

PLACES OF DETENTION IN THE RUSSIAN FEDERATION

*Report from the visit of the delegation of human rights NGOs to places of detention in the
Russian Federation on 19 and 20 February 2004*

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The European Roma Rights Center – Human Rights Without Frontiers – Mental Disability Advocacy Center



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Executive Summary

On 19 and 20 February 2004 a delegation of representatives from several non-governmental human rights organizations conducted an international mission on monitoring places of detention in the Russian Federation. The delegation represented the following organizations:

- The Association for the Prevention of Torture (APT)
- The Bulgarian Helsinki Committee
- The Helsinki Committee for Human Rights in the Republic of Macedonia
- The Helsinki Committee for Human Rights in Serbia
- The Helsinki Foundation for Human Rights in Poland
- The Human Rights Watch
- The Hungarian Helsinki Committee
- The International Helsinki Federation for Human Rights (IHF)
- The Moscow Helsinki Group

The delegation visited five institutions under the authority of the Ministry of Justice (four pre-trial isolators and one juvenile colony) in the Moscow region and two psychiatric hospitals under the authority of the Ministry of Health. The report drawn up after the visits outlines the delegation's findings and comes up with a number of recommendations.

The delegation observed a variety of conditions of detention in the Ministry of Justice facilities ranging from satisfactory to inhuman. It commended the efforts of the Moscow Penitentiary Department to improve the conditions of detention in the pre-trial detention facilities for juveniles and women. These efforts resulted in a significant improvement of the conditions in these facilities over the past three years. At the same time the delegation found that Russian law and policy need further substantial reforms in order to reach the level of full compliance with international standards for treatment of prisoners. More specifically, the Russian law and policy still do not allow for diversified forms of custody. The prevailing dormitory type of custody and the absence of individual and small-group cells limit prisoners' choices after the placement. Medical services in the places of detention are not integrated with the national health care system. Doctors and other medical staff are not given independent status, which does not allow them to be guided only by medical consideration when taking clinical decisions.

The procedure for imposition of disciplinary measures allows for arbitrary exercise of disciplinary powers by the prison staff. Although the Moscow Penitentiary Department managed to reduce overcrowding in a number of pre-trial isolators, this problem continued to exist in the Investigation Isolator No.2, where around 1,000 prisoners had to share a bed with someone else. A serious concern for the delegation was the lack of sufficient activities, especially for some categories of prisoners in the pre-trial isolators. The regime imposed on the life prisoners in the Investigation Isolator No.2 in Moscow was extremely restrictive with no activities appropriate for their age and education that can compensate their prolonged isolation. Prisoners were deprived of the possibility to rest during the day as their mattresses were removed from the cells. In general, the conditions of detention of the prisoners sentenced to life imprisonment amounted to inhuman treatment.

The delegation mentioned with satisfaction the efforts of the staff in the Iksha juvenile colony to involve their inmates into appropriate occupational and rehabilitation activities. At the same time, it

observed with concern a number of practices that are not in line with international standards. These include the use of solitary confinement for punishment of juveniles, bad material conditions and overcrowding in the quarantine and in the special regime units and bad working conditions.

The delegation recommended that the disciplinary cells in the Moscow Investigation Isolator No.2 be withdrawn from service as placement there amounts to inhuman punishment. It also recommended the withdrawal from service of the small cages for temporary placement of prisoners along the corridors and in the waiting areas of the investigation isolators.

The two psychiatric hospitals visited by the delegation, the Moscow Psychiatric Hospital No.1 and the Litvinov Psychiatric Hospital in Tver, represented the top level of the Russian mental health care institutions. Nevertheless, there, too, the delegation observed some inconsistencies with the international human rights standards. The latter concerned for the most part the procedure for the civil and the criminal commitment to a psychiatric clinic. The Russian civil commitment law and practice do not guarantee a possibility for the patient to appear before a court under a specific procedure for the determination of the legality of his/her detention shortly after the initial placement. They also do not guarantee the participation of a lawyer already from the moment of detention and obligatory representation of the patient during the entire proceedings, including the appeals. The delegation observed documents from commitments that were conducted in violation of the due process standards. The commitment of people under guardianship to a psychiatric institution does not take place through court in accordance with the due process standards. The law and the practice of commitment in the Russian Federation do not envisage a procedure to seek an informed consent for treatment also from the forensic/compulsory and from the involuntary patients, or a procedure to evaluate the capacity of the patient to give an informed consent for treatment. Advanced directives are not incorporated in the law, as legitimate forms of expression of a specific will.

The delegation found that the treatment methods in some wards were restricted to pharmacotherapy and that there were not enough activities. On several occasions it found overcrowded and unhygienic conditions. Seclusion and restraint of patients were not registered in special registers and patients were used to restrain other patients.

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Introduction: Context and purpose of the visit

On 19 and 20 February 2004 representatives of the International Helsinki Federation for Human Rights conducted an international mission on monitoring places of detention in the Russian Federation. The mission was made possible through the project “Preventing Torture in the Closed Institutions of Central and Eastern Europe”. The three-year project was financed by the European Commission and included eight partner organizations from Eastern and Western European countries. The leading partner in this project is the Bulgarian Helsinki Committee. The organizations include (in alphabetical order):

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

Six of the above organizations work on monitoring the conditions of detention in their own countries on a daily basis. Representatives of all organizations take part in monitoring the observance of the human rights standards in the detention facilities in the countries of Eastern Europe. The international missions pay a specific attention to the institutions for detention of people under the criminal procedure but they are not limited to these. The project envisages also visits to any place where people are involuntarily confined by a decree of public authority, such as psychiatric institutions, centers for temporary placement of foreigners, special schools for delinquent children etc. One of the major trusts of the project partners is that openness of the detention facilities to domestic and international scrutiny by human rights NGOs and other civil society groups is a basic safeguard against ill treatment and other human rights violations. A number of international organizations recently came up with recommendations, encouraging countries to allow visits by human rights NGOs to places of detention.¹

The mission to the Russian Federation was the first international monitoring mission conducted under the project. In addition to the representatives of the eight partner organizations the delegation included also representatives of the Association for the Prevention of Torture and the Human Rights Watch.²

The Russian legislation does not provide explicitly for the possibility of visits by non-governmental organizations to any places of detention. Different institutions react in different ways to the requests of the NGOs to visit places of detention. In general, the Ministry of Justice has a good record of allowing the local human rights organizations to visit investigation detention facilities (SIZO) and colonies for sentenced prisoners. The delegation did not have any problems to obtain a permission from the Ministry of Health. The other institutions however were less impressive in allowing the visits. The IHF applied on behalf of the delegation as early as December and subsequently, again, in January to

¹ Among them are the OSCE (Cf. *Supplementary Human Dimension Meeting on Prison Reform*, Vienna, 8-9 July 2002) and the African Commission on Human and Peoples' Rights (Cf. *The Robben Island Guidelines*, October 2002)

² See the list of delegation members enclosed in the Annex.

the Ministry of Justice, the Ministry of Interior and the Federal Security Service to visit places of detention under their authority. The Ministry of Interior and the Federal Security Service refused visits to their facilities claiming that such visits are not envisaged by the laws regulating detention. The IHF asked the Ministry of Justice to visit six investigation detention facilities in the Moscow region, as well as two colonies. The Ministry allowed the visits to three of the requested facilities and to one (SIZO No.4), which the IHF did not ask to visit. It also allowed the visit to one of the colonies, the juvenile colony in Iksha, but not to the other one. It is not clear from the correspondence what criteria did the Ministry of Justice apply in allowing the visits of the delegation to the four facilities and to the Iksha colony. However, judging from the information supplied by other human rights NGOs, the facilities, where the visits were allowed, were believed to be of relatively good conditions of detention.

On 19-20 February the IHF delegation visited all the facilities allowed by the Russian authorities. All the visits were controlled by the administrations to different degrees, the control being stricter where the problems were greater. Nevertheless, the delegation was able to conduct meaningful research and to come up with important recommendations affecting not only the facilities concerned, but also the system as a whole.

1. Ministry of Justice facilities

1.1. Background to the law and custody policy of the Ministry of Justice facilities

The legal status of remand and sentenced prisoners in the Russian Federation is regulated by two laws – Federal Law No.123-Φ3 *On the detention of the suspects and the accused in committing crimes*, which regulates the status of the remand prisoners and the *Criminal Executive Code of the Russian Federation*, regulating the status of the sentenced prisoners. Both are relatively new acts, passed or amended in the 2002 and 2003.

The federal law *On the detention of the suspects and the accused in committing crimes* provides that custody of suspects and accused should be based on the respect for their human dignity and that it should not involve torture or other ill treatment (Art.4). It envisages four types of places where pre-trial detainees could be held: investigation isolators of the Ministry of Justice; investigation isolators of the Federal Security Service; temporary isolators of the Ministry of Interior and temporary isolators of the border control troops. The latter two types are facilities for short-term detention of suspects, who were not formally charged. The existence of remand prisons of the Federal Security Service is a clear evidence of the still incomplete character of the reform, undertaken by the Russian government in the 1990s to transfer the institutions of pre-trial detention from the law-enforcement agencies to the Ministry of Justice.

The federal law and the regulations on pre-trial detention that it envisages regulate the regime, separation, disciplinary measures, the use of force and firearms, as well as the rights and the obligations of the remand prisoners. The rights of the detainees include among others:

- The unrestricted right to see and communicate with his/her defense lawyers within the view but not within the hearing of the security personnel;
- To receive visits from relatives and other people with the permission of the body, conducting the investigation up to two times a month. The visits could last up to three hours;
- To correspond in writing with persons and institutions;
- To have at least one hour out-of-cell walk (two hours for juveniles);
- To receive parcels for up to 30 kg a month;
- To practice their religion.

The law however envisages some unreasonable restrictions on the correspondence. It provides that all the correspondence of the detainees, including the one with their lawyers, should be subject to routine censorship, with the exception of the correspondence to the prosecutor's office, the court or the state organs, which are empowered to control places of detention. This is a clear violation of the *European Convention on Human Rights* as established in a number of judgments of the Strasbourg Court.³

The law establishes a norm for space of individual cells at 4 sq.m. (Art.23). This norm, especially in view of the prolonged periods of time, which the detainees spend in their cells, is too low and is in violation of international standards.⁴

³ See among others: *Silver and others v. the UK*, 25 March 1983; *Campbell v. the UK*, 28 February 1992; *Petra v. Romania*, 23 September 1998; *Valasinas v. Lithuania*, 24 July 2001.

⁴ Cf.: Rod Morgan, Malcolm Evans, *Combating Torture in Europe: the work and standards of the European Committee for the Prevention of Torture (CPT)*, CoE Publishing, Strasbourg, 2001, pp.99. The CPT standards for such type of custody is 6 sq.m.

The law provides that all injuries on the body of the detainee should be certified by the medical professionals at the place of detention and the results should be registered and communicated (but not handed in writing) to the injured person. The examination may take place in other institutions outside of the place of detention upon a decision by the Director, the investigation authority or upon a petition by the defendant or his/her lawyer.

Disciplinary measures envisaged by the law include only a reprimand and placement in a punishment cell for up to 15 days (up to 7 days for adults). Incarceration is imposed for offences that are explicitly specified (Art.40), although some of them (e.g. “insult of an officer”) are too broadly formulated. Art.40 also provides for the regime in the punishment cell that amounts by all standards to solitary confinement – all contacts, including correspondence, reading, watching TV and playing games are prohibited, with the exception of the contacts with the lawyer. The prisoner is allowed only a 30-minute out-of-cell walk. Punishments are imposed by the Director of the facility following a procedure that does not envisage any due process guarantees (Art.39). Detainees have the right to appeal the punishment to the higher administrative authority, the prosecutor or the court although the appeal does not stop the execution of the punishment.

Criminal Executive Code (CEC) of the Russian Federation enumerates types of institutions where convicts can be confined for the execution of their prison sentences. These include correctional colonies with different regimes, educational colonies for juveniles, prisons and medical-correctional institutions for convicted prisoners who developed conditions requiring in-patient treatment (Art.74). Prisoners sentenced to short terms of imprisonment may be held in the investigation isolators with their consent. Once confined in a certain type of correctional institution, the prisoner may be transferred to a different type of institution only by a court decision.

Article 91 of the CEC requires administration of the penitentiary facility to conduct censorship on all prisoners’ correspondence with some exceptions. Excluded from censorship is the correspondence with court, prosecutor’s office, superior instances of penitentiary administration, federal ombudsman, regional ombudsman, public observatory commissions and the European Court of Human Rights. Correspondence with the defense lawyer shall not be censored except in cases when administration has reliable information that the correspondence contains information aiming to initiate, plan or organize criminal activity or the involvement of other persons to the commitment of a crime. In such cases surveillance of the correspondence is conducted by the motivated order of the Director of the institution or his/her deputy. There is however no norm regulating how are they supposed to evaluate the necessity to check correspondence with the defense lawyer or whether the administration shall inform the author about such a decision. Para. 12 of the *Rules of Internal Order of the Correction Facilities* (adopted by the Directive of the Ministry of Justice on 30 July 2001, No 224 has the same rule concerning correspondence. However, regional ombudsman, public observatory commissions and the European Court of Human Rights are not mentioned there as addressees of correspondence, which is exempted from censorship. Para. 12 also clarifies that all correspondence of prisoners shall be submitted to the administration or put to the special mailboxes in open envelopes. The correspondence, which is exempted from censorship, is submitted in sealed envelopes.

CEC provides for both short-term (up to four hours) and long-term (up to three days and in exceptional cases – up to five days) visits of the relatives or other persons. Article 89 provides that short-term visits are conducted under the control of the administration. Visits of the defense lawyer

may be confidential if the prisoner requests so. *Instruction on the Supervision over Prisoners in Correctional Facilities* (adopted by the Directive of the Ministry of Justice on 7 March 2000, No 83), chapter 5 provides that the administration of the correctional facility conduct ongoing control over communication of prisoners with visitors. If the conversation between visitor and prisoner are conducted on language, which is not understandable by the administration, administration may be assisted by an interpreter. If prisoners or visitors breach the rules of conduct, visit may be interrupted by the administration. There is however no regulation on what these rules are.

Disciplinary measures, which may be applied to the prisoner serving a sentence, are defined in Art. 115 of the CEC. They include a much wider variety of punishments than in the case of pre-trial detainees. One of the measures mentioned there is placement in a punishment cell for up to 15 days for one violation in the case of adult prisoners. The other measures include putting of male prisoners to conditions of custody akin to solitary confinement for up to one year and of female prisoners – to similar conditions for up to three months. These very severe measures are imposed with almost no due process guarantees by the Director of the correctional facility. The law and other regulations do not establish any limit on total length of detention in a punishment cell during a defined period of time (e.g one year). Thus, in lack of due process guarantees, it becomes possible that prisoners, disliked by the administration of the facility may spend months or even years in solitary confinement with short breaks between different isolations. The code does not envisage long-term isolations for minors but they too can be placed in punishment cells for up to 7 days with almost no due process guarantees (Art.136).⁵

The Russian penitentiary system still carries a lot of the GULAG heritage, including in the prevailing type of custody. The predominant environment in the prisons and in the pre-trial detention facilities is the large dormitory. Placement in individual cells is an exception in the ordinary facilities. Moreover, the CEC envisages placement in individual cells as a form of punishment. This form of custody however, as established in the code, constitutes or is akin to solitary confinement, i.e. it is supposed to deprive prisoners from contacts and from participation in activities together with the other prisoners. So, in a way, the Russian system is the opposite of what the *UN Standard Minimum Rules* or the *European Prison Rules* require, i.e. that placement in individual cells is the predominant form of custody and any other system is used by exception or if the prisoner wishes to be placed together with other prisoners.

1.2. Visit to the Investigation Isolator No.4, February 19, 2004

The IHF delegation visited SIZO No.4 on 19 February 2004 and spent there about 3 hours. Delegation members were guided by the Deputy Director of the facility and guards. It was also accompanied by representatives of the Chief Directorate for the Prisons and the Moscow Penitentiary Department, including an officer, responsible for the observance of human rights in detention facilities.

The delegation was not able to talk to detainees and personnel privately. However, some of the prisoners expressed readiness to speak and did speak to the delegation members in the presence of the facility administration.

