



PUBLIC DEFENDER OF GEORGIA
საქართველოს სახალხო დამცველი

National Preventive Mechanism
Report on the Visit to the Prison N17
(1-2 December 2014)



1. Introduction

The present document is a report on the visit undertaken by the National Preventive Mechanism of Georgia on 1-2 December 2014 to the Prison N17. During the preparation of this report, along with other materials, the technical reports of members¹ participating in the visit of the Special Preventive Group were also used. The documents acquired during the visit, as well as the reports of the members of the monitoring group, are stored in the Public Defender's Office of Georgia. The present report contains the main findings of the monitoring group and is structured in a way that will not allow the identification of the respondent prisoners in light of the confidential nature of interviews.

Prison N17 is a semi-open and closed-type imprisonment facility. The facility has maximum capacity of 2,015 convicts. On the first day of the visit to the establishment, there were 2,027 convicts, while on the second day, there was 2041 convicts – out of which 35 were aliens.

As a result of the monitoring undertaken by the National Preventive Mechanism in the Prison N17, it was found that there are certain problems in regards to the situation of prisoners' rights in the facility. Namely, prisoners' injuries are not duly documented in the facility. Frequently, there is no information on the origin of the injury, including the cases when location and degree of injury gives rise to suspicions. This leads to a reasonable doubt that there may be facts of violence against the prisoners in the facility. The determination of the necessity and proportionality of electronic surveillance presents a problem in Prison N17.

The area in the residential cells does not comply with the requirements prescribed by the Prison Code of Georgia and needs renovation. The infrastructure in quarantine cells is not in line with their goal of disease control. The tiles in the shower rooms are broken. The water drainage system malfunctions and causes a blockage of water and moisture. During the visit, the sewage system in the yards in the regime buildings was damaged, and there was a pool of water in the yard.

Nutritional standards for prisoners are not fully observed. A portion of the prisoners complained about the taste of the food. It was found that the facility shop is not properly supplied with products. According to the explanation of some convicts, the water would periodically contain pieces of silt and a peculiar taste. The sanitary and hygienic situation in the medical unit in Facility N17 is unsatisfactory. The number of medical personnel is not sufficient. It was ascertained that the waiting time for prisoners registered for appointment with doctors of narrow specialization is quite long, which negatively affects the health of the convicts. There are problems related to the access to medicines in the facility. It is noteworthy that in Facility N17 there is no suicide prevention program, and the determination of the need for consulting a psychiatrist presents a problem.

¹ Representatives of the Public Defender of Georgia: Daniel Mgeliashvili, Mery Samsonia, Khatia Kheladze, Levan Argvliani, Giorgi Potskverishvili. Experts of the National Preventive Mechanism: Eka Kobesashvili, Nino Andriashvili, Irina Putkaratsa, Khatuna Chkoitsdze.

Convicts encounter problems with regards to making phone calls because of defective phone cards. In the shop on the territory of the facility, there is a constant deficiency of phone cards that hinders prisoners' right to exercise phone calls without restriction.

2. Torture and Other Ill-Treatment

No one should be subjected to torture², inhumane, and degrading treatment.³ The state is obliged to respect the dignity of those in custody. At the same time, the state should ensure that the prison is safe for prisoners, as well as employees of the facilities, visitors, and the public at large. These two obligations of the state do not contradict one another; rather they are closely connected, as safety within the prison can only be achieved in the system that is based on order and fair management, which ensures humane treatment and justice.⁴

Article 10 of the International Covenant on Civil and Political Rights states that all persons deprived of their liberty shall be treated with humanity and with respect for the inherent dignity of the human person. According to the interpretation of the UN Human Rights Committee, "Respect for human dignity is an international legal norm that does not allow for any derogation".⁵

According to the case law of the European Court of Human Rights, the prisoners are under the exclusive control of the state. In view of this, respective authorities of the state have an obligation to take every reasonable measure to prevent real and imminent risks against the physical integrity of prisoners if they know, or should have known, about the presence of such risks.⁶

Despite the fact that during the visit the monitoring group did not receive any message of ill treatment from the convicts, as a result of undertaken examination, the monitoring group made a conclusion that there are certain problems from the perspective of preventing ill-treatment in Facility N17. The fact that the prisoners' injuries are not properly registered in Facility N17 should be taken into account. Frequently, the origins of injuries are not indicated, including the cases when the location and degree of injury is suspicious. This leads to a reasonable doubt that there might be facts of violence against prisoners in the facility. For example, in the Logbook of remand prisoners/Convicts' Injuries, there are the following entries:

² According to Article 1 of the UN Convention against Torture and Other Cruel, Inhumane or Degrading Treatment or Punishment, "For the purposes of this Convention, the term "torture" means any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions."

