



PUBLIC DEFENDER OF GEORGIA
საქართველოს სახალხო დამცველი

National Preventive Mechanism
Report on the Visit to Prison N14
(19-20 October 2014)



1. Introduction

The present document is a report on the visit undertaken by the National Preventive Mechanism of Georgia on 19-20 October 2014 to the Prison N14. During the preparation of this report, along with other materials, the technical reports of experts participating in the visit of the National Preventive Mechanism 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.

Under order N187 of the Minister of Corrections and Legal Assistance of Georgia of 27 December 2010, Prison N14 is a semi-open and closed type imprisonment facility. The maximum capacity of the facility amounts to 2,690 convicts. At the time of the visit, there were 1,030 adult male convicts in the facility. 60 (5.8%) convicts were employed by the Economic Department.

2. Ill-Treatment

At the time of the visit, the members of the Monitoring Group did not receive any information from the prisoners on the instances of physical abuse by the staff of the Prison N14.¹

3. Security

During the visit, particular attention was paid to the security situation in the facility, and specifics of the operation of the prison security service, 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 oriented to their re-socialization and future integration into society. According to the

¹ In 2014, the Public Defender of Georgia referred two cases to the Chief Prosecutor's Office of Georgia for investigation of probable facts of ill-treatment of prisoners in Prison N14.

UN Prison Incident Management Handbook, the personnel of the penitentiary facility should realize that fair and humane treatment of prisoners enhances the security and good order of a prison²

As the head of the Prison Security Service was absent, the security issues were discussed with the Director and the Deputy Director of the facility. As it was ascertained, based on the conversation with the representatives of administration, conflicts among the prisoners are quite frequent. The acts of physical violence in the facility are further corroborated by the analysis of entries in the logbook of Injuries. In a number of cases, degree and location of injuries raises reasonable doubt that the examined prisoner might have been subject to physical violence. It is regrettable, that in such cases, the medical personnel of the facility registers “accident” as the reason of the injury in the relevant space of the form, or does not indicate the reason at all.

There is a noticeable influence of prison sub-culture in the facility. Therefore, it is important that the Ministry of Corrections take the appropriate steps to reduce this influence. In the first place, there should be carried out all the necessary measures for the prevention of crime, identification of facts of crime, and taken appropriate legal actions.. Furthermore, to reduce the influence of prison sub-culture, it is important to pay particular attention to reinforcement of rehabilitation activities, and humane and just treatment of prisoners in the facility.

According to the Director of the Facility, there are no CCTV cameras installed on the territory of the facility. If security of a convict demands CCTV cameras, he is transferred to another facility where there are appropriately equipped cells.

During the visit to the facility, the Monitoring Group examined “the logbook of Placing Convicts in the Secure Place of Geguti Semi-open Imprisonment Facility of the Penitentiary Department”. This logbook has been processed since 2004. According to the logbook, there were 69 convicts placed in the “secure place” (in certain cases, the same convicts were placed for several times) from 1 January to 19 October 2014. The maximum term of placing prisoners in the secure place is 30 days, according to this logbook.

According to the representatives of the administration of the PrisonN14, there are no special means prescribed by law, except for handcuffs, in the facility.³ The prison staff has not undergone any training for the use of special means.

² United Nations, Prison Incident Management Handbook, 2013, p. 21-22.

³ Prison Code, Article 47¹

In light of the above-mentioned, there are problems in Prison N14 in terms of maintaining security. The measures taken by the Prison Security service is not sufficient for preventing violence among the prisoners.

Recommendations to the Minister of Corrections:

1. Ensure long term professional training for the staff of the prison N14, as well as ensure that they are duly informed about the scope of their powers, applicable sanctions for ill-treatment, abuse of powers, misuse of powers, neglect of official duties, as well as about applicable liability for the failure to perform official duties
2. According to the Article 54 of the Prison Code, ensure the installation of CCTV Cameras in Prison N14
3. Determine by the respective order the reasonable time of storage for records made through CCTV cameras, and ensure unimpeded access of members of the National Preventive Mechanism to these records
4. Study the practice of operating Prison Security Service of the Prison N14 and take all the necessary measures to ensure security in the facility, including *inter alia*, appropriate training of the staff of the facility and capacity building for the identification of risk factors of violence
5. Take all the necessary measures in Prison N14 for the prevention of crime, identify facts of crime, and carry out the relevant legal response. Moreover, reduce the influence of prison sub-culture, reinforce the rehabilitation activities in the facility, and ensure humane and just treatment of prisoners.

