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TREATMENT OF PERSONS DEPRIVED OF LIBERTY I

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TREATMENT OF PERSONS DEPRIVED OF LIBERTY I

Report

Belgrade Centre for Human Rights
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ABBREVIATIONS

- AP Vojvodina – Autonomous Province of Vojvodina
- BCHR – Belgrade Centre for Human Rights
- CC – Criminal Code
- CPC – Criminal Procedure Code
- CPT – CoE Committee for the Prevention of Torture and
Inhuman or Degrading Treatment or Punishment
- ECG – Electrocardiography
- ECHR – European Convention for the Protection of Human
Rights and Fundamental Freedoms
- ECtHR – European Court of Human Rights
- EEG – Electroencephalography
- NGO – Non-governmental organisation
- PSEA – Penal Sanctions Enforcement Act
- Rulebook on House Rules – Rulebook on House Rules in Correctional
Institutions and District Prisons
- WMA – World Medical Association

INTRODUCTORY NOTES

The Belgrade Centre for Human Rights has since May 2009 been implementing a project aimed at advancing legislation and practice to prevent and punish torture and other inhuman or degrading treatment or punishment. The three-year project involves systematic monitoring of the activities by all state authorities relevant to the prevention and punishment of torture and other forms of ill-treatment. As persons deprived of liberty are as a rule the most susceptible to ill-treatment, the BCHR will devote particular attention to the work of the state authorities with jurisdiction over the establishments in which such persons are held.

Serbia has ratified a large number of international treaties, including those prohibiting torture and other forms of ill-treatment and defining protection and prevention mechanisms. These treaties include both documents adopted under the auspices of the United Nations, such as the International Covenant on Civil and Political Rights and the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, and documents adopted under the auspices of the Council of Europe, such as the European Convention for the Protection of Human Rights and Fundamental Freedoms and the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment. As a member of the Council of Serbia, Serbia is also duty-bound to conform its legislation and legal practice with the jurisprudence of the European Court for Human Rights, which has made a huge contribution to defining and advancing standards of treatment of persons deprived of liberty. The European Committee for the Protection of Torture (CPT) has played an equally important role in defining and constantly advancing the standards of treatment of persons deprived of liberty. The CPT has visited Serbia twice to date and issued recommendations to improve the prevention of torture and other forms of ill-treatment. This is why the BCHR will throughout the project devote particular attention to the harmonisation of the national legislation and legal practice with the practice, views and recommendations of these two bodies, and the

European Prison Rules, also adopted and developed under the auspices of the Council of Europe.

Most persons deprived of liberty in Serbia are held in establishments within the jurisdiction of the Justice Ministry i.e. the Penal Sanctions Enforcement Directorate. They comprise correctional institutions, district prisons and the Special Prison Hospital. Thanks to the fact that these establishments have become more amenable to public scrutiny in the recent years, NGOs and other organisations are now able to visit them and thus continuously monitor their work by gaining direct insight in the treatment of persons deprived of liberty. In the August 2009-July 2010 period, the BCHR visited twenty establishments enforcing penal sanctions pronounced in criminal and misdemeanour proceedings, security measures of compulsory psychiatric treatment and custody in a medical institution and compulsory drug and alcohol addiction treatment. The BCHR visited notably the correctional institutions in Sombor, Požarevac, Šabac, Čuprija and Niš, the correctional institution for women in Požarevac, the District Prisons in Subotica, Zaječar, Negotin, Novi Pazar, Kraljevo, Kragujevac, Novi Sad, Zrenjanin, Belgrade, Smederevo, Kruševac, Čačak and Užice and the Special Prison Hospital in Belgrade. Apart from the enforcement of penal sanctions, nearly all these establishments also accommodate persons under police custody. These persons are held in police custody from the moment they are deprived of liberty until the court renders a decision on their remand.

Our visits to these establishments focused on the treatment of persons deprived of liberty but also on their living conditions, on the way the establishments work and the conditions in which their staff work. Information on the work of penitentiaries was gathered not only through visits but also via telephone conversations with the inmates, their families and friends, and by monitoring reports by international bodies and organisations, state authorities, non-governmental organisations and the media.

The report before you was drafted in result of these activities. It comprises two sections.

Section I focuses on general assessments of the treatment of persons deprived of liberty in all the penitentiaries visited by the BCHR, highlighting the common or specific problems and irregularities in the work of these establishments and positive practices that may serve as a

model to the other establishments. BCHR devoted the most attention to the prison staff's treatment of and conduct towards the inmates and the material conditions in the establishments. This section also comprises brief references to specific legal provisions of relevance to the treatment of persons deprived of liberty. It needs to be underlined that the Penal Sanctions Enforcement Act (PSEA) was amended in 2009, and that its proper application calls for a revision of the existing or the adoption of new subsidiary legislation (rulebooks). However, the new rulebooks were not adopted and the existing ones were not amended by the time this report went into print.

Section II comprises brief individual reports on all the visited establishments. The BCHR sent similar reports to the administrations of the establishments it had visited.

