PUBLIC DEFENDER OF GEORGIA

National Preventive Mechanism

SPECIAL REPORT ON THE MONITORING OF THE PENITENTIARY ESTABLISHMENTS AND TEMPORARY DETENTION ISOLATORS OF GEORGIA

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Introduction

The present Report covers the findings of the monitoring of penitentiary establishments carried out by the Special Preventive Group of the Prevention and Monitoring Department of the Office of the Public Defender of Georgia exercising its power within the National Preventive Mechanism in the first half of 2011.

There were 241 *ad hoc* and 36 planned visits to penitentiary establishments of Georgia undertaken during the reporting period.

Representatives of the Public Defender were allowed to and moved without any impediments within penitentiary establishments during the monitoring process. They were also able to select meeting points with inmates according to their own consideration and interview them confidentially.

When undertaking the planned monitoring the representatives of the Public Defender were checking the compliance of the conditions and practices in penitentiary establishments of Georgia with the Georgian legislation, as well as international standards. During the monitoring particular attention was devoted to the practice of employment of disciplinary punishment and treatment of inmates in each of the establishments.

Interviews with administration, staff, prisoners/convicts of establishments were held during monitoring. Majority of prisoners were visited during the monitoring of each of the establishments. Infrastructure and living conditions of each of the establishments including room for long term visits and rooms for mothers and children were checked and recorded. The ongoing rehabilitation works were observed in a number of establishments. All the solitary confinement cells and quarantine cells were visited in all the penitentiary establishments and all the prisoners staying in those cells during the monitoring were interviewed.

Ill-treatment in penitentiary establishments

The results of the monitoring undertaken in the first half of 2011 prove that ill-treatment remains to be a problem of penitentiary system. Efficient investigation of each of the fact of ill-treatment and overcoming the perception of impunity, constituting a serious problem today, are necessary for the full eradication of ill-treatment. As a result of passive and ineffective actions of law enforcement bodies the basis is created for the staff of the penitentiary establishments to believe that they will not be punished. Along with this prisoners develop distrust towards law enforcement bodies. This, certainly, does in no way support the revelation and eradication of the practice of ill-treatment.

According to the case law of the European Court of Human Rights, if a person sustained injuries in custody when or at any other time when entirely under the control of police officers, any such injury produces the presumption that a person was subjected to inhuman treatment[1]. It is incumbent on the State to provide a plausible explanation of how those injuries were caused, failing which a clear issue arises under Article 3 of the Convention.[2]

The 14th General Report on the CPT's activities mentions that investigation must be thorough and extensive, be conducted in a prompt and reasonably expeditious manner. It is essential that the persons responsible for carrying it out are independent from those implicated in the events[3], however, often investigation of cases of ill-treatment of inmates in penitentiary establishments of Georgia are investigated by the Investigative Department of the Ministry of Corrections and Legal Assistance of Georgia. This jeopardizes the efficiency of investigation.

The Report to the Georgian Government on the visit to Georgia carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) of 2010 notes that "the credibility of the prohibition of torture and other forms of ill-treatment is undermined each time officials responsible for such offences are not held to account for their actions. Some of the delegation's interlocutors met during the visit were of the opinion that information indicative of ill-treatment was frequently not followed by a prompt and effective response, which engendered a climate of impunity. According to them, most complaints of ill-treatment were dismissed; at best, the officers concerned were disciplined. It was suggested that the Prosecutor's Office often failed to initiate criminal cases into complaints of ill-treatment, and that when cases were opened, this was rarely under Article 144[1] of the Criminal Code, but rather under Article 333. Furthermore, it was said that the proceedings

1. Bursuc v Romania, 12 October, 2004.
2. Selmouni v France, 28 June, 1999.
3. 14th General Report on the CPT's activities, para. 25-42.

were protracted and very rarely led to convictions, which diminished trust in the system for investigating complaints."[4]

According to the written replies received from the Penitentiary Department,[5] there were 458 persons with bodily injuries placed in the penitentiary establishments in the first half of 2011. There were 46 persons injured during the detention. In 17 cases out of the mentioned 46 the preliminary investigation was commenced on the fact of inflicting bodily injuries to prisoners. According to the replies received from the Office of the Chief Prosecutor of Georgia on 23 May 2011 (N13/14121) and 15 August 2011 (13/32006) we were notified that the remaining 29 prisoners had not confirmed during the interviews committing any illegal acts against them by the persons having exercised their detention.

Month	Prisoners having entered institutions with injuries	Injury inflicted during detention
January	60	6
February	72	6
March	76	5
April	72	3
May	76	25
June	102	1
Total	**458**	**46**

The rigorous monitoring undertaken by the National Preventive Mechanism has revealed several instances of ill-treatment. The Public Defender instantly notified the Prosecution Service of Georgia of these facts. However, there have often been facts of having persons mentioning the facts of their ill-treatment, and at the same time refraining from providing the written statement about the alleged fact. According to the paragraph 2 of the Article 20 of the Organic Law of Georgia on the Public Defender of Georgia, "the Public Defender and a member of the Special Preventive Group are obliged not to reveal secret information and information recognized as confidential, neither information about torture and other cruel, inhuman or degrading treatment of a person, without explicit expression of such a will by the latter". Deriving from the cited provision no facts of ill-treatment which the prisoners request to keep confidential are publicized.

On 5 September, 2011 the members of the Special Preventive Group met and interviewed prisoner Mikheil I., placed in the Medical Establishment N18. The latter stated that he had been systematically beaten while staying in the Establishment N8 in Gldani. The traces of this were noticeable during this conversation as well. To record these traces of injuries the medical expert of the Special Preventive Group was dispatched to the Medical Establishment N18 on the very

4. The Report to the Georgian Government on the visit to Georgia carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) of 2010, para. 17.
5. N10/8/2–2072; N10/8/2–3375; 10/8/2–5025; N10/8/2–6144; N10/8/2–7786; N10/8/2–9486.

second day. However, the prisoner stated in the interview that due to his mental condition he could not remember what he had told to the representative of the Public Defender and requested to leave his statement without any follow-up reaction. The inmate also stated that he did not need any assistance from the Public Defender.

Along with this, it is also a problematic issue that the inmate who reveals the fact of his ill-treatment remains in the same penitentiary establishment and under the supervision of the same staff even after the complaint is made by him/her. This very fact results in the syndrome of fear due to which an inmate in many cases rejects his/her own statement (cases of Malkhaz A., Akhmed A.).

On 25 July, 2011 Office of the Public Defender applied in writing to the Office of the Chief Prosecutor of Georgia requesting the information covering 01 January, 2011 – 30 June, 2011 on the following:

1. How many investigations had commenced into the facts containing signs of crimes as envisaged by article 332-333, as well as articles 144^1-144^2-144^3 of the Criminal Code of Georgia (separately, not in conjunction);
2. How many criminal prosecutions had commenced against how many persons; how many of those were civil servants (indicating the state agencies)[6];
3. How many of those cases had been submitted to courts of general competence for consideration;
4. How many of them were finalized with plea bargain;
5. How many preliminary investigations were terminated on the facts containing the signs of the above mentioned crimes, indicating of the reason for termination.

On 5 October, 2011 a letter N13/41367 was sent in reply, notifying that 17 investigations had commenced during 1 January, 2011 – 31 August, 2011 into the facts containing signs of a crime envisaged by 144^1 of the Criminal Code of Georgia. Prosecution had commenced against 3 persons, investigations had terminated on 6 criminal cases.
Investigation had commenced into 5 cases containing signs of a crime envisaged by Article 144^3 of the Criminal Code of Georgia and investigation into 2 criminal cases had terminated. One criminal case was submitted to court, which had resulted in conviction.
Data on the cases under article 332 (abuse of power) and article 333 (exceeding official powers) of the Criminal Code were also requested. The reason for this request was the fact that often the investigations into ill treatment are conducted under these articles.
During the first 8 months of 2011 investigations had commenced into 47 criminal cases and 22 investigations were terminated on the facts containing signs of crime as envisaged by the Article 332 of the Criminal Code of Georgia. Criminal prosecution started against 51 persons; 58 cases were submitted to court, 60 persons were proven guilty.

6. The definition of the crime of torture as included in the Criminal Code of Georgia does not comply with the definition provided by the UN Committee against Torture. One of the differences is as follows: the articles 144^1 (Torture), 144^2 (Threat to Torture), 144^3 (Degrading or inhuman treatment) do not indicate the special subject of crime – the official or the civil servant.

There were investigations commenced into 84 criminal cases and terminated in 35 cases on the facts containing signs of crime envisaged by Article 333. Prosecution commenced against 13 persons, cases against 17 persons were submitted to court, and 15 persons were proven guilty. The Public Defender, in his previous Reports, called upon the Prosecution Service of Georgia several times to keep the detailed statistics on investigations conducted into the facts of torture and ill-treatment to precisely register numbers of civil servants, including staff of penitentiary establishments and Police against whom preliminary investigations had started on the facts of torture or ill-treatment as well as to precisely register how many of them were prosecuted for these acts. Despite this, judging from the reply from the Prosecution Service, the statistics on the facts of ill-treatment is still incomplete. It is impossible to determine how many persons charged for the crimes envisaged by Articles 144^1-144^2-144^3 of the Criminal Code were civil servants; along with that, in cases of crimes committed under Articles 332 and 333 of the Criminal Code it is impossible to determine whether a servant was proven guilty for the ill-treatment of a person in custody or for some other misconduct during the official actions. Herewith we do not even mention that despite our requests, the belonging to state institutions was not included in the responses provided.

Prosecution Service of Georgia is obliged to produce statistics pursuant to the Decree N250 of the President of Georgia as well. The Decree approved the Strategy on the Fight against Ill-treatment and the 2011-2013 Action Plan on the Fight against Ill-treatment. The registration of the information by the Prosecution Service about the facts of ill-treatment by civil servants is envisaged therein.

The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) has also mentioned following the visit to Georgia carried out in 2010, to improve the methods of collecting statistical data, mentioning, that "[t]he compilation of statistical information is not an end in itself; if properly collected and analysed, it can provide signals about trends and can assist in the taking of policy decisions. Increased co-ordination between the Ministry of Internal Affairs and the Chief Prosecutor's Office is clearly needed in this respect. The CPT invites the Georgian authorities to introduce a uniform nationwide system for the compilation of statistical information on complaints and disciplinary and criminal proceedings and sanctions against police officers. Further, steps to provide information to the public on the outcome of investigations into complaints of ill-treatment by the police could help counter a perception of impunity."[7]

It shall be noted in addition that the investigative bodies can not be singled out in terms of being particularly pro-active when it comes to ill-treatment of inmates. According to the paragraph 1 of Article 101 of the Criminal Code of Georgia the reason for commencing preliminary investigation may be information disseminated by press. However, as a rule no investigation commences without an application or official notification (See below, case of Malkhaz A.).

7. The Report to the Georgian Government on the visit to Georgia carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) of 2010, para. 17.

Establishment N2 in Kutaisi

There were 1451 inmates in the Establishment N2 in Kutaisi during the monitoring. The results of the monitoring permit to state that the treatment of inmates by the administration of the establishment has noticeably deteriorated as compared to the visit during the preceding year. The facts of ill-treatment of inmates have emerged lately. Inmates note that employees of the administration often deal with them in a rude and humiliating manner. Inmates under disciplinary punishment and quarantine become victims of ill-treatment most often. According to them for the recent two months majority of inmates violating the internal regulation of the establishment were placed first in the so-called "box" instead of placing them in the solitary confinement as envisaged by the law. The "box" is a cell of approximately 2-3 sq.m., without a table, a chair, a bed, where punished inmates are placed there barefooted and just in underwear. They are kept in a "box" for around 3 to 24 hours. Some of the convicts even mentioned that after being placed in the "box" they were beaten. However, they hesitated to state this in writing.

According to the inmates, they refrain from the everyday walk, as each of their movement may become a reason for a conflict with the staff of the establishment and those who still use this right mention that if during the walk even one inmate violates the internal regulation (e.g. greets an inmate) all inmates from the entire cell are punished and returned to a cell.

The existence of the mentioned practice in the Kutaisi Establishment N2 was confirmed by the majority of the inmates visited (around 600 inmates were met). This makes the mentioned fact particularly convincing. This is more so if we take into account that the Kutaisi Establishment is a closed type one where inmates in different cells have no contact whatsoever with each other. Apart from this, in the reporting period numerous group written applications were submitted by inmates of Kutaisi Establishment N2 to the Public Defender of Georgia. They were referring to fierce violation of their rights and their ill-treatment.

The situation in the quarantine of the Establishment was also complex. There were newly admitted prisoners placed there. According to inmates, at any point when there is a noise on the door all the inmates are forced to stand with their hands on heads facing a window; if any of the inmates may not manage to come down from the second level of the two-level bed on time and taking the position as ordered by the administration, all the inmates in the cell will be punished. According to inmates the punishment in that case means putting them on their knees, with their hands on the heads. At times this has lasted for even 1-2 hours. Inmates in quarantine are devoid of their right to walk. The inmates were also noting that when leaving the quarantine cell for checks the staff of the Establishment punching them in stomach or sides with elbow.

As stated by the inmates the situation started deterioration since July, 2011. The majority of the inmates link this with the alteration of the director. Most often the inmates mention the director of the Establishment Dimitri Jitchonaia as a participant of ill-treatment and also mention that the Head of the Social Service of the Establishment Irakli Jishkariani is outstanding as particularly

"active". Inmates of the Establishment N4 in Zugdidi were referring to him in the previous years. However, they were not confirming this in writing.

The results of the monitoring of the establishments in West Georgia, including the Establishment N2 in Kutaisi were published on the official web-site of the Public Defender on 29 August 2011.[8] The Public Defender called upon the Minister of Corrections and Legal Assistance to urgently undertake all the measures required to protect the rights of persons deprived of their liberty in the Establishment N2 in Kutaisi. Public Defender also called on the Minister of Corrections and Legal Assistance to raise the issue of liability of all the persons who were particularly ill-treating the inmates.

On 11 September 2011 the representatives of the Public Defender of Georgia again visited and conversed with the convicts (around 100 inmates were interviewed). The majority mentioned during the conversations that on 09 September, 2011 at around 21:00 the Special Forces entered the Establishment N2 at around 21:00, took a part of the inmates (mainly from the blocks C and D) out of the cells, bet them, returned part of them to the cells and placed remaining of them in a solitary confinement cell. Inmates David M. and Giorgi S., Gogita Z. and Iakob Kh. Confirmed the above mentioned fact in writing.

As stated by the convict David M., on 09 September, 2011 at around 21:00 approximately 10-12 representatives of the scores of the Special Forces together with the staff of the Establishment N2 entered the cell D-105. They searched the cell. During the search, as stated by the inmates, no item not allowed by law was found. In approximately 5-6 hours the controller some Beso approached Davit M. and took him to the so called "boxes"[9] located within the Establishment, where following a brief squabble with the staff of the Establishment Roman Robakidze someone unknown battered his head from the back. The inmate was mentioning that following this he was taken into the room where the Director of the Establishment Dimitri Jitchonaia, Achiko Tabatadze and other employees of the Establishment were present. Dimitri Jitchonaia verbally and physically abused him. As stated by the inmate, the Director hit the inmate's forehead with his head several times and threatened to add him sentence. Following this, as stated by the inmate, he was taken to the solitary confinement cell and in 3 days administrative imprisonment for one month was imposed on him. The inmate was mentioning that finally he was placed in the cell B-404 where the staff of the administration treated him offensively abusing verbally.

As stated by Giorgi S., on 09 September, 2011 he was in the cell 324 of the block C. Following the search of the cell the staff of the Special Force Brigade took him out of the cell. The representative of the administration Roman Robakidze started beating him. Afterwards he ordered the Special Forces to take the inmate to the "box" downstairs. As stated by the inmate, while staying in the "boxes" he was made kneel and Roma Robakidze was punching his head. As stated by the inmate, afterwards he was taken to the solitary confinement cell, where he stayed for 2 days. Following this a month long administrative imprisonment was imposed on him.

8. http://www.ombudsman.ge/index.php?page=1001&lang=0&id=1409
9. "Box" means a cell with approximately 2-3 sq.m., without any table, a chair or a bed.

As stated by Gogita Z., on 09 September, 2011, around 15 representatives of the Special Forces and administration entered the cell C-219. Among those were Dimitri Jitchonaia, Misha Gigauri, Roman Robakidze, Achiko Tabatadze and some Mamuka. They searched the cell. Following this they led him through the so called "corridor" by beating. As declared by the convict, the staff of the Establishment were particularly malicious. According to the inmate, administrative imprisonment for a month was imposed on him as well. Upon the return from the court he was placed in the cell B-404, at the point of entering which Dimitri Jitchonaia and Gaga Liparteliani started beating him. According to the inmate, he lost conscious at that moment. Gogita Z. had mentioned that water was poured onto him and once he revived he was taken downstairs to the "boxes" being beaten and kept him naked for 7 hours.

As stated by Iakob Kh., on 09 September, 2011 he was in the cell C-302. The Special Force Brigade searched the cell, following which they took him to the "boxes" and kept him there for around 4-5 hours. As stated by the inmate, during this period the Special Forces and the representatives of the administration were bringing inmates and placing them by beating in the "boxes" located therein. The inmate mentioned that the prisoners were forced to knee. Iakob Kh. was subjected to 60 days of administrative imprisonment.

On 20 September 2011 the Public Defender in line with the paragraph "c" of the Article 21 of the Organic Law of Georgia on the Public Defender of Georgia applied to the Chief Prosecutor of Georgia suggesting commencement of investigation into the fact of ill-treatment of inmates in the Establishment N2 in Kutaisi. According to the Letter N13/43500 received from the Office of the Chief Prosecutor of Georgia on 18 October, investigation into the criminal case N088081011801 had commenced in the Investigative Service of the District Prosecutor's Office of the West Georgia on the fact of exceeding official power, based on the signs of crime as envisaged by the paragraph "b" of Article 333 (3) of the Criminal Code of Georgia.

On 16 September, 2011 the Public Defender's Office requested the copies of the decisions adopted on 11, 12 and 13 September, 2011 with regard to 26 convicts by the Kutaisi City Court, imposing administrative imprisonment on the inmates. Along with this, the orders of the Director Dimitri Jitchonaia imposing administrative imprisonment on inmates were also requested.

As a result of studying the court decisions it was ascertained that on 11, 12 and 13 September, 2011 all the 26 convicts had committed the same type misdemeanor. In particular, in the Court Decision on the case N3/398–11 it is mentioned that the convict Davit Kh. being in the block "C" of the Establishment N2 by means of unlawful whoop was trying to deliver the banned information to the inmates in other cells. He was reprimanded by the staff on duty; however the inmate started shouting and dust-upping. With this he encouraged other convicts and the noise made by the inmates followed.

It shall be noted that another 25 decisions of the court repeat the same verbatim. The only difference is that some of those mention that the inmate "expressed aggression" instead of referring to "dust-ups".

Case of Akhmed A.

Akhmed A. – a convict in the Establishment N2 in Kutaisi applied in writing to the Public Defender. As stated by the applicant, on 25 July 2011 he was taken to the duty station point at the third floor of the block "D" where he was physically and verbally abused by the staff of the Establishment some Anzor and Irakli. The request to use the right to walk on the fresh air and the declaration of the wish to go on a hunger strike following the negative response from the administration turned out to be reason of this, as stated by the inmate.

As clarified by the inmate, the staff employees also abused him based on his ethnic origin verbally abusing him on this ground as well. Following this he was transferred to the solitary confinement cell of the same establishment, handcuffed, Regime Chief Gaga Liparteliani and one more staff member (whose first and last names are not known to him) were forcing him to kneel, however the inmate did not obey. As stated by the inmate, he was again beaten and abused verbally, following which he was transferred to the so called box (F102) of the Establishment and kept him there naked and handcuffed for around 2 hours. Following this he was returned to the cell. As stated by the inmate, he had headaches and the feeling of nausea in the cell, due to which he asked to have a doctor. However, his request was rejected.

On 27 July 2011 the representatives of the Public Defender met and interviewed the Akhmed A.'s cell-mates.

According to the inmates, their cellmate Akhmed A. was taken out of the cell by the employees of the Establishment and beaten on 25 July 2011. Akhmed A.'s cellmates confirmed the fact that the staff of the Establishment took the convict out of the cell at around 11 o'clock on 25 July and brought him back to the cell at around 15:00. At this point he was beaten.

The representatives of the Public Defender noted as a result of the external visual examination of the convict the following injuries: in the area of back – 3 bruises of around 10-15 sm, in the area of thorax and neck – multiple bruises and excorations, blazes covered with coarsened skin on both knees, hyperhemia on both wrists, blaze and intumescences in the area of head.

On 1 August, 2011 in line with the paragraph "b" of the Article 21 of the Organic Law of Georgia on the Public Defender of Georgia the Public Defender applied to the Chief Prosecutor of Georgia to commence investigation into the fact of injuring Akhmed A' and recommended to in the shortest possible term undertake the medical forensic examination to establish the origin and the longevity of injuries on the body of the inmate. The same day Public Defender issued a recommendation to the Chairperson of the Penitentiary Department to organize Akhmed A's transfer to another Establishment in the shortest possible term and along with that to ensure his safety and security. This was due to the fact that in the letter sent to the Public Defender the convict was assuming that following his statement his safety would have been jeopardized by the staff of the Establishment.

The letter N13/31797 from the Office of the Chief Prosecutor of Georgia notified us that preliminary investigation started into the case on 9 August, 2011, based on the signs of a crime envisaged by paragraph 2 (b) of the Article 144^3 of the Criminal Code of Georgia (the degrading and inhuman treatment).

The letter N10/3/13–10624 received from the Penitentiary Department on 9 August 2011 stated that the security of the convict Akhmed A. was put on the special control. The request to transfer the inmate to another Establishment was not satisfied by the penitentiary Department.

Case of Shalva K.

On 22 July 2011 the representatives of the Public Defender met and interviewed the prisoner Shalva K. in the Establishment N2 in Kutaisi. According to the protocol on the external visual examination dated 20 July 2011 drawn up upon the admission of the inmate to the Establishment N2 in Kutaisi variety of injuries were noticeable on the prisoner Shalva K.'s body. In particular: bruises in the left side of the right eye-socket, dotted reddish bruises in the lower area of the right eye-socket, excoriations in the areas of right and left shoulders, multiple excoriations in the area of the back.

According to the protocol on the external visual examination as drown up in the Establishment N2 the mentioned injuries were inflicted on the prisoner as he disobeyed the police officers.

During the meeting with the representative of the Public Defender the inmate Shalva K. mentioned that police officers as well as the staff of the Establishment physically abused him. According to him, he had not in any way disobeyed the Penitentiary Establishment staff. However, as stated by the prisoner, upon his placement in the duty station point of the Establishment several staff members of the Establishment started beating him. They were beating him as he had felt down on the floor and verbally abusing him. After this he was transferred to the solitary confinement cell of the duty station point where they retained him handcuffed for 2 days.

Numorous injuries were noticeable on the body of the inmate at the moment of meeting with the representatives of the Public Defender of Georgia as well. In particular, the following injuries were visible: hemorrhage on the left eye, excoriation on the right eye, yellowness and excoriations on the left hand, coarsened skin on the left back, as well as numerous excoriations in the area of back.

On 26 July, 2011 the representatives of the Public Defender visited Temporary Detention Isolator in Kutaisi. They studied the file of the convict Shalva K. According to the external visual examination protocol, he has a small size excoriation on the left hand. The excoriation was inflicted before the detention. According to the protocol, he had no other injury.

If we consider the records kept in Temporary Detention Isolator in Kutaisi and Penitentiary Establishment N2 be credible, it appears that the prisoner entered the Temporary Detention Isolator practically without injuries, whereas during the examination by a doctor upon the admission in the Penitentiary Establishment, the injuries characterizing ill-treatment were already noticeable on his body. In conclusion, it is impossible to establish the origin and reasons of the injuries inflicted on the prisoner judging from the records made in the Temporary Detention Isolator and the Penitentiary Establishment.

On 04 August, 2011 the written application, accompanied with a copy of the protocol drawn-up following the interview with the prisoner Shalva K. was made by the Office of the Public Defender of Georgia to the Office of the Chief Prosecutor of Georgia.

In accordance with the reply N13/32002 received from the Office of the Prosecutor of Georgia, the Investigative Service of the Office of the West Georgia District Prosecutor commenced investigation into the criminal case regarding the degrading and inhuman treatment of a prisoner in the Establishment N2 from the side of the Police and staff of the administration of the prison, as envisaged by the paragraph "b" of the Article 144^3 of the Criminal Code of Georgia.

Establishment N8 in Gldani

In terms of treatment and regime for prisoners the conditions are similarly not favorable in the Establishment N8 in Gldani. It was revealed during the monitoring, that particular rules are established in the mentioned Establishment: they are not allowed to sleep during the day, they are also forbidden even to lie on the second level of the two-level bed. They are not allowed to take off the tee-shirt while staying in the cell, listed radio even at an average loud sound and play backgammon by rolling dice on the wooden board, as this, in the view of the administration, causes extra noise. This on its turn results into punishment. The stories told by the prisoners are also proved by the fact that there is incredible silence in the Establishment in Gldani, with over 3500 persons. European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) also drew its attention to this conspicuous silence during the visit paid in 2010.

The 2010 Report of the CPT mentions the following: "Practically no allegations of ill-treatment by staff were received during the visit to *Prison No. 8 in Gldani*. However, a number of inmates subsequently met by the delegation at other establishments alleged that they had been physically ill-treated by staff whilst being held at the Gldani establishment in the recent past, in particular in the "kartzer" area, the showers and upon reception. The ill-treatment alleged (consisting of punches, kicks and truncheon blows) was reportedly triggered by violations such as knocking on cell doors, talking loudly or attempting to communicate with prisoners from other cells. The delegation noted for itself that an uncommon silence reigned in the prisoner accommodation blocks at Gldani."

As stated by the prisoners, even in case of the violation of the above-mentioned strictest rules they are harshly punished – they are either beaten, or are placed in the quarantine of the Establishment with the purpose of punishing them. The latter is also unlawful, as the quarantine cell shall not be used for punishment. However, as there are particularly unbearable conditions in the quarantine cell, this method of punishment has been used regularly.

It shall be underlined that both in the Establishment N2 in Kutaisi, as well as in the Establishment N8 in Gldani the methods of collective punishment are used – the entire cell is punished for the misdemeanor committed by one prisoner. This is an additional pressure mechanism for the administration – the prisoner becomes responsible vis-à-vis the cell mates as well.

A part of the prisoners placed both – in Kutaisi as well as in Gldani mention that they refuse to have walk on their own will and spend 24 hours in a cell, as they are made to run to the walking courtyard and any impediment in this process becomes the reason for insult, brutality and humiliation.

There are in total 15 quarantine cells in the Establishment. Prisoners who are taken to court hearings are placed in 7 of them. The mentioned 7 cells do not have beds, there are only chairs there. Out of these 7 cells 3 are used as additional quarantine cells and prisoners are placed there for several days, often a week. Respectively, the prisoners have to sleep either at the chair or straight at the concrete floor. The administration of the Establishment does not provide them neither with the mattresses nor with the blankets.

There are 48 beds in the remaining 8 quarantine cells. There are three two-level beds, and a small table in each cell. The cells have small windows that open half. There were no mattresses and blankets at the bed during the monitoring. There was fuggy air with a specific smell in cells. As stated by the prisoners, they are not provided with the hygienic items and they are not able to take shower. The water supply system is out of order in some of the cells. The prisoners in quarantine can not enjoy the right to walk. They have difficulties in getting medical assistance as well.

It shall be mentioned that prisoners refrain from stating about their ill-treatment in writing. However, they tell in details the stories on ill-treatment exercised with regard to them or other prisoners. The names of some “Ango”, “Khonski”, “Tskhratita (nine-finger-man)” and Beka Mzhavanadze are cited most frequently. During the monitoring conducted in summer the prisoners were referring to blond, blue-eyed staff member some Oleg. There are more often cases when the prisoners in other Establishments mention the facts of ill-treating prisoners in the Establishment N8 in Gldani to the National Preventive Mechanism Team during the monitoring. However even in those cases they abstain from publicizing the facts.

Case of Malkhaz A.

On 22 June, 2011 the Special National Preventive Mechanism Team of the Public Defender visited convict Malkhaz A. in the Establishment N8 in Gldani. The convict provided a long explanation to the representatives of the Public Defender, describing different facts of ill-treatment exercised against him in the Establishment N4 in Zugdidi and Establishment N8 in Gldani at different times. He has also asked to have the representatives of the Public Defender to visit him often, as there was a risk of pressure. On 23 June, 2011 the representatives of the Public Defender visited Malkhaz A. again. The latter stated that he did not want any more to have the Public Defender to react on his statements made a day before. Malkhaz A. confirmed during the consequent visits as well that he did not want to have any reaction to the facts of his ill-treatment. The representatives of the Public Defender still visited the prisoner several times even after this. In parallel, it was recommended to transfer him to another Establishment, as in the opinion of the Public Defender, it was utterly intolerable to keep the prisoner in the Establishment against the administration of which he had made a complaint. Despite the above-mentioned, the Penitentiary Department did not consider it relevant to transfer Malkhaz A. to another Establishment.

Medical Establishment N18 for Sentenced and Remand Inmates in Tbilisi

The convicts transferred to the Medical Establishments for Sentenced and Remand Inmates also often talk about the ill-treatment during conversations. However, they often refrain from making the written statements and publicizing the facts. Many of them declare that even in case of the need they are not willing to return to the medical establishments due to the extremely strict regime there. Often they even leave the medical establishments on their own will. As stated by the prisoners, during the any movement within the territory of the establishment the administration make them to keep the hands behind the back, even in cases when the physical conditions of the prisoner do not allow for this. If this requirement is not adhered to, the entire cell is prohibited to go out for walk on a fresh air and some other rights become also restricted, such as the use of the telephone. Prisoners refrain from going out for walk time and again on their own will as well, as each of their movement may become the reason for a conflict with the staff of the establishment. Along with this, a part of the prisoners in the Medical Establishment N18 mention that the negative attitude of the staff toward the prisoners is caused by the fact that the latter make applications to the European Court of Human Rights. As stated by the inmates, due to this they are often labeled as “traitors of the motherland” and “schemer”. According to them, there were some instances of bringing prisoners to the morgue where they were beaten.

As declared by the prisoners the staff of the Establishment Mr. Avsajanashvili and Mr.Tolordava are the most frequent participants of the facts of ill-treatment. As stated by some of the inmates, the very Director of the Establishment Vazha Tskhvediani also participates in the beating of inmates.

Case of Ilia M.

On 30 May, 2011 the members of the National Preventive Mechanism Team of the Public Defender of Georgia met and interviewed the convict Ilia M. in the Medical Establishment N18 for Sentenced and Remand Inmates in Tbilisi. As stated by the inmate, the staff of the administration of the Establishment verbally abused him and threatened him to add the sanction. The convict was referring to his application to the European Court of Human Rights. As noted by him he was called "schemer" and "traitor of Georgia". According to the prisoner, he was punished – in particular he was not given medications and his rights to use telephone, to walk on the fresh air and use the shower were also limited.

On 6 June, 2011, the written application and the explanations of the convict were sent from the Office of the Public Defender to the Office of the Chief Prosecutor of Georgia for the further follow-up. According to the letter N13/19685 received from the Office of the Chief Prosecutor of Georgia, on 9 June, 2011 the investigation into the criminal case N073110359 commenced in the Investigative Department of the Ministry of Corrections and Legal Assistance of Georgia, on the fact of exceeding the official powers, the crime as envisaged in the paragraph 1 of the Article 333 of the Criminal Code of Georgia. On 9 June, 2011 the case was subordinated to the Tbilisi Gldani-Nadzaladevi District Prosecutor's Office for investigation.

On 13 July 2011 based on the phone notification to the Office of the Public Defender of Georgia the representative of the Public Defender met the convict Ilia M. in the Medical Establishment N18 again. As clarified by the convict, some infringements of his rights had taken place after 9 July, 2011 again.

According to the convict, on 13 July, 2011 he was visited by his spouse, who is at the same time his authorized person to the European Court of Human Rights. As stated by Ilia M., while writing a submission during the meeting, the representatives of the administration of the Establishment entered the room and deprived him of the pen and pencil. The convict was mentioning that he was not allowed to defend his rights.

Establishment N7 in Tbilisi

Case of Gaioz Z.

On 17 March, 2011 Gaioz Z.'s lawyer submitted the application N0299 to the Public Defender of Georgia. On 16 March, 2011 on the basis of the request of the Office of the Chief Prosecutor of Georgia convict Gaioz Z. was extradited from the Russian Federation. He was admitted to the Establishment N7 of the Penitentiary Department. As stated by the applicant, he visited the convict on 17 March, 2011. At that time injuries were noticeable in the facial are of the inmate.

The latter had difficulties to talk and move. The inmate had told the lawyer that the injuries were inflicted on him in the Establishment N7.

On 18 March, 2011 the representatives of the Public Defender visited convict Gaioz Z. in the Establishment N7 in Tbilisi of the Penitentiary Department. The convict stated that on 16 March, 2011 he was transferred from the Russian Federation. As mentioned by him, he was placed in the Establishment N7 in Tbilisi upon arrival. According to the convict, following the admission to the Establishment he was taken to one of the rooms dedicated to the meeting with a lawyer where a person unknown to him met him. Several officers stood near the door. The stranger in the room asked him the name, father's name, last name, and the prisoner replied. The convict mentions that after this he was demanded to sign some document that he refused. Due to this some officers started beating him. As clarified by the prisoner, he was beaten by around 7-8 persons. He does not know their names, but he may recognize some of them.

Having finished beating, they placed the inmate in the cell N3 at the ground floor of the Establishment. As stated by the prisoner, the doctor of the Establishment visited him a day after. The doctor made record on the injuries and the health condition of the prisoner. The same day doctors visited him several times. During the visits Gaioz Z. notified the doctors on the health concerns he had.

During the conversation with the National Preventive Mechanism Group the following injuries were visually noticeable on Gaoiz Z.: small hemorrhage in the right side of the upper lip, swollen right jaw area, excoriation in the right side of the forehead area, hemorrhage in the right eye-socket area. The prisoner complained of dizziness, the feeling of vomiting, feeling of heaviness in the area of head, particularly in the left side of the head, stabbing pains in head. He was opening left eye with difficulty, his coordination was transgressed that was causing problems during movement. As stated by the convict, the above mentioned health concerns appeared after he was beaten.

The Special Preventive Group members studied Gaioz Z.'s medical record. The following record is made by a doctor describing the injuries identified during the external visual examination of the convict: "Reddish excoriation in the area of right temple (above the corner of the eyebrow) of the size 2.0X1.0 sm." Excoriation covered with brown coarsened skin in the right area of the upper lip of the size 1.0X0.5 sm. Weakly visible reddish hemorrhage in the left facial area. Narrow-line-type excoriation close to the axilar line on the left of the middle area of thorax is noticeable. Excoriation covered with brown coarsened skin on the surface of the right knee joint, of the size 1.5X1.0 sm. The old post-surgery scar in the right area of groin. The above-mentioned injuries, as stated by the inmate, were inflicted before the detention." The record mentions that the convict refused to make a signature.

The medical record contained the protocol of the external visual examination undertaken at the moment of admission of the convict into the Establishment. The protocol mentions the

analogous records regarding the injuries inflicted on the prisoner. It is mentioned therein that Gaioz Z. refused to sign the protocol.

The representatives of the Public Defender checked the Register of the physical injuries of prisoners/convicts in the Medical Unit. The records therein are identical to the ones in the medical file of the convict.

It is worthwhile to mention that all the records made about the injuries of the convict the injuries were inflicted before the detention. As it is known, Gaioz Z. was detained in the Russian Federation, by the law enforcement of Russia, around a year ago. The injuries on the body evidently do not correspond with that time span. All these were making the content of the record unclear and it was impossible to determine when had Gaioz Z. been injured.

On 21 March, 2011 the Public Defender applied to the Chief Prosecutor of Georgia to commence the preliminary investigation. According to the reply N13/8547 from the Office of the Chief Prosecutor of Georgia received on 15 May, 2011, the Investigative Department of the Ministry of Corrections and Legal Assistance commenced investigation into the criminal case N073110173 based on the signs of a crime envisaged by the paragraph 1 of the Article 118 of the Criminal Code of Georgia on 18 March, 2011.

On 30 June and 30 September, 2011 letters were sent from the Office of the Public Defender to the Office of the Chief Prosecutor of Georgia again requesting the information about the investigation in the abovementioned criminal case, however no replies have been received on these letters by the Office of the Public Defender.

Recommendation to the Chief Prosecutor of Georgia:

- **To exercise the personal control over the investigations into all the facts of ill-treatment during the detention and in the penitentiary establishment to have the quick and efficient investigation ensured;**
- **To ensure the keeping the detailed statistics on the facts of ill-treatment exercised by the civil servants, that will make it possible to monitor the situation in the field of fight against torture;**
- **To ensure the provision of exhaustive and timely information to the Public Defender on the investigation of the facts of ill-treatment.**

Recommendation to the Minister of Corrections and Legal Assistance: To put under personal control the issue of comprehensive recording and adequate followi-up on them.

Overcrowding

During the first half of 2011 overcrowding in some of the penitentiary establishments was still noticed. European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment has recurrently issued recommendations on ensuring the allocation of at least 4 sq.m. per inmate. Despite this, the new Code on Imprisonment envisages the same space as was envisaged by the old "Law of Georgia on Imprisonment".[10] It shall be mentioned that space in some of the penitentiary establishments does not correspond even to the norms established by the national legislation.

Statistics of accommodation of prisoners in the I half of 2011:

Month	Total	Women	Men	Life sentence	Elderly	Juvenile	Disabled
January	23 684	1171	22 307	93	171	204	126
February	23 837	1191	22 477	92	201	199	134
March	23 955	1164	22 592	93	203	199	139
April	23 992	1168	22 638	95	204	185	140
May	23 995	1168	22 610	95	193	218	149
June	23 968	1162	22 597	95	195	207	142

The correlation of the number of prisoners accommodated in penitentiary establishments with the set limits during the I half of 2011, as per data of May-June

N	Establishment	Limit	Number of prisoner
1	N1 Establishment	750	1053
2	N2 Establishment	1840	1451
3	N3 Establishment	557	652
4	N4 Establishment	305	378
5	N5 Establishment	1200	1154
6	N6 Establishment	1400	1159
7	N7 Establishment	108	38
8	N8 Establishment	3672	3496
9	N9 Establishment	970	1037
10	N11 Establishment	160	160

10. *The living space norm per convict shall be no less than 2 sq.m. in a penitentiary establishment, 2,5 sq.m. in a prison, 3 sq.m. in the establishment for women, 3,5 sq.m. in the Juvenile establishment, 3 sq.m. in the Medical Establishment.*

11	N12 Establishment	700	812
12	N13 Establishment	650	73
13	N14 Establishment	2500	2693
14	N15 Establishment	3300	3243
15	N16 Establishment	2704	2569
16	N17 Establishment	2744	3173
17	N18 Establishment	180	217
18	N19 Establishment	540	839

The Public Defender constantly issues recommendations to eradicate the mentioned problem. The recommendations refer to the revision of the excessively strict criminal justice policy on the one hand and prioritizing the alternatives to deprivation of liberty and less strict forms of punishment in cases of the crimes less dangerous for society, when determining criminal prosecution policy[11].

An amendment introduced within Article 40 of the Criminal Code of Georgia shall be mentioned as a positive development. According to the amendment, the community service shall be used as an alternative sanction to the deprivation of liberty. The Public Defender expresses the hope that the practical application of the mentioned amendment will alleviate the problem of overcrowding at the penitentiary establishments.

According to the reply received from the Penitentiary Department, there were 4508 prisoners released for a variety of reasons from the penitentiary establishments during the reporting period. Among those 225 persons were conditionally released pre-term, 554 were given the conditional probation term, 28 convicts got serving their sentence postponed, 317 were pardoned. The data is broken down by months as follows:

Month	Pre-term conditional release	Probation	Postponed	Pardon
January	32	84	4	38
February	34	87	12	0
March	95	123	5	0
April	5	72	6	227
May	36	96	1	35
June	23	92	0	17
Total	**225**	**554**	**28**	**317**

Proposal to the Parliament of Georgia:

- **To introduce the respective changes into the Criminal Code of Georgia, to ensure the principle of summing up of sentences in force be altered with the principle of absorption;**

11. See: The Public Defender's 2010 Parliamentary Report.

- **To undertake the measures necessary for decriminalization of some of the crimes less dangerous for society;**
- **To introduce the respective changes into the Code on Imprisonment and to determine the space for each of the prisoner to be 4 sq.m.**

Recommendation to the Chief Prosecutor of Georgia: To prioritize the use of the alternative measure to deprivation of liberty and less strict forms of punishment in case of the crimes less dangerous for the society, during the determination of the criminal prosecution policy.

Living conditions

Accrding to the case law of the Euroepan Court of Human Rights, the violation of the Article 3 of the Convention along with ill-treatment and inhumane treatment may be caused by the environment in which a person is kept.

Public Defender's reports have recurrently included recommendations to close the following Establishments: N1 in Tbilisi, N3 in Batumi, N4 in Zugdidi and N13 in Khoni. Placing prisoners in the conditions in the mentioned establishments may equal inhumane and degrading treatment. The recommendations to close are issued with regard to the establishments that do not correspond to any of the standards neither from the point of view of the space allocated for each of the inmate, nor from the perspective of lighting, ventilation, heating, hygiene and the infrastructure is so much outdated that they may not be refurbished. Despite this, the abovementioned establishments functioned during the latest monitoring as well.

Establishment N15 in Ksani

Despite the cosmetic refurbishment of the closed type part of the Establishment, the conditions have not improved essentially there. The problem related with the walls in the cells remains, as they are covered with a thick uneven layer of a concrete, the so called "furry-coat (shuba)". Electric heating appliances are used to heat cells and the lighting in cells is not sufficient. Great number of cockroaches is also noticeable.

The so-called old zone has three barrack type living blocks. One of those underwent cosmetic refurbishment. The refurbishment of the block, where the dining room was placed earlier, and which was damaged during the fire on 6 March, 2009, started during the reporting period with the purpose of turning it into the living block. The reconstruction works finished in September and the gradual accommodation of inmates commenced. The third barrack was not reconstructed. The inmates still use electric heating appliances. There is anti-sanitary in the toilets of the Establishment, particularly in the common toilet in the courtyard of the Establishment.

The so called old zone shower room is located at the ground floor of one of the barracks. There are neither windows in the shower room nor a central ventilation system. The ceramic slabs are planked on the floor, the ceiling and walls are painted, however, there is humidity and plaster has fallen down at some places. The shower room is also used as a laundry.

Establishment N6 in Rustavi

The cosmetic refurbishment of the old part of the Establishment N6 shall be positively noted. This was one of the earlier recommendations of the Public Defender. However, the ventilation of the cells of the new residential block due to the absence of the ventilation system remains to be a problem.

Public Defender expresses hope, that the refurbishment works will be undertaken at the ground floor of the new living block of the Establishment, where the conditions are not satisfactory either, will be undertaken in the nearest future.

Establishment N12 in Tbilisi

The sanitary-hygienic conditions of the establishment are poor. As mentioned several time, since the construction of the institution, some cosmetic interior renovation has been dome only on the ground floor of the establishment, where the offices of the administration and the medical service are located. The electric heating appliances are used to heat up the establishment. The establishment mainly houses prisoners who have to serve a small remaining of their sentence, as well as elderly prisoners.

Establishment N14 in Geguti

The Establishment has 5 barrack-type dormitories. There are around 200 to 250 inmates on each of the floors. In its report on the visit to Georgia in 2010, the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) issued a recommendation to transform the barrack type dwelling space in the Establishment N8 in Geguti into cells, which is also recommended from the point of view of security. The mentioned recommendation has been repeatedly issued by the Public Defender as well; however it has not been follow-up up to now.

Establishment N17 in Rustavi

The sanitary-hygienic conditions of the cells in the dormitories I, II, III and IV of the Establishment are not satisfactory and the cells require substantial refurbishment. The above-mentioned dormitories are provided with artificial lighting, as the size of windows does not ensure access to natural light. Walls are partially torn down. There is natural ventilation, however it is not sufficient. In some of the cells the water taps are out of order; in some, there are no light bulbs. The central has heating is provided.

Establishment N19

Medical Establishment for Tubercular Convicts is a complex of 3 isolated residential buildings. Apart from the renovated building for the convicts with resistant tubercular disease the other two residential buildings require refurbishment and their sanitary-hygienic conditions are extremely poor. Heating is provided by means of electric appliances. The construction of a new building is under way at the territory of the Establishment. It is planned to open the new building in 2012.

PERSONAL HYGIENE

According to the international standards, as well as in line with the national legislation, the prisoners shall have adequate environment to be able to keep the personal hygiene. According to the paragraph "a.a" of Article 14 of the Code on Imprisonment, a remand/sentenced person shall have a right to be provided with the personal hygiene. According to Article 21 of the same Law, "a remand/sentenced person shall have a possibility to satisfy natural physiological needs and keep personal hygiene without infringement of honor and dignity". "As a rule, a remand/sentenced person shall have a possibility to take shower twice a week, as well as the services of a hairdresser no less than once a month…".

Despite the requirements of the legislation, inmates have no access to shower twice a week in any of the closed type penitentiary establishments. As for the Semi-Open penitentiary establishments, the mentioned problem is dealt with on the expense of the shower rooms in the blocks or courtyards of the Establishments. The exception from the rule is the residential block N6 of the Establishment N14 in Geguti, where the convicts have a right to take shower only once a week.

As regards to the hairdresser's services, either inmates provide this service to each other or a convict listed in the provision unit acts as a hairdresser.

As it has been repeatedly mentioned in the past, toilets in cells of the Establishment N4 in Zugdidi and Establishment N1 in Tbilisi are semi-open, not meeting any of the standards. The same may be said about the majority of toilets in cells in the Establishment N3 in Batumi.
According to paragraph 3 of Article 22 of the Code on Imprisonment a remand/sentenced person shall have a personal bed linen, which shall be provided clean and not damaged. Administration shall ensure freshness of linen. As a result of monitoring it was revealed that prisoners are given linen only upon the admission to the establishment. Administration changes linen on a systematic basis only in the Establishment N8 in Gldani.

EXERCISING A RIGHT TO BE AT FRESH AIR

According to the paragraph "g" of Article 14 of the Code on Imprisonment, "a remand/sentenced person has a right to stay at fresh air no less than for an hour a day".

The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) recommended the Georgian authorities to ensure that all categories of prisoners are able to spend a reasonable part of the day (8 hours or more) outside their cells, engaged in purposeful activity of a varied nature[12].

The Public Defender in a number of Parliamentary Reports issued recommendation to ensure exercise of a right to a daily one-hour long walk, including during week-ends, for prisoners in all closed type establishments. However, this is not practiced in any of the closed type establishments.

In some semi-open type establishments the sentenced persons have a possibility to stay at fresh air for only 4-6 hours a day (e.g. the Establishment N14 in Geguti, the Establishment N12 in Tbilisi, the Establishment N15 (new block) in Ksani). The Establishment N16 in Rustavi is semi-open and closed type establishment of deprivation of liberty, however residential blocks are closed on Sunday and sentenced persons are not able to stay at fresh air. The sentenced inmates in the Block A of the Semi-Open part of the Establishment N5 for Women are able to stay at fresh air during a day for 6 hours only.

As a rule there are no benches in the courtyards. Due to this the prisoners are compelled to stand during the entire duration of time they are given for walk. This is why often they refuse to walk or return to the cell quickly. Prisoners in the Medical Establishment N18 for Sentenced and Remand Inmates in Tbilisi also often complain that they may not exercise the right to walk as the courtyard is not respectively arranged. In particular, as state by some of the inmates, they have difficulty to stand and as there are no chairs in the courtyard, they refrain from going for walk.

Recommendation to the Minister of Corrections and Legal Assistance of Georgia:

- **To adequately refurbish all the above-mentioned establishments, to liquidate the so-called barrack system and to ensure the transfer to the cell-based system;**
- **To ensure the sufficient natural and artificial lighting, ventilation and heating of the cells in all the penitentiary establishments.**

Recommendation to the Chairman of the Penitentiary Department:

- **To provide for inmates in all the penitentiary establishments access to shower twice a week;**

12. The visit to Georgia on 5-15 February 2010;

- **To enable all the sentenced persons in all semi-open type establishments to stay at fresh air for minimum 8 hours a day;**
- **To ensure one hour walk every day for sentenced persons in all the closed type penitentiary establishments;**
- **To ensure fixing benches in the establishments' courtyards used for walk.**

INFRASTRUCTURE AND CONDITIONS IN THE SOLITARY CONFINEMENT CELLS

According to Article 88 of the Code on Imprisonment, a remand/sentenced person placed in a solitary confinement cell has a right to a daily walk of an hour. Along with that, "solitary confinement cell shall be lighted and provided with ventilation; a remand/sentenced person shall has a chair and a bed. A remand/sentenced person has a right to receive the reading material, if he/she so requests".

Establishment N2 in Kutaisi

There are 28 solitary confinement cells in the Establishment. They vary in terms of space, however their equipment is identical. Each of the cells has one turning-up single bed. There were 6 persons in the solitary confinement cells during the monitoring. Each cell has 0,5 sq.m. one window. There is sufficient lighting provided, both – by artificial as well as natural means; The heating is provided via the central heating system, there is natural ventilation. There is a toilet in the solitary cell, half-isolated from the cell with a 1,3 m high wall. There is a separate water tap with a washbasin in a cell. The walls of the cells are of tiles, the floors are covered with mosaic, the overall conditions in the cells are normal. There is a table and a chair in each of the cells.

	Solitary confinement cell N	Space
1	A1	5.8 sq.m.
2	A5	5.48 sq.m.
3	A6	4.3 sq.m.
4	C2	5.12 sq.m.
5	D6	11 sq.m.
6	D10	12.74 sq.m.
7	D15	12.25 sq.m.

As it turned out during the conversation with inmates, they can not enjoy the right to walk, a right to use shop and take shower. Library and press are not accessible for inmates placed in solitary confinement cells. A doctor does not visit them on a daily basis either. They are given a mattress and a blanket upon placing in a solitary cell. As stated by the inmates, before placing in the solitary confinement cells, they are kept in so-called boxes.

Establishment N3 in Batumi

There are 4 solitary confinement cells in the Establishment. There is one layer bed with a mattress and a blanket, a pillow and bed linen in each of them. Each of the solitary confinement cells has one window. There is sufficient light provided both – artificial as well as natural. The central heating and ventilation system does not function. The ventilation of the cells is provided via window, which has no glass. The solitary cells have toilets half-isolated with a wall of 0,80 m. The tap is fixed on top of the toilet. The ceiling, walls and floor of the solitary confinement cells I, II and III are painted. They are generally in a satisfactory condition. There is humidity and scabrous paint in the cell IV.

N	Solitary cell N	Space
1	N I	7.43 sq.m.
2	N II	6,27 sq.m.
3	N III	5.61 sq.m.
4	N IV	6.3 sq.m.

There were no prisoners in the solitary confinement cells during the monitoring.

Establishmnet N4 in Zugdidi

There are 3 solitary confinement cells in the Establishment. The space in all of them is identical constituting 6,38 sq.m. There is one bed with a mattress and a blanket in each of the cells. Each of the cells have one 0,5 sq.m. window. The lighting is sufficient, both artificial, as well as natural. The cells are not heated and ventilated. There are plastic utensils, toilet paper and soap. The solitary confinement cells have a toilet, half-isolated from the cell with a 0,70 m. high wall; there are also a tap and a washbasin, however the tap was out of order in all the three cells during the monitoring. The walls, ceiling and concrete floor are painted. Their general condition as compared with other cells is satisfactory.

Establishment N5 for Women

There are 2 solitary confinement cells in the Establishment. There are 6 beds in each of the cell. There were 2 prisoners in the solitary cell. Each of the cells has a space of 18.15 sq.m. There are a mattress, a blanket and bed linen on a bed. The lighting of the cells both – natural and artificial – is sufficient. Heating is provided through central heating system, ventilation is provided through central ventilation system, as well as naturally. The solitary cells have isolated toilets. Toilets are ventilated via central system and by natural means, the lighting is artificial and sufficient. There is also a washbasin in a toilet. The sanitary-hygienic conditions of the cells are satisfactory.

As clarified during the interview with a person placed in the solitary confinement cell during the monitoring, there is a possibility to exercise a right to an hour-long walk everyday, take shower, use library and buy press in a shop of the Establishment. As stated by the inmate, doctor pays a visit only if requested.

Establishment N6

There are 11 solitary confinement cells in the Establishment. There were 8 inmates placed in cells during the monitoring. There is one bed in each of the cells. The space in each of the cells is identical, 7 sq.m. each. There were mattress and a pillow in the cells with inmates. Each of the cells have 0,5 sq.m. window with double grizzly. Solitary cells are lighted both – artificially as well as naturally in a sufficient way. The heating is provided by means of central system. Ventilation system also works. Toilet is isolated, however it does not have a door. There is a tap in the toilet. The walls and the ceiling in the toilet are painted. The floor is covered with mosaic. There are no table and chair in the solitary cells.

As clarified from the interviews with the persons placed in the solitary confinement cells during the monitoring they can not exercise the right to walk, have no access to the shop of the Establishment, and water is supplied in a cell only during the distribution of meal. As stated by the prisoners, they have no possibility to take shower. Press was accessible for prisoners. According to the inmates, they were visited by a doctor upon placement in the solitary cell. The prisoners placed in the solitary cell mentioned that they took crockery and toilet paper from their cells.

Establishment N7 in Tbilisi

There is one solitary cell in the Establishment, with a space of 7.1 sq.m. There was no prisoner in the solitary cell during the monitoring. There is one two level bed in the cell with a veneer on it covered by a mattress. There is one table and a chair in the cell. The solitary cell has one 0.23 sq.m. window with a double grizzly. Due to this there is no natural lighting provided to the cell, whereas the artificial lighting is insufficient. There is central heating in the cell. The ventilation is provided by means of a vent. Toilet is isolated, there is a washbasin in the cell. The walls of the cell are painted, the floor is covered with a linoleum.

Establishment N8 in Gldani

There are 36 solitary confinement cells in the Establishment, however only 27 function. There are no respective conditions in 9 solitary cells to place prisoners, as water leaks there, the walls and ceiling are soggy and scabrous. There are 26 turn-up beds in the solitary cells. 8 cells have 8.6 sq.m. space, whereas the remaining 28 cells are of 8,4 sq.m. Each of the cells has 0.6 sq.m.

window. There is a list of duties of prisoners and things banned displayed on the walls of the cells. The cells are sufficiently lighted both with artificial, as well as natural means. The cells are heated by means of central heating system; ventilation is done naturally. Toilets are half-isolated from the cell with a 1,66 m. high wall.

The interviews with the persons in the solitary cells revealed that they can not exercise a right to walk and use a shop. The inmates have no possibility to take shower. There is no library and press accessible to prisoners. Inmates in the solitary cells have a glass, a porringer and a plastic spoon. The administration of the Establishment gives them soap only. The prisoners use pieces of journals and newspapers instead of a toilet paper. One of the prisoners in the solitary cell stated that they were not told for how many days they had been placed in a solitary cell. Along with that, as state by the same person, they were scared that after leaving the solitary cell they would be placed in the quarantine again. The prisoner also stated that in case of noise the staff of the Establishment beat the prisoners. According to him he was beaten 8 times during 9 months, however he did not wish to note the mentioned in writing.

Establishment N2 in Tbilisi

There are 2 solitary confinement cells in the Establishment, respectively of 18 and 15 sq.m. There are 2 two-level beds with a sponge and a blancket in each of them. There is a table and a chair in each of the cells. There is no artificial ventilation system in the cells and they are not ventilated naturally either, as it is impossible to open any of the windows. The floor is of a concrete, the ceiling and walls are painted, toilet is partially isolated with a 1.6 m. wall.

Establishment N13 in Khoni

There are 10 solitary confinement cells, with the iron two-level beds, in the Establishment. The beds are covered with sponge. Upon placing prisoners in the solitary cells they are allowed to take with them a blanket from the cell. Each of the solitary cells has one window without a glass. The windows are covered with iron plates. The lighting – both artificial and natural – in cells is insufficient. There are no heating and ventilations systems in the cells. There are no toilets and washbasin/tap in solitary cells. The ceiling and walls of the solitary cells are scabrous; the concrete floor is prolapsed and requires refurbishment.

There were 2 prisoners in the solitary confinement cell during the monitoring. It was revealed during the interviewing them that the prisoners are not able to enjoy the right to walk according to the law; they have no access to a shop of the Establishment and are not in a position to take shower. No library and press are accessible for persons placed in the solitary confinement cells. They are not visited by a doctor on a daily basis either.

