30, 2025.

[6]Ning Suparningsih, 32 Semarang Prison Inmates Moved to Nusakambangan Island, What's Going On?, Suarabaru.id,https://suarabaru.id/2024/11/11/32-warga-binaan-lapas-semarang-dipindah-ke-pulau-nusakambangan-ada-apaaccessed November 30, 2025.

Several previous researchers have examined the fulfillment of health rights in prisons, the majority of whom have highlighted the problem of drug deficits, minimal treatment room facilities, and the complicated bureaucracy of referrals from prisons to regional hospitals.[7]Unlike previous research, which tended to focus on normative analysis and general facility evaluation, this study takes a more specific approach by examining the empirical realities in urban prisons following the enactment of Law 22/2022. The author believes that this factual and empirical identification of problems is crucial; protecting inmates' right to health is a key manifestation of substantive justice. The process of rehabilitation, rehabilitation, and social reintegration is impossible to achieve if the basic rights that underpin the inmates' survival are neglected.[8]

The gap between progressive regulations and the realities of infrastructure, limited medical personnel, and the high burden of overcrowding at Semarang's Class I Penitentiary demands a comprehensive field evaluation. The implementation of health policies in correctional settings cannot be fully captured without understanding the daily operational obstacles, from the availability of medical facilities to the perceptions of inmates as service recipients.[9]Therefore, research that directly captures the sociological conditions within prisons is crucial for generating policy recommendations, identifying best practices, and ensuring that the state fulfills its legal obligations humanely.[10]

Based on the explanation regarding the gap between normative ideals and empirical reality above, this study aims to identify and comprehensively analyze the implementation of the right to health of Correctional Inmates (WBP) along with the factors that influence it in Class I Semarang Correctional Institution.

2. Research Methods

This study uses an empirical legal approach with descriptive qualitative research specifications. The legal approach is used to examine legal norms related to the fulfillment of the right to health for inmates (WBP), while the empirical approach is applied to directly observe the practice and implementation of the protection of these rights in the Technical Implementation Unit, namely the Semarang Class I Correctional Institution. Qualitative descriptive specifications were chosen to

[7]Editorial, Over Capacity 56 Semarang Prison Inmates Moved to Nusakambangan Prison Lensasemarang,https://www.lensasemarang.com/2024/04/01/over-kapasitas-56-narapidana-lapas-semarang-dipindah-ke-lapas-nusakambangan/accessed November 30, 2025

[8]Public Relations, Providing the Best Health Services, Semarang Prison Refers WBP to Regional General Hospital for Treatment, Semarang Prison News,https://berita.lpsemarang.or.id/berikan-layanan-kesehatan-terbaik-lapas-semarang-rujuk-wbp-ke-rsud-untuk-mendapatkan-perawatan/accessed November 30, 2025

[9]Aditya Rafif, and Rachmayanthy, Implementation of health services to prisoners in overcrowded conditions. Journal of Management – Correctional Management, Vol 18 No.1, 2025, p. 441–450.

[10]Jack Donnelly, 2013, Universal human rights in theory and practice (3rd ed.), Cornell University Press, Ithaca, NY. h. 7-10..

present a systematic, factual, and accurate picture of the real conditions of the implementation of Law Number 22 of 2022 concerning Corrections without data manipulation.

The data sources in this study consist of primary and secondary data. The primary data collection method was carried out through field studies in the form of in-depth interviews with relevant parties who have the competence and authority in implementing the correctional system at the Class I Semarang Prison. Meanwhile, secondary data collection was carried out through a literature study that examined primary, secondary, and tertiary legal materials. The primary legal materials consist of the 1945 Constitution of the Republic of Indonesia, Law Number 39 of 1999 concerning Human Rights, Law Number 22 of 2022 concerning Corrections, Law Number 17 of 2023 concerning Health, and Regulation of the Minister of Immigration and Corrections Number 1 of 2025 concerning Health and Food Service Standards. Secondary legal materials include books, scientific articles, and research reports, while tertiary legal materials use legal dictionaries and encyclopedias to clarify the meaning in both primary and secondary legal materials.

All collected data was then processed using qualitative data analysis methods. This process involved reviewing, categorizing, and selecting primary and secondary data to ensure its validity and relevance to the facts on the ground. The organized data was then systematically linked to the research problem. The results of this analysis were finally presented descriptively to formulate comprehensive conclusions regarding the effectiveness and implementation of the right to health for inmates at the Class I Semarang Penitentiary.