The visit started directly with the observation of the facility during which officers provided the members of the delegation with basic data and answered questions of the delegation members. The delegation saw the unit for detainees undergoing extradition proceedings, the unit for detainees awaiting trial, the unit for convicted prisoners, disciplinary isolators, medical facility, kitchen and the rooms for visitors. The visit ended with a short conversation with the administration.

1.2.1. General information

SIZO No 4 is a new and relatively modern facility, parts of which are still under construction. It was planned to be the biggest one in Moscow. However, due to shortage of funding to finish the construction, decision was taken to use only one of the buildings for detainees, which was ready for exploitation at the day of the visit. This building consisted of one unit for detainees and several separate units for the kitchen, the administration and the security personnel. The official capacity was for 1000 inmates. On the day of the visit however the isolator had only 469 inmates.

1.2.2. Categories of inmates, segregation of detainees and its purpose

Detention facility is used to detain male adult remand prisoners. According to the administration, three categories of prisoners are kept in SIZO No 4: foreigners, who were undergoing extradition proceedings, detainees awaiting the decision on their appeals before the court of cassation and convicts, who had been left to serve their sentences in the detention facility and were working in the service unit. The latter included 42 people on the day of the visit.

All sentenced prisoners held in the SIZO have committed their first offence and were sentenced for periods of less than 5 years of effective imprisonment (only such category may be allowed to serve their sentence in SIZO). Convicts were kept in a separate unit, since the law provides for separation of this category from other inmates. Prisoners undergoing extradition proceedings were kept in separate cells as well for no clear purpose as the law does not provide for this. Since the facility was used to detain the bulk of the detainees undergoing extradition, there were high concentrations of different nationals (majority of them form the CIS countries) and representatives of different ethnic groups.

1.2.3. Material conditions and hygiene

SIZO No.4 was new and did not contain lots of inmates, which allowed for a relatively larger space per capita – around 4 sq.m. in the common dormitories. The common form of custody were the dormitories of different types. The biggest one was designed for 14 inmates, the smallest – for 2.

Windows in all cells, which we observed with the exception of disciplinary isolators, provided for sufficient natural light. Artificial lightening for the dark time was also available in fair amounts. The heating in the cells was good.

Some delegation members found the ventilation in the cells ok, while others believed that it was insufficient. There was a problem in the unit for the non-convicted detainees, where detainees who smoke were placed in cells together with non-smokers and were allowed to smoke in the cells.

⁵ Rule 67 of the *UN Rules for the Protection of Juveniles Deprived of their Liberty* (U.N.Doc. A/45/49-1990)

In the cells for non-convicted detainees toilets and sinks with cold and hot water were in the cell but separated from the living space. In the unit for the convicted prisoners the hygienic facilities were outside of the cells.

Cells were equipped with new furniture, which included a table, hard beds and small boxes for personal belongings. Boxes were shared by two inmates each and did not lock. Each inmate had a bed with a thin mattress, covered with bed cloth. According to some inmates, bed cloths were changed every 7-15 days.

Non-convicted detainees were locked all the time in the cells with the exception of the daily walk, which lasts 1-2 hours. Convicted prisoners were not locked and spent most of their day in their working place or in their unit.

Shower rooms were smaller than usually in the Russian investigation isolators. The facility had shower rooms on each floor, so inmates had better access to a shower and more comfortable conditions for washing than those in the average Russian isolator. According to the inmates, they were able to take a shower 2-3 times a week. The delegation however was not able to find out whether all detainees had an access to all necessary hygienic materials.

The majority of the remand prisoners in the isolator wore their own cloth. Convicted prisoners had prison uniforms.

1.2.4. Nutrition

Delegation received no information about the daily food allowance. According to the administration norms for nutrition were established by Ministry of Justice regulations and the doctor of the institution checked every day whether the food meets the requirements.

Special dietary needs of inmates are not met apart from those, which the regulations require to be met. Regulations provide for special diet for people with specific health problems. However they do not take into account religious and ideological dietary requirements as well as specific forms of food allergies.

Delegation visited the kitchen and some food storages. These facilities met high hygienic requirements. Officers of the facility showed us special places to prepare the meat and the fish for cooking. Both of these places were very clean although they bore no signs that any of these products had been cooked there. In the pots we saw only boiling potatoes. Administration explained that meat and fish are prepared for cooking at late night. The administration did not open for us all the storages, so we finally saw only stored potatoes and nothing else.

Apart from the meals, provided by institution, detainees had the right to receive food parcels and to buy food in the facility's shop. Norms for parcels are established by law and do not differ from institution to institution. However detainees who do not have relatives or friends and have no money on their account cannot contribute to their diet by food parcels.

prohibit disciplinary measures, including "closed or solitary confinement".

1.2.5. Medical care

The institution had a small medical facility with an ambulance with no medical equipment and with a small variety of drugs. Administration explained, that if a detainee needs special medical care, he is transferred to other detention centers (normally, to the Investigation Isolator “Matrosskaya Tishina”, which has a big hospital).

All medical personnel in the detention facility were employees of the Ministry of Justice. They were wearing uniforms on their working places. The head of the medical unit had a rather militarized image, far from an image of a doctor.

Detainees went through a medical examination upon admission. Results from the examination were recorded in the personal files of the detainees. According to the law, all physical injuries found on a detainee have to be recorded. Doctors write a special report, which starts an internal investigation. Results from the internal investigation are going to the Moscow Penitentiary Department and to the prosecution office.

1.2.6. Work in the prison

Convicted prisoners are obliged to work, since work is essential part of the punishment and resocialization according to the law. Convicted prisoners in SIZO No.4 were involved in cleaning and in other works related to the maintenance of the facility. The good work of the prisoner is one of the prerequisites for early release.

Remand prisoners also may work. To get a job, the detainee must apply with a request to the Director of the facility, who takes the appropriate organizational measures. As we understood from the administration however no detainees has requested to work in SIZO No.4.

1.2.7. Discipline, punishment and isolation

Discipline is maintained in accordance with the law and the internal rules of the detention facility. Violation of internal rules constitutes a disciplinary offence. Detainees are instructed on internal rules upon arrival. However we did not see such rules printed and placed somewhere to be seen by detainees.

There are two types of disciplinary measures, which can be imposed: reprimand and incarceration. Incarceration in effect means solitary confinement in a punishment cell. It may last up to 15 days. At the same time the law establishes no limits on the total time a detainee may spend in isolation during one year. As in the other prisons in Russia, in SIZO No.4 the disciplinary punishment is imposed by the Director of the institution in a procedure that falls short of the due process standards.

According to the administration, solitary confinement is not frequent. There were only four punishment cells. On the day of the visit of the delegation there was no detainee placed in a punishment cell. Material conditions in the cells were hygienic. There was sufficient heating, hot water and a toilette facility. There was no access to natural light however, despite the fact that the facility was new. For the daytime bed cloth and mattresses are taken out of the cells, and beds are locked to the wall. The delegation believes that although the conditions of detention in such a cell are

probably better than in the average punishment cell in Russia, they nevertheless amount to inhuman punishment.

1.2.8. Use of force and arms

Prison guards are not permitted to carry any arms or any other means of restraint (truncheon, handcuffs, chemical weapon etc.) within the facility. Such devices may be permitted only at the time of serious disorder by a decision of the Chief Officer.

If there was any use of force, the prison officer is obliged to write a report, which goes to the Director. Also, prisoner on whom the force was used is obliged to write a statement about incident. All possible injuries are noted in the personal medical files of the detainees and doctors write special reports, which initiate an internal investigation procedure. The report goes also to the Moscow Penitentiary Department.

1.2.9. Contacts with the outside world

Detainees have the right to short-term visits with the permission of the court or the investigating authority. Convicted prisoners are entitled certain number of visits, which take place with the permission of the facility's administration.

Short-term visits are performed in special rooms under the supervision of the administration. The prisoner and the visitors are separated by a glass. Convicted prisoners also have the right to long-term visits. The delegation however has not seen any special premises for these occasions.

The facility has special rooms for contacts with lawyers and with diplomatic representatives. They were equipped with tables and chairs. There the administration can observe the visits but cannot hear the conversations.

All the correspondence in SIZO No.4, with the exception of the communications with the court, the prosecutor's office and the supervising authorities is under surveillance. The prisoners also have the right to telephone conversations. However the delegation found no special facility to exercise this right.

Journalists may visit the detention facility only with the permission of the administration.

1.2.10. Activities

Detainees are entitled to exercises in open air for one hour during the cold season and for two hours during the warm season.

No education and professional training programs are available for detainees. The institution has a library of about 3 000 books. The library also provides some newspapers.

The institution has an improvised Christian Orthodox prayer room. Orthodox services are available on Sundays and on big holidays. The delegation did not receive any information on the exercise of religious activities by other confessions.

1.3. Visit to juvenile pre-trial detention facility No. 5, February 19, 2004

SIZO No.5 for remand juvenile prisoners is a recently established and renovated facility, which used to be an institution for compulsory treatment and re-socialization of alcoholics (“lechebno trudovoi profilactory”). After such types of institutions had been abolished by law, in 1994 the facility was reconstructed into a pre-trial detention center to meet the growing need for placement of juvenile pre-trial detainees.

The IHF delegation had an opportunity to talk with some of the imprisoned juveniles in the SIZO. They said that they had been in pre-trial detention from 6 months to 1,5 years. The delegation also interviewed some juveniles from the correctional colony in Iksha, visited the next day, on the conditions of their preliminary detention. They however did not want to speak about their experience and only declared that the pre-trial detention was very scaring for them. They claimed that the conditions in the colony are much better compared to the SIZO.

1.3.1. Basic data

The facility had a capacity of 945 and on the day of the visit it held 337, i.e. it functioned at 36% of its capacity. The last renovation took place recently, in 2003. The building was dry and freshly painted, but an unpleasant smell was present in all the hallways and rooms. The delegation saw little in terms of elements that mean real modernization and humanization of the environment. There were no smaller areas, adequate hygienic facilities (sitting toilets, showers with individual controls), rooms for spending time with other people (lounges, library, exercise rooms with adequate exercise machines etc.).

The facility was for male juveniles undergoing preliminary investigation or trial proceedings at different levels. There were also certain number of adult convicted prisoners involved in service and maintenance works.

1.3.2. Segregation

Adult prisoners were kept in a separate building. Both the juveniles and the adults were placed to cells to provide separation of prisoners who were sentenced and those who weren't, first time offenders and recidivists. The other ground for separation was separation of persons who were under investigation or were tried for the same offence. Since the core of the evidence are the statements of witnesses and accused, investigation bodies and penitentiary administration put enormous efforts to prevent communication of fellow criminals and exclude possibility of agreements between them. Therefore in detention centers such people are put in separate cells and detention center administration try by all possible means to prevent communication of people from different cells. Therefore a detainee may socialize all the time only with the inmates of his own cell, which implies the absence of any kind of contact with the other detainees during his stay at the facility.

1.3.3. Material conditions and hygiene

Overall space per capita was around 4 sq. m., which meant that by Russian standards there had been

no overcrowding. The delegation visited many cells and the maximum number of inmates it saw was 14 juveniles. The amount of time spent in the cells however could be as much as 22 hours with only a two-hour outdoor exercise a day.

Cells had an access to natural light. The windows were not covered by metal shadows, as in some other detention places, which provided for sufficient natural light in the cells during daytime. Because of the prolonged periods of time the inmates spend in the cell, the cells were stuffed. There was a strong smell of chloride (probably the smell of disinfectants used to clean toilet facilities) and insufficient ventilation. Staying for the long period of time in such an atmosphere may damage the health of a prisoner. The heating of the cells on the day of the visit was good.

Small boxes for personal belongings were placed in the cells. They were however not individual, but shared between two inmates. They could not be locked. For each inmate there was a wooden chair in a rather poor condition and very uncomfortable to sit on. The beds were narrow (60-70cm) and short. They ended with a metal bar, so that anyone taller than 170cm had trouble sleeping in a stretched position. The base of the beds was metal bars and they were covered with a very thin mattress. Their use was not permitted during the day. The sheets were allegedly changed every 7-15 days. However on the day of the delegation's visit they were gray and looked very dirty.

All cells visited by the delegation had toilet facilities (toilet and sink with hot and cold water) separated from the living part of the cell with a low barrier. The toilets were of an "Asian type" and had no sitting shell, nor cover. They were barely visually sectioned off and the smell from them spread through the cell. The prisoners take a shower once a week, with centrally controlled water temperature for the entire group.

1.3.4. Nutrition

The delegation was not able to obtain data on the daily food allowance. It saw the lunch meal, which included soup and gruel. It was told by the administration that every morning detainees receive sugar and bread for the entire day. The meal did not include any fresh fruits or vegetables. The appearance and smell of the food were bad and the unpleasant smell spread through the entire facility during mealtime. There were no options for vegetarians or food connected with a specific religious custom. The administration told the delegation that those who need a special diet for health reasons are provided special meals.

1.3.5. Medical care

The SIZO had a medical unit with 28 medical staff members, including 7 doctors. They were all employed by the Ministry of Justice. The Ministry of Health is not involved in any way in their supervision. The medical facility had an X-ray cabinet, laboratory and a dental health care unit. All were equipped with new equipment. The delegation did not receive any information on the number of prisoners seen by a doctor per day.

The delegation was told that the prisoners are examined upon admission and all relevant information is put into their personal medical files. It was also told that they are examined each time the building is left and re-entered by the prisoner (for a trial, investigation etc.). All possible injuries are noted in personal medical files and doctors write special reports, through which an internal investigation

procedure is started if needed. The report goes also to the Moscow Penitentiary Department and to the prosecutor's office. According to the prison administration however in the past two years not a single case of injuries had been reported.

As in the other facilities, in SIZO No.5 too the HIV positive inmates were segregated from the other prisoners.

1.3.6. Discipline, punishment and isolation

The delegation visited the punishment cells, where a juvenile may be punished for up to seven days. The size of the cells was approximately 2 x 3 m (6 square meters). Cells in both the juvenile unit and the unit for adults were dark with very poor access to natural light. The single window of the cell was small, situated very high. Although the delegation visited the detention center in a sunny day, the windows in the punishment cells did not allow the natural light to penetrate into the cells. There was however no artificial light in the cells. Some light passed through the ventilation window from the corridor but it did not allow reading and writing in the cell. Thus, the juveniles who were punished could spend in these cells 7 days and the adults – 15 days, practically in the dark. Such a situation without any doubt constitute inhuman punishment, especially in the case of the juveniles who should not be put in conditions of solitary confinement for whatever reasons.

The isolation cells were furnished with a bed, which is locked to the wall during the day and a small chair. The design of the chair is such that sitting on it for prolonged periods of time can certainly cause pain. It means, that during daytime incarcerated prisoners stand or move around the cell. The cells were warm. The toilet unit however was dirty and an unpleasant smell spread from it in the cell. A juvenile is put in the punishment cell alone and there is no limit on the frequency of such punishment in the course of one year.

In addition to the punishment cells, the delegation observed special cells (1 sq. m.), with no windows and with only one seat inside, in which people who are waiting to be taken to court or to a doctor are placed. In these cells a prisoner, including a juvenile, can spend more than 2 hours.

1.3.7. Use of force and firearms

The delegation did not mention outward signs of injuries as a result of the use of force or firearms on any of the prisoners. We were told by the administration that there have been no such occurrences in the past year. As a matter of law, all possible injuries ought to be registered in the personal medical files and doctors write special reports, through which an internal investigation procedure is initiated. The report goes also to the central prison administration in Moscow and to the prosecutor's office. There have been no such reports in the SIZO No.5.

1.3.8. Contacts with the outside world

Remand prisoners could have visits by relatives or family members twice a month. The visits take place in a separate facility. The visitors were separated by a glass, so that they could not have any physical contact with the prisoner. This may be a problem, especially with the juveniles, who need a physical contact with their close relatives. Sentenced prisoners are entitled also longer-term family visits, which take place in a separate compound.

Contacts with lawyers and with diplomatic representatives are unlimited but require permission by the investigation authorities. They take place in separate cabins and are within the view, but not within the hearing of the prison staff. All conversations must be in Russian. This requirement was posted on a table at the visiting area. It did not become clear to the delegation how can family members, who do not speak Russian, visit their imprisoned relatives.

All correspondence, including that with the lawyers, is subject to routine control and censorship, with the exception of the correspondence addressed to the prosecutor or court or other body empowered to control over detention facility, to the federal ombudsman, to regional ombudsman and to the European Court of Human Rights. This is a clear violation of the European Convention on Human Rights, which is supposed to have precedence over the domestic Russian law.