³ European Convention on Protection of Human Rights and Fundamental Freedoms, Article 3.

⁴ Andrew Coyle, *A Human Rights Approach to Prison Management: Handbook for Prison Studies*, 2002, p. 58.

⁵ General Comment No 29, States of emergency (Article 4), CCPR/C/21/Rev.1/Add.11, 31 August 2001, para.13a.

⁶ For example, see *Pantea v. Romania*, no. [33343/96](#), § ECHR 2003-VI *Premininy v. Russia*, no. [44973/04](#), § 84, 10 February 2011.

- D.G. has hematoma, excoriation in the area of the right eye; the origin of the injury is not indicated.
- N.S. has a bruised, cracked wound on the forehead area; the origin of the injury is not indicated.
- G.B. has a subcutaneous hematoma on the left eye area, and on the nose; the origin of the injury is not indicated.
- G.L. has a cracked wound, excoriations on the head; the origin of the injury is not indicated.
- V.O. has a cracked wound around the nose area; the origin of the injury is not indicated.
- K.R. has an excoriation in the throat area and on the surface of the left forearm; the origin of the injury is not indicated.
- B.B. has excoriations in the throat area and right forearm; the origin of the injury is not indicated.
- O.G. has an excoriation in the neck area; the origin of the injury is not indicated.
- I.V. has a cracked wound inside the mouth on the area of the mucosal layer of the upper lip; the origin of the injury is not indicated.
- N.S. has a hematoma on the left part of the chest, multiple excoriations on the left part of the face, the neck area, and the left arm and shoulder; the origin of the injury is not indicated.
- G. K. has an excoriation on the area of the right eye; the origin of the injury is not indicated.

Incomplete documentation of the injuries is also corroborated by the fact that from 1 January till the examination undertaken by the monitoring group, there were 227 cases of physical injury of prisoners that was communicated to the Investigative Department of the Ministry of Corrections, while there are only 186 cases documented in the logbook of remand prisoners/Convicts' Injuries which is processed in the facility.

Recommendation to the Minister of Corrections

- **Ensure professional training for employees in Prison N17 on the prevention of ill-treatment and documentation of probable incidents of ill-treatment;**
- **In order to prevent facts of ill-treatment, ensure the implementation of an objective internal monitoring, take strict measures against the prisoners who do not properly fulfill their duties with respect to the prevention of ill-treatment and documentation of the incidents of ill-treatment.**

3. Security

During the visit, particular attention was paid to the security situation in the facility, and the specifics of the operation of the prison security service of the facility, namely, to the practice of applying security measures.

Security includes: the prevention of violence among prisoners, fire, and other emergency situations, providing a safe working environment for prisoners and personnel of the facility, as well as prevention of suicide and self-harm. To ensure a crucial goal of security, one of the optimal means is putting into practice the so-called “dynamic security” concept. The concept of “dynamic security” implies ensuring a positive relationship between the personnel of the facility and the prisoners under the conditions of just treatment, as well as access to activities that are aimed at their re-socialization and future integration into society. According to the UN Prison Incident Management Handbook, the personnel of the prison should realize that fair and humane treatment of prisoners enhances the security and good order of a prison⁷ According to Article 57¹ of the Prison Code, the following special means can be applied against a remand prisoner/convict: handcuffs, straightjacket, restraining chair, restraining bed, rubber baton, tear gas, pepper spray, non-lethal weapon, acoustic means, light and sound device for psychological influence, water cannon, and trained dogs.⁸

According to the administration of the facility, they do not have any of the above-mentioned special means, and hence, they are not applied.

In case of placing individuals under the solitary confinement cell as a security measure, the duration of the placement should not exceed 24 hours; if transfer to the safe place is applied as a security measure, it should not exceed 60 days. As a result of undertaken monitoring, it was found that from January to December 2014, there were no cases of placing individuals in solitary confinement for security purposes, while there were 15 cases of isolating a prisoner from other prisoners (transfer to the safe place).

Under Article 54(1) of the prison Code, if there is an arguable ground, the administration is authorized to carry out surveillance and control through visual or electronic means in view of security interests of the remand prisoners/convicts or other persons and other legal interests – for preventing suicide, self harm, violence towards himself or other persons, damage of property, as well as other offenses and violations. Electronic surveillance is carried out through audio and video means and other technical means of control. The administration is authorized to carry out recording of surveillance and control through electronic means, and of information acquired through these processes. Paragraph 4 of this article states explicitly that the decision on implementation on visual

⁷ United Nations, Prison Incident Management Handbook, 2013, p. 21-22.