Establishment N14 in Geguti

There are 15 solitary confinement cells in the Establishment, out of which 9 are of 15.5 sq.m. space and have 4 places, 3 are for 1 person with 5.8 sq.m. space and 3 accommodate 2 persons, with 5.8 sq.m. each. There are beds in the solitary confinement cells, covered with veneer and a mattress. Prisoners are given blankets in the evenings. Each of the cells has one window of 0.67 sq.m. Cells for one person have a half-isolated toilet from the cell with a 1,4 m wall, whereas in other cells toilets are isolated. The lighting of the solitary confinement cells is provided by artificial, as well as natural means. Natural lighting is sufficient, whereas artificial is insufficient. The cells are heated via central system, ventilation is possible both by means of the central system, as well as naturally. There is a tap with a washbasin in cells. The general condition of the solitary confinement cells is satisfactory. There is a table and a chair in each of the solitary confinement cell.

It was identified during the interviews with the convicts that persons in the solitary confinement cells have a right to purchase means of hygiene in a shop of the Establishment, they also exercise their right to take a shower, and to walk. This does not happen in any of the other penitentiary establishments.

Establishment N15 in Ksani

There are 16 solitary confinement cells in the Establishment, out of which 15 are in operation, whereas one is used as a storage. Out of the functioning cells 10 is for one person, 5 – for two persons. There is a table, a chair and a small storage box. Space of each of the cell is 18 sq.m. There are one level beds with a mattress in the cells. Each of the cells have one 0.5 sq.m. window. The solitary confinement cells are lighted sufficiently both – artificially, as well as by means of natural lighting. There is a central heating system; the ventilation is arranged via vent. Toilets are half-isolated. The cell has a tap/washbasin. The floors of the cells are covered by mosaic and ceiling and walls are painted. General sanitary-hygienic conditions of the cells are satisfactory.

There were 9 prisoners placed in the solitary confinement cells during the monitoring. Interviewing them revealed that they can not exercise a right to walk and have no possibility to take shower. Library is not accessible for prisoners in solitary confinement cells. They were able to read only prayers and psalms. As clarified by them, they had not requested to use a right to access to press. Doctor was visiting those prisoners in the solitary cell every day. The administration provides soap and toilet paper to prisoners upon placing in the solitary cells.

Establishment N16 in Rustavi

There are 9 solitary cells in the Establishment (some with 4 places, some with 10 places). Cells for 4 persons have 14.6 sq.m. space, whereas cells for 10 persons have 19.45 sq.m. Cells are

lighted both by artificial, as well as natural means in a sufficient manner. The heating is provided via central heating system, ventilation is ensured via the fan installed in a wall. Toilet is half-isolated from the rest of the cell with a 1,46 m. high wall. Washbasin is installed in a toilet. The sanitary-hygienic conditions of the cells are normal. There is a table, a chair and a small storage box in the cells. There are a mattress, a blanket and a pillow on the bed. Persons in the solitary cells have shampoo, soap, toilet paper, dish washing sponge.

There were 6 prisoners placed in the solitary confinement cells during the monitoring. By interviewing the prisoners it was clarified that they can not exercise a right to walk and can not take shower, neither can they use library and no press is accessible for them, doctor does not visit them every day.

Establishment N17 in Rustavi

There are 16 solitary confinement cells in the Establishment, however only 8 of them are in use, as one is employed as a quarantine cell, whereas the remaining are used as isolation cells.

N	Cell N	Number of beds	Space
1	N6	4	16.65sq.m.
2	N8	8	19.24sq.m.
3	N4	4	17sq.m.

There are mattresses on the beds. Each of the cells has 0.72 sq.m. size one window. The lighting of the solitary cells both – artificial, as well as natural, is sufficient. The heating is provided via the central heating system, ventilation is provided via central system, as well as by natural means. The toilets are isolated in solitary cells. There are taps installed in the cells. The refurbishment works in the cells are required.

During the interviewing the prisoners in a punishment cell it was clarified that they can not use a right to walk, to use a shop of the Establishment, are not in a position to take a shower, water is provided in shifts. Library and press are not accessible for persons placed in solitary confinement cells. They are not visited by a doctor every day either.

Medical Establishment N19 for Tubercular Convicts

There are 9 solitary confinment cells in the Establishment, out of which 5 is functional, 3 of which are used for quarantine. There were 20 prisoners in the solitary confinement cells during the monitoring, out of which 1 was there due to self-isolation, the other had been transferred from other establishments. There are 12 single beds in the solitary cells. Each of the cells have one 0.3 sq.m. window. The window does not have a glass. The solitary cells are lighted artificially as well as naturally, however natural light is not sufficient due to the size of the windows. There are no central heating and ventilation systems in the cells. Toilet is isolated, however there is

anti-sanitary there, latrine has no wash down button. The water is provided in shifts. There is a washbasin in toilet, which is out of order. Walls and ceiling of the solitary confinement cells are soggy and scabrous, concrete floor is prolapsed.

Recommendation to the Minister of Corrections and Legal Assistance of Georgia:

- **To ensure realization of all rights as envisaged by law of the persons placed in the solitary confinement cells, including walk, making use of bath, purchase of means of hygiene and use of library;**
- **To refurbish solitary confinement cells of the Establishments N17 and N19.**

HEALTHCARE ASPECTS OF THE PRISON OVERCROWDING

Population of the Penitentiary System of Georgia has been showing the trend of sharp increase judging from the data of the recent years. Despite the fact that the construction of new penitentiary establishments and the upgrading of the capacities of the existing infrastructure are also being intensively undertaken, number of prisoners and the existing capabilities are still disproportional. The overcrowding is certainly one of the evident reasons of emerging or complicating a number of healthcare related problems in a prison. Among these we shall first and foremost outline increase in transmittable diseases and the problem of mental health. In the overcrowded establishments there are no resources and means for dealing with medical problems in addition to the fact that the anyway overtly heavy workload of medical personnel does not allow them to cope with the health needs of the patients any more. A clear example of this is the delay in transferring to medical institutions, use of less efficient or practically ineffective treatment means (based on the principle – to undertake the widest possible inclusion), exercise of illegal doctoral activity, when due to the lack of specialists, a doctor of other specialization has to undertake actions not fwlling within his/her professional profile, which he/she has no sufficient knowledge and experience of.

In penitentiary system establishments of Georgia, in line with the limits approved by the Minister of Corrections and Legal Assistance, 24.280 persons deprived of their liberty may be placed (this figure does not include Establishment N10 in Tbilisi, which was in practice closed during 2011 and there are no prisoners in it since 18 March, 2011). At the time of monitoring[13] the National Preventive Mechanism established that in the 18 functioning penitentiary establishments of Georgia there were 24.261 inmates placed. This practically corresponds with the edges of the limits established. The mentioned statistics broken down to the establishments is provided below in the list:

13. August, 2011

№	Name of the Establishment	Limit of the allowed number of prisoners	Actual situation
1	№1 in Tbilisi	750	1074
2	№2 in Kutaisi	1840	1451
3	№3 in Batumi	557	652
4	№4 in Zugdidi	305	378
5	№5 in Rustavi	1200	1157
6	№6 in Rustavi	1400	1194
7	№7 in Tbilisi	108	39
8	№8 in Tbilisi	3672	3505
9	№9 in Tbilisi	970	1044
10	№10 in Tbilisi	---	---
11	№11 in Tbilisi	160	164
12	№12 in Tbilisi	700	796
13	№13 in Khoni	650	73
14	№14 in Geguti	2500	2693
15	№15 in Ksani	3300	3271
16	№16 in Rustavi	2704	2560
17	№17 in Rustavi	2744	3168
18	№18 in Tbilisi	180	218
19	№19 in Ksani	540	824
	Total:	**24.280**	**24.261**

As demonstrated in the table, despite the fact that during the monitoring the actual total number of inmates was not exceeding the top limit established for all the penitentiary establishments in Georgia, the problem of overcrowding in separate establishments is already present. The percentage of overcrowding fluctuates between 8-52%. It is particularly alarming that both establishments within the system work in the conditions of obvious overcrowding. This will certainly be reflected at the quality of the service delivered. The table below provides the list of overcrowded establishments, and the level of overcrowding is reflected therein:

№	Name of the Establishment	Limit (max. possible number) of prisoners allowed	Current situation	Overcrowding	
				Number	%
1	№19 in Ksani	540	824	284	53 %
2	№1 in Tbilisi	750	1074	324	43 %
3	№4 in Zugdidi	305	378	73	24 %
4	№18 in Tbilisi	180	218	38	21 %
5	№3 in Batumi	557	652	95	17 %
6	№17 in Rustavi	2744	3168	424	15 %
7	№12 in Tbilisi	700	796	96	14 %
8	№9 in Tbilisi	970	1044	74	8 %
9	№14 in Geguti	2500	2693	193	8 %

As seen from the list, the overcrowding has reached the maximum in the Medical Establishment for Tubercular Convicts N19 in Ksani. The next is on the list is Establishment N1 in Tbilisi, followed by the Establishment N4 in Zugdidi. It shall also be mentioned herewith that the problem of overcrowding creates particular problems in those establishments of the penitentiary system where the existing infrastructure is outdated and in difficult conditions. The establishments No1 in Tbilisi, N4 in Zugdidi, N3 in Batumi, N12 in Tbilisi and N9 in Tbilisi shall be referred to in this regard. The Juvenile Special Establishment N11 happens to work on the merge of overloading, increase of the number of prisoners therein in the nearest future will result in considerable problems from the medical perspective as well.

Medical Personnel of the Penitentiary Establishments

According to the information on the official web-site of the Ministry of Corrections and Legal Assistance of Georgia, "the number of medical personnel on spots corresponds with the norms envisaged by the Healthcare standards of the country".[14] Special Preventive Mechanism Group could not find any of the standards of the country or the normative act, regulating a number of medical personnel at the service provision spots. It shall be particularly underlined that no such document exists with regard to the penitentiary establishment. Deriving from this, it remains unclear what was contemplated by the Ministry of Corrections and Legal Assistance when disseminating the information mentioned above.

During the monitoring in the first half of 2011 the Special Preventive Mechanism Group studied in detail the situation related with human resources, their types and distribution in establishments. Serious attention is paid to this issue every year. The existence of the human resources is one of the pre-conditions to have a variety of types of the medical service physically available and be provided to beneficiaries. In the first half of 2011 a number of doctors and nurses was slightly fluctuating; however was remaining relatively stable in comparison with the previous years.

According to the 4 pages long Activity Report (11.07.2011 N10/37/3-3773), covering first 6 months of 2011, made by the Chief Doctor of the Establishment N18 of the Ministry of Corrections and Legal Assistance, Medical Establishment for Sentenced and Remand Inmates "is nearly staffed in line with the personnel regulation with the highly qualified professionals." The Report does not include the details. It does not refer to the number of doctors, nurses and other medical personnel broken down by units. It is also impossible to identify the specialization of doctors. Despite this, from the monthly reports sent from the Medical Establishment for Sentenced and Remand Inmates to the Medical Department of the Ministry of Corrections and Legal Assistance the following can be identified: there are in total: 67 doctors, 2 dentists, 2 pharmacists, 55 nurses, 7 paramedics, 5 lab analysts, 1 masseur, 1 statistician, 1 archivist, 1 housekeeper and 1 psychologist are employed by the Establishment.

14. http://www.mcla.gov.ge/?action=page&p_id=274&lang=geo

On 8 August, 2011 the Special Preventive Mechanism Group of the Public Defender applied in writing (N756/03) to the Medical Department of the Minsitry of Corrections and Legal Assistance, and along with other issues requested to submit the full list of medical personnel, employed by the penitentiary system of Georgia, broken down in accordance with the Esdtablishments and indicating the specializations of the doctors (indicating the field in which the State license was issued to a doctor); There has been no reply received by the Office of the Public Defender.

As a result of the monitoring conducted by the National Preventive Mechanism in summer, 2011 it was revealed that there are in total 177 doctors, 16 dentists, 168 nurses, 19 persons with pharmaceutical education and 20 medical personnel of other profile employed in the penitentiary system.

This specifics is distributed in a variety of establishments as provided below in the table:

№	Name of the Establishment	Number of Doctors	Number of Nurses	Number of Dentists	Number of Pharmacists	Other Personnel
1	№1 in Tbilisi	4	5	0.5*	1	0
2	№2 in Kutaisi	7	8	1	1	0
3	№3 in Batumi	5	4	1	1	0
4	№4 in Zugdidi	4	4	0.5	1	0
5	№5 in Rustavi	8	6	1	1	0
6	№6 in Rustavi	5	6	1	1	0
7	№7 in Tbilisi	2	2	0.5	0.5	0
8	№8 in Tbilisi	15	16	1	1	0
9	№9 in Tbilisi	4	6	1	1	0
10	№10 in Tbilisi	---	---	---	---	---
11	№11 in Tbilisi	3	4	1	1	0
12	№12 in Tbilisi	3	4	0.5	0.5	0
13	№13 in Khoni	5	4	0.5	1	0
14	№14 in Geguti	5	5	0.5	1	0
15	№15 in Ksani	8	7	0.5	1	0
16	№16 in Rustavi	8	7	1	1	0
17	№17 in Rustavi	8	11	2	1	0
18	№18 in Tbilisi	65	52	2	2	17
19	№19 in Ksani	18	17	0.5	2	3
	Total:	**177**	**168**	**16**	**19**	**20**

The list of 177 doctors also include the chief doctors, however 11 of them are independent medical practitioners, and 7 chief doctors do not possess the state medical certificates in any of the currently recognized specialization. Therefore it may be stated that by the time of monitoring 170 doctors served 14.261 persons deprived of liberty. Respectively, in the penitentiary system throughout Georgia, there are 142.7 patients per 1 doctor, almost the same number of patients (144.4) per 1 nurse. Despite this, the co-relation of doctors with patients on spots is clearly

different and a certain disproportion is visible, quite widely fluctuating. The abovementioned co-relation is provided in the table below:

№	Name of the Establishment	Number of Doctors	Number of Prisoners	Doctor/ patient co-relation
1	№1 in Tbilisi	4	1074	**268.5**
2	№2 in Kutaisi	7	1451	**207.3**
3	№3 in Batumi	5	652	**130.4**
4	№4 in Zugdidi	3	378	**130.4**
5	№5 in Rustavi	8	1157	**144.6**
6	№6 in Rustavi	4	1194	**298.5**
7	№7 in Tbilisi	1	39	**39**
8	№8 in Tbilisi	15	3505	**233.6**
9	№9 in Tbilisi	3	1044	**348**
10	№10 in Tbilisi	---	---	**---**
11	№11 in Tbilisi	3	164	**54.6**
12	№12 in Tbilisi	3	796	**265.3**
13	№13 in Khoni	4	73	**18.25**
14	№14 in Geguti	4	2693	**673.25**
15	№15 in Ksani	8	3271	**408.8**
16	№16 in Rustavi	7	2560	**365.7**
17	№17 in Rustavi	8	3168	**396**
18	№18 in Tbilisi	65	218	**3.35**
19	№19 in Ksani	18	824	**45.7**
Georgia Total:		**170**	**24.261**	**142.7**

The specifics require to consider separately the co-relation of doctors with patients in the medical establishments of the penitentiary system and consider the specifics of other places of serving sentence separately. As shown in the table above, there is 1 doctor per 3.35 patients in the Medical Establishment N18 for Remand and Sentenced Inmates. If we also take into consideration the fact that the Establishment N18 is clearly overcrowded going beyond the limit for that establishment (there were 218 persons hospitalized instead of 180 patients), in case of observing the set limit of patients, there will be 2,5 patients per 1 doctor in the establishment, that is not a natural indicator, requiring the further discussion and consideration. As for the Medical Establishment for Tubercular Convicts, 45 patients are counted per 1 doctor there. It shall be noted that this indicator was established during the monitoring, against the background of strident overcrowding. In the conditions of normal load of patients there will be 30 patients per 1 doctor in the Establishment N19.

As regards the places of serving sentence (16 functioning establishments), as provided in the table below, the indicators in 5 establishments stay below the average rate of the country:

№13 in Khoni	18.25
№7 in Tbilisi	39
№11 in Tbilisi	54.6
№3 in Batumi	130.4
№4 in Zugdidi	130.4
	142.7
№5 in Rustavi	144.6
№2 in Kutaisi	207.3
№8 in Tbilisi	233.6
№12 in Tbilisi	265.3
№1 in Tbilisi	268.5
№6 in Rustavi	298.5
№9 in Tbilisi	348
№16 in Rustavi	365.7
№17 in Rustavi	396
№15 in Ksani	408.8
№14 in Geguti	673.25

The indicator of the doctor-patient co-relation in 11 establishments though exceeds the average rate of the country. The table above shows the clear imbalance, in particular, the indicator fluctuates between 18-673.

Studying the situation from the angle has high importance in terms of identification of the maximum workload of doctors and other medical personnel in different types of penitentiary establishments for the future. In the majority of the European countries, the average normal weekly workload of doctors is 38-40 hours distributed on 5 working days. The adoption of the European Working Time Directive[15] regulated to a certain degree the norms related to the limits of workload in separate sectors. This was particularly essential for doctors. Deriving from the fact that prisons are "risk zone" for doctors, all the factors making the working environment and conditions of doctors more complex shall be taken into account from this perspective, taking into account the national trends. Respectively, the Ministry of Labor, Health and Social Protection of Georgia shall study and analyze the issue in details, with the involvement of all the interested parties and establish the national standard in line with the best European practice.

During the monitoring the National Preventive Mechanism also got interested in the specializations of doctors working in the establishments. According to the Order N136/N of the Minister of Labor, Health and Social Protection of Georgia on "Defining the list of Profiles corresponding the Medical Profiles, Adjacent Doctoral Profiles and Sub-profiles", dated 18 April, 2007, there are 21 active medical profiles currently in Georgia. We classified the profiles of doctors strictly following this very list (the listing does not encompass the structure of profiles of 65 doctors of the Medical Establishment N18 for Remand and Sentenced Inmates). The profiles of doctors as

15. Directive 2003/88/EC of the European Parliament and of the Council of 4 November 2003 concerning certain aspects of the organization of working time

established by us look as follows: there are in total 37 independent medical practitioners with the profile "Internal Medicine" employed in the penitentiary system (with the exception of the Establishment N18). From the adjacent doctoral profiles of the mentioned medical profile there are also 19 TB specialists, 1 specialist of skin and venereal diseases and 7 cardiologists. There are in total 9 independent medical practitioners employed in the same establishments, with the medical profile "general surgery". There is 1 doctor employed with the adjacent doctoral profile of "child surgery". According to the general staff regulation apart of doctors with medical profiles of therapy and surgery the following professionals are also employed in the same establishments: 2 specialists of infectious diseases, 1 urologist, 3 doctors with medical profile of "anesthesiology/resuscitation", 7 neurologists, 7 family doctors, 3 pediatricians, 2 doctors with medical profile in gynecology, 1 doctor with medical profile of medical radiology, 3 doctors with medical profile of "Lab medicine". It shall be mentioned in addition that 2 doctors whose doctoral profile indicates "doctor of general profile" keep being employed in the Establishment N8 in Gldani. We have already discussed this problem.

Apart from this, it shall be mentioned that a certain part of the doctors of the penitentiary system have State license in other medical profiles and sub-profiles ("oncology" and "otorhinolaryngology").

As mentioned, the work is being undertaken since 2011 to re-train the local doctors to become family physician. Several doctors have already passed the license exams within the programme and got the state license proving the respective medical profile, whereas the second part of doctors will finish the mentioned re-training by the end of the year. The Public Defender has quite critical and essential observations with regard to this process, as described in details in the following chapter of this Report.

As demonstrated in the tables above, there are in total 16 dentists serving the entire penitentiary system. There is constantly 1 dentist per each of 8 establishments. There are 2 dentists in each of the following establishments: Establishment N17 in Rustavi and Medical Establishment N18 for Remand and Sentenced Inmates, whereas there are a half-time dentists working in 8 establishments. Often a dentist service two or more establishments. In relation with the mentioned there are weekly work schedules for dentists that are notified in advance to the local medical units in advance. The mobilization of patients seeking services of a dentist takes place according to these schedules. Unlike the preceding years, when the dental help in the great majority of cases was only limited to the extraction of a damaged tooth, the scope of dental help is quite expanded. Along with surgical dentistry the local dentists offer services of therapeutic dental aid as well, that became possible following the installation of dental equipment in all the establishments throughout the last 2 years. Apart from this, the component of orthopedic dentistry is also being progressively widened. This fact shall be welcome undoubtedly. Dentistry, as a medical profile, has adjacent profiles and sub-profiles.

At present, the following are the adjacent doctoral profiles of dentistry, as defined by the Order N136/N of the Minister of Labor, Health and Social Protection of Georgia on "Defining the list of

Profiles corresponding the Medical Profiles, Adjacent Doctoral Profiles and Sub-profiles", dated 18 April, 2007: maxillofacial surgery, orthodontics, orthopedic dentistry, therapeutic dentistry, surgical dentistry, children' therapeutic dentistry and children's surgical dentistry. During the monitoring it was revealed that the majority of the dentists working in the penitentiary establishments possess State license in "therapeutic dentistry" and also in "surgical dentistry", based on which it is possible to have both – therapeutic treatment of patient's oral and teeth diseases (e.g. filling) as well as surgical treatment (e.g. teeth extraction).

As regards the personnel with pharmaceutical profile, there are 19 persons with this profile in total employed in the penitentiary system. Their description and features will be considered in the respective chapter of the Report.

In addition to medical (doctor and dentist), nursing and pharmaceutical personnel, there are also other healthcare professionals employed in 2 establishments (medical establishments) of the penitentiary system of the Ministry of Corrections and Legal Assistance. In particular: there are also 2 lab analysts (without medical education) and 1 statistician in the Establishment for Tubercular Convicts (N19). As for the Medical Establishment for Remand and Sentenced Persons, the number of technical and support personnel there is considerably higher. At present there are: 7 paramedics, 5 lab analysts (without medical education) and 1 person per each of the following positions: masseur, statistician, housekeeper, archivist and psychologist.

In addition to the medical personnel envisaged by the core staff listing the groups of consultant doctors for eastern and western Georgia also serve Georgia's penitentiary system. Visits of the group are much more frequent in the penitentiary establishments of the eastern Georgia. The group members pay visits to the penitentiary establishments according to the preliminarily established schedule, as well as on the basis of *ad hoc* notifications received from the local medical units. A specialist visits an establishment once or twice a month at average. Sometimes the visits are more frequent. In some cases weekly visits were also noted, however this practice has no systematic character. It shall be noted that both – in Eastern, as well as Western Georgia, echoscope specialist and X-ray specialist pay the periodic visits. The situation has improved in Western Georgia in this regard. In particular, already since the end of spring, 2011 there is a portable X-ray in the Establishment in Geguti, which is periodically also transferred to the Establishment N2 in Kutaisi as well. A contract was concluded with an echoscopy specialist and X-ray specialist, along with the Establishment in Batumi also serving the Establishment in Zugdidi. The latter establishment in the past was in the majority of cases devoid of such service.

The group of consultant doctors for Western Georgia is composed of 7 specialists, out of which 4 are core members, whereas the remaining 3 have only conducted several consultations. Doctor cardiologist, skin and venereal diseases doctor, psychiatrist, ophthalmologist and neuropathologist visit the Establishment in Kutaisi on a monthly basis, systematically. Only visits of psychiatrist are undertaken on a stable basis in the Establishment in Batumi. In other cases there have been only separate consultations provided by cardiologist, skin and venereal diseases

doctor and urologist during the first 6 months of 2011. The visits of a doctor psychiatrist visits in the Establishment in Zugdidi shall be distinguished as stable as well. Apart from a psychiatrist the visits have been paid in the Establishment by a neuropathologist and urologist in the first half of the year, and have in total consulted 7 patients. As for the Establishment N 14 in Geguti, it has periodically and on a stable basis been visited by doctors of 5 profiles, consulting patients, just like in the Establishment in Kutaisi (the same profiles and same doctors, as in Kutaisi). In addition to the mentioned, a surgeon (4 consultations in total) and a gynecologist (1 consultation in total) have paid additional visits in Batumi and Zugdidi. The above-mentioned statistics in reflected in details in the table below:

№	Western Georgia Doctors by specialization	Number of consultations delivered broken down per establishment					
		N2 in Kutaisi	N3 in Batumi	N4 in Zugdidi	N13 in Khoni	N14 in Geguti	Total
1	Neuropathologist	374	0	5	22	300	**701**
2	Skin and venereal diseases	373	1	0	12	206	**592**
3	Ophtalmologist	273	0	0	7	280	**560**
4	Psychiatrist	259	97	63	6	92	**517**
5	Cardiologist	194	1	0	2	268	**465**
6	Urologist	0	2	2	0	0	**4**
7	Surgeon	0	3	1	0	0	**4**
8	Gynecologist	0	0	1	0	0	**1**
	Consultations Total:	**1473**	**104**	**72**	**49**	**1146**	
	Echoscopy specialist	288	197	40	21	352	**898**
	X-ray lab analyst	281	55	35	25	321	**717**
	Examinations Total:	**569**	**252**	**75**	**46**	**673**	

As demonstrated in the table above, the most fruitful work from the point of view of service delivered by the consultants is carried out in the Establishment N2 in Kutaisi. As for the consultants themselves, neurophatologist, doctor of skin and venereal diseases' profile, ophthalmologist, psychiatrist and cardiologist consult around 90-95 patients as month, as distributed over minimum 4 visits a month. This means that they consult around 23 patients during each visit. This indicator shows quite high daily workload of doctors.

The situation in this respect is much more organized in the penitentiary establishments in the Eastern Georgia and prisoners receive medical service from doctors with a larger variety of medical profile. The regularity of the visits of consultants in prisons is relatively more organized, having periodic and systematic character and covering wider spectrum of specializations of medical profession. In the Easter Georgia region the Monitoring Team recoded regular and systematic visits of doctors of 13 medical profiles in different establishments. There were visits of doctors of 25 medical profiles altogether in all establishments of Eastern Georgia. There were

visits of doctors of narrow medical specialization also undertaken in the Medical Establishment of Remand and Sentenced Persons. The following shall be mentioned out of these visits: Neuro TB specialist (9 consultations), vertebra TB specialist (2 consultations), TB specialist (18 consultations), thoracalyst (21 consultations), rhythmologist (2 consultations), and parasitologist (3 consultations). The information fully reflecting the work of the consultant doctors in the Eastern Georgia is provided below in the respective table:

№	Eastern Georgia Medical Profile	A number of consultations delivered broken down by establishments													
		№1	№5	№6	№7	№8	№9	№11	№12	№15	№16	№17	№18	№19	**Total**
1	Skin and venereal diseases	105	108	61	15	11	0	48	54	163	150	215	0	26	**956**
2	Urologist	72	52	59	6	25	1	19	44	88	98	67	0	36	**567**
3	Ophtalmologist	48	93	31	6	38	29	16	17	84	111	66	0	23	**562**
4	Cardiologist	66	110	33	5	0	4	21	35	99	126	0	0	59	**558**
5	Psychiatrist	17	74	78	2	62	0	9	6	97	32	60	0	78	**515**
6	Oto-rhino-laryngologist	61	36	9	14	26	0	42	30	62	19	71	0	44	**414**
7	Neuropathologist	24	2	45	3	37	10	0	33	19	101	78	0	11	**363**
8	Endocrinologist	9	100	6	1	16	8	4	3	26	25	19	0	0	**217**
9	Angiologist	0	81	5	0	9	2	0	21	5	5	0	61	2	**191**
10	Rheumatologist	7	40	0	0	14	1	2	10	16	0	16	17	0	**123**
11	Neurosurgeon	0	16	0	0	1	0	0	0	0	0	0	26	0	**43**
12	Infectionist	10	2	0	11	2	0	9	0	3	0	5	0	0	**42**
13	Maxillofacial surgeon	0	1	0	1	8	0	0	0	0	0	6	25	0	**41**
14	Hematologist	0	1	0	0	0	0	0	0	0	0	0	23	0	**24**
15	Oncologist	0	0	0	1	0	0	0	0	0	0	0	18	0	**19**
16	Alergologist	0	0	0	0	0	0	0	0	0	0	0	5	2	**7**
17	Hepatologist	0	2	0	0	0	0	0	0	0	0	0	0	0	**2**
18	Traumatologist	0	0	0	1	0	0	0	0	0	0	0	0	0	**1**
19	Narcologist	1	0	0	0	0	0	0	0	0	0	0	0	0	**1**
	Consultations Total:	**420**	**718**	**327**	**66**	**249**	**55**	**170**	**253**	**662**	**667**	**603**	**175**	**281**	
	Echoscopy specialist	102	199	106	5	86	25	8	52	245	302	316	1063	101	**2610**
	X-ray specialist	140	213	230	7	185	3	6	96	348	244	390	1961	1642	**5465**
	Examinations Total:	**242**	**412**	**336**	**12**	**271**	**28**	**14**	**148**	**593**	**546**	**706**	**3024**	**1743**	

As demonstrated in the table above, the maximum number of consultation was provided by a doctor with a medical profile in skin and venereal diseases (956 patients consulted). The next in the list is urologist (567 patients consulted) and ophthalmologist (562 patients consulted). As for the frequency of the visits by consultants, 10 specialist doctors visit establishments minimum 4 times a month (see: Table NN1-10), consulting at average 445 patients a month. A number of consultants are more than one in some fields (e.g. psychiatry), however the current workload shall still be assessed as high for doctors. A psychiatrist shall be particularly distinguished in this

respect, who presumably shall be devoting longer time to the examination and consultation of a patient than other doctors. The statistics provided does not differentiate the initial and repeated consultations provided by a psychiatrist. Therefore the consideration of further details at this stage is impossible. The issue requires more in-depth study.

As shown in the statistics provided, the types of medical aid provided to the patients in the Eastern and Western Georgia, are not comparable. In particular, the services of 5 times more medical profile doctors are accessible in the Eastern Georgia region. Along with this, the visits of consultant doctors are more frequent and systematized therein. The Public Defender of Georgia considers that the equitable and proportional distribution of the existing resources will support the decrease of the violation of rights in the penitentiary healthcare system.

The medical personnel working in the establishments of the penitentiary system of Georgia are on duty at night and outside office hours according to the established duty schedule. The details related to this issue and the existing practices were described in the Public Defender's reports of the previous year. In particular, in some of the establishments a service of a doctor is not accessible during night. Apart from this, as stated by the Chief Doctor of the Establishment N6 in Rustavi, the night shift for doctors was cancelled in that Establishment along with the commencement of the pilot programme of primary healthcare. Consequently they were instructed to call the emergency medical service in case of need. The specifics related with the duty shifts of doctors and nurses are provided in the table below:

№	Name of the Establishment	Doctor on duty shift	Nurse of duty shift
1	Establishment №1	1	1
2	Establishment №2	1	2
3	Establishment №3	1	1
4	Establishment №4	1	1
5	Establishment №5	1	2
6	Establishment №6	0	1
7	Establishment №7	0	1
8	Establishment №8	1	1
9	Establishment №9	1	1
10	Establishment №11	1	1
11	Establishment №12	0	1
12	Establishment №13	1	1
13	Establishment №14	1	1
14	Establishment №15	1	1
15	Establishment №16	1	1
16	Establishment №17	1	2
17	Establishment №18	3	6
18	Establishment №19	1	2
	Total:	17	27

As clearly demonstrated in the table above, 17 doctors and 27 nurses stay in the establishments of the penitentiary system of Georgia at night and outside office hours.
Doctors are not on duty at night in the Establishments N6, N7 and N12.

Along with the issue of keeping duty by the medical personnel, the Monitoring Group got interested in the issue of participation in the continuous professional education and the system of continuous professional development, that ensure the permanent advancement of the qualification of independent medical professionals. In this respect, it shall be mentioned, as during the last year, that none of the doctors have participated in any of the continuous professional education/continuous professional development programs accredited by the Professional Development Council of the Ministry of Labour, Health and Social Protection. The situation with regard to other trainings in not uniform throughout Georgia. For example, we were told in the Establishment N1 that one of their doctors and one of their nurses had taken part in the HIV related traning. Five representatives of the Special Establishment N11 for Juveniles, one nurse of the Establishment N12 and four doctors of the Establishment N19 attended the similar training. Three doctors of the Establishment N3 in Batumi, 1 doctor and 2 nurses of the Establishment for Women N5 in Rustavi, 1 nurse of the Establishment N6 in Rustavi, 2 doctors and 2 nurses of the Establishment N7 in Tbilisi, 2 doctors in the Establishment N8 in Tbilisi, 1 doctor and 1 nurse in the Establishment N11, 2 doctors and 1 nurse of the Establishment N14 in Geguti, 2 nurses of the Establishment N15 in Ksani, 2 doctors of the Establishment N16 in Rustavi and 1 doctor of the Medical Establishment for Remand/Sentenced Persons had participated in a training on the mental health, presumably held by one of the non-governmental organizations. It is regrettable that during interviewing a part of these doctors the Monitoring Group concluded that the training had not upgraded their knowledge in any way. First, it shall be mentioned that the majority of doctors can not recall what was the title of the training, what issues were discussed and what was its purpose or who had organized it. In relation to this issue, in the best case, the doctors were stating that the training was called: “Training in Psychiatry”, “Training on Prevention of Suicide and Mental Disorders”, “Training in Management of Mental Disorders”, “Training in Psychiatry”, “Torture Training”, etc. Some of the doctors could recall the participation in the training only according to the place where it had been held. Such an approach to the upgrading the qualification, particularly from the side of the doctors of the penitentiary system, negatively influences the work of doctors and nurses and what is the most important – on the quality of the medical service. Apart from these two trainings, in some of the establishments we were told that their medical personnel had also participated in a training devoted to the specificities of infectious deseases (Establishment N2), a training devoted to the organizational issues of the DOTS Program (doctors and nurses of the Establishments N19 and N18). Putting a question of this type (whether or not have they or their staff participated in any type of professional trainings) turned out to be confusing for Chief Doctors of some of the establishments. Due to this, they were categorically refusing any participation of any of their staff in any of trainings anywhere.

The National Preventive Mechanism got interested into the issue related to the invitation of doctors from civilian healthcare system upon the choice of a patient to a penitentiary establishment. As it was identified, Chief Doctors have different instructions and practice in this respect. Chief Doctors of some of the establishments clarify that the mentioned issue is decided upon locally. Some mention that only Medical Department takes such decisions. In any case, a doctor must provide a copy of the State License on Independent Medical Activity proving independent medical activity and a copy of the ID. It shall be mentioned that the solution of the issue related to invitation of a doctor from outside, as a rule, is related to protracted procedures, often having direct influence on the quality of the medical service and makes it less efficient. We were told categorically in the Establishments N1, N3, N4, N7 of the penitentiary system that there was no need whatsoever of inviting a doctor from outside and this issue had never even been considered. We were told in the Establishments N9, N11, N13 and N14 that such practice had existed in the past; however, no prisoner had asked this during the reporting period. In case of the written request, they will act in line with the existing practice. As for other establishments, the invitation of a doctor from civilian healthcare sector is most often registered in the Establishments N2 in Kutaisi, N12 in Tbilisi and N14 in Geguti. As stated by the local doctors, there were around 10 such cases in each of the establishments by the first half of 2011. The Chief Doctor of the Medical Establishment for Remand and Sentenced Prisoners clarified that such cases are often in their establishment, however could not submit the respective statistics or any document or information proving this. Such cases were recorded twice in the Establishment N17 in Rustavi and also twice – in the Establishment N19 in Ksani. There are singular such facts registered in each of the following Establishments: N5 in Rustavi, N6 in Rustavi, N8 in Tbilisi and N16 in Rustavi.

Throughout the recent years, Public Defender of Georgia has been carefully observing the issues related to monitoring, identification and eradication of identified shortcomings in the variety of sectors of the penitentiary healthcare system by the Agency for State Regulation of Medical Activity under the Ministry of Labour, Health and Social Protection. The Special Preventive Group of the Public Defender has continuously addressed the Agency to study the issues related to delivering the medical aid to specific sentenced persons and follow-up within its scope of responsibility. The mentioned information is reflected in the Parliamentary and Special Reports of the Public Defender annually. In this regard, the Public Defender applied with a letter (N755/03) dated 8 August, 2011, to the Medical Department of the Ministry of Corrections and Legal Assistance, requesting the information on the composition of the group tasked to monitor the quality of the medical aid, established within the Ministry of Corrections and Legal Assistance, as well as the reports reflecting the work of the Group, as well as positive and negative trends in the system in this respect during 6 months of 2011. PDO has also requested information as to what measures were recommended. Apart from this, the Public Defender enquired further about the information, which had been disseminated via the website of the Ministry of Corrections and Legal Assistance, according to which “the respectively authorized services” of the Ministry of Labour, Health and Social Protection of Georgia undertake the monitoring of the quality of the medical aid delivered. In this regard the Public Defender requested the Chief of the

Medical Department to provide the information containing the details as to which services and based on which principle do undertake the mentioned activities (the planned and *ad hoc* visits, etc.), what type of recommendations were issued by the mentioned service with regard to the penitentiary healthcare system and what is the statistics and dynamics of the implementation of those recommendations; the Public Defender was also interested as to whether has there been any professional liability issue of the doctors employed in the penitentiary system considered by the Agency for State Regulation of Medical Activity from 1 January to 1 July, 2011, what type of liability was imposed and what active measures were undertaken to eradicate the mentioned gap.

The reply (letter N07-8540) from the Medical Department of the Ministry of Corrections and Legal Assistance, dated 6 September, 2011, notified us that the joint verification group composed of the representatives of the Inspectorate General and Medical Department was established according to the 20 April, 2011 Order N73 of the Minister of Corrections and Legal Assistance. The group was composed of Nikoloz Megrelishvili, Giorgi Pruidze, Badri Balavadze, Revan Dapkviashvili, Shota Gelashvili and Givi Mikanadze. The verification group was tasked to enquire into the conditions related to the sanitary-hygienic conditions in establishments of the penitentiary system, the discipline related to keeping medical documents, the turn-over, use up and registration of medications and medical materials, nutrition of remand/sentenced persons and professional/office discipline of the medical personnel. During 26 April, 2011-12 May, 2011 the group studied the above-mentioned issues in all the establishments of the system. The verification established that "the quality of producing medical documentation in all penitentiary establishments has improved. The delivery, disbursement and registration of medications and other materials takes place strictly in line with regulations established by law. In some of the establishments, despite the fact that the prisoners undergo the respective examinations and receive the consultations of specialist doctors, as well as the treatment adequate to disease is prescribed and undertaken, the doctors of establishments do not fully reflect the general conditions of patients in dynamics and the medical aid delivered to them in their medical records fully. There were some instances identified when a questionnaire on the examination of TB was incompletely filled-in by doctors. The chief doctors of medical units of establishments were advised on the deficiencies identified during the verification process and they were given time to improve them (the subsequent verification is planned for autumn). There will be no respective measures undertaken with regard to them in this regard during this period; the administrative measures established by law will be undertaken by the leadership of the Ministry". As it was stated in the reply, the "verification" carried out brought along practically insignificant results. The attention was devoted to the issues having the tenth-class issues, against the background of having the core problems unsolved. It is also unclear how competent all the members of the group were to study medical issues, what principles and methodology did they base their activities on or what type and what degree of access did they have to the documentation including the confidential information of patients.

As for the verifications undertaken by the Agency for State Regulation of Medical Activity, the Chief of the Medical Department has let us know that "the monitoring of medical aid in the

penitentiary system is carried out by the Agency for State Regulation of Medical Activity under the Ministry of Labour, Health and Social Protection. The representatives of the Agency, based on the applications of law enforcement agencies, Public Defender and citizens study the legal documentation and findings of specialist doctors with respective qualification over the situation, determine the quality and scope of medical aid provided to remand/sentenced persons in the penitentiary system. In case of provision of inadequate medical aid, the Agency is authorized to take administrative measures envisaged by the legislation of Georgia against the medical personnel or instigate their legal liability." As demonstrated from the answer, the Medical Department does not fully understand the functions of the Agency for State Regulation of Medical Activity, neither in the sector of professional liability of doctors (and not administrative and legal field), that is envisaged by the respective chapter of the Law of Georgia on Medical Activity. It shall be noted that the decision over the professional liability of a doctor is taken not by the Agency, but by the "Professional Development Council", which is convened periodically under the chairmanship of the Minister of Labour, Health and Social Protection. Apart from this, it shall be mentioned that the consideration of an issue by the Agency, in a great majority of cases, is initiated on the very basis of the application of the Public Defender of Georgia. The Medical Department notified us that the Agency has studied 24 cases, out of which in one of the cases a doctor of the Establishment N18 was given a written reprimand, whereas 10 cases were submitted to a variety of subject-matter associations, the answers being still pending. In the replies of the Agency for State Regulation of Medical Activity to the Public Defender situation seems to be more complex and prompting cogitation. According to the information provided, the issue of suspension of a State license for a doctor and giving a written reprimand was raised several times. Apart from this, the Agency for State Regulation periodically issues recommendations and information to the Medical Department requesting to submit the information on the follow-up to the cases identified, in cases of which the Department only limits its action to forwarding a letter to a subsequent addressee and taking the note for information. The Agency has never notified the Department on the follow-up measures by the Medical Department for the eradication of the existing gaps and deficiencies. The Medical Department has once again refrained from providing the mentioned information. This resulted in not providing us with a full answer.

We cite herewith one of the latest instances as a matter of example. This shall be considered as an exception in a way, as there was a follow-up to the information provided by the Agency.
In the letter (N02/39527) of the Agency for State Regulation of Medical Activity under the Ministry of Labour, Health and Social Protection of Georgia received on 21 September, 2011, the Head of the Agency notified the Public Defender, that "Agency for State Regulation of Medical Activity studied the facts provided in your letter (11.07.2011 N2697/03-4/0430-11), in particular, the issue related to the quality of medical aid provided to by now deceased sentenced A.D. in the medical unit of the Strict and Prison Regime Establishment N2 of the Penitentiary Establishment of the Ministry of Corrections and Legal Assistance of Georgia. The results of the enquiry were (on 01.09.11) submitted by the Agency for State Regulation of Medical Activity to the Medical Department of the Ministry of Corrections and Legal Assistance of Georgia. On 13.09.11 a letter (09.09.11. N07-8693) from David Asatiani, the Head of Medical Department of the Ministry of

Corrections and Legal Assistance arrived, notifying on dismissal of medical personnel having participated in the provision of medical aid to by now diseased sentenced A.D. (doctors of the medical unit of the Strict and Prison Regime Establishment N2: N. Kurashvili, R. Beshkenadze and M. Nikolaishvili)". As regards the decision of the Professional Development Council to consider the issue of professional liability of the above-mentioned doctors, we shall be notified further on this matter.

Recommendations to the Minister of Corrections and Legal Assistance of Georgia:

- To ensure the identical groups of consultant-doctors in line with the spectrum of medical activities in the Eastern and Western regions; to undertake the fair and proportional distribution of the human resources of the healthcare system (both – highest ranking, as well as mid-level medical personnel) within the establishments, based on the geographic allocation; also to ensure the equivalency of the types and kinds of medical services in the Eastern and Western regions;
- To ensure the round the clock accessibility to a doctor in all the penitentiary establishments, disrespecting their types and specificities. To hamper the trend of not having the doctors on-duty in night shifts in the pilot establishments (and consequently in almost all the establishments) from the proliferation;
- To support and promote local medical personnel, to let them participate in the continuous professional development programs. In this regard to consider the allocation of additional financial resources and time at least twice a year; the introduction of a variety of forms of promotion in case of the participating in the continuous professional development programs is also important;
- To support in every way the activities of doctors who come to penitentiary establishments from the civilian medical service. To simplify their access and to shorten to a maximum possible duration the time limit that is required from the point of submitting such a request (by prisoners) to its realization. To attach the records made by doctors from civilian healthcare sector to the medical record of the patient in an obligatory manner and to have this taken into account in the process of delivering medical service;
- To deal with the recommendations by the Professional Development Council with more care and not to let taking only for information the decisions by the Council on the professional liability of doctors or the information on the gaps and deficiencies in the process of medical service provision. To control to the very end the latter and in reality eradicate the causes of the deficiencies.

Recommendation to the Head of the Agency for State Regulation of Medical Activity under the Ministry of Labour, Health and Social Protection: to undertake the intensive control of medical units of penitentiary establishments, as well as of the quality of medical service provided by the medical establishments, including by means of undertaking planned visits.

"Family physicians" in the establishments of the penitentiary system of Georgia:

Throughout the recent years, increasing attention is being devoted to the piloting of reform in the primary healthcare in the penitentiary system and subsequently widening this model to the entire system. The central component of this system is the shift to the scheme of "family medicine" and introduction and establishment of the competences of "family physician and nurse" in prison. To this end, the re-training of the doctors and nurses of the penitentiary system with the specializations of "family medicine" is being actively carried out since 2011. During the monitoring by the National Preventive Mechanism in the first half of 2011 the system of re-training of doctors and nurses and the current realities in this respect were studied in detail.

№	Name of the Establishment	Number of specialists before re-training	Re-training was finalized		The re-training is ongoing		Remark
			Doctor	Nurse	Doctor	Nurse	
1	Establishment №1	0	0	0	1	1	
2	Establishment №2	0	0	0	2	2	1 doctor left
3	Establishment №3	1	0	0	1	1	
4	Establishment №4	1	0	0	0	0	
5	Establishment №5	1	0	0	1	1	
6	Establishment №6	0	3	4	0	1	1 doctor left
7	Establishment №7	0	0	0	1	2	
8	Establishment №8	1	4	4	1	0	2 doctors left
9	Establishment №9	0	0	0	1	1	
10	Establishment №11	0	0	0	1	1	
11	Establishment №12	0	0	0	1	1	
12	Establishment №13	1	0	0	1	1	
13	Establishment №14	1	0	0	1	1	
14	Establishment №15	1	0	0	1	1	
15	Establishment №16	1	1	1	0	0	
16	Establishment №17	0	0	0	1	1	
17	Establishment №18	1	0	0	0	0	Not required
18	Establishment №19	0	0	0	0	0	Not required
Total:		**9**	**8**	**9**	**14**	**15**	

As demonstrated in the table above, before the commencement of the "process of re-training of the family physician" in the structures of the penitentiary healthcare system, there were only 9 independent medical professionals, working there with a specialization of "family physician". A part of those also held the State license in other specialization (mainly – in the internal medicine). A specialist with the nursery specialization "family medicine" did not work in the system at all. The process of re-training was planned in two stages. At the first stage, first, the doctors of the pilot establishments (N6 and N8) were re-trained. The following stage, which is currently ongoing, doctors of other establishments are primarily re-trained. In parallel, the

process of re-training started in the West Georgia as well. As the enquiry during the monitoring has revealed 8 doctors have completed the process of re-training, passed the State license examinations and received a State license in the specialization "family medicine". In parallel, the preparation of the same number of nurses is already completed and the nurses work with the same specialization. As for the next stage, the re-training process is currently ongoing and 14 doctors and 15 nurses of the penitentiary establishments are involved in it. The monitoring has revealed that the re-trained doctors and nurses do not work in some of the establishments already; along with that, new personnel were recruited, with the mentioned specialization; therefore, despite a short time-period the migration of the medical personnel is noticed. As the re-training of family physicians and family nurses is a new trend for the penitentiary system, the monitoring group tried their best to meet all the doctors and nurses who had gone through the cycle of the mentioned re-training and all the persons who possessed the information on this matter on spot, in order to get the information from them on the process and the future plans.

In the Establishment N16 in Rustavi, as shown in the table, 1 doctor and 1 nurse were re-trained as a family physician and family nurse. The medical specialty of the re-trained doctor was "general surgery", whereas that doctor now has the State license already in two medical specialties. During the conversation, this doctor mentioned that the latter had undergone 7 months long program. There were 8 persons involved in the program, 3 of whom were from the Establishment N6 in Rustavi, 4 – from the Establishment N8 in Tbilisi and this very doctor – from the Establishment N16 in Rustavi. The course students followed the cycle of lectures lasting throughout a day. It shall be mentioned, that during the re-training process the doctors were not isolated from their offices, as they were on-duty in night shifts. The doctors maintained their salaries. A re-trained doctor mentioned that the course included the "short curatio courses" of therapy, infectious diseases and psychiatry, dealing "primary healthcare based on the prevention". The program commenced in November 2010 and lasted through May, 2011. They had to take 4 internal "examinations". Upon the completion of the full course, in June 2011 they passed the State license examination and were granted the State license with the specialty "family physician". The re-trained doctors mention that the nurses were being re-trained on the same basis, however the details of the program for nurses was less known to them. Despite this, the program envisaged the combined learning with nurses during the last 2 weeks. The program was held in Tbilisi, in one of the centers of family medicine, under Marina Shikhashvili's leadership. The program also included 1 week-long module on psychiatry. As for the "practical part" of the program, it was conducted in the Establishment N8 in Gldani and Establishment N6 in Rustavi, for 2 weeks each. Following the completion of the lecture course, for a certain time-period (during 4 weeks) they worked together with the supervisor of the program Marina Shikhashvili and the second person (the last name of whom the interviewed doctor could not recall, the first name of that person was Ketevan) in the penitentiary establishment with sentenced persons. The program supervisor was assessing them. According to an interviewed doctor, mainly they covered therapeutic diseases and considered up to 40 guidelines in force. The emphasis was made on the 5 basic medical problems: diabetes mellitus, hypertension, heart ischemic disease, gastro-esophageal reflex disease and bronchial asthma. The interviewed doctor expresses satisfaction with the knowledge acquired.

We met a doctor in the Establishment N2 in Kutaisi who is currently undergoing the re-training process; however, the doctor was in the office during our visit. According to this doctor, the re-training of doctors of the penitentiary establishments of the West Georgia is conducted under the leadership of Darejan Parunashvili. The program is being implemented in the polyclinic N3 and the practical exercises are periodically held in the Establishment N2 in Kutaisi.

According to the Chief Doctor of the Establishment N8 in Tbilisi, four doctors and 4 nurses of that establishment have also gone through the re-training process. "Internal medicine" was the specialization of three doctors out of these 4, whereas the fourth one had the State licenses in two specializations – "Infectious diseases" and "lab medicine". It shall be mentioned that one of the doctors from these four presumably in the past had the State license in "family medicine". This is proved by the letter received from the Medical Department of the Ministry of Corrections and Legal Assistance in the beginning of 2010, providing the list of all the doctors employed in the penitentiary system, indicating their medical specializations. In such a situation, it is unclear, why was already certified "family physician" re-trained. According to the information of the Chief Doctor of the Establishment N8 in Gldani, there is currently 1 nurse continuing the re-training process. As for the 2 already re-trained nurses, they have certain time ago resigned and do not work in the penitentiary system any more. The Chief Doctor confirms that during the re-training process the doctors working in the establishment attended the lecture courses, and took the night shift duty according to the shift schedule. As stated by the Chief Doctor, in the re-training process, during several weeks of the program, the so-called "practical training" was taking place for all the participating doctors on the very basis of the Establishment N8 in Gldani. As for the Establishment N6 in Rustavi, we met 2 of the 3 re-trained doctors. It must be mentioned that the specialization of both of them is "general surgery", whereas the specialization of the third doctor is "child surgery". According to the respondents, the re-training process was lasting for 7 months. During this period, they were attending the training course during the day and were in the Establishment N6 on duty after 6 o'clock, according to the shift schedule. According to the doctors, 4 nurses were also re-trained in their establishment, 1 out of which does not work in the penitentiary system any more. The latter has resigned. All the three doctors and four nurses sent from the Establishment N6 passed the State license examination and received the State license in the respective specialization.

The 15 April, 2004 Order N80/M of the Minister of Labour, Health and Social Protection of Georgia approved the list of the specializations acquired as a result of postgraduate professional training and adjacent nursing specializations. According to the mentioned list, the nurses were presumably granted a license with a specialization "nurse of general practice (community)".
As the facts reveal 8 new doctors and the same number of the general practice (community) nurses joined the penitentiary medical system. Their absolute majority is currently employed in a variety of penitentiary system. The mentioned so-called "re-training process" is still ongoing and presumably the number of "re-trained" in this way and certified persons will increase further. The Public Defender considers that re-training of medical personnel and particularly of

doctors using this rule and following this model endangers the healthcare system of the country. The problem is quite deep and complex.

To demonstrate the problems accompanying the introduction of the concepts of so-called "primary healthcare" and "family physician" into the penitentiary healthcare clearly and in detail, it is important to study the pre-conditions and reality around this issue and to make a short review.

According to the Georgian legislation, the primary healthcare is defined as "the first touch of an individual and a family with healthcare system; continuous, comprehensive and coordinated medical service, primarily based on the family medicine system, accessible for each member of the society, which includes the measures of healthcare promotion, prevention of diseases, treatment and rehabilitation of widely spread diseases, including the taking care of health of mothers and children, family planning, palliative care, the provision of accessibility of necessary medications". Following the emphasizing the primary healthcare component in the civilian healthcare system of Georgia, that has been activated particularly since 2002, a new medical field of family medicine (family medicine – the medical discipline oriented on the primary healthcare, independent from other disciplines, with the different system of professional preparation, examination and clinical activity) and the medical specialization "family physician", which according to the legislation of the country is defined as "a specialist doctor, who is entitled according to the rule established by the legislation of Georgia to provide the primary multi-profile medical service to all persons of all ages of both sex". An additional Article 89^1 was introduced in the Law of Georgia "On Healthcare" particularly for the mentioned changes, according to which "the legal basis necessary for the development of primary healthcare system, including family medicine, and the rule of organizational-legal arrangement is established by the Ministry of Labour, Health and Social Protection". Respectively, the country slowly started moving to the new model of the primary healthcare. It is natural, that very quickly the issue of the preparation of the specialists of this field was put high on the agenda. This necessitated the definition of the framework of specializations and the formulation of the postgraduate education programs which would have been used to train the specialists of this field. All of this took place against the background of annulling the concept of the so-called "doctor-physician of general profile" and thousands of the freshman doctors holding the respective State license of this specialization again appeared in uncertain position. Several years after the entry into force of the Article 89^1 of the Law of Georgia "on Healthcare", despite delay, the program of the respective postgraduate education (Residency) was approved nevertheless.

The 15 August, 2007 Order N239/M of the Minister of Labour, Health and Social Protection of Georgia (on the approval of the Residency Programs) approved 5 Residency Programs according to the paragraph 3 of the Article 15 of the Law of Georgia "On Doctoral Activity". These programs included "family medicine". Following this point, certain perspective and elucidations emerged, as well as the basis appeared to have the new field integrated into the healthcare system of Georgia, with the purpose of solving, the respective healthcare needs. The components of the

education program are comparable with the framework of the structured education program, the aim of which is provision of comprehensive knowledge, competencies, communication skills and professional approaches to doctors. The general framework and the structure of the program reflects in detail the European definition of the general practice/family medicine[16], as provided in the Educational Program prepared by the European Academy of Teachers in General Practice [17]. In particular, the educational program of the EURACT describes the main competencies that are considered necessary for the general practice in Europe. The curriculum is composed so that it includes all the main issues and diseases as envisaged by the above-mentioned document, showing the knowledge, skills and approaches that will enable a practicing family physician to demonstrate the competencies of the family physician in a specific (for a country) context. The most important is the fact that the preparatory program for "family physician" includes the 3 years (36 months) of rigorous preparation and is composed of three main stages – (a) introductory course in family medicine (6 months), (b) rotations in hospitals (18 months) and specialized course in family medicine (12 months). The above-mentioned 3 years-long course of the Residency shall enable the Residency graduate to step-by-step acquire the knowledge and skills as described in the description of the specialization "family medicine", that constitutes the professional competence of a family doctor. The very content of the program consists of 115 printed pages. The implementation of the program shall be taking place in the university clinics and the medical institutions that had been accredited in line with the rule established by the legislation[18].

One of the key stages of the program is "the preparation at the second step", which, as it has been mentioned, includes 18 months and the general part of which (15 month) is devoted to obligatory modules, whereas the remaining 3 months are devoted to elective modules. The person seeking the specialization shall cover the following from the obligatory modules (15 months in total):

a) Internal medicine[19] – 4 months;
b) Urgent medicine and trauma[20] – 3 months;
c) Child health[21] – 3 months;

16. WONCA Europe [The European Society of General Practice / Family Medicine]: The European Definition of General Practice/Family Medicine; Barcelona: WONCA, 2002
17. EURACT [European Academy of Teachers in General Practice] Education Agenda; EURACT, Leuven 2005
18. According to the respective order of the Minister of Labour, Health and Social Protection of Georgia "On the participation in Alternative Postgraduate Education of Residency (professional professional), its organization and the rule of assessment and on the accreditation criteria and the rule of accreditation of the medical institutions where postgraduate educational (professional preparation) course may be undertaken".
19. The purpose of the Module I ("Internal Medicine") is: the prevention, identification and management of the severe and chronic problems of healthcare widespread within the sector of the internal medicine;
20. The purpose of the Module II ("Urgent Medicine and Trauma") is: the elaboration by the Specialty candidate of the skills of identification, assessment and management of the urgent situations, including trauma, at the pre-hospital stage; also, to study the efficient methods of the prevention of urgent conditions;
21. The purpose of the Module III ("Child Health (Pediatrics)") is: the elaboration by the Specialty

d) Women health and sexually transmittable diseases[22] – 3 months;
e) Mental health[23] – 2 months.