1.3.9. Activities

Detainees at SIZO No.5 are rather limited in terms of activities. Some of them spend all their days and nights in the cell, with the exception of the one-hour outdoor walk and one-hour physical exercise. Some can also watch TV.

To prevent communication between detainees from different cells, prisoners conduct their daily walk in separate yards. Each yard is established to accommodate inmates of one cell. The yards, which the delegation saw, were rather small, so prisoners there have no space to move actively and to do any exercise except walking. They were located on the last floor and measured approximately 20 sq. m. for up to 14 detainees. The yards were equipped with benches. Apart from the walk, juvenile detainees have the right of a one-hour physical exercise in a special room with sports equipment. The equipment consisted of several very old machines with weights. The time of the exercises are scheduled for inmates of each cell. When the delegation was observing the room for physical exercise nobody was in, probably because it was lunchtime.

Detained juveniles have the opportunity to attend school classes in prison (elementary and high school) and they can receive a certificate for this, but not a diploma. Teachers come from a nearby Moscow school. Classrooms were equipped with furniture and some books. The number of books, which the delegation saw in one of the classrooms, were very few and could hardly be sufficient for a serious teaching. However the delegation did not check whether more books were kept by detainees or stored somewhere else or brought by teachers. It remained a big question for the delegation how can the needs of so many young people from different classes be accommodated in a few rooms, since the normal school classes last usually 5 hours a day and often more.

The religious needs of the Orthodox Christian believers are met during Sunday visits of an Orthodox priest. He visits also during major holidays. People belonging to other religious beliefs cannot practice their religion.

1.3.10. Inspections

The delegation found that SIZO No.5 is inspected regularly by the central prison administration and by the prosecutor's office, which retained its powers from the communist times to exercise control over the legality of compulsory measures. According to the prison administration, local NOGs also visit the

facility regularly but the delegation could not find any other evidence of that.

1.4. Visit to the Investigation Isolator No.6, February 20, 2004

In the morning of February 20 the IHF delegation visited SIZO No.6 for women remand prisoners and spent almost five hours there. It was a recently renovated facility, which the IHF requested to visit in its letter to the Ministry of Justice. The delegation was accompanied by officials from the Moscow Penitentiary Department. It first met with the administration and then visited the prison's cells, kitchen, medical ward, Orthodox chapel, ward for visitors and punishment cells.

1.4.1. General information

SIZO No.6 was a recently renovated facility, hosting some 735 prisoners on the day of the visit. This figure was below the prison's capacity, the exact level of which the delegation could not find out. Cells were of a dormitory type for 20-40 inmates, designed to provide for four sq.m. overall space per inmate.

The prison personnel comprised 330 people, all officials of the Ministry of Justice. They included eight educators and two psychologists. Seventy per cent of the staff were women. On the day of the visit there were openings for eight new staff positions. The delegation was informed that there were 32 candidates for the posts, making it possible to recruit the best candidates.

1.4.2. Categories of inmates, and the segregation of detainees

Prisoners included both juvenile (14-18 year old) and adult remand prisoners, as well as some convicted prisoners who worked maintaining and servicing the prison. Fifteen per cent of the inmates were foreigners.

Upon arrival the detainees undergo a search and medical examination. They are then directed to the quarantine ward, where they are instructed on the rules of internal order and undergo a psychological evaluation. There is also a conversation with a security officer.

Apparently, officials associated with the investigation of crimes are also involved in deciding upon the segregation of prisoners. The delegation was concerned that this practice could be misused, as there are no clear rules on their role in this process. The administration reported that segregation was based on the age of the detainee, their legal status, the severity of the charge they faced (serious vs. less serious crimes) and their designated regime (for convicted prisoners only). However, the administration did not mention any special rules and practices of segregation for protective purposes. When asked if there were any Chechen women among the inmates, the prison Director said that she did not know. A question related to occurrences of rape was received by the administration with much astonishment and scepticism, as if such an issue did not exist between women. The SIZO Director said that lesbian relations were tolerated as long as there was no conflict.

The administration wanted to discuss the issue of the rehabilitation of the detainees. This raised some concerns among the team, since pre-trial detainees should be presumed innocent until proven otherwise, thus making it inappropriate to discuss the rehabilitation of such persons.

1.4.3. Material conditions and hygiene

During the visit a cell for 24 inmates was visited. It was in fact a dormitory with 40 beds, 23 of which were occupied. There was only approximately 50 centimetres between the beds. The mattresses were very thin. There was a table in a separate room where the detainees could eat, but with only 18 sitting places.

The bathroom facilities are located inside the cells, each of which consists of three lavatories and two showers, which are intended for the use of all the inmates. In the cells visited by delegation members the state of repair was generally good, as was the level of hygiene.

The delegation noticed the presence of small cages in the corridors, used to hold one person during the movement of inmates from one place to another. These were narrow constructions, incarceration in which for even 15-20 minutes would constitute inhuman treatment. The delegation feared that such cages could be seriously misused, for example in the cases of newly arrived detainees who might become stressed as a result of their use. Alternatively, detainees being transported to court in such cages might spend many hours in such inhuman conditions, if transport is simultaneously being arranged for several persons.

1.4.4. Activities and contacts with the outside world

The delegation interviewed several juvenile detainees, among them two Russians, one Ukrainian and one Moldovan. All of them were suspected of crimes against persons (such as robbery or assault). They could not remember the last time they had walked outside of their cells. Evidently, walking outside one's cell was not a common practice. A young Ukrainian lady had already been detained for two years in the SIZO, which contradicted the information given by the prison administration to the effect that one year was the maximum detention period in this institution.

The delegation also visited a dormitory for convicted prisoners. The inmates were in charge of the kitchen, cleaning and keeping order. Ten women were sharing one room measuring around 18 sq.m., which had five beds and a TV set.

The delegation visited the Orthodox chapel, built in 1996. It was, however, apparently not used frequently. The delegation was informed that an Orthodox priest comes to the SIZO twice a year. The delegation did not mention the presence of other religious representatives.

In the area designated for visits with lawyers the delegation saw nine rooms, eight of which were occupied at the time of the visit. There the delegation found that it was prohibited for advocates to make use of a tape recorder or a camera during meetings with their clients.

1.4.5. Nutrition

In the kitchen the delegation was able to observe the preparation of food, its serving and consumption. The accompanying staff became very disturbed when one delegation member found a cockroach near the entrance of the kitchen. Soup and potatoes were on offer to the detainees. Mothers also receive butter and milk. Sick inmates also receive extra food, supposedly to the equivalent of 3000 calories

per day.

The administration stated that the daily food allowance was approximately 25-30 roubles. They said they would be able to calculate the daily food allowance more precisely at the end of March 2004. The budget for food is allocated for periods of one year, even though it would not be clear how many inmates would be detained during the year.

1.4.6. Medical care

The medical ward was relatively large and well maintained. There were nine medical doctors, all appointed by the Ministry of Justice. All of them are members of the prison administration and are subordinated to the Director of the SIZO. They receive no instructions from the Ministry of Health, which never carries out inspections.

A serious problem was the system of reporting potential abuses. Doctors report to the Director of the SIZO, not directly to the Prosecutor's Office. The information goes to the Prosecutor's Office only if it is directed there by the Director.

The delegation visited the hospital wing. There it saw the Chief Doctor and other doctors wearing military uniforms. The medical doctors present at the time of the visit said that there were no cases of TB in the institution at the time of the visit. Previously, however, the delegation was informed by other prison officers that there were 30 detainees who had TB.

SIZO No.6 had as many as 45 HIV infected detainees. The delegation was informed that all prisoners are subjected to a mandatory test upon arrival at the institution. If they test positive for HIV, they are segregated from the wider prison population in separate cells. The team was told that the SIZO authorities had received instructions from the Penitentiary Department to isolate HIV infected detainees and that this was the case with all institutions.

The delegation was informed by the administration that in 2003 no inmates had died and there had been no suicides.

1.4.7. Discipline, punishment and isolation

The Director is the person who takes all disciplinary measures. There are two forms of punishments:

- 1) reprimand;
- 2) and the placement of detainees in disciplinary cells.

The Director of the institution reported that disciplinary procedures are very seldom used. There had been, however, some 200 cases of disciplinary isolation during 2003 and 238 reprimands. When an inmate is sent to a disciplinary cell, it is for a maximum of two to three days.

The punishment procedure includes very few due process guarantees. According to the Director, it consists of the following :

- 1) A report is drawn up by the guard or another officer;
- 2) The Director receives the report and sends it to an educator;

- 3) The educator asks the offender for an explanation, which the latter puts in writing;
- 4) A final decision is taken by the Director.

All disciplinary measures go into the detainee's file and can affect the length of her imprisonment when the file is reviewed during the procedure which determines early conditional release. The detainee can in principle complain to the higher administrative authorities. The Director, however, informed the delegation that there had been no complaints during 2003.

The problem of a lack of understanding of safeguards against disciplinary abuse was discussed at length with the administration. Detainees apparently do not know where to complain, on what matters, and with what results. When the example was given to the SIZO Director of a detainee addressing a judge on a disciplinary matter, she said that a judge would not hear such complaints, as the courts do not deal with such matters. Although there exists in Russia the possibility of addressing a complaint to a prosecutor, responsible for the review of disciplinary measures, such a possibility seems to be ignored by detainees. Although the right to contest a decision exists in law, it is apparently not used in practice. The fact that an appeal of a disciplinary measure does not suspend a decision is an additional concern.

1.4.8. Monitoring by independent bodies and complaint procedures

Regarding monitoring by independent bodies, the administration reported that a prosecutor visited the institution regularly, but had found no violations of the law. There had not been one complaint during the last year and no civil cases had been lodged against the institution. According to the delegation, this means that conflicts are solved using other methods. There seems to be no understanding of the possibilities which exists to complain to the bodies envisaged in law or to NGOs.

The delegation discussed possible ill-treatment at the hands of the police. The question was asked how many criminal investigations had been initiated against the police on the basis of information received by medical doctors at the SIZO following a complaint. The administration explained the procedure, referred to above, according to which a doctor reports a complaint to the Director, who subsequently refers it to the Prosecutor's Office. However, the delegation was not given any data on the number of complaints lodged and the outcome of subsequent investigations.

1.5. Visit to the Investigation Isolator No.2 February 20, 2004

1.5.1. Historical background

SIZO No. 2, which in Russia is more commonly referred to as "Butyrka", is a pre-trial detention isolator, one of the biggest in Moscow. In this institution can be kept persons charged with a crime on the territory of Moscow. Butyrka is a well-known place of detention dating from the reign of Catherine the Great. It was built in 1771 and is one of the oldest detention facilities in Russia. During the visit the facility was undergoing substantial renovations. While renovations can be largely justified by the decrepitude of the whole building, additional elements have triggered the decision to undertake major reconstructions, such as a failed escape attempt in the year 2003, after which it was decided to modernise the security of the establishment. Overall, if the repairs seem to have the potential of

improving the conditions of detention in the future, they only created more overcrowding at the time of the visit (see below).

1.5.2. Restrictions on the delegation's visit

The visit of the IHF delegation to SIZO No.2 took place on Friday, 20 February. A first sub-group on the mission team arrived at the facility at around 15:45. They passed through all formalities and were then invited to join the SIZO administration personnel and staff of the Department of Execution of Sentences for a preliminary discussion that started at 16:00. The second sub-group on the mission team arrived some time after 16:00 and joined the discussions.

The visit *per se* started slightly after 17:00, to end just before 18:00, as the team was announced that it was invited to leave to the office of the Chief of the Moscow Penitentiary Department, who would be waiting for us at 18:00. The group was pressed to hurry up in order not to have General Zlodееv wait for us. As a matter of fact, we had to wait for about 20 minutes before the general arrived.

As a consequence, the visiting team spent overall less than 2 hours in the SIZO, less than half of which was spent on concrete monitoring of the conditions of detention that prevail in the institution. This was clearly insufficient.

Further obstacles were put on the visit, such as extremely strict limitations that were imposed. This turned out to be the most controlled of all visits carried out by the delegation in the context of the international prison monitoring programme in which this institution was enlisted. On the one hand, the SIZO personnel wanted to show us parts of the Butyrka that are being renovated. But there were no detainees in these sections at the time of the visit. As a consequence, the visiting team did not have the possibility to see any cell with detainees, except for the exceptional access we were given to the cells with life prisoners. The same goes with disciplinary cells, which we could see, but only emptied ones. Contacts with the detained were almost non-existent. The only prisoners one could address were the convicts working in the SIZO, although once again, contacts were kept to a strict minimum, and always in the presence of an impressive number of guards and SIZO personnel who escorted us at all time, which greatly limited possibilities of gaining other information than the one provided by the prison administration.

1.5.3. Basic information: capacity and categories of inmates

Before the visit, the team met with N.F. Dimitriev, Head of the SIZO, V.V Bykov, Deputy Head of the SIZO, the Head of the Moscow Penitentiary Department's Medical Unit and staff members of the Moscow Department of Execution of Sentences.

They reported that the total capacity of the isolator is 2120. Still, at the time of the visit, the number of inmates detained in the SIZO was as high as 2870.

The types of detainees can be categorized as follows:

646 inmates under investigation;

1586 inmates currently taking part in trial proceedings, but with cases postponed, returned for further investigation, delayed, re-schedules, etc.;

665 inmates sentenced, but awaiting appeal;

275 sentenced prisoners (working in the maintenance and services).

Three criteria are applied for classification in cells:

- gravity of the charges
- recidivism
- life prisoners

The SIZO has a separate section for life prisoners, who are kept under a regime similar to the regime of punishment in what is called “the 6th corridor”. This is where prisoners on death row used to be detained and spent their last hours.

1.5.4. Entering Butyrka

In the first hall located after passing through the entry procedures, the delegation observed several metal closets, in which newly arrived detainees are detained before the procedure of reception. Persons in the closet can't see outside, and can't be seen. The second sub-group from the mission team observed how a person was rushed into the cell as they came, in order to avoid any contact with them. It was not possible to learn how long a person could be kept in such a closet.

Further tens of metal closets could be seen, which were used for the transfer of prisoners, either for the time they wait to be taken to court, or to be taken to some place outside of the facility in order to take evidence. There were serious concerns about the length during which detainees can be kept in such small cells, where one can sit but cannot see outside. If various detainees have to be collected on the same day for any transfer, the first collected might end up spending hours in these conditions, which clearly constitute inhuman treatment.

1.5.5. Overall material conditions and hygiene

Heavy overcrowding is the main characteristic of this SIZO, although the delegation was not given access to cells where detainees were kept and could not see this *de visu*. The Director said that there are about 1000 prisoners who do have their own beds and have to sleep on shifts with another prisoner. The state of cleanness of bed sheets is too a concern, as sheets are changed every 15 days, even in the case of beds shared by two detainees.

The delegation visited the shower section. There were 234 shower-heads. There was hot water, but the inmates couldn't regulate it themselves. There was a block in the middle of the shower room, hiding some parts of the room where detainees would not be seen by the guards, with the eventuality of aggressions or rape going unnoticed by the guards.

Toilets were in most cases situated in cells. In the newly renovated areas new restrooms are in some cases located outside the cells.

1.5.6. Medical care

The medical ward was recently refurbished and looked overall nice and clean. The health system in the prison was under the Ministry of Justice's Medical Department. It is not under the control of the Ministry of Health. It is the view of the delegation that the involvement of the Ministry of Health in the administration of health care would benefit the health services provided to the inmates, putting it on the same basis with the Russian population's health care. There were 19 doctors, 14 feldshers and 19 nurses. They were all appointed by the Ministry of Justice. The medical team was wearing uniforms of that Ministry. Such an arrangement might result in situations, in which prison authorities

exert pressure on the doctors. The latter's opinion can be discarded if other authorities, such as for example the detective services, decide not to transfer a detainee in spite of his medical condition.

There is one doctor and one medical officer on duty at night. Medical equipment was scarce, especially for specialised medical care. There was one new machine for fluorography. There were no oxygen tanks, no defibrillators or visible first aid kit. Transfer to a prison hospital in a city like Moscow seemed to be a lengthy and dangerous option. Still, there was insufficient equipment available. In addition, detainees couldn't be treated in civilian hospitals.