4. Conditions of Detention

4.1. Physical Environment, Sanitary and Hygienic Situation

In Building N6, the size of the cells amounts to 18-20 square meters. The toilet occupies 3.4 square meters. The cell is determined for six prisoners, and hence, there are six beds. Not all prisoners in the facility are provided with space of 4 square meters.

There is a 1.8 square meter metallic-plastic window with bars in the cell. There is sufficient natural and artificial lighting in the cell. The central heating system is functioning, although cells are not properly ventilated. The water closet and sink are in the toilet. There are two two-story iron beds, individual wardrobes, table, and chairs in the cells, and most of them have television sets.

Convicts use the common shower room without restriction. There are no partitions among showers, and the distance between the faucets amounts to one meter. It is important to be secluded while taking a shower. Six prisoners can simultaneously shower. As prisoners stated, the sewage system cannot properly drain the used water. Due to this, water backs up in the shower room. Because of the malfunctioning ventilation system, water vapor accumulates in the shower room.

The wards in the medical unit have an area of 12-18 square meters. The medical unit is determined for 30 patients. A ward has one, 1.7 square meter metallic-plastic window without bars. There is sufficient natural and artificial lighting. The wards are heated by the central heating system. The prisoners have to use the toilet and sink that is placed in the hallway. The conditions of the walls are satisfactory. The tiles on the floor are in good condition. The shower and laundry room in the medical unit are adjoined – the area of which is 19 square meters. There are two showers placed next to one another, and there is no partition between them.

The sanitary condition of the procedure room in the medical unit is not satisfactory. At the same time, the room is isolated from the reception only by a curtain.

The solitary confinement and quarantine cells are located in the same part of the building. At the entrance of the building there are two offices – of the psychologist and of the inspector - controller of the legal regime. There are 15 cells across from one another in the hallway. The hall is divided with a metal bar door, beyond of which there are five so-called “security cells”. As the staff of Prison N14 explained, prisoners are placed there to ensure security.

There are concrete floors in the cells. There are beds, a table (there is no table in cell N11), chairs, and individual wardrobes in the cells. There is a sink and toilet isolated from the rest of the cell. There is one window in the metal-plastic framing that has an iron net attached to it from the inside, and bars from the outside that blocks natural lighting from entering the cell, and restrains the movement of air. (Windows in Cell N3 and N15 do not open). Artificial lighting in the cells is satisfactory. Artificial ventilation is not available. There is a heating system installed and functioning in the cells.

The quarantine part consists of two cells with a maximum capacity of 28 and 38 prisoners. There are concrete floors, two-story beds, and individual wardrobes in the cells. There are three windows in each cell that has an iron-net attached from the inside, and bars - from the outside that hinders natural lighting from entering and circulation of air. The artificial lighting in the cells is not satisfactory, while the artificial ventilation is not available at all. There is a heating system installed in the cells. There is an isolated sanitary and hygienic point in each cell. During the visit of the Group Members, there were no prisoners there. The solitary confinement and quarantine division has its own yard that is partially covered from above and is fenced with an iron net attached to iron posts. According to the prisoners, they are allowed to be in open-air for an hour after the meal each day.

During the visit, the residential building N5 determined for convicts employed by the Economic Department of the facility was examined. The building has two floors. There are 37 convicts living in this residential building. There are residential rooms located on both floors of the building. It is noteworthy that convicts are not equally distributed in the residential rooms due to which residential rooms on the first floor are overpopulated. The conditions present in the residential rooms are not satisfactory. The Monitoring Group members received the information that the renovation works of this building were planned, due to which, prisoners placed in this building should be transferred to other cells.

