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PLACES OF DETENTION IN POLAND

*Report from the visit of the delegation of human rights NGOs to places of detention Poland on
24 – 26 October 2005*

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1. Introduction: Context and purpose of the visit

On October 24-26, 2005 representatives of the International Helsinki Federation for Human Rights (IHF) conducted a mission on monitoring places of detention in Poland. The mission was the fifth under the project "Preventing Torture in the Closed Institutions of Central and Eastern Europe", financed by the European Commission. The project has eight partner organisations from Eastern and Western European countries. The leading partner in this project is the Bulgarian Helsinki Committee. The organisations include (in alphabetical order):

Bulgarian Helsinki Committee
Greek Helsinki Monitor
Helsinki Committee for Human Rights in Serbia
Helsinki Committee for Human Rights in the Republic of Macedonia
Helsinki Foundation for Human Rights in Poland
Hungarian Helsinki Committee
International Helsinki Federation for Human Rights (IHF)
Moscow Helsinki Group

Six of the partner organisations work on monitoring places of detention in their own countries on a daily basis. Representatives of all organisations take part in monitoring the observance of human rights standards in the detention facilities in the countries of Eastern Europe.

The mission was focused to monitor the respect for the human rights of the persons placed involuntarily in public institutions. The observers based their monitoring on the international standards for the treatment of persons deprived of their liberty. In Poland the mission was focused on four types of institutions:

Penal and other penal institutions in Poland have had a long tradition to be open for outside screening. At least some access for access to those institutions for universities, including students and for humanitarian organizations was possible in Poland also under the communist regime. Since entering into force on September 1, 1998 this access is guaranteed by the Code of Execution of Penalties. There is a separate chapter of the Code "Participation of the society in execution of judicial decisions and assistance in social readaptation of convicts" (Articles 38-43). Article 42 guarantees to that "any convict can establish, in written form, a person worthy of trust as his representative, especially representatives of societies, foundations or other organizations and institutions." (§ 1); „Representative of a convict can act only in interest of convict, and a such to lodge motions, complaints and requests to proper public organs or institutions, societies, foundations, organizations, churches." (§ 2). President of the court can allow the representative, on the motion of convict, to participate in proceedings of a penitentiary court." (§ 3).

During the mission, the IHF delegation put together three monitoring teams comprising of 4-7 persons each. These teams visited up to two facilities a day. All visitors were welcomed by the relevant institution authorities. One third of the IHF delegation members had sufficient knowledge of the Polish language to establish communication with the authorities and the inmates. The other members were assisted with interpreters provided by the Helsinki Foundation for Human Rights in Poland.

The IHF delegation always insists on conducting private interviews with inmates. There was no resistance from the relevant institutions personnel.

2. POLICE DETENTION HOUSE FOR JUVENILES IN GDAŃSK

Visited on October 24, 2005 from 16:00 – 19:00 by the following Mission team: Zbigniew Lasocik, Andrzej Kremplewski, Zorana Markovic and Zarko Trajanoski.

General information

Police Detention House for Juveniles in Gdańsk [Police House] is located in a two storey residential type of house, in a secluded, villa part of the town. The house is surrounded by a high wire fence, has a small front yard, huge backyard with basketball playground. The Police House was built between 1923-1926 and during the WW Two was used as dormitory for Wehrmacht. It was renovated in 2004, notably the control room and special place for visits that is now set up as separated but not isolated visit (glass separation) according to the visiting regulations.

The ground floor comprises of rooms for the staff and security room, visiting room as well as rooms for daily activities (communal rooms). Bedrooms, toilets and bathrooms as well as two isolation cells are on the first floor. The modern kitchen, dining room and a small gym are located in the basement.

Categories of inmates

The Police House has the capacity for 25 minors, although usually there are 5-8 minors staying. At the moment of the visit there was no minors detained in the premises and not any from the previous two weeks.

According to the staff the team met during the visit minors are brought to the unit in 2 cases:
if they have committed illegal action and they are of age from 13-17,
if they have escaped the correctional facilities for juveniles and they are of age from 13-21,

In practice however, all minors up to age of 18 are detained in the unit, all those of 18 and over are escorted to the police detention. It is done in accordance with the Polish regulations defining the child as a person up to 18 years of age.

Up to 2001, the unit was taking also children who run away from homes or other institutions, but that is no longer the case. Those cases are nowadays taken into the state care homes until they are picked by parents or custodians.

Minors taken to this unit for the first time could be detained up to 72 hours. After that time are handed over to the parents through police. This institution check up on child before it is handed to the parents as they are obliged to start the file. Minors taken for the second time could be held up to 5 days in this unit.

In practice, however minors are usually held for 24 hours, 48 sometimes, never 72 hours. If the child is taken on Friday, he will be held through weekend and transferred on Monday and the unit has never exceeded the time limit.

In the case of escape of correctional institution, the arrest warrant is issued by the Court. Otherwise minor can be found committing illegal activity and will be brought in to this unit without police knowing he had escaped.

The detention procedure was thoroughly explained to our visitors.

Once the minor is detained the *juvenile detention report* is filled by the officer on duty. They specially fill in data on how the parents were notified, details on Court being notified (which has to be done within 24 hours or have to release the juvenile) and details on police officer who brought in the child and person who the child was handed over.

The statistical data offered to the team showed that the total of 190 minors have been brought to this unit during this year. Out of that number 10-20% have been girls.

Admission

Two police officers bring the child, one doing the paper work. The duty officer of the juvenile unit checks the data, notably the age of the child, the reason of detention, signature of a minor that he knows his rights.

Medical check up is not mandatory, it is provided if needed and the child is asked about the doctor. If the medical treatment is necessary, the child is sent to the nearby medical centre accompanied by two police officers.

The juvenile police unit is not allowed to detain minors under alcohol, drugs or mental diseases.

The minor takes out all the objects in possession and a separate document on that is filled and signed. Their clothes are taken and they are given the uniform package – towels, socks, pyjamas, slippers, shoes for outdoor activities and training suits.

Minor is informed on house rules and regulations, daily routine, schedule and visiting rules. According to the staff, the routine is flexible.

Minors are checked on any marks, tattoos, rashes or bruises.

Staff and security measures

The Police House has a staff of 12 and a Director. Most of the employees have a teacher's education, are pedagogues. They work in 12 hours shift on day. Night shifts include case worker and duty officer. The shift schedule is two working days followed by two days off.

All rooms within the building are kept locked, with only outside handles. Bedrooms are equipped with a ring bell inside for minors to press in need. Minors are taken around accompanied by teachers at all times. The teacher wakes them up, takes to the bathroom, then to the breakfast, to communal room and spends all day with them.

In addition the premises are covered with 24 hours CCTV. All bedrooms, daily rooms, kitchen and outside playgrounds are monitored with total of 18 cameras!. The control room has a computer and monitors providing surveillance at all times. To that purpose bedrooms have additional dim light for the night to enable camera to record all the movements.

The building is surrounded by a high barbed wire fence and 2 cameras monitoring that area.

Living conditions and nutrition

Notwithstanding the year of construction of the building, the premises are kept clean and are freshly painted, with control room, visiting room being renovated a year ago.

The communal room used for daily activities is very large, spacious with enough natural and artificial light. It has only the necessary furniture, tables and chairs and a TV set in one corner. Walls display art works and drawings of the children. Another daily room accommodates a table tennis equipment and doors leading to the outside playground.

Upstairs bedrooms are of different size with different number of beds (from 6 to 8) roughly complying to the required standards. Rooms have large windows, artificial lights that provide for reading and dim lights for night surveillance. Bed sheets are clean. Storage shelves are located outside bedrooms in a hall.

Meals are provided any time of the day due to the modern kitchen in the basement. They are served in the dining room next to it. Food is kept in a cold storage room and a fridge that are kept behind the locked door.

Activities

The Police House does not provide for education due to the short time of the stay. However minors are offered communal room sports (table tennis), basketball and outdoor sport activities (tennis and football) and gym in the basement.

Being at all times with teachers they have the opportunity of interviews, conversations, reading of daily newspapers and magazines (eg. Polish edition of the *National Geographic* magazine or others sent directly by publishers).

Medical care

Apart from the medical check up provided for at admission only if necessary, the medical care is organized by doctor coming to the premises from the nearby medical centre that operates within the Ministry of Interior and Administration (centre for uniformed services). Minors are taken to the centre only to the dentist.

If the minor is under the medication treatment parents are contacted and medication administered. Hygienic supply is provided for girls.

Disciplinary measures

The most frequent measure imposed on minors is reprimand. In extreme cases the physical force is used and isolation. Isolation room can be any room at the premises as long as it is quiet. Although two isolation rooms exist they are not used as they are too small. According to the staff, if minor is agitated it would be too dangerous to leave him in such a room.

Use of force

In case the force is used it has to be recorded. The report has to be written by the officer. Use of force happen only once in several years.

Contacts with outside world

All contacts with parents, custodians and lawyers are carefully regulated. Parents and custodians are allowed the visits only with the consent of the judge or the person in charge of the procedure or the Director. During the visits they are not to discuss the case.

The lawyer is allowed to meet the minor in private. It will be under the video surveillance but without sound recorded.

The visiting area was renovated and has a glass separation. Parents always meet minors under the supervision of the duty officer and this physical barrier. That can be removed if parents ask provided duty officer decides based on security reasons.

Inspection

Inspection to the premises is done once in a year or twice by the Family Judge, prosecutors, regional police HQ, sanitary inspection (twice a year) and Ombudsman.

3. POLICE JAIL IN MALBORK

The observation by Andrzej Rzepliński. Visit was performed on 24 October 2005, from 16:00 to 17:10.

General information

The unit and data concerning the Police Jail [Jail] were presented by the Commanding Officer of the County Police Headquarters [KPP] in Malbork, junior inspector Wojciech Ostrowski. The Commanding Officer was assisted by his two deputies.

KPP in Malbork is one of the smallest police headquarters in Pomerania, Poland. It includes three police stations working in four neighboring communities (there are 65 thousand residents altogether).

In 2004, for the second time in a row, KPP won the contest organized by the Head of the Civil Service for “the friendliest government administration office of the year”. The contest is held according to the rules defined by the European Commission.

Malbork itself, like the whole county, is a peaceful place from the residents’ safety point of view. The main industry of this area is a big sugar factory and efficient agriculture and a massive castle dating back to the end of the 13th century (500 000 tourists a year) – a tourist site with a great potential. Even the last feature does not pose any criminogenic threat. The Commanding Officers hardly remember any murder committed in this area. The most popular crime is pilfering. In 2004 in the Malbork county there were 2285 crimes recorded (739 less than in the previous year). KPP in Malbork has its own webpage – led to by a direct link from Malbork’s City Hall Office site (www.malbork.pl).