The procedure upon admission of a detainee to the institution is to first apply a medical check; all information is noted in the detainee's personal medical file, which is opened on that occasion. It includes any information related to possible ill-treatment before entry into the institution. In such a case, the doctor is obliged to report to the Director of the institution, who orders an internal investigation. The Director of the SIZO confirmed that there is no duty to report to the prosecutor. Other possible injuries sustained during the stay in the SIZO are noted in the detainee's personal medical file and also in a special journal kept only for that purpose. Doctors write in such cases a special report, which launches an internal investigation procedure by the operative service, under the supervision of the Prosecutor's Office. If the internal investigation reveals evidence of a crime, the relevant materials are transferred to the Military Prosecutor's Office, which is responsible for further investigation.

According to the institution's administration, the institution's medical personnel do not take part in searches neither is it allowed to take part in judicial proceedings as experts. But medical staff members take part in disciplinary proceedings, for which their opinion is requested.

Segregation of prisoners on medical grounds takes place e.g. in cases of tuberculosis: TB patients are sent to the prison hospital. There are 114 inmates who are HIV positive. According to the law, there should be no segregation of HIV positive detainees, although in practice they are kept separately, reportedly to ensure their security.

Over the year 2003, 12 detainees have died while in SIZO No.2 custody.

1.5.7. Nutrition

The daily food allowance was 26.5 roubles (0.94 USD). The delegation did not see a meal but this low food allowance can hardly be sufficient to feed a young male. The administration stated that the quality and quantity of food is regulated by law. For special requirements, the law also provides for adapted diets. Doctors control that such regulations are observed. Access to food in addition to what is provided by the SIZO may consist in some products available at the canteen, and food parcels twice a month, weighing a maximum of 30 kg altogether. But as many as 25-30 percent of the prisoners do not receive food parcels.

1.5.8. Conditions of detention for pre-trial detainees

While the new *Criminal Procedure Code* of the Russian Federation, adopted on 18 December 2001 has generally brought about significant improvements in the material conditions of detention for remand prisoners, especially by reducing the length of detention through better safeguards, these

improvements cannot be noted for Butyrka, which remains over-populated. Because the delegation did not have a chance to ask detainees about the length of their detention, it cannot assess possible violations of the Russian law in that regard. But the conditions observed in this SIZO makes it possible to believe that still long detention periods, especially at the trial phase, might be the source of overcrowding. In effect, the delegation was appalled to learn that as many as one thousand inmates are currently forced to share a bed with another inmate. It was also concerned that the current renovations are used as an excuse for such a situation, while this should not be an acceptable reason for inflicting such treatments to detainees over a long period of time. It is not clear why inmates could not in the meantime be transferred to other SIZOs that are not so populated, some of which were visited during this international mission.

The delegation was invited to see an empty, renovated cell for pre-trial detainees. The cell measured approximately 45-50 square meters, in which there were 22 two-layer beds. The space was largely insufficient to accommodate so many detainees, allowing approximately 2 square meters covered space per inmate. As these cells were the new ones that will exist when renovations are finished, it became clear that even after refurbishment is completed, overcrowding would still be a problem.

Access to natural light in the new cells was good. The ventilation was appropriate, as was the heating. The furniture was new. Although the monitors asked to see the actual cells where detainees currently live, this possibility was not offered and therefore this report can't bring conclusions based on concrete observations in cells that are in use. But the current conditions of detention in this institution that accommodates more than 700 inmates above the institution capacity is an issue, which the delegation found alarming. It considers it absolutely unacceptable to allow such overcrowding. With such overcrowding, the issue of proper ventilation and of level of noise in cells can be a serious problem.

1.5.9. The case with the life prisoners in the "6th Corridor"

In 1999 the Russian Constitutional Court judged that the death penalty could not be applied in Russia as long as there would not be jury trials in all 89 Russian regions. There were only 9 regions where jury trials were available at the time the Constitutional Court rendered its decision. This could mean that in the future courts could hand the death sentence again when all the 89 regions have jury trials. On the other hand, a moratorium on the execution of the death penalty was adopted by the Duma. This was triggered by the fact that the CoE Parliamentary Assembly urged member states to introduce moratoria on executions as a first step toward the abolition of the death penalty⁶. In the meantime, death sentences have been turned into life imprisonment. But the death penalty has not yet been abolished in Russia, leaving uncertainty as to the possibility that it could be resumed. Eighteen life prisoners were kept in Butyrka on the day of the visit. They were detained in the "6th corridor". These were life prisoners who had been sentenced but have not exhausted all domestic remedies, their cases being at different stages of appeal.

The "6th corridor" is located in a part of the SIZO that has not been renovated. It is located on a floor, which is cold and damp. Life prisoners are put in special cells, all of which look like punishment cells, albeit bigger. They are submitted to a very restricted regime of detention. Reportedly in order to avoid suicide attempts, life prisoners are kept at least two in one cell. At the time of the visit, there was a case where three life prisoners were kept in one cell, to make sure that none would be alone in one

⁶ See: *Report on the abolition on the death penalty in Europe*, PA Doc. 7589 (25 June 1996).

cell. There were serious concerns about the lack of space in such a cell where three prisoners are sharing space designed for two persons. There were no mattresses on beds during the day. Prisoners can't lie down outside of night hours. Mattresses are given to the detained at 22:00 and are removed on the following morning. Only a small chair can be used during the day. Two cells were opened to the delegation with inmates in them. The delegation noticed that in one of them the window of the cell was obstructed by a cover. While SIZO authorities explained that it was the detainees themselves who decided to block the window, it became clear that the reason for it was the poor isolation of the window and the cold wind coming into the cell, which was remedied by an improvised closure of the window. As a result, the cell was dark, with no light coming in. At the same time, in an empty neighbouring cell without such a cover in the window, there was very little natural light coming through into the cell, the small window being placed high, just under the ceiling.

The delegation was disturbed to observe how extremely controlled was the behaviour of the detainees on death row, who were obviously forced to turn to the wall – both hands back side against the wall – when the door of their cell is opened by guards. Delegation members were informed that the detainees spend around 23 hours in their cells with one-hour outdoor exercise. In the impossibility to ask the detainees questions, it was not possible to verify whether such a right to outdoor exercise is regularly guaranteed. Life prisoners did not have access to TV, to newspapers or to any other entertainment. The conditions of detention for life prisoners in the SIZO led the team to worry about how life prisoners can keep their mental health in such conditions, which they considered amounting to inhuman and degrading treatment, in violation of Article 3 of the *European Convention on Human Rights*.⁷

1.5.10. Disciplinary cells

According to the Director of the facility, solitary confinement as a punishment is not so frequent. Approximately 150 persons were punished with that punishment during the entire 2003. Also, over the last 8 months, he could not recall of any appeal lodged against a decision on punishment by a prisoner.

The delegation was given an access to a disciplinary cell that was not occupied. The cell, which was located in the basement, was 4 meters long and 1.6 meters wide. There was a small water bin and a toilet. It was cold with no natural light and very poor ventilation. At night the prisoners were sleeping on a board, which was fixed to the wall. It was released only during the nighttime. During the day the prisoners can sit on a small chair in the cell or walk around the little space left. They can enjoy a one-hour walk. Even though the Director of the facility tried to persuade the delegation that some prisoners prefer the punishment cells as a “place to rest”, the overall conditions left little doubt that placement under such conditions amounts to inhuman punishment. On the other hand, if what the Directors was trying to persuade the delegation about was true, it only leaves one to wonder what the material conditions in the ordinary cells, which the delegation could not see, were, if the prisoners prefer the inhuman conditions of the punishment cells as a “place for rest”.

1.5.11. Use of force

Prison guards are not permitted to carry weapons or other means of restraint, such as truncheons, handcuffs, chemical weapons, etc. within the institution. If there is any use of force, the prison officer

is obliged to write a report, which goes to the Director of the facility. Also, the detainee on whom force was used has to write a statement about the incident. Medical checks following such incidents are mandatory, according to the law.

The delegation was informed that in 2003, there was one case of use of firearms, when one prisoner was severely injured while trying to escape, but did not die. The guard was given a medal for his action.

1.5.12. Contacts with the outside world

Two short-term visits are allowed per month for pre-trial detainees. Such visits take place with the detainee and the visitor separated by a glass window. Contacts with lawyers and diplomatic representatives are allowed upon prior permission. They take place in special separate cabins that can be observed by SIZO staff.

In principle, convicted prisoners have the right to long-term family visits, but the visiting team has not seen any premises for these purposes. A convicted prisoner who could be interviewed briefly before the escort of guards reached the interviewing delegation member reported that he had received a visitor for the last time in January, and that he was not expecting any further visits before September, when he will be free. As his family lives far away, they cannot afford to travel to Moscow any time again soon.

In SIZO No. 2, all correspondence of the remand prisoners is censored, with the exception of the correspondence with the prosecutor, the courts or other body empowered to control the detention facility, to the federal ombudsman, to regional ombudsman and to the European Court of Human Rights. The control includes also the correspondence with the lawyers in clear violation of international standards. The correspondence of the convicted prisoners and their relatives and friends is reportedly under no surveillance, according to the SIZO personnel.

According to a prisoner briefly interviewed by one of the monitors, sentenced prisoners have access to telephone four times per year. The delegation saw no phone booths in the convicted prisoners quarters. While the SIZO Director said that telephones could be used as often as a prisoner wants and as long as he gives a permission, the Deputy Chief of the Moscow penitentiary Department confirmed that the regulation provides for four times per year. Remand prisoners may not use the phone, not even for calling their lawyers. In order to contact their lawyers, they may ask to send a telegram.

1.5.13. Vocational training and working possibilities

While it was clear that life prisoners have no possibilities for any kind of activities, including education or work, no information was received from the SIZO personnel on such possibilities for the other remand prisoners. The delegation did not see any facilities that provide such opportunities in Butyrka.

1.5.14. Inspections

⁷ On this matter see the recent ECHR cases: *G.B. v. Bulgaria* from 11 March 2004 and *Iorgov v. Bulgaria* from

Regular inspections are carried out every week by the prosecutor's office. The Director said that local NGO visits are regular. The delegation however has doubts about what can be achieved by NGOs if the same strict limits as those imposed to the international monitoring mission are imposed to local NGOs visits.

1.6. Visit to the Iksha juvenile correction facility, February 20, 2004

There are 62 correction institutions for juveniles throughout the Russian Federation, which hold around 17, 000 male offenders. During the last 8 years the number of male juveniles in the correction facilities has rapidly increased. There are 3 similar facilities for female offenders holding around 1000 prisoners. During its discussions with officials the delegation expressed concern about the unacceptable discrimination faced by female youth offenders. In view of the existence of only 3 female correction facilities throughout the Russian Federation, two of which were based in the country's central region, many families would have to travel long distances to visit their incarcerated female relatives. The state did not provide for any financial aid for this purpose. Similarly, the transfer of newly convicted young women and girls to such institutions also was said to be a serious problem in view of the huge distances often involved.

During 2003 in all correctional institutions 7 children died and there were 35 criminal acts committed (half of them escapes). In one institution a teacher was killed.

1.6.1. Inmates

The Iksha Youth Correction Centre was established 200 years ago as a charity house for orphans (so-called 'difficult' children). In the beginning of the 20th century (1903) it was turned to a correction facility ("colony") for male juveniles and continues to be used for this purpose currently. The facility is situated in a rural setting near the town of Iksha, some 40 km north of Moscow. Many of the adjacent houses were the homes of its employees. There is regular bus transportation from and to Moscow. Male juveniles from Moscow and the Moscow region serve their sentences in this facility.

The maximum capacity of the centre was 600 inmates but on the day of the visit there were 315 prisoners. The inmates were a mixture of first time offenders and recidivists. In law the maximum sentence to be served by a juvenile offender is ten years imprisonment. The average offender was between 16-17 years of age and was sentenced to average term of imprisonment of 3-5 years. However, the average actual sentence served was approximately 2½ years, as inmates were liable for early release. This was determined by their conduct and the gravity of the crime originally committed.

There was no separation on ethnic or religious ground.

Upon entering the facility all new inmates are held for a period of two weeks in a quarantine unit where they are screened for various illnesses and undergo a psychological evaluation. Then they are brought to the buildings with the rest of the prisoners. The quarantine unit is located in the same building with the colony's isolation unit and the unit where inmates are held under strict regime. These three categories of inmates are separated from the wider prison population. In the quarantine unit for

new arrivals the inmates are locked in cells, which have separate toilet facilities. The quarantine unit itself looks worse than the general dormitories and the conditions there were very close to the conditions in the pre-trial isolators. Prisoners interviewed by the delegation said that generally the conditions in the pre-trial isolators are much worse than the conditions in the colony.

There are four types of regimes at the Iksha colony: (1) regular, (2) least strict, (3) privileged and (4) strict. Upon arriving at the facility prisoners are allocated to one of these categories, usually strict or regular, depending on the severity of the crime they had committed and the sentence they received. Prisoners held under strict regime are immediately separated from the other prisoners and are required to wear a different prison uniform. Their separation is determined by the repeated nature or the severity of the crimes, which they have committed. However, even inmates held under strict regime have the possibility to be transferred to regular conditions of detention after six months. Similarly, other categories of inmates can also progress to more relaxed conditions of detention based on their conduct.

1.6.2. Material conditions and hygiene

The territory of the detention facility is divided to working zone and living zone. These two zones are separated from each other. When inmates come from one zone to the other, they pass through a search. At the current moment personnel were using a hand metal detector. The Director of the colony was planning to obtain a standing metal detector to make the procedure quicker. The working zone includes a number of working units, professional training center, storages and a small farm.

The age of the facility was reflected in the poor state of repair of some of its buildings. It was not known when the building had last been renovated. The insides of the buildings, although relatively austere, were clean and tidy. The sleeping quarters of the inmates branched off from a long corridor, which spanned the width of the building. The sleeping quarters were furnished with multiple double bunk-beds positioned side by side. On this occasion, the bed sheets appeared clean and fresh. However, the visit took place on a Friday, a day after the official laundry day. In a room, measuring some 28 square metres, there were beds for more than 20 inmates. Several bunk-beds stood so close to one another that they actually touched. There were also a small number of lockers, which were clearly inadequate for the number of inmates. An official informed the delegation that the inmates had access to other lockers, though it did not become clear where they were located. Boxes may not be locked. The interiors of the room were also basic but in a good state of repair. All of the other dormitories seen by the delegation were similarly organized. Although the inmates did not spend a great deal of time in their dormitories, these cramped conditions could easily have been overcome by allocating other unused rooms on the corridor as dormitories for the inmates. The bathroom and toilet facilities were also in need of renovation, although these facilities were for individual use only and allowed inmates some privacy when showering. The toilet facilities consisted of “Asian style” toilets, which afforded the inmates little privacy, and did not appear particularly clean. The delegation was unable to determine the quantity and quality of the personal hygiene items made available to the inmates. Inmates reportedly bathed once a week.

1.6.3. Nutrition

The delegation was in the enviable position to witness lunch being served to the inmates in the main dining room. Lunch is served between 2-2.30 pm. The dining room is a large single-story building

located in the vicinity of the buildings housing the inmates sleeping quarters. The food in the colony is prepared by inmates under the guidance of members of staff. Inmates generally spend a month undertaking kitchen work before being rotated to other types of work. The food is prepared in a large kitchen adjacent to the dining hall, where the level of cleanliness was deemed satisfactory. The lunch served on the day of the visit consisted of the following: a clear soup comprised of fatty meat and onions and small slithers of potatoes, several slices of black bread, a plate of buck wheat and a metal mug of a syrupy liquid in which a piece of preserved fruit was immersed, possibly a prune. Unsurprisingly, the quality of the food was not high, while its quantity was meagre, particularly for growing youths. The weekly menu attached to the wall was equally as unimpressive and consisted of quite basic foodstuffs. For example, fresh fruit and vegetables were wholly absent from the menu. The caloric content of the three meals received by the inmates a day was said to be around 1700 calories, although this figure was contradicted by the facility's doctor who stated that it was as high as 3500 calories. Irrespective of the caloric content, the nutritional value of the general diet could not have been high, and the impression was that the food is not sufficient for juveniles. As the Director of the correctional facility explained, in a summer time they grow greens on the territory of the facility and thus supplement their diet. There were no options for vegetarians or food connected with a particular religious belief.