During the visit, the educational-rehabilitation house present in Prison N14 was also examined. There are two rooms in the isolated building that are renovated and equipped with necessary furniture (table, chairs, and three computers). In this building, prisoners undertake various courses; various activities organized by the social worker and psychologist are carried out here.

During the visit, the kitchen of the facility, where there are ongoing renovations, was examined. It is noteworthy that during the visit on February 2014 by the National Preventive Mechanism, the Monitoring Group recommended the implementation of renovation works for the eradication of unsatisfactory sanitary conditions in view of the bad conditions present in the kitchen. It calls for positive evaluation that the fulfillment of the above recommendation has started, and the National Preventive Mechanism hopes that renovation works will be carried out thoroughly and in a reasonable time.

Recommendation to the Chairman of the Penitentiary Department

1. **Ensure the implementation of relevant renovation works in Prison N14, namely,**
 - a. **Ensure proper natural and artificial ventilation in solitary confinement and quarantine cells, as well as in the main residential cells;**
 - b. **Ensure the proper functioning of sewage and ventilation systems in the shower room; install partitions in the shower to respect privacy;**
 - c. **Ensure proper isolation of the procedure room from the reception in the medical unit; ensure proper sanitary and hygienic conditions;**
 - d. **In the shortest time possible, ensure renovation in building N5 determined for the prisoners hired by the Economic Department, as well as ensure the placing of these prisoners under proper conditions and protect their security.**
2. **Ensure each prisoner with 4 square meters area space.**

4.2. Daily Schedule and Program of Activities

In Prison N14, prisoners are allowed to stay out of their cells in the open air from morning till evening. Despite this, according to the evaluation of the Monitoring Group, the yard of Building N6 does not allow for recreational use by the prisoners since the yard is small and there are no conditions for exercising. Prisoners have no access to a sport area.

Recommendation to the Chairman of Penitentiary Department:

- **Allocate an appropriate area to arrange a yard in a way that would allow physical exercise, ensure access to a sport area.**

The Monitoring Group received information that the position of the head of the Social Department was vacant for two months. There are 10 social workers and one psychologist employed by the Department. Employees of the Social Department work every day, except for weekends, from 10:00-18:00.

There are several non-governmental organizations carrying out rehabilitation programs in the prison. These are “Human, Law and Liberty”, “GCRT”, “Solidarity”, and “Women and Business”. In 2013, there were a number of sport activities carried out; movie screening, cultural evening, and artisan education courses were also provided.

In 2014, there was a movie screening, rehabilitation training, and one concert. The Monitoring Group had the impression that the psychologist employed in the prison is motivated to carry out more activities together with the social workers. However, it is unfortunate that the psychologist is not provided with basic working conditions (no computer, no special room for meeting with prisoners). Furthermore, a major part of the working time of the psychologist is dedicated to preparing the characterizations for the early conditional release procedure, which has a negative effect on the psychological rehabilitation process.

The Monitoring Group had the impression that the staff of the Social Department of the prison are fully dependent on the Director. In practically all cases, staff of the Social Department agreed with the Director on which data would be given to the Monitoring Group. The Monitoring Group considers that in light of the importance and peculiarity of the Social Departments' activities, it is necessary that the Social workers and psychologists employed in the Social Department have a certain amount of independence.

After the participation of the prisoner in various rehabilitation activities, a social worker drafts a report on the positive conduct of the prisoner, and presents it to the prison director. The director makes the decision on the form of incentive to be provided to the prisoner. The respective decision is entered into the personal file of the convict. An expression of gratitude, adding short or long-term visit, annulment of reprimand, and so forth, may be used as forms of incentives. From 1 January – 20 October 2014, there were 46 reports drafted on the basis of which in 40 cases gratitude was expressed to the prisoner; in three cases, the right to additional long-term visits were granted; in two cases, the right to additional short-term visits were granted; and in one case, the reprimand was annulled.

According to the recommendation of the Monitoring Group, it is important to use various forms of incentives more often, so that to ensure greater involvement of prisoners in rehabilitation activities. Such an approach will reduce the influence of prison sub-culture and will foster prisoner re-socialization.