The BCHR owes its gratitude for the successful implementation of the project to the Penal Sanctions Enforcement Directorate, which consented to nearly all our requests to visit the establishments and facilitated our visits to the utmost. The BCHR is equally grateful to all the staff of the establishments enforcing penal sanctions.

The publication of this report has been financially supported by the European Union and the Open Society Institute. The Belgrade Centre for Human Rights is solely responsible for the content of the Bulletin. The views expressed in the Bulletin should in no way be perceived as the views of the European Union or the Open Society Institute.

The following associates of the Belgrade Centre for Human Rights participated in the visits and drafted the report: Nevena Dičić, Dina Dobrković, Bojan Gavrilović, Marija Ilić, Igor Kuzmanović, Žarko Marković, Marina Mijatović, Milena Šterić and Jovana Zorić. They were assisted by Darko Jojić, Dubravka Neimarević and Jelena Radojković.

METHODOLOGY

As mentioned in the Introductory Notes, we conducted all our visits with the consent of the Penal Sanctions Enforcement Directorate. Therefore all our visits were announced beforehand. We usually filed our requests with the Directorate to visit the establishments several days before the visits. The Directorate was usually prompt in granting its consent to our visits and each consent allowed the BCHR unrestricted access to the establishment premises, all non-confidential documents regarding the status of the inmates, the opportunity to interview criminal and misdemeanour convicts with their consent and in the absence of prison staff, and the opportunity to talk to all prison staff in private. All the establishments without exception afforded us with such access and opportunities. It needs to be noted that we were unable to interview remand prisoners because the Criminal Procedure Code allows visits to remand prisoners only with the consent of the judges adjudicating their cases; as we did not know who was on remand before our visits, we were unable to establish which judges were conducting the proceedings against them.

The visits lasted one or two days, depending on the size of the establishment. Each establishment was visited by the BCHR team comprising lawyers and doctors, seven people at most.

The team gathered all available information on an establishment before it visited it. The information was collected from reports by the CPT, non-governmental organisations, state authorities and the media, and through interviews with the inmates and their families. As we were unable to interview remand prisoners, we on occasion talked about the treatment of inmates in the remand wards with the lawyers whose clients were on remand in the establishment we were about the visit.

Every visit opened with an interview with the administration of the establishment, usually the governor and the heads of services. We then perused the documentation, above all records on the use of coercive measures and on disciplinary proceedings and measures. We then toured

the premises used by the inmates (cells-dormitories and common rooms), the establishment kitchen, cafeteria, shower rooms and toilets, exercise yard, recreation area, the doctor's surgery and inpatient unit (if any). We then talked to the criminal and misdemeanour convicts and the prison staff. Interviews with the convicts and remand prisoners were conducted solely with their consent; they sometimes initiated the interviews themselves during our tours of the premises. At other times, we initiated the interviews. We endeavoured to interview convicts the most likely to be victims of ill-treatment – those against whom coercive measures had been used or against whom a disciplinary penalty, particularly solitary confinement, had been imposed in disciplinary proceedings. All the interviews were conducted in the absence of the prison staff. We followed up on all the irregularities alleged by the convicts, by asking the prison staff to elaborate on them or by perusing the documents again. Our visits ended with interviews with the governor and/or heads of services, to sum up our impressions and obtain the necessary explanations. We gathered additional information about the establishment for some time after the visit and on occasion talked on the phone with the convicts we had interviewed during the visit and with other convicts and only then drafted our brief reports on the visits, which include brief recommendations.

Information on the establishments enforcing penal sanctions was gathered from various sources all year.

PART I

1. ALLEGATIONS OF ILL-TREATMENT

We received information on the alleged ill-treatment of inmates by the prison staff in several ways. Most of it was gathered during our visits to the penitentiaries, in interviews with the convicts; some of them claimed they had been ill-treated, others that they had witnessed ill-treatment. We also heard complaints about the conduct of the prison staff from convicts, who phoned us up or, more rarely, wrote to us. We were also notified of alleged ill-treatment of inmates from their family members or friends who called us up or wrote to us. Letters and phone calls were the only way we heard allegations on the ill-treatment of remand prisoners, because we were not allowed to interview them during our visits due to legal constraints.¹ We told everyone who had complained about the conduct of the prison staff of the available protection mechanisms and the conditions under which they could be provided with such protection.

Most of the allegations of physical ill-treatment referred to treatment by the prison staff in the Požarevac men's and women's prisons and the Niš penitentiary. Only a few regarded the treatment by the prison staff in the Belgrade and Subotica District Prisons and there were two allegations of ill-treatment, one in the Kragujevac and the other in the Užice District Prisons. No one complained about physical ill-treatment in the other penitentiaries we visited.

1 Under Article 150 (1) of the Criminal Procedure Code, a remand prisoner may be visited by his/her close relatives and at his/her request by a doctor and other persons with the approval of the investigating judge and under his supervision or the supervision of a person designated by him in accordance with the House Rules of the establishment. Under Para 3, "a remand prisoner is entitled to a visit or interview in the absence of other persons by the Protector of Citizens, a National Assembly Commission in accordance with the law and by an international organisation in accordance with a ratified international treaty". Therefore, a remand prisoner may be visited by a national non-governmental organisation only at his/her request, with the consent of the judge. As we did not know who had been remanded prior to our visits, we were unable to ask these persons to seek the judges' consent to the visits. We therefore did not interview any remand prisoners during our visits.