1.6.4. Medical care

The medical unit of the colony was located on a separate floor in one of the buildings. The medical unit made a relatively positive impression. The medical personnel were civilians and were attired in medical clothing, not uniforms. There were reportedly 4 doctors and 6 nurses. While the medical facility was not modern, it was clean and well maintained. The medical unit also possessed a dental facility, which appeared to be reasonably well equipped. The Head Doctor informed the delegation that her staff examines all new inmates upon arrival. She informed the delegation of the types of conditions spread among the patients. She stated that most medical conditions could be treated in the unit, although inmates were transferred to an outside hospital for surgery. She also stressed that the colony had not seen a case of tuberculosis for over a year. Patients treated in the medical unit slept in reasonably spacious rooms in small numbers. In one room there were four beds in a space of approximately 16 square metres. Patients also had access to a recreation room where there was a television, music centre and various games and books. At the time of the visit around a dozen inmates were being treated in the medical unit.

1.6.5. Work in the prison

All inmates had access to some form of work and related vocational training, which took place on Monday, Tuesday, Wednesday and Friday between 8 am – 1.30 pm. The inmates were involved in different types of work: work, necessary to support the functioning of the facility (cleaning, assisting on the kitchen, etc.) and work in the enterprise of the correction facility. As we had been informed by the administration, they regularly change people, working for the facility in order to provide everybody with the possibility to earn money. The type of work in the correctional facility's enterprise depends on the commercial agreements arranged by the administration of the enterprise. Due to the activity of the administration and to the location of the colony, all inmates are provided with the possibility to work and to earn at least 21 rubles per working day. Moscow region is better developed from the commercial point of view and had better roads, so for the administration it is much easier to get commercial contracts than for the administrations of colonies located in the deep province.

Compared to other correctional facilities it is quite a big success. The types of work available in the facility include production of different items: instruments for framers, simple medical equipment, artificial flowers, furniture, packing, iron foundry. The talented inmates produce souvenir wood carvings. As we have been informed by the Deputy Director in charge of the coordination of the prisoner's work, inmates are rotated and doing different types of work. As different types of commercial contracts requires different type of work, which is paid differently, the administration wants to provide each of them a possibility to fair earnings. On the one hand, the absence of unemployment in the facility was extremely encouraging. However the majority of the inmates were packing various commercial products into plastic packs and then into boxes in harsh conditions. This process took place in a large, practically windowless warehouse, which was lacking light (both natural and artificial) and heat (so everybody needed to work in coats). One could presume that the work was not particularly fulfilling and would become monotonous quite quickly.

1.6.6. Discipline, punishment and isolation

The IHF delegation found that that the colony operated on a highly regimented and disciplined basis. This issue was discussed at length with the prison administration. The whole tone of staff-inmate relations was one of subordination and strictness. The delegation observed how the inmates were marched in a militaristic manner between buildings, e.g. from the warehouse where they worked to the dining hall or from the latter to their dormitories. Inmates were also made to stand in the presence of the delegation as it conducted its visit. It was also clear that inmates were diffident and scared by uniformed prison officers. Only in the school where the staff were civilians did the inmates appear remotely relaxed. During lunch the inmates entered the dining room in a regimented fashion and sat down at their allocated places, where the food had already been served. After prayers, the inmates commenced eating their meal, curiously without speaking to one another. The officials accompanying the delegation attempted to explain this odd state of affairs by suggesting that it was a Russian tradition. While it is necessary to maintain order in every penal institution, the methods employed by the correctional facility were highly questionable.

Inmates could be punished on the basis of internal regulations, proscribing certain forms of behaviour. However the delegation was concerned that these regulations left a room for different interpretations by different prison officials. Generally, violations included inter-prisoner violence, smoking in non-designated areas, transgressions of the daily schedule, consumption of alcohol, verbal insults against staff, general dissent and insubordination. Such violations could be punished by up to seven days in a punishment cell. If two or more such violations were committed, the inmate was considered by the authorities to be a so-called 'sustainable offender'. The administration also informed the delegation that certain inmates actively sought to abuse the system in order to build up a criminal reputation.

The IHF delegation expressed one point of concern, related to the sleeping and living arrangements of inmates in the quarantine and strict regime units. In the former, the sleeping quarters were extremely cramped. The room with the beds was actually a large cell with a heavy metal door. It was long and narrow and only very little room existed between the ends of the beds and the wall, along which inmates had to walk to enter the room. Moreover, the distances between the beds were very small. Due to the low ceiling in the cell – as opposed to the dormitories' high ceilings – this living space appeared cramped and claustrophobic. In addition, as a result of the small size of the cell's windows the quarantine unit also received inadequate natural light. The state of the toilet and bathroom facilities in the quarantine unit also left much to be desired. They appeared extremely dilapidated and were the

worst facilities seen during this prison visit. In short, they required urgent renovation. They also did not afford for any privacy.

A similar, albeit slightly better, was the picture of the bathing and toilet facilities used by the inmates under strict regime of detention. These inmates were separated from the other prisoners for up to 6 months in the same building, which also housed the punishment cells and the quarantine unit. This strict regime unit was separated from the other units by several metal doors. The unit comprised of a small room, where the inmates worked, ate and were educated, and two adjoining cells equipped with beds. These conditions were too cramped and claustrophobic, although they appeared better than the overall conditions in the quarantine unit.

The delegation was particularly concerned about the use of punishment cells for relatively minor violations of discipline. Contrary to the words of the Director of the colony that nobody was incarcerated, we found two juveniles in these cells. One of them was 18 years old. Court decided that he shall serve his sentence in a juvenile facility, however his wish was to go directly to the correctional facility for adults. In the isolator he had been waiting for the court decision about his placement. This was the story told by the Director of the institution and supported by the incarcerated prisoner. About the other prisoner the Director told the delegation that his is a similar case. However, from the conversation with the incarcerated person we understood that he was put there by an officer for smoking at an unauthorized place pending a decision by the Director about whether he will be punished and in what form. There was a document on the door of his cell certifying that he was put in the cell at about 8 a.m. until the decision of the Director of the facility. However, the incarcerated boy told the delegation that he had spent in the cell about 24 hours before we arrived.

The delegation mentioned a small isolation cell across the corridor from the main isolation cells, with a padded coat inside, designed for outdoor purposes. There was no information on the exterior of the door suggesting that anyone was being held in isolation in that cell. As was the case with all inmates, the jacket had a nametag attached to it. The presence of the jacket in the cell begged the question of whether it had been inadvertently left there or whether an inmate was actually being incarcerated in this particular cell, although for some reason he was not present at the time of the visit.

The use of force was legally permitted in cases of threats to life and attacks on prisoners and prison personnel. The delegation was informed of an incident in 1988 when, during a large-scale prison revolt, prison guards had been authorized to use lethal force if necessary. However, lethal force was reportedly never used in that case.

The delegation was informed that inmates could lodge complaints of ill-treatment against prison officers by informing a number of officials, including superior prison officers, the Director and the prosecuting authorities, who were said to visit the facility once a week. The authorities were theoretically obliged to pursue such complaints and, if a crime was discovered, they were obliged to immediately inform the prosecuting authorities. In reality however the impartiality of such investigative bodies is highly questionable and it remains extremely doubtful whether an allegation of abuse would ever be investigated in accordance with the norms of international law. Due to the controlled nature of the visit the delegate was unable to obtain any information regarding alleged ill-treatment. Inmates were especially disinclined to engage in conversation with the delegation. However, the Director of Inspection informed the delegation during the day's opening discussion that there had been one case of ill-treatment approximately 6 months ago. Although the Director of

Inspection seemed quite certain of this fact, he was quickly contradicted by the prison Director, who refuted any notion that such an occurrence had taken place.

1.6.7. Contacts with the outside world

The prison administration explained that there aren't any restrictions on the number of parcels and letters sent or received by inmates. However they were subjected to official control. Exceptions to official monitoring included letters sent by inmates to lawyers and official institutions, such as the procuracy or the central prison administration. In addition, inmates were also said to be able to use a telephone. The delegation was informed that all restrictions on the use of telephones had been abolished. It was unclear how often in practice inmates were allowed to make telephone calls.

Inmates could also be visited by relatives. The frequency of permitted visits depended upon the conditions in which the inmates were confined, i.e. prisoners under strict regime received fewer visits. Ordinarily, short visits took place for four hours once a month, while longer family visits lasted up to three days. It was unclear how often these longer visits took place. On the wall of the room for visits there was a list with the specific rules that ought to be observed during visits.

Short visits were held in a visiting center, which consisted of a long room equipped with numerous small booth-like structures. Inmates were not physically separated from their relatives during such visits. However, a correctional facility officer monitors the conversations. Longer-term visits took place in the same building, but in a separate section. This section consisted of a kitchen and 10 or so rooms where inmates could stay with their relatives. Families could prepare food in the kitchen. During the visit the delegation briefly met two such families, a mother visiting her son and a young wife visiting her young husband. During such visits inmates are not obliged to wear their prison uniforms. In addition, such visits are not monitored or controlled by the prison authorities. Although conditions in the section were basic and not particularly spacious, they were clean and well maintained. The colony charges visitors a nominal fee of 60 roubles (2 USD) a day to make use of the accommodation and the kitchen facilities. This sum was supposed to be used for cleaning and heating.

1.6.8. Activities

The entire life in the colony was organized in a military way. The order of the day envisaged as follows:

Wake up call: 06.30

Washing and physical exercise: 06.30 – 07.10

Breakfast: 07.10 – 07.30

Free time: 07.30 – 08.00

Work and vocational training: 08.00 – 13.30

Free time: 13.30 – 14.00

Lunch: 14.00 – 14.30

Free time: 14.30 – 15.00

School: 15.00 – 18.00

Free time: 18.00 – 19.30

Dinner: 19.30 – 20.00

Free time for television or other activities: 20.00 – 22.00

Bedtime: 22.00

This regime applied to Monday, Tuesday, Wednesday and Friday. Thursday was designated as a washing day. While inmates studied on Saturdays, there was no work on that day. Sundays were the inmates' only entirely work and education free day. On this day, they undertook various activities including sports, films and various cultural events etc and were said to have time for themselves to pursue individual interests, such as reading for example. During the visit the delegation was also shown a concert hall where various events were organized on public holidays. It was clear from the visit that inmates at the correctional facility did not idle away their time. They were exposed to a fixed daily activity plan, which envisaged work and education. Within this framework a certain amount of free time lay at the inmates' disposal. While one might question the regimented methods in which many of these activities were conducted and regulated, these activities could generally be regarded in a positive light.

The inmates spend the first half of the day in the working zone working or taking classes of professional training. The newly arrived juveniles first get initial 3 months training, pass through examination of their professional levels and after that may be admitted to work. After that work and professional training are changed in accordance with a schedule, established by the administration. The second part of the day juveniles spend in the living zone, where dormitories, school and dining hall are situated. In general, schedule is so fully packed with different group activities (work, study, physical training etc) so that juveniles have very little time for the informal communication between each other and time for themselves. Inmates on the floor inspected by the delegation also had access to a recreation room, which contained a small library, a music centre and a large television and video recorder. Films were reportedly shown to the inmates on Sundays. The delegation could not find out what access the inmates have to outdoor activities. There was a small exercise area attached to the building, as well as a room with equipment for physical exercise. Several times during conversations the administration mentioned that a team from this facility had football competitions with a team from another juvenile correction facility. Every morning the inmates perform short-term obligatory physical exercise (indoors during cold time and outside when it's warm).

The correctional facility's school was without doubt the most promising aspect of the entire institution. The school was situated on the same compound with the dormitories and the dining hall and consisted of a large, clean, well maintained and relatively bright looking building. Twelve teachers were employed in the school, all civilians attired in everyday clothes. The delegation was informed that the school employed 12 teachers and that lessons were planned in accordance with the Ministry of Education's guidelines. Various levels of education were said to take place, including classes for inmates with low levels of education and learning difficulties. Encouragingly, inmates could theoretically leave the correctional facility with a recognized high school certificate, although it was not known how many had actually done so. In addition, some 20 students had also been accepted to further education institutions in Moscow. The delegation met one such student during the visit, who hoped one day to qualify as a lawyer. The agreement between correctional facility and the particular institution provide inmates with the sort of distant study. From the institution they receive program of courses and reading materials. Each semester teachers arrive to the correctional facility to give intensive lecture course and conduct exams.

The delegation also observed several classes in progress, including Russian language, chemistry, geography and a class for inmates with learning difficulties. Encouragingly, the classrooms appeared

like the classrooms found in ordinary Russian schools. The delegation also observed a computer class in progress, which unfortunately was very much staged solely for the delegation's visit. The computer laboratory was well equipped with a large number of modern computers but it was obvious that children did not have much access to them.

1.6.9. Inspections

Once a week a prosecutor from the public prosecutor's office visits the facility. According to the Director there are also regular visits from different NGOs.

1.7. Recommendations on the Ministry of Justice Facilities

1. The Russian authorities should allow for visits to all places of detention by human rights NGOs for monitoring purposes. Visits should be regular, unannounced and the organizations should be able to conduct private interviews with detainees and have access to the necessary documentation.
2. The Russian law and policy should provide for more diversified forms of custody and should allow for placement in individual and small-group cells and dormitories, according to prisoner's choices, which however should allow for common activities during the day and should not result to forms of custody akin to solitary confinement.
3. The small cages for temporary detention of prisoners along the corridors and the waiting areas should be withdrawn from service as confinement to such facilities constitute inhuman treatment.
4. Medical services in the institutions of the Ministry of Justice should be integrated with the national health care system. Doctors and other medical staff should be given independent status and supervised only by medical authorities to allow the fulfillment of their duties as medical professionals.
5. HIV infected prisoners should not be segregated from the other prison population and measures should be undertaken to ensure their safety.
6. Legislation and relevant rules should be adopted to better regulate disciplinary measures, with a view of limiting the possibility for arbitrary exercise of disciplinary powers by the prison staff. The prisoners should be given the right to effectively appeal the disciplinary measures to an independent authority.
7. Immediate steps should be taken to reduce overcrowding in the Investigation Isolator No.2 and to ensure that detainees benefit from sufficient living space, in accordance with international standards.
8. The regime imposed on life prisoners in the Investigation Isolator No.2 and in the other similar facilities in the Russian Federation should be changed without delay and laws amended accordingly. Life prisoners should benefit from extensive activities appropriate for their age and education to compensate their prolonged isolation, as well as from other rights, guaranteed by international law.
9. The disciplinary cells in the Investigation Isolator No.2 should be withdrawn from service, as confinement to such cells, even for short periods of time, constitutes inhuman punishment. The disciplinary cells in the other detention facilities should be provided with an access to natural light even for the shortest periods of detention.
10. An immediate end should be put to the practice of depriving any prisoners from the possibility

- to rest during the day through the removal of their mattresses or through other measures.
11. The order to turn to the wall – both hands back side against the wall – should be repelled, as it constitutes degrading treatment.
 12. Punishment with isolation cells, which constitutes solitary confinement, should not be used against juvenile defendants as required by international standards.
 13. The food in the places of detention should be adapted to appropriate norms with regard to quality and quantity according to age and should meet dietary requirements, including those following from certain religious customs.
 14. Material conditions in the quarantine unit and in the special regime unit in the juvenile colony in Iksha should be improved to avoid overcrowding and the isolation should be compensated with more activities.
 15. Maintenance of discipline in the juvenile colony in Iksha, as well as in the other places of detention, should not be based on rigorous observance of rules through fear of punishments, but should draw on the development of better communication skills in the staff and positive relations between staff and inmates.
 16. Work in the prison should as much as possible be oriented towards learning skills, which could be used after the end of the sentence or work that will allow for easier socialization of the inmates. The working conditions in the juvenile colony in Iksha should be improved.

2. Ministry of Health facilities

2.1. Background to the procedure under the Law on Psychiatric Treatment and Associated Civil Rights Guarantees and under the Criminal Procedure Code

2.1.1. Civil commitment under the Law on Psychiatric Treatment

The *Law on Psychiatric Treatment and Associated Civil Rights Guarantees* (Hereinafter the *Law on Psychiatric Treatment*), enacted in July 1992 and amended in July 1998, establishes a procedure for civil commitment of a person to a psychiatric clinic for “involuntary hospitalization”. According to Art. 29 of this law hospitalization is possible if inpatient commitment is the only possibility for treatment, if the person suffers from a severe mental disorder and if this disorder leads to:

- a) a direct danger to the person or to others, or
- b) helplessness, i.e. inability to take care of him or herself, or
- c) a significant impairment in health as a result of a deteriorating mental condition, if the affected person were to be left without psychiatric care.