2. Results and Discussion

3.1. The Right to Health of Inmates at Class I Semarang Penitentiary

The regulation of the right to health for Correctional Inmates (WBP) is based on a constitutional foundation that places health as a fundamental right inherent in every individual. Article 28H paragraph (1) and Article 34 paragraph (3) of the 1945 Constitution of the Republic of Indonesia firmly places the state as the duty bearer in providing health service facilities without discrimination.[11] [12]Within the framework of a welfare state, restrictions on the physical freedom of prisoners do not necessarily invalidate their constitutional right to health.[13] [14] [15] [16]In fact, from

[11]Doris Rahmat et al., The Function of Correctional Institutions in the Development of Prisoners in Correctional Institutions, Jurnal Widya Pranata Hukum Vol 3 No. 2, 2021, pp. 134-137.
[12]Minister of Law and Human Rights Achmad Al Fiqri Reveals Prisons Are Overcrowded, Capacity 140,424, Capacity 265,346 Inmates, Inews.id,https://www.inews.id/news/nasional/menkumham-ungkap-lapas-overcrowded-kapasitas-140424-napinya-265346accessed November 30, 2025
[13]Ejo Imandeka and Zuldikri, Preventing Coronavirus in Overcrowded Prisons in Indonesia, Atlantis Press 549, 2021

an Islamic legal perspective, this guarantee aligns closely with the principles of maqāṣid al-syarī'ah, specifically the aspect of ḥifẓ al-nafs (protection of life). Within this concept, neglecting health services for prisoners can be viewed as a violation of the primary objective of sharia, which is to protect the survival of humanity as a whole.[17] [18]Therefore, this constitutional recognition must be realized in concrete legal protection practices.[19] [20] [21]

The human rights perspective enshrined in Law Number 39 of 1999 concerning Human Rights further emphasizes the inherent right to health. Referring to Articles 2 and 3 of the a quo regulation, this guarantee of non-discriminatory human rights protection can be sharply analyzed using John Rawls's theory of justice. This recognition aligns with the principle of equal basic liberties, which states that every human being has fundamental freedoms and rights that cannot be reduced under any circumstances.[22] [23] [24]Furthermore, the guarantee of the right to a healthy environment (Article 9 paragraph 3) and the right to self-development (Article 12) for WBP is a manifestation of the principle of fair

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[14]Fandy Gerungan, Central Java Prison Overcapacity, 23 UPTs Accommodate 15,847 Inmates, Manadopost.id, https://manadopost.jawapos.com/mpedia/286153129/lapas-jawa-tengah-kelebihan-kapasitas-23-upt-tampung-15847-warga-binaan#google_vignetteaccessed November 30, 2025.

[15]Ning Suparningsih, 32 Semarang Prison Inmates Moved to Nusakambangan Island, What's Going On?, Suarabaru.id,https://suarabaru.id/2024/11/11/32-warga-binaan-lapas-semarang-dipindah-ke-pulau-nusakambangan-ada-apaaccessed November 30, 2025.

[16]Editorial, Over Capacity 56 Semarang Prison Inmates Moved to Nusakambangan Prison Lensasemarang,https://www.lensasemarang.com/2024/04/01/over-kapasitas-56-narapidana-lapas-semarang-dipindah-ke-lapas-nusakambangan/accessed November 30, 2025

[17]Editorial, Yasonna Reveals Prisons and Detention Centers Are 89 Percent Over Capacity, CNN Indonesia,https://www.cnnindonesia.com/nasional/20240612181117-12-1109140/yasonna-ungkap-lapas-dan-rutan-over-kapasitas-89-persen accessed on November 30, 2025

[18]Ejo Imandeka and Zuldikri, Preventing Coronavirus in Overcrowded Prisons in Indonesia, Atlantis Press 549, 2021

[19]Public Relations, Providing the Best Health Services, Semarang Prison Refers WBP to Regional General Hospital for Treatment, Semarang Prison News,https://berita.lpsemarang.or.id/berikan-layanan-kesehatan-terbaik-lapas-semarang-rujuk-wbp-ke-rsud-untuk-mendapatkan-perawatan/accessed November 30, 2025.

[20]Aditya Rafif, and Rachmayanthy, Implementation of health services to prisoners in overcrowded conditions. Journal of Management – Correctional Management, Vol 18 No.1, 2025, p. 441–450.