KPP also “provides services” on behalf of KPP in Sztum in the scope of placing individuals halted under the Code of Legal Proceedings of 1997 (Article 243-248) and the Police Act of 1990 (Article 15§1, points 2-3) and placing inebriated individuals under the Act of Upbringing in Sobriety and Counteracting Alcoholism of 1982 (Article 40-42) in the police jail. Sztum counts 43 thousand inhabitants and its KPP has no police jail. If needed, the Jali of KPP in Malbork also accepts detainees and inebriated from the territory of neighboring counties.

The police jail [areszt policyjny] is a popular name. The official name, given by the Police Act, is long and descriptive and it is not used in practice, even by policemen: “Premises within the Police organization units for detainees and inebriated individuals brought to in order to become sober” (Article 15§10 and the Ordinance of Minister of Interior and Administration issued on the basis thereof (the last version of this ordinance is of 21 March 2003 – on conditions of premises within the Police organization units for detainees and for inebriated brought to in order to become sober and on regulations of stay in such premises [Ordinance]). The policemen usually call it the “police detention facility”.

Capacity

The Jail has 12 cells (according to §2.1.1 of the Ordinance, a „cell” is called a „room” – a term which is not used in practice). The Commanding Officer, Wojciech Ostrowski said that most of the cells in his jail are single cells (10) and there are two double cells. Actually, the cells are for three individuals and there are two double cells (altogether, the Jail can provide place for 34 individuals – that is quite a lot as for two agricultural counties: of Malbork and of Sztum¹). The lack of knowledge on the capacity of the Jail proves that the Commanding Officer rather seldom visits the place. Besides, the Jail, formally, is subjected to his Deputy.

During our visit to the Jail in Malbork there were no detainees. By the beginning of 2005, the Jail had detained 595 individuals altogether [2.44 person per day on average], including 466 individuals from the area of activity of KPP in Malbork, 119 from Sztum, 8 from Nowy Dwór Gdański, 1 from Kwidzyn and 1 from the General Police Headquarters. The most common reason for detention is halting resulting from a suspicion of committing a crime (282 individuals), halting the inebriated (204 individuals) and halting as a result of a tribunal order (109 individuals). This year 3 foreigners were detained in this Jail: inebriated, an Iraqi citizen and a German citizen and a citizen of Chechnya suspected of smuggling. Women are seldom detained in this Jail, the last such case occurred in August.

Living conditions and hygienic

The cells are well lit, equipped with three wooden beds painted in grey-blue colour. Apart from the beds there are no other facilities or devices, like a table or stools required by the Ordinance. On the floor there was grey rubber floor covering, worn out in some places. The walls were clean. There is no fixed or movable sanitary unit, although it is permitted by the Ordinance (§7.2). It is no surprise then that in the cells where inebriated and detainees usually stay one can smell urine. However, on the walls there are special buttons to call for an officer. In the Jail itself there is no officer specially assigned to guard the detainees because of a small number of individuals kept there. This function is performed by a duty officer of KPP or his deputy. In the duty-room there are signal lamps for every cell. Once called, a duty officer has to stop doing his work and go downstairs to the Jail premises (approx. 50m). It is possible that he does not make it on time. Therefore an inebriated or a detainee in a “great need” will not be able to wait until the officer opens the cell and escorts him to the sanitary units.

In the Jail corridor, next to every door, on the right, there is a small shelf. The meals are put there and, also, the detainees keep their cigarettes there. If a detainee wants to smoke a cigarette, he has to call an officer to light it.

The deposit room is the duty-room. It is equipped with a small table, a barrier dividing the room and a metal closet for personal belongings of the detainees and inebriated kept in the Jail. In the closet there was no precisely separated place for the belongings of individuals suffering from infectious diseases. In this closet the policemen keep the following belongings taken from a detainee and entered into a record: narcotics, psychotropic agents, alcohol, shoelaces, belts, scarves, matches and cigarette lighters as well as other items that can violate the order and safety of the Jail.

¹ Such big capacity probably results from the fact that the building was designed under the communist rule when Police custodies served not only for halting individuals (for 48 hrs) but also for performing executive detention. In the latter case, the individuals were kept in the Militia jails from several days up to 3 months and then transferred to a detention ward subjected to the Minister of Justice.

The next two rooms are a warehouse for dirty linen and a warehouse for clean linen, blankets and cushions. That is also the place where the straight jacket is kept. The permission for using it is given by the Chief Officer of KPP or a duty-officer.

The following room is a spacious shower. Since 2004 the shower (equipped with 3 strainers hanging high from the ceiling) has been being repaired. The repair was ordered by the Sanitation and Hygiene Department. The Commanding Officer did not know how long the repair is to take. Every repair has to be approved by the Regional Police Headquarters and only through a public tender. The presence of inebriated individuals in cells makes the lack of showers a substantial defect, similarly to the lack of sanitation units in cells.

Behind the shower, there is a lavatory with three wash-basins and a toilet (two separate toilet seats ensuring intimacy). The premises were clean.

The Jail has an adjacent, spacious (approx. 100m²) exercise yard fenced with a high brick wall and covered with a net.

Nutrition

The meals, from a police canteen, are served three times a day. The inebriated halted less than 12 hours do not receive any meals, however they receive liquids, including tea. Breakfast is between 7 and 8 a.m. and then, in case of detainees, questioning takes place performed by the police (at the HQ) or a prosecutor (usually the detainees are brought to the prosecutor's office).

One officer is enough to perform all necessary services to detainees. However, in case of detainees recognized as dangerous and always after 10 o'clock p.m. all the services are performed by two policemen.

On the walls of the cells and of the corridor I didn't notice any poster with written regulations of the premises.

The next room is a place to heat the meals and divide them into portions. The room is equipped with a kettle, a fridge and a set of disposable tableware for meals. However, in practice, according to the Commanding Officer, the meals are brought directly from the police canteen and then the tableware is returned there. There is a separate room used to wash all tableware and equipment.

Health service

The last entry concerning doctor's examination (from ambulance service) of an individual kept in the Jail dates on 15 September this year. The doctor examined a drunk man with symptoms of serious alcohol intoxication. In a need, the policemen take the detainee to a municipal hospital.

The doctor's room. For sure, the Jail's first aid kit lacked medicines and equipment enumerated in the Annex to the Ordinance of the Minister of Health of 4 February 2004 on the methods of escorting, accepting and discharging inebriated individuals and on organization of detoxication wards and other establishments created or indicated by a local government unit. The Jail in Malbork accepts inebriated individuals and the city does not have a separate detoxication ward. The halted individuals are examined by a duty-physician from the ambulance service of Malbork. The individuals are examined before locking up and on their own request or if, according to a policeman, the health condition of the halted

requires it, including the examination of inebriated individuals and people with visible injuries. The Commanding Officer showed the medical examination book.

Jail's documentation

The Commanding Officer showed the Event Book run by the duty-officer of KPP. The book contains entries of all detentions in the Jail. Every detention receives a police number and is counted as a separate case. The book of control of the halted individuals (the recent one started on 20 May 2005); Book of the duty course in the police detention facility (the recent one started on 3 August 2005) – it includes information on every entry of a policeman to the Jail facilities. The documentation did not prove any infringement of law, in particular concerning the retaining of inebriated more than 24 hours and the halted more than 48 hours.

The deposit tickets showed were correct. The detained inebriated individual signs a deposit ticket when he comes a bit to his senses.

In 2005, by the time of our visit, only one person had presented a complaint on the legal halt to the Regional Court in Malbork. The complaint was considered with a negative answer.

The Commanding Officer and his deputies do not remember any lost case concerning an unlawful detention in the Jail.

According to the knowledge of the Commanding Officer, there has been no civil case concerning the infringement of rights of a person detained in the Jail.

Judicial control of the Jail

On 2 September 2005, the Police Jail in Malbork was visited by the penitentiary judge-inspector of the District Court of Gdańsk, judge Wiesława Szulczewska. According to the report after the visit presented to the Delagation, the judged issued a positive opinion on the work of the custody, recommending, at the same time, an urgent repair of “the shower, out of order for several months”.

4. DETENTION CENTRE IN GDAŃSK

Visited on October 24, 2005 from 09:00 – 15:00 by the following Mission team: Zbigniew Lasocik, Andrzej Krempkowski, Zorana Markovic and Zarko Trajanoski.

General information

Detention Centre in Gdansk is a closed penitentiary for pre-trial detention for the area of Pomerania. The centre is situated within the city limits opposite the city hall, police HQ and the Court. It comprises of a block of several buildings surrounded by a high brick walls. The buildings date from XIX century and two main have been renovated with the third currently under reconstruction.

Entrance to the prison premises are huge metal doors operated automatically. There are security towers on the corners and trained dogs used during the night. Video surveillance by CCTV exist in the “dangerous ward” by 24 hours camera monitoring of each and every room. Video surveillance is provided also in three cells for disabled.

One of the main features of the institution is the huge and well equipped hospital ward with numerous medical specialists, considered to be the best medical facility among prisons in

Poland. For that reason, this institution admits inmates from other prisons for different medical treatment and hospitalisation.

Categories of inmates, segregation

The capacity of the institution is 982 inmates and 95 in hospital. Due to the undergoing renovation, the capacity has been lowered to 933 inmates and 95 in hospital.

However, at present the institution accommodates 1005 inmates and 53 in hospital which represent the overcrowding in the detention part (110% occupancy in detention) with 56% of occupancy in the hospital.

Approximately 50% of this number of inmates are detainees and 50% are convicts.

According to the Polish laws and regulations, a detainee who has got a first instance court sentence and has appealed, while waiting for the appellation procedure to finish has the right to stay in the status of detainee or to choose to become a convict. This choice is given to them due to the fact that rights and benefits are better for convicts than detainees.

At present, out of 1005 inmates, there are 484 such individuals in the institution (considered as convicts).

The average time spent in this detention centre is 8-9 months. Detainees under indictments for domestic violence spend the shortest time (3-6 months); those indicted in regard to drug crimes stay longer, the longest period being for those indicted for organized crime (up to 18 months in some cases).

Although primarily the institution for male detainees, the detention centre does have women, admitted for detox program to the hospital. At the moment there are 4 of them in the hospital ward. Average number is 25 women per year on detox program.

In some exceptional cases the institution admits juveniles (15-17 years old) and they are separated from the rest of the inmates.

There is a separate special “dangerous ward” with heightened security for those classified as dangerous convicts. The capacity of the ward is 21, at the moment having 17 convicts placed there.