As for the elective modules, the teaching continues for 3 months in total and includes:

a) Otolaryngology diseases (4 weeks);
b) Dermatology (4 weeks);
c) Ophthalmology (4 weeks);
d) Neurology (4 weeks);
e) Orthopedics (4 weeks);
f) Oncology (4 weeks);
g) Surgery (4 weeks).

As it is clear from the above-mentioned, the specialty candidate shall cover quite a voluminous and complex material, from the theoretical as well as practical perspectives. Three years duration is the minimum period established to this end as a standard in Georgia. The most complex component in the process of preparation is the development of practical skills, lacking which there is no point of having a family physician working in any way. The Program includes the list of the minimum treatment and diagnostics manipulations that a family physician shall be able to undertake independently[24].

candidate of the skills to manage the problems of child heath (the evaluation of development, prevention of diseases, the management of severe and chronic problems of heath), at all stages of development of a child;

22. The purpose of the Module IV (Women Health and the Sexually Transmittable Diseases) is: the acquisition by the Specialty candidate of the skills of management of women healthcare problems, including identification and management of normal pregnancy and sexually transmittable diseases.
23. The purpose of the Module V ("Mental Health") is the acquisition by the Specialty candidate of the skills of the assessment of mental health, timely identification and primary assessment, timely and adequate referral of the problems in the mental health and the skills of the long-term management of mental diseases in close cooperation with a psychiatrist.
24 a) General methods of physicial examination according to the systems of organs (checkup, palpacia, percussion, ausculation);
b) The maintenance of the main vital functions and cardio-pulmonic reanimation (in adults, children, infants and newborns);
c) The electrocardiogram (ECG) recording and interpretation;
d) Management and defibrillation of fatal arrhythmias;
e) rimary hygienic treatment of a newborn;
f) Microsurgical manipulations: primary treatment of injuries, placement and removal of surgical suture, infiltration anesthesia (open and closed circuit), dissection and opening of abscesses, whitlows, phlegmons, removal of ingrown nail, inoculation of soft tissue surface swelling, swathing, etc.;
g) Treatment of scorches and infected injuries;
h) Removal of extraneous floaters;
i) Injections: intradermal, subcutaneous, intramuscular, intravenous; intravenous infusion;
j) The assessment/examination of sight organ: checkup, assertion of the degree of a clear vision, ophtalmoscopy, fundoscopic examination; k) Otoscopy, removal of sulfur corks with the water cannon;
l) rhinoscopy, pharyngoscopy, indirect laryngoscopy;
m) bimanual vaginal and urethrovaginal examination, use of vaginal speculum for inspection of the vaginal cavity;
n) external obsestric examination, the assessment of heartbeat of fetus;
o) The examination of how placenta is situated;
p) The evaluation of a pregnant women by means of functional methods of diagnostics;

The above listed is the description of specialties, and as it is defined by the Law of Georgia on Healthcare, this is a listed of the topics and skills, the comprehension of which is mandatory for a doctor with a right to independent medical activity in any of the medical specialties.

As it is shown, the program is quite complex and comprehensive. Nevertheless, this has not hampered the process of re-training of doctors in the Ministry of Corrections and Legal Assistance has not been hampered due to this factor to let the so-called "specialty candidates" to go through the state license examination.

The study of the sector has revealed that the re-training of the doctors of the penitentiary healthcare system within "family medicine" program does not correspond to the standard existing in the country (the approved Program on the family medicine postgraduate medical education program). Instead of 3 years duration, doctors are re-trained in 7 months. Doctors do not cover all the main modules of the curriculum during the re-training. Apart from this, the most important component such is acquisition of practical skills is practically ignored in the process of such "re-training". It shall be mentioned that some of the doctors and nurses do not work in the penitentiary system already. This number may increase in the future. Despite this, they have a State license of family physician. Such doctors may in the future be employed in any center of family medicine or any other respective institution, whereas their qualifications do no correspond to the recognized and established framework program in the country. Due to this doctors may pause a real threat not only to patients in the penitentiary system, but in general to the health and life of the population of Georgia at large.

An independent medical activity is a professional activity of a person with a higher medical education holding a State license proving a right to independent medical activity, for the results of which he/she is responsible in line with the rule established by the legislation of Georgia; the Law of Georgia on Healthcare, and in particular its Article 23 provides as follows: "the purpose of granting a State license is **the protection of the population of the country at large from the activities of unskilled medical personnel**" and upon the issuing a certificate a state is guaranteeing that a specialist possessing it is capable to have an independent medical activity in line with the standards existing in the country. In this specific case the main principle envisaged by law is strictly violated, due to which the certification of doctors was introduced. Apart from this, the Article 13 of the same Law clearly provides that "the provision of medical service to a person in the establishment of imprisonment or deprivation of liberty … is undertaken in accordance with the rules envisaged by this law". Deriving from this, the population of penitentiary establishments is already under the risk of provision of low quality medical service. "Receiving" qualification of a family physician in such a manner does not correspond the Law of

q) management of a delivery per vaginam;
r) bladder catheterization;
s) rectal manual examination and manual examination of testis;
t) correction of wrenches;
u) Immobilisation in cases of fracture of bones of limbs and vertebral fractures;
v) Smear tests for the bacteoriological and cytological examination;
w) Paracentesis, pleura function, transformation of tension pneumothorax to open pneumothorax.

Georgia on Doctoral Activity either. The very first Article of the Law mentions that "the purpose of the Law is to ensure the respective professional education and practical preparation of a subject of independent medical activity, the establishment of the state respective oversight over his/her professional activity, protection of his/her rights, as well as **provision of high quality medical service to the population of Georgia by means of establishment of medical standards and ethical norms as recognized in the country.**" According to the Law, one of the basic basis for the issuing a State license of a specialist doctor in Georgia is the undertaking of a postgraduate education (professional preparation) course (Residency or an alternative postgraduate education to Residency(professional preparation)) in the respective medical specialty and the description of the work undertaken by a candidate of the State license in the respective medical specialty during the last 2 years. The doctors "re-trained" in the penitentiary system could not satisfy none of the conditions during 7 months even theoretically. The admission of doctors re-trained in such a way to the State license examination represented the flagrant violation of the Article 28 of the Law of Georgia on Medical Activity, according to which "to seek the State license a person who (...) has undertaken a course in the postgraduate education (professional preparation) in the respective medical specialty shall be admitted to an examination". The legislation of Georgia recognizes only 2 possible forms of postgraduate education. These are: Residency and the alternative postgraduate education to Residency (professional preparation). The alternative postgraduate education to Residency (professional preparation) covers all the modules of the Residency program without strictly defining the duration for each of the modules and the program altogether. Along with that, the maximum possible summed-up duration for the alternative postgraduate education to Residency (professional preparation) shall not be less than the duration of the Residency program in the respective specialty and shall not be twice as long as the latter one. Along with this, the course of postgraduate education (professional preparation) may only be undertaken in the medical and/or teaching institutions accredited according to the rule established by the Ministry. The accreditation of the medical and/or teaching institutions for the acquisition of a right to participation in the postgraduate education (professional preparation) is the competence of the Professional Development Council. Medical and/or teaching institutions may get an accreditation within the scope of one or several modules of separate medical specialty (specialties). It is the fact that the Establishments N8 in Tbilisi and N6 in Rustavi are not educational institutions accredited by the Ministry of Labour, Health and Social Protection. Respectively, it is doubtful that even 2 weeks long practical activity period in those institutions could correspond the educational program or satisfy the quality assurance standards even with any other criteria.

In addition to this, the changes in the normative acts, that shall be assessed as an attempt to "protect and legalize" particularly this illegal process, shall be mentioned. In particular, according to the legislation of Georgia, an independent medical practitioner holding a license in any medical specialty (specialties) has a right to get a State license in other medical specialty (specialties) as well. According to the Law, if an independent medical professional chooses a new medical specialty which is not adjacent to the medical specialty that he/she already hold a State license in, the independent medical professional shall undergo the established postgraduate

education (professional preparation) course in the respective medical specialty to acquire a new State license and receive the State license after passing the State license examination. If a new medical specialty chosen by an independent medical professional is adjacent to the specialty, the holder of a State license in which he/she already is, the independent medical professional shall undergo a part of the established postgraduate education (professional preparation) course in the respective medical specialty. Its volume and duration is defined along with the Professional Associations of Doctors, by the Professional Development Council. Deriving from this, the analysis of the postgraduate education program of the "family physician" provides a ground to conclude that the family medicine may be considered as adjacent to the specialty "internal medicine". As for the specialties of the doctors in the penitentiary system, this is the majority of cases was "surgery" and not "internal medicine". Due to this there was a change introduced into the Order N136/M of the Minister of Labour, Health and Social Protection on "Defining the list of Profiles corresponding the Medical Profiles, Adjacent Doctoral Profiles and Sub profiles", dated 18 April, 2007, with the 20 April, 2011 Order N01-17/M of the Minister of Labour, Health and Social Protection. In particular, according to the paragraph 3 of the Order "medical specialty "family medicine" shall be defined as an adjacent specialty to the specialties established by the respective List of Medical Specialties, Adjacent Medical Specialties and Subspecialties (Attachment N1), **with the exception of the following specialties: psychotherapy, psychiatry (with the respective adjacent specialties), children psychotherapy, lab medicine, pathologic anatomy-clinical pathology, clinical medicine, medical radiology (with the respective adjacent specialties), medical rehabilitation and sports medicine, clinical pharmacology, physical medicine and balneology, medical genetics, homeopathy.** Medical specialties, the adjacent to which is "family medicine", on their turn are not adjacent medical specialties to the family medicine and the preparation of the persons with the State license in "family medicine" shall be undertaken by undergoing the postgraduate education (professional preparation)/ presidential program". The mentioned change practically means that the "family medicine" became an adjacent of such specialties as surgery, cardio surgery, orthopedics-traumatology, neurosurgery, oto-rhino-laryngology, ophthalmology and so on. This opportunity is certainly excluded by the Law of Georgia on the Doctoral Activities, according to which the adjacent specialties are defined as "doctoral specialties within one medical sector the educational program and the nature of the professional activities of which are to a degree matching each other". No doubt, it shall not be disputed that the educational programs of the "family physician" and the specialties listed above (surgery, cardio-surgery, orthopedics-traumatology, neurosurgery, oto-rhino-laryngology, ophthalmology and so on) the educational program and the nature of the professional activities not only do not match each other, rather they are utterly different from each other, respectively, we may conclude that the changes introduced by the Order N01-17/M of the Minister of Labour, Health and Social Protection dated 20 April, 2011 do potentially include risks and will negatively be reflected on the quality of the medical service delivered to patients.

Recommendation to the Minister of Corrections and Legal Assistance of Georgia and the minister of Labour, Health and Social Protection of Georgia: to reconsider the existing policy of the "retraining of family physician" and bring them in line with the legislation of Georgia in force.

Recommendation to the Minister of labour, Health and Social Protection of Georgia: to annul the part of the 20 April 2010 Order of the Minister of Labour, Health and Social Protection which introduced the changes into the Order N136/M dated 18 April, 2007, widening in an unwarranted manner the list of adjacent medical specialties to "family medicine". To immediately commence consultations on this matter with professional associations of doctors, as this is clearly required by the Law of Georgia on Medical Activity.

Problem of tuberculosis in the penitentiary system

The problem of tuberculosis is particularly acute and problematic not only for the penitentiary system of Georgia, but for the penitentiary systems of the Eastern European states. The situation with the tuberculosis epidemiology has escalated in the region since 1990-ies. The fight against tuberculosis in the penitentiary system is accompanied with a number of difficulties and specifics that is not noticed in the civilian sector. First of all it shall be mentioned that the strains of tuberculosis infection that prevail in the closed establishments, more often are resistant to ordinary anti- tuberculosis medications. The spread of tuberculosis is often 10-100 times higher than the same indicator in the same country in general.[25] Apart from this, tuberculosis is often accompanied with virus hepatitis and Acquired Immune Deficiency Syndrome (AIDS) and emerges as co-infection. The factors contributing to spread of tuberculosis in prisons and considerably hampering the fight against this shall be mentioned as follows: the overcrowding of establishments, improper food ration, adverse impacts of aeration and ventilation system, and other factors of environment, insufficient sun light and air circulation. Apart from this the strategy of fight against tuberculosis in a closed establishment is considered to be of the second-class importance as compared with the interests of regime and security of the establishment and this is why the patients infected with tuberculosis or patients at the treatment stage are often transferred to such place which is not suitable for the standards of disease management. Apart from the fact that this very fact strongly negatively influences the health of the infected person, the latter poses a real threat to the health of others as well, due to which the mentioned shall be considered as one of the most acute problems of the public health.

Tuberculosis plays quite critical role in terms of the indicators of sickness and deaths of the prison population during the last several years. One of the main factors of death of prisoners during the recent years is the mentioned diseases, in particular – its too progressed forms. Out of the 142 persons diseased in the penitentiary system of Georgia in 2010 49.3%, i.e. each of the second diseased prisoners, were infected with tuberculosis. Despite the anti-tuberculosis measures and the range of attempts undertaken in the system, the problem not only does not decline but it is becoming even more complex. Out of the 77 prisoners diseased during the first half of 2011, 54.5% had tuberculosis. This indicator is increased with 5% as compared to the indicator of 2010. It shall also be mentioned that tuberculosis was the actual cause of death in around 43% of the deaths of prisoners in the first 6 months of 2011, as proved by the reports

25. http://www.euro.who.int/en/what-we-do/health-topics/health-determinants/prisons-and-health/facts-and-figures

of the forensic medical examination. It seems that the situation continues to be quite grave and alarming. As for the problem of spread of tuberculosis in the penitentiary system, it shall be noted that there were 924 new cases of tuberculosis were revealed in the first half of 2011. This on its turn is quite a high indicator, meaning that by taking the identified cases into account, the tubercular infection that was newly identified was revealed in around 4% of the population of the penitentiary system.

The basic statistical details of the spread, diagnostics, treatment and management of tubercular infection is provided in the table below, reflecting the situation as of the first half of 2011:

№	Name of the Establishment	Infrastructure for treatment of TB patients		Number of examinations	Screening	Analysis of sputum	Newly identified	Multi-resistance	Number of newly involved in the treatment course		N19 establishment transfer
		Cells	Places						DOTS	DOTS+	
1	№1 Tbilisi	4	80	772	463	420	43	0	43	0	27
2	№2 Kutaisi	3	11	1327	1327	275	42	0	37	0	47
3	№3 Batumi	1	4	190	698	196	9	0	9	0	12
4	№4 Zugdidi	1	8	101	653	54	5	1	4	1	7
5	№5 Rustavi	3	12	313	10	78	2	4	1	4	0
6	№6 Rustavi	4	60	259	673	115	34	0	34	0	17
7	№7 Tbilisi	0	0	1	0	1	0	0	1	0	0
8	№8 Tbilisi	0	0	198	741	170	17	0	25	0	37
9	№9 Tbilisi	2	10	48	641	1	0	0	0	0	0
10	№11 Tbilisi	0	0	239	239	23	0	0	0	0	0
11	№12 Tbilisi	0	0	0	1845	145	5	0	2	0	5
12	№13 Khoni	1	4	11	2	11	2	0	0	0	2
13	№14 Geguti	2	12	399	559	355	26	0	0	0	147
14	№15 Ksani	0	0	1164	6001	70	108	0	0	0	108
15	№16 Rustavi	0	0	593	613	671	58	2	103	2	98
16	№17 Rustavi	2	70	3864	338	400	130	0	29	0	150
17	№18 Tbilisi	10	40	1097	0	1097	160	12	160	12	170
18	№19 Ksani	-	540	486	-	6440	283	94	374	94	-
Total:		**33**	**851**	**11062**	**14803**	**10522**	**924**	**113**	**822**	**113**	**827**

As it is demonstrated from the table, there is currently no specific infrastructure for the treatment of tubercular patients created in all the establishments of the penitentiary system. It has a formal nature in some of the establishments. In the majority of the establishments, tubercular prisoners are transferred to one of the cells to isolate them. A special section in the medical unit specifically allocated to those diseased with tuberculosis exists in only a part of the establishments (e.g. Establishment N2 in Kutaisi, Women Establishment N5 in Rustavi). As for the Establishment N19, which is the Medical Establishment for Tubercular Convicts, the patients

are placed in two blocks. The prisoners infected with multi-resistant form of tuberculosis are therefore separately accommodated in the unit with 95 beds, whereas the sensitized patients are separately accommodated in the 460 bed division. The total number of beds in both divisions exceeds the limit of convicts placed in the entire Establishment. Despite this, the mentioned does still not have a practical significance, as the Establishment works with the indicator of the overcrowding of over 50%. In the Medical Establishment N18 for Sentenced and Remand Inmates the tubercular patients are placed in the infectious diseases division which has 40 places. Even though all the 40 beds are certainly not for tubercular patients, the majority of patients here is diseased with tuberculosis. The next most frequent disease because of which the patients are placed in the division is virus hepatitis.

The division for tubercular patients is isolated from the medical unit in the Women Establishment N5 in Rustavi. This plays quite a positive role in the treatment and care of the patients. The similar approach is employed in the Establishment N2 in Kutaisi as well. However, due to high number of diseased they are also placed in other cells. We shall mention herewith as well that the Establishment, due to its regime (strict) may still not be considered the best place to treat tuberculosis and manage infection. The tubercular prisoners in other establishments are placed in ordinary prison cells. In some of the establishments, there are dozens of prisoners placed in one of such cells. The prisoners are placed in the cells in accordance with the form of the disease (MGB-/MGB+) they have. The prisoners, who had returned from the Medical Establishment N19 for Tubercular Convicts, completing the second phase of their treatment at the main places of serving their sentence, are placed in such infrastructure in some of the establishments (e.g. N1 in Tbilisi, N2 in Kutaisi, N16 in Rustavi, N17 in Rustavi). As stated by the Chief Doctor of the Establishment N15 in Ksani, they also plan the introduction of the similar arrangement as well. To recognize the occurrence of tuberculosis in a better manner the screening is constantly carried out in the establishments. The respective checklist that is filled-in upon the admission of each of the new prisoner is introduced to this end. There were 14.803 persons deprived of their liberty involved in the screening during 2011. As for the examination of suspicious cases, there were over 11,000 prisoners in total examined during the same period. Out of these, bacteriological examination of sputum was carried out in 10.522 cases. As a result of screening and other examinations there were 924 instances of tuberculosis revealed. The strains resistant to anti-tubercular treatment means were revealed in cases of 113 patients. Based on this, there were 827 patients transferred to the Medical Establishment N19 for Tubercular Convicts in total in 6 months. According to the information received from the Establishment N19 there were 859 patients admitted to the Establishment during the reporting period, whereas 787 patients were discharged. The total of 23.745 Lari were spent in the same Establishment for the provision of the medication for DOTS program and 11.981 Lari for the provision of the medication for DOTS+ program during 6 months. There were 822 remand and sentenced prisoners involved in the DOTS program throughout Georgia, in all the establishments where this program is running, whereas DOTS+ program involved 113 persons. The monitoring revealed that the DOTS program is carried out in 13 establishments of the penitentiary system of Georgia, whereas the patients are treated under the DOTS+ program in the Establishment N18 for Remand and Convicted

Prisoners, Establishment N4 in Zugdidi (1 person), Women Establishment N5 in Rustavi (4 women) and Establishment N16 in Rustavi (2 persons), apart from the Establishment N19.

On 8 August, 2011, before the commencement of the medical monitoring, the Special Preventive Group of the Public Defender of Georgia applied in writing (N759-03) to the National Center for Tuberculosis and Lung Diseases requesting the information about the remand and sentenced prisoners who had been undergoing the treatment course in that institution in the first half of 2011. The list of the doctors sent to the penitentiary establishments within the framework of the Strategy of Fight against Tuberculosis; what are the types and volume of the assistance provided by these persons to the penitentiary system and what are exactly the aspects of the mentioned cooperation. According to the reply letter (N1851/01-17) from the National Center on Tuberculosis and Lung Disease received on 18 August, 2011 there were 21 patients transferred to the inpatient treatment division from the penitentiary system in the reporting period of 2011. Out of this total number, 11 patients passed away, the surgical treatment was provided in 4 cases and the condition improved. In one case the positive dynamics was achieved as a result of conservatrice treatment, the conditions staid unchanged in 4 cases, whereas in one more case the condition initially improved, later on deteriorated resulting in acute abdomen and septicemia. The patient was still undergoing the treatment by the time when the reply letter was sent. In addition to this, we were notified with the letter that the Ministry of Corrections and Legal Assistance of Georgia has a labour contracts with three leading specialists of the Center (3 doctors), as consultants and their responsibilities include, in case of such need, the consulting of the remand and sentenced persons placed in the medical establishment of the penitentiary system.

As it is known, on 28 March, 2011 the Memorandum of Understanding was concluded between the Ministry of Corrections and Legal Assistance, Ministry of Labour, Health and Social Protection and the JSC "The National Center of Tuberculosis and Lung Diseases". According to the Memorandum, the specially trained nurses carry out routine screening for early identification of cases of tuberculosis within the program of TB control in the establishments of imprisonment and deprivation of liberty. In line with the Memorandum, the Ministry of Corrections and Legal Assistance of Georgia undertakes an obligation to ensure the construction of a new medical establishment for tubercular convicts before 2013, observing the engineering and administrative measures for the control of infection. The Ministry of Labour, Health and Social Protection of Georgia shall ensure the allocation of respective additional financial means for the budget of the State Program on the TB Control for the system of imprisonment and deprivation of liberty, within the program of TB control, in order to fully carry out the screening.

The National Center of Tuberculosis and Lung Disease, according to the Memorandum, undertakes the obligation to ensure the full implementation of screening and the respective diagnostic examinations in the penitentiary establishments for early identification of tuberculosis, within the framework of the respective additional component of the State Program of TB control.
In around a month after the conclusion of the Memorandum the nurses respectively trained in the

field of screening and control of tuberculosis were seconded to the penitentiary establishments. The National Preventive Mechanism examined the main aspects of the mentioned personnel on spot. Their number and distribution according to the establishments is provided in the list below:

№	Name of the establishment	Number of nurses seconded	Note
1	Establishment №1	2	Since May
2	Establishment №2	2	Since 10 May
3	Establishment №3	1	
4	Establishment №4	1	Since April
5	Establishment №5	2	Since June
6	Establishment №6	2	
7	Establishment №7	0	Not seconded
8	Establishment №8	3	Since June
9	Establishment №9	1	
10	Establishment №11	1	
11	Establishment №12	1	Since May
12	Establishment №13	0	Not seconded
13	Establishment №14	2	Since June
14	Establishment №15	2	
15	Establishment №16	2	Since June
16	Establishment №17	3	Fince May
17	Establishment №18	0	Not seconded
18	Establishment №19	0	Not seconded
Total:		**25**	

For example, nurses in the Women Establishment N5 collect sputum, carry out tubercular screening. As for the treatment, this is the scope of responsibility of the local medical unit and the nurses do not interfere in that. The main function of the nurses working on the treatment of tuberculosis in the Establishment N6 in Rustavi is screening as well. According to the local Chief Doctor, one nurse stays constantly in the quarantine of the Establishment N6, where the main function of the nurse is the screening of each of the newly admitted prisoner. The Chief Doctor of the Establishment N8 in Tbilisi mentioned that the appointment of nurses for the fight against tuberculosis increased the statistics of identification of tubercular infection within the newly admitted prisoners. It was mentioned in the Establishment N1 that nurses conduct screening, collect the material for bacteriological examination, and this is undertaken with regard to each of the newly admitted prisoner. Periodically massive screening is also conducted. Taking all the mentioned into account, at the initial stage of the work of nurses there was an increase in the identification of cases of tuberculosis, whereas later on the indicator of identification got stabilized. The treatment of patients is not the responsibility of nurses. This issue falls within the scope of responsibility of the local medical unit. It was stated in the Special Establishment

N11 for Juveniles that the massive screening had been taking place in the apst as well. Therefore the identification rate remained the same as it was in the past – 150 persons were covered. As a result of the mentioned several suspicious cases were identified, however the further examination did not prove tuberculosis within juveniles. It was stated in the Establishment N16 that all the prisoners transferred to this Establishment, with the exception of those transferred from the Establishment N18 and Establishment N19 go through the mandatory screening. The Chief Doctor of the Establishment N12 in Tbilisi mentioned that following the appointment of the nurses dealing with tuberculosis a massive screening was conducted. The screening and diagnostics of each of the newly admitted prisoners is also conducted without any difficulties. Therefore, taking into consideration the general trends and the outcomes, the introduction of the nurses dealing with tuberculosis is welcome by the local medical units of the penitentiary establishments. As a result of work of these nurses the workload and already overloaded schedule of the local medical units has considerably lightened. The Public Defender welcomes the mentioned initiative and expresses hope that the methods and programs of the fight against tuberculosis will further be activated and become even more comprehensive.

Recommendation to the Minister of Corrections and Legal Assistance of Georgia:

- To discontinue the practice of so called "finalizing the second phase" or "treatment" of tubercular remand or sentenced prisoners. The diseased persons and the ones in the treatment process shall be transferred only to the establishment with all the required conditions (and not only of the provision of medication) for the comprehensive treatment of the disease and rehabilitation of a person.
- To study in details the diseases caused by tuberculosis and the respective death rate as well as the factors aggravating this indicator or contrary supporting the efficient implementation of anti-tubercular measures. To have the strategy and action plan of the fight against tuberculosis drafted only after this. To have the specialists as well as the organizations and private persons involved in the respective discussions to a maximum degree possible. To make the information on the state quo publicly available and transparent as much as possible, in order to have active public control of the problem introduced.

Infrastructure of the penitentiary healthcare system:

According to the Code on Imprisonment, "the medical service to a remand/sentenced person shall be provided in accordance with the requirements of the medical service acknowledged in the healthcare sector in the country". Along with this, the Article 121 of the Law envisages the creation of a doctor/medical point in each of the establishment of imprisonment/deprivation of liberty. If a treatment of a remand/sentenced person may not be conducted in the doctor/medical point of the establishment of imprisonment/deprivation of liberty, he/she may be transferred to the Medical Establishment for Remand/Sentenced Persons under the Penitentiary Department or to a hospital of general profile. The articles of the Law cited above provide the

basis for having the medical infrastructure in the form of doctor/medical points and medical establishments for remand/sentenced persons in the penitentiary system of Georgia. It shall also be mentioned herewith that before the entry into force of the Code on Imprisonment the Law of Georgia on Imprisonment regulated the issues related to the organization of healthcare in the penitentiary system in much more details and in a clearer manner. Those issues are left open in the new law. The mentioned may therefore not be considered as a progressive step in the Georgian legislation.

The monitoring conducted by the National Preventive Mechanism in the penitentiary system revealed that there are two medical establishments currently functioning in the system (N18 and N19), whereas the medical points function in all the other penitentiary establishments. These points provide outpatient medical services to the prisoners of the respective establishments. As for the inpatient treatment component, there are no opportunities of delivering such type of a medical service in all the establishments, as the inpatient medical units are not organized in all the establishments. According to the law in force, if the medical service may not be provided to a remand/sentenced prisoner at the doctor/medical point of the establishment of imprisonment/deprivation of liberty, he/she may be transferred to a medical establishment for remand/sentenced persons under the Department or to a hospital of general profile. Respectively, the transfers of patients from the establishments where no inpatient medical service may be provided to the institutions as established by the law shall be much more frequent. Despite this, the situations in the establishments are rather different in this respect. Before going into the consideration of this issue, the possibilities of the provision of outpatient and inpatient medical service in a variety of types of the penitentiary establishments shall be presented. This information is provided in the table below:

Name of the Establishment	Types of the medical service		Doctor/medical points	
	Outpatient	Inpatient	Number of wards	Number of beds
Establishment №1	+	+	5	25
Establishment №2	+	+	7	30
Establishment №3	+	+	3	16
Establishment №4	+	+	2	8
Establishment №5	+	+	16	60
Establishment №6	+	+	9	24
Establishment №7	+	-	0	0
Establishment №8	+	-	0	0
Establishment №9	+	+	3	12
Establishment №11	+	-	0	0
Establishment №12	+	+	2	9
Establishment №13	+	+	6	24
Establishment №14	+	+	8	40
Establishment №15	+	+	8	57

Establishment №16	+	+	5	25
Establishment №17	+	+	3	30
Establishment №18	+	+	48	180
Establishment №19	+	+	34	540
Total:	**18**	**15**	**159**	**1080**

As it is demonstrated in the table above, the access to outpatient medical service is provided in all the 18 penitentiary establishments currently functioning, whereas the access to inpatient medical service is only provided in the establishment N15. Inpatient treatment component is not envisaged in the Establishment N8 in Tbilisi, neither in the Establishment N7 in Tbilisi, nor in the Juvenile Establishment N11. As a result of the medical monitoring it was revealed that apart from the medical establishments of the penitentiary system there are 79 so-called "ward-cells" arranged in other places of serving sentence functioning currently. Outpatient medical service is provided there to remand/sentenced persons. As for the number of beds in the same establishments, there are 360 beds in total. The mentioned so-called "ward-cells" under the medical units that constitute a part of their infrastructure, are ordinary imprisonment cells, without any particular conditions therein for medical service and treatment of ill remand/sentenced persons. There are the same lighting, ventilation and other standards as well. The advantage given to the sentenced inmates placed in those so-called "ward-cells" is that they fall under the constant supervision of medical personnel and the access to a doctor may be organized in a quicker manner. The average number of patients in those cells equals to 5. Despite this, a number of patients in one cell of some of the establishments may exceed 10 or even 15 persons (e.g. Establishment N17 in Rustavi). There are smaller cells as well, where patients receive medical service. It shall be mentioned that furniture in those "ward-cells" does not correspond to the requirements of the medical establishments. There are no functional beds in any of the "ward-cells". The types of revetment of floor, ceiling and walls is also inappropriate, as they are arranged in a way that it is impossible to deal with that in line with the rules of dealing with the respective space of medical institutions. It shall be mentioned that water closets are arranged following different principles in different establishments. Shower, with some exceptions (Women Establishment N5 and some of the cells of the Establishment N14 in Geguti), are always placed outside and toilets in some establishments are within the "ward-cell", whereas in some establishments they are situated in a corridor of the medical unit. Due to the mentioned, the conditions of provision of adequate medical service to patients do not correspond to the existing requirements. The X-ray equipment in several establishments is fixed in a specific place of the establishment. These establishments are: N18, N19 and N12. There is a portable X-ray machine in the Establishment N14 in Geguti, which periodically is transferred to the Establishment N2 in Kutaisi. It shall also be mentioned here that the exploitation of the equipment takes place by disregarding and ignoring totally the requirements of the 4 March, 2003 Order N41/M of the Minister of Labour, Health and Social Protection (on the Approval of the Norms Ensuring the Observance of Sanitary Norms during the Medical X-ray-radiological Diagnostic Procedures and Measures for Protection from Radiation during the Medical Treatment). As for the organization of X-ray and ultrasound examinations, the situation in this respect has been relative improved

in the establishments. The frequency/regularity of radiological service as well as the rule of the delivery of this service varies in different penitentiary establishments. Echoscopy specialist and X-ray specialist visit some of the establishments and carry examinations periodically, whereas their visit is not regulated by any of the rules and according to the Chief Doctors, "they are called on only based on need". However, the study of exactly in such establishments revealed that the "based on the need" means either the minimum level of such calls and the examinations carried out, or leaving the patients without this service. The details in relation to the mentioned issue are summed-up in the table below:

№	Name of the Establishment	X-ray machine	Organization of X-ray examination		Organization of ultrasound examination	
			The frequency of the visits of the X-ray specialist	Number of the examinations carried out	The frequency of the visits of the echoscopy specialist	Number of the examinations carried out
1	Establishment №1	of the consultant	Once a month	140	Once a month	102
2	Establishment №2	of the consultant	Once a week	281	Once a week	288
3	Establishment №3	of the consultant	Once a week	55	Once a week	197
4	Establishment №4	of the consultant	Once a month	35	Once a month	40
5	Establishment №5	of the consultant	By contract	213	On the spot	199
6	Establishment №6	of the consultant	Once a month	230	Once a month	106
7	Establishment №7	of the consultant	As needed	7	As needed	5
8	Establishment №8	of the consultant	Once a month	185	On the spot	86
9	Establishment №9	of the consultant	As needed	3	As needed	25
10	Establishment №11	of the consultant	As needed	6	As needed	8
11	Establishment №12	of the consultant	Twice a month	96	Twice a month	52
12	Establishment №13	of the consultant	As needed	25	As needed	21
13	Establishment №14	portable	Once a week	321	Once a week	352
14	Establishment №15	of the consultant	Once a week	348	Twice a month	245
15	Establishment №16	of the consultant	Twice a month	244	Twice a month	302
16	Establishment №17	of the consultant	Twice a month	390	Twice a month	316
17	Establishment №18	stationed	On the spot	1961	On the spot	1063
18	Establishment №19	stationed	On spot	1642	Once a month	101
				6182		**3508**

As it is shown in the table, there were 6182 X-ray examinations (rentgenography as well as rentgenoscopy) and 3508 sonographic examinations provided during the reporting period in total in the conditions of the visits by the consultants or the use of the locally installed equipment. It shall be mentioned that following the provision of the Women Establishment N5 and the Establishment N8 in Gldani with the equipment the echoscopy machine is already permanently available in the local medical unit.

As for the changes in the infrastructure during the reporting period, there were the so-called primary healthcare points organized in the Establishment N6 in Rustavi and Establishment N8

in Tbilisi. The family physicians re-trained within a new program have to work there along with other personnel.

As clarified by the Chief Doctor of the Establishment N6 in Rustavi a pilot program within which the so-called primary healthcare points were formulated, commenced in the mid of summer. The aim of the program is to increase the communication between a patient and a doctor. To this end after the morning-watch a certain number of prisoners (as grouped in different groups) a primary healthcare doctor shall pay a visit deciding on the appropriateness of the visit of a doctor in each case. Each of the doctors and nurses will be in charge for 400 prisoners, on the healthcare of which they will be responsible. There are special facilities the so called points arranged for the medical personnel working based on this principle. The patients will be examined here, whereas they will be taken to the medical unit for medical manipulations or any other medical support. The nurse will keep the control over the following the prescription of the doctor. In such a situation, a medical unit practically remains without a doctor, and due to this the primary healthcare doctor personally accompanies the prisoner to the medical unit and will implement the required procedure or manipulation. As for the nurse, in such a situation the locally based nurse of the procedural ward will provide the assistance to them. All the medications as prescribed by the doctor will be distributed during the day. Only injections will be ensured during the night. As stated by the Chief Doctor he had requested the position of a doctor, who shall also have been permanently based in the medical unit, however this issue has yet not been decided yet. According to the information provided by the Chief Doctor, due to the switch to the new system, cardiograph and defibrillator machine were provided additionally in the medical unit. The primary healthcare points were also equipped with furniture, the medical records of prisoners were transferred there and doctors were provided with glucometers, otoscope, neurological hammer, medical light and a magnifier. As stated by the Chief Doctor, no guidelines, according to which the medical service shall be provided during particular nosologies, have not been distributed to them so far. There is also a certain deficiency with regard to provision of medications as well. According to the information the Chief Doctor possessed, the evaluation of the system shall take place in January 2012. The chief doctors are not fully aware of the detailed plan of the reform ongoing in this regard yet. It is also unknown to them as to when or in what form will the electronic recording be introduced, or what human and material resources will be used to this end. Following the commencement of the pilot program of transfer to the primary healthcare model no doctor keeps duty in night hours in the Establishment. There is only a nurse on duty. In such a case they were instructed to call the emergency healthcare brigade in case of such a need. The Public Defender of Georgia considers this approach is not justified, as a nurse may not substitute doctor in the Establishment and the calling the emergency healthcare service to deal with this gap is an inefficient action that shall not be allowed. The very fact that took place in the Establishment N6 in Rustavi in the first half of 2011, resulting in death, supports our position and brings back on the agenda the issue of the reinstating the mandatory duty by doctors: prisoner V.K., 55 years old, passed away on 9 January, 2011. As it can be seen from the medical record, 2 days before the death the patient had apparently applied to a doctor claiming a general frailty, pain in the area of stomach, nausea and vomiting. “Indicators of blood

pressure, temperature and pulse do not call for attention. A soft stomach, mesogastrom area is sensitive. Normal breath, on both sides. The patient mentions that the commencement of these claims was related to the meal he had had." The doctor considered that there was a food intoxication, due to which the patient was given rehydron, cerucal and transfusion of glucose along with the complex of group "B" vitamins. The same night at 02.40 "the patient is laying on the floor of the cell, with cyanotic skin, emitting foam from his mouth, pulse can not be checked neither on periphery nor on carotid artery, arterial pressure may not be measured, does not breath." The convict was transferred to the medical unit, the performance of direct cardiac massage and artificial respiration with ambu bag started, adrenaline, atropine and mesatone, as well as calcium cloride were intravenously injected. Despite this, the undertaken measures did not provide a result and the patient died. The doctors considered that the diagnosis was sudden death, acute cardiac failure. The emergency healthcare brigade was called, which also confirmed the fact of death. According to the forensic medical examination report, the cause of the death of the patient was acute myocardial infarction. The late form of ischemic heart disease, coronaritis, pulmonary edema and pneumonia were also ascertained. None of the diseases listed in the forensic medical examination report were registered in the lifetime of the patient in his medical records and even more, there was no suspicion even over these diseases. Neither ECG test, nor the determination of the enzymes in the blood and an array of other examinations were provided to the patient that are considered necessary by the contemporary standards in such situations. Deriving from this, it is impossible to believe that a nurse will be able to deal with such problems at night and outside working hours and ensure the prevention of the lethal outcome.

As for the Establishment N8 in Gldani, a doctor keeps duty there still. The pilot program of healthcare reform is being introduced for 3 month here as well. The primary healthcare points in the blocks were equipped with the respective furniture, blood pressure apparatus, phonendoscopes, height measuring devices and weighing-machines. Apart from this, cardiograph, exhoscopy-machine, defibrillator, otoscope, ophthalmoscope, medical lighting, glicometer and boxes of primary medical aid were also provided. According to the information provided by the Chief Doctor of the Establishment N8, such primary healthcare facilities are already introduced in the block 1 and the block 2. The prisoners were grouped and each of those groups already has a doctor responsible for their primary healthcare. According to the Chief Doctor, there is no shortage of human resources in the Establishment N8. As for the newly admitted prisoners, a person responsible for their medical check-up stays in the quarantine part constantly and does not take part in the pilot program. According to the Chief Doctor, there is 1 nurse per 1 doctor in the Establishment N8. Along with this, if in the past the contact of a prisoner with a doctor was only possible by means of calling a doctor, currently planned visits of a doctor also take place. The Chief Doctor considers that as a result of the above-mentioned the number of identified diseases increased and the efficiency of the respective activities has improved.

According to the findings of the Monitoring Team, the medical points of the both establishments mentioned above were equipped with additional equipment during 2011. This fact shall be

welcome. The considerable improvement is noted in this respect in the establishment for women as well. The medical unit is fully provided with new infrastructure. The medical unit is located in the isolated block "B". The office of the Chief Doctor, ordinatory, surgical bandage room, emergency ward, dentist's office, manipulation ward, gynecologist's office and pharmacy (with a separate entrance, related to the building with a window) are situated at the ground floor. The showers, X-ray room, water closets and 4 wards (one for 2 persons, one for 4 persons and one for 5 persons) are also situated there. The first floor accommodates the AIDS lab, 1 room for examination of a patient and consultations, as well as a dressing room for the medical staff. To provide the inpatient medical service to patients two wards for 4 persons, five wards for 5 persons and two wards for 2 persons are also located on this floor. The emergency ward is a room of about 17 sq.m., equipped with a defibrillator, electrocardiograph, cardio monitors, X-ray machine. The medical closet, washbasin, table for medications, table for manipulations, closet for medications and tripod are also located there. The room for medical manipulations is around 35 sq.m. There are 2 medical sofas, closets, a table, chairs, closet for medications and medical metal packing-cases (bixes). The surgical manipulation room is of 12 sq.m., with a table for medical manipulations, 2 sterilizers, light source, disinfection solutions, 2 tables for medical tools and a doctor's table. The gynecological chair, a closet for medications, the light source, medical sofa, a table and chairs are placed in a gynecological room. The AIDS room, representing 2 separated cubicles, is situated at the first floor, with a refrigerator-closet, a table and chairs in it. According to the information provided by the Chief Doctor, the lab had recently been opened and they have not yet received tests. The reception is equipped with a washbasin, a table and chairs. The consultation room is equipped with an eye chart measuring visual acuity. It shall be mentioned that the duty station of the prison personnel is also arranged in the medical unit and they are present at the territory of the medical unit constantly. As for the TB-wards of the Establishment for Women N5, they are separately situated in a one-story building. There is are a room for distribution of medications (furniture – a sofa, a washbasin, a table, a bookcase for documentation) as well as 3 wards in there. The building has a separate courtyard. The nurses of the TB National Program visit this very building. There is a corridor in the building as well, with a common dining table, a wash-machine and a refrigerator. Each of the wards has a shower and a toilet.

As for the medical units of other penitentiary establishments, the boxes of the primary healthcare were added to their medical infrastructure during 2011. Apart from this, only minor medical inventory was provided to them.

To collect the information about the infrastructure, development and capacities of the medical establishments of the penitentiary system, the National Preventive Mechanism performed quite a comprehensive work. First of all, it shall be mentioned that the 30 May, 2011 Order N97 of the Minister of Corrections and Legal Assistance of Georgia approved the new Regulations of the Medical Establishment for Remand/Sentenced Persons (Appendix N4) and Medical Establishment for Tubercular Convicts (Appendix N5), practically substituting the earlier functioning the so-called Temporary Regulations.

According to the Appendix N4, the Medical Establishment for Remand/Sentenced Persons under the Penitentiary Department of the Ministry of Corrections and Legal Assistance is a medical establishment under the Penitentiary Department, providing emergency and planned medical aid to remand/sentenced persons in the places of imprisonment and deprivation of liberty. According to the Regulation, the legal basis for the operation of the Establishment N18 is the Constitution of Georgia, the Code on Imprisonment, Law of Georgia on Healthcare and other respective normative acts. The provision of the medical establishment with the material-technical basis (the basic means) and the foodstuff shall be ensured by the Penitentiary Department, material-technical (non-basic means) equipment, medication, medical treatment means and medical personnel shall be provided by the Ministry of Corrections and Legal Assistance of Georgia. Along with the functions deriving from the healthcare and medical service interests, the Medical Establishment is obliged to ensure the necessary measures for the observance of a legal regime of remand/sentenced persons. It shall be mentioned that according to the Regulation, the persons in charge of the management of the Medical Establishment are a director of the Medical Establishment (appointed and dismissed by the Head of the Department in agreement with the Minister of Corrections and Legal Assistance of Georgia) and deputy directors, however it is therein mentioned that "the Chief Doctor (appointed and dismissed by the Minister upon the proposition of the Chief of the Medical Department of the Ministry) and deputy Chief Doctor are also considered to be managers". According to the Regulation, the Chief Doctor of the Establishment is to ensure the methodic supervision and systematic provision of information on the new methods of treatment, prevention and diagnostics of diseases, the recommendations and methodic letters by the respective bodies to the staff of the doctoral-medical points of the establishments of imprisonment and deprivation of liberty. The Chief Doctor also ensures the contacts with them. The medical establishment has administrative and medical unit. As for the medical unit, the structural entities of the latter are as follows:

a) The reception;
b) Therapeutic division;
c) Infectious diseases' division;
d) Psychiatric division;
e) Surgical division;
f) Anaesthesiological/resuscitation division and intensive therapy division;
g) Dental office;
h) Echoscopic room;
i) X-ray room;
j) Lab;
k) Pharmacy;
l) Endoscopic room.

The main purpose of the medical unit is the provision of the medical aid to remand/sentenced persons, the medical oversight of the medical establishment and the implementation of other rights/duties as envisaged by the legislation of Georgia. According to the Regulation, the medical establishment is funded from the state budget, within the allocation from the budgets of the Department and the Ministry.

The regulation of the Establishment N18 includes the article that does not correspond with the principle of provision of medical service recognized in the country. In particular, according to the paragraph 4 of the Article 33 "if a remand/sentenced person harshly violates the Regulation of the Medical Establishment, the day schedule or/and the treatment regime, the Director of the Establishment is authorized to initiate the transfer of the remand/sentenced person from the establishment to the respective establishment upon the submission of the Chief Doctor, if the Law does not provide otherwise." In such cases, the Director is not proficient to decide in a cogent manner the conditions and the action of the patient, taking into consideration the patient's physical and mental conditions. Therefore Regulation does not envisage the superiority of the best interest of the patient in the case of respective decision-making.

Despite the fact that at the very beginning of the Regulation the Law of Georgia on Healthcare is recognized as one of the main legal principles of the actions of the establishment, the content and the essence of the Regulation itself do not match the provisions of the Law. It is particularly remarkable that the Regulation is not in line with the Chapter 6 (Medical Establishment) of the Law of Georgia on Healthcare, in particular with its Articles 53, 58, 62 and 63.

The functions of all the divisions and other structural units of medical profile of a medical institution are defined one by one in the Regulation. The Article 20 defines the activities of the reception of a medical establishment. According to the Regulation, "the purpose of the reception of the medical establishment is to admit patients, make their primary assessment based on their health condition and the accompanying medical documentation, refer them to the respective division according to the diagnosis; in case of need, the reception shall provide primary medical aid, ensure the provision of the respective consultations, relevant examination and the prescription of the appropriate treatment by the specialists of the establishment to diagnose the admitted outpatients." The order of the activities of the therapeutic division is provided in the Article 21, whereas it is stated that the division provides the inpatient medical treatment of the patients of therapeutic profile in accordance with the standards existing in the country. In case of need, it ensures the consulting of the admitted outpatients by the respective specialist. As needed, it ensures the sending the respective specialist to the establishment of imprisonment/deprivation of liberty to provide consultations to patients. According to the activity report of the Establishment N18 for Remand/Sentenced Persons, covering the first half of 2011, there were 186 patients admitted and 199 patients discharged during the reporting period. The nosological spectrum is provided as follows:

1	Cardio-vascular diseases	53
2	Respiratory diseases	40
3	Digestive tract diseases	74
4	Nervous system diseases	41
5	Endocrine system diseases	1
6	Hematological diseases	7

In addition there were 1031 electrocardiogram examinations carried.

The Article 22 of the Regulation describes the activity of the infectious diseases division. The Regulation provides that the division shall provide the inpatient medical service to the patients of the infectious profile in line with the standards existing in the country. In case of a need, it ensures the provision of consultations by the respective specialists of the admitted outpatients. If needed it shall ensure the sending of a respective specialist to the establishment of imprisonment/deprivation of liberty to provide the consultations to patients. The following types of diseases were treated in the Division of Infectious Diseases during the reporting period:

1	Infectious diseases	115
2	Tuberculosis/newly identified	160
3	HIV/AIDS newly identified	4
4	Venereal diseases (newly identified)	15
5	Skin diseases	4

The Report does not mention as to which infectious diseases had been treated and the structure of the 115 diseases of such type are not explained. It is only mentioned that there were 279 patients admitted and 254 patients were discharged during the reporting period. It is also unclear why are the skin and venereal diseases treated in the hospital with the infectious profile, whereas the skin and venereal diseases are adjacent doctoral profile to internal medicine. According to the Report, to identify BK+ cases there were bronchial mucus of 1097 sentenced persons examined in the Infectious Division. There were 160 patients involved in the treatment with DOTS program introduced by the International Committee of the Red Cross, whereas 12 patients were involved in the DOTS+ program.

As for the Psychiatric Division, according to the Article 23 of the Regulation, the Division shall provide the inpatient medical service to patients with the psychiatric profile in accordance with the standards existing in the country. In case of a need, it shall ensure the consultation of the admitted outpatients by the respective specialist. If needed, it shall ensure the sending of the relevant specialist to the establishment of imprisonment/deprivation of liberty to provide consultations to patients. According to the Report, the spectrum of nosologies looks as follows:

1	Organic disorders	17
2	Psychic and behavioural disoirders caysed by psychoactive substances	6
3	Schizophrenia, schizophrenic disorders	8
4	Affective disorders	12
5	Neurotic, stree-related and somatotrophic disorders	7
6	Personal and behavioral disorder	29
7	Mental retardation	3
8	Epilepsy	1
9	Reactive psychosis	3

There were 83 patients admitted to the Psychiatric Division and 72 patients were discharged during the reporting period. It shall be mentioned that the Psychiatric Division is the only inpatient unit wihin the penitentiary system of Georgia. Against the background of the complex problems in the establishments of the penitentiary system, caused due to the hundreds of patients in need of the inpatient psychiatric assistance, the 26 beds for the inpatient treatment in the psychiatric establishment are absolutely insufficient and they can not even cover a minimum of the needs.
The rule of the activities of the Surgical Division is established by the Article 24 of the Regulation. The Surgical Division provides the inpatient and surgical (small and large scale) medical support in accordance with the standards existing in the country. If needed, it ensures the consulting of the admitted patients by the respective specialist. In case of need, it provides the sending of the respective profile specialist to the establishment of imprisonment/deprivation of liberty to provide consultation to patients. According to the Report, there were altogether 333 patients admitted to the Surgical Division during the reporting period, whereas 313 patients were discharged. There were 143 planned surgeries, 33 emergency surgeries and 32 small-scale surgeries carried out in the Division during the reporting period. Unfortunately, the Report does not include the structure of the information reflecting the surgical activities. It is also impossible to establish what does the administration of the Establishment mean under the "small surgeries". As for the nosological spectrum, it is as follows:

1	Severe surgical diseases	33
2	Oncologic diseases	19
3	Self-inflicted injuries and traumas	30
4	Diseases of bones and joints system and the connective tissue diseases	21
5	Diseases of genital-urinary system	63
6	Diseases of sense organs	35

As shown in the information provided the statistical groups are selected improperly. The Report does not show the surgical spectrum of nosologies. It is not clear what principle is used to treat the diseases of connective tissue in the surgical inpatient mode. Only 16.4% of the surgical inpatient treatment capacity is busy with the surgical nosologies, in the remaining of cases it also serves the treatment of oncologic, orthopedic, traumatologic, urologic, ophthalmologic and oto-rhino-laryngological diseases. Therefore, its name is also mismatching.

The work of the "Anaesthesiological/resuscitation division and intensive therapy division" of the Medical Establishment for Remand/Sentenced Persons is organized based on Article 25 of the Regulation. In particular, it is stated therein that the Division serves the profiled and severe patients. It also ensures an uninterrupted work of the surgical division, as well as the medical treatment of severe patients in accordance with the standards established in the country. According to the Report of the Establishment, there were altogether 56 patients admitted to the Division and 3 patients were discharged (2 were released; 1 was referred to the psychiatric forensic medical examination) during the reporting period. Along with this, the Report includes an alarming figure, according to which out of the 56 patients admitted to the Division 38 (i.e.

68%) have died, whereas 18 patients who had been transferred to different hospitals of the city had passed away therein. The respective services of the Ministry of Labour, Health and Social Protection of Georgia shall get immediately interested into the reasons of the above mentioned against the background of this statistics and undertake a complex check-analysis in order to analyze the issue.

The dental room of the Medical Establishment for Remand/Sentenced Persons provides the therapeutic, surgical and orthopedic dental service to patients in accordance with the standards established in the country. In case of a need, it ensures the provision of consultation to the outpatients admitted. If needed, it ensures the sending of the respective specialist to the Establishment of Imprisonment/Deprivation of liberty to provide consultation to patients and to provide them respective medical treatment. There were 842 visits recorded in the Dental Room during the reporting period. Out of these 620 were of therapeutic profile, 115 were of surgical profile and 107 cases were of orthopedic profile.

Echoscopic room served in total 1063 patients, endoscopic room served 398 patients, whereas the physiotherapeutic room served nine patients.

As for the X-ray room, it served 1961 patients during the reporting period. The spectrum of the examinations is provided in the table:

1	Chest X-ray	1215
2	Abdominal cavity X-ray	42
3	Bone and Joint System X-ray	285
4	Tomography	18
5	Fistulasgraphics	3
6	Urography	17
7	Teeth X-ray	33
8	Chest X-ray scopy	329
9	Abdominal cavity X-ray scopy	15
10	Contrast X-ray scopy	4

There is also a lab serving the medical establishment, examining the biological material of patients. There were numerous routine, biochemical and serological tests conducted during the reporting period.

There is a pharmacy functioning in the Medical Establishment for Remand/Sentenced Persons the organization of the activities of which is determined by the Article 30 of the Regulation, stating that the pharmacy of the Establishment “shall receive and store the medications delivered, distribute them within the divisions based on the request, ensure registration and the respective paperwork in a thoroughly organized manner in line with the standards and legislation in force in the country”. According to the Report, there were medications and medical objects with a total value of 130562.83 Georgian Lari delivered to the pharmacy during the reporting period. The work of the pharmacy and the related matters shall be considered in the respective chapter of this Report.

Public Defender of Georgia has been mentioning in all of his Reports that the Medical Establishment for Remand/Sentenced Persons had been working without the respective license throughout years. Despite the fact that the representatives of both – the Ministry of Corrections and Legal Assistance as well as the Ministry of Labour, Health and Social Protection were clarifying that the Establishment did not need such a license, the Public Defender of Georgia did not share this view. The discussions and debates on this matter had been taking place during the Parliamentary Committee hearings as well. The Chairman of the Parliamentary Committee of Health and Social Issues got personally interested in the issue and had mentioned several times in the subsequent speeches that the issue did in fact require consideration and resolution. Against this background the fact that the license of the inpatient medical establishment was issued to the Medical Establishment for the Remand/Sentenced Persons in line with the Order 02-176/N of the Head of the Agency for State Regulation of Medical Activity under the Ministry of Labour, Health and Social Protection on 8 April, 2011, shall be welcomed.

The letter (02/13810) of the Head of the Agency for State Regulation of Medical Activity under the Ministry of Labour, Health and Social Protection sent on 13 May, 2011 notified the Office of the Public Defender that "based on the paragraph 1 of the Article 1 of the Law of Georgia on Licenses and Permits (the version of 1 December, 2010) and Article 7 of the 17 December, 2010 Resolution N385 of the Government of Georgia … the Medical Establishment for Remand/ Sentenced Persons of the Ministry of Corrections and Legal Assistance of Georgia submitted to the Agency for State Regulation of Medical Activity under the Ministry of Labour, Health and Social Protection the licenses issued on those medical activities that are to be automatically substituted with the respective permit according to the above mentioned normative acts. The Agency for State Regulation of Medical Activity under the Ministry of Labour, Health and Social Protection issued (on 08.04.2011) the permit for inpatient medical establishment and the appendixes to the permit".

The following activities are included in the 8 April, 2011 Order of the Head of the Agency for State Regulation of Medical Activity under the Ministry of Labour, Health and Social Protection:

	Title	Address	Appendix	Basis
1	Sub-agency - the structural entity of the Penitentiary Department "Medical Establishment N18 for the Remand/ Sentenced Persons under the Ministry of Corrections and Legal Assistance of Georgia"	Tbilisi, Gldani 7th micro-rayon, 2nd km.	1) Treatment of infectious diseases; 2) TB treatment; 3) Psychiatry; 4) Surgical profile; 5) Resuscitation; 6) Radiological activities – X-ray examination; 7) Oncology; 8) Oto-rhino-laryngology; 9) Ophthalmology	The protocol N 33 of on-spot inspection, 06.04.2011 Explanatory Note of 07.04.2011

The mentioned step shall certainly be welcomed – the Medical Establishemnt N18 for the Remand/Sentenced Persons got sharply increased responsibility and accountability vis-à-vis

the state healthcare regulator. Despite this, no changes were identified in the activity of the Establishment N18 during the monitoring. The only modification undertaken is the decrease of the number of beds to 180. However, even this change was only introduced on paper, whereas the number of prisoners in the Establishment remained the same. The Establishment is meant to be for 180 beds currently. The number of beds distributed according to the divisions is as follows:

	Name of the Division	Number of beds
1	Therapeutic Division	**40**
2	Surgical Division	**66**
3	Infectious Diseases Division	**40**
4	Psychiatric Division	**26**
5	Anesthesiology/resuscitation and Intensive Therapy Division	**8**

The Chief Doctor of the Medical Establishment of Remand/Sentenced Persons could not submit to us the above mentioned 9 appendixes, explaining that he is not fully aware of the developments related to the permits, at the same time avoiding answering some of the questions put by us and leaving them unanswered. The Monitoring Group considers that the reason of this is panoply of violations or shortcomings related to the functioning of the Establishment in conditions not complying with the conditions as provided by the permit. Primarily this refers to formal decrease of a number of beds, as well as the fact that the Establishment keeps provision of "treatment and diagnostics" of the patients in the sectors that are not envisaged by the permit conditions and the respective appendixes. The Office of the Public Defender of Georgia expresses the hope that the mentioned deficiencies will be eradicated in the nearest future and the issues mentioned will be put in compliance with the norms envisaged by the legislation.