[21]Jack Donnelly, 2013, Universal human rights in theory and practice (3rd ed.), Cornell University Press, Ithaca, NY. h. 7-10.

[22]Soekidjo Notoatmodjo, 2010, Public health science: Basic principles. Rineka Cipta, Jakarta, pp. 3-4.

[23]Barda Nawawi Arief., 2010, Legislative Policy in Combating Crime with Imprisonment, Diponegoro University Publishing Agency, Semarang, pp. 23-25.

[24]Sahardjo, 1964, Principles of Correctional Services. Department of Justice of the Republic of Indonesia, Jakarta. P. 6-7.

equality of opportunity in the distribution of primary goods.[25] [26] [27]Given that prisoners are in total institutions under full state control, they are classified as the least advantaged group. Based on Rawls' difference principle, the state is obliged to prioritize them to correct structural inequalities, so that the state's obligation to respect, protect, and fulfill human rights (Articles 71 and 72) can be substantively achieved.[28] [29] [30]

Specifically in the medical realm, Law Number 17 of 2023 concerning Health places a rights-based approach as a pillar of service delivery. This regulation philosophically removes the barrier of a patient's legal status; the state custody of prisoners actually reinforces the urgency of optimally fulfilling these rights.[31] [32]Crucial provisions such as Articles 2, 3, and 4 guarantee that WBP have the right to access safe, quality services, while still upholding the principles of patient autonomy, such as informed consent and medical confidentiality, just like the general public.[33]Through this policy, the state is burdened with an absolute obligation to provide health resources, facilities, and access to referral services (Articles 20, 23, 24, and 28) that touch on the promotive, preventive, curative, and rehabilitative areas in an integrated manner.

The fulfillment of this right to health is also inseparable from the transformation of the criminal justice system in Indonesia, which has shifted from a repressive paradigm to a corrective and rehabilitative paradigm through Law Number 22 of 2022 concerning Corrections.[24] Articles 7, 9, and 12 of this law explicitly require the provision of adequate health and food services for prisoners in order to maintain their human dignity. When examined using the policy implementation framework of George C. Edward III, the success of this correctional norm is highly dependent on the interaction of four factors:

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[25]Priyatno, D. (2013). The correctional system from a human rights perspective. Ius Quia Iustum Law Journal, Vol 20 No 1, 2013, pp. 108–112.
[26]United Nations, 2015, United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules). New York: United Nations. Rules 1 and 24.
[27]Sri Endang Wahyuningsih, et al.. Protection of prisoners' rights in the criminal justice system in Indonesia. Journal of Education and Practice, Vol 14 No 36, p. 1–9.
[28]Budi Winarno, 2008, Public Policy: Theory and Process, Media Pressindo, Yogyakarta, pp. 146-147.
[29]Solichin Abdul Wahab, 2008, Policy Analysis: From Formulation to Implementation of State Policy, Kencana, Jakarta, p. 65.
[30]AG. Subarsono, 2012, Public Policy Analysis: Concepts, Theories and Applications, Pustaka Pelajar, Yogyakarta, pp. 90-92.
[31]Doris Rahmat et al., The Function of Correctional Institutions in the Development of Prisoners in Correctional Institutions, Jurnal Widya Pranata Hukum Vol 3 No. 2, 2021, pp. 134-137.
[32]Minister of Law and Human Rights Achmad Al Fiqri Reveals Prisons Are Overcrowded, Capacity 140,424, Capacity 265,346 Inmates, Inews.id,https://www.inews.id/news/nasional/menkumham-ungkap-lapas-overcrowded-kapasitas-140424-napinya-265346accessed November 30, 2025
[33]Ejo Imandeka and Zuldikri, Preventing Coronavirus in Overcrowded Prisons in Indonesia, Atlantis Press 549, 2021

communication between stakeholders, the availability of resources (medical and budgetary), the disposition or commitment of officers, and the bureaucratic structure within correctional institutions.[34] [35]Meanwhile, the implementation theory of Merilee S. Grindle views that in terms of the content of policy, this law is very progressive, including the provision of special protection for vulnerable groups such as the elderly, children, and pregnant women.[36]However, in the context of implementation, the realization of this norm often clashes with empirical reality in the field, creating a gap between formal justice (law in books) and substantive justice (law in action).[37]