In order to classify a convict as dangerous the Criminal Code is followed and the prison committee is conducting the classification. Request has to be filed by the Director and all the factors taken into a consideration (the crime committed, the character and nature of the person, the behaviour etc). The Prison Judge is notified in all cases of such classification, District Director and the Director General of Prison Service also. The decision has to be reviewed every 3 months at least. The committee meets twice a week regularly.

The detainee has the right to appeal the decision within 7 days to the Prison Court.

A separate ward is designed to accommodate disabled inmates, having at the moment one on a stretcher, 2 in wheelchair and 2 with crouches.

Staff and security measures

The security unit of the Detention Centre in Gdansk has 232 officers employed out of which 7 are women. The staff comprises of the Director of the security unit, 2 deputies, 7 security

inspectors, 5 in the “field” (in branches and pavilions in charge of identifying the security risks) 2 officers are responsible for fire fighting and fire alarms.

The unit operates in 4 shifts, daily shift having 76 officers on duty with different roles and tasks. Some are in charge of escorting inmates, some have armed positions or in charge of the security of buildings.

Two branch officers take care of around 100 inmates in cells ensuring their safety and security and helping them in their needs.

Dangerous ward together with the ward for disabled is located in a separate building, completely renovated and modernised. Dangerous ward is additionally secured by electronically operated doors to the ward, double door to every cell (outer metal electronic door and inner metal grid door) and 24 hours CCTV (total of 80 cameras; 17 with recorded tapes) covering every cell and room in the ward.

Ward for disabled is completely adjusted for the need of disabled persons with wider doors and corridors and toilet facilities. Video surveillance exists in 3 cells.

Living conditions and hygienic

Although buildings date from XIX century, the effort of the management in keeping it clean and well maintained is evident. Two buildings have been renovated with the third under reconstruction and the rest of the facility is freshly paint with decent furniture.

The main problem to ensure adequate living conditions for all inmates is the overcrowding of the institution. The architecture of the buildings also does not provide for the same size cells, so they range from 3 beds to 6 beds in a cell up to several with 16 beds. Cells have a washbasin and toilet within, TV, table and some chairs. Furniture is not new but looks decent. Newly arrived inmates are placed in the reception area where they have a medical examination and check – up and assessment of mental capability.

Open ward of the institution is placed in the main building and has unlocked doors of the cells during most of the day (from 6am to 6pm). Most cells are with 6 beds, with large enough windows to ensure daily light and good lighting. The heating in all institution is satisfactory, with average temperature of 19 C. Showers are available to inmates once a week, bed sheets are changed twice a month with the possibility of inmates using their own and washing detergents are supplied to inmates on monthly basis.

Dangerous ward was completely renovated and modernised in 2002. It has individual cells mostly, double cells exist as well but for special needs. Each cell is furnished with bed, table and chair firmly attached to the floor; it has a washbasin and toilet that unfortunately is not separated from the rest of the room (considering the 24 hours camera monitoring of these cells, there is a complete lack of privacy in this ward).

Windows are barred and have an outer sand glass which blurs the daily light to the room. Lighting is very strong and operated from outside.

This ward also comprises of community room with a small gym that inmates use individually. It also has a visiting room (Nota bene: *used for a medical check-up as well? Or there is another, missed this one!*) with a stand to ensure at least some physical barrier.

Ward for disabled is designed for mixed accommodation. There is always at least one healthy person in a cell to assist and help a disabled. Cells are wide and light enough, with toilet within. Ward has a communal room as well with glass window to the corridor. All rooms are kept locked.

Nutrition

Kitchen is renovated, exquisite and no complaints have been reported on the quality of food. Eleven different diets are provided daily due to the medical, religious or other reasons. The calorific value of the food is following the amount of money prescribed by regulations for each meal (4.50 Zlots being basic daily validity).

However not any part of the institution has a dining room. The food is delivered to each pavilion and cell, served in cells which do not provide for the best conditions, having in mind scarce furniture in the cells and overcrowding.

Medical care

Detention Centre in Gdansk is one of a few prisons in Poland due to the huge and well equipped hospital ward. The ward has three main parts, daily clinic, hospital part and facilities for disabled. The capacity of the hospital ward is 95 patients, at the moment there are 53 admitted.

Medical staff comprises of 3 doctors in daily care clinic, numerous consultant specialists and 30 nurses with 8 in the clinic (8-9 of them for each part). Duty doctors are available 24 hours. Daily medical care treats between 30 and 100 patients per day. Medical records are kept for each patient, and access to the doctor and specialists is organised without problems. Hospital rooms are big (8-10 beds), clean and behind the locked doors. There is a bell for patients to call nurses in emergencies. Some hospital rooms are under renovation at the moment.

A separate room is available for women on de-toxication programme (4 of them at the moment of visit).

Work in the prison

There is a window factory within the prison premises, at the moment employing 47 inmates. The facility is well organised, the products are of good quality, the company is earning money and there is a huge interest among inmates to get employed.

However, due to the fact that it is the only available paid work within the institution, having in mind that inmates are detainees, hence not allowed to work outside prison premises (because no contacts are allowed during detention) only the limited number of inmates are accepted.

Discipline, punishment and isolation

According to the Polish laws rights, liberties and benefits of detainees are more limited and strict than of convicts. Due to the fact that according to these laws a detainee has the right to decide on his status after the first instance court sentence is obtained, during the appeal procedure, this institution has both categories of inmates. Hence a different rules are applied to them.

However, when it comes to disciplinary measures, the general policy of the institution is a gradual punishing policy. The more severe measures are applied only provided an inmate continues with the improper behaviour.

The majority of disciplinary measures (two thirds) are reprimands. As to the rest (one third) around 50% is usually suspended. There is a downward trend recorded in regard to the number of disciplinary offences per year. Only three cells exist now for solitary confinement and they are not full.

Usual disciplinary offences are illegal contacts with outside world and aggression.

Solitary confinement as the hardest measure has been applied in 40 cases this year (at the moment of the visit 2 were ongoing). Average time of solitary confinement is 7-14 days.

According to the Article 143 of the Criminal Code, which regulates the type of disciplinary measures, the inmate has the right to appeal the decision to the Prison Court. In practice, less than 20 persons complain on the decision, and there has never been a case that the prison court has overruled it.

The security cell is used for isolation in cases of an aggression or when inmates are dangerous. Usually, aggression is the result of detention itself or use of alcohol or drugs. Those are the main reasons for self – aggression as well.

Security cell is a bare room with video surveillance and window to the corridor for the security staff. An inmate can be handcuffed and in serious cases tied with belts. The bed is wheeled inside the room for the night.

In majority of cases the security cell has been used for persons in delirium, when additional measures had to be applied.

In case of aggression, the first measure is negotiation through psychologist to calm him down. Not any measure however will be applied without consultation and presence of a doctor.

The potential aggression of an inmate is detected at his arrival to the institution, when the personality test is done by a teacher to assess his mental condition and capability. The record of the person will be consulted and if the reason is found, the psychologist will be consulted before the person is classified as aggressive. Eventual disciplinary offences do not add to this kind of conclusion.

Use of force

Excessive force has been used in 10 cases this year. Not any is used without a doctor `s presence and check up.

Security staff has undergone numerous training to enable them to better deal with difficult situations and inmates, and such training represents a professional training. There are as well intervention groups in case of serious situations.

However in 1997 was the last protest of the prisoners.

Activities

Institution has a large library with more than 20.000 copies of books. Inmates order books once a week.

Apart from communal rooms, and gyms, inmates can paint or compose (there are instruments available).

They are allowed to study if interested but not allowed to go out to take exams. In some cases they will be transferred to other institutions with studying available if they express interest for that.

5. PRISON FACILITY IN MALBORK

The observation by Irina Sergeeva. On October 24, 2005. The meeting started at 09.15 in the morning from the general information about the facility.

Basic data

Prison Facility in Malbork is a closed institution. Prison administration estimates that the prison was built at the turn of 19 and 20 centuries. That time the city of Malbork was the part of Germany and no documental data about this prison was saved. Then, there was a juvenile delinquency center.

Last renovation was quite long time ago – in 1980s and 1990s. When it was the facility for juveniles, the rooms were renovated and equipped with sanitary facilities. Plus, kitchen and bathroom were built.

In the year 2005 they had completed the installation of modern ventilation.

Capacity and categories of inmates

The capacity of the prison is 256 people, the average number of inmates in the prison is 200, but on the day of visit there were 251 prisoners.

The inmates of the institution are mainly first time offenders, aged between 17-21 years, what means that are under category of young adults. At the moment of the visit to Malbork prison, there were more detainees than prisoners:

144 remands in custody (for Malbork territory);

110 convicts;

79 young adults (between 17-21 year old);

20 recidivists (who are employed for the prison administration, they get paid for the work – 50 % of the lower payment, this group is waiting for decision for another procedure).

By the length of the sentence, the prison administrator told us that they have registered convicted inmates sentenced as for few days for minor offenses and until 25 year punishment for homicide. They have had one case when a prisoner has been sentenced with life imprisonment, but after the appeal, he has got 25 years of imprisonment.

By nationality, most of the inmates were of Polish origin, but they had 4 foreign, who have had residence in Poland and committed a crime in Poland.

For the last ten months prison transferred 900 inmates; they receive up to ten inmates every day.

Material conditions and hygiene (based on the observation of cells)

Most of the cells have 11 m² and accommodate three to four inmates inside the cell. Some of the confinement cells have been rebuilt as bedrooms. The prison has 32 cameras around the prison and four monitors in the observation room. Only cell for dangerous inmates has a

camera inside the cell. The visiting room has two cameras. Reportedly, both visitors and inmates are informed about the recording of their meetings. There is no camera in the canteen. After a prisoner is released, he receives an ID card and set of clothes. To receive an ID card, an inmate has to fill in an application form and administration sends it to the authorities. For those inmates who have no money, the administration provides them with food vouchers, buys a buss ticket. Generally, they avoid to hand money directly to the prisoners.

Each inmate gets means for personnel hygiene from the prison. Once per week bedding is changed. They also clean blankets once per week.

While visiting the prison the IHF delegation managed to observe most of premises.

Admission department

The admission unit is the first place where an inmate is brought. It has a space for the deposition of the inmates' belonging. The administration provides the inmates with different belongings that are put on a list that is handed to every inmate. For every item inmates have to sign. Convicted prisoners receive prison clothes and for additional clothes they have to write a request.

During the IHF team's visit there was quite cold in the unit, there were only two benches. After being registered and given clothes, inmates are brought to the medical unit.

Shower

Shower is situated in the first floor in separate room. Inmates are allowed to take shower once per week. Shower room has 17 showers but only 14 people can have shower in the same time, each inmate can have shower up to 20 minutes. Temperature is regulating by a computer from outside; ordinary temperature is 38 C°. Guards watch after inmates when they take shower.