As regards the Medical Establishment N19 for Tubercular Convicts, the Regulation of this Establishment was also approved by the 30 May, 2011 Order N97 of the Minister of Corrections and Legal Assistance of Georgia (appendix N 5). The general provisions, the aims and purpose, functions, scope of capacity and obligations, as well as the issues related to management of the Establishment are based on exactly the same principles as the Regulation of the Medical Establishment N18 for Remand/Sentenced Persons is based on. The Regulation considers the specifics of the treatment of tubercular patients. The structure of the Medical Establishment is dealt with in Article 18. The structure is divided into 2 parts in this case as well: there are an administrative and a medical part. The Medical part of it is further divided into the following structural entities: a) the Division for Resistant-form tuberculosis; b) the Division for Sensitive-form tuberculosis; c) Outpatient Division. The main purpose of the Medical Part is to provide medical aid to sentenced persons, to undertake medical control of the medical establishment and other rights/obligations as envisaged by the legislation of Georgia. The Regulation also mentions that the consilium of anatomical pathology, the instructions for the personnel according to the fields, the day schedule, the work plan (quarterly, yearly) of the medical establishment and the

personnel also exist. As regard the "anatomical pathology consilium" it shall be mentioned that such a term is not at all known to the healthcare legislation of Georgia. The Law of Georgia on Medical Activity provides for a definition of a consulium and what purpose it serves. However, the functions vested onto the consilium according to the Regulation go beyond this definition. The Division for Resistant-form tuberculosis provides the inpatient and outpatient medical aid to the patients with resistant-form tuberculosis in accordance with the standards existing in the country. In case of need, it ensures the consulting of outpatients. If so needed, it ensures sending of the specialists of respective profile to the places of imprisonment/deprivation of liberty to consult prisoners. The Division for Sensitive-form tuberculosis provides the inpatient and outpatient medical aid to tubercular patients in accordance with the standards existing in the country. In case of need, it ensures the consulting of outpatients. If so needed, it ensures sending of the specialists of respective profile to the places of imprisonment/deprivation of liberty to consult prisoners. As for the outpatient division, the latter, according to the Regulation, provides the outpatient medical aid to tubercular patients in accordance with the standards existing in the country. In case of need, it ensures the consulting of patients. If indispensable, it ensures the sending of the specialists of respective profile to the places of imprisonment/deprivation of liberty to consult patients. Unfortunately, paragraph 4 of the Article 23 of the Regulation, likewise in the case of the Regulation of the Establishment N18 states, that "if a sentenced person harshly deliberately violates the Regulation of the Medical Establishment, the day schedule or/and the medical treatment regime, the Director of the Establishment is authorized to inititate the issue of transfer of the sentenced person from the establishment to the respective establishment upon the submission of the Chief Doctor, if the Law does not provide otherwise." It is also clear herein that the priority is given to the regime interests versus the interests of healthcare of a patient. This shall certainly not support the implementation of measures against tuberculosis in the penitentiary system.

Recommendations to the Minister of Corrections and Legal Assistance of Georgia:

- To ensure the close and simplified links of the medical units of the penitentiary establishments with the local (geographically proximate) medical institutions;
- To ensure the equipment of all medical units of the penitentiary establishments with the equipment and means necessary to provide the emergency medical aid on the spot. Along with this, to commence the gradual re-training of the local doctors (in the shortest possible time-frame), to have all of them able to manage the patient in case of standard emergency in accordance with the existing standards; to ensure the introduction of the inpatient medical divisions in the establishments without inpatient medical divisions. To establish the unified approaches to the inpatient divisions of all establishments and to have the consistent approach to the rule of activity of all of them; to immediately commence the actions to solve the problem in the establishments where the inpatient divisions exist formally and do not at all comply with the standards (e.g. the Establishment in Zugdidi);
- To alter the Regulations of the Establishments N18 and N19 and bring them in line with the healthcare legislation of the country. To this end to commence active

consultations with the respective agencies of the Ministry of Labour, Health and Social Protection;

- To stop the activities of the Medical Establishment for Remand/Sentenced Prisoners in the directions not envisaged by the appendix to the permit issued to it immediately. To have all the patients of this profile transferred and further treated in the civilian medical institutions with the respective profile.

Recommendation to the Head of the Agency for State Regulation of Medical Activity under the Ministry of Labour, Health and Social Protection: to study and prepare the respective Report on the situation, gaps, dificiencies in the Medical Establishment for Remand/Sentenced Persons and to assess how the actual situation therein corresponds with the criteria and rules of activities envisaged by the permit.

Provision with medications and the work of pharmacies

The issue of provision medications is diverse in different penitentiary establishments. Despite the fact that the amount allocated for purchasing medications was increased during 2010-2011, the list of the medications on the spot does in no way cover the needs in the penitentiary establishments. The delivery of medications is hampered at some of the places. Incorrect introduction of the tendering system for the procurement of a variety of groups of medication has also brought along a number of organizational and technical problems. Often tenders are held with delay, causing the impediments to the provision of medications. The increase of prices at the pharmaceutical market at large has created problems in the penitentiary healthcare system as well. It is impossible to request and purchase expensive medications with the allocated budget for the medical units or they are insufficient. This does not provide for an adequate possibility to carry out the treatment. The work of pharmacies in the medical units is primarily undertaken by the field specialists. Since the second half of 2010 the pharmacies had been renamed and are called “drug storage” and the respective personnel are called “a person responsible over the drug storage”. As observed in the latest trends it is also possible to appoint a person without pharmaceutical education to this position. Despite the above mentioned, since 2011 the Ministry of Corrections and Legal Assistance has declared that the reform of the penitentiary healthcare system covered the pharmacies as well. This was reflected in the fact that the pharmacies became licensed.

The National Preventive Mechanism studied the issue of provision of the establishments of the Penitentiary Department of the Ministry of Corrections and Legal Assistance of Georgia with the medications and the medical items during the first half of 2011. As it was established, there are different situations in a variety of the establishments in this respect. If there was a pre-established total amount for the purchase of medications by each of the establishments in the past, the practice had been changed during the current year. Therefore, there is no such a so-called “strictly established limit” there anymore. This approach has improved the situation;

however the problems still remain in some establishments. The analysis of the amount allocated for the purchase of medications and the information on the persons with pharmaceutical education working in the establishments is provided below:

№	Name of the establishment	Amount allocated for pharmacies (in Georgian Lari)
1	Establishment №1	6497
2	Establishment №2	13159
3	Establishment №3	3927
4	Establishment №4	7296
5	Establishment №5	22519
6	Establishment №6	11382
7	Establishment №7	899
8	Establishment №8	31460
9	Establishment №9	11747
10	Establishment №11	2689
11	Establishment №12	3039
12	Establishment №13	4022
13	Establishment №14	22053
14	Establishment №15	7680
15	Establishment №16	4902
16	Establishment №17	14210
17	Establishment №18	130021
18	Establishment №19	35726
	Total:	**333228**

The Law of Georgia on the Medication and Pharmaceutical Activity aims to promote the increased access of the population to the reliable pharmaceutical products. To this end the Law provides for the legal basis for the regulation of the turn-over of pharmaceutical products along with regulating the rights and obligations of physical and legal persons involved in this field. The field of regulation envisaged by the Law extends on the circulation of pharmaceutical products as well. The latter activity includes the preparation, manufacturing, standardization, quality control, packing, purchase, sending and transportation, storage, selling of pharmaceutical product, as well as provision of information about it to population at large and specialists, its advertisement, marketing, export, import, re-export, utilization, destruction and other actions related to pharmaceutical products.

Deriving from the specifics of penitentiary establishments, the principles of retail sales of pharmaceutical products shall first of all be taken into consideration. The retail sales of pharmaceutical products is undertaken by an authorized pharmacy, pharmacy (specialized trade unit), and retail realization trade unit and in cases envisaged by the legislation of Georgia – personnel with pharmaceutical education or a private person who is a subject of independent

medical activity. One of the directions of the healthcare reform of the Ministry of Corrections and Legal Assistance of Georgia was exactly the establishment of authorized pharmacies in penitentiary establishments and conducting their activities according to the legislation. It shall be mentioned that the authorized pharmacies are subject to permit control and realization of pharmaceutical products belonging to the first, the second, and the third groups, as well as preparation of pharmaceutical product based on official or magisterial prescription is authorized there. The latter is of course impossible to undertake in establishments of the penitentiary system. The Law permits the realization of the second and the third group pharmaceutical products in the authorized pharmacy of the penitentiary establishment. Following the authorization, the requirements established by the Law for those selling pharmaceutical products will be extended to pharmacies of penitentiary establishments. This in particular includes the ensuring the conditions for storage and distribution of pharmaceutical products and the respective file-keeping required for the registration of the series of the sold product. The pharmaceutical product dealer is also obliged to introduce the contemporary means for the storage of pharmaceutical products and ensure their storage and subsequent realization in such conditions that will protect the product from negative influences of outside factors (temperature, humidity).

The pharmaceutical products dealer is obliged to keep the pharmaceutical product fully observing the sanitary-hygienic/technical conditions envisaged by the instruction of the respective product. Realization of the pharmaceutical products in the pharmacy, the storage and display shall be exercised with the strict observance of the sanitary-hygienic conditions. The pharmaceutical product belonging to the second group shall not be accessible to a consumer without responsible personnel. Pharmaceutical product the time for the use of which has expired or that has become unfit for consumption shall be kept separately and in isolation from other pharmaceutical products before its destruction.

In accordance with the Order N387/M of the Minister of Labor, Health and Social Protection dated 24 November, 2009, issued on the basis of the paragraph 5 of the Article 17 of the Law of Georgia on Drugs and Pharmaceutical Activity; the sanitary/technical conditions were approved. The Order clarifies that the realization of the pharmaceutical products belonging to the second and the third groups is allowed in a pharmacy, provided that this is provided by a responsible personnel with the medical or pharmaceutical education. The medications belonging to the second group shall not be accessible for the users without responsible personnel whereas the pharmaceutical product belonging to the third group may even be accessible without responsible personnel. The staff of pharmacy is obliged to protect personal hygiene and wear the closing corresponding to their obligations (doctor's coat, doctor's gloves – during the respective procedure). According to the Order, it is important to have enough space in the distribution hall of pharmaceutical products to have a possibility to provide pharmaceutical products and deliver consultations to customers. Apart from this, a pharmacy shall have the storage to observe the regime of storing pharmaceutical products and keep them in a warehouse. According to the sub-law, no smoking shall be allowed in a pharmacy. In case of a request of a customer, there shall be a possibility to acquaint (view) the conditions of storing pharmaceutical products in a

pharmacy by a customer, provided that the hygienic norms (wearing of sanitary clothing) will be observed by the latter. The conditions of storage, display and realization of pharmaceutical product shall be in line with the requirements envisaged by the annotation of the medicine and the Order referred above, including from the perspective of influence of the conditions related to the environment (temperature, lighting, humidity), taking into consideration the physical-chemical peculiarities of the ingredients of a medicine. The pharmaceutical product the time for the use of which has expired or that has become unfit for consumption shall be kept separately at a specifically designated place, in isolation from other pharmaceutical products. A pharmacy shall have a video surveillance system at the perimeter of a main entrance door (designated for customers), in line with the requirements of the video surveillance systems and the rules of their installation and exploitation as envisaged by the 29 August, 2007 Order N1143 of the Minister of Internal Affairs of Georgia "On the Approval of the Rule of Installation and Exploitation of Video Surveillance Systems at the Places and Outer Perimeter of the Places of Gambling and other Gainful Games (except for incentive draws)". Various pharmacies of the Penitentiary Department of the Ministry of Corrections and Legal Assistance of Georgia, in case they get the authorization, shall comply with the rules described above. Despite this, the monitoring has revealed that the established standards in this respect are not observed in all the establishments.

During the monitoring in the medical unit of the Establishment N1 in Tbilisi the Chief Doctor stated that they are provided with approximately 3,000 Lari a month to purchase medications. This amount constituted 4,800 Lari at average during the previous period. The trend of the decrease of the allocation with quite a considerable amount is evident. At the very moment of the monitoring (17.08.2011) a drug storage functioned in the Establishment, and there was a "person responsible for the drug storage" envisaged in the staff organigram of the Establishment. The person fulfilling this task Roena Babuadze could not have been interviewed during the monitoring due to a holiday season.

The same are the conditions in the Establishment N2 in Kutaisi (22.08.2011) as well, from the point of view of "pharmaceutical infrastructure". However, as stated by the Chief Doctor, the provision of the Establishment with medications has considerably improved since 2011. The local "person responsible for the drug storage" along with the Chief Doctor composes the list of medications displayed in a pharmacy and distributed to patients according to the prescription. The monitoring of the Establishment N3 in Batumi (29.08.2011) revealed that the position of a "person responsible for the drug storage" is not vacant any more. We met and conversed with the respective staff member, according to whom there is no change in the principle and volume of provision of the Establishment with medications and is undertaken similarly as it was during the previous period.

The issue of the provision of medications to the Establishment N4 in Zugdidi (25.08.2011) is regulated the same way as during the previous period. Therefore there is still the drug storage functioning and the person responsible for it is appointed.

The Establishment N5 in Rustavi is still led by the "person responsible for the drug storage" (15.08.2011). The physical conditions of and the working environment in the drug storage has improved due to the move of the Establishment to a new building. According to the information provided by the Chief Doctor, the Ministry of Corrections and Legal Assistance sends them the list of the medications that can be purchased and delivered in a centralized way. According to the mentioned list, the local Chief Doctor and the pharmacist compose a list of medications that they consider to be required for the functioning of the Medical Unit. In special cases they may additionally request medications as well. Medications are provided once a month. There have been some delays also noticed. As stated by the Chief Doctor, is some cases the inmates are able to arrange the sending medications from outside to them on their own. This is possible if a medication is prescribed by a doctor consultant and it is not available on the spot. The doctor checks the medications provided from outside and transfers to the patient. The medication shall be produced in a factory and shall be sealed; it shall be a full package, with the respective labeling. Everybody is allowed to carry with them medications, except for psychotropic and special category medications.

According to the information of the Chief Doctor of the Establishment N6 in Rustavi (15.08.2011) the drug storage functions as it used to. There are certain limitations in terms of provision of medications. The position of the person responsible for the drug storage is occupied. The drugs to be distributed are prescribed and released from the pharmacy a day in advance to ensure the timely and smooth delivery of the medications by a nurse. A prisoner may have a pain killer, antibiotic, proton pump inhibitor and other antacidic means, as well as ointments.

As for the Establishment N7 it was revealed during the monitoring (05.09.2010) that a pharmacist with high pharmaceutical education works in the local storage of medications. This person visits the Establishment twice a week on Tuesday and Thursday. During other days of a week the same person works in the Establishment N12. Therefore, these two establishments share a pharmacist.

During the monitoring (06.09.2011) of the Establishment N18 in Tbilisi the local Chief Doctor stated that the drugs storage of the Establishment was turned into a pharmacy. The pharmacy had been licensed around a month and a half. Some time before the licensing the pharmacy was prepared for this process – there was a renovation undertaken (the total space that had belonged to a drug storage remained the same); the safe for the psychotropic drugs was installed. A refrigerator was also purchased. There is 1 pharmaceutics dispensing medications on the basis of the prescription. There is one patient in the Establishment undergoing treatment with interferon that the pharmacist specially brings from the pharmacy of the Medical Establishment for Remand/Sentenced Persons N18.

During the monitoring of the Establishment N9 (17.08.2011) the members of the Monitoring Group conversed with the person responsible for the drug storage. Who apart from the pharmaceutical documentation thoroughly registers and prepares for archive any other medical documentation. According to the person responsible for the drug storage, following the transfer

of the Establishment to a new place, the infrastructure of the drug storage is not yet fully organized. The principles of delivery, storage, dispensing and registration of medications has not altered and is exercised in accordance with the existing rule.

During the monitoring of the Juvenile Special Establishment N11 in Avchala (05.09.2011) it was established that the local drugs storage is in the process of acquiring a status of a licensed pharmacy. The cosmetic refurbishment of the storage was undertaken in this respect. The administration participates in the process directly and the Chief Doctor has scant relation with this. There are no problems in terms of provision of drugs, as stated by the Chief Doctor. The amount is allocated for the purchase of medications almost on a monthly basis. This amount has constituted 2689.38 Lari in 6 months. This information was directly provided by the person responsible for drug storage to the Monitoring Team.

During the monitoring of the Establishment N12 (17.08.2011) the Chief Doctor stated that the drug storage was transformed into a pharmacy in their Establishment. The pharmacy went through authorization in June 2011. As it was already mentioned above, the Establishment shares the pharmacist with the Establishment N7. This person works in the Establishment N7 two days a week – on Tuesday and Thursday, whereas spends the remaining three working days in the Establishment N12. Due to the absence of a pharmacist we asked the Chief Doctor about the change that the authorization had brought along in terms of infrastructure. The doctor replied that "nothing had changed. There are no refrigerator, air conditioner or furniture yet brought in. Only the room was refurbished and decorated. The sentenced persons have no contact with a pharmacist. The rule of making a prescription has not changed". The Chief Doctor is also not aware who had visited the Establishment for the authorization, what was checked and what recommendations were issued.

During the monitoring of the Establishment N13 in Khoni (24.08.2011) it turned out that no change had taken place from the point of view of provision of medications and the functioning of the drugs storage. Everything runs as in the past. The drug storage still functions in the Establishment and there is a person responsible for the drugs storage the position of which is also envisaged in the organigram.

The monitoring of the Establishment N14 in Geguti was conducted on 23 August, 2011. The drug storage still functions in the Establishment. It is located in the administrative building (outside of the prison). The Chief Doctor has to work in the same room. The drugs are stored in closets. The documentation is composed and the prescriptions are made on spot as well. The medications required for 2-3 days are delivered regularly to the building of the Medical Unit located in the inner territory of the Establishment. The medications are distributed from there on. The medications are registered in the registers during the distribution. Apart from this, there is the so-called private pharmacy in the Establishment also functioning for a year already. The sentenced persons can purchase the medications available there on their own money. This pharmacy is located in the building of the shop of the Establishment. This is around 2 sq.m.

space with shelves only. There is no refrigerator. The storage is isolated from the rest of the shop with a door, which does not get locked practically. One of the staff of the shop is a pharmacist who dispenses medications. The Monitoring Team met and interviewed this person. The pharmacist submitted the "Warehouse nomenclature slip", printed at 2 pages, listing the names of the medications that can be dispensed onto a sentenced inmate in case of the respective money transfer. It is unknown who prescribes these medications that are purchased by a sentenced person. The procedure is the same as during the purchase in a shop – a sentenced person gives the personal card and the name of the medication written on a paper to a convict of an operational part, who goes to a shop and receives medications from a pharmacist. The sentenced person, who utilizes these medications, has no contact with a pharmacist. According to the slip presented a sentenced person may purchase medications of 64 types. As stated by the pharmacist, despite the list, not all the medications included therein are available on the spot at the moment and they are waiting for the stock replenishment. The spectrum of medications in principle includes: painkillers, means for digestive, cardio vascular systems, hepatoprotectors, proton pump inhibitors, antibiotic, β-blockers, and medications against influenza and for the treatment of flu, etc. The principle part of medications is pills. However there are also ointments, aerosols, suppositories, bottles, capsules, powders, gels, drops, granules and solutions. Though a small variety, but still some medical means in ampoules are also sold.

During the monitoring of the Establishment N15 in Ksani (19.08.2011) the Chief Doctor stated that the person responsible for the drug storage is on a sick leave and therefore he provided the information about the pharmaceutical activities. According to the information provided by him, the list of drugs to be ordered is jointly composed by the Chief Doctor and a pharmacist. Thereafter the list of the requested medications is submitted to the Medical Department. The dispensing of medications takes place based on the prescription. The disbursement of medications is registered in the respective Register. As explained by the Chief Doctor, the medications that are not available on the spot may be brought in by the sentenced persons via their close persons to the pharmacy. These medications are mainly kept by the sentenced persons (unless they do not belong to a special category of medications). The so-called "commercial pharmacy", which we saw in the Establishment N14 in Geguti, is not formed in this Establishment. The drug storage still functions. There was no licensed pharmacy opened in the Establishment by the time of monitoring.

During the monitoring of the Establishment N16 in Rustavi (16.08.2011) it was noted that the drug storage still functions in the Establishment and there is a person responsible for the drug storage, the position of whom is envisaged by the organigram. There has been no change in the Establishment from the point of view of the pharmaceutical activity. The principle of supplying by medications, as well as the distribution of medications and their registration still takes place according to the previously existing rule.

The monitoring of the Establishment N17 in Rustavi (16.08.2011) has revealed that the drug storage functions in this Establishment as well, as it used to be in the past and there is the person

responsible for the drug storage (pharmacist) still working, which is responsible for the storage and registration of medications. As stated by the Chief Doctor, there are often cases that due to shortage of medications variety of medications are brought in from outside. Relatives of a sentenced person give these medications to a doctor, who following the respective check gets the medication and brings it to the Establishment. The Establishment N17 in Rustavi is singled-out, as alike the Establishment in Geguti, the so-called "commercial pharmacy" functions there. The latter is located in the territory of a shop in this Establishment as well. It is around 4 sq.m. isolated cubicle. There are tiles on the walls. The entire space is practically occupied by 4 lockers and a refrigerator, with the medications inside. The walls are covered with tiles. The entire space is occupied with 4 cupboards and a refrigerator where medications are stored. The doors have a small windowpane which is locked. The doors of the so-called "commercial pharmacy" is locked with a weak locker. As stated by Tamar Kikalishvili, the employee of the pharmacy, the pharmacy belongs to "Megafood". She is a pharmacist and employed full-time in this pharmacy. According to her, the "Megafood" purchase the medications from Aversi and delivers to pharmacies. The sentenced persons, likewise as in the shop, order the medications via the sentenced persons registered in the operational part and thereafter purchase them by money transfer. The personnel providing services take the medications and hand them over along with bank plastic card and the receipt to the sentenced person who had ordered the medication. The sentenced persons, on their turn, have no contact with a pharmacist. As stated by the person working in the pharmacy, there were 120 types of pharmaceutical products in the pharmacy by the moment of monitoring. Majority of them are stored in the pharmacy, whereas the medications which require 15°C for the storage are kept in the refrigerator. The cheapest drugs in the list are analgyn (35 Tetri), Mucaltin (20 Tetri) and Papasol (15 Tetri), whereas the most expensive drug is Kholudexan (34.10 Lari). As for antibiotics, according to the pharmacist, from this group they have e.g. Ampicid, Augmentin and Roxibel. No means in ampoules are delivered there.

During the monitoring of the Medical Establishment for Remand and Sentenced Persons (06.09.2011) it was established that the licensed pharmacy functions in the Establishment. The pharmacy has 2 staff members. According to the Report of the Medical Establishment for Remand and Sentenced Persons covering the first half of 2011, "there were medications and means of care of 130562.83 Lari delivered to the drug storage". During the monitoring we interviewed the chief of the pharmacy. As stated by the Head, the pharmacy of the Medical Establishment for Remand and Sentenced Persons has a status of an authorized pharmacy and the respective license since 2011. There are two pharmacists with the high pharmaceutical education working in the pharmacy. The medications are dispensed from the pharmacy based on the prescription. There are 2 rooms allocated to the pharmacy, one of which is a storage, whereas the second one is used to dispense medications. The chief nurses of the medical unit come to this room of the pharmacy, where they bring the prescriptions signed by the Head of the Unit. They order medications worth of around 30-35 thousand Lari a month (apart from the medications of the DOTS and DOTS+ programmed). The patients have no contact with pharmacists in this Establishment, like in all the other establishments and they can practically not take any consultations and recommendations from them. The head of the pharmacy stated that he does

not undertake the methodic supervision over the pharmaceutics infrastructure of another establishments, except for the minor consultations with the pharmacy of the Establishment N8. As stated by the chief of the pharmacy, an act is drown up on the medications. the time for the use of which has expired. The act is signed by pharmacists as well as by chief doctor and the representative of the security service. Apart from the medications received as humanitarian aid, they have practically no pharmaceutical means with a short period of validity. In case of the use of ampoule forms of narcotic means they collect the broken ampoules. Interpherone, considering the high value and the storage conditions, is dispensed in a centralized manner from the pharmacy of the Medical Establishment for Remand and Sentenced Persons to the pharmacies of other establishments. The pharmacists of the respective establishment come to the pharmacy and prove by signing the protocol confirming the handing of the medication the fact that they have received Interpherone. The medications are dispensed by using the appropriate containers. As for the drugs of the DOTS and DOTS+ program, the chief of pharmacy considers that they are provided with these from the National TB Program. The sentenced persons in the Establishment N18 do not purchase medications with their own means. They may be supplied with medications only from the pharmacy of the Establishment.

The monitoring in the Establishment N15 in Ksani (19.08.2011) revealed that there still functions the drug storage in the Establishment where the person responsible for the drug storage and one more employee of the drug storage (i.e. 2 persons in total) still work. The delivery, registration and dispensing medications in the Establishment take place according to the same rule and standards, as this had been described during the monitoring undertaken in the previous years. There has not been any change registered in this respect.

Recommendation to the Minister of Corrections and Legal Assistance of Georgia:

- Despite the so-called "authorization-licencing" of the pharmacies in the establishments, the process has clearly formal character. Deriving from this, the process shall be brought in line with the requirements of the Law of Georgia on Drugs and Pharmaceutical Activity and the sub-normative acts adopted based on it;
- The patients, who use the services of the authorized pharmacies shall be given a possibility (deriving from the health condition) to also have contact and relation with professional pharmacists, who are employed in the mentioned pharmacies;
- To reconsider the lists of the medications received by the pharmacies of the Establishments and to establish how adequate they are and to what degree are they consistent with the requirements on the spot. To this end the list of the medications delivered to patients on the initiative of their families or those that may not be provided to them due to the financial or other problems of their families shall also be studied.

Types and Registration of Traumas and Injuries

The penitentiary system is a risk zone, where violence against a prisoner may take place. Therefore, considering the national or international standards against torture, the immense importance is attached to the appropriate registration of the trace of physical or psychological violence exercised in the prison or during the detention. In this respect the medical personnel can provide enormous support both to a self-injured person as well as to investigation and in general – to the exercise of justice. As it was already mentioned it is of a paramount importance to have any trace of violence identified during the physical examination of a prisoner (particularly, during the examination of a newly admitted prisoner) that could have been caused by improper treatment, described and documented according to the respective rule both in a personal medical file of the prisoner, as well as in the register for traumas. The same rules shall be applied for the registration of any psychological or psychiatric signs that might be indicating that the person had been subjected to improper treatment. Such an information, in an automatic regime and immediately shall be submitted to the leadership of penitentiary establishment and the investigative bodies. The prisoner shall at any point have a possibility to receive copy of the above mentioned document immediately upon request.

According to the Third General Report on the CPT's activities, "[p]rison health care services can contribute to the prevention of violence against detained persons, through the systematic recording of injuries and, if appropriate, the provision of general information to the relevant authorities. Information could also be forwarded on specific cases, though as a rule such action should only be undertaken with the consent of the prisoners concerned. Any signs of violence observed when a prisoner is medically screened on his admission to the establishment should be fully recorded, together with any relevant statements by the prisoner and the doctor's conclusions. Further, this information should be made available to the prisoner. The same approach should be followed whenever a prisoner is medically examined following a violent episode within the prison or on his readmission to prison after having been temporarily returned to police custody for the purposes of an investigation.[26] The health care service could compile periodic statistics concerning injuries observed, for the attention of prison management, the Ministry of Justice, etc."

There is a different practice and approach established in the penitentiary system of Georgia with regard to the registration of injuries. A part of the establishments ignores the abovementioned obligation in some cases whereas at best, the local doctors try to describe the fact as precisely as possible and help the patient in dealing with the healthcare needs that have emerged as a result. The so-called "Register for Traumas" (the Form N15) used in the local medical units shall be outlined within the medical documentation in this respect. It does not at all comply with the standards of prevention of torture, however the precise registration of injuries in the Register mentioned is to a certain degree highly responsible and needed act to be performed by doctors.

26. Such taking out temporarily in the Georgia's reality may be for the participation in the investigative actions, court proceedings, examination, etc.

As it is shown from the title itself the Form N15 is designated for the registration of incidents taking place on spot in the penitentiary establishment. As for the newly admitted prisoners, according to the existing practice, in case of potential injuries, the signs of those injuries are registered in the so-called "medical file". The current practice in this respect in the penitentiary establishments is also diverse. For example, penitentiary establishments in the Western Georgia and some of the establishments in the Eastern Georgia operate the so-called "Register for Medical Examination of Newly Admitted Prisoners", where in a brief manner, but still, in some cases the trace of injuries is registered. The information, as a rule, is scarce in this Register, at time it is also not of professional value. Upon the finalization of the monitoring of isolators of temporary detention the National Preventive Mechanism studied the documentation including the information on injuries of newly admitted prisoners in several penitentiary establishments selected randomly. The specific persons were identified by us who, according to the data acquired in the Temporary Detention Isolators, had injuries. It appeared that the injuries were registered in only 36% of cases after the transfer to penitentiary establishment. There was no mention of any injuries on the body of the prisoner in other cases. The detailed information reflecting the above mentioned is provided in the list below:

№	Name of the Establishment	The Register for Traumas (Form N15)		The Register for Injuries of newly admitted prisoners exists	The statistics of injuries of the newly admitted prisoners		
		The Register exists	Number of registered cases		The number of newly admitted	Injuries recorded	%
1	Establishment №1	+	42	-	411	0	0
2	Establishment №2	+	159	+	490	29	5.91 %
3	Establishment №3	+	17	+	527	54	10.24 %
4	Establishment №4	+	14	+	297	36	12.12 %
5	Establishment №5	+	45	+	220	4	1.81 %
6	Establishment №6	+	76	-	237	1	0.42%
7	Establishment №7	+	0	-	8	0	0
8	Establishment №8	+	2	+	3793	277	7.30 %
9	Establishment №9	+	1	-	575	1	0.17%
10	Establishment №11	+	1	-	86	4	4.65 %
11	Establishment №12	+	0	-	503	0	0
12	Establishment №13	+	2	-	2	0	0
13	Establishment №14	+	7	+	523	6	1.14 %
14	Establishment №15	+	106	-	625	0	0
15	Establishment №16	+	16	-	452	0	0
16	Establishment №17	+	58	-	139	8	5.75 %
17	Establishment №18	-	0	-	937	0	0
18	Establishment №19	+	16	-	859	0	0
Total:		**17**	**562**	**6**	**10684**	**420**	

As it is clearly demonstrated in the table, the "Registers for Traumas" exist in 17 establishments out of 18. As for the Register for the Injuries of the newly admitted prisoners, it is run in only 6 establishments out of the 18. In the first half of 2011 the injuries were registered in only 420 cases out of the 10684 new admissions and transfers in the penitentiary system establishments of Georgia. This makes almost 4% of cases. Some of the establishments do not register injuries at all. The different practice established in different establishments in this respect is also provided in the table. As for the description of traumas resulting from the possible violence having occurred on spot or from any other action, there were only 562 such cases registered throughout Georgia.

As this is an issue of the highest importance, the National Preventive Mechanism studied the Registers for Trauma, the rule of filling-in them as well as the structure of the information provided therein in all the establishments. The results are provided below:

In the Establishment N1 in Tbilisi the "Register for Traumas" was opened in July, 2010. The Register is bound up with a lace; however its pages are not numbered. The initial records in the Register are chaotic and not systematized. The records are turned into a form of a table since 7 May, 2011. From there on the registered cases are already numbered. There were 17 so registered records in the Register noted during the monitoring. The latest one of those records (N17) is dated on 14 August. From 1 January to 1 July, 2011 (the reporting period) there were 42 instances of injuries registered in total. The cases registered are distributed throughout months as follows:

January	6	**February**	14
March	7	**April**	7
May	5	**June**	3

There were only three types of injuries found registered during the reporting period; the types of the injuries, as provided in the records, are as provided below:

Wounds	78.21%
Bruise	17.94%
Soft-tissue lesion/Swelling	3.85%

The location of the mentioned injuries on the surface of bodis is provided as follows:

Upper limbs	52.63%
Facial area	22.37%
Neck area	11.84%
Abdominal area	7.89%
Chest area	2.63%
Lower limb	1.32%
Calvaria area	1.32%

According to the entries, in 2.39% of instances, deriving from the character and gravity of the injuries, the injured person was transferred to medical establishment. In 45.23% of instances the injuries were treated with a variety of means and bandaged, whereas in 52.38% of cases minor surgical operations were undertaken, in particular, the primary surgical processing by means of suturing was conducted.

The entries into the Register are not grouped. It is impossible to establish whether there is an everyday life trauma, self-injury, injury inflicted by one person to another mutually or by other person. The mentioned information is the most important from the view point of prevention of torture and other cruel, inhuman treatment and punishment, as well as for the efficient investigation and documentation.

In the Establishment N2 in Kutaisi the maintenance of "the Register for everyday life traumas" started on 28 September, 2010. By the time of monitoring the last record had been entered into it on 20 June (Volume 5 N286). The Register is bound up with a lace, with pages numbered, consisting of 94 pages. According to the Register, during the reporting period (the first half of 2011) there were 159 entries made. These entries are disaggregated on a monthly basis as follows:

January	22	**February**	30
March	23	**April**	26
May	29	**June**	29

The entries made may be grouped into 8 types of injuries, the percentage of each of those is hereby provided in the table below:

Wound	46.21%
Blaze	21.62%
Bruise	20.27%
Hyperemia	5.41%
Soft-tissue lesion/Swelling	4.59%
Burn	1.08%
Fracture/Dislocation	0.82%

The above-mentioned injuries were noted on the different parts of the body as detailed below in the table:

Upper limb	41.59%
Facial area	39.4%
Lower limb	6.33%
Back area	4.43%
Calvaria area	2.75%

Neck area	2.21%
Abdominal area	1.92%
Chest area	1.37%

According to the Register, the majority of injuries, i.e. 64.77% of them are self-injuries; in 29.55% of instances the injury is explained as inflicted as a result of everyday life trauma, in 5.68% of cases there is no specification of the origin of injuries entered in the Register by the doctor.

In terms of the organizations of medical aid the entries into the Register make it clear that in 0.61% of instances the patients were transferred to medical institutions for the further medical aid. The same was the indicator for the fixation (immobilization) of the injured part of body of the patient. In 0.61% of cases the patients had refused medical aid. In 1.22% of instances the patient was splindered to stop bleeding. The same indicator for calling the emergency medical aid brigade. In the same 1.22% of cases a doctor had made an entry on the necessity of consultation of other specialist doctor. Most often in 58.28% of cases, the injured areas of the body were processed; in 23.92% of instances, according to the entries made by the doctor, the patient was not in need of medical aid despite the injury inflicted. In 4.91% of instances the wounds were sutured and the primary surgical processing was undertaken.

In the Establishment N3 in Batumi "the Register for everyday life traumas" is maintained systematically. The Register is bound up with a lace, with pages numbered, constisting of 39 pages. Despite this, it shall be mentioned as a deficiency that the numbering of entries is at time consecutive, whereas at times it commences from the beginning according to months. There were 17 entries made into the Register during the reporting period. The figure is disaggregated on a monthly basis in the table below:

January	3	**February**	4
March	6	**April**	2
May	0	**June**	2

The analysis of the registered cases reveals that 6 types of injuries are noted, with the percentage as provided below in the table:

Wound	30.43%
Bruise	30.43%
Blaze	13.04%
Burn	13.04%
Hyperemia	8.69%
Soft-tissue lesion/Swelling	4.37%

The above-mentioned injuries were noted on the different parts of the body as detailed bolow in the table:

Facial area	48%
Upper limb	24%
Neck area	16%
Back area	4%
Lower limb	4%
Abdominal area	4%

According to the entries into the Register, in 17.64% the injuries belong to a type of everday life trauma; in 29.42% of instances the injuries are considered to be self-inflicted, whereas in over half of the cases – 52.94% the origin of injuries is not specified. As for the reaction of a doctor over the existence of injuries, in 78.5% of instances the injuries and other types of blights were processed without suturing, whereas in 21.5% of cases, according to the entries, the patient was not provided with any medical aid.

In the Establishment N4 in Zugdidi the maintenance of "the Register for everyday life traumas" is stridently improved as compared to the previous reporting period. The Register, i.e. the form N15 of medical files, under the number N427 is maintained since 19.06.2010. The period of interest to us (from January, 2011) starts from page 7 and there are in total 14 entries made during the reporting period. The figure is disaggregated on a monthly basis in the table below:

January	3	**February**	1
March	3	**April**	1
May	5	**June**	1

The majority of injuries are wounds. The next most common one is burns. The mentioned specificity is provided in the table below:

Wound	57.15%
Burn	33.33%
Blaze	4.76%
Hyperemia	4.76%

As for the distribution of injuries, the above-mentioned injuries in this case also were noted mainly in the facial area and upper limb.
The mentioned data is detailed below in the table:

Upper limb	48.85%
Facial area	34.78%
Lower limb	8.69%
Abdominal are	4.34%
Neck area	4.34%

Out of the 14 entries 57.15% are specified as self-inflicted injuries; in 28.57% of cases the doctor notes everyday life trauma, whereas in 14.28% of instances the injuries are inflicted by other persons. As for the medical aid, in 6.67% of instances the patient was transferred to a medical institution, whereas in 93.3% of cases the processing of an injury (without suturing) is noted.

In the Establishment for Women N5 in Rustavi "the Register for everyday life traumas" (Form N15) is being maintained since 5 May, 2010. The pages of the Register are numbered, it is bound up with a lace. By the moment of monitoring the last entry was given a number 62 and dated on 14 August, 2011. There were 45 entries made into the Register during the reporting period. These entries are disaggregated according to months as provided in the table below:

January	3	**February**	7
March	9	**April**	10
May	8	**June**	8

As for the types of injuries, there were 5 main types of injuries noted on sentenced persons were identified in total during the reporting period. The disaggregated data on this is provided in the table below:

Wound	57.89%
Bruise	12.28%
Dislocation / Trauma	8.77%
Hyperemia	8.77%
Other	8.77%
Blaze	3.52%

The distribution of the mentioned injuries on the surface of body, broken down according to the respective areas, is provided in the table below:

Upper limb	47.16%
Lower limb	18.86%
Facial area	16.98%
Neck area	7.56%
Abdominal area	5.68%
Chest area	1.88%
Calvaria area	1.88%

Each of the entry in the Register of Injuries had the origin of trauma indicated. The doctor had mainly outlined the everyday life traumas, accounting 53.33% of injuries. The next most common injuries were the facts of self-inflicted injuries – constituting 37.77% of the total number. 6.67% of instances were of injuries inflicted by other person, whereas in 2.23% of cases it is indicated that the person is beaten. As for the causes to inflicting injuries, in the majority of cases the

following type standard phrases are used: “fell down from a bed, banged back against the corner of a chair, slipped and banged against a leg of a chair, fell down at stairs, fell down from the so-called veneer, etc.”Such rare reasons as e.g. “had a fight with another prisoners”, “prisoner had been bitten by another prisoner” and so on are also recorded. In one of the instances it is noted that the sentenced inmate drank water with chlorine. Infusions had developed in this case. The inmate was not transferred to medical institution. Despite this, as stated by the Chief Doctor, no facts of attempted suicide had been recorded in the first 6 months of 2011.

In the Establishment N6 in Rustavi the maintenance of the currently used “Register for everyday life traumas” (Form N15) started on 5 October, 2010. The Register in not numbered and the entries therein are often made in a non-systematized manner. There were 76 entries made in total during the reporting period. The statistics disaggregated according to month is provided in the table below:

January	10	**February**	14
March	15	**April**	11
May	12	**June**	14

The majority of injuries are wounds in this case as well; the next most frequent entries are of bruise. The mentioned data is disaggregated according to respective percentage in the table below:

Wound	79.03%
Bruise	14.81%
Blaze	4.93%
Hyperemia	1.23%

As regards the The distribution of the mentioned injuries on the body, broken down according to the respective areas, over a half of them are on upper limbs. The locations and their particularities are provided in the table below:

Upper limb	50.89 %
Facial area	24.58 %
Abdominal area	10.79 %
Neck area	5.98 %
Calvaria area	2.99 %
Chest area	1.79 %
Back area	1.79 %
Lower limb area	1.19 %

It shall be mentioned that the origin of trauma is not indicated with regard to any of the injuries. In particular, it is not indicated whether the injury was caused by everyday life trauma, inflicted

by one person to another mutually or by ascendency by another person. The previously existing situation, despite the recommendations issued by us, has not been changed in this respect. As for the action of a doctor in case of trauma, as it is indicated by the entries in the Register, in half of instances (50.51%) the injured areas were processed; in 18.18% of cases the primary surgical processing of a wound was undertaken by suturing; in 16.16% of cases injuries were only bandaged; no medical aid was considered needed in 15.15% of instances.

In the Establishment N7 in Tbilisi the "Register for everyday life traumas" (Form N15) is being maintained. Despite this, as stated by the Chief Doctor, no trauma having emerged as a result of any incident having taken place on spot had been entered in it during the reporting period. Respectively, the Register is empty. As explained by the doctor, he only once had to register injuries, however this occurrence was about a newly admitted prisoner; therefore no injuries had been entered in the medical file and respectively, no records had been made in the above-mentioned Register.

In the Establishment N8 in Tbilisi the "Register for Injuries" was as a result of our great efforts was finally still submitted to us. The Register has been given registration number N199. As stated by the Chief Doctor, in case of trauma they enter the records in the Register recording outpatient surgical manipulations. Despite this, we still studied in detail the mentioned Register and found out that no manipulation undertaken as a result of trauma received on spot had been described there. Following this the Chief Doctor presented the Register N199, with only 2 entries during the first 6 months of 2011 (in March and April) made into it, out of these one was everyday life trauma (burn), whereas in another case, according to the entry, a person inflicted self-injury. In both cases the medical aid was provided on the spot. The injuries were located in the areas of neck and upper limb. The mentioned situation let us think that the registration of traumas according to the established rule practically does not take place in this Establishment, or a doctor has no access to those patients, who, due to a variety of reasons, have one or the other type of bodily injuries. If we also take into account the fact that the Establishment N8 in Gldani represents a pre-trial imprisonment facility, and it has the highest number of newly admitted prisoners from month to another throughout Georgia, the mentioned practice shall not be tolerated and shall be improved timely. The situation was similar in the Establishment during the previous years as well. Despite numerous recommendations issued by us the situation has still not changed.

Establishment N9 in Tbilisi is a successor to the former Establishment N10. The Establishment was transferred to the new building on 18 March, 2011. Respectively, the changes into the rule of file keeping were introduced. It shall be noted that as a result of monitoring conducted during the previous years it was revealed that the maintenance of the "Register for Everyday life traumas" in the Establishment had practically formal character and practically no cases had been entered therein. As for the trends noted during the reporting period, there is only one case registered in the Register. According to the local doctor, there was one instance of injury in January; however it was registered in another Register. We got the mentioned Register from

the archive of the Establishment and saw the entry. As for the new Register, the only entry made into it is dated on 6 May. According to the entry, the sentenced person had 3 sm scarified wound in the area of left forearm. The injury was processed, aseptic bandage was fixed. The origin of injuries is not specified in the entry. A note was found in the medical unit during the inspection of medical documentation, according to which, on 10 April, 2011 the sentenced inmate R.L. had in the area of forehead bruises and hyperemia. According to the entry, the person is rampaged. Due to this he was given tranquillizer. It seems that the registration of traumas carries a formal character in this Establishment as well and it is only limited to the fact that the Register for Traumas exists.

In the Special Establishment for Juveniles N11 the "Register for Injuries" is systematically maintained, as it was revealed during the previous monitoring. There were no entries made into the Register during the reporting period as identified during the monitoring. There is only 1 entry made into the Register during 2011, dated in August.

In the Establishmnet N12 in Tbilisi, likewise as during the previous years, "The Register for everyday life injuries" is maintained in the Establishment along with the Register of death in the Establishment. The Register consists of 96 pages; it is bound up with a lace, sealed. Despite this, there is no date put on the seal. The Register has a registration number N172. The current Register had been used since 1 October, 2010. There were no entries to the Register made during the first 6 months (the reporting period) of 2011.

In the Establishment N13 in Khoni "the Register for everyday life traumas", with a registration number N61, was submitted to us. The maintenance of the current Register started on 26 March, 2010. It is noted therein that on 31 December, 2010 the Register expired. On 3 January, 2011 its validity was extended. The pages of the Register are numbered, bound up with a lace, it consists of 42 pages. During 2011 in total 3 entries are made into the Register. Out of those 2 cases were covered by the reporting period, i.e. by the first 6 months of 2011. The first of the mentioned fact was registered in February, whereas the second was registered in April. Bruise and a wound are described as injuries, one of which was located in the abdominal area, whereas the second one was located in the area of lower limb. It is indicated in both cases, that the primary processing of the injury was carried out. The doctor had not classified the injuries, however from the analysis of these cases, is seems that one may presumably be self-inflicted injury, whereas the other one may be a everyday life trauma.

In the Establishment N14 in Geguti the currently used "Register for everyday life injuries" is being maintained since 18 October, 2010. The Register has a registration number N98 (volume I). The first entry was made on 23 November, 2010; the first entry made into the Register in 2011 is number six in the Register. During the reporting period of 2011 there were 7 instances of injuries registered in total. The mentioned cases are disaggregated according to months as provided in the table below:

January	4	**February**	0
March	0	**April**	0
May	2	**June**	1

Out of these there were wounds registered in 3 cases; the type of injury is not specified in 2 cases, whereas bruise and blaze were registered respectively in the remaining two cases. Out of the 7 injuries 6 were located on upper limbs, whereas one was located in the area of neck. In all the seven instances the injuries were processed. In 3 cases of the 7 injuries the doctor indicates that the mentioned cases represent self-inflicted injuries, whereas in 4 cases the origins of the injuries are not identified.

In the Establishment N15 in Ksani the current "Register for everyday life traumas" (Form N15) is being maintained since 1 June, 2010. The entries made into the Register in the beginning are numbered, however the numbering is disordered in the later entries. The pages are not numbered. The entries of 2011 start with a number "72". Thereafter, there are 106 instances of injuries registered in total during the reporting period. The mentioned statistics is disaggregated according to months in the below provided table:

January	15	**February**	18
March	19	**April**	21
May	17	**June**	16

Having analysed the Register for Injuries was have identified 5 main types of injuries:

Wound	72.05%
Bruise	14.23%
Blaze	5.39%
Soft-tissue lesion	5.39%
Dislocation/Fracture	2.94%

As for the distribution of injuries in different areas of a body, the majority of them is at uppoer limbs and facial area. The statistical disaggregation of injuries is provided in the table below:

Upper limb	42.26%
Facial area	28.35%
Lower limb	9.27%
Calvaria area	7.73%
Abdominal area	6.71%
Neck area	3.62%
Back area	1.03%
Perineum and genitals	1.03%

As for the medical aid provided, according to the Register, the hospitalization of patients, for the purpose of the further medical aid, was undertaken in 5,45% of cases. The most frequent types of aid provided were the processing of wound or damaged area (73.63% of instances). The primary processing of an injury with suturing was undertaken in 15.45% of cases. The immobilization of the injured area was undertaken in 3.63% of cases, whereas patients had declined any medical aid in 1.84% of instances. According to the data in the Register, over half of the entered data on injuries (53.77%) does not indicate origin of trauma. In 24.52% of entries the injury is considered as self-injury, whereas in 17.94% of cases they are characterized as everyday life trauma. In 3.77% of cases it is noted in the Register that a cat had bitten a person. Due to this 4 patients were transferred to get anti-rabial shots.

In the Establishment N16 in Rustavi "the Register for Everyday life traumas, self-injuries and registration of death" is being maintained. The Register has a registration number N74. The currently used Register has been maintained since 9 November, 2010. The pages of the Register are numbered, it is bound up with a lace and consists of "96" pages. There were 16 instances entered into the Register during the reporting period, the respective monthly break-down is provided below:

January	1	**February**	0
March	3	**April**	1
May	5	**June**	6

Having analysed the Register for Injuries we have identified 4 main types of injuries. The statistics broken down according to that statistics is provided below:

Wound	51.16%
Blaze	32.55%
Fracture/Trauma	9.32%
Soft-tissue lesion	6.97%

The distribution of injuries at different areas of a body is provided in the table below:

Upper limb	33.35%
Abdominal area	26.19%
Lower limb	19.04%
Facial area	14.28%
Calvaria area	7.14%

As for the post-traumatic medical aid, the injuries of 75% of injured persons were processed with the support of the local doctor; 12.5% were transferred to inpatient treatment for the further treatment and diagnostics; one of those patients had ingoing injury in the abdominal cavity. Nodule suture was provided to 4.17% of injured inmates, whereas in 8.33% of instances there is

no indication in the Register as to what type of aid was provided. According to the Register, 50% of injuries are self-inflicted, in 18.75% of cases there is everyday life trauma registered, whereas in 31.25% of entries there is no mention as to where and in which circumstances the injuries were inflicted.

In the Establishment N17 in Rustavi the currently used "Register for Everyday Injuries" has been maintained since 1 January, 2011. The pages of the Register are numbered; the Register is bound up with a lace. The last entry into the Register during the monitoring was dated 09.08.2011, with the registration code 77. In the reporting period, i.e. during the first 6 months of 2011, there were in total 58 instances of trauma registered, which are broken down according to month as provided in the table below:

January	11	**February**	5
March	9	**April**	9
May	14	**June**	10

Having analysed the Register for Injuries, we have identified 8 main types of injuries. The statistics according to the mentioned groups of injuries is provided below in the table:

Wound	33.98%
Bruise	31.06%
Blaze	18.44%
Fracture/Trauma	6.79%
Soft-tissue lesion	4.85%
Not specified	2.94%
Hyperemia	0,97%
Burn	0.97%

The distribution of injuries at different areas of a body is provided in the table below:

Facial area	50.48%
Upper limb	25.27%
Calvaria area	7.76%
Abdominal area	4.85%
Lower limb	4.85%
Neck area	4.85%
Back area	0.97%
Chest area	0.97%

As for the further processing of traumas, 69.35% of injured persons underwent the processing of injuries with the support of the local doctor; 1.64% were transferred for inpatient treatment; Nodule suture was provided to 9.67% of patients as primary surgical processing; 3.22% of injured inmates refused the medical aid. The doctor considers that 11.29% of those with

trauma did not require medical aid, whereas in 4.83% of instances the injured area of the body was fixed (immobilized). The study of the origins of injuries showed rather interesting results. As it was identified, 55.17% of injuries are classified as everyday life trauma. Only 17.22% of instances represent the cases of self-inflicted injuries. In 3.44% of instances the cause of injury is an attempt to commit suicide. The same is the percentage share of the cat's biting (3.44%). In 1.75% of instances the injury was inflicted during the loosing of conscious and falling down due to epileptic seizure. It is regrettable that 18.96% of entries still have no origin indicated.

In the Establishment N18 (Medical Establishment for Remand and Sentenced Persons), traditionally no "Register for Everyday life Injuries" is maintained. Despite numerous recommendations the mentioned mechanism of registration could not have been introduced. The Chief Doctor of the Establishment verbally explained that such a Register may presumable exist; however he is not informed as to who, where and how maintains it. However, despite the request, none of the structural units of the Establishment could submit the Register to use. According to the Chief Doctor, in case of injury the information is recorded in the medical file. As the mentioned Establishment represents a closed institution, the registration of the fact of injury only in the medical file does not constitute the sufficient measure and it is not in line with the principles of prevention of torture. Apart from the fact that the search for, analysis and control of the non-systematized information recorded in medical files is a complicated procedure, it is impossible to timely plan and implement the efficient prevention and provide adequate reaction whenever required. Therefore, we recommend the Medical Establishment for Remand and Sentenced Persons once again to introduce and maintain in accordance with the established rule the Register for Injuries.

In the Establishment N19 in Ksani, where tubercular sentenced inmates are accommodated, the "Register for Injuries" is maintained. The currently used Register had been used since 11 June, 2010. The pages of the Register are numbered, the Registers bound up with lace. The note at the place of a seal provides that the Register was officially registered on 28 April. By the time of monitoring there were 37 entries made into the mentioned Register for Injuries. Out of these, 16 entries in total were made in the first half of 2011. The numbering of entries is not consistent, the records are not systematized. The entries are distributed according to months as provided below:

January	2	**February**	4
March	1	**April**	3
May	3	**June**	3

We identified 5 main types of injuries based on the entries into the Register for Injuries. The statistics disaggregated according to the mentioned categories is provided below in the table:

Wound	68.75%
Bruise	12.51%

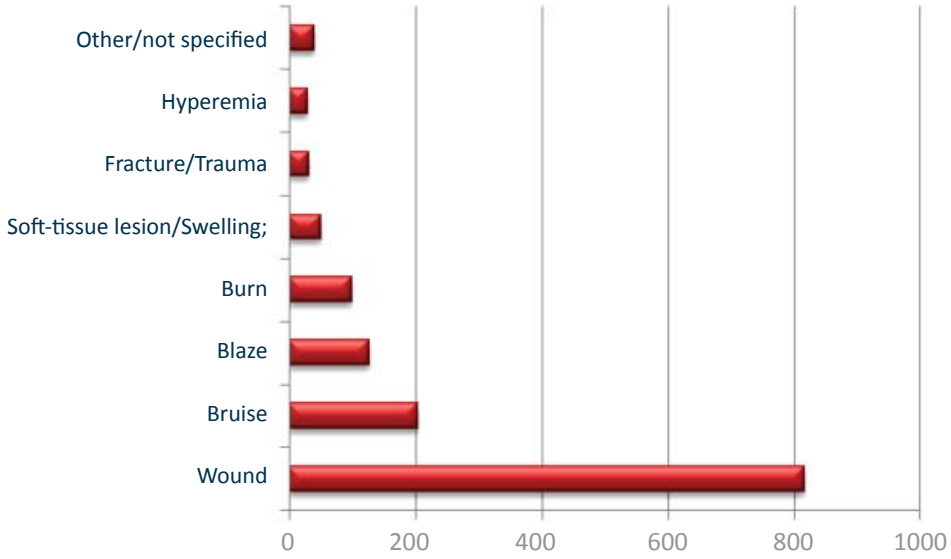
Blaze	9.37%
Soft-tissue lesion	6.25%
Fracture/Trauma	3.12%

The distribution of injuries at different areas of a body is provided in the table below:

Upper limb	43.75%
Facial area	34.37%
Lower limb	12.52%
Abdominal area	3.12%
Back area	3.12%
Chest area	3.12%

As for the post-traumatic medical aid, wounds 85.72% of injured persons were processed. In Suturing of wounds was provided to 7.14% of patients as primary surgical processing, whereas in the remaining 7.14% of instances the doctor determined that the patients did not need medical aid. It shall be mentioned also that 18.75% of the registered instances represent self-injuries, whereas in the remaining 81.25% of cases no reason for trauma is indicated.

The analysis of the information provided reveals that the wounds prevail within the types of injuries:



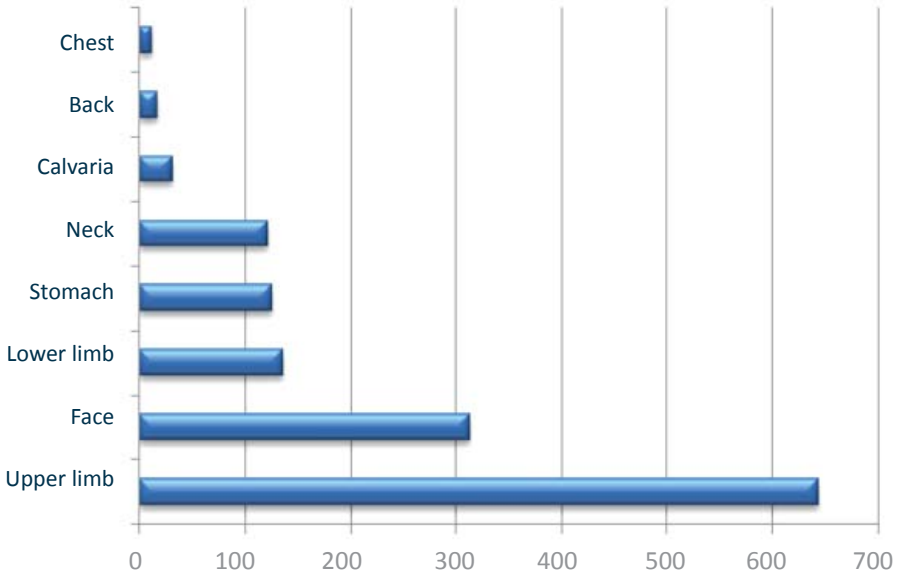
The next most wide-spread injury is bruise. The blaze falls on the third place. It shall be mentioned that a number of burns has considerably increased this year. There had only been singular cases of burns registered during the previous years. According to the Chief Doctors of the majority of establishments, the cause of these burns is the pouring of boiling water from the electric water appliance onto prisoners. In a certain part of the instances the doctor had not indicated the

type of injury; instead the doctor had directly noted that "the injury" was noticed. We unified such entries under one category of unspecified injuries. As for the separate establishments, a number of trends were identified in this respect as well. For example, blaze as a form of injury is most frequently registered in the Establishment N16. The bruise is the most wide-spread type of injury in the Establishment N17. Hyperemia (indicating a new injury) is the most often recorded injury in the Establishment N3. According to the number of injuries the first place is occupied by the Establishment N1 in Tbilisi. From the point of view of injuries to joint and bone systems (fracture, dislocation, etc.) the leader is still the Establishment N16 in Rustavi. Soft-tissue lesion and the swelling of one or the other part of the body dominates in the Establishment N14, whereas the burns dominate in the Establishment N4. The doctors of the Establishment N14 do not indicate the most frequent types of injuries. The mentioned statistical data is provided in detail in the list below (the data is provided in percentage).