To bridge the gap between law and practice, Minister of Immigration and Corrections Regulation Number 1 of 2025 was issued as a technical instrument governing Health and Food Service Standards in correctional settings. This regulation establishes systematic operational guidelines, ranging from mandatory initial health screenings and periodic check-ups to standards for fulfilling inmate nutrition. Borrowing analytical insights from Daniel A. Mazmanian and Paul A. Sabatier, this technical regulation has excellent clarity of purpose because it is able to formulate how the characteristics of medical problems in prisons—which are overcrowded and high risk of disease transmission—should be addressed through measurable procedures.[38] [39] [40]Nevertheless, Mazmanian and Sabatier's theoretical framework also provides a reminder that the availability of environmental support for implementation and non-legal variables greatly determine whether the ideal standards in these regulations can be executed evenly across correctional units, or whether they are hampered by bureaucratic and logistical realities.[41]Based on the review of the five instruments, it can be concluded that in terms of das sollen, the construction of the right to health of WBP has a comprehensive, strong and just legal basis.

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[34]John Rawls. A Theory of Justice, London: Oxford University Press, translated into Indonesian by Uzair Fauzan and Heru Prasetyo, 2006, Theory of Justice: The Basics of Political Philosophy to Realize Social Welfare in the State, Pustaka Pelajar, Yogyakarta, p. 90.

[35]Hans Kelsen, 2011, General Theory of Law and State, translated by Rasisul Muttaqien, Nusa Media, Bandung, p. 7.

[36]Soerjono Soekanto, 2015, Introduction to Legal Research, UI-Press, Depok, p. 67.

[37]Amiruddin, 2012, Introduction to Legal Research Methods, PT. Raja Grafindo Persada, Jakarta, p. 34

[38]Sugiyono, 2009, Quantitative, Qualitative and R&D Research Methods, Alfabeta, Bandung, p.29.

[39]Djulaeka, Devi Rahayu, 2020, Textbook of Legal Research Methods, Scopindo Media Putaka, Surabaya, p. 37.

[40]Jack Donnelly, 2013, Universal human rights in theory and practice (3rd ed.), Cornell University Press, Ithaca, NY. h. 7-10.

[41]Rismanto J. Purba, Sri Enda Wahyuningsih, & Anis Mashudorohatun, Restorative justice in the criminal justice system of Indonesia. International Journal of Law Management & Humanities, Vol 6 No 2, 2023, pp. 233–249.

3.2. Implementation of the Right to Health for Inmates at Class I Semarang Penitentiary

The implementation of the right to health for inmates (WBP) at the Class I Semarang Penitentiary is an empirical manifestation of the state's constitutional and legal obligations outlined previously. To evaluate the extent to which this implementation reflects substantive justice, John Rawls's theory of justice, particularly the concept of justice as fairness, serves as a highly relevant analytical tool. This theory emphasizes the importance of equitable resource distribution and maximum protection for the least advantaged. Referring to Rawls's first principle, namely equal basic liberties, every inmate retains the fundamental right to a decent life, including health, even if they are experiencing restrictions on their physical freedom.[42]Findings at Semarang Class I Prison indicate that normatively and operationally, these basic rights have been recognized and efforts are being made to fulfill them, as confirmed by the medical personnel on duty, namely Dr. Dhewi Sukowati, Wiwik Purwaningsih, and Arif Wibowo.[43] [44] [45]

Concrete steps toward fulfilling this right are evident in the provision of comprehensive health services, encompassing promotive, preventive, curative, and rehabilitative aspects. In this promotive and preventive aspect, Semarang Class I Prison routinely organizes health education programs, maintains environmental sanitation, and takes steps to prevent infectious diseases.[46]From a Rawlsian perspective, this initiative reflects the creation of fair equality of opportunity, where every inmate is given equal opportunities and education to maintain their health in the high-risk prison environment.[47]Meanwhile, at the curative level, the availability of routine health checks, treatment, and a referral system to advanced health facilities confirms that the state is present in responding to the medical needs of inmates.[48]In terms of rehabilitation, special care for elderly prisoners or those suffering from chronic illnesses is empirical evidence of the application of the difference principle, where the most