Cells

We examined several cells on the second floor, where 56 convicted inmates and 13 sentenced are placed. IHF delegation asked prison administration to open any cell for our choice.

The first cell we saw was Cell #300, where four inmates were placed; the cell measured eleven square meters. The temperature inside the cell was 21.8° Celsius, the humidity was 44% and the light measured around 200 lux. Three inmates the delegation spoke with received sentences of four, 2.2 and 2.1. year. They had to serve one year, one month and one week more.

The cell has two bunk-beds and a shelve for storage of private belongings. The inmates dry their clothes in the cell on a rope that is tied up across the cell. The inmates receive sanitary material from the prison administration and they stated that the quantity of the sanitary material is sufficient.

The light in the cell is switched on from 05:45-07:00 a.m. and from 05:00-09:35 p.m. The inmates have a one-hour walk every day. The walk is not obligatory so they can stay in the cell if they want. None of the inmates work.

The second cell was Cell #306, it had bad lighting (38 lux only). The sanitation tract was rather clean and separated from the rest of the cell by a curtain. The temperature inside the cell was 21.8° Celsius, the humidity was 44% and the light measured around 38 lux.

The inmates informed us that they were not very satisfied with the food and that they had showers only five minutes what is less than the administration stated. The showers were

provided only with cold water. They confirmed that the bed sheets and towels were changed every week. The administration provides them with tooth past but its quality is not satisfactory. If they buy it in the prison canteen it costs 60 cents. They clean their cell themselves and the administration provides them with cleaning material. Inmates were quite satisfied with the work of the physician but complained that they had to wait too long to see the dentist. For example, one inmate claimed that he had to wait for dentist for four months.

None of them worked but they would prefer to. Most of the time they spend by watching TV – until 10:00 p.m. They stated that they played basketball once a week. One of the inmates has been receiving a visit, while the second one did not receive any.

Minors are kept separately from adults. We observed one cell for minors, where two inmates of 18 and 22 years old were placed. They are not sentenced yet, the investigation lasts for two months, but they do not have the lawyer yet. According to them, they did not ask to appoint a lawyer.

One boy did not have parents, the second was visited by parents. Upon the permission of prosecutor, friends also can visit them in the prison.

Inmates under 21 years ld get some extra food: apples, cookies etc.

Library

On the second floor there is a small library which we observed. Reportedly, large and main library is on the first floor, but IHF delegation has no chance to see it.

Inmates are not allowed to come themselves, so they are brought by guards to choose books. It is allowed to keep up to three books during a month. There are no many books in foreign languages – only several books in Russian and English. There are some religious books, a couple of dictionaries and one code out of legal literature.

Nutrition

Prison does not have dinning room, inmates are served food in cells. There is only kitchen for where food is cooked.

Kitchen is newly renovated, large and very clean premise, members if IHF delegation were asked to wear special gowns to come in. The kitchen was renovated in 2004 and the HASAP sanitary system has also been introduced. The renovation costs were covered from the prison budget.

Two of the rooms serve for cooking and frying, one is for vegetable peeling, one for the storage of bread, one for the keeping of food samples. Everybody who enters the kitchen is handed a kind of a white coat. The walls and the floor are covered with ceramic tiles. The inmates clean regularly the floor and those who work in the kitchen have their own bathroom. The prison has 12 people working on the kitchen: six cooks, two people who clean vegetables, two people who wash dishes and two people working in the canteen. The special room is designed for leaning vegetables.

Kitchen is separated into two parts: part where food for ordinary menu is cooked and part where special diet food is prepared. The special fridge with lock is in the small room: all samples of any food are saved there for 48 hours. It is done with the aim to determine bad food in case of poisoning. Doctor takes samples before food is distributed among inmates.

Prison buys bread every day – Saturday is an exception, in this day they buy bread for two days.

Different types of menus are stipulated: ordinary, special for insulin addicted people and menu for religious people.

On the day of the delegation's visits, the inmates had Polish soup and Ukrainian borshch. The inmates are entitled to 400 g of bread each. According to the administration, the inmates do receive special diets. As among inmates are placed some followers of Hare Krishna, the kitchen provides them with adequate food. Every portion is weighed before it is brought to the elevator and trolley, and served in the cells.

Medical care

Each inmate can get medical care and service. Prisoners fulfill a request to the prison doctor, where they put the necessary information like what do they need, what is their complaint. As the finances of the prison are short, they do not have injections for inmates as well as for the medical staff. They are supplied with the necessary basic medicaments for one prisoner's life. The prison has cooperation with Charity organization. They supply them with some medicaments.

Prison hospital can provide all kinds of general examination. The prison ambulance is equipped with scales, an EKG, and a card index with medical records. The cupboard where medications are kept is not closed. Whenever an inmate is transferred from one prison to another, his medical record is sent with him.

The prison has one physician, one dentist and three nurses. Psychiatrist and dermatologist are not fully employed in the prison. According to the physician, all the guards know how to give first aid to inmates.

The delegation spoke with the doctor, who proved that they have no complaints regarding the work conditions. He informed the delegation that the medical service had enough money but for basic medications only. In case there is a need for special medications for patients, the prison administration may buy it. The prison is not financed through the health care system. The physician informed that there were only two to three TBC cases per year. Fifteen inmates had Hepatitis B and three had Hepatitis C. Seven or eight had epilepsy, and in case of any emergency or serious problems with health he would be transferred to the nearest hospital. Three inmates are waiting computer tomography because of problem with their backbone. There was one cancer case that had been treated before the inmate arrived to the prison.

Thirteen inmates were on a special diet because of stomach problems.

According to the doctor, 4600 people were examined since September 2004.

Some of the inmates were HIV positive and they have been taking drugs. The HIV patients are not segregated from other inmates and their diagnosis is confidential. The HIV test is made only upon explicit request of an inmate.

During 2005, 18 serious incidents were registered. Out of that, there were serious self-injuries, two self-injuries for instrumental reasons, and three suicide attempts. All injuries are documented. Every inmate has access to his medical file and in the case that he wants to receive a copy he has only to pay for copying it. No serious psychological disorders have been registered. There were no invalids among the inmates.

Inmates may be transported upon need to the hospital in Gdansk. The transport is paid by the inmate and it is not done in a convoy.

The last death case was registered on 31st December 2004 where a recidivists who had been arrested two days before and charged for theft was killed. He was placed alone in a cell intended for two inmates and hung himself. The guards at duty were suspended and the case was pending. The internal investigation has been finished. According to the director, it has been the first such a case in this prison.

According to the prison administration, the inmates are separated into smoking or non – smoking groups.

The prison administration is trying to follow the special diets for the inmates, such as gastric ones. The Hare Krishna inmates have special diets. The also have special diets for the young inmates. At the moment of the visit, the prison had the youngest inmate up to 18 years old, and the oldest up to 70 years old.

Work in the prison

Altogether 95 inmates of this prison have job.

The inmates are engaged in smaller administrative jobs that are only exceptionally paid. Twenty-four inmates (21.5%) are employed, while nine inmates work for free. Some of the inmates work for the local authorities, and one inmate works for the state archive. Two inmates work as shower cleaners.

The payment for inmates does not exceed 50% of the lowest salary in Poland, that is some 700 PLN (€175). The inmates are allowed to use 50% of money they earn, while the rest is put on their bank account.

Discipline, punishment and isolation

Prison has special restriction (isolation) room.

This cell is designed for isolation of aggressive people. The cell measures 196x365 cm with the small window with a plexy-glass which provides the cell with artificial light via halogen lamps. However, the strength of the four lamps contains approximately 500 lux and is higher than it is necessary for such a small room. The access of the light is regulated from outside the cell what is inappropriate, as it might be misused by the guards.

There is no direct access to fresh air; air goes through small wholes in the window, but not directly from outside, but from another space between this window and the window which goes outside.

This cell does not have the fixed bed inside, there are four wholes for a special bed that can be removed from the cell – this bed is equipped with stretch handcuffs to fix an inmate.

The light inside the cell measured 11 lux, the inside temperature was 20.9° Celsius and humidity was 51%. The toilet is placed outside the cell, together with a sink, a table and some plastic tableware. There is a special button in the cell to call a guard if necessary, but it could be difficult to do if an inmate is fixed. However, a guard has to watch after an inmate placed in this cell every 15 minutes. The maximum staying in this cell can not exceed 24 hours.

Reportedly, there were no registered rape cases since 1998, when the present Director came at the position. In April 2003, a case of inter-prisoner violence was registered where one inmate was beaten up.

One month ago, a drug-detecting dog has been acquired for the prison. No trafficking of drugs has been registered since 2002. The last disciplinary proceeding was in January 2005, after a mobile phone was found among inmates.

A disciplinary proceeding against a guard who might be responsible for smuggling has started. To prevent smuggling, an X-ray scanning machine was placed at the entrance of the prison.

Besides this isolation cell, prison has two disciplinary cells for dangerous criminals these are the special cells for dangerous prisoners. According to Article 88 (point a, b) of the Code of Executions of Penalties, “a convict, who poses a serious threat against the society or a serious threat of the prison is placed in a selected ward or cell of a closed prison, notifying the penitentiary judge about this fact.” Although, the law does not stipulate any limitation for terms of staying in such cell. As this is not disciplinary measure there is no limit, although, the decision is checked every three months.

We observed one of these cells. It has size of from 1.27m² to 3m², according to measuring the light was 27 lux, temperature was 21.4 C ° and humidity was 43%. A toilet and a sink is in the corner of the cell.

Reportedly, inmates can not stay in such cells longer than 14 days. Guards works in shift in this unit – one guard serves 12 hours.

Contacts with outside world and activities

The prison has a chapel, chaplain agrees his visits with the flock. Usually the chapel is open from in Saturday and Sunday and during religion holidays. It has three banks for approximately eight inmates each and is rather narrow. It has around ten square meters and is decorated with wall paintings.

Majority of the inmates were of Roman Catholic religion, but they have some orthodox, Jehovah's. The prison has an agreement with the protest minister, so they use them for the confessions, one inmate by one.

Correspondence

Reportedly, prison administration checks it only for security reasons, not for reasons of censorship, so all letters can be send in closed envelopes. Letters of detained people can be checked even if they are addressed to prosecutor's office or other official bodies.

Visiting department

This department is consisted of two rooms:

room for meetings with remand persons gives no possibilities for physical contacts: visitors can speak with inmates through glass plastic windows and by means of phones. The room is about 1m² *4m².

room for visiting convicted people. It has two parts: one has 30 m² and 5 tables for 20 people. The second part is designed for 16 people and has about 16 m².