№	Name of the Establishment	Blaze	Bruise	Hyperemia	Wound	Fracture/Trauma	Soft-tissue lesion/Swelling	Burns	Other/not specified
1	Establishment №1	0	17.94	0	78.21	0	3.85	0	0
2	Establishment №2	21.62	20.27	5.41	46.21	0.82	4.59	1.08	0
3	Establishment №3	13.04	30.43	8.69	30.43	0	4.37	13.04	0
4	Establishment №4	4.76	0	4.76	57.15	0	0	33.33	0
5	Establishment №5	3.52	12.28	8.77	57.89	8.77	0	0	8.77
6	Establishment №6	4.93	14.81	1.23	79.03	0	0	0	0
7	Establishment №7	0	0	0	0	0	0	0	0
8	Establishment №8	0	0	0	50	0	0	50	0
9	Establishment №9	0	0	0	100	0	0	0	0
10	Establishment №11	0	0	0	0	0	0	0	0
11	Establishment №12	0	0	0	0	0	0	0	0
12	Establishment №13	0	50	0	50	0	0	0	0
13	Establishment №14	14.3	0	0	42.8	0	14.3	0	28.6
14	Establishment №15	5.39	14.23	0	72.05	2.94	5.39	0	0
15	Establishment №16	32.55	0	0	51.16	9.32	6.97	0	0
16	Establishment №17	18.44	31.06	0.97	33.98	6.79	4.85	0.97	2.94
17	Establishment №18	0	0	0	0	0	0	0	0
18	Establishment №19	9.37	12.51	0	68.75	3.12	6.25	0	0

The data on the location of injuries is similar to the data from previous years. In particular, the injuries are most often located on upper limbs and facial area throughout Georgia. The injuries of lower limbs occupy the third place in the list according to this year's statistics. The numbers of injuries in the abdominal area and neck are fluctuate approximately in the same frames. It shall be mentioned that the injuries located in the neck area have increase this year. The relatively

less common places for the location of injuries are areas of chest and back. It shall be noted that the injuries in these areas dominated several years ago. As for the types of injuries inflicted at calvaria area, the indicator fluctuates in approximately the same range as the similar indicator of the last year. The frequency of injuries throughout Georgia is reflected on the graph below:



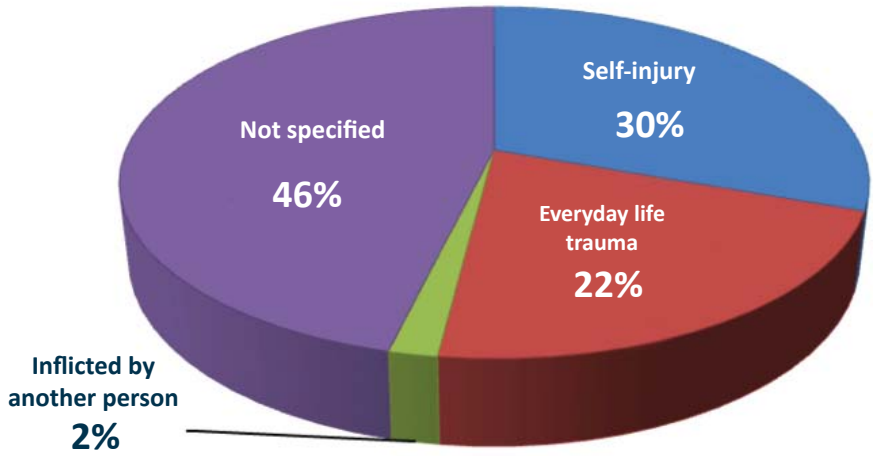
As for the specifics according to the separate establishments, first of all it shall be mentioned that in the majority of establishments the prevailing area where injuries are inflicted corresponds with the average indicator of Georgia. The different indicators are recorded in the Establishments N3 and N17, where the majority of injuries are in the facial area.

The specifics disaggregated according to the establishments, is provided in the table below:

№	Name of the Establishment	Calvaria	Face	Neck	Chest	Stomach	Back	Upper limb	Lower limb
1	Establishment №1	1.32	22.37	11.84	2.63	7.89	0	52.63	1.32
2	Establishment №2	2.75	39.4	2.21	1.37	1.92	4.43	41.59	6.33
3	Establishment №3	0	48	16	0	4	4	24	4
4	Establishment №4	0	34.78	4.34	0	4.34	0	47.85	8.69
5	Establishment №5	1.88	16.98	7.56	1.88	5.68	0	47.16	18.86
6	Establishment №6	2.99	24.58	5.98	1.79	10.79	1.79	50.89	1.19
7	Establishment №7	0	0	0	0	0	0	0	0
8	Establishment №8	0	0	50	0	0	0	50	0
9	Establishment №9	0	0	0	0	0	0	100	0
10	Establishment №11	0	0	0	0	0	0	0	0
11	Establishment №12	0	0	0	0	0	0	0	0

12	Establishment №13	0	0	0	0	50	0	0	50
13	Establishment №14	0	0	15	0	0	0	85	0
14	Establishment №15	7.33	28.35	3.62	0	6.71	2.46	42.26	9.27
15	Establishment №16	7.14	14.28	0	0	26.19	0	33.35	19.04
16	Establishment №17	7.76	50.48	4.85	0.97	4.85	0.97	25.27	4.85
17	Establishment №18	0	0	0	0	0	0	0	0
18	Establishment №19	0	34.37	0	3.12	3.12	3.12	43.75	12.52

The attention was paid to an issue of the origin of a trauma during the study of injuries. The information provided by the patient, in particular, whether the injury was self-inflicted, was inflicted by one person to another mutually or by ascendency by another person or represented everyday life trauma, has immense importance in this regard. Unfortunately, in the majority of instances, the origin of injuries is still not specified. The statistics based on the entries made looks as follows:



As clearly provided in the graph, in 2% of instances the injuries were inflicted by another persons. In some of the cases it is clarified by whom, whereas at times it is registered that the injuries were inflicted by cell mates, etc. In 22% of instances there is everyday life trauma, typical examples of which were already considered, whereas in 30% of instances the facts of self-infliction of injuries are registered. We had identified the prisoners who periodically self-inflict the series of self-injuries on purpose. At a later stage it was also checked, whether such category of patients had been visited by a psychiatrist. Unfortunately, in the majority of cases the efforts of a psychiatrist are not sufficient for treatment of a psychiatric patient, whereas it also depends on the outside factors. The structure of the origin of injuries, disaggregated according to separate establishments, is provided in the list below:

№	Name of the Establishment	Self-inflicted injury	Everyday life trauma	Inflicted by another person	Is not specified
1	Establishment №1	0	0	0	100
2	Establishment №2	64.77	29.55	0	5.68
3	Establishment №3	29.42	17.64	0	52.94
4	Establishment №4	57.15	28.57	14.28	0
5	Establishment №5	37.77	53.33	8.9	0
6	Establishment №6	0	0	0	100
7	Establishment №7	0	0	0	0
8	Establishment №8	50	50	0	0
9	Establishment №9	0	0	0	0
10	Establishment №11	0	0	0	0
11	Establishment №12	0	0	0	0
12	Establishment №13	0	0	0	100
13	Establishment №14	43	0	0	57
14	Establishment №15	24.52	21.71	0	53.77
15	Establishment №16	50	18.75	0	31.25
16	Establishment №17	20.68	60.36	0	18.96
17	Establishment №18	0	0	0	0
18	Establishment №19	18.75	0	0	81.25

As it is demonstrated in the table above the doctors do not indicate the origin of injuries at all in the Establishments N1, N13 and N16. In the Establishments N3, N15 and N19 the non-indication of the origin exceeds 50%. Deriving from the importance of the mentioned issue, all these establishments shall be issued directions and recommendations to eradicate the mentioned deficiency and always indicate the origin of the injury, as a minimum according to the classification provided (self-inflicted injury, inflicted by one person to another mutually, everyday life trauma or inflicted by another person).

Recommendation to the Minister of Labor, Health and Social Protection of Georgia:

- To maintain the Register for injuries and document injuries in an obligatory and unified manner. To this end to bring the Form N15 of the medical documentation in compliance with the anti-torture and medical standards;
- To register injuries of newly admitted remand and sentenced persons, as well as of those staying in an establishment in the rigorously numbered document (Register). The comment of the person concerned over the injury shall necessarily be noted in the Register. A doctor shall be in all cases tasked to describe all the injuries fully and in details. To this end, doctors working in the penitentiary establishments shall be fully trained stage-by-stage.
- To consider the classification of injuries by doctors into the following categories obligatory: self-inflicted injury, everyday life trauma, injury inflicted by one person

to another mutually, injury inflicted by another person, casualty, etc. The criteria for the mentioned systematization shall be the standards used by the doctors of civilian healthcare system in civilian medical establishments;

- To periodically analyze the structure and nature of injuries. To establish the respective specifics and to react respectively;
- The facts of documenting injuries shall not be only a mechanism of collecting information and prevention. The provision of adequate medical aid to and rehabilitation of injured persons shall become its obligatory component. The respective record describing the above-mentioned shall necessarily exist. A psychiatric component shall necessarily also be a part of this process. In particular, injured persons, and particularly those having inflicted self-injuries numerously and systematically shall be consulted in an obligatory manner by a doctor-psychiatrist.

Recommendation to the Head of the Agency for State Regulation of Medical Activity under the Ministry of Labor, Health and Social Protection: To study and provide the respective feedback to all the facts registered in the Register of Injuries, which belong to the cases of illegal medical activity.

HIV/AIDS in the penitentiary system:

In the region of Europe and particularly Eastern Europe the indicator of spreading of HIV/AIDS in the penitentiary system is much higher than a general, country-wide indicator. The studies implemented in a array of countries showed great variety of situations with regard to prevalence of HIV infection in prisons. Prisons represent places where the vulnerable HIV-infected groups are identified in the largest numbers. The reason of this is first of all the existence of intravenous drug abusers injecting not sterilized injections, sharing other injection means (water, spoon, etc.) and at times of means of everyday use (shaver, tooth brush), that also contributes to spread of hepatitis „B“ and „C“; tattooing, piercing and scarifications; unprotected sexual relations (prostitution, rape, etc.); accidental pricking by an infect needles (this is often occurrence during the search of cells); insufficient access to healthcare services; safety of medical tools and objects with medical purposes (dentist, medical and gynecological). The HIV infection epidemic reaches quite high indicators due to these reasons in developing states and countries in transition. Intravenous drug abuse is considered to be reaching 10% of the transmission of HIV throughout the world, whereas the same indicator in our region (countries of Eastern Europe and Asia) reaches 80%.

Office of the Public Defender of Georgia, as in the past, continues paying the respective attention to the problem of HIV/AIDS in the penitentiary system. These data are regularly reflected in Parliamentary, as well as Special Reports. The reporting period of the first half of 2011 was not an exception in this respect. This period stands out due to the fact that during these six months there were the highest number of deaths of HIV-infected prisoners in the penitentiary

system as compared to the previous years. The monitoring has revealed that in a 6-months period of January-June, 2011, out of 77 persons deceased in the penitentiary system, 11 were HIV-infected, composing 14.28% of deceased. As for the number of HIV-infected persons and the issues related to their treatment, these have not been left outside the attention of the National Preventive Mechanism during the monitoring. The data identified as a result is provided in the table below:

Name of the Establishment	Number of those examined on HIV infection	Number of HIV-infected persons	Number of newly identified	Number of those involved in treatment
№1 Establishment	60	3	0	3
№2 Establishment	46	5	1	0
№3 Establishment	80	2	2	0
№4 Establishment	85	1	0	1
№5 Establishment	59	3	0	0
№6 Establishment	0	7	0	0
№7 Establishment	0	0	0	0
№8 Establishment	6	6	2	2
№9 Establishment	30	1	1	0
№11 Establishment	35	0	0	0
№12 Establishment	47	6	1	1
№13 Establishment	0	2	0	0
№14 Establishment	125	12	3	2
№15 Establishment	74	12	1	1
№16 Establishment	13	13	9	4
№17 Establishment	50	14	1	0
№18 Establishment	472	5	4	1
№19 Establishment	118	18	3	5
Total:	**1300**	**110**	**28**	**20**

As it is seen from the table, there were 1300 examinations to diagnose the HIV infection in the establishments of penitentiary system in the first half of 2011. There were 28 new cases confirmed as a result of examination. There were 20 persons out of these identified cases involved in anti-retrovirus treatment program. It is to be noted that there are in total 110 remand and sentenced persons, including these 28 new cases, infected with HIV/AIDS in the establishments of the penitentiary system. Three of those are women. Fortunately, there are no juveniles within those infected or diseased with HIV/AIDS.

To study the situation more broadly and in more details, the Office of the Public Defender of Georgia applied with a letter to the Scientific-Practical Center of Infectious Pathologies, AIDS and

Clinical Immunology (08.08.2011 N758-3) requesting the information with regard to a number of issues.

According to the letter received in reply (N01-19/473) on 2 September, 2011 from the Scientific-Practical Center of Infectious Pathologies, AIDS and Clinical Immunology, there were 285 HIV-infected persons registered from 1997 to 17 August, 2011. They have at different times served sentence in different penitentiary establishments. Out of 285 patients 277 are men, whereas 8 are women. Out of them 60 HIV-infected persons were deceased (59 male and 1 female). Out of the 60 persons deceased 41 prisoners passed away in the penitentiary establishments.

„Currently[27] there are 110 AIDS-infected persons in the penitentiary establishments, out of which 107 are male and 3 female. 67 patients are undergoing anti-retrovirus (anti-AIDS) treatment, 66 of them are male, and 1 is female.

The Scientific-Practical Center of Infectious Pathologies, AIDS and Clinical Immunology closely cooperates with the Penitentiary Department. With the support of the HIV Center the rooms for consulting and testing AIDS were introduced in the penitentiary establishments. All the sentenced persons have a possibility to undergo the consultation and testing if they so wish. Along with that, the doctors of the AIDS Center have trained the doctors, doctor-lab specialists, guards and other employees of the penitentiary establishments on the issues of HIA/AIDS. The Program Manager for the HIV/AIDS program of the penitentiary establishment Mr Kote Turashvili is at the same time the doctor-consultant of the AIDS Center, in which he is responsible for HIV-infected patients from the side of the Scientific-Practical Center of Infectious Pathologies, AIDS and Clinical Immunology.

HIV-infected prisoners in the places of serving sentence are provided with free of charge specific medical aid, provided in line with international standards. HIV/AIDS patients are consulted by a specialist doctor and provided with control checks regularly (once in 3-4 months). HIV-infected patients are provided with the necessary anti-virus medications once a month. In case of need, the patients are transferred to the Scientific-Practical Center of Infectious Pathologies, AIDS and Clinical Immunology for in-patience treatment.

The Office of the Public Defender of Georgia applied to the Scientific-Practical Center of Infectious Pathologies, AIDS and Clinical Immunology with a letter (N758-3) on 8 August, 2011 requesting the information on the remand or sentenced prisoners who had been transferred to the Center for diagnostics or treatment during the first half of 2011. In the reply letter (N01-19/473) the Head of the Scientific-Practical Center of Infectious Pathologies, AIDS and Clinical Immunology notified us that “from 1 January, 2011 to 1 July, 2011 no remand/sentenced person had been transferred to our institution for in-patient treatments (there was no need of that).” During the monitoring, as a result of studying documents it appeared that this information did not correspond to the reality – on 14 March, 2011 the patient T.P. (born on 1980) passed away

27. The data by 17 August, 2011

in the intensive therapy unit of the Scientific-Practical Center of Infectious Pathologies, AIDS and Clinical Immunology. According to the health certificate N1086 issued by the Scientific-Practical Center of Infectious Pathologies, AIDS and Clinical Immunology, the patient was placed in the institution for in-patient treatment on 25 February, 2011. He had spent 17 days in the Scientific-Practical Center of Infectious Pathologies, AIDS and Clinical Immunology before he passed away.

Therefore, there is a trend of increase of a number of HIV-infected patients in the establishments of the penitentiary system. This is taking place in parallel and proportionally to the epidemiological indicator of the country.

Recommendation to the Minister of Corrections and Legal Assistance of Georgia: the local medical units shall periodically prepare reports reflecting the epidemiological issues related to the spread of HIV infection, and to mandatorily provide this information to the body which issues methodic recommendations on this issue in the country (the National Center of Diseases Control; Center of Infectious Pathologies, AIDS and Clinical Immunology).

Sanitary-hygienic and epidemiological issues:

The control of the sanitary and epidemiological conditions in the establishments of the penitentiary system of the Ministry of Corrections and Legal Assistance falls within a competence of local doctors and in general, the medical personnel employed in doctoral-medical units. According to Article 35 of the Law of Georgia on Public Healthcare it is a competence of the Minsitry of Corrections and Legal Assistance of Georgia to supervise the observance of the sanitary and hygienic norms in the places of imprisonment and deprivation of liberty and to undertake the preventive measures related with healthcare. Along with this, the Ministry of Labor, Health and Social Protection of Georgia and the Ministry of Corrections and Legal Assistance of Georgia do jointly establish the respective sanitary and hygienic norms for the establishments of imprisonment and deprivation of liberty. According to Article 125 (2) of the Code on Imprisonment, the Minister of Corrections and Legal Assistance of Georgia and the Minister of Labor, Health and Social Protection were tasked to ensure the issuance of the joint order on the nutrition norms for remand/sentenced prisoners within 2 months after the entry into force of the Code.

Apart from the healthcare legislation, the obligation of controlling sanitary-hygienic and epidemiological situation is also provided by the Code on Imprisonment. The Article 15 of the Code establishes the requirements for the living conditions of remand/sentenced prisoners. In particular, according to it the living space of a remand/sentenced person shall be in compliance with the sanitary-hygienic norms established by the Joint Order of the Minister of Corrections and Legal Assistacne of Georgian and the Minister of Labor, Health and Social Protection of Georgia and shall ensure the maintenance of a health of a remand/sentenced person.

According to the Articles 15 (1), 125 (2) of the Code on Imprisonment and Article 35 (5) of the Law of Georgia on Public Healthcare, the Joint Order N87-83/M of the Minister of Corrections and Legal Assistacne of Georgian and the Minister of Labour, Helath and Social Proteciton of Georgia, dated 20-25 May, 2011, approved the sanitary-hygienic and nutrition norms for remand/sentenced persons. According to the mentioned Order, the respective doctoral-medical personnel of the establishment is obliged to check on a regular basis:

a) The quality and amount, as well as the conditions of the preparation of food for remand/sentenced persons;
b) The sanitary-hygienic condition of the territory and buildings of the establishment;
c) The condition of the cloth and bed linen of remand/sentenced persons and in case of identification of inappropriate relation with the seasonal conditions and notify the administration of the establishment in writing.
3. The personnel of a doctoral-medical unit is obliged to notify the administration of the establishment in writing in the case of identification of violation of sanitary-hygienic conditions.
4. If the eradication of the identified violations related to sanitary-hygienic conditions is not possible with own resources, the administration of the establishment is obliged to apply with the Explanatory Note to the administration of the Department. The Note shall be accompanied with a letter of the doctoral-medical unit or a doctor.

According to the Article 3 of the Appendix 2 to the Order, the artichtoral and infrastructure organization of the space allocated for the persons in the establishment shall ensure that these persons have a possibility to satisfy natural physiological needs, observe personal hygienic, maintain and support their health without infringing the honor and dignity of a person, that means: provision with quality, safe and sufficient potable water (no less than 2,5 liters per person per day); provision with sanitary-technical infrastructure of water supply and canalization connected with central circulation network for the observance of personal hygienic rules (washing hands and face, hygienic treatment of mouth, washing body no less than once a week, hairdresser's services: shaving, cutting hair and nails) and the sanitary-technical infrastructure and hygienic means (soap, tooth paste, body shower brush, towel); provision with a bed and bedding (mattress, pillow, duvet); provision with new bed linen no less than once a week, as well as provision and change as necessitated of season-specific special clothing; optimal observance of micro-climate in the premises (18-25 C^0); natural and artificial lighting, ventilation; provision of collection and timely disposal of waste; the cleaning of living space, furniture and windows every day, organization of periodic disinfection arrangements; provision of living space of prisoners with the furniture for common use (table, chair, locker, cupboard, etc.); undertaking of periodic medical check-up, preventive vaccinations and other anti-epidemiology measures. Pregnant women, breast-feeding mothers, juveniles, sick and persons with disabilities shall be provided with the respective living conditions and nutrition in line with the requirements of the legislation.

In line with the norms listed above, the National Preventive Mechanism paid particular attention during the monitoring to the proper observance and control of sanitary-hygienic and epidemiological conditions.

First of all, the frequency and efficiency of the disinfection, deratisation and disinsection works undertaken in the establishments was checked during the monitoring. It turned out, that the contractor organization visits all the establishments periodically, however the frequency of the undertaking of works differs in different establishments. The volume and types of works are also different. It was established, that the disinsection and deratisation are conducted on spot, whereas disinfection is not undertaken in all the establishments. We paid attention to spreading loose, bug, rodents, insects, parasites, mange, and infectious diseases in cells. Likewise as during the previous reporting period, it again became clear that in the establishments which work in the conditions of overcrowding or in old and outdated infrastructure (there were repeated recommendations issued by the Public Defender to close them down), the sanitary work does not bring along importance effect. The facts of spreading loose among newly admitted prisoners were confirmed in the Establishment for Women N5 in Rustavi, Establishment N8 in Tbilisi and Establishment N15 in Ksani. The Chief Doctors of other establishments have categorically refuse the existence of the mentioned problem.

The existence of bugs in the cells and beds of prisoners was confirmed in conversations with medical personnel and in general population of penitentiary establishments and visual examination in the following establishments: N1 in Tbilisi, N2 in Kutaisi, N3 in Batumi, N4 in Zugdidi, N6 in Rustavi, N9 in Tbilisi, N12 in Tbilisi, N13 in Khoni, N15 in Ksani, N16 in Rustavi and N19 for Tubercular Convicts in Ksani.

As for the spread of mange, the medical personnel mentions in all the establishments, that the occurrence of this disease has sharply dropped recently. There are singular cases registered in the following establishments: N5 for Women in Rustavi, N8 in Tbilisi, N16 in Rustavi and N19 for Tubercular Convicts in Ksani. The Chief Doctors of other establishments absolutely reject the existence of this problem, however this is not confirmed in some of the establishments, if the records by the consultant dermato-venerologist are consulted.

The occurrence of the cases of Hepatitis “A” during the reporting period is rejected in all the establishments. The situation in establishments varies in terms of the spread of infectious diseases. Food intoxication case was mentioned in the Establishment N5 in Rustavi, which touched several prisoners at once during the summer period. Several cases of chickenpox are mentioned in the Establishment N8 in Tbilisi. This infection specific to child-age was also recorded in the Special Establishment for Juveniles N11. Three instances of chickenpox were also confirmed by the Chief Doctor of the Establishment N15 in Ksani, whereas during the monitoring of the Establishment N19 for Tubercular Convicts we were told in the medical unit that singular cases of infectious diseases are periodically identified in this Establishment as well. Despite these data, no harsh deterioration of epidemiological situation had been noted and all the problems were overcome by the doctoral-medical points practically by using local resources.

As for the frequency and the type of the sanitary measures undertaken by the contractor organizations in the penitentiary system, the table below demonstrates this data:

N	Name of the Establishment	Frequency of undertaking measures	Measures implemented		
			Disinsection	Disinfection	Deratisation
1	№1 Establishment	Once in 2 month	+	+	+
2	№2 Establishment	Once a month	+	-	+
3	№3 Establishment	Once a month	+	-	+
4	№4 Establishment	Once a month	+	-	+
5	№5 Establishment	Once a month	+	+	+
6	№6 Establishment	Twice a month	+	-	+
7	№7 Establishment	Once a month	+	-	+
8	№8 Establishment	Once a month	+	-	+
9	№9 Establishment	Twice a month	+	-	+
10	№11 Establishment	Once a month	+	-	+
11	№12 Establishment	Once a month	+	+	+
12	№13 Establishment	Once a month	+	-	+
13	№14 Establishment	Twice a month	+	+	+
14	№15 Establishment	Once a month	+	+	+
15	№16 Establishment	Once a month	+	+	+
16	№17 Establishment	Once a month	+	+	+
17	№18 Establishment	Three times a month	+	+	+
18	№19 Establishment	Once a month	+	+	+

According to the National Calendar for Preventive Vaccination, the Chief Doctor of the Juvenile Establishment N11 stated that the negotiations are being conducted with the National Center for Disease Control to conduct the last planned vaccination “DTW” (Diphtheria, Tetanus, whooping-cough) in an organized manned, without any impediments.

It is important to note that in some of the establishments there are quite often cases of biting prisoners by pets. The Establishment N15 in Ksani shall be particularly outlined in this regard. In the majority of such cases the prisoners are referred to in-patient treatment regime for the anti-rabial vaccination. Apart from this, it shall also be said that despite considerably high number of self-inflicted injuries, everyday life traumas and other types of traumas, anti-tetanus vaccination does practically not take place and it is identified only in exceptional cases. This poses serious risk for healthcare of patients.

Recommendation to the Minister of Corrections and Legal Assistance of Georgia:

- To ensure close professional links between the contractor organizations (undertaking sanitary works) and local doctors. To have the information on the works undertaken be reflected in the periodic reports in an obligatory manner;

- To undertake the sanitary-epidemiological examination of the air, water, food and other factors of the environment periodically with the assistance of the accredited lab. To have the results reflected in the periodic reports. To establish the highly adequate Strategy and Action Plan for the eradication of the problems.

Nutrition

The Appendix N1 to the Joint Order N87-83/M of the Minister of Corrections and Legal Assistance of Georgia and the Minister of Labour, Health, and Social Proteciton of Georgia, dated 20-25 May, 2011 approves the nutrition norms. Strict observance of the established rules is required for the provision of safe nourishment to imprisoned persons. The Appendix establishes the organization of provision of food, which shall comply with the two principles: the nutrition shall be balanced and full, to ensure the maintenance of health of persons in the establishment. The Order outlaws the reduction of the calorie value of food with the purpose of undertaking disciplinary punishment measures. According to the Order, remand/sentenced prisoners with special (diet) nutrition needs shall be provided with the products necessary for their medical treatment nutrition, as decided by the doctor in line with the medical needs of the patients. The diet tables and their description are established by the respective normative act of the Minister of Labor, Health and Social Protection of Georgia. The nutrition regime of remand/sentenced persons determines the number of meals a person shall have during a day, including the observance of the physiologically justified breaks between them, as well as the purposeful distribution of dosage as established by the respective normative acts during a day and a week, and eating in the periods strictly defined by the schedule. Despite this, in some of the establishments, due to high number of prisoners or lack of local resources the decisions made violate the physiologically justified breaks between the meals. According to the Order the remand/sentenced persons shall be provided with the three meal a day. The gap between the meals shall not be over 5-6 hours. It is not allowed to have the same meals included the menu-schedule for three times a day nutrition. Along with this, a daily ration broken down to calories shall be distributed observing the following requirements:

a) Breakfast - 30 – 35%;
b) Dinner – 40 – 45%;
c) Supper - 30 – 20%.

The menu, as a rule, shall be composed for one week, taking into account the everyday norms, in three copies. The first copy (original) shall be kept in the Penitentiary Department, the second one - in the establishment, whereas the third one shall be displayed in the corridor for the information of remand/sentenced persons. In this respect, there is no possibility for each of the remand/sentenced persons to be acquainted with the menu. According to the Order, sick persons, who are in need of the special diet according to the prescription of a doctor, may get one product substituted by another one so that to have the nutrition value of the food received

complying with the above-mentioned norms, whereas the weekly nutrition norms for remand/sentenced persons diseased with tuberculosis, dystrophy, ulceral vitamin A deficiency, malignant tumor, undergoing in-patient treatment, are regulated separately.

As a result of the monitoring, it was revealed that the doctor of the local medical unit examines the food three times each day. The examination of food contemplates its organoleptic assessment and tasting. The samples of food are kept in the majority of the establishments according to the established duration. As stated by the Chief Doctors, the fact of written disapprobation had not been registered during the reporting period, however the majority of them had mention that they provide verbal recommendations to the kitchen and a contact communication between them exists. As stated by the Chief Doctor of the Establishment N5 in Rustavi, following a recommendation of the Doctor the food was not distributed once. The Chief Doctor in the Establishment N9 stated that he also remembered the case when he verbally addressed the manager of the nutrition block to the quality of brown bread. The doctors of the Establishment N9 issue recommendations over the saltiness and volume of fat in food. The similar recommendations are periodically issued by the Chief Doctor of the Establishment N14 in Geguti as well. It shall be mentioned that in cases of sick patients, including the ones diseased with diabetes mellitus, there are no diet tables provided. In the best case, the patients diseased with diabetes receive brown bread "based on the prescription of a doctor". In this regard, it shall be mentioned that the diet table corresponding the needs of tubercular convicts is organized in the Establishment N19 for Tubercular Convicts. The Medical Establishment for Remand/Sentenced Prisoners is the only establishment in the penitentiary system where a doctor-dietician works. Following the interview with the doctor it was made clear that there are the tables N1, N5, N9 and N11 functioning in the Establishment. As stated by the dietician, before the distribution each time the food is checked by the doctor on duty in the reception unit. It was revealed during the monitoring that the dietitian had made a decision to return a portion of bread received that was in practice unprecedented decision within the penitentiary system.

The Monitoring Group got interested into the facts of hunger strikes in the reporting period. As it was found out, the cases of hunger strikes by prisoners had considerably decreased as compared with the previous reporting period. However, we met some of the prisoners in some of the Establishments declaring that the fact of commencing hunger strike by them is neglected by the Social Service and it is not recorded. According to the records made, altogether 43 sentenced prisoners applied to the Social Service stating the commencement of a hunger strike in the reporting period of 2011. The mentioned statistics, broken down according to the Establishments, is provided in the table below:

N	Name of the Establishment	The facts registered
1	№1 Establishment	0
2	№2 Establishment	10
3	№3 Establishment	2

4	№4 Establishment	0
5	№5 Establishment	13
6	№6 Establishment	3
7	№7 Establishment	1
8	№8 Establishment	2
9	№9 Establishment	0
10	№11 Establishment	0
11	№12 Establishment	0
12	№13 Establishment	0
13	№14 Establishment	0
14	№15 Establishment	0
15	№16 Establishment	0
16	№17 Establishment	8
17	№18 Establishment	2
18	№19 Establishment	2

None of the instances of a hunger strike had led to considerable deterioration of health conditions of a prisoner. In all the cases, the prisoners had stopped the hunger strikes before they had resulted into undesired health effect.

Recommendation to the Minister of Corrections and Legal Assistance of Georgia: to have the norms of dietary nutrition and diet tables established by the Order of the Minister of Labor, Health and Social Protection of Georgia introduced in the penitentiary system. To have particular attention paid to the taking care of peculiarities related to nutrition needed for tubercular patients and patients with endocrinal and other types of diseases, the factor of nutrition of whom has big importance in the process of their treatment and further rehabilitation.

The issues related to sickness of prisoners and transfer of patients in the establishments of the penitentiary system:

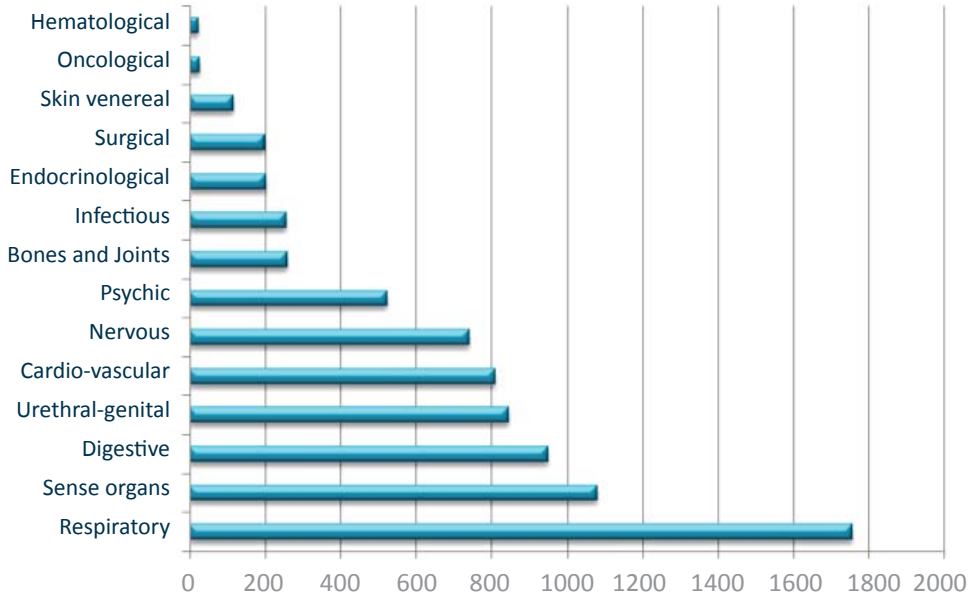
The study of the issues of sickness in the establishments of the penitentiary system is of utmost importance, as the assessment of the efficiency of the system, as well as planning and development of human and other types of resources shall be based exactly on the specificities of the mentioned indicator. The structure of the indicator of sickness shall be the basis for any type of a reform and strategy, as well as for the development plan of the penitentiary healthcare system. The indicator of sickness in prisons is important in general for the consideration of the public healthcare in the country as well. The Office of the Public Defender of Georgia has for several years been observing this direction and studying the prevalence of a particular group of sickness in prisons. The sickness, in general, represents the indicator for the limitation of condition, capacity or obliteration of health of sick persons due to any reason. The term may

also be used to describe a particular form of sickness or the degree of healthcare condition in situations when a sickness results into the damaging health of a patient. The term co-sickness shall herewith be also identified. This contemplates the co-existence of more than one medical condition in one person. The study of the indicators of sickness in the population of penitentiary system does not take place in line with the established rules and standards. Despite this, recently the special forms had been elaborated by the Medical Department of the Ministry of Corrections and Legal Assistance of Georgia. The doctoral-medical units of the penitentiary establishments use these forms to register on a monthly basis the newly identified forms of sickness and provide the information to the Information Department. Despite the fact that the mentioned method does not at all comply with the very concept of the indicator of "sickness" it may still provide important and valuable information. It shall also be mentioned herewith that the local medical personnel does not provide the standardized collection and processing of this information. This very fact further increases the risk of the possible collection of the imprecise information for the database. The standard table, according to which the local doctors keep the statistical data about the newly identified sickness, does not comply with the established and internationally recognized epidemiological criteria and requirements.

The information collected in the mentioned field in the first half of 2011 is provided in the table below:

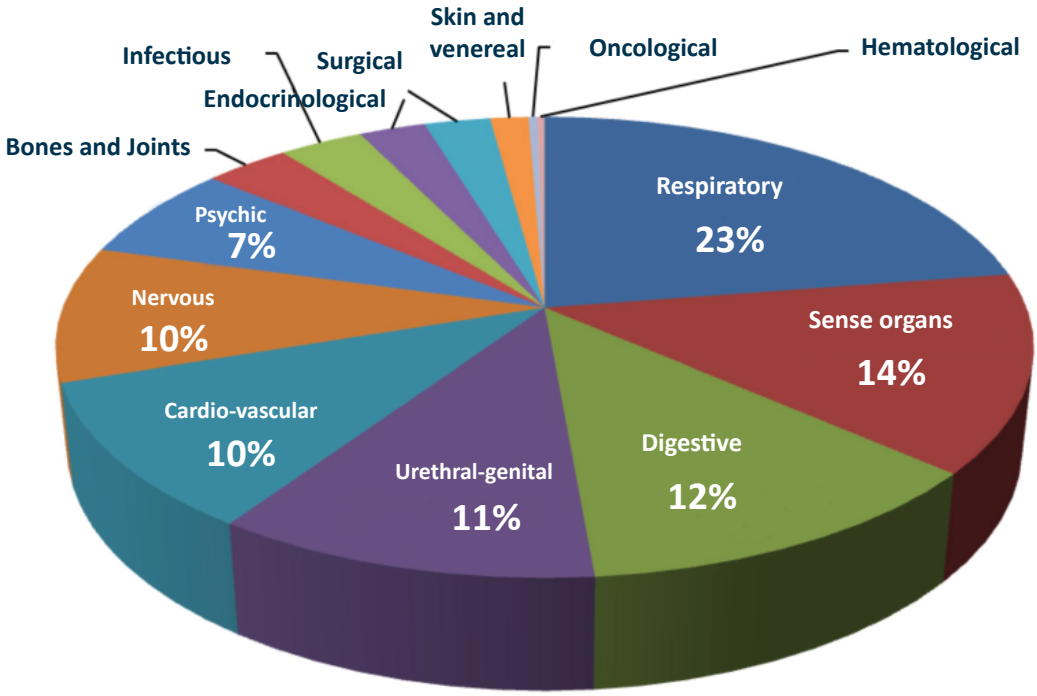
Newly identified sickness broken down according to the establishments	Cardio-vascular	Respiratory system	Digestive system	Urethral-genital system	Nervous system	Psychic diseases	Endocrinological	Hematological	Sense organs	Infectious	Bones, joints and connective tissues	Skin and venereal	Surgical	Oncological
Establishment №1	66	198	141	72	24	18	9	0	109	10	112	0	26	0
Establishment №2	22	56	29	26	66	57	8	0	90	2	0	0	8	0
Establishment №3	23	106	44	73	18	16	6	0	20	7	17	1	29	2
Establishment №4	36	27	46	18	32	4	6	0	12	26	5	25	3	2
Establishment №5	171	50	62	137	186	86	110	6	92	0	68	1	49	0
Establishment №6	0	93	27	0	11	1	1	0	0	0	0	1	0	0
Establishment №7	0	0	1	5	4	0	0	0	9	5	0	4	0	0
Establishment №8	9	0	0	25	25	80	16	0	64	2	14	1	0	0
Establishment №9	12	5	12	0	0	0	0	5	24	0	0	0	0	0
Establishment №11	8	22	2	8	38	4	1	0	50	26	1	49	0	0
Establishment №12	21	23	34	47	19	3	1	0	36	0	3	0	0	0
Establishment №13	0	4	1	5	4	0	0	1	2	49	2	0	0	0
Establishment №14	9	190	10	1	5	0	0	3	1	0	0	0	4	0
Establishment №15	52	182	71	86	77	60	9	0	111	0	15	4	7	1
Establishment №16	45	55	104	183	72	12	5	0	262	8	0	1	10	0
Establishment №17	220	650	290	60	112	80	30	1	118	6	1	1	30	1
Establishment №18	53	40	74	63	41	49	1	7	35	115	21	15	33	19
Establishment №19	61	55	0	36	6	53	0	0	45	0	0	13	1	1
Total:	**808**	**1756**	**948**	**845**	**740**	**523**	**203**	**23**	**1080**	**256**	**259**	**116**	**200**	**26**

As it is demonstrated in the table, the most frequently recorded sicknesses in the establishments of the penitentiary system is the respiratory system diseases. The next place in the list is attributed to the identification of sense-organ diseases. If we take into consideration the fact that there are only two specialist doctors working for the management of this group of diseases (ophthalmologist and oto-rhino-laryngologist), it may be stated that in the first half of 2011 the newly identified cases of the eye and oto-rhino-laryngic diseases had one of the leading positions in the establishments of the penitentiary system. The hematologic diseases belong to the least identified group of diseases, as their number equaled to 23 during the reporting period. The oncological diseases were slightly higher with the number of the identified cases during the same period equaling to 26. It shall be mentioned that the death rate due to the oncological diseases was particularly high in the first 6 months of 2011. Along with these cases, we came across the situations when there was a partial or no diagnostics provided at all. This was the reason for diagnosing the oncological diseases only by the forensic medical examination, as a result of histolomorphological examination. The number of newly identified forms of diseases of digestive system and due to this the urethral-genital system diseases was particularly high. These groups of diseases respectively occupy the third and the fourth places. The 5th place is attributed to the cardio-vascular system diseases, with the neurological and psychiatric nosologies following on the sixth and seventh places. There are five more groups identified in the table provided. Their number as compared with the already listed groups of diseases is relatively lower. The same trend fluctuates in an almost similar manner during the recent period. The prevalence of the groups of diseases, for the purpose of their easy interpretation, is provided graphically:



As for the tubercular diseases, the registration of the newly identified cases of this nosology, deriving from its particular specificity, is undertaken separately in the penitentiary system. Due to this, in this case tuberculosis is not included into any other group (e.g. group of infectious diseases, or lung diseases in the group of diseases of respiratory system).

The proportions of the diseases within the general data, is provided in the diagram below:



The Monitoring Group has noted the inconsistencies identified as the disproportion of the newly revealed diseases as compared with the indicator of consultations delivered by the respective specialists and corresponding instrumental, lab and clinical examinations. For example, against the background of having the traumatologist accessible only in the Medical Establishment for the Remand/Sentenced Persons, and having practically insignificant number of consultations delivered by the doctors of this profile at other places of serving the sentence, the number of newly identified diseases of bones and joints system is quite high in the general picture of diseases. The same may be noted with regard to neurological pathologies as well. The number of the consultations delivered broken down according to establishments was considered in the respective chapter of this Report. As for the undertaken instrumental and lab examinations, their number in the reporting period of 2011 is provided in the table below:

№	Name of the Establishment	Instrumental examination					Lab examination				
		X-ray examination	Ultrasound	Electrocardiogram (ECG)	Endoscopy	**Total**	General blood test	Urine clinical	Blood biochemistry	Of sputum	**Total**
1	№1 Establishment	140	102	27	0	**269**	3	0	4	420	**427**
2	№2 Establishment	281	288	51	4	**624**	169	75	240	275	**759**
3	№3 Establishment	55	197	80	0	**332**	28	0	14	196	**238**
4	№4 Establishment	35	40	11	1	**87**	7	0	0	54	**61**
5	№5 Establishment	213	199	64	0	**476**	52	12	135	78	**277**
6	№6 Establishment	230	106	33	0	**369**	45	7	24	115	**191**
7	№7 Establishment	7	5	2	1	**15**	6	0	4	1	**11**
8	№8 Establishment	185	86	12	16	**299**	73	31	30	170	**304**
9	№9 Establishment	3	25	13	0	**41**	8	0	6	1	**15**
10	№11 Establishment	6	8	8	0	**22**	20	0	8	23	**51**
11	№12 Establishment	96	52	43	0	**191**	4	0	5	145	**154**
12	№13 Establishment	25	21	8	0	**54**	17	1	10	11	**39**
13	№14 Establishment	321	352	66	2	**741**	135	106	85	355	**681**
14	№15 Establishment	348	245	68	10	**671**	19	4	41	70	**134**
15	№16 Establishment	244	302	66	5	**617**	18	0	30	671	**719**
16	№17 Establishment	390	316	171	0	**877**	25	4	20	400	**449**
17	№18 Establishment	1961	1063	1031	278	**4333**	2594	1119	516	1097	**5326**
18	№19 Establishment	1642	101	52	0	**1795**	1195	199	873	6440	**8707**
	Total:	**6182**	**3508**	**1806**	**317**		**4418**	**1558**	**2045**	**10522**	

The table demonstrates the main types of the lab examination provided in the penitentiary system. The same may be noted with regard to the instrumental examinations. As for other types of instrumental and lab examinations, they in general take place in the system (e.g. CT and MRT examinations), however they are provided in the specialized medical establishments and their number, unfortunately, does not adequately correspond to the actual need.

Within the framework of the monitoring undertaken by the National Preventive Mechanism, the due attention was devoted to the study of such diseases in the penitentiary system as diabetes, asthma and epilepsy. It shall be noted that due to the fact that these diseases are widely spread the mentioned problems had been outlined by the Public Defender repeatedly in the past as well. In particular, the attention had been paid to the provision of the system of treatment and taking care of, as well as of adequate diet, the respective treatment nutrition and supervision for diseased persons. In the first half of 2011 there were in total 203 newly identified cases of endocrinological diseases registered by the doctoral-medical points of different establishments of the penitentiary system. The majority of these are diabetes. According to the same source, insulin was prescribed to in total 84 patients within the entire system, whereas Desmopressin was prescribed to 65 patients.

Name of the Establishment	Number of diseased with diabetes	Number of the patients using insulin	Hypo/hyper glycemia coma was noted	Issues of diet nutrition	Remark
№1 Establishment	3	1	0	Black bread and diary products	
№2 Establishment	5	2	0		
№3 Establishment	2	2	0		
№4 Establishment	5	1	0		
№5 Establishment	29	7	0	Black bread	
№6 Establishment	2	2	0	Black bread	
№7 Establishment	0	0	0		
№8 Establishment	42	8	0		
№9 Establishment	15	10	0	Brown bread	
№11 Establishment	0	0	0		
№12 Establishment	5	2	0		
№13 Establishment	0	0	0		
№14 Establishment	5	1	0		1 patient with Diabetes insipidus
№15 Establishment	20	8	1	They buy black bread on their own	
№16 Establishment	7	3	0	Black bread	
№17 Establishment	42	9	1	Matsoni (*Georgian sour yogurt*) Black bread, boiled meet	
№18 Establishment	8	7	0		
№19 Establishment	5	5	0		
Total:	**195**	**68**	**2**		

As it is demonstrated in the table above, according to the information collected by the Monitoring Group, 195 persons are diseased with diabetis mellitus in the penitentiary system. Along with that, 68 undergo insulin treatment, whereas the other patients get the pill treatment. There were two instances of hypo- and hyperglycemia coma recorded due to diabetes. One of these cases was noted in the Establishment N15 in Ksani, whereas the second one was recorded in the Establishment N17 in Rustavi. The other Chief Doctors categorically refuse the instances of development of coma. As for the special nutrition issues, this issue has not been solved in any of the establishments. In this regard Chief Doctors of some of the establishments have explained that they are able to provide black bread, at times even provided based on the doctor's prescription. The comments made by doctors are indicated in the table above.

The Monitoring Group of the Public Defender of Georgia, as it was mentioned, got interested into the system of spread of bronchial asthma and epilepsy along with diabetes. The information collected is provided in the table below:

Name of the Establishment	Bronchial asthma			Epilepsy		
	Number	Severe forms	Status	Number	Severe forms	Status
№1 Establishment	1	0	0	5	0	0
№2 Establishment	3	0	0	2	0	0
№3 Establishment	1	0	0	2	0	0
№4 Establishment	3	0	0	1	1	0
№5 Establishment	2	0	0	4	0	0
№6 Establishment	1	0	1	2	1	1
№7 Establishment	0	0	0	1	1	1
№8 Establishment	4	0	1	20	0	1
№9 Establishment	5	1	0	1	0	0
№11 Establishment	0	0	0	1	0	0
№12 Establishment	3	1	0	7	0	0
№13 Establishment	1	0	0	3	0	0
№14 Establishment	7	0	0	15	0	1
№15 Establishment	18	2	1	15	2	0
№16 Establishment	8	1	0	25	1	1
№17 Establishment	10	1	0	30	0	0
№18 Establishment	0	0	0	0	0	0
№19 Establishment	2	1	1	3	1	1
Total:	**69**	**7**	**4**	**137**	**7**	**6**

The local medical points have in total have registered 69 prisners diseased with bronchial asthma throughout the entire system. This is, certainly far less than the real figure. According to the mentioned statistics, the highest number of the patients diseased with asthma is concentrated in the Establishments N15 and N17. The severe forms of the disease are registered in cases of seven patients; status had been developed only in four cases.

As for the such a widespread neurologic pathology as epilepsy, in total 137 persons diseased with it are registered in the penitentiary system altogether. Out of these patients, the severe form of epilepsy is noted in seven cases, whereas the epileptic status is recorded in six cases. The highest number of diseases is recorded in the Establishments N14, N15, N16, N17 and N8. It shall be herewith mentioned that in the conditions of absence or insufficient provision of qualified neurological assistance large part of patients have no access to the adequate diagnostic and treatment services. Due to this reason considerable part of the persons diseased with epilepsy, remain to be unregistered and without the respective treatment. The local doctors and particularly the Chief Doctors note that despite the fact that they become aware of development of convulsions, they may no diagnose patients without a consultation of neurologist and the respective examinations. In the case of a visit of a neurologist, the latter always notes in writing that “convulsions were noted – as this was told to me”, whereas the EEG, MRT and CT

examinations, for the confirmation of a diagnosis are either not prescribed for the confirmation of a diagnosis or are often not implemented.

The Special Preventive Group devotes great attention to the problems of mental health in the penitentiary system and the ways of their solution. It shall be noted in this regard, that the situations created in the establishment are not favorable.

№	Name of the Establishment	Consultations of a psychiatrist	Newly identified patients	Persons with psychic problems (registered)	Suicide	Para suicide
1	№1 Establishment	18	18	1	0	0
2	№2 Establishment	259	57	57	0	2
3	№3 Establishment	137	16	8	0	0
4	№4 Establishment	73	4	5	0	0
5	№5 Establishment	72	86	22	0	1
6	№6 Establishment	77	1	40	1	0
7	№7 Establishment	1	0	1	0	0
8	№8 Establishment	62	80	12	0	0
9	№9 Establishment	0	0	1	0	0
10	№11 Establishment	8	4	1	0	0
11	№12 Establishment	0	3	24	0	0
12	№13 Establishment	6	0	8	0	0
13	№14 Establishment	90	0	20	0	0
14	№15 Establishment	128	60	45	1	0
15	№16 Establishment	23	12	24	0	0
16	№17 Establishment	26	80	20	0	2
17	№18 Establishment	168	49	83	1	3
18	№19 Establishment	78	53	5	0	0
	Total	**1226**	**523**	**377**	**3**	**8**

As it is demonstrated in the table above, there are 1226 primary and repeated consultations had been provided by psychiatrists in the penitentiary system of Georgia. Out of these 523 newly identified cases had been registered. There are 377 persons registered by the local medical unit, who take the treatment means that are subject to special control, based on the prescription of a psychiatrist. The bringing to the establishments, the prescription and usage-registration of the mentioned medications was largely different in different establishments. The situation had relatively improved in this respect during the reporting period; however it is still accompanied with considerable gaps and violations. We herewith cite the information for the demonstration purposes that we received from the Chief Doctor of the Establishment N5 for Women about the prescription of psychotropic medication. As clarified by the Doctor, the medication shall be prescribed by a doctor psychiatrist, who periodically visits the Establishment to deliver consultations. The prescription provided by the consultant is reviewed by the Chief Doctor,

following which the medication is dispensed and respectively registered. This is the way that e.g. Zolomax, Diazepam (in ampoule, as well as in pills) and others are prescribed. As for the transfer of the patients due to the deterioration of mental health conditions, the Chief Doctor had noted that there were four sentenced prisoners transferred from their establishment to the psychiatric commission during the reporting period; all of them were transferred to the Kutiri mental health center. As for the mechanism of submitting a patient to the Commission, the Doctor described this as follows: following the provision of the first consultation to a patient the primary diagnosis is established. Following this a psychiatrist shall visit the patient and make appropriate records at least twice during a week. After approximately 7-8 such records the Chief Doctor intercedes respectively and applies to the administration of the establishment, which, on its turn, provides the documentation and information to the Penitentiary Department. The Department on its turn sends the documentation of the patient to the commission. If the Commission issues a recommendation to have the patient transferred the conclusion is approximately within a week send to the forensic medical examination. The forensic medical examination is undertaken in the State Bureau, lasting for around 20 days. The Commission meetings are held twice a month, in the Ministry of Corrections and Legal Assistance. The results of the forensic medical examination are sent to the court and the judge makes the final decision.

The medications such as diazepam, optimal, amitriptilin, haloperidol, zolomax, azaleptin, Ciklodol, etc. may be used on spot in the Establishment N6 in Rustavi.

The Chief Doctor of the Establishment N17 in Rustavi mentions that at times he has to bring the medications from outside.

As the statistical information provided above shows there were three cases of suicide noted in the establishments of the penitentiary system of Georgia in the first half of 2011. In all these cases the reason of death was mechanical asphyxiation by hanging on mesh. As for the attempted suicide, there were eight cases in total noted, which had been classified by the doctor as an attempted suicide. In some cases the records in the Register for Injuries clearly show that there might have been a case of an attempted suicide, however the specific facts are not so classified. Following the attempted suicide, as a rule, patients with such a risk are visited by the psychiatrist. However, according to the international standards, prevention shall be undertaken at a much earlier stage.

The Special Report on Health contained the full and comprehensive information about the drug addict patients in the penitentiary system. No changes have been introduced in this respect in the first half of 2011. Drug addict persons are not registered separately in almost any of the establishments. There are only separate facts of narcological consultations registered during the same period. The majority of the Chief Doctors of the establishments consider that they do not have this problem in reality, as their patients who had been drug addicts were made stop since the imprisonment and the harsh period had passed. This view may certainly not be taken on board in the establishments where the prisoners are brought at the initial stage. The

Methadone Program functions in the Establishment N8. That Program was described in details in the previous Report. Despite the fact that the head of the Program was claiming that the Program was being implemented without any interruptions and it was covering the needs, the Monitoring Group personally met a prisoner who had been in a quite difficult situation due to the deficiency syndrome and was asking to be included into the Program. The prisoner had submitted the documentation proving that before the deprivation of liberty he had been participating in the Methadone Program, to participate in which he was even brought out of the temporary detention isolator. Despite this, he was not included into the Methadone Program in the Establishment N8 that leads the Monitoring Group to consider that they may be other similar specific cases as well.

As stated by the Chief Doctor of the Establishment for Women N5, "they do not need the Methadone Program." Drug addict persons do not cause disturbances, and in case of need a narcologist may be called. This had been required only once during the reporting period.

The issue of dissemination of virus hepatitis in the penitentiary system still remains to be one of the most acute issues. 47% of the diseased prisoners during the first half of 2011 had virus hepatitis, accompanied with portal hypertension and respective complications in the form of bleeding, cirrhosis, ascites, and other dangerous for life conditions. The monitoring undertaken by the Special Preventive Group revealed that the doctors of the penitentiary establishments still considered virus hepatitis as one of the most widely spread diseases. Despite this, no exact registration of virus hepatitis or any other statistics are kept in this respect in the prisons of Georgia. The doctors possess information only about the cases when hepatitis is proved via lab examination. During the monitoring we noted that quite a big number of prisoners with the clinically expressed signs of damage of liver were not at all examined on the hepatitis. The examination is not always undertaken in cases of epidemiologically negative environments either.

On 25 June, 2009, the Minister of Labor, Health and Social Protection of Georgia and the Minister of Corrections and Legal Assistance of Georgia issued the Joint Order (№267-219/M), having approved the Strategy on Provision of Medical Services to Sentenced and Remand Persons diseased with the hepatitis "C". According to the Order, the Ministries having issued the Order were tasked to draft the Action Plan in line with the Strategy approved with the Order. Despite the fact that the issues required the immediate regulation and solution, even in over 2 years since the issuance of the Order the Action Plan is not elaborated, whereas the situation in the penitentiary establishments in this respect remains alarming. The information collected during the monitoring, from the perspective of the situation with regard to the hepatitis in the system is provided in the table below:

№	Name of the Establishment	Number of those examined on hepatitis	Gets treatment with Interpherone
1	№1 Establishment	8	
2	№2 Establishment	8	
3	№3 Establishment	0	
4	№4 Establishment	0	
5	№5 Establishment	4	
6	№6 Establishment	9	1
7	№7 Establishment	0	1
8	№8 Establishment	6	1
9	№9 Establishment	1	
10	№11 Establishment	1	
11	№12 Establishment	2	1
12	№13 Establishment	0	
13	№14 Establishment	17	
14	№15 Establishment	7	
15	№16 Establishment	2	
16	№17 Establishment	5	
17	№18 Establishment	659	
18	№19 Establishment	123	
	Total	**852**	

As demonstrated in the table above, there were 852 prisoners examined to diagnose hepatitis in the first 6 months of 2011. Out of the 782 patients were examined in the medical treatment establishments, whereas there were only 70 patients examined in other places of serving sentence. This, taking into account the situation in this regard, looks insignificant. The prescription of Interpherone is used to treat hepatitis only in the Medical Establishment for Sentenced and Remand Persons. Not all the patients remain there before the end of the course of treatment. The monitoring revealed that 4 patients continued the treatment course with Interpherone in the Establishments N 6, N7, N8 and N12 of penitentiary establishments.