[42]Japar, M., Semendawai, AH, Fahruddin, M., & Hermanto, Health law viewed from the perspective of human rights protection. Journal of Legal Interpretation, Vol 5 No. 1, 2023, pp. 952–961.
[43]Rotinsulu, S., Rimbing, N., & Elias, R. F, Legal review of prisoners' rights according to Law Number 12 of 1995. Lex Privatum, Vol.12 No.2, 2023, pp. 5–7.
[44]Putri, DW, & Karim, A. Legal protection of the right to adequate health for elderly female correctional inmates. Juris Humanity, Vol.2, No.1, 2023, pp. 21–23.
[45]Maaruf, NA, & Prasetyo, H. John Rawls' theory of justice in relation to the equitable distribution of drugs in Indonesia. Causa, Journal of Law and Citizenship, Vol.5 No.(3), 2022, pp. 45–47.
[46]Barda Nawawi Arief., 2010, Legislative Policy in Combating Crime with Imprisonment, Diponegoro University Publishing Agency, Semarang, pp. 23-25.
[47]Sahardjo, 1964, Principles of Correctional Services. Department of Justice of the Republic of Indonesia, Jakarta. pp. 6-7.
[48]Priyatno, D. (2013). The correctional system from a human rights perspective. Ius Quia Iustum Law Journal, Vol 20 No 1, 2013, pp. 108–112.

vulnerable groups in prison receive a more intensive portion of treatment and attention according to their vulnerability.[49] [50] [51] [52] [53]Furthermore, the distribution of essential needs in the form of nutritious food, clean water, and a hygienic environment is a form of providing primary goods that are fundamental to human survival.[54] [55] [56]

An analysis of public policy implementation would be incomplete without validating the perspectives of service recipients (living law). Testimonies from inmates such as Abdul Adib bin Munanji, Bambang Susilo bin Nursalim, Slamet Arofik, and Ali Mas'ud provide empirical confirmation that health rights in Semarang Class I Prison have been functionally implemented.[57]Abdul Adib and Bambang Susilo confirmed that procedures for submitting medical complaints were openly available, both through block officers and directly at the clinic, as well as the availability of medicines and basic health education.[58] [59]In terms of livability, Slamet Arofik highlighted that the agenda of cleaning the residential block environment and providing clean water is routinely carried out, which directly contributes to ensuring a healthy environment.[60]Regarding serious medical cases, Ali Mas'ud validated the existence of a referral mechanism to external hospitals for chronic illnesses that cannot be handled by the prison clinic.[61]This series of testimonies theoretically proves the achievement of procedural justice, where the correctional system has succeeded in building an access mechanism that allows every individual to demand and obtain their health rights.

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[49]United Nations, 2015, United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules). New York: United Nations. Rules 1 and 24.
[50]Sri Endang Wahyuningsih, et al.. Protection of prisoners' rights in the criminal justice system in Indonesia. Journal of Education and Practice, Vol 14 No 36, p. 1–9.
[51]Al-Shatibi, Al (2004). Al-Muwafaqat fi Usul al-Shari'ah. Cairo: Dar al-Hadith. h. 8–10
[52]Kamali, M.H. (2008). Shari'ah Law: An Introduction. Oxford: Oneworld Publications. h. 124–126
[53]Zahrah, M.A. (1958). Sulaw al-Fiqh. Cairo: Dar al-Fikr al-'Arabi. h. 45–47
[54]Kamali, M.H. (1999). Freedom, Equality and Justice in Islam. Cambridge: Islamic Texts Society. h. 102–104
[55]Andi Hamzah, 2008, Principles of Criminal Law, Rineka Cipta: Jakarta, p. 198; see also Mardjono Reksodiputro, 2007, Criminology and the Criminal Justice System, UI Press: Jakarta, p. 145.
[56]Jimly Asshiddiqie, 2010, The Constitution and Constitutionalism of Indonesia, Sinar Grafika: Jakarta, p. 221.
[57]Bagir Manan, 2004, Development of Thought and Regulation of Human Rights in Indonesia, Alumni: Bandung, p. 27.
[58]Edi Suharto, 2009, Poverty and Social Protection in Indonesia, Alfabeta: Bandung, p. 12; see also W. Friedmann, 1960, Law in a Changing Society, Stevens & Sons: London, p. 5.
[59]W. Riawan Tjandra, State Administrative Law (Yogyakarta: Atma Jaya University, 2014), p. 89.
[60]World Health Organization, 2007, Health in Prisons: A WHO Guide to the Essentials in Prison Health, WHO Regional Office for Europe: Copenhagen, p. 1; see also Rick Lines, "The Right to Health of Prisoners in International Human Rights Law," International Journal of Prisoner Health Vo. 14, No. 3, 2018, dd. 5
[61]Lawrence M. Friedman, 1975, The Legal System: A Social Science Perspective, Russell Sage Foundation: New York:, p. 15.