The prison authorities told us that they are trying to meet the requirements of 3m² per capita, but it is very hard, that's why they have additional beds. Sometimes the meeting room is used as bedroom for inmates, because of the overcrowded. Since June 13, 2005, they have three reorganized additional rooms.

On a billboard there is a list with addresses and phone numbers that inmates may contact, in case they need a legal advice or have complaints. Among them there are the Helsinki Foundation for Human Rights in Poland and the Office of the Ombudsman. In a close prison like that one every visit lasts one hour (exceptional cases – when visitors travel from far away, in this case the visit can be prolonged) and takes place twice a month. On the request of an inmate the Director can agree to offer one two-hour visit a month (Code of Executions of Penalties, article 90.6.). Family visits in a closed prison monitor the personnel and can be intercepted (Code of Executions of Penalties, article 90.6.). In cases of awards or if an inmate has little children (up to 15 years old), he can have one extra meeting.

Prison does not have special room for the long-term meetings for those prisoners who were sentenced for long-term imprisonment, but they are entitled to a three-hours meeting, without constant presence of a guard. The guard checks on that occasion the room every hour.

According to administration, the prison never experienced any problems of overcrowding in rooms for meetings. Each day there are about 20 family visits.

When asked if any of the family visits have been interrupted, the Director answered that this happened many years ago.

In a case of a funeral of a close relative, the inmates are allowed to attend the funeral and are not always sent in a convoy. A detainee may also attend a funeral, but he is always accompanied by prison staff.

Inmates have a possibility to spend time in sport premises, a special turn exists for this purpose.

The prison does not provide any education for the inmates. There is only a kind of training for social skills.

A special TV room exists in Section I of the prison (the section for detained people), where inmates can watch TV in stipulated time. This room has the size of 2 m²*4 m², the bulb gives natural light, TV-set is under the ceiling – it can make watching not easy. The length of such activity is up to two hours. All inmates are divided into groups, each group has 8-10 people, but in purpose of security guards they are often divided into smaller sub-groups for three people only.

Walking

Prison has four places for walks: two places of about 100 m², one is about 20 m² and the last is about 30 m². These places can be used only for walking as the floor is concrete. There are only several benches around the pillars to sit on.

Reportedly, there are special places for playing basketball and inmates have special schedule for it, but we did not observe them.

Personnel

Use of force

There are 95 prison officers. The prison has its own dentist, dermatologist, some tutors, couches, one sociologist and 3 nurses (two full times and one part time).

The work of the officials of Malbork prison is divided among several departments:

Penitentiary unit;

Security unit;

Record keeping unit;

Logistics unit;

Health care unit;

Segregation and employment unit.

Guards are not allowed to wear any weapons inside the prison, but handcuffs. Outside the prison they are equipped with the Kalashnikov guns. Although, some guards were wearing truncheons and delegation's members were explained that it was just for "measures of correction."

In case when inmates express aggression, guards use "stretch jackets" and tear-gas. Such inmates can be also sent to special cell for maximum 24 hours, after then a doctor has to examine him.

Prison is equipped with 32 cameras which are established around the prison. There are no cameras in dormitory cells. Prison also has a special place where cars supplied food are checked – the floor is equipped with special light sets and a camera.

Besides guards, tutors are in charge to work with inmates. One tutor is responsible for about 70 prisoners. Every tutor keeps files for every each prisoner. Tutors deal with all requests, complaints of inmates, they talk with inmates upon admission, make recommendations for awards and punishment, develop opinion of the court. Tutors report on evaluation of every inmate to the chief tutor once per six months. If an inmate is depressed, the psychologist informs the tutor and the last one transfers the information to the Director who may allow adequate steps. However, this decision depends on inmate's behavior.

There is a special room for tutors, it is rather narrow and has not much furniture, but there is a big, steal cupboard that contains prisoners' files. Though it is equipped with a computer, the inmates' files are hand-written, as there have been some problems with information transfer.

Every file contains following data:

- Decision of the judge
- Information about the inmate: name; date of birth; committed crime; inmate's legal status; if he is a recidivist; or if he is a smoker or not.

The file might also contain information from a previous file of an inmate, if he had been transferred to Malbork prison from another institution.

Inspections

According to the prison's Director they have had inspections from the judges of the ordinary courts and military courts. Last year they were visited by the Penitentiary Judge from the

District Court in Gdańsk. They have sanitary inspection for the bathrooms, kitchen, cantina, four times per year.

As for the recommendations, the prison authorities told us that they haven't send them report of the visit and that the inspectors hadn't leave recommendations.

6. PRISON FACILITY IN BARCZEWO

The observation by Zbigniew Lasocik. The IHF delegation team (Zbigniew Lasocik, Andrzej Kremplewski, Zorana Markovic and Zarko Trajanoski) visited the Prison Facility in Barczewo on October 25, 2005. The visit started at 10:00 am and lasted until 16:00 pm.

The delegation team had an initial meeting with the whole management (directors of particular units) chaired by the Director of the institution Mr. Andrzej Bartkiewicz, then inspected the premises and had interviews with inmates. Interviews were held in private and access was granted to all parts of the institution.

General information

The Prison Facility is a closed institution (maximum security) for the first time offenders situated within the small town of Barczewo in the centre of Warmia Region. The Prison comprises of a block of several buildings surrounded by high walls. Buildings are old and impoverished dating from XIX century, with some of them being renovated and others under improvements and basic maintenance.

The organisational structure of the Prison Facility in Barczewo encompasses also the Branch Ward in Kikity, an open and half-open Prison Facility aimed at convicted young adults and first-time prisoners. The IHF delegation only focused at closed penitentiary during the visit. Apart from accommodating first time offenders, the penitentiary has several other wards for detainees, re-offenders, ward for alcohol therapy re-offenders, dangerous ward and hospital. It resembles Polish prison system in a nutshell, with only the school missing.

Entrance to the prison premises are huge metal doors operated automatically. There are security towers on the corners over the brick walls. Video surveillance by CCTV exists in the "dangerous ward" by 24 hours camera monitoring of each and every room and additional sound system (microphones). Video surveillance is also located in the areas where escapes could be attempted and walking grounds.

Although old and outdated, the prison premises are kept in fairly good condition. The last general renovation of the whole institution was decades ago. Ever since the management has been investing regularly in improvements and partial reconstructions as much as possible with scarce financial resources. One of the old buildings was completely renovated and modernised two years ago for the dangerous ward. Kitchen premises are new, the hospital has been modernised as well, workshop rooms, showers, underground facilities for maintenance and workstations for officers. Apart from regular painting of the walls, every year at least 2-3 cells are completely redone. Inmates are used for many of this work.

The old architecture of the buildings does not provide for the same size cells. They range from 2-3 beds to 16 bed cells not always complying with the standard space per inmate. Number of showers match the maximum size of the cell – 16, so inmates do not wait when taken there.

Categories of inmates, segregation

The capacity of the institution is 551 inmates and 46 in hospital. Considering the wards, the capacity is the following:

first time offenders	270
re-offenders	85
re-offenders in therapy	32
detainees	147
dangerous ward	23
hospital	46

There are also 2 double cells for sick in general prison ward.

However, at present the Prison Facility accommodates more inmates than is the capacity, having an overcrowding of 122.50% . The exact number of inmates per ward made available to the team does not match but show the following:

– total number of inmates	756
– first time offenders	355
– re-offenders	154
– re-offenders in therapy	34
– detainees	145
– dangerous ward	10
– hospital	23

According to the Article 230 Code of Executions of Penalties, a detainee who has got a first instance court sentence and has appealed, while waiting for the appellation procedure to finish has the right to remain in the status of detainee or to choose to become a convict. The choice is given due to the fact that under the said Laws rights and benefits are better for convicts than detainees.

The Prison Facility in Barczewo has at the moment 22 first instance convicts with no final verdicts. There are also 97 convicts with final sentences but indicted in other ongoing trials or witnessing in some, hence frequently taken to the Courts.

Out of 145 detainees, one is detained for 2 years, twenty six for twenty two months, sixty four for ten months and fifty five for up to 3 months.

The Prison Facility has 3 foreign inmates: a Belarus, Ukrainian and Georgian, the former being convicted and the latter two detained. Two are in dangerous ward there.

Staff and security measures

General staff of the Prison Facility totals 260 employees of which 34 are women.

The security unit of the Prison Facility in Barczewo has 151 staff officers. The staff comprises of the Director, deputy Director, 3 inspectors, a fire fighter and others being line officers. The unit works in 4 shifts, one shift per 8 hours. This number provides for a secure and safe environment in regular situations, both for staff and inmates. However, it is questionable if the number is enough in emergency situations.

There are no recorded disciplinary procedures against security officers and prison guards. There is only one case in progress for misbehaviour of the officer who himself caused a dangerous situation with an inmate.

Additional security of the institution is provided with a CCTV cameras, most of them being located in the dangerous ward. Video surveillance however exists in the areas where escapes could be attempted as well as on walking grounds. Cameras are visible at all times and inmates are aware of them.

In cases of drug search on the premises trained dogs are used. The most frequently used security measure is a body search of inmates. Superficial check is performed at any time, any place by searching the clothes, shoes and whatever they are carrying. It is performed every time they leave or return to the cells. The thorough check however is performed in a separate room occasionally.

Printed brochure with house rules (Internal Order of the Prison) is available in each cell. It has listed all obligations of the prisoners as listed in the Code of Executions of Penalties but no single word on their rights. There is nothing in the brochure on procedure for complaints and right to challenge administrative decisions to the Court.

Living conditions and hygienic

Although buildings date from XIX century, the effort of the management in keeping it clean and well maintained is evident. As aforementioned some of the buildings and rooms have been renovated with the rest of the facility freshly paint. However, the discrepancy in new and old buildings is evident and general prison ward as well as other areas do need a thorough renovation. The same goes for the furniture, which is decent but need to be replaced in some of the cells.

The main problem to ensure adequate living conditions for all inmates, like in other closed institutions in Poland, is the overcrowding of the institution. The architecture of the buildings does not provide for the same size cells, let alone other standard conditions. Cells range from 2-3 beds to several with 16 beds. Cells have a washbasin and toilet within, TV, table and some chairs.

General ward of the prison is situated in a 4 floors building with each floor separated by the net. Cells are with three beds, each having a separated toilet cabin, washbasin and basic furniture (table, benches or couple of chairs, shelves). Inflow of daily light is dimmed by high windows and curtains, the artificial light provides for enough light.

Separate wing of the building has large cells with 16 beds, each with two large windows providing enough daily light, good and strong artificial lights, several tables, chairs and wooden benches, wardrobes and shelves. The cell inspected by the team accommodated 6 inmates. Although old, the furniture is in decent condition but cells in spite of being clean need renovation and reconstruction.