⁸ This amendment of the Law entered into force on 1 August 2014.

or electronic surveillance and control is taken in the case if the application of other means is not effective. The adopted decision should be reasoned and proportionate to the aim pursued.

Unfortunately, the National Preventive Mechanism lacks possibility to thoroughly study the practice of the surveillance through electronic means, as the decision on surveillance through electronic means contains little information and is often adopted in the form of template. Furthermore, any operative information that may serve as a ground for the adoption of such a decision is inaccessible for the National Preventive Mechanism on the grounds of having a secret nature. According to the information obtained through monitoring, from January to December 2014, electronic surveillance was undertaken on 14 convicts in Facility N17. Despite this, the standardized nature of decisions raises legitimate concerns as to the proportionality of this measure and on whether surveillance is used only in the cases when it is necessary.

The problem of determining the necessity of surveillance through electronic means is clearly demonstrated by the fact of alleged suicide committed by N.S. When evaluating this case, the monitoring group took into account the following circumstances: during 2014, N.S. had inflicted 11 self-injuries in Facility N17. In two of these cases, the nature and location of the injuries (cut wounds in the neck area) were life threatening. According to the conclusion of the forensic expertise carried out by the LEPL Levan Samkharauli National Forensic Bureau, he was inclined to self-inflicted traumas and suicide attempts. On the 16 September 2014, N.S. began a hunger strike and was transferred to the cell for prisoners on hunger strike. However, no electronic surveillance was conducted on him. On the next day, 17 September 2014, the doctor found him dead in the cell. He had a deeply cut wound in the neck area. In light of the above mentioned, the monitoring group believes that the administration of the facility did not duly consider the above circumstances, and did not carry out electronic surveillance for the prevention of suicide or self harm by N.S., despite the presence of relevant legal grounds.

The responsibility to ensure the security of prisoners in the Penitentiary System is fully owned by the state. The administration of the penitentiary facility is obliged, not only to abstain from violating legal rights of remand prisoners/convicts (negative obligation), but also to take measures to ensure the protection of their rights (positive obligation). The administration of the facility, and first of all its Director, is obliged to ensure the security of a prisoner and to carry out efficient measures for that purpose.

Furthermore, it is noteworthy that Article 2 (right to life), Article 3 (prohibition of torture, inhumane, and degrading treatment or punishment), and Article 13 (right to an effective remedy),

impose an obligation on the state to carry out an effective investigation in the case of violation of rights set forth in these articles.⁹

Recommendations to the Minister of Corrections:

- **Take all the reasonable steps to undertake surveillance through electronic means only in those cases where other measures are not effective, and for as long as is strictly necessary in view of the specific circumstances, as well as to ensure due reasoning of decisions on surveillance through electronic means.**
- **To ensure due training of the employees of the facility, and capacity building for the identification of the risk factors of violence, self harm, and suicide, and for prompt application of necessary measures.**

4. Conditions of Detention

4.1. Physical Environment, Sanitary and Hygienic Condition

There are different types of cells in Prison N17. Each cell is determined for 10 (30.4 square meters), 12 (32 square meters), 18 (47 square meters), and 24 (55 square meters) prisoners. Mostly, the area of residential cells is not in line with the requirements prescribed by Article 15, paragraphs 2-3 of the Prison Code of Georgia.¹⁰

The cell N19 and N21 in the residential building of prisoners who are employed by the Economic Department have an area of 42 square meters, and there are 14 convicts in each cell. The area of cell N3 amounts to 34 square meters, and there are 18 prisoners in the cell. These cells also do not comply with the requirements of Article 15 of the Prison Code.

⁹ In view of these obligations, in response to the alleged suicide fact of the convict A.C. in the Penitentiary Facility N15 on 25 November 2014, the Public Defender of Georgia proposed to the Chief Prosecutor's Office of Georgia to initiate and carry out an investigation on the fact of a possible commission of a crime by the employees of Facility N15 of the Penitentiary Department. The Chief Prosecutor took this proposal into account, and the criminal case was transferred from the Investigative Department of the Ministry of Corrections to the Chief Prosecutor's Office of Georgia for investigation. The legal assessment of the case was changed from Article 115 (Bringing to Point of Suicide) of the Criminal Code of Georgia to Article 342¹ (Violation of the Rule of Office in the Detention or Imprisonment Facility).

¹⁰ According to Article 15(2) of the Prison Code of Georgia, "Residential area per convict in all types of imprisonment facilities should be no less than four square meters". Under Paragraph 3 of the same Article, "Residential area per defendant in a detention facility should be no less than three square meters".