As for the venereal diseases, there is no targeting examination of patients to identify these diseases. The information collected in this direction covering the first half of 2011 is provided in the table below:

№	Name of the Establishment	Newly revealed cases of dermato-venereal pathologies	Were examined on the venereal diseases
1	№1 Establishment	0	1
2	№2 Establishment	0	1

3	№3 Establishment	1	1
4	№4 Establishment	25	2
5	№5 Establishment	1	19
6	№6 Establishment	1	1
7	№7 Establishment	4	0
8	№8 Establishment	1	2
9	№9 Establishment	0	0
10	№11 Establishment	49	0
11	№12 Establishment	0	0
12	№13 Establishment	0	0
13	№14 Establishment	0	0
14	№15 Establishment	4	8
15	№16 Establishment	1	4
16	№17 Establishment	1	0
17	№18 Establishment	15	205
18	№19 Establishment	13	0
	Total	**116**	**244**

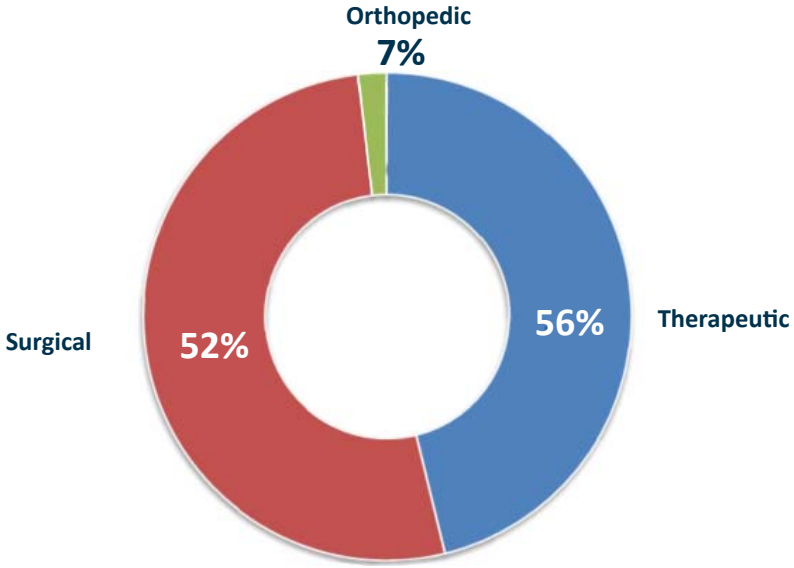
As demonstrated in the table, there were in total 244 patients examined on venereal diseases, out of which 205 patients were examined in the Medical Establishment for Remand and Sentenced Persons. The profiling diseases were diagnosed by dermato-venerologist to 116 convicted persons (majority of these diseases are skin diseases). It was identified during the monitoring that the local doctors do not consider venereal diseases to be a serious problem due to their low number. Only very few cases of such diseases as gonorrhea and pox are identified.

The Monitoring Group paid a particular attention to studying the types of dental services in the penitentiary establishments. As it was identified, dental services were provided to sentenced and remand persons 8634 times in all the establishments of the penitentiary system. The mentioned number includes the primary dental services, as well as the repeated consultations and types of services.

№	Name of the Establishment	Newly identified dental diseases	Total number of patients treated by dentists	Types of services		
				Therapeutic	Surgical	Orthopedic
1	№1 Establishment	**322**	412	48	347	17
2	№2 Establishment	**1242**	1234	747	481	6
3	№3 Establishment	**47**	310	132	165	13
4	№4 Establishment	**111**	111	43	65	3
5	№5 Establishment	**963**	1021	601	411	9
6	№6 Establishment	**136**	544	255	277	12

7	№7 Establishment	**48**	20	18	2	0
8	№8 Establishment	**923**	1082	625	457	0
9	№9 Establishment	**125**	125	20	104	1
10	№11 Establishment	**170**	156	121	35	0
11	№12 Establishment	**298**	298	260	37	1
12	№13 Establishment	**97**	97	80	17	0
13	№14 Establishment	**646**	638	42	592	4
14	№15 Establishment	**1090**	1072	492	553	27
15	№16 Establishment	**518**	518	117	390	11
16	№17 Establishment	**395**	612	162	450	0
17	№18 Establishment	**172**	172	108	42	22
18	№19 Establishment	**195**	212	129	69	14
Total		**7498**	**8634**	**4000**	**4494**	**140**

As it is demonstrated in the table, there were 7498 new dental problems identified. As for the types of service, therapeutic dental treatment was- provided 4000 times, surgical – 4494 times, whereas orthopedic – 140 times. The co-relation of the types of dental services is provided in the graphic below:



It shall be mentioned that during the recent period the types of therapeutic dental services gradually increase and almost becomes equal to the surgical dental treatment, the latter had been considered to be the only type of dental treatment in the prisons in the past. Apart from this, the orthopedic dental treatment also gradually emerged and developed, which was in practice not accessible service to the prisoners in the past. This fact shall be welcome.

Within the framework of the medical monitoring in the penitentiary system the issues and data of the prisoners for whom long-term imprisonment is inappropriate were traditionally studied. The

situation deteriorates in this regard more and more. Looking through the causes and statistics of death recorded during the reporting period, it is becoming evident that quite a considerable part of the deceased persons died due to the terminal forms of strong and incurable diseases (11 prisoners or 14.28% died due to tardy forms of HIV, 13 patients, or 16.88% died during the terminal stage of the malignant tumors, 11 patients or 14.28% died as a result of multi-resistant form of tuberculosis, their treatment was already impossible even theoretically, etc.). Despite this, no issues of releasing the prisoner from serving the sentence or postponing it had been considered before the death of these prisoners. This represents one of the clear examples of their inhuman treatment. The patients of this and other categories, in need of special care, were also considered during the monitoring. There is in practice no possibility of providing the special care in the establishments. The information collected in this respect is hereby provided in the table:

№	Name of the Establishment	Oncological disease	Tuberculosis MDR/XDR	Amputated limb	Neurologeous deficiency	Moves with wheelchair	Moves using crutch	Iethality	Postponement of serving sentence or releasing from serving sentence	Medical/psychiatric examination conducted
1	№1 Establishment	0	3	2	1	1	2	0	0	0
2	№2 Establishment	1	0	3	4	0	0	0	0	1
3	№3 Establishment	0	1	1	2	0	1	0	0	0
4	№4 Establishment	2	1	0	0	1	0	0	0	1
5	№5 Establishment	2	1	1	2	3	1	1	0	6
6	№6 Establishment	1	1	1	1	0	10	2	0	0
7	№7 Establishment	1	0	0	1	1	1	0	0	0
8	№8 Establishment	3	0	3	3	0	2	0	0	1
9	№9 Establishment	0	3	0	0	0	2	0	0	0
10	№11 Establishment	0	0	0	0	0	0	0	0	0
11	№12 Establishment	3	0	2	5	1	2	0	0	3
12	№13 Establishment	1	0	0	1	0	0	0	0	0
13	№14 Establishment	1	2	6	15	0	4	1	0	0
14	№15 Establishment	3	0	1	50	3	15	4	0	0
15	№16 Establishment	1	0	1	0	1	3	1	0	1
16	№17 Establishment	1	2	10	5	4	0	1	0	4
17	№18 Establishment	17	12	8	12	6	12	43	0	0
18	№19 Establishment	1	94	0	5	1	5	3	1	1
	Total:	**38**	**120**	**39**	**107**	**22**	**60**	**56**	**1**	**18**

As it is demonstrated in the table, according to the information provided by the Chief Doctors of the establishments of the penitentiary system, there were 38 patients with oncological diagnosis

in total in the system during the first half of 2011. Multi-resistant form of tuberculosis was established in cases of 120 prisoners. Thirty-nine prisoners had amputated upper, lower or over one some limb. 107 prisoners had deficiencies developed as a result of residual effects of blood circulation in brain or other types of neurological diseases that clinically had been resulted into plegia or paresis. There are 22 prisoners moving with wheelchairs, whereas 60 of them need crutches to move. In total 56 patients died in the penitentiary establishments (the data does not include the patients having passed away outside the system). In addition to this, one patient (female) passed away in the courtroom, whereas 20 patients died after they were transferred to different medical treatment institutions. According to the information of the chief doctors, there were in total 18 patients examined due to health conditions by forensic medical and forensic psychiatric examinations. Out of these, according to the same data, the court granted one prisoner the postponement of serving sentence. It shall be noted that the latter information may not be precise, as there is no official information possessed by the local doctoral-medical points about the lab examination and postponing serving the sentence or releasing from serving sentence of a prisoner due to poor health condition. The information in this regard does not exist in the Medical Establishment for Remand and Sentenced Persons either.

The location of the patient – whether in the medical establishment, general place of serving the sentence or some of the civilian medical sector hospital – directly influences the indicator of the identification of diseases. In this regard, first of all, we shall take into consideration the factors and reasons accompanying the transfer of prisoners. The Medical Establishment for Remand and Sentenced Persons as well as the Medical Establishment for Tubercular Convicts, as is well known, work in the conditions of sharp over-crowding. Against this background, is some of the establishments even the so-called "queues" are created, to transfer the prisoner to the establishment, notwithstanding the health conditions of the patient. In such conditions the transfer is hampered and the priority is given to only the patients with the particularly poor health condition, or those whose health conditions deteriorate instantly. Often to "actualize" the request to be transferred the prisoners inflict self-injuries of different types of gravity or violate the regime, that results in implementing different types of punishment measures against them. The issue of transfer of prisoners to medical establishment is currently regulated by the 10 March, 2011 Order N38 of the Minister of Corrections and Legal Assistance of Georgia (On the Rule Approving the Transfer of Sick Remand/Sentenced Prisoners from the Establishments of Imprisonment and Deprivation of Liberty to Hospitals of General Profile, Medical Establishment for Tubercular Convicts and the Medical Establishment for Remand/Sentenced Persons of the Penitentiary Department). It shall be noted that the Rule approved by the Order was numerously changed throughout the last 2 years. The recent changes into the Order were introduced on 31 March 2011. According to the current provisions, the norms approved by the Order regulates the rule of transfer of diseased remand/sentenced persons from the establishments of imprisonment and deprivation of liberty to hospitals of general profile, Medical Establishment for Tubercular Convicts and the Medical Establishment for Remand/Sentenced Persons of the Penitentiary Department. By doing so the Order in practice replaces the 29 December, 2009 Order N902 of the Minister of Corrections and Legal Assistance of Georgia, annulled with the same sub-

law, "On the Approval of the Rule on Transfer of Diseased Sentenced and Remand Prisoners from the Penitentiary Establishment to the Hospital of General Profile, Medical Establishment for Tubercular Convicts and the Medical Establishment for Remand and Sentenced Persons". According to the Order, the planned or emergency transfer of diseased remand/sentenced persons from the establishments of imprisonment and deprivation of liberty for the purpose of diagnostic examination or/and treatment to the Medical Establishment for the Remand/ Sentenced Persons and the Medical Establishment for Tubercular Convicts of the Penitentiary Department shall be implemented based on the Order of the Director of the Department issued on the basis of the recommendation issued by the Medical Department of the Ministry of Corrections and Legal Assistance of Georgia. Along with this, the recommendation of the Medical Department over the transfer of the remand/sentenced person to the medical establishment is considered based on the submission of the doctor of the establishment. The doctor submits the one copy of such a submission to the Director of the establishment. In case of the emergency transfer the recommendation and submission of the doctor as mentioned in the Order may be received by the addressee by means of telephonogram or fax, in the extraordinary cases – via other means of communication. The written consent of the Director of the establishment, and in severe cases when emergency transfer is required – via communication means shall be immediately notified to the First Deputy Chairperson of the Penitentiary Department (in case of absence – to one of the deputies), to bailiff service and the Medical Department. The written negative response of the Director of the Establishment on the transfer of a remand/sentenced person to a medical establishment shall be substantiated and immediately notified to the Penitentiary Department and the Medical Department. It seems that the Order allows for the possibility to have the Director of the Establishment, despite the recommendation issued by the doctor, to refuse the transportation of the patient to the medical establishment. It is not clear, what argumentation and amplification may the Director of the prison bring against the conclusion of the doctor in this case.

As for the rule of transfer of prisoners to the civilian hospitals, according to the Order, the planned or emergency transfer of diseased remand/sentenced persons from the establishments of imprisonment and deprivation of liberty for the purpose of diagnostic examination or/and treatment to the general medical institutions shall be implemented based on the recommendation of the Medical Department, with the Order of the Chairman of the Penitentiary Department. The recommendation of the Medical Department about the transfer of the remand/sentenced person to a general profile hospital shall be developed based on the submission of a doctor of the Medical Establishment, one copy of which is submitted by the doctor to the Director of the Establishment. As soon as this copy is received by the Director of the Establishment, the latter is obliged to submit the information to the Director of the Penitentiary Department about the remand/sentenced person to be transferred. It shall be noted that in case of such transfer the Chairman of the Penitentiary Department is authorized to refuse the transfer of the prisoner. The written negative response of the Chairman on the transfer of a remand/sentenced person shall be substantiated. The unclear situation emerges here as well, as the best interest of the

patient moves to the second place and the priority is given to the "arguments" of the Chairman of the Penitentiary Department.

The Order also regulates the issues related to the transfer of remand/sentenced persons from general profile hospitals to other general profile hospitals. This shall be implemented based on the decision of the doctor leading the treatment process, based on the recommendation of the Medical Department, followed by the Order of the Penitentiary Department. As for the return of the remand/sentenced person from the medical institution to the penitentiary establishment, this process of implemented based on the Order of the Chairman of the Penitentiary Department, following the submissions of the Director of the Establishment and the Chief Doctor. The return of the remand/sentenced persons from the general profile medical institutions to the penitentiary establishment or the Medical Establishment for the Remand/Sentenced Establishment shall be exercised based on the decision of the treatment doctor about the health condition of a remand/sentenced person. In case of such a need, a remand/sentenced person may be transferred to the Medical Establishment based on the Order of the Chairman of the Penitentiary Department, following the submission of the Head of the Medical Department. As regards the last portion of the Order, which regulates the transfer of a prisoner from one hospital in a city to another one, and the return of a prisoner to the penitentiary system, this is a novelty as compared to the preceding Orders regulating the same subject matter.

According to the instruction in force, the movement of the remand and sentenced prisoners, deriving from their health conditions, between different establishments during the reporting period of 2011, is provided in the table below:

№	Name of the Establishment	Number of transferred prisoners			
		Establ. N 18	Establ. N19	To civilian sector	Total:
1	№1 Establishment	87	27	4	**118**
2	№2 Establishment	33	47	17	**97**
3	№3 Establishment	22	12	2	**36**
4	№4 Establishment	8	7	1	**16**
5	№5 Establishment	33	0	114	**147**
6	№6 Establishment	93	17	15	**125**
7	№7 Establishment	10	0	4	**14**
8	№8 Establishment	127	37	1	**165**
9	№9 Establishment	26	0	4	**30**
10	№11 Establishment	20	0	2	**22**
11	№12 Establishment	26	5	11	**42**
12	№13 Establishment	3	2	3	**8**
13	№14 Establishment	87	147	8	**242**

14	№15 Establishment	155	108	26	**289**
15	№16 Establishment	98	98	42	**238**
16	№17 Establishment	124	150	20	**294**
17	№18 Establishment		170	402	**572**
18	№19 Establishment	77		5	**82**
	Total:	**1029**	**827**	**681**	

As it is demonstrated in the table above, there were over 2500 instances of transfer of prisoners implemented during the reporting period. Out of these the most frequent (1029 cases) transfers were made to the Medical Establishment for Remand and Sentenced Persons. There were 827 patients transferred to the Medical Establishment for Tubercular Convicts as well, whereas there were 681 transferred to the civilian sector healthcare institutions accompanied by guards. In approximately 60% of these cases, the transfer to the city hospital was undertaken either from the Medical Establishment for the Remand and Sentenced Persons or via passing through this Establishment, whereas in 40% of cases the transfer to the city institutions took place directly from the place of serving sentence. It shall be mentioned that a number of these transfers, in this case, includes as outpatient, as well as in-patient treatment purpose. In a great majority of the cases, the transfer of prisoners was undertaken exactly for the purpose of provision of outpatient medical support, following which the patients were returned to one of the penitentiary establishments on the same day.

Recommendations to the Minister of Corrections and Legal Assistance of Georgia:

- To study in detail and in line with the established rule the issues related to sickness in the penitentiary system and to have these data used as a basis for the any novelty and reform in the healthcare sector;
- To ensure the increased access of persons in the penitentiary system to the routine lab and instrumental examinations from both – treatment and prevention perspectives;
- To have due attention allocated to and strict control over the registration and monitoring of the health conditions of the persons diseased with epilepsy, bronchial asthma and diabetes mellitus. A deep crisis in the field of provision of neurological support in the system shall be particularly mentioned in this regard. Due to this the majority of those diseased with epilepsy have not been provided with the respective consultations and examinations, they have not established the mentioned disease, therefore no treatment is provided to them;
- To have the component of psychiatric assistance improved in the penitentiary system. To this end to increase the number of psychiatrists working in the system. Along with that to have a strict control and monitoring over the health conditions of persons with mental diseases. To have the issues of turn-over the psychotropic medications in line with the legislation in force in the country;
- To have the issues envisaged by the 25 June, 2009 Joint Order of the Minister of Labor, Health and Social Protection of Georgia and the Minister of Corrections and Legal Assistance of Georgia (№267-219/M), approving the Strategy on Provision

of Medical Services to Sentenced and Remand Persons diseased with the hepatitis "C". To have the Action Plan envisaged by the Order drafted, as the elaboration of the Action Plan remains to be the not implemented obligation to date. To introduce the contemporary methods of diagnostics and treatment of virus hepatitis in the penitentiary establishments;

- To effectively commence the implementation the postponing the serving the sentence or pre-term release of those prisoners for whom a long term imprisonment is incompatible and to that end the preparation of submission and application to court. To have this approach extended over those prisoners diseased with incurable illness as well. In case of having this category of sentenced and remand prisoners in the system, to have the special treatment conditions ensured to them, that shall protect these persons from inhuman and degrading treatment;
- To have the rules of transfer of prisoners due to deterioration of their health conditions simplified and more flexible based on the medical records. To this end to have the respective sub-law issued by the Minister of Corrections and Legal Assistance reviewed and professional expertise provided to this document.

Issues related to the medical rehabilitation of prisoners, women and juvenile prisoners

According to the international standards, in the conditions of deprivation of liberty, one of the priorities for the penitentiary establishment shall be the return of a person deprived of liberty to the society after completing the serving of sentence. Respectively, the preparation of prisoners in the establishment of deprivation of liberty for re-socialization shall be considered as one of the priorities. To reach this goal the respective rehabilitation programs shall be established in the establishments, which, apart from psychological, social, legal and other aspects, shall also include medical component. Unfortunately, the programs operating during the reporting period did not include medical component, due to which we can not consider them as the psycho-medical rehabilitation programs. Apart from this, during the monitoring the attention was paid to all those activities that were introduced within the direction of rehabilitation. In this respect it shall be noted that such programs mainly exist for women and juvenile prisoners. Out of 18 establishments within the penitentiary system of Georgia there are no rehabilitation programs whatsoever in 13 establishments.

The psychological rehabilitation program in the Establishment N5 for Women in Rustavi is being implemented by the Fund "Global Initiative in Psychiatry". Five staff members of the organization visit the Establishment every second day and work with remand prisoners only. The group of professionals includes a psychologist as well. According to the local Chief Doctor, there is no psychiatrist involved in the program. There is a plan, according to which the work shall commence with the sentenced prisoners as well from September.

In the Establishment N8, where the juvenile prisoners have been placed recently, a psychotherapist pays visits. As the local Chief Doctor stated, he is not aware which organization does this person belong to or what plan and program of work the psychotherapist has.

As for the Special Establishment for Juveniles N11, there is "Individual Sentence Planning" being undertaken in this establishment. Within this program the specialist group, composed of a psychologist, a teacher, a representative of the Social Service and a doctor, is tasked to elaborate the individual sentence plan. The meetings are periodically held to consider these plans. As stated by the Chief Doctor, there is the organization GCRT also working in the Establishment, having the links with the social service of the Establishment. The doctor is not aware of the details related to their work.

In the Establishments in Kutaisi and Batumi, where women and juveniles are also held, according to the medical personnel, no specific rehabilitation programs are operational. The Chief Doctor of the Establishment N4 in Zugdidi stated that there were "representatives of some of the NGO" visiting the Establishment to discuss the development of the rehabilitation program for juveniles, however no specific steps had been undertaken so far. The project is at the negotiation stage yet.

In the Establishment N2, likewise as in the case of Establishment N4, there is no position of gynecologist. As stated by the local personnel, they did not need a service of gynecologist during the reporting period. We were told in the Establishment in Zugdidi that they still have a contract concluded with a gynecologist. No pregnant and newly born were in any of the establishments, apart from the Establishment for Women N5 in Rustavi. There is a gynecologist in the Establishment for Women N5 in Rustavi employed. There were 3 pregnant women and 8 women with children below 3 years of age in the Establishment during the reporting period. Each of the prisoners had delivered in the place of deprivation of liberty. The Medical Unit was covering the needs of juveniles in the past. From January onwards this responsibility was given to the Penitentiary Department, which ensures the provision of the establishment with the child nutrition and diapers. The vaccination of children according to the Calendar is ensured on the spot. This issue is being supervised by the local pediatrician.

In majority of the establishments the program of the organization "Tanadgoma" was operational during the reporting period. The program was oriented at the issues of AIDS. With the support of "Tanadgoma" labs were established and examinations conducted in some of the establishments. Unfortunately, the program was finalized in February. The negotiations are ongoing to renew the program.

As stated by the Doctor of the Establishment for Tubercular Convicts N19 in Ksani, the "anti-nicotine" program is also operational in the Establishment. The program is basically providing awareness raising and limits its activities to provision of posters.

As for the programs directed at provision of support to drug addict and their rehabilitation, such a program is operational in the Establishment N8 in Tbilisi (the Methadone Program).

The program "Atlantis" is operational in three establishments of the Penitentiary System of Georgia as well. The Program "Atlantis" does not include medical component. The existence of the Methadone Program shall be considered as a positive trend. It is advisable to have this service spread over those penitentiary establishments as well where the remand prisoners and especially women are held, who were deprived of such a service during the reporting period, as they had been in the past.

Three women prisoners died in the Penitentiary System of Georgia during the reporting period. This indicator is the highest as compared to the data of the previous years. The women prisoners were placed in five different establishments of the Penitentiary System of Georgia in the regions of Eastern as well as Western regions of Georgia. Their basic part is concentrated in the Establishment for Women N5 in Rustavi. The conditions and means of medical service in the Establishment N5 are largely better as compared with other establishments of imprisonment. The mentioned Establishment is the only place where the women healthcare specific issues are solved within the scope of possibility. During the discussion of the women healthcare issues it shall be noted that there is no inpatient medical treatment provided to women in the Medical Establishment for Remand and Convicted Persons, that is to a certain degree compensated by the relatively high indicator of the transfer of women prisoners and convicted women to the civilian hospitals from the Establishment N5 for Women. The degree of problems related to mental health shall be particularly outlined in the group of women prisoners. The sharp increase of the number of women prisoners since the summer of 2010 shall also be noted. The opening of the new Establishment for Women in the vicinity of Rustavi shall be noted as a positive trend. The medical infrastructure in this newly opened Establishment is also principally improved.

During the reporting period, juvenile prisoners were serving sentence in five different Establishments of the Penitentiary System of Georgia. In this case also, alike the situation with women prisoners, there was a geographic disparity noted in terms of the existing conditions and the types of medical services available. There is no inpatient medical unit operating in the Special Establishment for Juveniles. Despite this, the local medical personnel do their best to deal with the specific issues related with the healthcare issues of juveniles.

In the autumn, 2010 the juveniles were transferred from the Establishment for Women and Juveniles N5 to the Prison N8 in Tbilisi. Even though the juveniles are isolated there, the act of transfer was not permissible and it violated the international standards. It is impossible to have the monitoring and solution of the health needs of juveniles addressed in the prison facility for elderly to the same degree and observing the same standards as this had been taking place in the past, in the institution corresponding to their needs.

Recommendations to the Minister of Correction and Legal Assistance of Georgia:

- To ensure the isolated placement of juvenile prisoners, as the presence of this group in the Prison N8 (even in isolation) does not comply with the specifics of juveniles and international standards.

- To ensure the provision of equivalent and analogous medical service to women prisoners in all the penitentiary establishments.

The issues related to medical documentation, confidentiality of medical statistical data and confidential information in the penitentiary system:

The Public Defender of Georgia has noted in several Parliamentary Reports that the medical services of the penitentiary system do not observe the legislative norms and standards in the process of producing the medical files. With this they violate not only legislation of Georgia, but also the situation is not in line with the international standards, not to mention the issues such as the prevention of torture and inhuman treatment.

According to the legislation of Georgia, a doctor and other medical personnel are obliged to make the notes in the medical files in line with the established rule, as set by the Ministry of Labor, Health and Social Protection. The 2010 Parliamentary Report noted that the 24 June, 2002 Order N486 of the Minister of Justice of Georgia approved the Temporary Forms (templates) of Medical Documentation of the Penitentiary Department's medical establishments and medical units (27 forms in total). These forms quality-wise and content-wise are sharply different from the forms that are being used in the healthcare system of Georgia. They are quite outdated today. The rules of filling and keeping of them are also different. However, in the absolute majority of the establishments such documentation constitutes one of the main standards of the activity. Apart from this, by the 10 November, 2009 Order N771 of the Minister of Corrections and Legal Assistance of Georgia a form (template) of medical files of the Medical Department of the Ministry was approved (the Order was several times annulled with afterwards and issued again, however its content has not been changed substantially); this form is also inconsistent with the medical documentation forms used in the general healthcare system of Georgia. The Order N158 of the Minister of Corrections and Legal Assistance dated 11 November 2010 "on the approval of the medical file form for the Medical Department of the Ministry of Corrections and Legal Assistance of Georgia" annulled the Order N771. The Order N158 approved a medical form for remand and sentenced prisoners. The mentioned note provides one more explicit example of the fact that the penitentiary healthcare system artificially distances itself from the country healthcare system.

The keeping of the forms in line with the requirements of the 22 August, 2009 Order N224/M of the Minister of Labor, Health and Social Protection of Georgia "on the Approval of the Forms of the Primary Medical Files, their Keeping and the Rules of Filling-in them in the Primary Healthcare Institutions" was obligatory for all the medical institutions throughout the country during the reporting period. The medical file form approved by the Order N158 of the Minister of Corrections and Legal Assistance was completely inconsistent with the form established by the Order of the Minister of Health. The Order N01-41/M of the Minister of Labor, Health and Social Protection of Georgia dated 15 August, 2011 ("***on the approval of the rule of keeping***

the outpatient treatment medical documentation"), in line with the Article 43 (2) of the Law of Georgia on Healthcare, approved the new version of the keeping the medical documentation for outpatient treatment. According to the same Order, the Order N224/M of the Minister of Labor, Health and Social Protection of Georgia "on the Approval of the Forms of the Primary Medical Files, their Keeping and the Rules of Filling-in them in the Primary Healthcare Institutions" dated 22 August 2009. According to the last paragraph of the Order the new forms shall be used from the 1 January, 2012. The Public Defender of Georgia once again expresses the hope that the above-mentioned new forms will be introduced in the penitentiary healthcare system services as obligatory forms from the time envisaged by the normative act.

As for the keeping the outpatient medical documentation, the situation in this respect has been changed. The keeping of the outpatient medical documentation in the penitentiary system is the responsibility of the Establishments N18 and N19. The National Preventive Mechanism got interested in this matter during the monitoring process. The Order N108/M of the Minister of Labor, Health and Social Protection of Georgia, dated 19 March 2009, approved the rule of keeping the outpatient medical documentation in the medical institutions. The Order is based on the Article 43(2) of the Law of Georgia on Healthcare. The above-mentioned Order, despite the date when it was issued, entered into force on 1 January 2010. The Order, likewise as the Law, elucidates that the rule of the keeping the medical documentation is uniform for all the existing medical institutions, providing inpatient medical service and the inpatient medical documentation shall be kept in an uniform manner, in line with this Order. The change introduced in the Order on 11 February, 2010 (11.02.2010 N37/M) gives a right to the administration of the establishment "to introduce additions without a change of a rule of keeping medical documentation; along with that, taking into consideration the profile of the establishment and the scope of the medical service provided [the administration of the establishment] shall also use the forms needed from the list of inpatient medical documentation approved by the Articles 3-19 of this Order, as well as modify them, with maintaining and taking into consideration in an obligatory manner the principle information to be contained in them." The above mentioned change is directly in line with the situation in the penitentiary system establishments, based on which the Medical Department of the Ministry of Corrections and Legal Assistance should have acted adequately. Despite this, the introduction of the standard forms into the penitentiary system was delayed. Considering the time-span between 19 March, 2009 and 1 January, 2010, i.e. from the moment when the Order was issued to the moment of its entry into force the Ministry of Corrections and Legal Assistance had enough time and possibility to undertake all the preparatory work and provide all the necessary instructions as well as solve the technical issues accompanying the entry into force of the Order.

The monitoring has revealed that the forms of inpatient treatment medical documentation were provided to the medical establishments from February 2011. We were told in the Medical Establishment for Tubercular Convicts N19 that they had received 1300 copies of the form of the document. During the monitoring it appeared that these forms were already not available in the Establishment any more. Initially they were making the copies of the template form, however at

a later stage they started using the simple papers again. The Medical Department did not react over this issue, despite the fact, that as stated by the Department, they undertake the systematic control over the keeping of the documentation. The Public Defender of Georgia expresses the hope that the above mentioned problem will be solved in the shortest possible time and the similar impediments will not appear in the future any more.

During the monitoring it was once again proved that the principles and rules of keeping the medical documentation, regulated by the Order of the Minister of Health, are grossly violated in the medical establishments of the Penitentiary System. In particular, the Order N198/M of the Minister of Labor, Health and Social Protection of Georgia dated 17 July 2002 regulates the rule of the keeping the medical records in medical institutions. The Order had been issued based on the Article 56 (3) of the Law of Georgia on Medical Activities. The implementation of the latter shall be highly responsible and essential measure for a medical institution. The results of the monitoring revealed that the medical documentation is kept on spot (in the Medical Unit) in the Establishments N2, N3, N4, N5, N7, N8, N12, N15, N16 and N17. The medical documentation is handed over to the administration in the Establishments N1, N6, and N13. Despite this, the Chief Doctors of the Establishments N5, N6, N7, N12 state, that they do not know how to act in this case, as nobody has given them any instruction or any type of reference on this matter yet. The Chief Doctor in the Establishment N14 stated that after his appointment on this position he keeps all the medical documentation; along with this, he is not aware where is the documentation drown up before his appointment, including all the types of registers and documentation, as he does not keep them and is not aware either as to where they are kept. The majority of the Chief Doctors state that the medical card is attached to the personal file of the prisoner, whereas the registers are kept by them. In the Establishment N15 such documentation is sent to the Special Unit, whereas in the Establishment N13 in Khoni they send such documentation to the chancellery. As for the time limits for the maximum duration for keeping documentation the Chief Doctor of the Establishment N6 mentions that he is not aware as to how long shall the documentation be kept, as no instruction was given to him on this matter. The doctor of the Establishment N9 stated that “the commission comes once in three years to obliterate the documentation. Otherwise, the documentation is probably kept for 10 years”. The monitoring Group considers the above mentioned statement shall not be considered to be credible as the mentioned doctor had only been employed in the penitentiary system for only several months; respectively, he would not have had this experience. The Chief Doctor of the Establishment N6 in Rustavi stated that all the documentation is being kept on the spot for the last 5 years and he is able to provide each of them in case of such a need. As for the medical establishments, the doctor of the Establishment for Tubercular Convicts N19 in Ksani stated that medical documentation is kept on the spot and disposed once in 10 years. There is an archive in the Medical Establishment for Remand and Sentenced Prisoners and they also have the position of registrar. Despite this, the Chief Doctor of the Establishment has introduced his own rule on the issuing a document from the archive or providing a copy of the document or an extract from a document kept in the archive. This is absolutely incompatible with the legislation related to archives, as well as with the requirements envisaged by the Order of the Minister of Health, Labor and Social Protection

N198/M dated 17 July, 2002 (on the rule of keeping medical records in medical institutions). In particular, the Chief Doctor clarifies that when a request related to the provision of information related to the medical service delivered to the patient, the Head of the Unit working at that moment and whose profile the patient, the information about who is being requested, belonged to is responsible to issue such information. In such a case the extract from the documentation is prepared not by archivist but by the Head of the Unit.

It seems that the protection of and keeping the confidential information about a patient is no type of an obligation or even the value for the medical service of the penitentiary system, that leaves this field not organized and protected.

The medical statistical data is not kept in the penitentiary healthcare system of Georgia in line with the rules established by the legislation of Georgia. According to the healthcare legislation of Georgia, for the purpose of establishing and further upgrading the unified information system of the medical statistics, the Order N101/M of the Minister of Labor, Health and Social Protection dated 5 April, 2005 approved the rule of keeping and providing the medical statistical information. The appendixes approved by the Order along with others include forms (templates) of registration and notification of epidemiological supervision and control of the transmittable diseases in Georgia, as well as the rule of their maintenance and analysis and the time-periods for their submission. According to the Order, medical institutions, irrespective their structural affiliation and form of ownership shall ensure the collection of statistical information relevant to the activities of the institution and the submission of the latter to the Legal Entity of Public Law „L. Sakvarelidze National Center of Diseases Control", in accordance with the time-limits, forms and list attached to the service statistical observation reports to be provided by the medical institutions. Despite this, the provision of the obligatory information by the penitentiary establishments may not be ensured to date. Instead of this, the Medical Department of the Ministry of Corrections and Legal Assistance of Georgia has elaborated different forms for the collection of statistics. Taking the mentioned into consideration, it may be stated that the collection of information had a mechanical character and the calculation of health parameters and the results does not take place in line with the rules of keeping biomedical statistics. Due to the mentioned it is impossible to adequately analyze the spectrum of healthcare conditions within the penitentiary establishments and process the data, compare them with each other or take them into consideration for the further development.

Apart from the trends described above, the rights of patients are harshly violated, as the confidential medical information is not protected and is broadly available to outsiders in the penitentiary healthcare system. Disregarding the principle of confidentiality and doctoral secrecy shall be particularly outlined here. The protection of these principles is envisaged by the international conventions ratified by Georgia and the healthcare legislation of the country. In the process of the medical service delivery in the penitentiary establishments outsiders attend examinations, manipulations and other medical procedures almost at all places. Medical documentation is not protected so that an outsider would not get an access to its content. The

staff of the establishment, who are not medical personnel and do not at all participate in the process of treatment and care of a patient sign the medical documentation often. Du to the above mentioned practices, not only healthcare legislation, but also the standards of prevention of torture are also harshly violated in the penitentiary establishments.

The monitoring revealed that the necessity for the informed consent of a patient is not considered as an obligation within the system. There are some exceptions to this. For example, the majority of the establishments do not require the informed consent from patients, as according to them "we are not undertaking any manipulations that need consent". Despite this, the doctors can not point at any of the regulating laws or sub-laws that establish in which case the written consent shall be acquired. The new trend was identified during the reporting period – the doctors state that during the provision of information to some of the addressees they let the patients to have written consent. This fact shall be welcome; however this initiative shall be reviewed and elaborated further. In some of the establishments (e.g. Establishment N13 in Khoni), the patients are required to give a written consent only when refusing any type of medical aid. In the Establishment N19 for Tubercular Convicts there is a practice of collecting a written consent of a patient before involvement into the "DOTS" program. In the Medical Establishment for Remand and Sentenced Prisoners the mentioned problem is relatively regulated and the acquisition of a written consent from a patient takes place before the commencement of surgical treatment or any other type of treatment. The monitoring of the penitentiary system has revealed that the absolute majority of the patients have practically no access to the medical records about them. The medical staff clarify that the prisoners ask to have the medical documentation shared with them or copied for them rarely. However, as observed by the monitoring group, this does not correspond the reality – a significant part of authors of letters received by the Office of the Public Defender of Georgia (prisoners or their family members) request the assistance in exactly collecting the information about health condition, as they are not in a position to receive the mentioned information from an penitentiary establishment.

As for the implementation of the novelties introduced in the healthcare system of the country in this respect in the penitentiary healthcare system, it shall be noted, that according to the Article 43 of the Law of Georgia on Healthcare the Order N92/M of the Minister of Labor, Health and Social Protections dated 12 April, 2010 regulates all the pertaining matters. The Order N92/M of the Minister of Labor, Health and Social Protection of Georgia, dated 12 April, 2010 (on the Approval of the Rule of Use of Medical Classification for Keeping Medical Documentation), which entered into force on 1 March, 2011, and which approved the rule of usage of the primary healthcare international classification ICPC-2-R; the rule of use of classification of the North countries' surgical procedures (NCSP); The International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10), medical classification list for the coding of diseases, guidelines are not yet implemented. This is the violation of the above mentioned Law.

The 7 December, 2010 Order N398/M of the Minister of Labor, Health and Social Protection of Georgia "on the Approval of the rule of keeping a register and the form and the rule of the

obligatory notification of the provider of the highly risky outpatient/day center medical activity/ service" is not yet implemented either. The document is elaborated in line with Article 154(7) of the Law of Georgia on Healthcare.

The Plan submitted by the Ministry of Corrections and Legal Assistance of Georgia over the establishment of the electronic database of the medical records of patients is particularly disturbing. As stated by the Ministry, one of the purposes of this initiative is to have the records centralized – to have them accessible for the leadership of the Ministry, including for the leadership of the Medical Department. This shall automatically lead to the revealing the confidential information that on its turn constitutes a violation of law. Apart from this, when the very healthcare system of the country has not yet moved to such type of a service, it is not clear how the information may be added to the system which shall be linked with the portion of treatment of prisoner patients in civil medical institutions. We consider that transfer of only penitentiary healthcare system to such style shall result in its more marginalization and isolation from the healthcare system of Georgia. All the efforts shall be made not to have the mentioned initiative contributing further to further advancing the gaps already existing in the process of protection of equivalency and confidentiality of healthcare services. The leadership of the Ministry, including the Head of the Medical Department, is tasked to undertake the general management of the system. This in no way means the management of treatment of specific patients and they have no right to have access to the records about the patients without the consent of those patients.

Deriving from all the above mentioned, we consider it inadmissible to have the medical information of patients placed in the database with wide access.

The 25 May 2011 Order N90 of the Minister of Corrections and Legal Assistance of Georgia (on the Approval of the List of the Persons Specially Authorized to Acquaint with the Personal File of a Remand/Sentenced Person) includes provisions harshly violating the Georgian and international legal framework. Article 2 of the Order envisages the approval of the list of persons authorized to have access to personal file of a remand/sentenced person, apart from medical file (Annex N2), whereas Article 3 envisages the approval of the list of persons authorized to have access to medical file only (Annex N3).

This means that the Minister of Corrections and Legal Assistance, having issued the sub-law, authorized particular category of persons to have the access to the medical confidential information of patients about their health without their consent. This has not only harshly violated the Constitution of Georgia and the legislation in the field of healthcare of the country (the laws of Georgia on Healthcare, on the Rights of Patients, on the Medical Activity), but also the Council of Europe Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine, which had been signed and ratified by Georgia and has entered into force for Georgia almost 10 years ago already without any reservation.

Recommendations to the Minister of Corrections and Legal Assistance of Georgia:

- To have the medical structures of penitentiary establishments keeping the medical statistical information in line with the established rule (as established by the 5 April, 2005 Order N101/M of the Minister of Labor, Health and Social Protection of Georgia) and to have the information transmitted to the National Center for Disease Control in line with the established rule as well;
- To have the reviewed and brought in compliance with the current situation, reality and legislation the "temporary forms" of medical documentation approved by the 24 June, 2002 Order N486 of the Minister of Justice of Georgia;
- To invalidate the 11 November, 2010 Order N158 of the Minister of Corrections and Legal Assistance of Georgia and to substitute it with the Orders N01-41/M, dated 15 August, 2011 and N108/M, dated 19 March, 2009 of the Minister of Labor, Health and Social Protection of Georgia;
- To have the respective recommendations and instructions issued to the medical structures of the penitentiary system regarding the rules of keeping medical documentation in line with the Order N198/M of the Minister of Labor, Health and Social Protection of Georgia, dated 17 July, 2002;
- To ensure the protection of obligations regarding the protection of confidentiality of the patient in the process of provision of healthcare services in line with the legislation of Georgia and international treaties. To this end, apart from the necessary exceptions, to have the participation of non-medical personnel in the medical examination, treatment or other similar processes inadmissible; not to have their accessibility to the information neither in written nor in verbal form related to the health of the patient;
- To invalidate the Articles 2 and 3 of the Order N90 of the Minister of Corrections and Legal Assistance of Georgia dated 25 May, 2011, which contradict the legislation of Georgia and the obligations undertaken by international treaties. The mentioned issues shall be regulated by means of straightforward protection of the legislation in force;
- To have the issues of introduction of electronic records about patients considered carefully. To have an open and versatile discussion and consideration with healthcare professionals, human rights defender organizations and variety of interested circles of the society commenced before undertaking concrete measures in this sector.

Recommendation to the Head of the Agency for State Regulation of Medical Activity under the Minister of Labor, Health and Social Protection: to have strict control over the keeping medical files in the penitentiary system established in line with the standards existing in the country.

Death Rate in the Establishments of the Penitentiary System

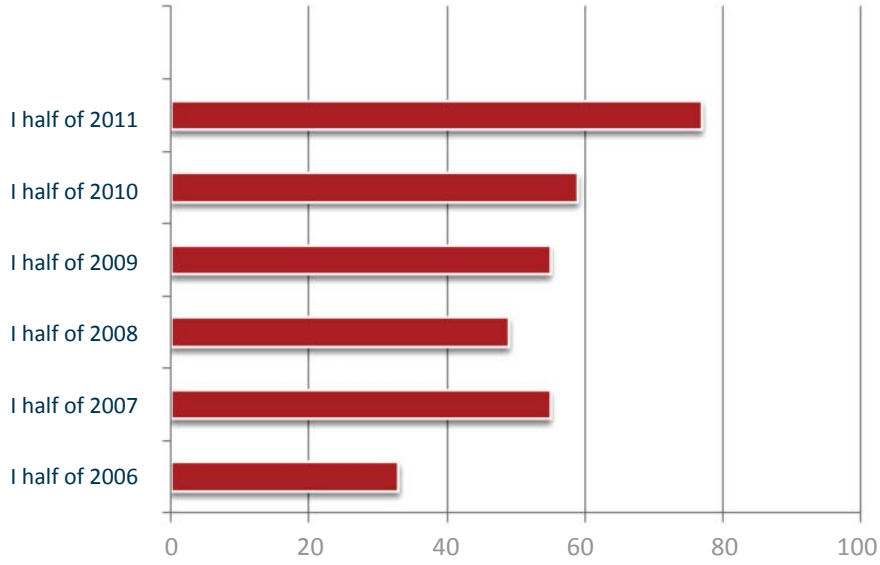
Public Defender of Georgia, this time already within the mandate of the National Preventive Mechanism, has for several years been studying the death and the related matters in the penitentiary system of Georgia. The analysis and elaboration of these data takes place based on several sources, out of which the following shall be noted: the information submitted by the Ministry of Corrections and Legal Assistance, the information submitted by the Penitentiary Department, the information provided by the Medical Establishment N18 for Remand and Sentenced Persons, and the conclusions on deaths made by the Samkharauli National Forensics Bureau. The data collected from all of these sources are compared with the very information collected in the penitentiary establishments during the monitoring. As a result the full and clear picture is being established about the death rate in the penitentiary system. The data collected and analyzed by us show that 590 prisoners have died during the last 5 years and a half (2006 – the first half of 2011, included) in the penitentiary system of Georgia. This data is broken down to years and months as follows:

Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
2006	6	3	10	6	3	5	8	12	14	6	10	6	**89**
2007	10	12	10	9	7	7	11	6	6	8	8	7	**101**
2008	5	3	8	5	12	16	9	6	6	6	7	7	**90**
2009	12	9	7	3	14	10	4	3	5	6	7	11	**91**
2010	7	12	7	10	13	10	13	15	15	14	12	14	**142**
2011	11	12	21	10	14	9	-*	-*	-*	-*	-*	-*	**77****
Total:	**51**	**51**	**63**	**43**	**63**	**57**	**45**	**42**	**46**	**40**	**44**	**45**	**590**

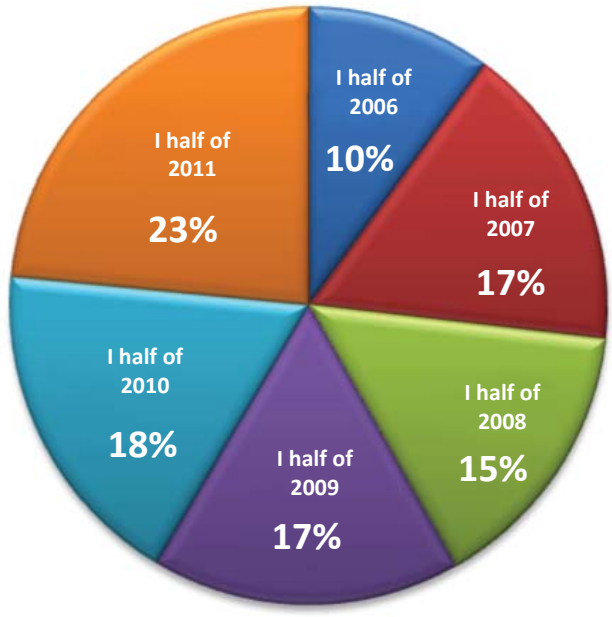
* The data were processed after the reporting period was over
** Reflects the data of the first half of the reporting year only

As it is clearly shown from the data provided in the table the number of the diseased prisoners during first half of the year was at a maximum level in 2011. In total the number of deceased persons during the first 6 months of 2011 considerably outnumbers the number of deceased in the same period during the last 6 months.

The data provided above is demonstrated in grid below:



It is clearly demonstrated from the diagram provided below that the number of deceased during the first half of 2011, during the last 6 years constitutes 23% of the total figure of deceased during the same period, exceeding with 5% the similar indicator of the last year.

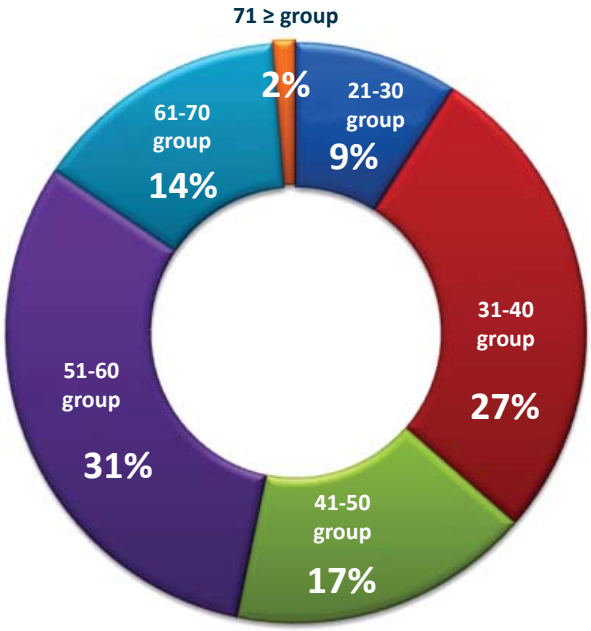


As it is demonstrated from the provided statistics, if the death rate was more or less stable during 2006-2009, in 2010 and particularly 2011 this indicator reached the peak and increased considerably as compared with the previous years.

There were 3 women and 74 men out of 77 prisoners deceased during 2011. We have studied and analyzed the age groups of those deceased in the penitentiary system. The youngest of those deceased persons was 22 years old, whereas the oldest one was 80 years old. The average age of the deceased comprised 46 ± 4 years old. There is insignificant increase in this respect as compared with the average age of those deceased in 2009 and 2010. As for the age groups of those deceased in 2011, the information is provided in the table below:

21 – 30	9.11 %
31 – 40	27.28 %
41 – 50	16.88 %
51 – 60	31.16 %
61 – 70	14.28 %
71 ≥	1.29 %

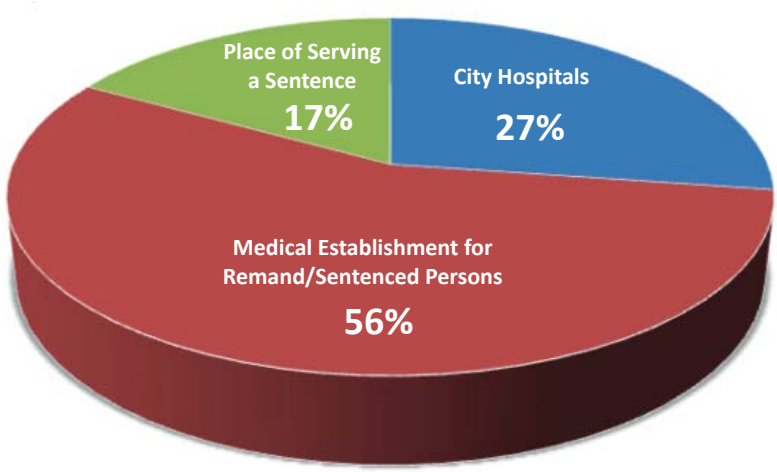
As provided in the table above, themaximum number of deceased in from the "age group of 51-60 years". This group is followed by the „age group of 31-40 years olds". For the sake of clear demonstration the distribution of the age groups is also provided on the diagram.



Considering the spectrum of the causes of deaths we can conclude that in the first half of 2011 as in 2010 in the establishments of the penitentiary system of Georgia young men die primarily with specific diseases still. Apart from this, the trend of 2011 is the considerable increase of death rate due to oncological pathologies.

As for the place of death of prisoners, an interesting trend was revealed in this respect as well in 2011. In particular, 27.28% of deaths were registered in different city hospitals, which

is considerably lower than the total data of 2010; 55.48% died in the Medical Establishment for Remand/Sentenced Persons, whereas in 16.88% deaths were registered in other places of serving the sentence. The mentioned ration is provided in the table below:



Compared with the 2010 data, the situation is considerably changed in this regard. Over a half of instances of deaths were registered in the Medical Establishment N18 for Remand/Sentenced Persons. With this the statistics got back to the 2009 indicator. The percentage of the prisoners deceased in the city hospitals and places of serving a sentence is also similar to the data of 2009.

The study conducted by us has revealed that a great part of the deceased prisoners had diagnosed with serious and incurable diseases (terminal stage of cancerous tumors, portal hypertension with encephalopathy, bleeding and ascites developed as a result of virus hepatitis, terminal stage of HIV/AIDS infection, tardy form of tuberculosis, including the combination of multi-resistant and extra-pulmonary forms, tardy forms of serious and irreversible pathologies of heart and vein system diseases, etc.). Despite this, the issue of release of these prisoners or postponement of serving sentence by these prisoners had not been raised. The inappropriate conditions and means using which the prisoners for whom long-term imprisonment is incompatible are provided with treatment and care shall be separately mentioned. Each of such instances shall be separately assessed as inhuman treatment and both – medical and not medical personnel of the Ministry of Corrections and Legal Assistance shall be responsible for this. Unfortunately, this issue stays outside the scope of interest from the year to another, whereas the successful healthcare reform is being underlined with its unclear outcomes, the assessment of which is not based on the medical classification and does not reflect the real situation.

As it was mentioned already, the portion of prisoners transferred to a variety of civilian medical institutions who had died comprised almost 28% during the first half of 2011. The National Center for Tuberculosis and Lung Diseases still remains to have the leading position in this respect, as there were 52.38% of prisoners died out of those who had passed away after the transfer to the civilian hospitals. The second place is occupied by the Tbilisi Referral Hospital, with 14% of the

same indicator. The Gudushauri National Medical Center and the cardiological clinic "Guli" share respectively the 3rd and the 4th places with 9.53%. During the reporting period the death rate in the Center for AIDS and Clinical Immunology made up 4.76%. As for the remaining places where prisoners had been passing away, these data along with the above mentioned information is fully provided in the table below:

The National Center for Tuberculosis and Lung Diseases	52.38 %
Tbilisi Referral Hospital	14.28 %
Gudushauri National Medical Center	9.53 %
Clinic "Guli"	9.53 %
Center of Infectious Pathologies, AIDS and Clinical Immunology	4.76 %
Scientific Research Oncological Center	4.76 %
Court Hall of the Tbilisi City Court	4.76 %

For the purpose of comparison it shall be stated that during 2009 and particularly 2010 over 50% of deceased prisoners had passed away in the Gudushauri National Medical Center. Following coining the term "export of death" to name the process of transferring the prisoners in terminal health condition to city hospitals by the Public Defender of Georgia, the trend was suspended as shown by the data of the first half of 2011. Therefore the Medical Establishment N18 for Remand and Sentenced Prisoners once again turned into the place number one where prisoners pass away. The National Center for Tuberculosis and Lung Diseases traditionally follows.

As it was already mentioned above, around 17% of prisoners had passed away in a variety of establishments of penitentiary system, i.e. at the main place of their sentence serving (apart from Medical Establishment for Remand and Sentenced Prisoners). The mentioned statistics, broken down to the Establishments is provided in details in the table below:

№	Penitentiary Establishment	%	
1	Establishment №15 (Ksani)	**30.77**	**4**
2	Establishment №19 (Ksani) Tuberculosis	**23.08**	**3**
3	Establishment №6 (Rustavi)	**15.39**	**2**
4	Establishment №5 (Rustavi) for Women	**7.69**	**1**
5	Establishment № 16 (Rustavi)	**7.69**	**1**
6	Establishment №17 (Rustavi)	**7.69**	**1**
7	Establishment №14 (Geguti)	**7.69**	**1**

As it is demonstrated from the table, the number of cases of death were highest in the Establishment N15 in Ksani; the Medical Establishment N19 for Tubercular Convicts located in settlement Ksani follows; the third place is occupied by the Establishment N6 in Rustavi; the percentage of the prisoners having passed away in the Establishments N5, N16, N17 and N14 is similar and makes 7.69%.

To study the reason of deaths of prisoners during the first 6 months of 2011 the monitoring material collected by the Office of the Public Defender of Georgia as a result of monitoring all the penitentiary establishments of Georgia as well as the results of studying a variety of other documentation were used. The information about the deceased prisoners and the reasons of death were also requested from the Penitentiary Department of the Ministry of Corrections and Legal Assistance of Georgia. The forensic medical examination conclusions over the deaths of deceased prisoners were also requested from the Legal Entity of Public Law Levan Samkharauli Medical Forensics National Bureau.

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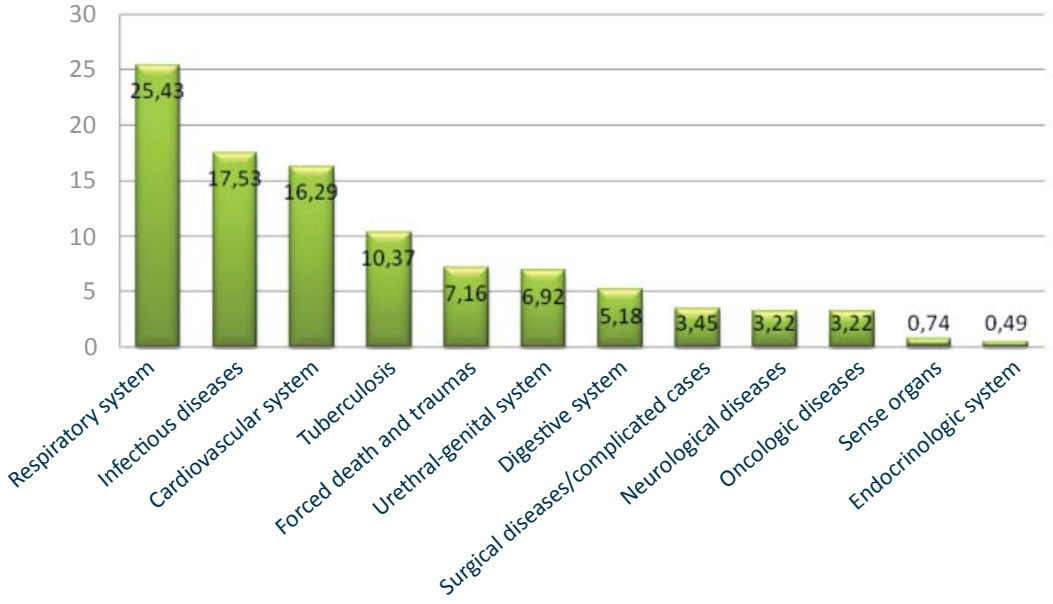
Some of the copies of the inpatient treatment medical files of the deceased prisoners were received from the medical establishments of remand and convicted persons, as well as from civilian medical institutions. The collected material was revised and analyzed. To analyze the causes of death of prisoners we worked on the diagnosis delivered by forensic medical examination, as well as in some of the instances, we based ouxr study on the analysis of the information available in the inpatient treatment medical files of the prisoners. The list of the diagnosis established in cases of the deceased prisoners (these were respectively established as diagnosis following the forensic medical examination) we unified in separate nosologic classes, as provided in the table and diagram below[28]:

№	Class of the disease	%
1	Respiratory system	**25.43**
2	Infectious diseases	**17.53**
3	Cardiovascular system	**16.29**
4	Tuberculosis	**10.37**
5	Forced death and traumas	**7.16**
6	Urethral-genital system	**6.92**
7	Digestive system	**5.18**
8	Surgical diseases/complicated cases	**3.45**
9	Neurological diseases	**3.22**
10	Oncologic diseases	**3.22**
11	Sense organs	**0.74**
12	Endocrinologic system	**0.49**

28. All the diseases grouped here that were recorded in the medical files of diseased prisoners notwithstanding whether had they directly caused death or not.