There is a central shower room with 16 showers (to match the biggest cells) to which inmates are brought according to the schedule once in a week.

There is no dining room or any dining area in the general ward. The food is delivered and distributed to inmates in cells. Having in mind overcrowding in the cells and rather small space for adequate furniture, these conditions need to be changed.

A unit for dangerous inmates is situated in a separate building that was completely renovated and modernised two years ago. It has double cells, with each cell furnished with beds, table and chair firmly attached to the floor and a washbasin. Toilet is separated from the rest of the

room with a curtain. Considering the 24 hours camera monitoring of these cells, this should provide for enough privacy. However there is an outside opening peephole towards the toilet area, which the team considers as an unnecessary feature.

Windows are barred and have an outer sand glass which blurs the daily light to the room. Lighting is very strong and operated from outside. The inflow of fresh air is also controlled from outside as well as radio that is built into the wall. Although regarded as modern and advanced feature, both the light and radio may be regarded as possible torturing threats disturbing sleeping hours.

This ward also comprises of community room with a small gym that inmates use individually. It also has a visiting room with window separating inmates during meetings with case workers and doctors. The same exists in a room for family and councillors visits. The ambulatory room available in this ward is fully equipped for medical check ups, where doctors tend patients from this ward.

Nutrition

Kitchen is located in a separate building and have been completely renovated and modernized. It provides for enough clean and hygienic conditions for food preparation, food storage and cooking. All appliances and furniture are modern and chromed. Considering this building is spacious enough and situated in the centre of the prison premises, it is not clear why the management has not thought of organising a dining room within, where inmates from general ward could be taken for meals.

This especially having in mind that not any part of the institution has a dining room. The food is delivered to each pavilion and cell, served in cells that do not provide for the best conditions, having in mind scarce furniture in cells and overcrowding.

When it comes to the quality and quantity of the food, there has been no complaints reported on that. Diets are available due to the medical, religious or other reasons. The calorific value of the food follows the legally regulated amount of money for each meal (4.50 Zlots being basic daily validity).

The institution has a canteen available to all inmates and their families during visits daily except Saturdays. It is well stocked not only with edible items (cigarettes, hygienic items also) with fare prices. Inmates have right to purchase from canteen 3 times per month. Purchases may be made during visits as well.

Medical care

Prison Facility in Barczewo has rather large and well organized medical service for inmates. The ambulatory service has 6 full time employees, 2 full time uniformed doctors and 4 full time uniformed nurses. It also employs a dentist, X-ray technician and radiologist. Ambulatory offers services 12 hours daily and has an average of 80-100 patients per day.

According to the records in 2004 there were 25000 patients treated in the ambulatory.

Prison Hospital has 32 employees, 16 uniformed nurses, 2 civilian nurses and others being consulting medical doctors. Hospital services are available 24 hours to inmates and the capacity is 46 patients. There are 23 at present, and 16 beds are not used due to the ongoing renovation.

However not all illnesses are treated in the hospital considering the limited number of medical specialist. TBC patients are for example transferred to Gdansk Detention centre. Regular medical care of the inmates, apart from the check up on arrival and treatment of diseases, comprises of the regular X-ray check up every 2 years.

Medical personnel is not involved in searches of the inmates. In case medication is found during the search, the doctor is consulted if the medication is allowed.

Special situations however do involve doctors. Apart from the situations of suspicion on drug swallowed or hidden in body parts, doctors are always consulted and immediately present when disciplinary measures are applied. The report is written by a doctor. If the measure is to be extended over 24 hours, it is based on doctors opinion and evaluation. The third time doctor is involved is when the measure is done.

Medical records do not show any complaints on physical abuse by the staff. However if a doctor finds marks or any injury resulting of an excessive force (from handcuffs for example) the investigation starts based on medical report.

Drug addicts are treated in Prison centre in Barczewo in a separate detoxication ward. Treatment is similar to alcohol addicts. Since January 2005 the total of 222 inmates have been treated for drugs in detox ward. There are at the moment 2 drug and 2 alcohol addicts under the treatment.

Detoxication ward accommodates both convicts and re-offenders. They can be placed into the ward based on a Court sentence by judge when it is an obligatory therapy, according to the Article 62 of the Criminal Code.

The alternative is when alcohol problem or drug addiction is noticed while serving the sentence. In such cases the psychologist evaluates the addiction and if recommended the procedure of persuading an inmate for the therapy is initiated. If the therapy is refused, according to the Article 17 of the Criminal Code the Penitentiary Court is to reach a final decision.

Medical care for inmates in the dangerous ward is provided in the ward itself. As mentioned, the ward has a separate visiting room for psychologist and doctor` s check ups with a window separating an inmate from them and a well equipped ambulatory room for treatment of patients. Two officers are always present outside and extra security is provided if there is a dangerous risk to a doctor. However the privacy is ensured with inmate been handcuffed only.

Prisoners Work

Prison Facility in Barczewo does not have any company within premises where inmates could be employed. Old facilities still exist but are not functioning as they cannot be profit making and according to the regulations the state is not allowed to subsidise.

However, there are 254 inmates employed at present, 54 of them at the facility in Kikity and 200 of them within the Prison Facility. Majority of them work for the prison as cleaners (67 with 3 in hospital and 14 at outside cleaning).

Kitchen employs 17 inmates, 31 are engaged as builders and repairmen, 2 as hairdressers, 1 in library, 3 in the transport, 3 as plumbers, 3 in printing house, 2 in radio communication, 2 in communal room, 3 in watch house, 3 as electricians, 4 as carpenters.

Small number of inmates are engaged in outside work:

12 work for local authorities

3 in the boiler house

1 in the canteen

6 in the Olsztyn building and repair company.

Having in mind limited job opportunities, the institution has developed some eligibility criteria for inmates to apply. First their initial profession is taken into consideration, their financial obligations if any (alimony or similar) and whether or not they have volunteered for the job.

The average pay is not known, and the difference between gross and net pay is huge. The monthly gross salary of 300 PLN (€75) is paid only 100 PLN (€25) net. The amount of 90 PLN (€23) gross is paid only 30 PLN (€8) net.

All employed convicts are paid according to the administrative decision which regulates the pay rate. Detainees are employed alongside convicts although in their cases rules are followed in regard to the limited contacts.

Main problem of employment within the institution is not only the lack of job opportunities but also scarce paid work. 99 of employed inmates work for free.

Discipline, punishment and isolation

When it comes to disciplinary measures, it can be noted that the general policy of the institution is a gradual punishing policy. The more severe measures are applied only provided an inmate continues with the improper behaviour.

According to the rules and regulations inmates are given benefits and rewards by granting them praises, more visits, meetings without supervision, money if they work for free, leave etc.

One of the first disciplinary measure applied is therefore abolishing rewards and benefits. Isolation as a disciplinary measure is not frequently applied. There has been 7 cases in the last quarter, total of 21 per year. Isolation usually lasts from 7 to 14 days, there has been only one case with isolation longer than 14 days.

The most frequent offences for which the isolation is applied is smuggling of alcohol or ammunition (one of each this year). In cases the drug is found, the police is notified, but in case it is found with a particular person, it is reported as a crime. There has been 4 such cases this year.

Self injuries and self aggression have not been recorded this year nor self inflicted or extra-oral accidents. Self inflicted damage however has been recorded in 21 cases (cuts, swallows, needles etc).

Solitary confinement as the hardest security measure is applied in cases of personality disorders to prevent inmates from suicide attempts, harm, protest, disobedience, destruction or attempted escape. Solitary confinement is a bare room with soft walls, normal window with an inflow of daily light and additional security-control window from the corridor. Bed if needed is wheeled in and the straps are used. Inmates are confined until they calm down. In

cases there is a need for a longer than 24 hours stay, the medical doctor is consulted and provides an evaluation.

Use of force

The excessive use of force by the prison guards has been reported in 10 cases since January 2005 until our visit. Two cases of attempts to attack the officers were not typical and the prison officer had a choice in defending himself but he chose the force. In both cases the inmates were sent to security cell.

There are however 4 types of gradual use of force: physical force, security cell, handcuffs and straps and helmet. There has been no reported abuse of force by the security officers.

Activities

Institution has a library frequently used by inmates. Books are ordered and delivered to cells. Cells have TVs and wards have communal rooms with TV, newspapers and magazines. Communal rooms are used by group of inmates and individually in the dangerous ward according to the schedule. They spend from one to several hours there depending on the activity. Inmates also have gyms and rooms for indoor sports.

Outdoor exercises and walks are available to all inmates as well on the prison yards. There are four exercise fields within the premises – three on the southern and one on the northern side. A separate exercise field is located near the hospital building. Eight walking boxes as well exist for detainees.

All inmates of have possibilities to engage in religious practices and may own appropriate objects for such purposes as well as listen to radio broadcasts of sermons. There is a prison ecumenical chapel founded in 2002. Apart from Roman Catholic religion, the Pentecostal Church, Jehovah Witnesses, the Evangelical Church, Orthodox Church and “Epifania” Lay Missionary Movement religions are respected in the prison.

Inmates are serviced by a fixed-term Roman Catholic priest. Others come on regular basis to the institution apart from holidays – Evangelical twice a month and Orthodox once in a month.

Priest also work in detoxication ward alongside secular organisations.

Contacts with outside world

Institution has well developed contacts and cooperation with institutions from outside. It is frequently visited by the representatives of the community and NGOs, social welfare officers, education officials etc.

Sport, cultural and educational events are often organised engaging groups and institutions from outside the prison. Musical concerts are held on regular basis, exhibitions, different happenings and gatherings (recent Harley fans show) etc. Theatre performances are organised at least once in a quarter with real plays instead of alcohol prophylaxis performances that used to be staged.

However inmates from the dangerous ward are not allowed to any of the events outside the ward. Others have free access to all.

Contacts with families are kept through regular visits. Inmates are allowed 2 hours of visit in a month. If with a dependent up to 15 years of age, an extra visit is granted. Inmate can be also granted additional time for visit as a reward as well as unsupervised visit replacing one regular.

Dangerous ward has a special room for visits with separating window.

Complaints by inmates

Inmates have a right to file a complaint on organisational issues, errors, medical care, awards, rights or transfer etc. Complaint can be submitted within institution or to outside organisation.

The total of 109 complaints have been submitted this year inside the prison, the majority of them on medical care (making demands for an outside doctor coming) or transfer to another prison. Most of the demands for medical reasons have been approved and more than 200 transfers have been organised this year to different specialist. On the contrary majority of demands for transfer to another prison are rejected.

In regard to the complaints to outside organisations and institutions, there has been a total of 74 of them (until June 2005), the majority to the District Court (6), to Ombudsman (4), to Medical council (1) etc.