According to Art. 24 of the law, the decision for the initial placement for observation in the first case, as well as in all the cases in which the person has been under the observation of the psychiatric dispensary, is taken by a psychiatrist. In the second and in the third case, such a decision is taken by a psychiatrist with a court approval. Art. 32 provides, that the condition of a person, placed involuntarily in an inpatient facility, should be evaluated by a commission of psychiatrists for the purposes of the “justification” of his/her subsequent involuntary hospitalization in 48 hours. In case of a positive decision of the expertise, according to Art. 33, the inpatient facility applies to the district court, which grants or refuses a detention order within five days (Art.34, para 1). According to Art. 47 of the law unlawful actions of medical, social, educational and other staff and of medical commissions involved in psychiatric care may be complained about directly to a court, a supervising authority or a public prosecutor. Art. 48 determines the procedure for consideration of such complaints.

The *Law on Psychiatric Treatment* is somewhat deficient and vague on the safeguards for the fairness of the placement procedure, as well as on the informed consent for treatment and on the use of physical restraints. Art. 32, para 2 of the law allows the court proceedings to take place in the psychiatric institution if, according to the representatives of the psychiatric institution, the health condition of the patient does not allow presenting him/her in a courtroom. It gives the patient the “right” to be present at the hearing but does not oblige the court to hear the patient in person. Para 3 provides that only the presence of the prosecutor, the representative of the psychiatric institution and the “representative of the person, whose hospitalization is being considered” is obligatory. The latter may, but also may not include a lawyer. Art. 28, para 4 provides for a possibility to appeal to a court only the decisions to place a minor in an inpatient facility against the will of one of the parents by the municipal bodies appointing the guardians. No court review is envisaged in cases when a minor is placed with the consent of his/her parents or in cases of placement of an adult who is under guardianship. Art. 30, para 2 provides that physical restraint and seclusion are to be applied only in exceptional cases when no other measures can prevent an immediate harm. It however does not envisage a time limit for their application. Although it instructs that all such measures are to be registered in the “medical documentation”, this does not presume that they are to be registered in a

special register.

Some of the provisions of the *Law on Psychiatric Treatment* became subject to a review by the European Court of Human Rights in the case of *Rakevich v. Russia* in October 2003. The Court found a violation of Art. 5.1 and 5.4 of the European Convention on Human Rights in a case of a patient who was placed involuntarily in a psychiatric hospital in Yekaterinburg on 26 September 1999. The applicant, Ms Rakevich, was placed in the hospital for initial examination by an order of a psychiatrist. On the same day the hospital applied for a court approval of the detention and two days later a medical commission diagnosed her as suffering from paranoid schizophrenia. The court heard the appeal on 5 November and ruled that she had to undergo involuntary treatment, as she was dangerous for herself. Ms Rakevich appealed to the second-instance court, which, on 24 December, confirmed the first-instance court ruling but released her, since she was no longer in need of treatment. The Court found that the applicant's detention was unlawful, insofar as it did not comply with the time limits prescribed by the domestic procedure, i.e. it took 39, instead of five days as prescribed by Art.34, para 1 of the law to grant or refuse the detention order. The Court also found that the applicant did not have a specific remedy to protect her right to liberty. It did not recognize as such Articles 47 and 48, as they "recognized a detainee's right to complain about the unlawful actions of medical staff in general, but Article 5 § 4 requires a specific remedy to protect the liberty of a detainee".⁸

The European Court of Human Rights thus established, in the *Rakevich* case, one problem with the application of the law and one problem with the compatibility of some provisions with the Convention standards. The Court did not review other provisions of the *Law on Psychiatric Treatment* that might raise problems with the compatibility with the Convention standards on their own. By the dates of the visit it has not been changed in the light of the Court's findings.

2.1.2. Criminal commitment under the Criminal Procedure Code

A person who has committed a criminal offence can be placed involuntarily in a psychiatric institution for evaluation of his/her mental state or for treatment under a procedure regulated by the *Criminal Procedure Code* (CPC) of the Russian Federation. According to Art.29, para 2 only the court has powers to impose preliminary detention or to place a defendant, who is not under preliminary detention, in an inpatient facility for evaluation of his/her psychiatric condition. According to Art.108, para 3 of the CPC the hearing on the defendant's detention during the pre-trial proceedings should be held in his/her presence. No such requirement however exists for placement in an in-patient facility when the defendant had not been detained. The latter procedure is regulated by articles 203 and 165 of the CPC. Art. 203 provides that the procedure for placement in an in-patient facility for observation of a defendant who had not been detained, is regulated by the procedure for obtaining of a judicial warrant to conduct certain actions during the preliminary investigation. According to Art.165 the warrant is issued by a judge in a course of a hearing in which only the prosecutor and the investigator may take part. This is a clear violation of Art. 5.4 of the *European Convention of Human Rights* as interpreted by the ECHR jurisprudence. The latter requires an oral hearing in all cases, in which the legality of somebody's detention is determined by a court.⁹

⁸ ECHR, *Case of Rakevich v. Russia*, Strasbourg, 28 October 2003, §45.

⁹ Cf. *Case of De Wilde, Ooms and Versyp v. Belgium*, Strasbourg, 18 June 1971, §§ 73-76, *Case of Winterwerp v. The Netherlands*, Strasbourg, 24 October 1979, § 60.

2.2. Visit to Moscow Psychiatric Hospital No.1 “N. A. Alexeev”, February 19, 2004

The IHF delegation visited Moscow Psychiatric Hospital No.1 “N. A. Alexeev” on 19 February 2004 and spent there the entire day. In the beginning, it had a conversation with the Chief Doctor, V. N. Kozyrev, and two of his deputies. Dr. Kozurev is also the Chief Psychiatrist of Moscow and he provided additionally some information about the state of mental health care in the city. Then the delegation visited 9 wards, including 4 general/regional, one forensic and 4 specialized. There the delegation members observed the material conditions and the conditions of treatment, reviewed documents and spoke with the head doctors of the wards, staff and patients. Most of the time during the visit they were accompanied by one of the hospital’s deputy directors, who was very eager to take part in all the conversations they had. This made private communications with the patients and with the staff difficult. Nevertheless, the delegation members had a chance to conduct some interviews in private.

2.2.1. General information

Moscow Psychiatric Hospital No.1 is one of the best in Moscow and probably one of the best in Russia. The delegation reached this conclusion by comparing its findings during the visit with what it read about the recent state of the mental health care in Russia.¹⁰ The hospital carries the name of N. A. Alexeev, who was the mayor of Moscow in 1881-1893 and invested a lot of money and personal effort in its establishment. It was built in the period 1889-1894 in the Kanatchikova Dacha, a locality, which subsequently became a popular name to call the hospital and a nick-name in Russia for a place to send mentally ill. The hospital was opened in 1894, one year after Mr. Alexeev died, killed by a mentally ill person. It carried his name up to 1922, when the Bolshevik government renamed it after P. P. Kashchenko. In 1994, on the occasion of its 100 anniversary, the hospital restored its original name.

The hospital has two types of wards: general, serving specific regions (*uchastki*) of Moscow and special. The latter are formed on the basis of certain specific methods of treatment (e.g. the two “non-medication” wards), some specific conditions (e.g. the wards for patients with alcoholic disorders), as well as on the basis of the legal status of the patients (e.g. the “forensic” ward). 2/3 of the patients are in general wards and 1/3 – in the special wards. The hospital hosts three types of patients: voluntary, involuntary and compulsory/forensic. Voluntary patients are usually held in the general and in all of the special wards with the exception of the forensic. Involuntary patients are held in the general wards and the compulsory/forensic patients are held in the only forensic ward of the hospital.

Moscow Psychiatric Hospital No.1 is one of the biggest psychiatric establishments in Moscow and in Russia. It has a capacity of 2802 beds. Chief Doctor Kozyrev was unable to tell the actual number of patients on the day of the visit. He said that they would be “less than the full capacity but close to it”. 72.5% of hospitalizations are for schizophrenia and related conditions. The average length of the hospitalization was 48 days but it was significantly longer in the cases of schizophrenia. According to the Chief Doctor Kozyrev, at present some 25-30% of the hospital’s patients were involuntary/compulsory. This is higher share than in the rest of Russia, where, according to the results of the MHG monitoring, in 51 psychiatric hospitals the average share was less than 5% whereas in the other 38 hospitals – subject to the MHG monitoring, it was between 5% and 20%. The low share is a

¹⁰ Cf: Moscow Helsinki Group, Human Rights and Psychiatry in the Russian Federation, Moscow, 2004, (hereinafter: MHG Report). The hospital also has an unofficial web site: www.dyrdom.narod.ru.

result of the use of coercive methods of “persuading” and falsification of signatures.¹¹ Chief Doctor Kozyrev confirmed these findings of the MHG monitoring and stated that the share of involuntary patients in his hospital also used to be low in the past, but increased during the recent years as a result of a “more careful approach” to the patients’ rights.

2.2.2. Material conditions

Material conditions differed significantly in the different wards. Some of the special wards, such as the 7th Geriatric Ward of a sanatorial type, offered excellent conditions with 2-3 patients in well refurbished rooms, good hygiene, library and nicely decorated walls with paintings.

Material conditions in the general wards however were less impressive. The dormitories there were large, with many beds and some were cramped with beds in the corridors. The Head Doctor of the 5th General Ward recognized some overcrowding but opposed the idea of individual accommodation in principle. She said that it would prevent appropriate surveillance and would create conditions for developing autism.

The heating in the very cold day of the visit was good in all the wards visited by the delegation. In some wards however the air was stuffy as a result of insufficient ventilation. Some of the lavatories in the general wards were in a desperate need of renovation. The material environment in all the wards that the delegation saw left much to be desired with regard to accommodation of the people with physical disabilities.

Material conditions in the forensic ward were better than in the general wards. The greenhouse, which the ward maintained for years, diversified the hospital atmosphere and served as an additional source of activities for its patients. The delegation was however negatively impressed by the fact that all the patients in that ward were dressed in pajamas throughout the day and at night. This was the case with some, but not with all patients in some general wards.

Although there was much to be desired, in general, the material conditions in the Moscow Psychiatric Hospital No.1 were among the best, compared to what the delegation members have seen in the region and probably among the best in Russia.

2.2.3. Procedure of commitment

The civil commitment procedure in the Moscow Psychiatric Hospital No.1 was the most serious problem the delegation was able to identify during its visit. According to the Chief Doctor Kozyrev, during 2003 the hospital received around 4000 patients, placed there by an order of a psychiatrist for a prospective involuntary hospitalization. Ultimately however some 2860 proceedings for involuntary treatment were initiated at the district courts. The rest of the patients were “persuaded” while in the acceptance ward to sign for “voluntary” treatment. The hospital apparently had a great success rate at the courts. Of the 2860 proceedings that it initiated, the district courts rejected the demand for involuntary hospitalization in only 18 cases. Three rejections were reversed by the regional courts after the district court decisions were appealed by the hospital. Thus the hospital lost only 15 cases for

¹¹ Ibid., pp. 67, 69.

involuntary hospitalization during the entire 2003.¹²

The deficiencies of the Russian *Law on Psychiatric Treatment* were made very clear when the delegation inquired on the way it was implemented. The court proceedings of which the delegation received information were almost without exception a mockery of a due process, in violation of a number of international standards. After the initial placement for observation of the person who is undergoing the commitment procedure by a decree of a psychiatrist, there followed the court hearing, which normally resulted in the involuntary hospitalization of 99.5% of those who did not “agree” to sign up for “voluntary” hospitalization. As a rule, the judge from the respective district court and the prosecutor were invited to conduct the hearing in the hospital. The hearing would usually take place in the office of the Head Doctor of the ward.

The delegation was unable to establish in how many cases the hearings were conducted in the presence of the patient. It however heard from the Chief Doctor Kozyrev that the presence of the patient was not compulsory. It also heard from staff members that there had been cases, in which the patients were not present during the hearings and read decisions, which do not mention the presence of the patient at the hearing.

Apparently the presence of defense attorneys for the patients was an exception, rather than a rule in the hospital. None of the commitment documents reviewed by the delegation mentioned the presence of a defense lawyer during the hearings. The Head Doctor of the 8th General Ward said that during 2003 there had never been a lawyer present during the commitment proceedings, which usually took place in her office. Absence of lawyers, as well as the lack of a specific procedure to determine the legality of the detention are the two major reasons why the delegation did not see during its visit even one case of an appeal against the placement based on the general procedure envisaged by Art. 47, para 1 of the *Law on Psychiatric Treatment*.

According to all doctors interviewed, the commitment proceedings would normally observe the time limits established by the *Law on Psychiatric Treatment*. The documents, which the delegation was able to review, did not reveal violations of the five-day time limit, as in the Rakevich case. This however proved to be not the only and probably not the major problem with the implementation of the law. In the 3rd General Ward the delegation saw one patient, who was taken from his home on Friday morning, January 30. He was hospitalized for initial observation with a decree of a psychiatrist the same day. He apparently spent some hours in the Acceptance Ward and in the afternoon on the same day he received a court decision for involuntary hospitalization. Thus, in one day the patient went through the entire procedure, a significant advance over Rakevich, but, nevertheless, a gross miscarriage of justice.

The delegation saw only one case of a patient, who was under guardianship – in the 8th General Ward. He was hospitalized without going through any court procedure. Both the Chief Doctor Kozyrev and the Head Doctor of the ward confirmed that no court whatsoever is involved in the commitment to the hospital of the patients under guardianship.

2.2.4. Treatment

¹² Such a rejection rate is apparently not unusual in the Russian psychiatric commitment context. MHG monitoring established that the rejection rate countrywide is 1-2% of the civil commitment cases considered by the courts (Ibid., p.99).

Chief Doctor Kozyrev informed the delegation that the hospital applies ICD-10 for three years, although he did not seem to view this as a significant innovation in the diagnostic approaches of the Russian psychiatrists. In fact, the present-day Russian psychiatry still recognizes “sluggish schizophrenia”, which does not exist in the ICD-10¹³. Chief Doctor Kozyrev himself defended vehemently its validity. The delegation however did not find evidence of using this diagnosis as a basis for involuntary hospitalizations in the Moscow Psychiatric Hospital No.1.

Pharmacotherapy is the predominant method of treatment in the Moscow Psychiatric Hospital No.1. There are two “non-medication” wards and several wards where other methods of treatment in addition to medication are applied. Chief Doctor Kozyrev explained that the staff do their best to diversify the methods of treatment but that alternative methods are not financed by the budget. He, as well as several staff members, complained of the decline of the occupational therapy, which used to be widespread during Soviet times. The day of the delegation’s visit was very cold and there weren’t any traces of outdoor activities apart from the snow cleaning. Chief Doctor Kozyrev recognized that the outdoor activities are generally scarce and that he himself would like to see more of them.

Chief Doctor Kozyrev and the Head Doctor of the 8th General Ward said that the traditional neuroleptics, such as Haloperidol and Chlorpromazine remain the most popular medications used for treatment of schizophrenia. They are usually indicated together with anticholinergics, such as Akineton, Cyclodol and Parkopan to control the extra-pyramidal and parkinsonian side effects. In addition, the hospital used also a number of atypical neuroleptics, such as Rispolept, Seroquel, Clopixol and Zyprexa. Head Doctor of the 3rd General Ward believed that the hospital is generally well equipped with modern antipsychotic drugs. Their use in the hospital however are limited because the hospital finds it hard to coordinate this treatment with the dispensaries (outpatient treatment facilities) as they don’t have them and because they are not free of charge for the patients. According to the Head Doctor of the 8th General Ward a monthly dose of Rispolept (risperidone) costs around 3000 rubles (more than 100 USD), which the patients have to pay all by themselves.

Of the more invasive therapies the hospital uses ECT. It has discontinued using the insulin-induced comas¹⁴ and has never used psychosurgery. ECT is used only in the ward for intensive care on indication of a medical commission. There the ECT is applied, according to the Chief Doctor Kozyrev, only in its modified form – with anesthesia and muscle relaxants.