Cells in residential buildings have two barred windows. There is sufficient natural and artificial lighting in the cells. There is a central heating system in the residential buildings. The windows cannot be open in a number of cells, and therefore, the glass has been taken out of the window frame. The toilets in the residential buildings are small and isolated. The ceiling and walls have contained moisture. There is no water basin in the toilet. Residential cells of Facility N17 need to be renovated.

Solitary confinement and quarantine cells are located in the closed-type residential building. In total, there are 26 cells. The area of the cells fluctuates between 12-50 square meters. Cells are determined for 2, 4, 6, 24, and 36 prisoners.

Quarantine cells are cell N25 and N26. The area of cell N25 equals 50 square meters. There are 16 two-story beds in the cell. The area of cell N26 equals 35 square meters. There are 12 two-story beds in the cell. Accordingly, when the cell reaches full capacity, it becomes extremely dense. According to the evaluation of the monitoring group, it is not suitable to have quarantined cells determined for 32 or 24 convicts, as placement of several convicts in one quarantine cell cannot ensure the goal of disease control and may lead to the spread of infection among the convicts placed in the quarantine cell.

Yards

Remand prisoners/convicts are allowed to walk between 7:00-21:00, use the telephone, and engage in sport activities. Convicts placed in close-type residential buildings can exercise their right to walk for one hour during the day.

In the yards of semi-open residential buildings, there are tables, chairs, sport yard, and the infrastructure necessary for exercise. There is a communal toilet and sink in the yards. There is no sport and recreational infrastructure in the yards of the close-type regime buildings. During the visit of the Special Preventive Group, the sewage system in the yards of the 1st and 2nd regime buildings were damaged, and there was a pool of water in the yard.

Shower Rooms

The monitoring group examined the shower rooms present in the regime buildings of the facility. There is no heating and no functioning ventilation system in the shower rooms. The tiles are damaged in the showers. The water drainage system is malfunctioning, and this backs up the water and causes moisture in the shower room.

The showers in the closed-type regime building of the facility are not isolated. There is no artificial or natural ventilation in the shower room. There is one laundry machine in each shower room, except for the closed-type department.

Investigative Rooms

There are investigation rooms on the first floor of the administrative building of Facility N17. Except for representatives of the investigative authorities, prisoners here meet with their attorneys,

clergymen, representatives of international organizations, and the Public Defender – conversations are confidential as prescribed by law. There are four investigative rooms, and there is a CCTV camera installed in each room.

There is no artificial ventilation in the Investigation Rooms. There is one metal-plastic window in each room, which provides sufficient natural ventilation. The Investigative Rooms are provided with a central heating system and sufficient natural and artificial lighting. There is one table and four chairs in each room.

Recommendation to the Head of the Penitentiary Department:

- 1. Ensure that appropriate renovation works are carried out in Prison N17, namely:**
 - a. Ensure proper natural and artificial ventilation in the main residential cells, as well as in the solitary confinement and quarantine cells;**
 - b. Repair the sewage and ventilation systems in the shower rooms, and install partitions in showers of closed-type residential building in order to respect privacy;**
 - c. Repair the sewage system on the whole territory of the facility;**
- 2. Ensure that each prisoner has an area of four square meters**

4.2. Day Schedule and Program Activities

There are five regime buildings in Prison N17 of the Department. Each of them has a yard to walk in (the 1st and 2nd residential buildings, as well as the 3rd and 4th residential buildings, share a yard). The yards contain greenery, and they are equipped with trainers, and football fields (only the yard in residential building N5 has no appropriate greenery). Convicts are free to move on the territory of their residential buildings and yards. There is also a building determined for the closed-type regime in the facility. Here are the convicts who should serve the sentence in a closed-type imprisonment facility, as well as prisoners who are on hunger strike and those who are newly admitted into the facility. This building is isolated from other residential buildings. Therefore, it has its own yard to walk in.

As a result of a conversation with the Head of the Social Department of the Facility, it was ascertained that convicts are involved in the rehabilitation programs according to their will. According to the explanation provided by the representatives of the administration of the facility, convicts show particular interest in wood carving, computer programming, and English language courses.

From 1 January to the day of monitoring in 2014, various rehabilitation and educational activities of different duration were carried out. The data on undertaken activities in the facility is provided in the table below.