In case an inmate wishes to file a civil suite a legal advisor/councillor is available as employee. No crime has been reported against the prison officers in 2005.

Inspection

Institution is regularly inspected once a year by the Penitentiary Judge and twice a year by the Sanitary inspection, both from regional and district level.

Comprehensive check is done by the Central Prison Authority with several dozen of people coming for two weeks inspection. The same is done by the District Director (Prison Authority).

Apart from this, both Central and District Prison Authority perform every year numerous focussed check-ups (between 30 and 50) on specific topics – finance, human resources, security, labour and employment etc.

However, there is no inspection from Ombudsman or any Ministry this year.

7. PSYCHIATRIC HOSPITAL IN GOSTYNIN

General data

The observation by Slavka Nikolova Kukova. The IHF delegation visited the Psychiatric Hospital in Gostynin [the Hospital] (located Mazovia region, in the very center of Poland) on 24-th of October 2005. The visit was announced and took place from 9,30 a.m. to 5,30 p.m. The delegation first spoke to the Director – Dr. Grzegorz Kolodziej – a psychiatrist with a university degree in business management and the deputy-director – Dr. Krzysztof Matus (also a psychiatrist) of the hospital and then visited two wards and spoke to the patients and staff on duty and checked documentation in them. The delegation was mainly interested in the situation of patients under compulsory treatment. The main concerns of the Director of the Hospital were the quality of services provided, the lack of sufficient funding and the insufficient salaries of the staff. He expressed the opinion that the hospital needs 25 percent more funding so that more services can be provided for the patients and more of their needs can be met.

The Hospital in Gostynin has been established in 1933 with a capacity of 1000 beds. At the time of the visit the capacity of the hospital was 381 beds spread in 5 pavilions buildings within the 17 hectares owned by the hospital. The patients admitted at the time of the visit were around 370. The hospital has eight wards – five psychiatric wards (three of them having an acute closed sector with 22 beds) – one with 63 beds (for male and female patients), one with 50 beds (only for female patients), one with 50 beds (only male patients), one geriatric ward with 60 beds, one ward for rehabilitation of psychiatric patients; one rehabilitation ward for neurological patients, one ward for rehabilitation of alcohol addicts, one ward for detoxication of alcohol addicts. Only 60 beds are meant to be used for patients with chronic neurological illnesses. The rest are for patients with mental disorders and alcohol addiction. Three of the psychiatric wards have a closed sector where the patients are not allowed to go out for a certain period of time. The latter is not specifically provided for. It depends on the treating psychiatrist's decision. Patients for voluntary and involuntary treatment are placed together in each ward. There are almost no patients with physical disabilities apart from their mental health problem.

The Hospital is under the direct supervision and mainly funded (85-90 % of the overall budget) by the National Health Fund. Patients receive medical care in the Hospital regardless the lack of health insurance but the Hospital is not reimbursed for that expense by the National Health Fund. Patients without health insurances are 20 to 30 percent of all patients admitted annually. The budget of the Hospital is designed on the basis of the last year's budget. The average cost of a patient per day is around 25 Euro.

Admission

The statistics for 2004 at the Hospital show that 4500 patients had been admitted to the Hospital during the whole year and 1600 of them were treated in the addiction wards and only 150 were drug addicts. According to the Director 30 percent of the patients suffer alcohol addiction and the rest are mainly suffering from schizophrenia, depression and psychosis. Patients with alcohol addiction are admitted to the Hospital during their withdrawal period or if and when they develop psychosis because of alcohol use. The delegation was told by the Hospital staff that there are waiting lists for patients who want to be treated in the Hospital since it provides really professional care and treatment for a wide range of patients.

Of all patients admitted only 20 to 25 percent are acute psychotic cases. Usually patients who did not give their consent upon admission are 10 to 20 percent of all patients. At the time of

the visit 35 patients (9,5 percent of all patients) were placed for involuntary treatment (under art. 23 of the MHPA²) and 20 of them gave informed consent after an interview with the judge, 10 patients were admitted under art. 24 of the MHPA³ every three months (for the last 5 years only one person was not diagnosed as mentally ill). These patients do not receive medical treatment and their consent is not sought for the very placement in the hospital.

According to the Director most of the patients arrive in the Hospital brought by their family members or with the emergency services (unit). Rarely patients are brought to the Hospital by the police. More and more patients come voluntarily upon their general practitioner's referral for examination or treatment in the Hospital. They usually are examined by a psychiatrist before arriving at the Hospital and he/she explained to them that treatment is needed and why. And this psychiatrist refers them to the Hospital. These patients again receive information regarding the treatment and the rules of the hospitalization at the reception desk in the hospital. The assessment of their potential risk/dangerousness takes place either in the emergency unit or at the reception desk. According to the staff in the Hospital 60 percent of the patients who did not give consent upon admission appeared to give consent several days after placement. If the patient does not give consent and imposes direct threat (signs of aggression like hitting, throwing objects, punching, threat of murder, suicidal attempts) he is not asked to give consent.⁴ Once admitted the patient has the right to file a complaint before the court⁵ and the court would appoint an independent forensic doctor and hear the patient in person. But before that the patient should file his complaint to the head of the ward.⁶ This might happen only after the first 30 days of the patient's stay had passed.

The average stay of the patients in the Hospital is less than a month.

According to Dr. Matus 20 to 30 patients at any time are fully incapacitated. No minors were present and according to the staff they are not supposed to be treated in the this hospital.

On behalf of fully incapacitated patients and those who are not able to give consent upon admission guardians should give consent⁷ and if there are no guardians appointed or there is a conflict of interests the guardianship court must decide on the stay in the hospital. In practice very rarely the court decides to release a person who did not give consent upon admission if the psychiatrist opinion is that the person should be still treated in the psychiatric institution. (According to the Director – he himself remembers only one such case). The Hospital is obliged to submit reports on the people admitted without consent to the Guardianship court immediately and to the Ministry of Health and Social Policy every three months. The Hospital provided the delegation with the reports from the first and the second quarter of 2005.

² Mental Health Protection Act, art. 23 “ (1)A mentally disordered person may be admitted to a psychiatric hospital without the consent required in art. 22 should his/her behavior to-date indicate a direct threat to his/her life of health or the life of others as a result of the disorder. (2)The decision for hospitalization shall be taken by a physician appointed for that purpose upon the direct examination of that person and if possible upon obtaining the opinion of another psychiatrist or psychologist. (3)The physician who makes the decision shall be obliged to explain to the patient the reasons fore his/her admission to hospital without his/her consent and inform the patient of his/her rights. (4) The admission to the hospital shall require a confirmation by the head of the hospital (head of the ward) within 48 hours from the hospitalization. The Guardianship court having the jurisdiction over the seat of the hospital shall be notified thereof by the head of the hospital within 72 hours from hospitalization.”

³ Mental Health Protection Act, art. 24 “A person whose behavior to-date indicates a direct threat to his/her life or health or the life or health of others as result of the mental disorder and in whose case there exist doubts whether that person is mentally ill, may be admitted to hospital without consent required by art.22 for the purpose of clarifying said doubts. (2) The period of hospitalization specified in sec. 1 may not exceed 10 days”.

⁴ See art.23 and art 24 of MHPA

⁵ art 36, (3) MHPA

⁶ art. 36 , (1) MHPA

⁷ art. 22, MHPA

The Director gave the Delegation a list of the patients admitted involuntarily in the hospital. During the period 1 January-24 October 2005 304 patients had been admitted without consent in the hospital. The judge terminated the case because the patient expressed consent in 217 cases. The rest of the cases finished with the court decision for placement after the circumstances regarding the placement had been taken into account.

The Hospital staff informed the Delegation that 3-4 judges decide on cases regarding involuntary placement in psychiatric Hospital in the regional guardianship court. According to the psychiatrists the judges are much willing to place people in the Hospital for compulsory treatment and the Hospital staff has to provide much evidence on the lack of need for such placement.

Forensic examination of a person placed in the Hospital for observation and assessment takes place for up to 6 weeks. This period can also be extended. Besides more physicians can be involved – sexologists, psychologists, etc. Usually the courts specify the term in the court decisions. The patients placed to be examined are not allowed to leave the premises as a principle. According to psychiatrists two to four weeks are enough for assessment of one's mental condition. At the time of the visit only four patients were placed in the Hospital for examination and assessment. And five to six patients at any time are placed in the Hospital as offenders to be examined.

The psychiatrists explained that 40 to 50 percent of the hospitalised patients do not take any medicines when they are not in a hospital. There are two main reasons for that – they are not critical to their mental condition and they cannot afford to buy medicines although neuroleptics and antidepressants are fully reimbursed by the National Health Fund and for the ones that are not the patient pays only a small amount of money (example: for Chlozapine the patient is supposed to pay only 6 PLN (€1,5) per month, for Risperidon the patient pays less than 1 Euro per month). The problem with access to medicines is that only certain pharmacies sell these medicines and have contracts with the National Health Fund and it is difficult for the patients to find them.

Immobilization

The Polish legislation⁸ provides for three methods of physical restraint – holding, restraint and seclusion. Since there are no seclusion rooms in the Hospital psychiatrists use only the other two methods. Regarding the restraint by straight jackets or belts the doctors informed the delegation that a special ordinance had been issued by the Ministry of Health. It provides for monitoring every 15 minutes of the patient, a review of the measure every sixth hour to be done and a special report to be kept and to be given to the director of the hospital. According to the staff and the reports they submit to the court out of 1000 patients admitted per quarter 60 and some more patients are physically restrained. The deputy-director pointed out that these measures are usually applied to somatically healthy patients who have hyperactive behaviour or to patients who refuse to eat (and are forcibly fed by glucose) or hinder the application of medicines.

The deputy-director of the Hospital informed the delegation that there were 450 cases of immobilization with belts for 2003. The practice does not require medication to be applied while or before the person is immobilized. Besides the patients are not secluded while they are physically restrained because the Hospital has no seclusion rooms. The holding or the restrained by jackets or belts is done mainly by the orderlies (nurses could also participate)

⁸ Mental Health Protection Act, art.18

and ordered by the doctor on duty. The staff monitors immobilized patients every 15 minutes and reports about their behaviour in a separate sheet in the medical file of the patient using codes for different types of behaviour of the patient (like active movements – 1, screaming, shouting – 2, sleeping – 3, etc.) The reports do not contain information regarding the means of restraint (straight jacket, belts, holding, etc.). Since the nurses on duty have no opportunity to monitor the immobilized patients easily they often replace the patients in a room near theirs. In the Third Ward we had an access to the file of a patient recently immobilized. His diagnosis was profound intellectual disability and he was restrained with belts tied around his arms from 8,45 p.m. till 0,15 a.m. because he started breaking and throwing objects to others. No medication was given to him. The psychiatrist on duty at the time of the visit explained that some patients want to be restrained and ask her to order that. The staff in this Ward explained that other patients never participate in application of physical coercion measures.