2.2.5. Informed consent for treatment

The Russian *Law on Psychiatric Treatment* requires that persons suffering from mental disorders should be treated only if they provide a written informed consent for treatment. Physicians are obliged to inform them about their diagnose, goals and methods of treatment, possible risks and side effects, as well as the available alternatives. Art. 11, para 4 of the law however explicitly excludes from this procedure all patients who are hospitalized on compulsory or involuntary basis, i.e. those committed under the criminal and under the civil procedure. According to Art. 12, para 1 such persons cannot

¹³ Cf.: Н.М. Жариков, Г.В. Морозов, Д.Ф. Хритинин, *Судебная психиатрия*, 3-е издание, Москва, Норма, 2003, с.347-348.

¹⁴ This method of treatment, which belongs more to the history of psychiatry, is still used in some Russian hospitals. MHG found that insulin-induced comas are used in 11 psychiatric hospitals in different Russian regions (MHG Report, p.143).

refuse treatment.

The law is clear enough and the Chief Doctor Kozyrev, the head doctors of the general wards, as well as the Head Doctor of the forensic ward confirmed that no informed consent whatsoever is sought from the compulsory and from the involuntary patients. Advanced directives are not recognized by the Russian law and Chief Doctor Kozyrev said that their adoption would be inappropriate.

Exclusion of the compulsory and of the involuntary patients from the procedures for obtaining informed consent for treatment is a violation of their right to privacy and, in some cases it can constitute inhuman or degrading treatment. It also violates the standards of the European Committee for the Prevention of Torture (CPT).¹⁵ The blanket exclusion does not take into account the fact that, despite the commitment, most involuntary patients and a significant number of compulsory patients do not lose their capacity to take decisions about their treatment preferences, nor are they placed under guardianship, in which case they would at least have some additional protection against possible abuse.

2.2.6. Physical restraint

In some cases staff in Moscow Psychiatric Hospital No.1 applies physical restraint of patients. According to the Chief Doctor Kozyrev this is the only measure applied in the hospital in cases of extreme agitation of patients. The only means of physical restraint that the delegation saw were textile belts. Staff recognized that sheets and towels were also used from time to time in addition to the belts. Seclusion has never been used in the hospital and the delegation did not see any seclusion rooms in the wards it visited.

Staff members claimed that they restrain patients following strictly the requirements of the *Law on Psychiatric Treatment*, i.e. only in cases of “immediate danger”, for as short a period of time as possible and only on indication by a psychiatrist. Nevertheless, the delegation identified some problematic practices in the application of physical restraints:

1. Art. 30, para 2 of the *Law on Psychiatric Treatment* does not specify a time limit for the application of any measures of physical restraint. It requires that application of each measure be registered in the medical documentation but does not require maintaining of a specific register established for this purpose as does e.g. the CPT.¹⁶ In fact, the Russian Ministry of Health requires that the hospitals have special registers “on the measures of physical restraint”.¹⁷ No such registers existed in the wards visited by the delegation. Application of measures of physical restraint was registered only in the personal file of the patient.
2. According to the Chief Doctor Kozyrev the so-called “aktiv”, i.e. patients that help the staff in organizing the life in the hospital, are sometimes also used for restraining other patients. This, the Chief Doctor said, was an exercise of the principle of “self-government”.

During the visits in the wards the delegation did not see any restraint patients. Nor did it receive any information about the frequency of such practices. No statistics in that regard is collected and

¹⁵ Cf.: “The admission of a person to a psychiatric establishment on an involuntary basis should not be construed as authorising treatment without his consent. It follows that every competent patient, whether voluntary or involuntary, should be given the opportunity to refuse treatment or any other medical intervention.” (CPT, *8th General Report* [CPT/Inf (98) 12], para 41).

¹⁶ Ibid., para 50.

processed. All Head Doctors of the general wards claimed that they apply physical restraint “very rarely”.

2.3. Visit to the “Litvinov Psychiatric Hospital” in Tver, February 19, 2004

On February 19 four members of the IHF delegation visited the Litvinov Psychiatric Hospital in Tver, a regional hospital for the Kalininskaya Oblast, located some 160 km north of Moscow. The delegation had a conversation with the Chief Doctor and some staff members and inspected two specific hospital wards for involuntarily hospitalized patients and for children.

2.3.1. Basic data

The hospital’s capacity was 1200 beds, including 60 beds for patients, involuntarily placed in the hospital under the criminal procedure. The average stay in the hospital was 60 days. Only 3 per cent of patients were said to have been at the hospital longer than 2 years. The exact number of patients on the day of the visit was unknown. Over the last year the hospital treated more than 12.000 patients. Of them altogether 336 died in 2003 while in the hospital (an average of one per day).

The hospital is run by the authorities of the Kalininskaya Oblast, which also appointed the Director and the Chief Doctor, Prof. Ivanov, and is professionally supervised by the Federal Ministry of Health. It is being operated with ca. 800 employees. Of them 80 are medical doctors and 240 are nurses. This guarantees a minimum of two doctors and three to four nurses per department at all times. All the staff are being paid directly by the oblast.

The hospital was founded 120 years ago by the then famous Russian psychiatrist Michail Pavlovich Litvinov and is constructed out of a mixture of brick and concrete. The newer sections of the hospital appeared to have been primarily constructed out of concrete, particularly the elevated, closed walkways between the various buildings, and finished with thick brick tiles. The delegation generally did not inquire about any past or ongoing construction or renovation of the hospital, but was informed that the construction of a ward for women had been halted due to a financial shortfall. The head doctor of the hospital informed the delegation that this would be one project he would like to see completed if the necessary funds were made available.

Regarding the overall state of repair of the hospital, the delegation was left with the clear impression that for some years very little money had been allocated for the purposes of the hospital’s general maintenance. From the exterior the hospital’s buildings appeared drab and slightly dilapidated. This was most apparent on entering the stairwells and landings leading to the individual hospital wards, which were poorly decorated, poorly heated and not clean. The elevated walkways connecting the main buildings (although the most modern parts of the hospital) appeared to be in quite a shoddy condition. For some reason - possibly to economize on energy - their original windows had been rather crudely bricked up with breezeblocks leaving only a small gap at the top of the window for natural light to enter. This makeshift work gave quite a negative impression to the overall state of repair of the hospital. It would not be an exaggeration to state that only the thick sheet of snow on the ground and the bright light it reflected in the sunshine gave the complex a semblance of warmth. In addition, most

¹⁷ MHG Report, p.77.

of the allocated outdoor exercise areas, which were adjoined to the main buildings and surrounded with metal fences, were visibly rusting and ramshackle. The perimeter fence was in a similar state of disrepair.

The isolated overall location of the psychiatric hospital should also be mentioned. It is located in a rural setting approximately 10-15 km from the town of Tver. While one might argue that such a setting might be beneficial for the convalescence of patients, the location inevitably posed significant problems relating to access for families wishing to visit their relatives. Seven buses ran between the hospital and Tver town centre on a daily basis, but one of the medical personnel commented that they were expensive for many Russians.

2.3.2. Categories of patients

The hospital had a capacity of 1200 patients, 60 of whom were involuntarily placed under the criminal procedure. All the patients in the latter category were male, as the hospital did not have a facility for involuntarily placed female patients. Involuntarily incarcerated females were therefore referred to a similar institution in Smolensk. According to the Chief Doctor, all involuntarily placed patients had been admitted to the hospital on the basis of a court order for the sole purpose of observation. The individuals had allegedly committed various criminal acts, possibly as a result of suffering from mental disorders.

Their involuntary treatment normally was initiated by psychiatrists and ordered by the local courts to be put under observation to find out if they could be sentenced at all, or were sentenced already but later transported here for observation as they supposedly became mentally ill while in prison.

Those who committed severe crimes but could not be sentenced because they were found not responsible for criminal conduct as a result of a severe mental illness (insanity) are treated in other closed institutions, e.g. in St. Petersburg, where - we were told - they have a much stricter regime. So, the patients in Tver are scared that they could be transferred there.

Asked about the percentage of patients treated for depression in relation to the percentage treated for schizophrenia the Chief Doctor made it very clear that depression as such is treated here only in the context of other mental diseases.

The children's ward held a maximum of 32 children. The majority of the children had ended up in the ward as a result of various behavioral problems. Most had come from children's homes, which had sent them to the hospital for further observation and treatment. A number of the children were said to have been in-and-out of the hospital several times. To a significant extent, the children had originally been placed in a care home after being neglected or cruelly treated by their parents, whose legal guardianship of the children had subsequently been annulled. The Head Doctor of the ward stated that many of the children suffered behavioral problems as a result of their difficult upbringing. The average stay of the children was two months to find individual solutions for them. But some of the children, the doctor admitted, were there already for more than five months.

2.3.3. Segregation by categories and its purpose

Patients were segregated on the basis of gender, age, diagnosis and whether they had been admitted to the hospital voluntarily or involuntarily. The delegation visited only two of the hospitals many wards.

2.3.4. Material conditions

2.3.4.1. The ward for involuntarily placed patients

Involuntarily placed patients were located on the first floor of a hospital wing, which was accessible through a corridor housing various administrative and medical offices. The access corridor was clean and brightly decorated in white paint. Various plants stood on windowsills giving the access corridor to the ward a reasonably pleasant feel.

Conditions in the patient's quarter were less impressive. This area comprised a long corridor some 150 or so metres long, on one side of which were situated the patients' sleeping quarters. A toilet, bathroom, dining area and recreation room were situated on the other side of the corridor. Although efforts had been made to brighten up the walls of the corridor with various landscape paintings the overall impression one had of the ward was one of austerity. The patient's dormitories were particularly lacking in this respect.

With the exception of one room, the ward was warm, but not to the point of being stuffy. The air quality in most parts of the ward was adequate and overpowering smells often associated with hospital wards were not in evidence. Even the toilets and bathrooms were reasonable in this respect.

When the delegation arrived the patients were having their so-called "tikhiy chas" or "quiet hour", scheduled daily between 1-3 pm, and were in bed. It was therefore quite difficult for the delegation to gain an accurate impression of daily life in the ward, not only regarding the treatment of patients by staff, but also of other important factors such as levels of noise, general activity, and disruption. In this respect, it was not possible to observe the patients going about their usual day in the ward, nor the regime to which they were exposed. The delegation thus gained only a narrow snapshot of life in the ward.

After accessing the ward the delegation entered the first of several sleeping quarters, where patients lay in their bed, although not all of them were sleeping. On a positive note, the sleeping quarters, including the bed linen, appeared clean and the rooms received a generous amount of natural light. However, they were deficient in many other respects. Conditions were relatively cramped, so that there existed little room between the patients' beds, which were lined up next to each other along the dormitory's longest walls. A distance of less than 50 cm separated each bed. In the first dormitory some 16 patients were housed in a room approximately some 28 square meters. Four other patients were also located in an alcove in the room separated by a glass partition. Apart from the lines of beds, not all of which were in particularly good condition, there was very little furniture in the dormitory. In the aforementioned room, there were only 3 small lockers for the use of all 16 patients.

Unsurprisingly, the lockers were not equipped with any means to secure the personal items held within.

It is also doubtful whether the patients possessed or had access to many personal items. Very few such items were visible to the delegation, including personal hygiene items. A sole exception was a 19-year-old patient who had an icon on the locker standing next to his bed. Virtually no other personal items were evident. In this respect, the lack of other objects such as books, newspapers and games, which might have occupied the patients' time and minds, were also not visible in the dormitory. A

similar picture was obtained in all of the other dormitories inspected by the delegation. While their size and the number of patients varied slightly, the overall impression did not.

In this connection, an additional point of concern related to the patients clothes. The vast majority of them were clothed only in pyjamas, shorts, underwear, t-shirts, tracksuits or a combination of the aforementioned items. Many of these items were not in especially good condition. No one was clothed in ordinary daily attire. The dangers of becoming institutionalised are evident.

However, while the material conditions in the ward were modest, the patients appeared to be genuinely cared for. Relations between the staff and the patients seemed relaxed and good humoured and the former appeared to adopt a professional, caring attitude to the individuals in their charge. It was very telling that the doctors, nurses and orderlies spoke to individual patients by name and appeared to know the personal histories of the patients.

Beyond the dormitory areas it is worth making the following points: the toilet and bathroom areas were undeniably basic, albeit relatively large, adequately heated, well maintained and relatively clean. However, there was a visible need for some renovation, particularly in relation to the toilets. The latter were Asian-style constructions and lacked any partition allowing the patients privacy when attending to nature's call. In addition, there were only 3 facilities for 60 patients, which were plainly inadequate. Particular times of the day were designated to various groups of patients, during which they used the toilet and bathroom facilities together (such as in the morning before breakfast and at bed-time). One could easily imagine the overwhelming demand for these facilities at such times. The main bathroom comprised three large baths in one room, whose major shortcoming was that it inevitably did not allow patients privacy when bathing. On a more positive note, the delegation was informed that patients could bathe (and use the toilet) as often as they wanted. However, it did not become clear what access did the men have to personal hygiene items.

The delegation observed one of the patients who wanted to use the toilet on the corridor. He had to ask permission of one of the nurses, who took a door-handle from her pocket to open the toilet up for him, explaining, that during the silent hours the toilets had to be kept closed.

Finally, the ward boasted two activity rooms. The largest consisted of a room with a television, numerous seats and a small bookcase of reading material. However, this room was by far the coldest room in the ward and was uncomfortable even for a warmly dressed visitor. Few of the patients, none of whom appeared to possess clothing of any substance, would have been able to use this room for any meaningful period of time. When asked, one of the nursing staff replied that the room had been in such a cold state for some time.

2.3.4.1. Children's ward

As was the case in the ward for the involuntary placed patients, all of the children were in bed during the delegation's visit, "tikhiy chas" being scheduled here from 1 pm to even 4 pm. Thus, only a very specific snapshot of daily life in the ward was obtained during the visit. Opportunities of the delegation to interact with the children were therefore also very much diminished. At the time of the visit there were 32 children on the ward, 6 of whom were girls.

Material conditions in the children's ward were clearly inferior to the conditions encountered in the

ward for involuntary patients and could only be described as being very modest. However, despite these taxing conditions for patients and staff alike, one had the distinct impression that the children were genuinely cared for by staff. The Head Doctor was especially impressive in this respect and appeared to have the children's best interests at heart.

The ward was located on the first floor of a two-story building, which stood across from the main administrative building. One entered the ward via a stairwell, which was freezing cold, dirty and structurally in a state of disrepair. Paint and plaster was flaking off the walls of the stairwell in large patches. Although conditions in the main children's ward were certainly better, there were many shortcomings.

Upon entering the ward one was confronted by a strong smell. This smell pervaded the entire ward and was often very strong, particularly in the toilets and bathroom areas. Although the ward was tidy, it was not especially clean. Moreover, it was also not particularly well heated, especially when one considered that the majority of the children appeared to spend their entire time in various forms of bed wear (see below).

Like the ward for the involuntary placed patients, life in the ward centred around a long corridor some 200 or so metres in length, off which were situated the children's sleeping quarters on one side, and various other rooms such as toilets, a bathroom, a class room, a television room and an activity hall on the other. Many of the rooms in the ward, including the corridor, had murals painted on them in an attempt to brighten the ward up. It would seem that this decoration had taken place several years before as the overall visible impression one had of the ward was one of pessimism. Not only was the ward generally in need of decoration, it was also in need of pressing renovation. In numerous places paint and plaster had crumbled off the walls and the wall paintings had faded in many places. Many of the window frames were similarly in bad conditions and some were manifestly rotten. Discarded electrical wires and fixtures could also be seen hanging from the walls and ceiling. The parquet floor in the main corridor and in several rooms was also worn thin and in need of repair and polishing. In short, the children's ward was anything but bright and cheerful.

The bathrooms and toilets were clearly in a worse state. In this regard, conditions in the ward for involuntary placed patients were much better. The plaster on most of the bathroom's walls was decrepit and required immediate attention. Moreover, numerous tiles were missing off the walls and on the floor and much of the bathroom furniture, such as the sinks and baths, were old and visibly at the end of their use. Hygiene in the bathroom was barely adequate, while ventilation and light could only be described as poor. However, there did appear to be plenty of hot water in both the bathroom and some personal hygiene items were in evidence. Regrettably, conditions in the toilets were worse. The overall structure of the male toilet facility was in need of urgent renovation and replacement, particularly in relation to the state of the walls and floor and the toilet units themselves. The toilet itself was equipped with two Asian toilets. Once again, no privacy was accorded to the children when using the toilet. While the delegation did not personally inspect the toilets of the girls, one would assume that they were barely better than what was observed in the toilets of the boys.