N	Activity	Support	Number of Participants
1.	Civil Education Training	NORLAG	21
2.	Anger Management	Penitentiary Department	10
3.	Computer Courses “ACCES“	Penitentiary Department Center Abkhazia	22
4.	Enamel Course	College “Mermisi” On the Basis of the Memorandum Concluded with the Ministry of Education and Science	7
5.	Wood Carving Course	Center Abkhazia With the Financial Support and Organization of the Penitentiary Department	16
6.	Wood Engraving Course	Penitentiary Department in Cooperation with the Ministry of Sports and Youth	29
7.	Painting Courses	Charity Foundation “Abkhazia” of the Penitentiary Department	15
8	Enamel Courses	Charity Foundation “Abkhazia” of the Penitentiary Department	27
9.	Planting	Charity Foundation “Abkhazia” of the Penitentiary Department	17
10.	Small Business and Hotel Management	Penitentiary Department, International Association, “Women and Business”	34
11.	Civil Education Program	Penitentiary Department, Non- Governmental Organization, “Human Law Freedom”	27

In addition to this, from the 1st of January to November 2014, various cultural activities were held in the facility:

N	Title	Organizer	Number of Participants
1.	Documentary Movie “Human Mind”	Social Department of the Facility	22
2.	Documentary Movie “Technology of Making Automobiles”	Social Department of the Facility	15
3.	Documentary Movie “Historical Secrets”	Social Department of the Facility	20
4.	Event Related to the Day of Book	Penitentiary Department	30
5.	Motion Picture “Requiem for a Dream”	Social Department of the Facility	15
6.	Documentary Movie “Chabua Amirejibi”	Social Department of the Facility	20
7.	Motion Picture “Steve Jobs”	Social Department of the Facility	25
8.	Motion Picture “Rock”	Social Department of the Facility	25
9.	Documentary Movie “Water”	Social Department of the Facility	25

The analysis of the data in the table makes it clear that involvement of convicts in rehabilitation activities of Prison N17 is not satisfactory. It is also noteworthy that the rehabilitation activities themselves are not diverse. It is important to identify activities that convicts are interested in through polling, and to offer them these activities later on; to ensure a higher involvement of these activities, forms of incentives could be used more frequently.

Recommendation to the Director of Prison N17:

- Take all measures to foster to the maximum the planning and holding of various activities with participation of prisoners by the Social Department. While planning such activities, take into account spheres of interests of prisoners. Ensure diversity of the offered activities.

Recommendation to the Minister of Corrections:

- Take all necessary measures to provide the Social Department of the Prison N17 with appropriate material and technical resources in order to reinforce rehabilitation activities in the facility

5. Health Care and the Role of Medical Personnel

The right to health care is an inclusive right.¹¹ It includes right to safe water and adequate sanitary conditions, safe foodstuff, adequate nutrition and housing, safe work and environment, health-related education and information, and gender equality.

The right to health care also includes the right of not being subjected to medical procedures without his or her consent, and to torture and other cruel, inhumane, or degrading treatment or punishment. In view of the substance of the right to health, a person should have access to the health care system, to prevention of diseases, to medical treatment and control, to medicines, to reproductive health, to the main services of health care (equally and promptly), to health-related information and education. The services of the health care system should be available, acceptable, and good quality.¹²

5.1. Nutrition and Drinking Water

In the Prison N17, there is one main, and two diet menus, for those convicts who have liver diseases, or diabetes. It is noteworthy that in Article 14 of the Joint Order of the Minister of Corrections and Legal Assistance of Georgia and Minister of Health, Labor, and Social Affairs of Georgia on “Nutrition Norms and Sanitary, Hygienic Norms for Defendants and Convicts” of 20-25 May, 2011, there is prescribed an additional list of the products and nutritional value that should be included in the daily diet of the prisoners who are under in-patient treatment in the Medical Facilities for Convicts and Defendants of the Penitentiary Department and in the medical units of the facilities, who have digestive diseases, as well as post-surgical convicts who are under in-patient treatment. This article also states that patients who need a special diet, according to the prescription of a doctor, can ask to have one product be substituted by another product, so that the nutritional value of the food can be maintained. Unfortunately, the above requirements of the Order are not observed in Prison N17.

During the visit, the expiry date of the foodstuff was examined in the kitchen. No violation was found, however, part of the prisoners was complaining about the taste of the food. Members of the monitoring group examined the diversity of the products in the shop on the site and it was found that the facility shop is not appropriately supplied with products.

Mostly, water is supplied to the facility for 24 hours. This water is used for drinking, however, some convicts noted that periodically, water has silt and a peculiar taste.

¹¹ Right to Health, Fact Sheet No. 31, Office of the United Nations High Commissioner for Human Rights and World Health Organization, available at <http://www.ohchr.org/Documents/Publications/Factsheet31.pdf> [last visit on 31.05.2014].