Although normative and procedural recognition have been met, analysis using Rawls's theory of justice also reveals residual problems in achieving substantive justice. Accounts from both inmates and medical personnel suggest crucial limitations resulting from resource deficits—such as long waiting times for examinations, cumbersome bureaucratic referral procedures, and a disproportionate ratio of medical personnel to the high number of inmates.[62] [63]Within the framework of the difference principle, this reality demonstrates that the medical service distribution system has not been able to provide optimal protection and benefits to prisoners as a vulnerable group. Correctional institutions face structural constraints that distort service effectiveness, creating a gap between idealized health service standards (formal justice) and the empirical reality on the ground. This emphasizes that transforming procedural justice into substantive justice requires continuous improvement of structural and logistical capacity.

3.3. Factors Influencing the Effectiveness of the Implementation of the Right to Health of Correctional Inmates at Class I Semarang Correctional Institution

The effectiveness of implementing the right to health for inmates (WBP) in Semarang Class I Penitentiary does not operate in a vacuum, but rather depends heavily on the complex interaction between legal norms, institutional capacity, and sociological realities on the ground. Theoretically, to measure the extent to which distributive justice for this least advantaged group is fulfilled, John Rawls's concept of justice as fairness asserts that formal recognition of rights must be accompanied by the institution's ability to distribute resources fairly and proportionally.[64] [65]Based on empirical findings through interviews with Dr. Dhewi Sukowati, Wiwik Purwaningsih, and Arif Wibowo, the effectiveness of fulfilling this right is still hampered by various structural obstacles.[66]

To address these obstacles, public policy analysis is a crucial tool. According to George C. Edward III's theory, bureaucratic structure, implementer disposition, policy communication, and resource availability are key determinants of successful implementation.[67] [68] [69] [70]This is reinforced by the views of Merilee S.

[62]Zahrah, M.A. (1958). Sulaw al-Fiqh. Cairo: Dar al-Fikr al-'Arabi. h. 45–47
[63]Kamali, M.H. (1999). Freedom, Equality and Justice in Islam. Cambridge: Islamic Texts Society. h. 102–104
[64]Jimly Asshiddiqie, 2010, The Constitution and Constitutionalism of Indonesia, Sinar Grafika: Jakarta, p. 119.
[65]Ministry of Health of the Republic of Indonesia, 2023, Explanation and Academic Manuscript of Law Number 17 of 2023 concerning Health, Ministry of Health of the Republic of Indonesia: Jakarta, p. 15.
[66]Jimly Asshiddiqie, 2010, The Constitution and Constitutionalism of Indonesia, Sinar Grafika: Jakarta, p. 221.
[67]Tom L. Beauchamp & James F. Childress,, 2013, Principles of Biomedical Ethics, Oxford University Press: Oxford:, p. 101.

Grindle who highlights the trade-off between the content of policy and the context of implementation, as well as the analytical framework of Daniel A. Mazmanian and Paul A. Sabatier regarding the characteristics of the problem, the carrying capacity of the law, and non-legal environmental variables.[71]The integration of these theories reveals five main factors that significantly reduce the effectiveness of the implementation of the right to health in Class I Prison Semarang:

1. Overcapacity occurs

Overcapacity is the most destructive inhibiting variable because it triggers a domino effect on the entire prison service ecosystem. The explosion in the number of inmates that is not proportional to the ideal capacity creates structural injustice. From Rawls' perspective, overcapacity destroys the principle of fair equality of opportunity, where service time becomes very limited, treatment rooms are inadequate, and inmates lose equal opportunities to be treated quickly. Empirically, Dr. Dhewi Sukowati confirmed that the high volume of patients triggers work fatigue (burnout) among medical personnel. In Edward III's view, this is a fatal deficit in resource variables. Meanwhile, according to Mazmanian and Sabatier, overcapacity is a reflection of the structural problems of the macro-level criminal justice system that cannot be resolved simply by administrative intervention at the prison level, but rather demands a decarceralization policy.