In the closed sector of Third Ward a woman was restrained in the corridor near the nurses' room. The two male nurses on duty explained that they had performed the restraint with a straight jacket and a leather belt around the waist. The measure was ordered by the psychiatrist on duty who was not present because his shift was till 3 p.m. and he ordered the measure at 3 p.m. The Delegation saw the woman at 3,40 p.m. and she was monitored every 15 minutes and the results were recorded in her file. The observation showed that she was moving a lot and screaming and weeping. The woman was crying that she wanted to die. Other patients were walking around her bed and talking to her. The nurses explained to us the delegation that they had applied to her tranquilizer and that they placed her in the corridor because they have no other opportunity to monitor her in her room and look after other patients. Besides they placed her there on her own request since she was afraid of the nightmares and wanted to be among other people. The reason for this measure was her suicidal attempt – she tried to cut her veins with parts of a broken mug. The nurses explained that this was not her first suicidal attempt according to the information in her medical file.

Each ward has its own rules on the close regime patients. Besides there are general rules for the Hospital regarding that issue. The so called “mobility status” (a complex status including the schedule of going out of the ward and going out of the hospital) is considered to be a part of the therapy and is not a specific term nor even a notion.

Staff

The staff in the Hospital is 380 persons, 20 of them psychiatrists, 8 physicians (internists, cardiologists, RTG, etc.), 137 nurses, 8-9 psychologists, 3-4 therapists. The nurses in the Hospital were all trained in Warsaw and Krakow at the Psychiatric and Neurology Institutes in providing care for psychiatric patients. The Hospital itself is at the second reference level among all psychiatric hospitals in Poland. The average salary of the staff was 1750 PLN and it was increased during 2005 to 2000 PLN (€500).

Usually in each ward there are three nurses and a head nurse, two orderlies, three psychiatrists (although they are not on site all of the time) on duty. During the night there are two psychiatrists (from 3 p.m. till 8 a.m.), two nurses and one-two orderlies for the whole hospital. During the weekends only two psychiatrists are on duty for 24 hours and two nurses and two orderlies on shifts.

Material conditions and hygiene

The Hospital staff did not share any concerns regarding means to maintain the hygiene in the premises and the personal hygiene of the patients. The sanitary facilities are being renovated and some of them had been renovated already.

The delegation visited several rooms in the Third Ward. The room near the dining room was around 12m². and there were 7 beds in it, 6 of them were occupied at the time of the visit. The bed clothing was clean, each patient had a locker and there were many personal belongings on and around the lockers. The floor was covered with linoleum and there were curtains on the windows. The room was clean and tidy and there was no bad smell in it. Personal hygiene of the patients was very well maintained.

The ward has also a smoking area, several therapy rooms, library (in the dining room).

In the closed sector in the 3-rd ward the biggest room was around 130m². and 13 women were placed there. The walls were painted recently since the smell of fresh paint was very strong. The windows in that room could not be opened. None of the women in that room complained about that.

Food

The daily food allowance is 10 PLN (€2.5) according to the staff. The patients did not complain about the food. They can also buy food from the shop in the yard of the Hospital and they are allowed to receive parcels with food or at the time of family visits. The income of the patients who receive disability pensions varies from 300 (€75) to 1000 PLN (€250) per month. The lunch on the day of the visit was cucumber soup, pork liver as a main dish and a beetroot and potato salad. The dinner contained two slices of bread, canned rice, tomatoes and fish, compote. It did not look nice and was insufficient. The patients did not complain about it though.

The Third Ward had a nice, warm, cosy, clean and tidy dining room with 5 tables with cloths and 20 chairs.

Complaint mechanism

The patients receive information about their rights and obligations in the Hospital from the staff (by oral explanation) and then from the internal rules hanged in the common areas (dining room, therapy rooms, smoking area).

In the closed sector of the Third Ward a patient complained to the Delegation that he is placed in the Hospital involuntarily by his father's brother and had stayed in the Hospital for years because the family wanted to take his child away. He explained that he writes complaints and letters to different relevant institutions and put them in the mailing box in the ward but never receives any replies. He was told that his sister was his guardian in the hospital. He did not think that he suffers mental disease. He used to work as a construction engineer.

In the biggest room in the Third Ward a patient (Budna Zofia) explained to the delegation that she wants to leave the Hospital. She has been admitted on 5th of October without her consent. She was brought by the emergency unit because she damaged her room and was shouting. She had been brought restrained with a straight jacket and the emergency unit described her violent behaviour to the psychiatrist on duty. He applied to her 1 ampule Haloperidol and she threatened even the doctor. So she was admitted under art.23 MHPA. On 7-th of October the court was notified regarding that by the hospital. The judge came and interviewed the patient on 13-th of October. On 19-th of October the court notified the patient that an expert would be appointed to examine her till 2-nd of November. The patient explained to the delegation crying that she has already coal and wood for the winter and wants to leave the hospital.

The Delegation interviewed another patient who was admitted without his consent. He was brought to the Hospital by the emergency unit with handcuffs and belts. His medical file contained information that he was aggressive and tried to strangle the guards in the emergency unit. He refused to give consent upon admission. On 13th of October he was interviewed by a judge and the patient explained that he does not remember the interview because he did not feel well and heard noises in his head. He told the delegation that the judge asked him to sign a document and the patient refused and told the judge to come another time. No legal representative of the patient was present then. On the second interview with the judge on 20th of October the patient gave consent. He was then asked to give consent and he felt calm and realized that he did not know till that moment where exactly he was.

Another patient admitted involuntarily explained that she agreed to the placement but she does not agree with the treatment although she takes the prescribed medicines. She expressed her will to be treated also in other ways.

In the ward for treating patients with withdrawal symptoms of alcohol addiction a patient was admitted on 23rd of October (the previous day of the visit) and she was taken from her home because of alcohol abuse. She felt well and she knew that she takes medicines (but she did not remember the name of the medicine). She told us that she does not want to stay in the hospital. She explained that she was asked about the circumstances before admission and was not told what the procedure for placement in the Hospital requires. After the Delegation explained to her the procedure for involuntary placement she was confused and shocked.

The deputy director – Dr. Matus does not visit regularly the wards to speak to the patients but they are allowed (as the staff explained) to visit his room and to talk to him.

Therapies

The Hospital does not offer occupational therapy for the patients.

Atypical neuroleptics are given to 50 percent of the patients treated with medicines. They are mainly Clozapin and Risperidone. The typical neuroleptics that are used are mild – Chlozapin, Perazin, Trilaphon.

In the rehabilitation ward for psychiatric patients the patients who are about to leave the Hospital are being trained in five training programs in skills to maintain personal hygiene, skills in shopping, skills in cooking, computer literacy, receiving active treatment (the latter includes explanations of the effect of taking medicines and the choices of different medicines for a certain disease).

For patients with low motivation for treatment who did not give consent upon admission mainly psychotherapy has been used and rarely medication.

ECT

The Hospital applies ECT to patients with depression and catatonic patients though this happens rarely. According to the documentation kept in the room where ECT is being applied, only two patients received ECT during 2004. Each of them received 10 shocks. The device looked in a good and safe state. The patients receive anesthesia and muscle relaxants before ECT is applied. ECT is usually applied bilaterally.

Death cases

Three patients die during average month in the visited Hospital. There had been 27 death cases (according to the deputy-director most of them were elderly people who upon admission had had brain strokes or heart attacks) during the period January to October 2005. Most of the patients who died were ill with dementia or had brain strokes before admission. After a patient dies the doctor on duty certifies the death if there are no doubt about the cause of the death and if there is no suspicion that medicines caused the death. Then each death case is reported to the head of the ward and then to the deputy – director of the hospital. Both of them give also opinion for the cause of the death. None of them has any legal obligation to notify the prosecutor regarding the death case. They only notify the family of the patient and the family can notify the prosecutor and can require for post mortem examination. Otherwise post mortem examination is done only in suspicious cases – the deputy-director gave examples of such cases like two that happened in 2005 – one of them was a relatively young person and the other died suddenly. This is why in these cases post mortem examinations were done. It was discovered that the cause of death in these cases is heart and brain insufficiency. They had been paid by the Hospital but the interviewed psychiatrists could not point out even approximate cost of a post mortem examination.

The post mortem examination is carried out in another Hospital in the town where the corpse is being kept.

Inspections

The Ombudsman visited the Hospital once during the last 5 years and issued a report on it in 2004. The penitentiary judge and the prosecutor have also obligation to monitor the Hospital and so far the judge from the Plock District Court visited the Hospital (twice a year – once for involuntary patients and once for the rest of the patients) and issued a report on the admissions of patients placed for involuntary treatment.

Contacts with the outside world

The patients are allowed to speak on the phone. They can use it from 7 a.m. till 9:30 p.m. and this is written on the wall near the telephone. They also can be reached by their families and friends on this telephone (the number is also written on the wall as well as the schedule for buses leaving and arriving Gostynin). It is installed in the corridor.

The patients can decide freely on their clothing, haircut etc.

They are allowed to watch television, to listen to the radio and to read newspapers.

ANNEX 1

LIST OF DELEGATION MEMBERS (IN ALPHABETICAL ORDER)

Aleksandra Sobczak, *Helsinki Foundation for Human Rights in Poland*

Andrzej Kremplewski, *Helsinki Foundation for Human Rights in Poland*

Andrzej Rzepliński, *Helsinki Foundation for Human Rights in Poland*

Antonia Papadopoulou, *Greek Helsinki Monitor*

Barbara Stańdo Kawecka, *Jagiellonian University in Cracow, Poland*

Grzegorz Oberda, *Helsinki Foundation for Human Rights in Poland*

Irina Sergeeva, *Moscow Helsinki Group*

Krzysztof Wilamowski, *Helsinki Foundation for Human Rights in Poland*

Lamija Muzurovic, *International Helsinki Federation for Human Rights*

Slavka Nikolova Kukova, *Bulgarian Helsinki Committee*

Tamas Fazekas, *Hungarian Helsinki Committee*

Tomasz Zając, *Helsinki Foundation for Human Rights in Poland*

Vjolca Mora, *Helsinki Committee for Human Rights in the Republic of Macedonia*

Zarko Trajanoski, *Helsinki Committee for Human Rights in the Republic of Macedonia*

Zbigniew Lasocik, *Polish Section of the International Commission of Jurists*

Zorana Markovic, *Helsinki Committee for Human Rights in Serbia.*