Recommendation to the Director of the Prison N14:

1. Take all necessary measures to foster to the maximum the planning and carrying out of various activities with the participation of prisoners by the Social Department of the facility
2. Provide the psychologist employed in the Social Department of the facility with proper working conditions
3. In order to ensure greater involvement of prisoners in rehabilitation activities, apply forms of incentives more often, including granting of the right of additional short and long-term visits

Recommendation to the Minister of Corrections:

1. Add one more position of psychologist to the list of staff of the Social Department of the Prison N14
2. Provide prisoners who cannot speak in Georgian with the assistance of an interpreter in the case of necessity
3. Take all the necessary measures to provide the Social Department of Prison N14 with material and technical resources 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.⁴ 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 persons consent and protection from torture and other cruel, inhumane, or degrading treatment and punishment. In view of the contents of the right to health, a person should have access to the health care system, to prevention, treatment and control of

⁴ 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].

diseases, 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 of good quality.⁵

5.1. Nutrition and Drinking Water

During the visit, the foodstuff expiry dates present in the kitchen were checked. There was no violation found. With respect to the quality of food, prisoners did not voice any substantial complaints, except for some prisoners stating that the food was not diverse, and it was important to have the opportunity to buy additional foodstuff. Prisoners stated that they are discontent with the scarcity of available products in the facility shop. Members of the Monitoring Group examined the diversity of the products present in the shop, and it was found that the facility shop is not properly supplied with products. The company “GMM” carries out the supply of the prison shop.

Recommendation to the Minister of Corrections:

- **Study the issue of the supply of the Prison N14 shop with the demanded products, and take all the necessary measures to ensure that the shop is properly supplied with the products**

5.2. Medical Personnel of the Facility

During the day, there are three primary health care doctors, three nurses, and one on call doctor working in Prison N14. During the night and weekends, there is one on call doctor, and one on call nurse present in the facility. According to the interviews with prisoners, during the night and on weekends, they have problems related to having access to the doctor. During this period, an on call doctor and nurse have to be present both in the medical unit and in the residential buildings of prisoners. The distance between the medical unit of the facility and Building N6 is approximately 200 meters. The on call medical personnel of the facility have no office, which further aggravates their difficult and hard working conditions.

⁵ General comment N° 14 (2000) on the right to health, adopted by the Committee on Economic, Social and Cultural Rights

5.3. Medical Care

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”.⁶

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:

1. One patient states that he had been asking for a consultation with endocrinologist for 5 months in vain. Visits of the endocrinologist are not provided in the facility.
2. One patient who was placed in the medical unit due to a post-surgical wound becoming open had been waiting for a consultation from the surgeon for two weeks.
3. The patient was registered for an appointment with the specialist on the 6 September 2014 but there is no entry on the consultation with the doctor made in the special book.
4. A patient who suffers from hemorrhoids is registered for a consultation with a specialist on 16 September 2014, but the entry on the consultation cannot be found in this case, as well.
5. Two other patients were registered for consultations with doctors of the relevant fields on 17 September 2014, but again, the fact of consultation could not be ascertained.
6. A prisoner who had mental problems stated, that he had been waiting for a consultation with a psychiatrist for several months in vain. The last consultation he had with a psychiatrist was dated 27 March 2014 in the medical records. As his name or the surname did not appear in the registration form for the consultation with a psychiatrist, the members of the Monitoring Group asked the primary health care doctor to provide the relevant information with the consent of the prisoner. The doctor said that he forgot to register the prisoner for consultation, and that he would correct this flaw the very next day.

⁶ Inter alia, Jashi V. Georgia, Judgment on the 8th of January 2013, Para. 61.

As a result of the examination, it was found that on the 16 October 2014, 40 prisoners underwent a consultation with the psychiatrist. On 9 October, there were 32 prisoners, and on the 2 October, there were 38 prisoners. Number of patients, who were provided consultation in one day raises the reasonable doubts about the extent and quality of the consultation.