2. Limited Number of Health Workers

The second factor is the ratio of medical personnel at the Primary Clinic which is very unequal compared to the WBP population.[72]Wiwik Purwaningsih emphasized that the massive workload forced services to shift from a promotive-preventive approach to a purely reactive-curative approach (only handling urgent cases).[73]According to Rawls, medical personnel are primary goods (essential resources) that fail to be distributed equitably, thus violating the rights of vulnerable groups. From Grindle's perspective, this limitation demonstrates weak institutional capacity (context of implementation), while Mazmanian and

[68]John Rawls,1999, A Theory of Justice (Revised ed.), MA: Harvard University Press: Cambridge, p. 53.
[69]Norman Daniels, 2008, Just Health: Meeting Health Needs Fairly, Cambridge University Press: Cambridge, p. 34.
[70]Law 39 of 1999 concerning Human Rights
[71]John Rawls, 1999, A Theory of Justice (Revised Edition), Harvard University Press: Cambridge, p. 73.
[72]Asbjørn Eide, 1992, Economic, Social and Cultural Rights as Human Rights, Martinus Nijhoff Publishers: Dordrecht, p. 162.
[73]Erving Goffman, 1961, Asylums: Essays on the Social Situation of Mental Patients and Other Inmates, Anchor Books: New York, p. 4.

Sabatier view it as a policy design anomaly that fosters ideal standards but neglects planning for human resource allocation.

3. Incomplete Facilities and Infrastructure

Optimizing diagnosis and medical interventions is highly dependent on the availability of medical equipment and space infrastructure. Arif Wibowo highlighted that limited facilities force prison clinics to rely heavily on external referral systems, which, ironically, often delays emergency medical care.[74] [75]According to Edward III's theory, physical infrastructure is the backbone of resource variables; its absence renders even the most effective policies crippled on the ground. This limitation widens the gap between the formal justice guaranteed by law and the substantive justice received by prisoners.

4. Limited Supply of Medical Drugs

The scarcity of drug stocks is a logistical crisis that has direct implications for the threat of disease complications, considering that medical personnel are often forced to provide minimal or symptomatic therapy (only relieving symptoms).[76]The state's failure to secure the drug supply chain directly undermines Rawls's difference principle, stating that the most marginalized groups of prisoners bear the greatest risk from the unequal distribution of resources. In Grindle's analysis, this bottleneck stems from poor logistics and budget management, crucial variables in the implementation environment.

5. Financing Budget Limitations (Especially Referral System)

The fifth factor hindering service effectiveness is limited fiscal capacity, particularly to cover the costs of the medical referral system (hospital treatment, transportation, and escorts). The referral mechanism is the last safety net for prisoners' right to life. Delays in treatment due to budget bureaucracy reflect distributive injustice in the allocation of public funds. Within Mazmanian and Sabatier's framework, budget constraints reveal the harsh reality that correctional health policies are still undervalued and face intense competition with other sector priorities, thus preventing the financial stability necessary to support policy implementation.

[74]John Rawls, 1999, A Theory of Justice (Revised Edition), Harvard University Press: Cambridge, p. 83.
[75]Dwidja Priyatno, 2006, Imprisonment Sentence Implementation System in Indonesia, Refika Aditama: Bandung, p. 45.
[76]John Rawls, 1999, A Theory of Justice (Revised Edition), Harvard University Press: Cambridge, p. 53.

4. Conclusion

The right to health for inmates (WBP) in Semarang Class I Penitentiary is a fundamental human right that must be guaranteed by the state without discrimination, encompassing a spectrum of promotive, preventive, curative, and rehabilitative services, as well as the fulfillment of basic nutritional and environmental sanitation needs. Operationally, the implementation of the fulfillment of this right has been carried out through the provision of comprehensive medical services and a functional complaint mechanism, so that formal justice standards have basically been met. However, the effectiveness of its implementation in the field has not been able to fully realize substantive justice due to the gap between normative standards and empirical reality. This is caused by five interrelated structural inhibiting factors, namely overcapacity of inmates, limited health worker ratios, inadequate medical facilities and infrastructure, a deficit in the availability of medicines, and limited budget financing for the referral system to hospitals. Therefore, to ensure the fulfillment of inmates' health rights in a fair, efficient, and dignified manner, continuous improvement interventions are absolutely necessary through strengthening institutional capacity, proportional distribution of resources, and comprehensive improvement of criminal justice system policies.

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