As it is clearly demonstrated in the diagram and the table above over one fourth of the deceased prisoners had some of the pathologies of respiratory system (Tuberculosis of lungs or upper respiratory tracts is not included in this class, as it is separated from the others). This indicator has been stable during the recent years and it in principle equals the annual indicator of 2010. It shall be mentioned that among the deceased during 2009 the spread of respiratory system diseases is practically similar (25.63%). During the reporting period, as derived from the diagnosis based on the medical forensic examinations of deceased persons, the second most frequent diseases are infectious diseases. It shall be noted that taking into consideration the indicator of the last year, the spread of these diseases moved up with one place, occupying the second place as compared to the third one last year. Primarily virus hepatitis and HIV infection are unified under this group. Their complicated forms are also covered therein, which are identified as separate nosologies in the diagnoses established by the forensic medical examinations. It shall be noted that infectious diseases occupied the third place according to the 2009 data as well.

The third most frequent diseases during the reporting period of 2011 were the cardiovascular system diseases, which were noted in 16.29% of the deceased persons. It shall be noted that the diseases belonging to this group, during the recent years gradually increase. This will also be noted during the description of the generic sickness rate of prisoners.

The diagnosis of tuberculosis has moved to the fourth place, moving down with one step as compared with the annual indicator spectrum of 2010.

Along with this the cases of traumas and the forceful deaths have clearly increased. This is respectively documented in the conclusions of forensic medical examinations of deceased persons. If we were noting during the previous years that this group had moved 2 steps up, the similar trend was identified during the reporting period of the first half of 2011 as well.

The sixth place is occupied by the pathologies of urethral-genital system, having slightly decreased as compared with the previous years and getting back to the indicator of 2009 again.

The pathologies of digestive system, with the exception of liver virus diseases, had slightly decreased during the reporting period of 2011, alike the previous year. Unlike the previous year, the role of surgical diseases has increased in causing death. Along with surgical diseases such complications are also unified in this group, which directly, or indirectly derive from any of the diseases and which requires surgical treatment.

Neurological pathologies, according to their share, occupy the ninth place and show the trend of decrease. In terms of the frequency of spreading, there has been no change noted in case of oncologic diseases, which traditionally still occupy tenth place. Similarly, the oncologic diseases, in the great majority of cases (where such a diagnosis had been established), were immediate cause of death. The eleventh place with 0.74% is occupied by the sense organs diseases, which unify the dysfunctioning of the functions of visual and hearing organs.

The last place in the group of diseases composed by us is occupied by the diseases of endocrinologic system, out of which the goiter and diabetes malicious were recorded during the reporting period.

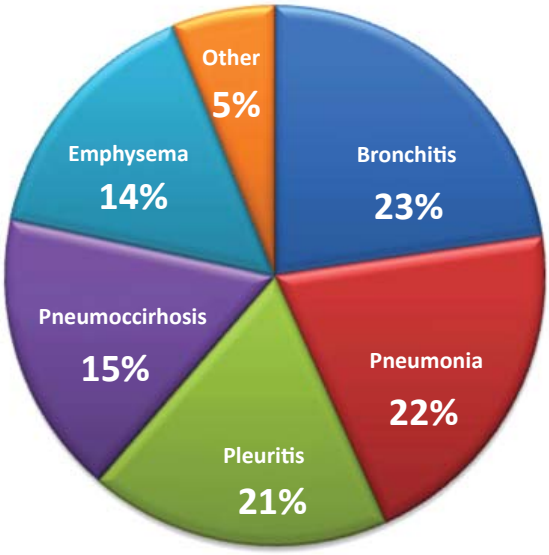
Out of the diseases of respiratory system, during the reporting period, bronchitis was recorded most often (only bronchitis of bacterial [exudative] etiology are included herewith. As for tubercular bronchitis, they will be considered along with tuberculosis), the number of which was the highest in the group. The next most frequent was pneumonia (inflammatory condition of the lung), which we also categorized in two groups (tubercular and bacterial pneumonia) and we included in this group only the processes of bacterial etiology, which had been developing being accompanied with the purulent niduses and were identified by the forensic medical examination diagnosis as pneumonia. In total, out of 77 deceased patients 23 patients were diagnosed with purulent pneumonia, making almost 30% of the total number. As it was already mentioned, cheesy pneumonia is not included in this group and it will be considered together with tuberculosis. It shall be mentioned that according to the forensic medical examination conclusions which also provide the partial overview of the medical documentation of the patient, pneumonia is often not recognized by the prison doctors, and respectively, no treatment had been provided. Pneumonia, in some of the cases, represents the complication existing during the stay of the patient in the intensive care unit. The inflammatory condition of both lungs has often particularly complicated the health conditions of the patient and caused breathing insufficiency, apart from the fact that intoxication, on its turn, in synergy influences the negative factors caused by the man diseases. The development of pneumonia is frequent in the patients who stay in the bed for long time, as due to a variety of reasons they undergo inpatient treatment course. In such a case the intoxication caused by pneumonia often becomes the immediate factor causing death.

In 28% of cases pleuritis of non-tubercular genesis were recorded. Often pleuritis accompanies pneumonia and presumably, represents its complication, resulting from the inadequate

treatment and diagnostics of inflammation of lungs. Pleuritis is often exudative (fibrinopurulent), acutely complicating the overall health condition of the patient.

Pneumo-cirrhosis was morphologically ascertained in approximately 21% of cases; within the diseases of respiratory system we note also emphysema, pneumo/hemo/hydor-thorax, lung infraction and lung abscess; as in the instances last year, the forensic medical examination conclusions still note a case of morphologically confirmed anthracosis also. This disease, as a rule, is a professional disease, and its essence is the accumulation of industrial dust (in this case containing carbon) in lungs. The spread of this disease was identified in the previous years as well. As it was noted in the report last year, the research in this direction requires more attention and analysis.

The share in percentage of the above listed separate nosologies, among the respiratory system diseases of the deceased patients is provided in the table and diagram:



Bronchitis	23.07 %
Pneumonia	22.14 %
Pleuritis	21.15 %
Pneumoccirhosis	15.38 %
Emphysema	13.46 %
Pneumothorax	0.96 %
Anthracosis	0.96 %
Infraction of lung	0.96 %
Abscess of lung	0.96 %
Pneumo/Hydo-Thorax	0.96 %

Patient N.N. (female), 60 years old (Code I N27), passed away on 05 March, 2011 in the Establishment N5 for Women in Rustavi. According to the forensic examination, the death was caused by breathing insufficiency, developed as a result of interstitial pneumonia;

Patient N.M. (male), 37 years old (Code I N68) passed away on 29 May, 2011, in the Establishment N18. According to the forensic medical examination, the cause of death is the breathing insufficiency developed as a result of abscess-alike bronchial pneumonia.

Patient M.M. (male), 52 years old (Code I N69) passed away on 11 June, 2011, in the Establishment N18.
According to the forensic medical examination, the cause of death is the breathing insufficiency developed as a result of the chronic interstitial pneumonia, abscess of lung and pleurisy.

Infectious diseases, as it was already mentioned, occupied the second place within the diagnosis of the decease persons in the first half of 2011, and outranged the cardiovascular diseases. The problems of spread of infectious diseases, in particular of virus hepatitis remains one of the traditional and acute problems within penitentiary system. Despite this, no efficient and effectual ways have been identified to solve the problem. Even though the Strategy has been approved by the Joint Decree of the Minister of Corrections and Legal Assistance of Georgia and the Minister of Labor, Health and Social Protection of Georgia[29], no further efficient measures have accompanied this. The Action Plan has still not been developed and therefore the mentioned Strategy so far remains as only a declarative document[30]. It is exactly due to the absence of efficient measures of solving the problem, in the conditions of inefficient prevention, diagnostics and treatment of this disease that the problem of virus hepatitis has further deepened, abruptly negatively influencing both the medical aspects of the system in general, as well as the solution of the problem. Due to this very fact the rate of death caused as a result of virus hepatitis and the conditions developed as their results steadily increase from the year to another. During the reporting period, the share of the infectious diseases constituted 17.53%. This group mainly unifies the diagnosis of virus hepatitis and HIV infection. Apart from this, one of the deceased prisoners was also diagnosed with chickenpox before the death, however according to the forensic medical examination conclusion had not been a cause of the death. The group also unifies the persons deceased as a result of complication of virus hepatitis, in particular, the patients who developed cirrhosis of liver and portal hypertension as a result of hepatitis and respectively, ascites. Out of the virus hepatitis, according to the medical files of the decease persons, HCV virus was noted in an absolute majority of cases, whereas in some of the cases HBV was also indicated. Hepatitis „δ“ is also noted along with HBV. The combination of a variety of virus hepatitis is not rarity either. It shall be noted that virus hepatitis, along with tuberculosis, represented one of the most serious problems for all the establishments. Screening of possession of hepatitis is not provided on spot. The commencement of treatment

29. Joint Decree N267–N219/M dated 25 June, 2009
30. This problem is also outlined in the Special Report of the Public Defender “The Right to Health and Problems Related to Exercise this Right within the Penitentiary System of Georgia, covering 2009 and the first half of 2010”, p. 23

is also related to great difficulties. Ethiotropic therapy has been prescribed to only few patients. In the best case the patients the liver protection medications are prescribed to patients. The condition is further complicated with the fact that there is no adequate diet nutrition, being important for treatment and finding solution to these problems, provided in the establishments.

During the first 6 months of 2011, 11 HIV infected persons died in the establishments of the penitentiary system of Georgia. This indicator is the highest one as compared to the data of the previous reporting years[31]. As it is known from the previous reports of the Public Defender, no forensic medical examination of deceased prisoners with HIV/AIDS had been undertaken during the previous years. The Public Defender assessed this as a discrimination of the persons infected with HIV infection and recommended to solve the problem. L. Samkharauli National Forensics Bureau implemented the recommendation of the Public Defender – despite the fact that the diagnosis were known in advance, forensic medical examination of all deceased prisoners known to have been HIV-infected had been conducted in accordance with the established rule.

It shall be mentioned that the research undertaken during the previous years in Georgia as well as in a number of states throughout the world have identified that HIV infection, tuberculosis and virus hepatitis often co-exist, as a rule complicating the conditions of the patient and often ends with the death in a short period.

We studied the instances of co-existence of these three acute diseases within the deceased patients in the first half of 2011 as well.

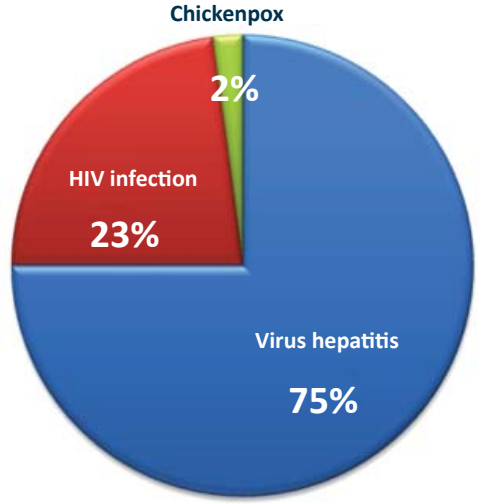
It turned out that the co-existence of virus hepatitis, HIV infection and tuberculosis was recorded in 11.7% of instances. As for the co-existence of HIV infection and hepatitis, these were recorded in 13% of cases of deceased persons, whereas the co-existence of HIV infection and tuberculosis was recorded in the same number (13%) of cases of deceased persons.

To sum-up the shares of the mentioned nosologies and syndromes are provided in the table and diagram below:

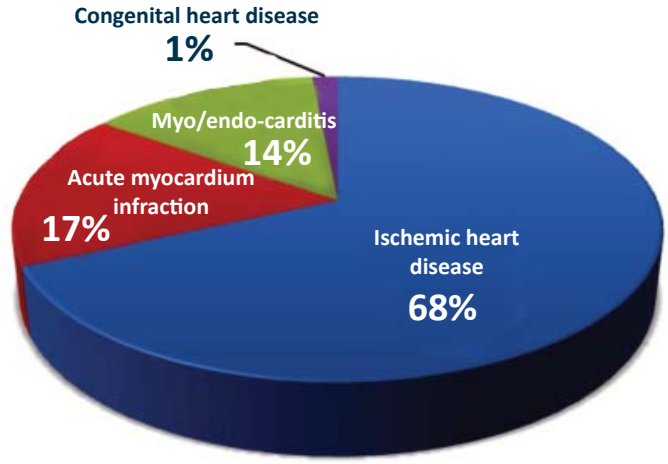
Virus hepatitis	**75 %**
HIV infection	**22.92 %**
Chickenpox	**2.08 %**

Apart from this, the cirrhosis of liver had been ascertained in cases of 9.09% of deceased persons, whereas the ascites was respectively developed in cases of 20.77% of deceased persons.

31 In total 8 HIV infected persons died during 12 months of 2010.



As for the **cardiovascular system diseases,** as it was already mentioned, similar to the previous years, the trend of increasing this indicators was still maintained in the first half of 2011. The role of cardiological diseases in causing the death is provided in the diagram and the table below:



Ischemic heart disease	68.18
Acute myocardium infraction	16.66
Myo/endo-carditis	13.63
Congenital heart disease	1.53

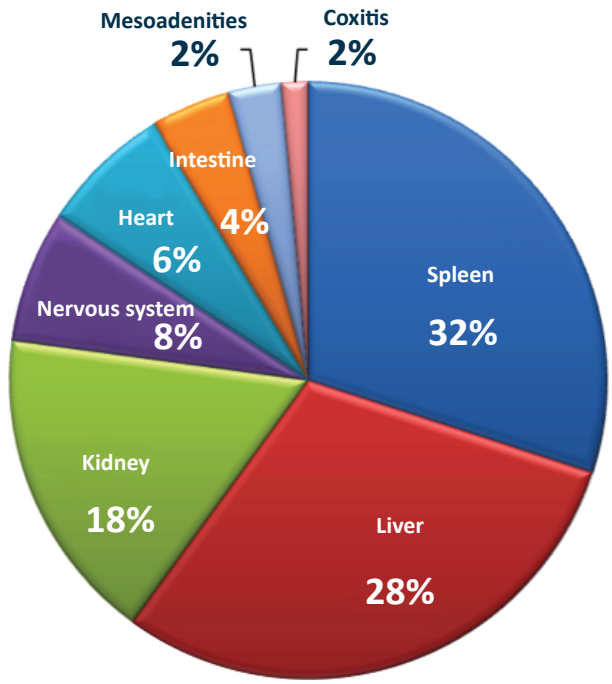
As the statistical data represented herewith reveal, ischemic heart disease was recorded in 68% of cases of 77 deceased persons. Out of these, myocardium infarction was morphologically ascertained in 11 cases, i.e. in approximately 17%. This is quite a high indicator and it exceeds the annual indicator of the previous reporting period. It shall be noted that as compared with

the previous years, the trend of making the myocardium infraction "younger" was still identified, i.e. this disease moves more and more to younger age groups. In the first half of 2011 the age of those who had died as a result of myocardium infarction fluctuated between 22 and 54 years of age, at average making 44±2 years.

Our monitoring has revealed that qualified cardiologic assistance is not available in penitentiary establishments. Prisoners are not screened and risk groups are not detected; even in cases of confirmed diagnosis patients are not provided with adequate treatment. Often the patients self-prescribe medications or continue taking medications prescribed to them by a specialist doctor before their detention. In such situation, dosage of or, in general, prudency of treatment with these medications is not reviewed at all, in fact. On the other hand, the local medical units can not offer the patients qualified medical assistance. Vast majority of the medical units of the penitentiary establishments do not have even a cardiograph, not to speak about the possibility to have myocardium ischemia confirmed by a lab test (using enzymes). Such types of diseases caused due to permanent stress and the existing substrate injuries often end up with fatality. This may explain the trend identified during the reporting period, in particular as in approximately 63% of instances of death caused by myocardium infraction the diagnosis was not established before the patient passed away. Respectively, no treatment and/or its timely commencement had taken place.

The spread of tuberculosis within prisoners occupies the forth place, similar to the annual data of 2010. It shall be noted, that one or the other belated forms of lung tuberculosis were noted in cases of a large number of deceased prisoners. The spread of tuberculosis and the death caused by it in prisons had not decreased and tubercular infection in fact remains one of the main causes of death of prisoners. Out of the prisoners who died in the first half of 2011, lung tuberculosis was noticed in 54.5% of cases. The forensic medical examination reports also refer to multi-resistant forms of tuberculosis, which were identified in approximately 26% of the cases of tubercular patients. Cheesy pneumonia was morphologically proved in cases of 7 patients, i.e. in cases of 9% of death. Apart from this, unfortunately, similar to the previous years, the extra-pulmonary forms of tuberculosis were still noted quite often. In cases of death in 2011 the following were noted from the mentioned: tuberculosis of liver, intestines, kidney, spleen, pleura, heart, greater sac, central nervous system and bone-joint system. The spectrum and share of extra-pulmonary forms of tuberculosis is provided in the table and diagram below:

Spleen	**32 %**
Liver	**28 %**
Kidney	**18 %**
Nervous system	**8 %**
Heart	**6 %**
Intestine	**4 %**
Mesoadenitis	**2 %**
Coxitis	**2 %**



Such a diversity of extra-pulmonary tuberculosis and high percentage is again to be considered the direct result of inappropriate management of tubercular infection[32]. In this respect the particular mention shall be given to the frequent instances of stopping the treatment course or insufficient places in the Medical Establishment for Tubercular Convicts, on its turn contemplating the delay in commencing the treatment course or undertaking the treatment course in other inappropriate conditions. Inadequate ventilation, insulation, nutrition, lack of fresh air and placement of tens of prisoners in big unified cells causes the difficulties of prevention and management of tuberculosis. It shall also be mentioned that the types of medical service provided to the persons deprived of their liberty in the Medical Establishment for Tubercular Convicts in Ksani are accessible to convicted persons only. Remand prisoners in fact have no access to these types of services. The existence of facts of coercive abandoning of the treatment course due to the motive of violation of regime and transfer of the sentenced person to another establishment is added up to this. In this case, infection becomes dangerous not only for the diseased person, but also for those persons in whose environment the infected person appears. Taking all the above mentioned into consideration the strategy and the principles of the management of infection in the penitentiary system of Georgia requires serious revision and changes.

During the reporting period of 2011 as during the previous years several patients (in this case - 4) died of tuberculosis of nervous system. This disease represents the most acute form of tuberculosis and it is difficult to say whether the patient would have survived if treated adequately. However, it is the fact that we witness late and inadequately managed case of

32. WHO Regional Office for Europe (2007). Status paper on prisons and tuberculosis. Copenhagen, WHO Regional Office for Europe www.euro.who.int/document/e89906.pdf

infection, the prevention of which was certainly possible. Tubercular infection, particularly its the extra-pulmonary forms in certain cases were not identified and the diagnosis was only made known after the forensic medical examination report of the deceased patient was made.

During the first half of 2011 among the forensic medical examination diagnosis of deceased prisoners the fifth most common cause of death is forced death and variety of injuries, making 7.16% in the entire spectrum of diagnosis (4 cases). During the reporting period 4 cases of suicide were recorded, making 5% of total instances of death. The mechanical asphyxia is the cause of death in all four cases, with the blocking of respiratory tract resulting from the looping the neck area. Out of the cases of suicides two cases of death were recorded in the Establishment N18 for Remand and Sentenced Prisoners. One case of death was registered in the Establishment N15 in Ksani, whereas one case was recorded in the Establishment N6 in Rustavi. The average age of those deceased was 33 years.

Deceased prisoner L.J. 34 years old male (Code N I-09). The death was registered in the Establishment N15 in Ksani. The forensic medical examination report provides in principle one sentence about the circumstances of the case. The report does not consider any of the medical documentation, and therefore the circumstances of the case are outlined in a vague and not clear manner. According to the report of the forensic medical examination, the cause of L.J.'s death was "mechanical asphyxia as a result of blocking the respiratory tract". Apart from describing the strangulation groove, according to the report of the forensic medical examination, the corps had variety of injuries, in particular, blazes in the areas of upper and lower limbs. The injuries had been inflicted with some solid blunt object before the death and their age does not contradict the time of death. Despite the fact that the mentioned injuries do not have direct causal relation with the result, the investigation shall get interested in their origin and nature.

Deceased patient P.Sh. 36 years old male (Code N I-17). The death was registered in the Establishment N18 for Remand and Sentenced Prisoners. The forensic medical examination report indicates in the factual circumstances of the case that the sentenced prisoner P.Sh. was in the Medical Establishment N18 from 18 October, 2010. The death was registered on 22 February, 2011. "22 February, 2011, 00:05 am. According to the personnel on duty the patient attempted to commit suicide. Upon entering the ward the patient was found laying down unconscious. The patient lays in the bed in a passive way; pinkish strangulation groove was noted in the neck area. No blood pressure and pulse are measured on periphery. The patient was taken to the intensive care unit". Despite the reanimation measures undertaken, biological death was registered at 00:30 am. The mentioned record causes uncertainty. In particular, it is not clear as to in what condition and position did the convicted person hang himself. It is not clear easer who put him in the bed and why the material of the loop used to commit the suicide is not indicated along with mentioning the strangulation groove.

Deceased prisoner O.R., 36 years old male (Code N I-26). The death was registered in the Establishment N18 for Remand and Sentenced Prisoners. According to the record, on 04 March,

2011 the notification was received from the Medical Establishment N18 for Remand and Sentenced Persons, according to which on 04 March, 2011, at 06:40 a.m. the prisoner O.R. died in the intensive care unit. According to the medical file (the Medical File of the Establishment N18 for Remand and Sentenced Prisoners), "O.R. was placed in the Medical Establishment at 06:25 a.m. on 04.03.11. The diagnosis upon the entry: attempted suicide with mechanical asphyxia. The general condition of the patient upon the placement in the inpatient treatment facility is most critical, no contact may be established, cyanosed, singular breath moves are noted, no pulse may be measured on periphery and central blood-vessels. The strangulation groove is noted on both – right and left halves of the neck area in the form of bruise and blaze. A cut cross-cut wound in the right half of neck, sized 5X1 sm.; Numerous cut wounds in the areas of both forearms. Small number of bruises from these wounds is noted. Cicatrices of old wounds in ileocecal area. No pulse may be measured in periphery and central blood-vessels. No heart sounds are heard. No arterial blood pressure may be measured. The patient is unconscious, no contact may be established. Eye pupils are widened medially. No photoreactions are caused. The reanimation of heart and lung started immediately." Despite the measures undertaken the functioning of heart could not be restored and at 06:40 a.m. biological death was registered.

The records are at times illogical and include the mutually exclusive facts. There is a basis to presume that the prisoner O.R. was brought to the Medical Establishment for Remand and Sentenced Persons after he had died. According to the records, he had no sign of life any more. All the signs are described in the records that are used to state that the fact of death had taken place (No heart sounds are heard. No pulse is noted in periphery and central blood-vessels. No breath is noted, eye pupils are widened). Apart from this, there was only 15 minutes interval noted from the point of entry to the Establishment and the registration of death. In this time period, taking into consideration the existing situation, it is hard to believe that it was possible to admit the patient, examine him, establish all these signs, afterwards taking him to intensive care unit and undertaking the reanimation measures there. The Special Preventive Group consider that investigative bodies shall get interested in this issue and shall establish in what circumstances and where did the patient pass away. Apart from this, according to the forensic medical examination report, "relatively right-angled wounds were noted on the corps of O.R. in the upper third of the neck and both upper limbs, which must have been developed by means of using some object with cutting capacity … the wounds had been inflicted before the death, they must have been developed immediately during the short period before the death".

Deceased prisoner T.K., 27 years old male (Code N I-54). The death is registered in the Establishment N6. According to the examination report – "on 30 April, 2011, at around 10:30 the corps of the sentenced prisoner K.T. hanged by bed sheet was found in the toilet of the cell N3 in the Establishment N6 of the Penitentiary Department". The examination report does not review the medical documentation and it seems that the expert had not been guided by any of the records made by a doctor. According to the report of the expert, "the cause of K.T.'s death was mechanical asphyxia caused by blocking the respiratory tract, as a result of looping. By the time of forensic medical examination of the corps, approximately 3-4 hours should have been

passed from the point of death." Apart from the strangulation groove noted on the as provided above, "three surface right-angled wounds were also noted on the front surface of the lower third of the left forearm, with reddish hemorrhages in the curves. The injuries were caused by using some object with sharp surface, inflicted before the death, immediately during the short period before the death. The injuries are of approximately 10-12 days old".

Consideration of the forensic medical examination reports drawn with regard to the prisoners who died in the first half of 2011 makes it clear that 23 corps of the prisoners out of the 77 deceased prisoners, i.e. almost 30% had some type of injuries located at different parts. The forensic medical examination reports often include the records such as:

(Code N I-1) "The injuries in the form of bruises and blazes were noted on the corps of A.A., which had been caused by using some sharp object, which in case of examination of alive persons carries the signs of light injuries. The mentioned injuries are not related with the result and had been inflicted in the period preceding death".

(Code N I-16) E.G.'s "corps have visually noticeable blazes and one bruise, caused by using some solid-blunt, which in case of examination of live persons carry the signs of light injuries. The injuries had been inflicted before the death, of at least 4-5 days old and they have no relation with the fact of death."

(Code N I-18) G.E.'s "corps have visually noticeable life-time right-angled sutured surface wounds on the right side surface of the neck, right-angled wounds and blazes on the back surface of the right hand. The right-angled wounds in the areas of neck and right hand are inflicted with some sharp object and belong to the light degree injuries, with short-time damage to health. The blazes in the right hand area were developed as a result of using some solid-blunt object and belong to the light degree injuries, without damage to health".

(Code N I-20) D.M.'s "corps have wounds in the forms of bruises and blazes in the upper and lower extremity areas that had been inflicted long before the death with some solid-blunt object, which in case of examination of alive persons are classified as light injuries and they have no relation with the result."

(Code N I-28) A.G.'s "corps had noticeable life-time injuries during the examination: bruises on the back surface of the chest. Sutured wound in the right hip dent and numerous surface cut wounds. The bruises are inflicted immediately before the death with some solid, sharp object and belong to the light degree injuries, without damage to health. The sutured wound in the right hip dent and numerous surface cut wounds were developed 4-5 days before the death with some cutting surface object and in cases of examination of live persons they are categorized as light degree injuries, with short-term damage to health. The mentioned wounds are not in casual relation with the established result – the death."

(Code N I-49) E.K.'s "corps had noticeable blazes and bruises inflicted with some solid-blunt object. Blazes covered with thick brownish scab, at places with scab removed and bruises in the right forearm area, which must be developed 7-9 days before the death, whereas the bruises on the mucous of the lower lip and on the subcutaneous soft tissues of the skull were developed immediately before the death".

(Code N I-62) U.I.'s "corps had noticeable wounds: uneven angled wounds, bruises and the fracture of the left hip bone – the wounds seem to be inflicted during the life time; developed as a result of using some solid-blunt object(s), before the period of death. The wounds with bumpy angles, blazes and bruises all considered together belong to light degree damage of body, whereas the fracture of the left hip bone belongs to the less light damage of the body, with the signs of long term damage of health".

(Code N I-66) T.K.'s "corps had noticeable wounds: blaze on the rights side of the merge of apex and nape. In the left side, bruise at outer brink of lower eyelid, belonging to the light degree damage without distortion of health. Internal examination revealed the following: fracture of right 8^{th} and left 7^{th} ribs. Hemorrhages are noted in the soft tissues respectively along with fractured ribs. Spacious hemorrhages at the inner surface of the soft tissues of skull at the merge of apex and nape and at the right side in the area of temple. Trauma injury of jejunum. The wounds have been inflicted with some solid blunt object. Fractures of the right 8^{th} and left 7^{th} ribs belong to less heavy degree of damage, whereas traumatic fragmentation of jejunum belong to the serious damage, as dangerous for life, the complication of the latter became the cause of death. The wounds are life time."

(Code NI-70) S.S.'s "corps had noticeable wounds: right-angled wounds on the left side surface of the neck, pricked wound on the front surface of chest, at the lower margin of right clavicle. All the wounds noticed on the corps had been inflicted during the life time. Right-angled wounds in the neck area had been inflicted with some sharp-edged subject. During the establishment of the degree of the injury of the body by means of forensic medical examination of alive persons, separately as well as together belong to light degree of damage with the distortion of health. Due to the short-term damage to health these are not in causal relation with the result established. They do not contradict with the date indicated in the medical file. The pricked wound represents a trace of medical manipulation."

(Code N I-72) "The following wounds had been recorded as a result of the external and internal examination of O.Tch's corps: blaze on the back surface of thorax – on the vertebral line, crossing the area of waist. The injury had been inflicted with some solid, blunt subject and belongs to light degree of damage. The wound is of life time, inflicted with several days before the death and it is not in causal relation with the death of O.Tch."

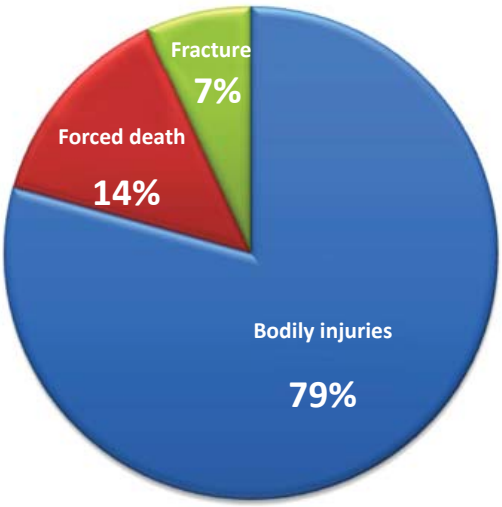
Along with several examples listed above many other facts may be cited where the experts note and describe the life time wounds. Despite this, as during the previous years, the investigation,

as also revealed with the experience of previous years had not devoted the respective attention to this, respectively bluntly violating the international and national standards of prevention of torture. The fact that the nature of the wounds is not heavy and they have no direct causal relation with the death, in the absolute majority of the cases turn to be the cause due to which the investigation does not get interested into the mentioned facts.

The study has revealed that approximately 61% of the deceased prisoners in the Establishment N18 for Remand and Sentenced Persons had some type of wound on the body noted. Apart from this, three prisoners out of the prisoners deceased in the National Center for Tuberculosis and Lung Diseases had wounds of bodies registered as well. These prisoners had passed away in approximately 1-3 days after being transferred to the National Center for Tuberculosis and Lung Diseases. Presumably, their transfer into the mentioned Establishment was undertaken from the very Medical Establishment for the Remand and Sentenced Persons. Three out of the four prisoners deceased in the Establishment N15 in Ksani had bodily injuries of variety of types and gravity. Investigative bodies shall inevitably get interested into the mentioned circumstances.

Therefore, all the cases of death considered above had groupded the forced death during the reporting period, all of which were mechanical asphyxia, by blocking the respiratory tract with a loop, range of degrees and localization of bodily injuries and fractures. The co-relation of the mentioned types of wounds is provided below in the table and diagram:

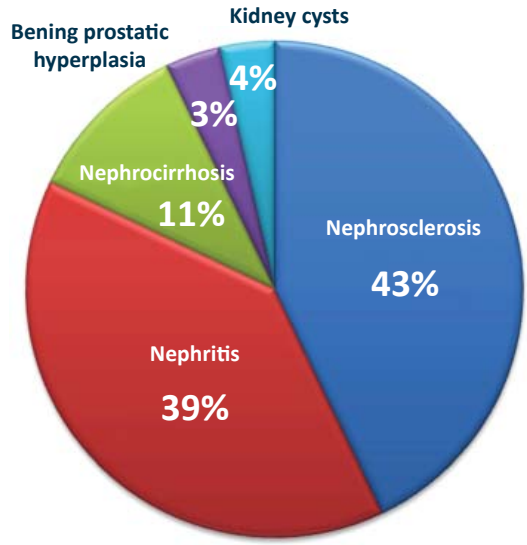
Bodily injuries	**79.32 %**
Forced death	**13.79 %**
Fracture	**6.89 %**



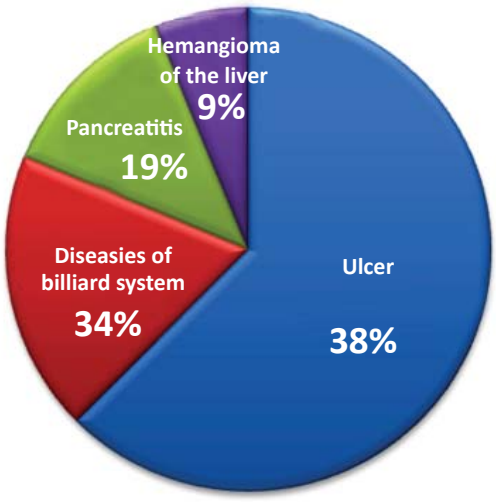
Within the deceased prisoners during the first half of 2011, the indicator of diseases of urine-genital system and mainly of kidneys remained to be high. The mentioned diseases were noted in about 7% of the deceased prisoners. This group does not include the cases of tubercular damage

of kidney, which, as one of the forms of extra-pulmonary tuberculosis, was considered together with the statistics of tuberculosis. The cases of nephrosclerosis had been morphologically ascertained in 42.85% of cases of the deceased prisoners with the pathologies of kidney. The next most frequently identified disease was pielonefritis, composing 39.28% of the diseases in the group. The third most frequently registered disease was nephrocirrhosis, having been noted in 10.71% of the cases. The bening prostatic hyperplasia and kidney cysts are noted in the forensic medical examination diagnosis in 3.58-3.58% of patients with this group of disease. The statistical characterization of the mentioned group, to have them better represented, is provided in the table and diagram below:

Nephrosclerosis	42.85 %
Nephritis	39.28 %
Nephrocirrhosis	10.71 %
Bening prostatic hyperplasia	3.58 %
Kidney cysts	3.58 %



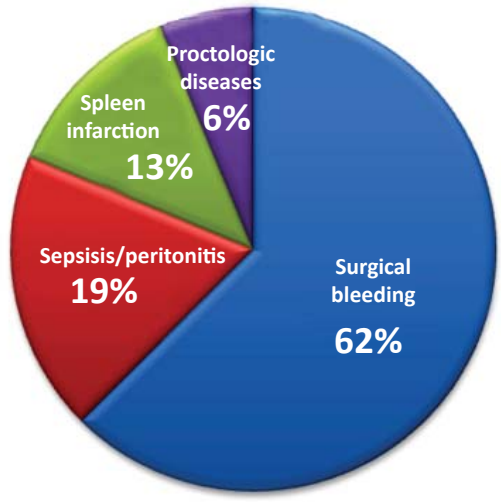
Numerous types of digestive system were noted in cases of 5.18% of the deceased prisoners. First of all, the diseases of hepatobiliary system was included in this group along with the ulcer disease and pancreatitis. The most frequently registered disease was gastric ulcer or duodenal ulcer (38.09%), whereas in 33% of cases pathologies of billiard system was ascertained. The inflammation of pancreas (gland organ in the digestive and endocrine system of vertebrates) was noted in 19% of cases, whereas hemangioma of the liver was registered in 9.53% of the forensic medical examination reports. The group does not include the tubercular diseases of digestive system, which had been considered along with the statistics of tuberculosis. The percentage share of the diseases unified in the mentioned group is provided below in the table and diagram:



Ulcer	38.09 %
Diseasies of billiard system	33.34 %
Pancreatitis	19.04 %
Hemangioma of the liver	9.53 %

The late forms of the ulceral diseases are worthwhile to mention, which are often complicated with bleeding. During the monitoring undertaken by us it was revealed that the patients are not provided with the adequate medical assistance in cases of gastric concerns. The usage of endoscopic examination in cases of need is extremely low. The only means provided to the patients in such a case is the medication available in medical units – Omeprazole. The local doctors are not aware of and respectively, do not use the European Guidelines for the Management of Helicobacter pylori Infection (Maastricht Consensus), respectively, no standard treatment of the first or the second line is prescribed in any of the establishments. The contemporary studies ascertain that wide and uncontrolled use of the first-line proton pump inhibitors (PPIs) (Omeprazole) creates the steady hypo acid condition, which represents one of the risk factors for the development of the gastric cancer; this very approach leads to the complicated forms of these diseases that had been identified, which often creates the real threat to life and health of a person. The cases of bleeding that had been developed from the upper parts of the digestive tract and in many cases turned to be the immediate cause of death will be considered in the group of surgical diseases.

The surgical diseases are registered in the 3.45% of the forensic medical examination reports made with regard of the deceased prisoners. The mentioned indicator practically corresponds to the annual indicator of the last year. In some of the instances, surgical pathology has turned to be the direct cause of death of the patient. The spectrum of the surgical diseases is provided both in the diagram and the table below:



Surgical bleeding	62.5
Sepsisis/peritonitis	18.75
Spleen infarction	12.5
Proctologic diseases	6.25

As it is seen in the table, the surgical bleeding occupies the first place in the list. The source of bleeding in variety of cases was digestive tract or respiratory system.

The case of the patient G.N. is provided here as an example (Code I N3). The patient died in the Establishment N18 for the Remand and Sentenced Persons. The medical file kept in the same establishment reveals that due to the baseline diseases the bleeding from the esophagus varicose started, and due to this the loss of blood caused heavy hemorrhagic shock and anemia, that at the end turned to be the cause of death. The diagnosis respectively notes "varicose of esophageal veins 1-2 d. heavy bleeding from the varicose esophageal veins". The patient before the death also had endoscopically ascertained gastric ulcer. The medical file directly notes that "the probable reason of death is the hemorrhagic shock developed as a result of the heavy bleeding from varicose esophageal veins." Despite this, the forensic medical diagnosis established as a result of the forensic medical examination does not mention bleeding, anemia or hemorrhagic shock and it clearly establishes that "the cause of G.N.'s death is liver function deficiency, developed as a result of liver cirrhosis". It is clear that liver cirrhosis itself represents baseline disease, whereas the direct cause of the death, in this specific case, is hemorrhagic shock, proving which several macro and micromorphological signs are described in the forensic medical examination report. Despite this, the direct cause of death does not include the bleeding. Taking the mentioned into consideration, it is clear that either the patient's medical file or the report of the forensic medical examination are deficient and one of the documents

had been composed with gross flaws. To finally clarify the issue the file for the consideration shall be submitted to the Agency for State Regulation of Medical Activity under the Ministry of Labor, Health and Social Protection. The scope and adequacy of the medical assistance delivered to the prisoner shall also be assessed herewith, which presumably, do not correspond with the standards established in the country.

The same type of the case is herewith considered: the late patient G.Ts.'s (Code I N42) forensic medical examination report makes it clear that 30 years old prisoner passed away in the Medical Establishment for the Tubercular Convicts. The medical file reveals that at 08.45 am on 28.03.2011 "the patient died of the profuse bleeding from the lungs". Despite this, the forensic medical examination report mentions only one sentences, in particular, "the cause of G.Ts.'s death was lung tuberculosis." There is no mention of the bleeding and the direct cause of the death. Taking all this into consideration the impression is again created that either the medical file or the forensic medical examination report are insufficient and poorly kept. This shall instantly become the subject of interest of the respective structures responsible for quality assurance.

The death as a result of bleeding is ascertained in the expert report over the examination of the patient G.S. (Code I N45). The forensic medical examination report ascertains that the patient G.S. was admitted to the Establishment for the Remand and Sentenced Persons N18 on 31 March, 2011. The concerns of the patient are formulated as follows: "the general condition of the patient is not satisfactory, the patient complains about the generic overall weakness, heart waving, unpleasant feelings in the area of chest, the restriction of blood passing in the left upper limb, diarrhea, flatulence. The medical file reveals that in the morning the patient was brought from the medical unit of the Establishment in the soporosal condition, where the primary medical assistance was provided, following which the patient was transferred to the Medical Establishment for the further examination and treatment, as an emergency case". The general condition of the patient in the Medical Establishment was assessed as the average severity condition. The consultation of the surgeon was provided, the chronic gastritis may be presumed. To assess the situation and precise the diagnosis carrying out the fibroesophagogastroduodenoscopy was recommended. The consultation of the neuropathologist, the X-ray examination of the chest area, the clinical analysis of blood were carried out at a later stage and the suspicion was raised of existence of the voluminous process in the mediastino. To ascertain or to exclude the mentioned the computer tomographic examination was planned. The fibroscopic examination as requested by the surgeon could not be arranged and the conducting the mentioned examination was scheduled for the next day. Against this background, the health condition of the patient suddenly deteriorated by the morning, started hematemesis (vomiting of blood), hemodynamic indicator deteriorated, no peripheric pulse could be measured, the contact may not be established. The artificial ventilation of the lungs of the patient started. Nasogastric tube was placed, the blood was received via it. Despite the undertaken treatment and reanimating measures the patient died. According to the diagnosis in the medical file, the patient had "voluminous formation in the mediastino, gastroduodenal bleeding, hemorrhagic shock, acute respiratory failure". The voluminous process of the mediastino was not ascertained during the

forensic medical examination. Even the lymphatic nodes had retained their ordinary size. The histologic examination ascertained gastric ulcer, which was the reason of bleeding, as well as post hemorrhagic anemia. According to the forensic examination "Cit. S.G. died of acute anemia of internal organs caused by bleeding developed as a result of gastric ulcer".

Therefore, in the case of the late patient S.G., the gastric ulcer could not have been ascertained for a long period of time, respectively, no adequate treatment ws provided to the patient in the penitentiary establishment where the latter remained (the number of the establishment is not indicated). Even when the gastric ulcer got complicated with bleeding, the diagnosis could still not have been ascertained, including neither in the Medical Establishment for Remand and Sentenced Persons. Despite the consultations provided by the surgeon, the diagnostics was directed to the wrong direction, during which the repetition of the bleeding resulted into the death of the patient. The mentioned case – the management of the patinet (as at the place of the serving sentences, as well as in the Establishment N18) and the issues related to it shall be studied by the Agency for State Regulation of Medical Activity under the Ministry of Labour, Health and Social Protection.

Patient K.K. (Code I N57) 33 years old male was transferred to the Gudushauri National Medical Center due to the deterioration of the health condition from the Establishment N18 for the Remand and Sentenced Persons. The reason of the transfer was liver cirrhosis and the episodes of gastroduodenal bleeding developed against this background. Despite this, the patient was returned to the Establishment N18 after one day with the respective recommendations. Some time after this the patient passed away. According to the forensic medical examination report, "K.K.'s death was caused by acute anemia, developed as a result of the bleeding from the varicose widened blood vessels of the esophagos".

Patient S.V. (Code I N61) 52 years old male. As it is revealed from the medical file kept in the Establishment for Remand and Sentenced Persons N18 the patient seems to have been placed in the mentioned Establishment at 10:55 on 16.05.2011. According to the data in the medical file, the patient started bleeding since 10:20. Upon the delivery to the Medical Establishment the patient was in comatose condition, hemorrhagic shock was noted. The patient was immediately taken to the intensive care unit. According to the record, the patient could not be contacted, "the pulse on the wrist and the arterial blood pressure could not be measured, the heart tones could not be heard, the type of breath – none. There is no reaction on prickling and thermal irritation. Cyanosis is expressed, eye pupils are widened, cornea reflex and photoreaction may not be caused, the isoline is noted on the monitor, no spontaneous breath is recorded." Despite the undertaken resuscitation measures, the biological death was registered. The forensic medical examination of the patient ascertained the existence of the adenocarinoma of the lungs. According to the situation described, the late form of oncological pathology is registered. Despite this, the patient remained at the place of serving the sentence. Apart from this, it also attracts the attention that upon the admission to the Medical Establishment no signs of being

alive were noticed on the patient. The records indicate that the corps was delivered to the Establishment already. The transfer of the patient was already the belated process.

The patient G.T. (Code I N65) 46 years old male was transferred from the Medical Establishment N18 for Remand and Sentenced Persons to the Referral Hospital, where soon after the admission of the patient the biological death was registered. Anamnesis of the patient (for the last 15 years) notes the surgery conducted on the stomach as well as two episodes of bleeding. A year ago the varicose of the esophageal veins as well as callosum gastric ulcer. Some hours before the death the bleeding re-started from the upper parts of the digestive system (melena, hematemesis (vomiting of blood)), due to what the patient had been transferred to the intensive care unit of the first Clinical Hospital, whereas from the patient in the most acute condition was transferred to the referral hospital. In around an hour from the point of admission to the hospital biological death was registered. According to the forensic examination report, the cause of the death was the anemia developed as a result of the bleeding from the various veins of the esophagus. In this case as well the transfer of the patient to the medical institution was already belated. It is also vague, as to why was the patient in the most acute terminal condition transported from the First Clinical Hospital to the Referral Hospital and whether the negative influence of the transportation could have been noted in this case.

The 65 years old male prisoner S.A. (Code I N74) died of the bleeding from the respiratory tract as well. The patient had been ascertained of the belated form of the cancer of the lung (IV stage), with metastasis. The patient was in the most acute condition. The issue of acting the prisoner had not been considered against the background of this most acute pathology. The patient was transferred to the Medical Establishment for the Remand and Sentenced Persons, where he remained before the death. According to the records in the documentation, the case had been considered as incurable, therefore only symptom treatment had been undertaken. Apart from the main oncologic disease, the patient also had the ischemic heart disease, tension stenocardium, the arterial hypertension, chronic bronchitis, epilepsy, duodenal ulcer, bronchial asthma. Against this background the bleeding from the respiratory tract developed. This was not clinically ascertained. According to the forensic medical examination report, “the cause of S.A.’s death is severe anemia of the internal organs due to the bleeding from veins damaged as a result of the left lung cancer”.

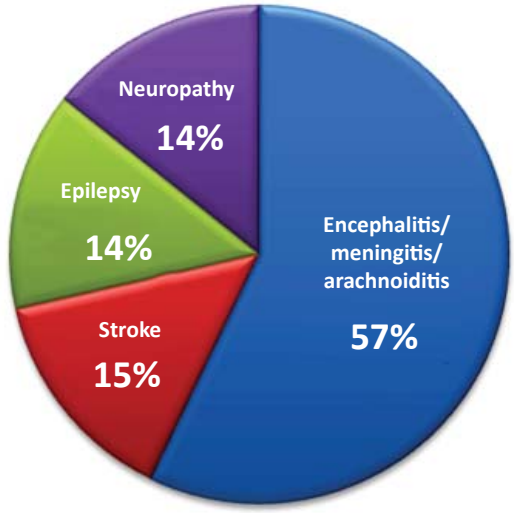
The Public Defender of Georgia considers that keeping the patient with such most acute health condition in the penitentiary system, the condition of whom was considered to be incurable, represents inhuman treatment. In such a situation the serving the sentence loses the sense and deriving from the principles of humanity, all the mechanisms existed in the legislation of Georgia to have had the motion requesting the release of the patient due to the health condition submitted to court.

As for the case of such dangerous surgical complication as diffuse peritonitis, the 55 years old male patient T.K. (Code I N74) died with this diagnosis in the Establishment N18 for Remand

and Sentenced Persons. The case attracts the attention as apart from the blunt violations during the medical assistance the violent treatment of the prisoner was noted, that is the competence of the investigative bodies. The patient T.K. passed away in the Establishment N18 at 02:10 on 28 May, 2011. As the records in the medical file reveal the patient was placed in the Medical Establishment at 22:00 on 25 May, 2011, i.e. three days before the death. Upon the admission to the Establishment for the Remand and Sentenced Persons, "the general condition of the patient is acute, he is conscious. The coercive pose. As clarified from the record of the doctor on duty the patient was dizzied due to low arterial blood pressure, fell down, and was injured in the chest area. The cut wound in the area of sinciput covered with scab with the size 1.5 sm. Bruises in the left side area of zygomatic bone, the right side of cheek, light, bluish bruise on the left half of the chest. Bruise underneath the right knee 70/30 mm. Pulse 70 with weak replenishment. The breath is loosened in the lower parts of the lungs. Subcutaneous emphysema crepitation noted with palpation. At 20:30 on 26.05.2011 the patient was transferred from the surgical unit to the intensive care unit in serious condition. The patient feels pain in the chest area, particularly in the left side as well as in the stomach. On the left side of the chest area, the lateral side of the backside, as well as subcutaneous emphysema in the underarm dent – the characteristic subcutaneous crepitation." The stomach is soft, painful diffusely with palpation. Small amount of liquid is noted in the abdominal cavity with the ultrasonographic examination. At 13:00 on 27.05.2011 the operation was done (laparotomy, synechiolysis, revision, enterography, sanation of abdominal cavity, drainage) … a large amount of turbid liquid discharge of the color of amber is noted in the abdominal cavity, the content of the intestinum tenue is pulled out, the defect of the jejunum is noted. The two-layer nodular suture was done. Drainages were placed. The wound was sutured. Post-operation diagnosis: the closed trauma of abdominal cavity, trauma injury of jejunum. Diffuse ferment-fibrinic peritonitis". Following the surgery the patient was provided with the respective treatment. Despite this, the condition got complicated and at 02.10 on 28.05.2011 the biological death was registered. "The cause of the death is the acute cardiovascular infussiciency developed against the background of toxic shock. Clinic diagnosis: the closed trauma of chest and abdominal area. The fractures of the right 8th and the left 7th ribs of the chest. The trauma injury of jejunum. Diffuse ferment-fibrinic peritonitis. Toxic shock. Acute cardiovascular insufficiency. Myocardial front wall infarction suffered in the past. According to the forensic medical examination report, the cause of T.S.'s death is the "purulent-fibrinic peritonitis, developed as a result of the trauma fragmentation of jejunum. … the corps has visually noticeable blaze at the right side of the merge of the apex and nape. The bruise on the left side, at the outer brink of the lower eyelid that belongs to the light degree of injury without the distortion of health. The internal examination revealed the following: the fractures of the right 8th and the left 7th ribs, hemorrhages in the soft tissues respectively along with fractured ribs. Spacious hemorrhages at the inner surface of the soft tissues of skull at the merge of apex and nape and at the right side in the area of temple. Trauma injury of jejunum. The wounds have been inflicted with some solid blunt object. Fractures of the right 8th and left 7th ribs belong to less heavy degree of damage, whereas traumatic fragmentation of jejunum belong to the serious damage, as dangerous for life, the complication of the latter became the cause of death. The wounds are life time.""

It shall be noted that as it was indicated in the previous records, we can absolutely not agree with the fact that the patient "was dizzied due to low arterial blood pressure, fell down, and was injured.. The sides where the injuries are noted (both – the left and the right sides), variety of their location (areas of neck, head, chest and abdominal cavity) and their degrees (fracture, abrasions, the fragmentation of intestine which had not been morphologically altered) do virtually exclude the mentioned possibility. It may be suggested that as it is noted in the report of the expert, the mentioned injuries were inflicted onto the patient with some solid blunt subject. As to the ascertaining what this "some solid blunt subject" was, whether this was a weapon, natural object or a part of the human body or all of these, this belongs to the competence of the investigative bodies and the mentioned should necessarily have become the main subject of the interest of the investigation. In this particular case it does not cause any doubt that the patient got the injuries by forceful means, resulting later in the death. As for the further management of the patient, as of an injured person, a serious mistake was made in this respect as well. In particular: the patient was transferred to the Medical Establishment N18 for the Remand and Sentenced Persons at 10:00 p.m. on 25 May. The gravity and the type of the wounds was not assessed adequately in the Medical Establishment. The examination was undertaken insufficiently and inadequately. The most disturbing is the fact that the patient who had the fragmented intestinum tenue and the free amount of liquid was noted in the abdominal cavity with the ultrasound examination, was operated belated. In fact in three days since the hospitalization, that was sharply increasing the chance of death the condition of the patient deteriorated as a result of the peritonitis and intoxication. The conditions of the patient were also deteriorated by the accompanying diseases that at the end caused the death of the patient. The mentioned issues related to the treatment and the management of the patient shall necessarily become the subject of the interest of the Agency for State Regulation of Medical Activity under the Ministry of Labor, Health and Social Protection in order to assess as to how timely and adequate medical assistance was provided to the deceased patient.

Within the diagnosis of the deceased persons the next most spread disease is the group of neurological diseases. As it was already mentioned, 3.22% of the deceased prisoners had one or the other neurological disease, whereas in some of the cases these very diseases turned to be the direct cause of death. It shall also be mentioned herewith that as compared with the data of the previous year the death caused by neurological pathologies considerably decreased during the first 6 months of 2011. Despite this, unfortunately, such serious neurological conditions as the inflammation of the brain shell as well as of the membrane of central nervous system and the acute types of the distortion of brain blood circulation are still registered. The spectrum of the above mentioned diseases is provided in the table and diagram herewith:

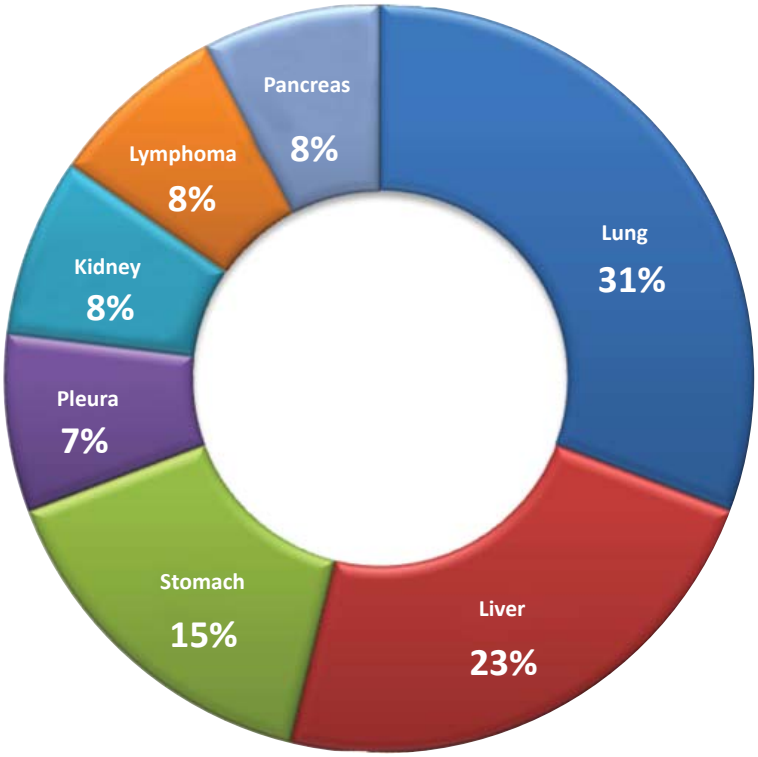


Inflammation of the brain and its shell (meningitis, arachnoiditis)	57.16
Distortion of the blood circulation in the brain	14.28
Epilepsy	14.28
Diseases of peripheral nervous system	14.28

As it is demonstrated in the table the most frequent neurologic pathology within the patients deceased during the first half of 2011 was the inflammation of the central nervous system membranes. The mentioned is primarily represented in the form of tubercular genesis meningitis and arachnoditis. The neuropathies and polyradiculoneuropathies shall be singled out from the diseases of the peripheral nervous system. The mentioned diseases had not become the direct causes of death; however in the forensic medical examination reports over the deceased prisoners, similar to the previous years, are still noted. All this takes place against the background of noting the insufficient number of neurologists in the penitentiary system. There is only one doctor neuropathologist employed in the Medical Establishment for the Remand and Sentenced Prisoners, and in various penitentiary establishments the doctor of this profile and experience is rarely found.

The cases of the death of prisoners with malignant tumor composed 3.22% in the first half of 2011. Despite this, it shall be mentioned that the great majority of the deceased prisoners had the belated forms of tumours at the latest stages of the diseases, with the developed metastases. There were 13 cases of the malignant tumor registered altogether. The most widely spread was the lung cancer (4 cases); the next most spread was the liver cancer (3 cases); gastric cancer (2 cases). There are each of the following cases also registered: malignant tumor of pleura, kidney, pancreas as well as non-hodgkin lymphoma. As during the previous reporting period the facts of inconsistency between clinical and forensic medical diagnosis were noted. Types of cancers, to demonstrate them better are provided below at the diagram and in the table:

Lung	4
Liver	3
Stomach	2
Pleura	1
Kidney	1
Lymphoma	1
Pancreas	1



The 0.74% of the deceased patients in the penitentiary system establishments during 2011 had the diseases of sense organs. As it was mentioned already this group unifies numerous diseases of sight and hearing organs. One case of eye retina detachment was registered, and there were two cases of hearing distortion were recorded as well.