The Monitoring Group identified the cases when prisoners are not provided with treatment that was prescribed to them. For example, one of the prisoners was prescribed by the specialist treatment with electrophoresis, but due to the absence of the device in the facility, the patient was not provided with this treatment. Similarly, one of the prisoners that was diagnosed with an occlusion of the veins on the lower limbs in 2012, according to the tests conducted in the “Aversi” clinic, and who was provided the recommendation of having the relevant surgery, has not undergone surgery until now; he has mobility difficulties. There is no suicide prevention program in the facility.

Recommendation to the Minister of Corrections:

- 1. Undertake due arrangements of the medical staff and determination of the reasonable working schedule for providing prompt and adequate medical services and due processing of medical documentation**
- 2. Ensure due frequency of visits of invited consultant doctors to Prison N14**
- 3. Provide prisoners with prompt and adequate medical services**
- 4. Provide prisoners with respective needs with prompt and adequate psychiatric care, as well as introduce suicide prevention program**

5.4. Processing of medical documentation and continuity of services

As a result of examination, it was found that the registration document is disorganized. For example:

1. At the time of the visit, there were 27 prisoners registered for an appointment with the psychiatrist. However, the date of registration was only indicated in the case of nine patients. Thus, it is difficult to find out how long the waiting period lasts until providing medical services.

2. One of the prisoners that were registered for consultation on 1 September 2014 was provided with the consultation of a specialist on 18 September. However, entry of the specialist cannot be found.

The lack of communication between the prisoners and the medical personnel of the facility is obvious. For example, one of the prisoner had been informed about being registered in the electronic database for medical referral for surgery by the medical personnel prior to his transfer from Prison N6 to the Prison N 14 two months before. He was not informed about the approval of his request for registration. With the consent of the prisoner, the members of the Monitoring Group discussed this issue with the chief doctor. The latter stated that the prisoner was registered in the electronic database; however, he did not inform the prisoner about it.

Recommendation to the Minister of Corrections:

- **Take all the necessary measures for the thorough processing of medical documentation by the medical personnel and ensure continuity of medical services**

5.5. Documentation and Communication of Injuries

During the visit, the logbook of Injury of remand prisoners/convicts was checked. As a result of examination, it was found that the Injury logbook 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 is not consistent with the indicated cause of injury.

Recommendation to the Ministry 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**

6. Regime, Disciplinary Liability, Incentives

According to European Prison Rules, disciplinary procedures should be mechanisms of the last resort.⁷ Prison authorities should use mechanisms of mediation to resolve disputes with and among prisoners.⁸ The severity of any punishment should be proportionate to the offence.⁹ Collective punishments and corporal punishment, punishment by placing in a dark cell, and all other forms of inhuman or degrading punishment should be prohibited.¹⁰ Punishment should not include a total prohibition on family contact.¹¹

According to the explanation of employees of Prison N14, conflicts between the prisoners in the cells frequently happen. Number of such conflicts have increased in September 2014 after the transfer of convicts from Prison N6, due to the renovation works ongoing in that facility.

As a result of examination of the respective documents, it was found that, placing individuals in solitary confinement as a disciplinary punishment presents a routine practice in the facility. According to the staff of the Prison N14, this sanction is the most effective in a semi-open facility. The data on placing individuals in solitary confinement is provided in the table, below by months.

N	Month	Solitary Confinement Cell
1.	January	15
2.	February	2
3.	March	5
4.	April	6
5.	May	11
6.	June	11
7.	July	11
8.	August	17
9.	September	20
10.	October	4
		Total: 102

⁷ European Prison Rules, Rule 56.1

⁸ Ibid., Rule 56.2

⁹ Ibid., Rule 60.2

¹⁰ Ibid., Rule 60.3

¹¹ Ibid., Rule 60.4

It is noteworthy that the number of application of solitary confinement as a disciplinary sanction has drastically increased in August and September. Based on the examination of the documentation, it was found that solitary confinement for the maximum term of 20 days was applied in 28 cases; in 12 of these cases, the convict was released early from the solitary confinement cell based on the notice of a doctor. Overall, there were 34 convicts granted early release from solitary confinement based on the notice of a doctor.