¹² General comment N° 14 (2000) on the right to health, adopted by the Committee on Economic, Social and Cultural Rights.

Recommendation to the Minister of Corrections:

- Fully observe the requirements prescribed by the Order of the Minister of Corrections and Legal Assistance of Georgia, and Minister of Labor, Health, and Social Affairs of Georgia on “Nutrition Norms and Sanitary, Hygienic Norms for Defendants and Convicts” of 20-25 May 2011.
- Study the issue of the supply of demanded products to the shop present in prison N17, and take all the necessary measures to ensure due supply of products to the shop.
- Carry out a periodic examination of foodstuffs and drinking water by the competent authorities.

5.2. Medical Personnel and Infrastructure of the Facility

Renovation is ongoing in the medical unit on the territory of Facility N17. There are two wards determined for the placement of patients in the medical unit. Wards are determined for 10 patients. The medical unit consists of dentistry, surgery, medical procedures, and consultation rooms. The sanitary and hygienic situation of the medical unit is not satisfactory.

There are nine doctors and 15 nurses employed in the facility. Doctors and nurses are on duty once every three days. The consultants of the following competencies are invited to the facility: psychiatrist, neurologist, surgeon, orthopedist/dentist, urologist, radiographer, laboratory assistant, dentist, laboratory assistant, psychologist, drug addiction specialist, and endocrinologist.

In view of the working schedule of the doctors and nurses, and the amount of prisoners, the number of medical and assisting personal is not sufficient.¹³

Recommendation to the Minister of Corrections:

- Ensure strict observation of sanitary and hygienic requirements in the medical unit in Prison N17
- Ensure appropriate amount of doctors and nurses in Prison N17

¹³ According to the European Committee for the Prevention of Torture, prisoner to doctor ratio should not exceed 300 to 1 doctor, and 50 prisoners to one nurse, as a rule. The report of the European Committee for the Prevention of Torture, on the visit of 2007 to Greece, paragraph 52, available in English at <http://www.cpt.coe.int/documents/grc/2008-03-inf-eng.htm> [Last visit 14.12.2014].

5.3. Access to Medical Services

The European Court of Human Rights stated in its judgment in the case of *Kudla v. Poland* that “Article 3 of the Convention imposes an obligation on the state to protect physical health of a person deprived of liberty”. In a number of judgments, the Court reiterates, “It is incumbent upon the relevant domestic authorities to ensure, that diagnosis and care have been prompt and accurate, and that supervision by proficient medical personnel has been regular and systematic and involved a comprehensive therapeutic strategy”.¹⁴

As a result of the undertaken examination, it was found that the waiting period for the prisoners registered for appointment with the doctors of a narrow specialization is quite long, which does not comply with the standards of prompt provision of medical services. For example, as a result of the examination of medical documentation, it was found:

1. It is stated in the medical form N200-5a of examination by the surgeon of convict G.B. on 1 March 2013 that he needs an ultrasound for his abdominal cavity and colonoscopy that had not been undertaken for the time of implementing the monitoring;
2. According to the consultation provided on 29 October 2014, convict V.B. needs a consultation with a neurologist, which had not been carried out for the time of the monitoring;
3. According to a recommendation of the doctor of 8 July 2014, convict D.T. needs an MRI tomography of the waist area. The patient is registered in the respected database. However, by the time of monitoring, no reading of the area was made.

Convict T.G. had been asking for an appointment with a neurologist for six months without any result. During the visit, the interviewed convicts complained about the rare visits of the gastroenterologist. They stated that they waited for three or four months till they were provided with a consultation of the gastroenterologist. In light of the prevalence of digestive diseases in the penitentiary facilities, long intervals between the visits of gastroenterologists have a negative influence on the state of health of many convicts.

There are problems of having access to medicines in the facility, as well. As a result of the study of the respective documents, and interviews with convicts, it was found that in certain cases, patients are not able to take the main medicines prescribed by the doctor as part of the complex treatment. In certain cases, the prescribed medicines are substituted by other medicines, which cause strong negative emotions in patients, and often lead to tension between the doctor and the patient.

¹⁴ *Inter alia*, *Jashi V. Georgia*, Judgment on the 8th of January 2013, Para. 61.

Recommendation to the Minister of Corrections:

- **Ensure appropriate frequency of visits of doctors for consultation to Prison N17**
- **Ensure the provision of prescribed medicines to convicts**
- **Ensure the provision of prompt and adequate medical services to prisoners**

5.4. Documenting Bodily injuries

During the visit, the logbook of defendants'/convicts' injuries was checked. As a result of examination, it was found that the logbook of injuries was not thoroughly processed. The following flows were identified:

1. In some cases, injury is not thoroughly described;
2. In certain cases, the cause of the injury is not indicated;
3. Mostly the signature of the prisoner is missing;
4. In certain cases, the nature and location of the injury does not correspond with high probability with the indicated cause of injury.