The sleeping quarters of the boys consisted of several large rooms with beds lined up side to side against the rooms' longest walls. While conditions did not appear as cramped as in the ward for involuntary patients, this may have been partially related to the smaller physique of the children as compared to the adult patients in the first ward. Nevertheless, the sleeping quarters could not be

described as spacious. In one room 14 beds were located in a room some 24 square meters or so, leaving only a small amount of room between the beds. The other sleeping quarters for the boys were similar. The room which accommodated the small number of girls held on the ward was, however, more spacious. There were six beds - not all of which were occupied - in a room some 20 meters square. It was difficult to examine how clean the sheets on the beds were as the children were sleeping at the time of the visit.

The state of the furniture in the sleeping quarters left much to be desired. Many of the beds were in quite poor condition, either sagging in the middle or visibly broken. Apart from beds, there were very few other pieces of furniture in the rooms. The only exception was an occasional locker, which were inadequate for the large number of inhabitants in the room. Other pieces of furniture, such as chairs, tables, or sofas were not evident. There were also few pictures or individual effects adorning the walls of the dormitories, particularly around the children's beds.

Once again, few personal items could be found in the rooms, including books and toys. Ironically, the few toys, games and books to be seen during the visit were located in a glass cabinet in the director's office.

As was the case of the ward for the involuntary patients, the children did not appear to be clothed in everyday attire, such as trousers, skirts, dresses and jumpers etc. Instead, they were dressed in various types of bed wear including pyjamas, nighties, shorts and t-shirts.

Altogether the personnel seemed to be satisfied with the present material conditions though. They believed they had been well-budgeted. In Soviet times they received significantly less support in the years of the Perestroika, posing enormous problems for them. But thanks to the activities of the new director everything was much better now, they clearly stated.

2.3.5. Nutrition

The delegation was informed by the Chief Doctor that the daily food allowance was 32 roubles per patient per day - slightly less than 1.15 USD. The diet reportedly included meat, poultry, cheese and vegetables. However, the delegation could not independently verify the quality and quantity of food given to patients. The hospital did not own a farm anymore as they used to in Soviet times.

Although the members of the delegation did not seek any information about the diet of the patients, they were informed that the patients were allowed to receive food parcels from their families and relatives. It was unclear how often such parcels could be received. Patients were also able to buy extra food from the hospital shop. However, it was unclear whether and how involuntarily placed patients could do so.

With regard to the children, it was also very unclear how many of them received packages from outside or had access to the hospital shop. As previously stated, many of the children were said to have come from broken homes and had therefore been institutionalised in children's homes, from where they had been sent to the hospital. It was therefore questionable whether the children had strong links - if any - with their families and whether they were in a position to receive help from outside. One could assume that few of the children would have had much money of their own.

The material appearance of the dining section of the ward for involuntary placed patients was relatively small, perhaps some 20 square meters. As a result, the patients were required to dine in shifts. The furnishings in the dining hall were basic and consisted of small tables and chairs, but the room was clean, relatively well maintained and certainly appropriate for the purpose of dining.

The dining area in the children's ward was smaller still, although there were half as many patients on the ward. The dining room was basic but generally clean and adequate for its intended purpose.

2.3.6. Treatment

The delegation was informed that each patient had a personal treatment plan and various types of medication were used to treat patients. Electro-convulsive therapy (ECT), however, was no longer used at the hospital in any form. Upon entering the ward for involuntarily placed patients and for the children it was quite evident that a significant proportion of the adult and child patients were under some sort of sedation. The daily plan of ward activity posted on the wall allocated several periods when medicines were to be taken. On request the director named Haloperidol as a typical neuroleptic in use. He insisted that it is indicated only in combination with correctors, such as Akineton. And in the children's ward one staff member mentioned "two pills of Sonapax (Thioridazine) a day" as the usual, every day's tranquilizer.

In the ward for involuntarily placed patients staffing levels in the ward during the day-time appeared reasonable. However, at night-time fewer staff were employed on the ward. One nurse informed the delegation that there had been problems recruiting staff due to the nature of the work and the isolated location of the hospital. The hospital ran a private bus service for staff twice a day in order to ferry staff to and from the hospital. Public transport was said to be more frequent, albeit more expensive.

The same nurse also informed a delegation member that staff could choose to work 24-hour shifts, 7 or 8 times a month, rather than having to come to work every day. While such working hours are not unusual in Russia and hark back to the Soviet era, they are not necessarily conducive to the maintenance of high levels of patient care.

2.3.7. Work

In the Soviet time the hospital used to own large areas of land, and there used to be agricultural activities which seemingly guaranteed some amount of self reliance with regard to nutrition and work for a greater amount of the patients, though no closer information could be obtained of which nature these activities were. Today most of the land had been sold to cover running costs during the past years but no details of these transactions could be verified.

In his introduction the director gave the possibility of work for the patients great weight, talking of labour therapy as part of the treatment, describing the range of production as an important factor of the hospital's economy.

Later the delegation learned that it is only a small amount of the voluntary patients (involuntary patients are excluded anyhow for security reasons) who have the opportunity to work, in a place, which is located some kilometres away from the hospital. They produce clothes, mattresses, slippers, furniture covers and envelopes there, earn an average of ten roubles a day and thus have the

opportunity to visit the hospital's own store.

After the visits to the two wards, when the delegation expressed their wish to continue onwards to the production site some kilometers away, we were told that the working time of the day was over already.

2.3.8. Discipline, punishment and isolation / use of force

The head doctor informed the delegation that seclusion rooms were not used at the hospital. If difficult situations arose, staff were permitted to medicate and restrain patients. A manual was said to exist instructing staff how such techniques were to be applied and regulating their use. While visiting the ward for involuntarily placed patients, staff demonstrated several such techniques of physical restraint, which essentially necessitated restraining a patient's arms and legs to a bed with bandages. It was unclear exactly how long such restraint techniques could be applied, but one had the impression that their use was intended for short periods of time. The delegation was informed that medical personnel had to document the use of any medical and physical restraints in the patient's personal treatment plan and in an additional logbook. Other methods of restraint, such as strait-jackets or cage beds, were said not to be in use anymore.

While children could be medicated, it did not become clear whether they could likewise be restrained.

More generally, although the ward for the involuntary placed patients was a secure unit within the hospital, overall security was low key. The ward staff were responsible for guaranteeing that patients stayed within the ward by ensuring that doors were locked, a fact also true of the children's ward. The only (unarmed) guard encountered during the entire visit was located at the entrance of the main administrative building, as is often the case in most Russian institutions. The delegation was also informed that a guard patrolled the grounds of the entire hospital complex at night. It was reassuring that, unlike other Russian psychiatric hospitals such as Vladivostok City Psychiatric Hospital visited by the CPT in December 2001, security was not maintained by security personnel visibly employing force, such as batons or firearms.

2.3.9. Contacts with the outside world

All patients could in theory receive visits from family members and friends as often as they liked, so long as such visits took place in the working hours of the hospital, i.e. not at night. It was not clear whether such a liberal regime of visits also applied to involuntarily placed patients or whether their visit program was more restricted. Similarly, while all patients could send and receive letters and parcels, it was not clear whether the correspondence received and sent by involuntarily placed patients was subjected to surveillance. Moreover, while a telephone existed in both wards, it was not known how this external link was used by patients in practice and whether conversations were monitored. The delegation failed to obtain any information regarding meetings, correspondence and telephone conversations with the patients' lawyers.

As had already been noted (see nutrition), many of the children had previously been institutionalised prior to arriving at the children's ward of the hospital. Many of the same children had come from quite difficult family circumstances and had been the victims of neglect and abuse. It was therefore open to discussion whether and how many of the children still had regular contact with family members.

2.3.10. Activities

As stated previously, a daily plan posted on the wall of the ward of involuntarily placed patients dictated the pattern of daily life there. The plan prescribed periods allocated to patients to get up, wash, have breakfast, take medicine, have lunch, take medicine, rest (so-called “tikhiy chas”), eat dinner, take medicine, prepare for bedtime, etc. However, from the limited snapshot of life on the ward itself it was unclear what patients did to occupy themselves in between these periods. Few personal items, such as books, newspapers or games, were visible on the ward. Moreover, the main activities room where the television was located was freezing cold, while the other housed only a large table tennis game. Whereas at least some of the voluntary patients reportedly had the opportunity to undertake various productive activities in the hospital’s environs, involuntary placed patients had far fewer such opportunities. An outside exercise area was allocated to these patients. However, this was a small fenced off area, manifestly inadequate for 60 people. It was probable that due to cold climatic conditions and the apparent absence of warm clothing patients did not go outside for many months of the year. One thus had the distinct impression that patients spent a great deal of time “killing” time on the ward.

A similar activity plan also directed the comings-and-goings of the children. What was most striking about the plan is that it left very little time for the education and organized activities of the children. Whereas the involuntary patients were obliged to lie down for 2 hours between 1-3 pm, the children were – as reported above – expected to do so for 3 hours between 1-4 pm. Shortly afterwards, the children had some free time, followed by preparations for dinner and dinner itself. As a result, only the period between breakfast and lunch appeared to be available for the children’s education and for other organized activities.

It should also be noted that within the children’s ward there existed only one relatively small classroom, a television room and a small hall where any such educational and organized activities could take place. None of these facilities appeared to be particularly well equipped with items suitable for preoccupying the minds of young children. Similar to the involuntary placed patients, there existed an outside exercise area, situated in the middle of the hospital. At the time of the visit this was covered in several meters of snow and was unusable. In the absence of any outside clothing it was likely that the outside exercise area was only used in the warmer months of the year. Although the children were not reported to spend long periods of time at the hospital, in winter there would nevertheless be few opportunities for them to go outside.

2.3.11. Inspections

The delegation obtained no information about any system of external scrutiny. That obviously included also the Soviet times and thus knowledge and own judgment about the history of the institution.

Although Tver psychiatric hospital had been one of the locations of forceful placement of dissidents in the Eighties of the last century, the Chief Doctor (in office since three years) claimed to have no knowledge of any such events – being too young personally (seemingly somewhat in the fifties of his life!), being too busy to search for any proofs in the existing documents, leaving it totally open to us, to come again within an eventual scientific research if we thought it to be of any value and work ourselves through the history of the institution.

2.4. Recommendations on the Ministry of Health facilities

1. The procedure for civil commitment to a psychiatric institution should be brought in line with international standards. More specifically, it should envisage:
 - a possibility of the patient to appear before a court under a specific procedure for determination of the legality of his/her detention shortly after the initial placement;
 - participation of a lawyer already from the moment of detention and obligatory representation during the entire proceedings, including the appeals. A system of adequate legal aid should be envisaged for the patients who are not able to pay lawyers' fees;
 - conducting of the court hearings for involuntary hospitalization according to the due process standards, including a possibility of the committed to appear before the court in person, to present an alternative expertise, to have sufficient time for the preparation of his/her defense and to cross-examine witnesses.
2. The procedure for placement in a psychiatric in-patient facility for evaluation in the context of the criminal procedure should envisage a possibility of the patient to appear before a court under a specific procedure for determination of the legality of the detention and to benefit from legal assistance.
3. Commitment of people under guardianship to a psychiatric institution should take place through court in accordance with the due process standards.
4. The law and the practice should envisage a procedure to seek an informed consent for treatment also from the forensic/compulsory and from the involuntary patients, as well as a procedure to evaluate the capacity of the patient to give an informed consent for treatment. Advanced directives should be incorporated in the law, as legitimate forms of expression of a specific will.
5. Treatment methods should be diversified as much as possible and should include more activities.
6. All means of restraint applied in the Russian psychiatric facilities should be registered in a specific register established for this purpose.
7. Patients should not be used to restrain other patients.
8. Patients should not be restrained in front of other patients.
9. Patients should not be required to wear pajamas.

Summary of Recommendations

Recommendations on the Ministry of Justice facilities

1. The Russian authorities should allow for visits to all places of detention by human rights NGOs for monitoring purposes. Visits should be regular, unannounced and the organizations should be able to conduct private interviews with detainees and have access to the necessary documentation.
2. The Russian law and policy should provide for more diversified forms of custody and should allow for placement in individual and small-group cells and dormitories, according to prisoner's choices, which however should allow for common activities during the day and should not result to forms of custody akin to solitary confinement.
3. The small cages for temporary detention of prisoners along the corridors and the waiting areas should be withdrawn from service as confinement to such facilities constitute inhuman treatment.
4. Medical services in the institutions of the Ministry of Justice should be integrated with the national health care system. Doctors and other medical staff should be given independent status and supervised only by medical authorities to allow the fulfillment of their duties as medical professionals.
5. HIV infected prisoners should not be segregated from the other prison population and measures should be undertaken to ensure their safety.
6. Legislation and relevant rules should be adopted to better regulate disciplinary measures, with a view of limiting the possibility for arbitrary exercise of disciplinary powers by the prison staff. The prisoners should be given the right to effectively appeal the disciplinary measures to an independent authority.
7. Immediate steps should be taken to reduce overcrowding in the Investigation Isolator No.2 and to ensure that detainees benefit from sufficient living space, in accordance with international standards.
8. The regime imposed on life prisoners in the Investigation Isolator No.2 and in the other similar facilities in the Russian Federation should be changed without delay and laws amended accordingly. Life prisoners should benefit from extensive activities appropriate for their age and education to compensate their prolonged isolation, as well as from other rights, guaranteed by international law.
9. The disciplinary cells in the Investigation Isolator No.2 should be withdrawn from service, as confinement to such cells, even for short periods of time, constitutes inhuman punishment. The disciplinary cells in the other detention facilities should be provided with an access to natural light even for the shortest periods of detention.
10. An immediate end should be put to the practice of depriving any prisoners from the possibility to rest during the day through the removal of their mattresses or through other measures.
11. The order to turn to the wall – both hands back side against the wall – should be repelled, as it constitutes degrading treatment.
12. Punishment with isolation cells, which constitutes solitary confinement, should not be used against juvenile defendants as required by international standards.
13. The food in the places of detention should be adapted to appropriate norms with regard to quality and quantity according to age and should meet dietary requirements, including those following from certain religious customs.

14. Material conditions in the quarantine unit and in the special regime unit in the juvenile colony in Iksha should be improved to avoid overcrowding and the isolation should be compensated with more activities.
15. Maintenance of discipline in the juvenile colony in Iksha, as well as in the other places of detention, should not be based on rigorous observance of rules through fear of punishments, but should draw on the development of better communication skills in the staff and positive relations between staff and inmates.
16. Work in the prison should as much as possible be oriented towards learning skills, which could be used after the end of the sentence or work that will allow for easier socialization of the inmates. The working conditions in the juvenile colony in Iksha should be improved.

Recommendations on the Ministry of Health facilities

1. The procedure for civil commitment to a psychiatric institution should be brought in line with the international standards. More specifically, it should envisage:
 - a. a possibility of the patient to appear before a court under a specific procedure for determination of the legality of his/her detention shortly after the initial placement;
 - b. participation of a lawyer already from the moment of detention and obligatory representation during the entire proceedings, including the appeals. A system of adequate legal aid should be envisaged for the patients who are not able to pay lawyers' fees;
 - c. conducting of the court hearings for involuntary hospitalization according to the due process standards, including a possibility of the committed to appear before the court in person, to present an alternative expertise, to have sufficient time for the preparation of his/her defense and to cross-examine witnesses.
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9. Patients should not be required to wear pajamas.

Annex

List of the delegation members (in alphabetical order)

Andrzej Rzeplinski – Helsinki Foundation for Human Rights in Poland

Asmik Novikova – Moscow Helsinki Group

Brigitte Dufour – Deputy Executive Director/Legal Counsel, IHF

Diederik Lohman – Human Rights Watch, USA

Ferenc Köszeg – Hungarian Helsinki Committee

Krassimir Kanev – Bulgarian Helsinki Committee

Matthew Pringle – Association for the Prevention of Torture

Mirjana Najcevska – Helsinki Committee for Human Rights in the Republic of Macedonia

Natasha Novakovic – Helsinki Committee for Human Rights in Serbia

Olga Shepeleva – Moscow Helsinki Group

Ulrich Fischer – Vice President, IHF