In Prison N14, employees explained the increasing practice of placing individuals in solitary confinement as a disciplinary sanction by the inefficiency of other disciplinary sanctions. This explanation, as well as the analysis of the practice of application of disciplinary sanctions demonstrates that there are problems related to applying disciplinary sanctions in line with the principle of proportionality in Prison N14. Furthermore, the practice of early release of convicts from solitary confinement based on the notice of the doctor clearly shows that on one hand, this sanction negatively affects the health of prisoners; on the other hand, it shows participation of the doctor in the execution of the above mentioned disciplinary sanction against the prisoner, which may have a negative effect on the reputation of medical personnel and may conflict with professional ethics of the medical personnel.

The Monitoring Group received information on the problem of having access to the doctor in solitary confinement cells. For example, one of the convicts had been imposed placement in solitary confinement cell as a disciplinary sanction for three days. The convict had health problems, including mental health problems. With regards to mental health problems, the convict had been prescribed the medicines “Diazepam” and “Tizercin”. According to the convict, he had been waiting to be provided these medicines by the medical personnel for a long time; to protest against it, the convict started to bang on the door of the cell, which later served as a ground for imposing disciplinary liability. According to the convict, the doctor did not visit him in the solitary confinement cell.

With the consent of the prisoner, the members of the Monitoring Group, discussed this issue with the on call inspector of the Prison N14, who called for the doctor. Later, the on call inspector informed the group that it was due to the misunderstanding that the convict was placed under solitary confinement and that the convict was transferred to the residential cell.

From 1 January to 20 October 2014, there were 46 reports drafted on the basis of which the director of Prison N14 expressed gratitude to the convicts in 40 cases; granted an additional right to a long term visit to a prisoner in three cases, and granted the right to an additional short term visit in two cases as an incentive. In one case, reprimand given to a convict was annulled.

Recommendation to the Director of Prison N14

- **While imposing disciplinary sanction, act in line with the principle of proportionality and apply placing individuals under solitary confinement only in exceptional cases**

Recommendation to the Minister of Corrections:

- 1. Study the excessive practice of the application of placing individuals under solitary confinement as a disciplinary sanction in Prison N14 and take all reasonable steps to ensure proportional application of disciplinary sanctions**
- 2. Take the necessary steps to ensure that the doctor visits the prisoner placed in the solitary confinement cell according to Article 88(6) of the Prison Code**

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 to 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”.¹²

In Prison N14, short-term visits are carried out across the glass partition barrier. A prisoner is deprived of any possibility of physical contact with family members. Exercising the right for family member visits is hindered by the fact that place of residence of the family is not considered during the allocation of prisoners. The prisoners who are transferred from Eastern Georgia to the facility mostly encounter the problems of exercising the right to visit. The prisoners transferred from Eastern Georgia also encounter problems in regards to meeting with their attorneys.

From 1 January - 22 October 2014, there were 604 long-term visits undertaken in the facility. In regards to long-term visits, the employees of the Social Department of Prison N14 talked to the members of the Monitoring Group that the convicts placed under solitary

¹² 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.

confinement cells as a disciplinary sanction had no right to exercise long-term visits for one year, according to Article 17²(6) of the Prison Code.

According to Article 17² (6) of the Prison Code, long-term visits are not provided to the convicts placed in the high-risk imprisonment facility, as well as to the convict who is under quarantine regime, who have disciplinary sanctions and/or administrative detention imposed on them. Here we have manifestly incorrect interpretation of the above mentioned paragraph, as this paragraph deals with those cases when the convict was imposed a disciplinary sanction (which is still in force); restriction of the right to long-term visit should not be extended to those cases when the term of disciplinary sanction is exhausted, however, the convict is considered to have a record of previous sanction.

Recommendation to the Minister of Corrections:

1. **Ensure the exercise of short term visits without glass partition barriers.**
2. **Take all the necessary measures not to incorrectly interpret Article 17²(6) of the Prison Code, and ensure that right to long term visit is not restricted due to the fact that prison has record of previous administrative sanction**

Recommendation to the Chairman of the Penitentiary Department:

- **While taking the decision of allocating a prisoner to Prison N14 consider the place of residence of family members of the prisoner in order to ensure unhindered access to exercising the right to visit**