Recommendation to the Minister of Corrections:

- **Take all reasonable measures, including the provision of appropriate training and instructions, so that medical personnel thoroughly document the physical injuries of the prisoners.**

5.5. Mental Health and Suicide Prevention

Under any arrangement of the protection of mental health, and particularly in penitentiary institutions, it is crucial to protect the interests of person, to respect his/her dignity, and to provide care in as a humane environment as possible. According to the general comment of the UN Human Rights Committee¹⁵, the placement of a person under solitary confinement for a long period may amount to torture or cruel, inhumane, or degrading treatment. According to the conclusion of the UN Subcommittee on Prevention of Torture, long solitary confinement may amount to torture and it should not be applied to juveniles and

¹⁵ CCPR, General Comment 20/44, April 3, 1992.

persons with mental disorders.¹⁶ According to the Istanbul Statement of 2007 on the use of solitary confinement¹⁷, its application to prisoners with mental disorders should be fully prohibited.

In contrast to this prohibition, convict O.G., who has mental disorders, was placed under solitary confinement for five days in Prison N17, and he attempted to commit suicide there.

It is necessary to adopt all the necessary measures to avoid placing convicts with mental disorders in solitary confinement, and such convicts should be provided with prompt and adequate psychiatric assistance. It is also noteworthy that there is no suicide prevention program operated in the Prison N17.

There occurred one instance of suicide in the facility in 2014. Convict N.S., who had an organic personality disorder (F07.0), went on a hunger strike on 16 September. The convict who had a mental disorder was placed alone in the cell determined for convicts on hunger strike, and there was no CCTV camera installed there. Since going on hunger strike, the convict was visited by the on-call doctor of the facility twice. On the 17 September, N.S. was found dead in the cell. The reason leading to death is indicated to be deep, self-inflicted wound in the neck area. As a result of the study of the documents, it was found that the patient who had mental disorder was not provided with a consultation of either a psychologist or psychiatrist during the hunger strike. According to the well-established practice, the family doctor in Facility N17 checks the condition of prisoners with mental problems. It is the family doctor who takes the decision on whether the patient needs a consultation with a psychiatrist.

Recommendation to the Minister of Corrections

- **Study the incident of placing convict O.G., who had mental disorder, under solitary confinement, and take appropriate measures against responsible officials. Also, take all the necessary measures to prevent the incidents of placing prisoners with mental disorder under solitary confinement**
- **Launch a suicide prevention program in Facility N17**
- **Provide prompt and adequate psychiatric care to the convicts placed in Facility N17**

6. Regime, Disciplinary Liability, and Incentives

According to European Prison Rules, disciplinary procedures shall be mechanisms of the last resort.¹⁸ Prison authorities should use all the means of mediation to resolve disputes with and among prisoners.¹⁹ The

¹⁶ UN Subcommittee on Prevention of Torture (2010), report on the visit of the subcommittee on prevention of torture and other cruel, inhuman or degrading treatment or punishment to the republic of Paraguay (par 184).

¹⁷ International Psychological Trauma Symposium (2007), The Istanbul Statement on the use and effects of solitary confinement,

¹⁸ European Prison Rules, Rule 56.1

¹⁹ Ibid., Rule 56.2

severity of any punishment should be proportionate to the offence.²⁰ Collective punishments and corporal punishment, punishment by placing in a dark cell, and all other forms of inhuman or degrading punishment should be prohibited.²¹ Punishment should not include a total prohibition on family contact.²²

During the visit, the monitoring group gave particular attention to the practice of the application of disciplinary sanctions in the facility. As a result of the examination, it was found that from 1 January to November 30, 2014, there were 68 cases of placing individuals under the solitary confinement. In 16 cases, the term of solitary confinement was up to 10 days, while in 35 cases, it lasted from 10-20 days. In 16 out of 68 cases of solitary confinement, prisoners received early release from solitary confinement (due to the doctor's notice in 11 cases), whereas in 52 cases, prisoners were released after the exhaustion of the determined time. From 1 January to 1 December 2014, disciplinary sanctions were used in 209 cases; in 141 of these cases, convicts were reprimanded, while in 68 cases, they were placed under solitary confinement.

During the visit, the monitoring group examined the solitary confinement cells of the facility and interviewed the convicts placed there. The fact that convicts in solitary confinement cells enjoy all their rights prescribed by law, calls for a positive evaluation.