Only 0.49% of the deceased patients had various diseases of endocrinal organs.

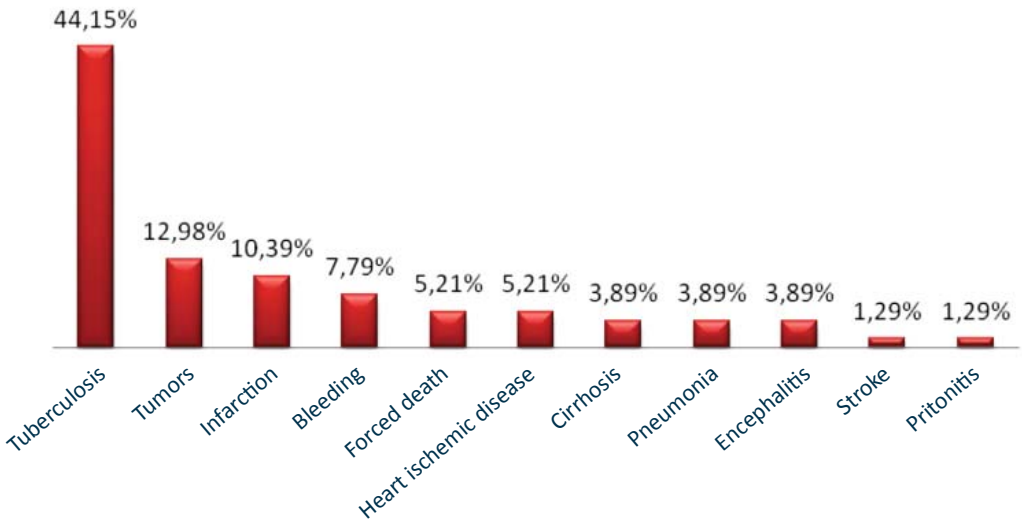
Those were mainly diseases corresponding to the pancreatic diseases and were clinically manifested mainly in the form of diabetes mellitus.

Therefore, we considered the forensic medical diagnosis of the deceased prisoners in detail according to the nosologic groups. We got also interested in what was the **immediate cause**

of death of the patients during the reporting period of 2011. To that end we analyzed all the reports of the forensic medical examination available to us. We took into consideration the immediate cause of deaths as outlined by the forensic medical examination expert, i.e. we counted the causes of death in this case only taking into consideration **only the leading (main) causes** of death mentioned in the forensic medical examination report. Therefore in this case we did not take into consideration the accompanying disease, which, on its turn, was considerably contributing to the complication of the health condition. The mentioned statistics is provided in the table below:

№	Immediate cause of death	%	Remark
1	Tuberculosis	**44.15 %**	* of lung/extra-pulmonary
2	Malignant tumors	**12.98 %**	
3	Myocardial infarction	**10.39 %**	
4	Bleeding	**7.79 %**	* from the respiratory and digestive system
5	Forced death	**5.21 %**	
6	Heart ischemic disease	**5.21 %**	* apart from myocardial infarction
7	Liver cirrhosis	**3.89 %**	
8	Pneumonia	**3.89 %**	
9	Encephalitis/meningitis/arachnoiditis	**3.89 %**	
10	Stroke	**1.29 %**	
11	Peritonitis	**1.29 %**	

The percentage distribution of these is provided in the diagram below:



Recommendation: to the Ministry of Corrections and Legal Assistance of Georgia: to periodically study and analyze the forensic medical examination reports and the medical documentation of the persons deceased in the penitentiary system. The mentioned information is essential not only for the establishment of the causes of death, but this also represents one of the main mechanisms to ensure the quality in the healthcare system, consideration of which is one of the main pre-conditions for the improvement of medical service.

Recommendation to the Chief Prosecutor of Georgia: To put under the personal control the suspicious cases of the deaths of prisoners, to ensure the quick, efficient and transparent investigation.

Discipline and Punishment

IMPOSITION OF DISCIPLINARY MEASURES AND ADMINISTRATIVE PUNISHMENT

According to the European Prison Rules, "disciplinary procedures shall be mechanisms of last resort" [33]. "Whenever possible, prison authorities shall use mechanisms of restoration and mediation to resolve disputes with and among prisoners"[34]. "The severity of any punishment shall be proportionate to the offence" [35]. "Collective punishments and corporal punishment, punishment by placing in a dark cell, and all other forms of inhuman or degrading punishment shall be prohibited"[36]. "Punishment shall not include a total prohibition on family contact"[37].

According to the written reply N10/8/2–9487 received from the Penitentiary Department on 15 July, 2011 from 01 January to 30 June inclusive of the reporting period administrative imprisonment was imposed on two convicts for the serious violation of internal regulation of the penitentiary establishment. 1197 sentenced prisoners were placed in solitary confinement cells. It shall be mentioned herewith as well that the number of punished prisoners in fact is higher, as in some of the establishments. i.e. Establishment N8 in Gldani and the Establishment N2 in Kutaisi the informal forms of punishment of prisoners are practiced (placing in quarantine or the so called "box"), used in cases when the administration for some reason does not wish to even formally justify the punishment.

Solitary confinement cells are not in the establishments N1, N11 and N18.

The duration of punishment in different penitentiary establishments for the same misdemeanor is determined differently. This approach may be positive only in case if the approach in all such cases is individual and takes into consideration the personal file of the prisoner and the circumstances due to which the sentenced person had committed the misdemeanor.

The result of the monitoring has revealed that often the disciplinary misdemeanors committed by the prisoners are related to the request to visit a doctor – the prisoner is compelled to make noise and bang against the cell door, as otherwise, according to the statements of the prisoners, it is impossible to meet a doctor. This is particularly relevant for the Establishments N2 in Kutaisi,

33. Rule 56.1;
34. Rule 56.2;
35. Rule 60.2;
36. Rule 60.3;
37. Rule 60.4;

N6 in Rustavi and N15 in Ksani. The instances of collective punishment are also frequent. This is absolutely forbidden both by the national, as well as international standards. As it was already mentioned, for the misdemeanor committed by one prisoner the entire cell is punished in the Establishment N8 in Gldani and Establishment N2 in Kutaisi. This, as stated by the prisoners, is reflected in the deprivation of the radio, prohibition of the walk at fresh air or even in verbal or other types of abuse.

The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) stressed in its 2010 Report[38] that "any form of collective punishment is unacceptable. Further, all disciplinary punishments should be imposed in full compliance with the relevant formal procedures".

According to the paragraph 2 of the Article 88 of the Code on Imprisonment "the remand/sentenced prisoner placed in the solitary confinement cell is forbidden from having short and long term visits, phone conversation, purchase of food". The CPT recommended the Georgian authorities "to take steps to ensure that the placement of prisoners in disciplinary cells does not include a total prohibition on family contacts. Any restrictions on family contacts as a form of punishment should be used only where the offence relates to such contacts".

The Public Defender considers that the right of prisoners to interact with the outside world shall be considered as their right and such contacts shall not be used as a form of the punishment. By increasing the forms of promotion of prisoners and using the forms of punishment in an objective manner it is also possible to maintain the stability of a prison, whereas the unjust and illegal treatment of prisoners may on the contrary, cause their contradiction with the administration or, in cases of using the collective punishment – among each other, that may result in a serious and unacceptable outcome.

Suggestion to the Parliament of Georgia: To have the respective changes introduced into the Code on Imprisonment to ensure the contact of the persons placed in the solitary confinement cells with the outside world.

Recommendation to the Chairman of the Penitentiary Department:

- During the exercise of the service control by the Penitentiary Department the particular attention shall be paid to the identification and elimination of the methods of informal punishment and the cases of collective punishment;

38. Report to the Georgian Government on the visit to Georgia carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 5 to 15 February 2010;

THE REGISTER FOR THE REGISTRATION OF PERSONS PLACED IN SOLITARY CONFINEMENT CELLS

The study of the registers for the registration of persons placed in solitary confinement cells has revealed that the Registers are maintained insufficiently and inadequately in a number of establishments (e.g.: Establishment N15 in Ksani, Establishment N3 in Batumi, Establishment N4 in Zugdidi, Establishment N13 in Khoni, Establishment N12 in Tbilisi, Establishment N16 in Rustavi). The Registers in some of the establishments have no number and persons are not numbered when the registration of the persons placed in the solitary confinement cells takes place in those registers (e.g. Establishment N4 in Zugdidi), in some cases no information about the violation is at all indicated (e.g. Establishment N12). In some of the cases, instead of the type of the violation the note mentions that the sentenced prisoner was punished by the ordinance of the Director (e.g. in the Establishment N15 in Ksani). The indication of this does not provide the information about the misdemeanor, as it is already clear that the placement in the solitary confinement cell takes place based on the ordinance of the director. In some of the cases, the respective article of the Code on Imprisonment is indicated as a type of misdemeanor; however no mention of the very violation is made (e.g. Establishment N3 in Batumi). In some of the cases, as a type of the misdemeanor "the violation of internal regulation" or "the violation of the regime requirements" is indicated. These do not provide the information about the misdemeanor either and have generic nature (e.g. Establishment N16 in Rustavi and the Establishment N13 in Khoni). In a part of records in some of the establishments the particular misdemeanors are indicated, whereas another part of the records have a generic content (e.g. in the Establishment N17 in Rustavi, Establishment N2 in Kutaisi).

The records about the misdemeanors are made quite specifically and clearly in some of the establishments, e.g. in the Establishment N6 in Rustavi, Establishment N5 for Women, Establishment N9 in Tbilisi, Establishment N14 in Geguti and Establishment N8 in Gldani. The detailed records on each of the misdemeanor are made in these establishments that shall be positively assessed.

Based on the data of the first half of 2011, the practice of placing the prisoners in the solitary confinement cells in the Establishment N17 in Rustavi and the Establishment N14 in Geguti shall be positively evaluated. Based on the records made into the Registers during the reporting period, as well as the interviews with the sentenced persons it may be stated that the individual approach is used during the punishment of the sentenced persons and placing them in solitary confinement cells in the mentioned establishments, deriving from the severity of the misdemeanor and the personality of the violator.

The positive trend of the pre-term release from the solitary confinement cell based on the doctor's report is noted only in the Establishment in Geguti. There were 19 such facts recorded in this Establishment in the first half of 2011, which makes 17,4% of the cases of placement of the sentenced persons (109 sentenced persons) in the solitary confinement cells in that period.

As stated by the prisoners placed in the same establishment, the placement of the sentenced persons in the solitary confinement cell has decreased for the recent period.

The uniform sanctions are used in the Establishment N16 in Rustavi, Establishment N5 for Women, Establishment N8 in Gldani and the general duration of the punishment is 5, 10 and 20 days.

The most wide-spread forms of misdemeanors in the penitentiary establishments, which had led to the imposition of the disciplinary measures are noise, whooping, fight, verbal abuse of the prison staff or other sentenced person, resistance to the requirement of the prison staff, being late or absent during the checking the prisoners according to the list, littering of the territory.

Out of the prisoners interviewed during the monitoring none of the prisoners, except for the prisoners in the Establishment N8 and the Establishment N2 in Kutaisi (see: Treatment) have complained about any of the type of pressure exercised by the administration of the establishment during the stay in the solitary confinement cell.

Apart from the establishments, the liquidation of which had been numerously recommended by the Public Defender in the previous reports, the solitary confinement cells of some of the other establishments require reparation (in the Establishment N9 in Tbilisi, Establishment N17 in Rustavi, Establishment N19 in Ksani).

> **Recommendation to the Chairman of the Penitentiary Department:** To task to administrations of the penitentiary establishments the keeping the Register for the registration of persons placed in solitary confinement cells, their dating and numbering, with the description of the factual circumstances of the misdemeanor in an unified manner.

Contact with the outside world

LONG-TERM VISIT

The change made into the Code on Imprisonment according to which a part of the prisoners was given a right to use the long-term visit shall be assessed positively. To this end the rooms of the hotel type have been built in the Establishments N14, N16, N17, N11 and N6 and from 01 January, 2011 to 30 June, 2011 inclusive 487 prisoners used this right.

Despite the above mentioned, the sentenced persons, who due to the measure of the sentence most of all require the additional means of the contact with the family have no possibility to use the long-term visit. According to the paragraph 6 of the Article 17^2 of the Code on Imprisonment, "long-term visit may not be used by a sentenced person placed in the closed type penitentiary establishment, apart from the life prisoners, as well as by a sentenced person placed in the quarantine regime, a sentenced person who had been imposed the disciplinary measure or/an administrative imprisonment".

A long-term visit, first of all, is the best way to re-socialize and keep the close contact with close people. This is particularly needed for the sentenced persons placed in the closed type penitentiary establishments. Deriving from the mentioned, the Public Defender considers that the respective changes shall be introduced into the Code on Imprisonment and the sentenced persons in the closed type establishments shall also have the right to use the long-term visit. The mentioned change shall be more one step forward to support the rehabilitation of sentenced persons.

> **Suggestion to the Parliament of Georgia:** To introduce the respective changes and amendments tp the Code on Imprisonment to ensure the implementation of the right of all types of sentenced persons to have long-term visits.

SHORT-TERM VISIT

Apart from the educational institution for juveniles, short-term visit in all the establishments short-term visit takes place in a room split with a glass, where the prisoner is devoid of any possibility to have physical interaction with family members. In some of the cases the glass on both sides has an iron gridiron, which does not provide for a proper possibility to even see

the visitor. The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) recommended the respective bodies to review the issue of visits to provide the prisoners with the possibility to receive the visitors in relatively less strict conditions. According to the Committee, "[t]he CPT accepts that in certain cases it may be justified, for security-related reasons or to protect the legitimate interests of an investigation, to prevent physical contact between prisoners and their relatives. However, open visits should be the rule and closed visits the exception, for all legal categories of prisoners."[39]

According to the paragraph 7 of the Article 17 of the Code on Imprisonment the short-term visit shall last for 1-2 hours. According to the prisoners, the practice in different establishments varies – the duration of the visit in the Establishment N8 lasts for 40-45 minutes; in the Establishment N4 – for 15-29 minutes, whereas in the Establishment N3 – for 10-15 minutes.

Recommendations to the Chair of the Penitentiary Department:

- To have the short-term visits in the facilities without the glass bars; justification of any kind of exception shall take place individually, deriving from the particular circumstances or the personality of the (visitor of) sentenced person;
- To have the duration of the visits in all the establishments regulated in line with the law.

VIDEO VISIT

Granting to prisoners the right to a video visit is a positive change as well. According to the paragraph 1 of the Article 17^1 of the Code on Imprisonment[40], "the sentenced persons in the penitentiary establishment apart from those sentenced for particularly grave crimes and person envisaged by the paragraph 1(f) of the Article of this Code, has a right to a video visit (direct voice and visual TV conference) with any person".

The infrastructure necessary for the video visit was available only in the establishment for juveniles during the reporting period and only one sentenced juvenile used this service.

As in the case of long-term visits, allowing the video visits for all categories of the sentenced persons would have been positive change and would have greatly contributed to the sentenced persons' re-socialization process, particularly as video visit may be exercised not only by family members, but also by friends and close persons as well. The reservation introduced by the Code on Imprisonment, not allowing the video visit for a particular category of the sentenced persons,

39. The visit to Georgia carried out from 21 March to 2 April, 2007;
40. In force since 1 January, 2011;

is not justified in the form as it is provided, as any of the prohibitions and restrictions shall have individual character and must be respectively justified in each of the specific cases.

Suggestion to the Parliament of Georgia: To have the respective changes and amendments introduced into the Code on Imprisonment to ensure the right of all categories of sentenced persons to video visit.

TELEPHONE CONVERSATIONS

According to the Code on Imprisonment, a sentenced person in a semi-open penitentiary establishment has a right to have three phone conversations a month on the convict's own expense, each of them shall last no longer than 15 minutes, whereas in the closed type penitentiary establishment two phone conversations a month on the convict's own expense, each of them shall last no longer than 15 minutes.

New phone cards provide convicts with the possibility to call only two numbers for 15 minutes. The convict is made to purchase several cards, that is related to respective expenses. In some of the establishments it is also possible to call three numbers from one card.

The telephone communication is still not organized in the Establishment N3 in Batumi. This problem is unresolved for several years already and the administration at times justifies this saying that the telephone cable had been stolen, whereas at times cited the technical impediments. The absence of telephone is particularly reflected at the foreigners that are numerous in the Establishment N3 and for whom the telephone is the only means of communication with the close people. The prisoners in the Establishment N4 in Zugdidi are given the possibility twice a month to use telephone for 5-10 minutes, whereas for 3-5 minutes in the Establishment N8 in Gldani.

Recommendation to the Penitentiary Establishment:

- To ensure the realization of the right of all prisoners to have telephone conversations, including taking into consideration the interests of the persons whose close persons are not in Georgia;
- To ensure the production of the standard, multi-use telephone cards for the sentenced persons.

ACCESS TO PRESS, TV AND RADIO BROADCASTING

According to the European Prison Rules "Prisoners shall be allowed to keep themselves informed regularly of public affairs by subscribing to and reading newspapers, periodicals and other publications and by listening to radio or television transmissions unless there is a specific prohibition for a specified period by a judicial authority in an individual case".[41]

Numerous reports of the Public Defender had mentioned the absence of TV sets in the closed type penitentiary establishments (apart from the Establishment N15 in Ksani, where there is a TV set in each of the cells of the closed type). When the prisoners have to spend minimum 23 hours in a cell and they are not busy with anything not having the TV set is particularly inadmissible. The Public Defender hoped that the entry into force of the new Code on Imprisonment, which in general allows the TV set, would have improved the situation, however the change was introduced on paper only and TV set, in a view of the Ministry of Corrections and Legal Assistance still remains to be the unnecessary luxury for prisoners.

In the Establishment N6 in Rustavi only life prisoners have a right to have TV set, in the Establishment N2 in Kutaisi only women prisoners have TV sets, in the Establishment N8 in Gldani and the Medical Establishment N18 for Remand and Sentenced Prisoners no broadcasting is allowed. In the Establishment N7 in Tbilisi the sentenced persons again watch one and the same recordings on DVD instead of TV programs.

European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) in its report recommended the Government of Georgia to allow the TV sets in the Establishment N8 in Gldani. However, the recommendation of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, just like the recommendation of the Public Defender was neglected by the Ministry of Corrections and Legal Assistance of Georgia.

The access to press is a problem in almost all the penitentiary establishments. In principal, only the newspaper "Kviris Palitra", crosswords and the magazines "Sarke", "Tbiliselebi" and "Raitingi" are available in the shops of the penitentiary system. In some cases, the limitations are introduced with regard to magazines as well.

The prisoners have a possibility to have written communication with the family members, however in the establishments where the telephone communication takes place with the sufficient frequency, the prisoners rarely use this right.

Recommendation to the Ministry of Corrections and Legal Assistance: To ensure the right to have TV set in all the penitentiary establishments.

41. Rule 24.10

Recommendation to the Penitentiary Department: To ensure the accessibility to press in all the penitentiary establishment**s.**

COMPLAINTS AND APPLICATIONS

Complaint boxes are present at all the penitentiary establishments, however, alike the previous years, in some of the establishments the problem of sending complaints to their addressees is a remaining problem. According to the Article 16(8) of the Code on Imprisonment *"administration is not allowed to delay or check the application, request or complaint of a remand/sentenced prisoner sent to the President of Georgia, chairperson of the Parliament of Georgia, member of the Parliament of Georgia, court, European Court of Human Rights, international organization established based on the international treaty in the field of human rights that had been ratified by the Parliament of Georgia, a ministry of Georgia, Department, Public Defender of Georgia, defence lawyer or a prosecutor".*

The Parliamentary Report of the Public Defender has several times mentioned the violations of a right to correspondence of prisoners however there are still establishments, from where it is almost impossible to send complaints. In particular, these are the establishments N4 in Zugdidi, N8 in Gldani, N2 in Kutaisi, N14 in Geguti, N13 in Khoni, the Medical Establishment N18 for Remand and Sentenced Persons and the Medical Establishment for Tubercular Convicts N19.

Recommendation to the Penitentiary Establishment:

- **To ensure the exercise of the right of prisoners provided by Law and timely sending of their complaints and other type of correspondence to addressees;**
- **To ensure the confidentiality of the correspondence of prisoners within the framework established by the Law.**

Prison personnel

According to the Standard Minimum Rules for the Treatment of Prisoners[42] "The prison administration shall provide for the careful selection of every grade of the personnel, since it is on their integrity, humanity, professional capacity and personal suitability for the work that the proper administration of the institutions depends"[43].

For the normal functioning of the penitentiary system, for the return of the prisoners to the society as full members of the latter, and in order to have the measure of imprisonment to prove the purpose of punishment, the personnel of the penitentiary establihment, their professionalism, human characteristics and their attitude towards the persons deprived of their liberty, along with other components shall be given particular attention. The prison personnel shall be aware of both – legislation of Georiga, as well as international standards.

The personnel of the penitentiary establishemtns shall be given clear and understandable durective about the limits of their competence and the type of reaction they shall have over one or the other complex case. Often the administration of the establishment „explains" the facts of ill-treatment of prisoners by rudeness and abuse by the prisoners. This indicates that the penitentiary system personnel lack the professional training to be ready to manage such situations, to adequately react over the aggressive actions by the prisoners or even provocations exercised by the prisoners. We do not even mention the cases when the prisoners are provoced to commit a violation by the rude and degrading treatment of the very personnel, following which, as a rule, the violator prisoner is punished, however, the personnel who had committed illegal action, is not kept responsible. The leadership of the penitentiary system have certainly a wrong understanding of the prestige of the own agency and they consider that the revelation of the facts of ill-treatment will have negative influence on their reputation, whereas the dismissal of the personnel with inappropriate behaviour shall on the contrary, positively influence the correct and adequate work of the system and will turn the ongoing reforms to be more efficient and valued. The approach of today does in no way correspond with the international and European standards of treatment of prisoners. In this reality it is difficult to talk about the full iradication of the facts of torture and inhuman treatment.

The efficient management of the penitentiary system and its correct management to a certain degree depends on the penitentiary personnel as well. The qualified, experienced and properly

42. Adopted by the First United Nations Congress on the Prevention of Crime and the Treatment of Offenders, held at Geneva in 1955, and approved by the Economic and Social Council by its resolutions 663 C (XXIV) of 31 July 1957 and 2076 (LXII) of 13 May 1977;
43. Rule 46;

trained personnel is one of the important factors of iradication of the practice of torture and inhuman treatment in the penitentiary establishments. Unfortunately, the Georgian penitentiary system has still not reached the benchmark which shall make it obvious that the personnel employed in prison who is in touch with prisoners on a daily basis needs the specific training and education. Numerous facts identified during hte monitoring prove that despite the attempts of the Training Center and the trainings organized, the desired goal has not been reached. It shall also be noted herewith that the attraction of the personnel is complicated due to the particularly complex conditions of the work of the penitentiary system personnel: low remuneration, frequent keeping of duty, in some cases the outdated technical basis and the absence of social guarantees. The administrations of penitentiary establishments often note that they do not have enoungh personnel, therefore they can not arrange the exercise of the rights such as e.g. the rights envisaged by the Code on Imprisonment to have shower twice a week and a daily walk. This is particularly true with regard to the closed type penitentiary establishments.
All of these shall become the subject of particular attention of the Ministry of Corrections and Legal Assistance, as low social status and low financial interest does not create the basis for the attraction of the qualified personnel into the penitentiary establishments. As a result of all these the prisoners suffer again.

Deriving from the above mentioned, the Public Defender recommended in a number of the Parliamentary reports to have the penitentiary system staffed with the personnel with the respective qualification and to improve their social and labour guarantees.

SOCIAL SERVICE

The Social Service of the Penitentiary Department shall have an important role in the resocialisation of the prisoner. The Social Service shall be more or less oriented and responsible for the protection of the rights of prisoners, their rehabilitation and resocialisaion. The rights and obligations of this Service are determined by the Order N35 of the Penitentiary Department of the Ministry of Corrections and Legal Assistance “on the Approval of the Regulation of the Social Service”.

In practice the work of the Social Service of the Penitentiary Department is far from the requirements of the legislation. In some of the establishments the prisoners does not know them at all, in some of the establishments the Social Service personnel mainly ensure the provision of the regime and security requirements that is unacceptable and contradicts the functions established for them by the law. This is particularly relevant with regard to the Social Service personnel of the Establishment N2 in Kutaisi and the Establishment N4 in Zugdidi. In the Establishment N2 in Kutaisi, as stated by the prisoners, the Chief of the Social Service participates in the punishment and intimidation of prisoners, whereas the prisoners placed in

the Establishment N4 in Zugdidi replied to the Monitoring Team on the question, as to whether they had known the personnel of the Social Service, that they had considered those personnel to the regime personnel.

The work of the Social Service of the Establishment N3 shall still be assessed positively, as the Service tries to the maximum degree possible to interact with prisoners and provide the assistance to them within the scope of possibilities.

Recommendation to the Ministry of Corrections and Legal Assistance of Georgia:

- To ensure the staffing of the penitentiary establishments with the respectively skilled personnel as well as the promotion of the personnel with the respective skills and the improvement of their social and labor guarantees;
- To ensure the fully-fledged work of the Social units within the penitentiary establishments, the identification of the respective tasks and goals for them and the introduction of the reporting system.

Admission and Placement of Prisoners

According to the European Prison Rules[44], "[a]t admission, and as often as necessary afterwards all prisoners shall be informed in writing and orally in a language they understand of the regulations governing prison discipline and of their rights and duties in prison."[45] "Prisoners shall be allowed to keep in their possession a written version of the information they are given".[46]

In the Establishment N3 in Batumi the list of the rights and obligations of inmates is displayed and instantly renewed if it is damaged, in each cell. There is only a list of obligations of the inmates displayed in the cells of the Establishment N8 in Gldani. This does once again underline the closed type conditions in the mentioned establishment. The inmates are informed in writing in penitentiary establishments, as confirmed by signing under the list of the rights and obligations in their personal files. However, this only carries a formal character, and the inmates often are not able to carry with them the list of their rights and obligations.

According to the European Prison Rules, "[i]n deciding to accommodate prisoners in particular prisons or in particular sections of a prison due account shall be takne of the need to detain: a. untried prisoners separately from sentenced prisoners"[47]. The same principle is embedded in the Article 9(2) of the Code on Imprisonment. Despite this, remand and sentenced prisoners are placed together in the cells of the Establishment N8 in Gldani, Establishment N3 in Zugdidi and Establishment N4 in Batumi, as well as in the Establishment N2 in Kutaisi.

Pre-trial detention often is related to placing a person in totally new, unusual environment. Therefore, the admission procedures shall not only comply with the legislation of Georgia, but shall also take into consideration the proper protection of human dignity as well. This can not be stated about the quarantine units in the Establishment N8 and Establishment N2 (see: Treatment).

According to the Code on Imprisonment, penitentiary establishments are divided into several types[48]. The problem is the placement of prisoners in the type of establishment as respectively defined by the Law. In the closed type penitentiary establishment, as a rule a person convicted

44. Recommendation of the Committee of the Ministers of the Council of Europe rec (2006) 2
45. Rule 30.1
46. Rule 30.2
47. Rule 18.1
48. According to the Article 10(2) of the Code on Imprisonment, the establishments of deprivation of liberty are:
    a) Semi-open type establishment;
    b) Closed type establishment;
    c) Special establishment for juveniles;
    d) Special establishment for women.

for the first time for committing particularly grave crime of forethought and sentenced by the court to deprivation of liberty for the term of more than 10 years[49], however the monitoring undertaken has revealed that such persons are also placed in the closed type penitentiary establishments for whom the closed type is not assigned. Moreover, great part of the inmates in the establishments in Gldani and Kutaisi are sentenced and according to the Law they shall be placed in the semi-open penitentiary establishment. Presumably, such a practice is caused by the overcrowding of semi-open type establishments, and the placement of sentenced persons in the closed type establishments in used as one of the means of overcoming this.

According to the reply N10/8/2–9497 received from the Penitentiary Department on 28 July 2011, as per 30 June, 2011 there were 8820 inmates sentenced to serve their sentence in semi-open type of establishment; 12959 inmates were sentenced to serve their sentence in the closed type of establishment of deprivation of liberty, whereas 617 convicted persons were waiting for the determination of the type of the sentence.

According to the Article 46(3) of the Code on Imprisonment, "a sentenced person shall serve his/her sentence in an establishment of deprivation of liberty of the respective type located in the nearest proximity to the place of his/her residence or of his/her close relative, except for in cases when such placement is impossible due to the overcrowding of the establishment concerned. In exceptional cases a convict may be transferred to other establishment of deprivation of liberty due to his/her health conditions, personal security or/and with his/her consent".

Notwithstanding the above-mentioned disposition inmates and their family members often apply to the Public Defender asking support in placing a sentenced person in the establishment in a proximity to their residence place. There are often cases when a sentenced person living in East Georgia is placed in the establishment in the West Georgia or vice-versa. In reply to several letters sent from the Office of the Public Defender of Georgia to the Penitentiary Department, requesting the placement of a prisoner in the proximity of his/her residence place the standard type of letters are received, mentioning that the inmate is placed in the type of penitentiary establishment as defined by the Law for this inmate. With this the Ministry of Corrections and Legal Assistance completely disregards the rule envisaged by the Article 46(3) of the Code on Imprisonment "a sentenced person shall serve his/her sentence in an establishment of deprivation of liberty of the respective type located in the nearest proximity to the place of his/her residence or of his/her close relative, except for in cases when such placement is impossible due to the overcrowding of the establishment concerned."

Recommendation to the Chairman of the Penitentiary Department:

- To pay particular attention to the observance of the procedures as envisaged by the Law during the admission and placement of inmates, with this avoiding mass violation of rights of inmates;

49. Article 64(1) of the Code on Imprisonment.

- To ensure the handing over the list of rights and obligations in writing to inmates upon admission to the establishment;
- To ensure placing of remand and sentenced persons separately in penitentiary establishments;
- To take into consideration upon the placement of the sentenced person in the penitentiary establishment his/her residence place or the residence place of his/her close relative.

Re-socialization

The Public Defender has mentioned in his several Parliamentary reports that the conditions of imprisonment shall ensure the re-socialization of an inmate and reintegration into society and it shall not be oriented only on the punishment. Despite the fact that the Ministry of Corrections and Legal Assistance more or less try to make steps to eradicate this problem, the mentioned component is practically absent in the penitentiary system. This at the end will cause the incompatibility of prisoners discharged from the penitentiary establishment with the society and may become the reason of repeated illegal act.

Deriving from the above mentioned, the sentenced person shall receive or deepen the respective knowledge or professional skills during serving the sentence, and shall be given the possibility to participate in sport or other types of events, competitions, shall have the respective condition to observe the developments outside the penitentiary establishment, shall keep the contact with the close persons and family members. All of these is necessary to prepare the sentenced person to return to the society.

> **Recommendation to the Minister of Corrections and Legal Assistance:** To ensure the elaboration of the action plan for implementation of measures of re-socialization of sentenced persons in the nearest future.

EDUCATION AND REHABILITATION PROGRAMS

As it was already mentioned, the re-socialization component is practically disregarded in the penitentiary establishments. There are a scarce number of rehabilitation programs implemented in the majority of establishments and the accent is mainly made on juvenile sentenced inmates.

In the Establishment N2 in Kutaisi the rehabilitation program Atlantis functions, in which 3 sentenced inmates are involved. The psychological assistance program for juveniles also functions in the establishment, along with icon painting (1 sentenced inmate), drawing and woodcut courses.

In the Establishment N3 in Batumi the rehabilitation program of the organization GCRT functioned for juveniles. However, we learned that from September, 2011 juveniles will not be placed in the Establishment in Batumi any more.

In the Establishment N5 for Women rehabilitation program "Atlantis" functions, for which the special rooms have been provided in the blocks A, C and D. The Program "Woman and Business" also functions in the Establishment, in the framework of which computer, languages and the production of milling wool are taught. The teaching is provided in three groups, with 8 inmates involved in each of those. There is a rehabilitation program of the Psycho-rehabilitation Center functioning in the Establishment, covering three groups, with 8 inmates in each of those. The Juvenile school functions in the Establishment.

In the Juvenile Educational Establishment N11 the following courses are run: rugby group, the group-work with sentenced juveniles, where anger management is taught. The public school functions within the Establishment and the inmates get the certificate of the school N123.

The following teaching programs funded by the Center "Apkhazeti" function in the Establishment:

- Web-designing
- Animation
- Video editing
- 3D programs
- Enemal
- Woodcutting
- Photo art
- Barber's services

Seventy four juveniles are involved in these programs. The school to which 7 rooms are devoted is located on the first floor of the Establishment. The teaching is provided in 7-12 grades in the school, however it is possible to provide the extern education in the lower grades as well.

In the Establishment N12 the rehabilitation program "Preparation for Release" functions with the funding by NORLAG. This program is devoted to the inmates who have 3-4 months to go before their release. It was ascertained during the monitoring that the program was implemented in four groups and each of the groups had 15 sentenced persons.

In the Establishment N15 periodically lectures are delivered on a variety of topics. The rehabilitation program "Preparation for Release" functions in the Establishment; however the administration of the Establishment N15 was not able to state how many sentenced persons had been involved in the mentioned program in total.

In the Establishment N16 the studying of woodcutting is possible, the musical band functions and also the program "Peoni" functions.

In the Establishment N17 the icon painting program functions, with 5 sentenced inmates involved in it.

In the Establishment N19 the woodcutting and icon painting room is arranged and 4 prisoners are involved.

HIGHER EDUCATION

According to the recommendation R(89)12 of the Committee of Ministers of Council of Europe to Member States on Education in Prison "[e]ducation for prisoners should be like the education provided for similar age groups in the outside world" (para. 2). "Wherever possible, prisoners should be allowed to participate in education outside prison" (para. 14). "Where education has to take place in the prison, the outside community should be involved as fully as possible" (para.15).

In 2011 a number of inmates wished to pass the unified national examinations, however they were not provided with this possibility. We consider that the Code on Imprisonment, which does not provide for the right to higher education any more, is a step back – the state, on its turn, should support the prisoners, who have the potential to realize this right.

> **Suggestion to the Parliament of Georgia:** to introduce the respective changes and amendments to the Code on Imprisonment to ensure the possibility for the sentenced persons to receive higher education.

EMPLOYMENT OF INMATES

According to the European Prison Rules, "[p]rison work shall be approached as a positive element of the prison regime and shall never be used as a punishment"[50]. "Prison authorities shall strive to provide sufficient work of a useful nature"[51]. "As far as possible, the work provided shall be such as will maintain or increase prisoners' ability to earn a living after release"[52].

It shall be noted that out of 24119 prisoners (as per 01.07.2011) only 25 sentenced persons had remunerated employment and all were employed in bakeries in different penitentiary establishments.

> **Recommendation to the Minister of Corrections and Legal Assistance of Georgia:** To elaborate the action plan for the employment of sentenced persons.

50. Rule 26.1;
51. Rule 26.2;
52. Rule 26.3;

Right to defense

According to the Article 42(3) of the Constitution of Georgia, "[t]he right to defense shall be guaranteed". According to the Article 38 of the Law of Georgia on Advocates "[a]dvocate implements the professional activities independently and interference in this is not permissible"; any information that the advocate has received from the client or other person seeking legal advise is confidential"; also, "overhearing the conversation between an advocate and a client and the recording of this is not permissible, whereas the written correspondence between them is unimpaired".

Despite all the above mentioned there are frequent cases when the lawyers are not given the possibility in the penitentiary establishments to realize the right granted to them by the Law. A number of lawyers have applied to the Public Defender mentioning that the personnel of the penitentiary establishments had deprived them of the explanations or complaints written by the prisoners, particularly the complaints about the violation of rights of prisoners by the personnel of the penitentiary establishment.

The Public Defender considers that the mentioned problems shall be eradicated, as the keeping of confidentiality during the professional relations between the advocate and the client is of utmost importance and the prisoners shall have possibility to fully protect their rights.

Recommendation to the Chairman of the Penitentiary Establishment: to place under the personal control the procedure of admission and checking the advocates in the penitentiary establishments, particularly the Establishment N8 in Gldani and Establishment N18, as well as in line with the requirements of the legislation, the protection of confidentiality of documentation and correspondence resembling the relations of an advocate and a person under the defense.

Situation in the Temporary Detention Isolators of the Ministry of Internal Affairs

The conduct of the monitoring

During the first half of 2011 the Special Prevention Group undertook 42 planned visits to temporary detention isolators and interviewed 171 detainees. There were also 80 *ad hoc* visits undertaken, during which 330 detained persons were visited. The members of the Monitoring Team checked on spot the reports of the external visual examination of the persons in the temporary detention isolators, examined the infrastructure – cells, investigation rooms, sanitary points, walking courtyards, inventory, the conditions of keeping food and the belongings of the detainees. Interviews with the administration and detainees/prisoner had clarified the frequency and the procedures of provision of food, taking shower, staying at fresh air. As usual, particular attention was paid to the treatment of persons placed in temporary detention isolators during the detention, as well as afterwards.

As a positive note, it shall be mentioned that as during the previous years, the Monitoring Team had no impediments when entering any of the temporary detention isolators during the planned visits and the administration fully cooperated with the Monitoring Group. The only instance, when the impediments had emerged for the Special Prevention Group and could not exercise their authority, was the case of the Shida Kartli Regional Temporary Detention Isolator.

On 24 May 2011 the Prevention Group members visited the Temporary Detention Isolator in Gori to interview the person who had been imposed administrative imprisonment. The Chief of the Temporary Detention Isolator Eldar Dalakishvili refused to present the prisoner to the representative of the Public Defender stating that the prisoner himself was not willing to meet anyone. The members of the Prevention Group clarified to Eldar Dalakishvili the authority provided to them by the Organic Law of Georgia on Public Defender and explained that if the prisoner would have declared during the meeting with them that the prisoner did not want to have a conversation with them, they would have left the temporary detention isolator. Despite all the above mentioned, Eldar Dalakishvili hampered the work of the Special Prevention Group and did not let them meet the prisoner, with this violating the Article 43 of the Constitution of Georgia, as well as the Article 18(a) of the Organic Law of Georgia on Public Defender and the Articles 19(1) and 19(2)(a) of the same Law. Eldar Dalakishvili's action violated the requirements of the sub-paragraphs "b", "d" and "e" of the Article 20 of the Optional Protocol to the Convention

against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, as well as the Article 173[4] of the Administrative Violations of Georgia.

Deriving from the above mentioned, on 6 June 2011 the Public Defender issued the protocol of administrative violation and the case materials were submitted to the Gori District Court. The judge of the Gori District Court Davit Papuashvili released Eldar Dalakishvili with the resolution issued on 21 June, 2011 from administrative liability due to non-existence of administrative misconduct in his action. The mentioned resolution was appealed by the representative of the Public Defender in the Tbilisi Appeals Court. The 28 July, 2011 resolution of the Appeals Court granted the application of the representative of the Public Defender, annulled the Gori District Court resolution of 21 June, 2011 and returned the case for the re-examination to the first instance.

On 8 September, 2011 the same judge of the Gori District Court Davit Papuashvili issued a resolution recognizing the Chief of the Shida Kartli Temporary Detention Isolator of the Ministry of Internal Affairs as liable, however limited the action to only giving a verbal note.

The Public Defender hopes that the impediments will not be created by the administration of the temporary detention isolations in the future and they, as in the previous years, will cooperate with the Prevention Group, and the court will also more seriously approach the exercise of the authority of the National Prevention Mechanism.

Rights of Detainees

Administrative Prisoners

On 29 March, 2011 the members of the Special Prevention Group of the Public Defender met and interviewed persons who had been imposed the administrative imprisonment: Giorgi Kh., Akaki Ch. And Merab Tch. On 26 March, 2011 the Collegiums of the Tbilisi City Court imposed administrative imprisonment on two of them for 20 days, whereas one of them was sentenced to 10 days of administrative imprisonment.

The persons imposed administrative imprisonment noted that their right to daily hour-long walk, the possibility to take shower was restricted in the temporary detention isolator. Therefore they could not observe the personal hygiene and did not have a possibility to acquaint with the press. Giorgi Kh. stated that he had been requesting the meeting with a doctor for three days, and he was granted this later. He also mentioned that he applied the most extreme means of protest – hunger strike, however he was not transferred to another cell and neither a doctor had visited him since he commenced hunger strike.

The Public Defender of Georgia considers that the persons imposed administrative imprisonment shall enjoy all the rights that sentenced persons have. Deriving from the mentioned, they shall not only have a right to have a daily walk, but shall also have a possibility to meet family members, have telephone conversations and contact with the outside world. These are not envisaged by the legislation of Georgia.

The Public Defender has mentioned in a number of the Parliamentary Reports that the infrastructure of temporary detention isolators does not provide not only for a possibility to realize the rights of the persons imposed administrative imprisonment in line with international standards, but even to realize the rights envisaged by the local regulations.

The Public Defender considers the issuance of the Order N108 of the Minister of Internal Affairs on 10 February, 2010 "On the approval of the additional instruction regulating activities of temporary detention isolators of the Ministry of Internal Affairs, and complementing the typical regulation and internal rules of isolators" as a step forward. However some of the dispositions of the Order are clearly inconsistent with international standards.

Taking the above-mentioned into consideration, in the 2010 Parliamentary Report the Public Defender recommended the Government of Georgia to ensure the creation of special establishments for the persons imposed administrative imprisonment, taking into consideration the regional principle, which would have been adapted for the long-term placement of persons.

On 5 April, 2011 the Public Defender recommended the Minister of Internal Affairs of Georgia, to have at the initial stage to ensure the realization of those rights of administratively imprisoned persons that are envisaged by the Order N108 of the Minister of Internal Affairs "On the approval of the additional instruction regulating activities of temporary detention isolators of the Ministry of Internal Affairs, and complementing the typical regulation and internal rules of isolators" and to ensure the adoption of the new normative act reflecting all the rights of detained/imprisoned persons.

No reply had been received by the Office of the Public Defender with regard to the mentioned recommendation and none of the recommendations had been implemented. As a result, the rights of administratively imprisoned persons are being harshly violated to date and they still have to serve the imprisonment in inhuman conditions.

The rights of persons detained in relation with the events of 26 May

The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) attaches particular importance to three rights for persons detained by the police: the right of the person concerned to have the fact of his detention notified to a third party of his choice (family member, friend, consulate), the right of access to a lawyer, and the right to

request a medical examination by a doctor of his choice (in addition to any medical examination carried out by a doctor called by the police authorities). They are, in the CPT's opinion, three fundamental safeguards against the ill-treatment of detained persons which should apply as from the very outset of deprivation of liberty, regardless of how it may be described under the legal system concerned (apprehension, arrest, etc).[53]

During the events of the night of 26 May, 2011 several dozens of persons were detained. They were placed in various temporary detention isolators of the East and the West Georgia. Apart from this, the location of several dozens of persons was unknown. Investigators contacted the family of a detained person only in singular cases, notifying them of the detention and the whereabouts of their close person.

On 26 May the representatives of the Public Defender visited the persons placed in the temporary detention isolator N2 in Tbilisi, in Mtskheta, in Kaspi and in Shida Kartli Regional Temporary Detention Isolator. As it turned out at a later stage, the persons placed in the Temporary Detention Isolator N2 in Tbilisi were transferred to other isolators on the same day. Respectively, the lawyers were not able to meet them, the prisoners' right to defense was limited, they could not use the possibility provided by the Law to appeal the administrative imprisonment due to the expiration of 48 hours time-limit, whereas their family members lacked the elementary possibility to know where their close persons had been.

Deriving from all the above mentioned, the Public Defender recommended the Minister of Internal Affairs of Georgia to immediately ensure the restoration of rights of persons detained during the events developed at the night of 26 May, 2011, in particular to provide the detained persons with the possibility to contact their family members and lawyers, to provide them with adequate medical assistance and to let them to receive the items allowed by the legislation as a parcel.

No reply had been received by the Office of the Public Defender on this recommendation.

On 28 May, 2011 the information was published on the official web-site of the Public Defender, mentioning the first and last names of all those detainees who had been placed in any of the temporary detention isolators in relation with the events of 26 May. The monitoring revealed that the majority of the detained persons had more or less serious injuries. Some of the detainees had serious injuries, as also confirmed by the protocols of external visual examination upon their admission to temporary detention isolators. The detainees were stating during the verbal communication that their injuries were inflicted as during the dispersal of the action, as well as after the detention, however their majority refused to provide clarifications to the representative of the Public Defender.

53. [CPT/Inf (92) 3] 2nd General Report on the CPT's activities covering the period 1 January to 31 December 1991. para. 36

The Public Defender of Georgia considered it necessary to have immediate forensic medical examination of those persons admitted to temporary detention isolators who had noticeable variety of categories of injuries and to have the respective reaction over each of the facts.

Lasha Ch.'s case

On 11 June, 2011 the representatives of the Public Defender met and interviewed administratively imprisoned person Lasha Ch., who was placed in the Shida Kartli Regional Temporary Detention Isolator. He mentioned that his rights had been violated from the very first day of his imprisonment. In particular, he went on hunger strike, announcing this to the administration with the application on 07 June, 2011. He stated that he, as a person on a hunger strike, was not put under medical control. According to him, the brigade of emergency medical aid was called only in three days after the request. According to the prisoner, no clothing, cigarette and press were allowed as a parcel to him. He stated that after being admitted to the temporary detention isolator he was deprived of cigarette and explained that smoking in temporary detention isolator is prohibited. The representatives of the Public Defender spoke with the Chief of the Temporary Detention Isolator Eldar Dalakishvili on the latter issue. E. Dalakishvili confirmed that Lasha Ch. was deprived of his cigarettes, as according to the statement of the Chief of the temporary detention isolator, the mentioned establishment is the "public gathering place" and smoking is prohibited there.

On 13 June, 2011 a copy of the protocol drawn with Lasha Ch. was sent from the Office of the Public Defender to the Head of the Human Rights and Monitoring Unit of the Ministry of Internal Affairs of Georgia. No reply had been received on the mentioned letter.

Regional Temporary Detention Isolator for Imereti, Racha-Lechkhumi and Kvemo Svaneti (Kutaisi)

On 31 May, 2011 the representatives of the Public Defender met and conversed with the prisoners in the Regional Temporary Detention Isolator for Imereti, Racha-Lechkhumi and Kvemo Svaneti: Levan Ch., Vasil B., Davit T., Vlad Sh., Iuri K., Otar A., Giorgi P., Levan K., Gela D., Irakli K., Mamuka G., Zurab Sh., Zurab T. and G G.. These persons were placed in three cells of the temporary detention isolator. Acording to them, they were deprived of their right to have a daily walk, a possibility to take shower, they could not have received as a parcel clothing and cigarette. They were not provided with hygienic items either.

According to the prisoners, the administration of the temporary detention isolator was taking them to the corridor every night, where for the purpose of punishment they were made to stand facing a wall with their heads bent down for 30-40 minutes. As clarified by them, the mentioned

action was "justified" by the administration citing the verbal directive from the leadership of the Ministry of Internal Affairs.

A part of the prisoners mentioned that they need medical assistance that was not accessible in the temporary detention isolator.

On 6 June, 2011 the Public Defender recommended the Minister of Internal Affairs to eradicate the above mentioned violations and consider the liability of the persons responsible.

No reply had been received by the Office of the Public Defender on this recommendation.

Otar A.'s case

On 10 June, 2011 the Public Defender received an application of Otar A.'s parent. Otar A. was a person imposed administrative imprisonment placed in the temporary detention isolator in Zestaponi. According to the applicant, the term of his son's administrative imprisonment was expiring on 20 July, 2011, whereas on 14 and 15 July the prisoner had to participate in the entry examination for master program at the Iv. Javakhishvili Tbilisi State University.

The note issued by the National Examination Center on 6 June, 2011 was attached to the application. The note confirmed that Otar A. was in fact registered for the Unified Master Program Exam of 2011.

On 21 June, 2011 the Public Defender recommended the Minister of Internal Affairs of Georgia to ensure the participation of the prisoner in the examinations for master program.

According to the letter received in response on 1 July, 2011 from the Ministry of Internal Affairs of Georgia, the prisoner Otar A. was taken to participate in the entry examination for master program at the Iv. Javakhishvili Tbilisi State University.

Living conditions

It shall be welcome that a part of those temporary detention isolators that the Public Defender had issued recommendations to abolish were actually abolished. These are temporary detention isolators in Gori, Khashuri and Tsageri. However, temporary detention isolator in Samtredia functions to date, where placement of a person, even for a short period, may be considered as inhuman and degrading treatment. Temporary detention isolator in Samtredia consists of 6 cells, out of which 3 function. Anti-sanitary reigns in the temporary detention isolator. The cells are humid and dirty. The windows are covered with the vented metal plate, therefore it is impossible

to provide the ventilation and lighting of the cell. The plaster has fallen down from the walls. Rodents and scorpions were noted during the monitoring. Toilet is at the end of the corridor and its sanitary-hygienic conditions are very poor. There is no shower room, walking courtyard and any possibility of heating in the temporary detention isolator.

According to the European Prison Rules, "[t]he accommodation provided for prisoners, and in particular all sleeping accommodation, shall respect human dignity and, as far as possible, privacy, and meet the
requirements of health and hygiene, due regard being paid to climatic conditions andespecially to floor space, cubic content of air, lighting, heating and ventilation."[54]

No sufficient lighting and ventilation is provided in the majority of temporary detention isolators; some of them have no window at all (Akhaltsikhe, Borjomi) or it is of such a small size that can not provide for natural ventilation and lighting. In some of the temporary detention isolators the windows are of a sufficient size, however the triple grates do not provide for the possibility to have the lighting and ventilation ensured (Sighnaghi).

According to the same Rules, "[p]risoners shall have ready access to sanitary facilities that are hygienic and respect privacy"[55].

Toilets of the cells in temporary detention isolators are not isolated. The Public Defender recommended the Ministry of Internal Affairs to ensure the isolation of toilets in all the temporary detention isolators, however this recommendation has not been implemented yet.

Apart from some cells in temporary detention isolators in Marneuli, Ambrolauri, N1 in Tbilisi and Batumi, in the cells of other temporary detention isolators the space for each of the detainees does not comply with the standard of 4 sq.m. The Public Defender has recommended in its several Parliamentary Reports to have 4 sq.m. space envisaged for each of the detainees. The mentioned was also recommended by the The Report to the Georgian Government on the visit to Georgia carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment. As for the cells, where detained persons are kept alone, their space shall be no less than 7 sq.m.[56]

"Every prisoner shall be provided with a separate bed and separate and appropriate bedding, which shall be kept in good order and changed often enough to ensure its cleanliness".[57]

No bed linen is provided to detained persons/prisoners in any of the isolators. They are only provided with blankets and mattresses. Speaking with the administration made it clear that

54. Rule 18.1
55. Rule 19.3
56. The Report to the Georgian Government on the visit to Georgia carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) of 2010, para. 117
57. Rule 21

blankets, in the best case, are washed once a month. Respectively, there is a real risk of spreading various diseases.

Despite the recommendation issued by the Public Defender, some of the temporary detention isolators still use wooden decks instead of beds. These are temporary detention isolators in Akhalkalaki, Marneuli, Bolnisi, Gardabani, Tsalka, some of the cells in the temporary detention isolator N2 in Tbilisi, temporary detention isolator in Baghdati, Kvemo Kartli Regional Temporary Detention Isolator.

The Public Defender has recommended several times that persons detained for over 24 hours shall have a right to a walk for at least an hour during a day. However, the majority of the temporary detention isolators have no walking courtyards. These are temporary detention isolators in Dusheti, Kazbegi, Tetritskaro, Tsalka, Marneuli, Sighnaghi, Sagarejo, Kaspi, Kutaisi, Zestaponi, Samtredia, Baghdati, Terjola, Ambrolauri, Lentekhi, Borjomi, Adigeni, Kobuleti, Lanchkhuti, Zugdidi, Poti, Khobi, Chkhorotsku, as well as Regional temporary detention isolators of Samtskhe-Javakheti, Imereti, Racha-Lechkhumi and Kvemo Svaneti, Samegrelo-Zemo Svaneti. The corridors are used as walking courtyards in some of the temporary detention isolators. This is absolutely inadmissible. These are temporary detention isolator N1 in Tbilisi and Ozurgeti Regional Temporary Detention Isolator. According to the Order N108 of the Minister of Internal Affairs "On the approval of the additional instruction regulating activities of temporary detention isolators of the Ministry of Internal Affairs, and complementing the typical regulation and internal rules of isolators" the right to a daily walk is given only to those persons who had been sentenced by the court to no less than 15 days of imprisonment.

The maintenance of freshness and personal hygiene is one of the important factors from the point of view of maintaining the dignity and health of prisoners. Therefore, everything shall be done to provide any of the prisoners with the possibility to use shower and maintain freshness. The monitoring has revealed that in those temporary detention isolators where shower rooms are arranged, the prisoners have a possibility to take shower once a week, however the temporary detention isolators where there is no shower room still remains to be a problem. These are temporary detention isolators in Dusheti, Kazbegi, Samtredia, Baghdati, Lentekhi, Adigeni, Akhalkalaki, Lanchkhuti and Mestia.

The Public Defender has mentioned several times that the persons imposed administrative imprisonment shall have all the rights that sentenced persons have. Deriving from the mentioned, they shall not only have a right to a daily walk but they shall also have a possibility to meet their family members. These rights are not envisaged for administratively imprisoned persons by the Georgian legislation in force today. As the majority of the temporary detention isolators do not have the infrastructure appropriate to place the long-term administratively imprisoned persons the Public Defender has recommended the Government of Georgia to ensure the creation of special establishments for the persons imposed administrative imprisonment, taking

into consideration the regional principle, which would have been adapted for the long-term placement of persons.

Standard food is provided to the detainees in all the temporary detention isolators – bread, tinned pate and dray package soup. The mentioned foodstuff is insufficient, that is particularly alarming taking into consideration the fact that a person may happen to stay in the temporary detention isolator for up to 90 days and may have no close persons who would provide a parcel with the additional food.

The temporary detention isolators N1 and N2 in Tbilisi are exceptions from this, as the persons placed therein are provided with the food from the canteen of the establishment, thus ensuring far more wholesome and various nutrition for a person deprived of the liberty.

Recommendation to the Government of Georgia: to ensure the creation of special establishments for the persons imposed administrative imprisonment, taking into consideration the regional principle, which would have been adapted for the long-term placement of persons.

Certification of documentation

During the monitoring, when having conversation with the representatives of administration of temporary detention isolators, the following type of problem was mentioned by them: in some cases the need for notarial certification of documents signed by a detainee emerges. This may be, e.g. when a minor child of a detainee goes abroad and mother's or father's notarially certified consent is required.

Unlike the directors of the penitentiary establishments, the chiefs of temporary detention isolators have no authority granted by the Law to fulfill the functions of a notary – the Article 43 of the Law on Notary defines the list of officials authorized to certify the wills and authorizations which equals the notarially certified documentation and the list does not include the chief of temporary detention isolator. Respectively, the detained person and his/her family have problems with the certification of documents.

The Public Defender considers that the respective changes into the Law of Georgia on Notary shall be introduced and the chiefs of temporary detention isolators shall be given the same authority that the directors of establishments of imprisonment or deprivation of liberty have. The mentioned change will be particularly important for the persons imposed administrative imprisonment.

Suggestion to the Parliament of Georgia: to add the sub-paragraph with the respective content to the paragraph 1 of the Article 43 of the Law of Georgia on Notary which will equal the certification of a document by the chief of the temporary detention isolator to the notarial certification.

Recommendations to the Minister of Internal Affairs of Georgia:

- To introduce the respective changes in the Order N108 to reflect in it all the rights of detainees/prisoners;
- To ensure the implementation of a right to walk on a fresh air of all the detainees/ prisoners, at the place of specially arranged to this end;
- To ensure 4 sq.m. space for each of the detainee in general placement cells, whereas the space of cells designed to place only one person in it shall be no less than 7 sq.m.;
- To liquidate use of wooden boards in all the temporary detention isolators and to provide individual bed to each of the detainees;
- To provide each of the detainee/prisoner with clean bed linen, which, in case of administrative detainees, will be changed with the respective frequency;
- To ensure the possibility of taking shower with the sufficient frequency for persons detained for over 24 hours;
- To install the central heating system in all the cells of temporary detention isolators, as well as to ensure the adequate lighting and ventilation of cells, including by natural means;
- To liquidate those isolators, where due to the specificities of the infrastructure, the creation of the appropriate conditions is impossible;
- To isolate toilets in each of the temporary detention isolators;
- To provide the persons placed in temporary detention isolators with three times a day whosome nutrition.