As a result of the interview with the Head of the Social Department of the Facility, it was found that the issue of giving incentive to a prisoner is raised in view of prisoner's conduct, and on the basis of the report of the worker of the Social Department. Statistical data on provided incentives are as follows:

Months	Expression of Gratitude	Use of Long-Term Visit	Use of Short-Term Visit	Early Termination of Disciplinary Sanction
January	41	2	0	3
February	0	6	0	4
March	5	17	5	0
April	5	6	4	0
May	5	27	0	0
June	6	45	2	0
July	0	6	9	0
August	0	10	4	0
September	0	19	5	3
October	1	26	10	2
November	0	22	4	0
Total 304	63	186	43	12

²⁰ Ibid., Rule 60.2

²¹ Ibid., Rule 60.3

²² Ibid., Rule 60.4

This statistical data clearly shows that the Director of Prison N17 actively exercises discretionary powers vested in him by the Prison Code. Within the above period, in 186 out of 304 cases of incentives (that is in more than half cases), convicts were incentivized through the provision of additional long-term visits, which is a positive practice.

7. Contact With the Outside World

The European Committee for the Prevention of Torture pays particular attention to the presence of ties with the outside world of each person who is deprived of liberty. According to the Committee, “The guideline is to foster the maintenance of ties with the outside world; any restriction of any such ties should be based on serious security considerations and problems related to available material resources”.²³

Short-Term Visit

According to Article 62, Paragraph 2, Sub-paragraph B of the Prison Code of Georgia, a convict who serves his sentence in semi-open imprisonment facility has a right to two short-term visits per month and to an additional one short-term visit as an incentive.

According to the European Prison Rules, Article 22.4, visits should be organized in a way that will allow the prisoners to maintain and develop family relationships in as normal a manner as possible.

It is noteworthy that short-term visits are carried out in rooms that have glass partitions in Prison N17. In such cases, prisoners are deprived of any opportunity of physical contact with family members.

Long-Term Visits

According to Article 62(2)(E) of the Prison Code of Georgia, a convict who serves a sentence in a semi-open facility, is entitled to three long-term visits per year, and to the additional two long-term visits as an incentive.

During the visit of the monitoring group, rooms determined for long-term visits were not provided with heating. Employees of the facility explained to the members of the Special Preventive Group that the convicts use their own electric heaters.

Video Conference

Under Article 17¹(1) of the Prison Code, a convict placed in an imprisonment facility – except for convicts who have committed a particularly grave crime – and persons stated in Article 50(1)(F) of this code, have a right to use video meeting “direct audio and video telecommunication with any person”.

²³ The European Committee for the Prevention of Torture and Inhumane or Degrading Treatment and Punishment (CPT). Operative parts of the joint reports of the European Committee for the Prevention of Torture. Strasbourg 18 August 2000. Ad. 37.

There is one room for video meeting in Facility N17 that is equipped with a computer and web camera. This room functions everyday, except for Sundays, from 10:00-18:00.

Telephone Calls

Under Article 62(1)(C) of the Prison Code, convicts who serve their sentence in a semi-open imprisonment facility have the right to four telephone calls at their expense per one month, each not exceeding 15 minutes, and a limitless amount of telephone calls at their own expense, each of them not exceeding 15 minutes, as an incentive.

It should be noted that convicts encounter problems when making phone calls, and the problems are related to the phone cards. In the case that a prisoner does not use the allotted time limit on one phone card, the remaining limit will be blocked, and the prisoners are then not allowed to make additional phone calls. They must buy a new phone card, which is related to additional expenses.

It is also important to note that a phone card is blocked when the prisoner does not manage to talk during the phone call (due to the termination of communication, dialing of incorrect number, or other reason). As prisoners explained, there is a constant deficiency of phone cards in the shop available at the territory of the facility and this hinders the prisoners to exercise their right without restriction.

Correspondence

During the visit, the monitoring group requested the statistics of claims/complaints, as well as of the circulation of closed envelopes, which is provided below in the table by months.

N	Month	Application/complaint	Claim	Closed Envelope
1.	January	317	157	0
2.	February	451	168	136
3.	March	483	206	122
4.	April	429	148	129
5.	May	295	166	214
6.	June	359	165	157
7.	July	514	203	93
8.	August	465	358	100
9.	September	517	422	121
10.	October	450	422	117
11.	November	468	369	110

Recommendations to the Minister of Corrections:

- **Ensure the implementation of short-term visits without the glass partition**
- **Ensure appropriate conditions in the rooms determined for long-term visits in Facility N17**