Most allegations of physical ill-treatment in the Požarevac Correctional Institution for men² were voiced by convicts incarcerated in Pavilion VII.³ They claimed that the Pavilion guards unnecessarily and excessively used the legal coercive measures (rubber truncheons, most often), but that they also on occasion kicked and slapped the convicts in situations not warranting the use of coercive measures laid down in the law.⁴ They claim that the guards on occasion continued using coercive measures even after the reason for their use had ceased, to punish the inmates (they mostly continued hitting a convict with a rubber truncheon even when the convict's assault on another inmate or prison officer had ended or after the convict stopped offering resistance).⁵ Some convicts claimed that the guards sometimes use force to punish convicts for conduct not warranting the use of coercive measures nor qualifying as a disciplinary offence under the law.

None of the convicts we interviewed during our visit to the Požarevac men's prison had visible traces of injuries or medical documentation to prove that they had sustained injuries that were the consequence of ill-treatment. They claimed that convicts subjected to coercive measures underwent medical examinations only when the measures had been used in accordance with the law but never in cases of ill-treatment.

2 More on the visit to the Požarevac penitentiary in II.10.

3 The Požarevac Correctional Institution is the only high security prison under special security in Serbia, i.e. it is a maximum security prison. The maximum security measures are in force in Pavilion VII and the Special Organised Crime Ward (still vacant at the time of our visit).

4 Under Article 129 of the PSEA, coercive measures may be applied only to prevent 1) escape, 2) physical assault on another person, 3) injuries to another person, 4) self-injury, 5) material damages, 6) active and passive resistance by the convict. Active resistance entails every act of resistance by the convict to legal official measures, actions and orders by an official or authorised officer committed by hiding behind or holding onto a person or object, physical resistance to an order, the likelihood of assaulting a person or a similar action (Art. 129 (2)). Passive resistance entails every resistance by the convict to the legal official measures, actions and orders by an official or authorised officer committed by their disregard or by assuming a kneeling, sitting, lying or similar position (Art. 129 (3)).

5 Article 16 (3) of the Rulebook on Measures for Maintaining Order and Security in Penal Sanctions Enforcement Establishments lays down that an authorised official is duty-bound to stop using the rubber truncheon as soon as the assault or resistance by the person against whom it has been applied ceases.

Some of the convicts in the Požarevac penitentiary we had interviewed phoned us later and said they had not suffered any consequences for what they told us during the interviews.

Allegations of physical ill-treatment in the Niš penitentiary⁶ mostly referred to the treatment by the prison guards in Pavilion II.⁷ Some convicts in this ward claimed that the guards occasionally punished disciplinary offenders by beating them up and often threatened to beat the convicts up. The convicts in this Pavilion in general claimed that the guards treated them badly. During our visit to the establishment, we ourselves witnessed improper conduct by some guards in Pavilion II. They yelled at the convicts whose conduct was not in the least indecent and who had given no indication that they would behave in contravention of the rules of conduct in the establishment. Some guards were talking to the convicts in extremely threatening voices. We noticed that most convicts genuinely feared the guards.

Nearly all the female convicts we interviewed during our visit to the women's prison in Požarevac⁸ alleged that the guards were inclined to physically ill-treat them. They claimed the guards often tied the convicts up and took them to the solitary confinement cell or an empty room and then hit them with rubber truncheons. We had no trouble noticing during our visit that the convicts fear the prison staff. As we toured the establishment, we noticed that the convicts were terrified and sprang off the beds on which they were lying or sitting whenever the prison staff entered their cells, as such conduct is punished.⁹

Convicts, who complained about the conduct of the Belgrade District Prison staff, mostly alleged that the guards did not react adequately to inter-prisoner abuse.

Several convicts in the Subotica District Prison¹⁰ claimed that several guards occasionally used force without cause or excessively against convicts, whom they usually took to the isolation cell.

6 More on the visit to the Niš Correctional Institution in II.17.

7 This Pavilion mostly accommodates convicts under enhanced supervision. Enhanced supervision is ordered for convicts in danger of escape, violent behaviour, self-injury or any other disruption of order and security which cannot be eliminated in another manner (Art. 136 PSEA).

8 More on the visit to the women's prison in Požarevac in II.6.

9 More on disciplinary proceedings against inmates sleeping or lying in their beds at times not designated for rest in I.5.

10 More on the visit to the Subotica District Prison in II.2.

Two convicts, one in the Kragujevac and another in the Užice penitentiaries, also voiced allegations about the guards' ill-treatment. The convicts in these prisons said that such conduct by the custodial staff was an exception rather than a rule.

Of all the convicts, who communicated their allegations of physical ill-treatment to us, only one officially filed a complaint with the governor of the prison he was incarcerated in and the Director of the Penal Sanctions Enforcement Directorate. All the others said that they had not filed such complaints to the competent authorities in fear of retaliation. In addition, some convicts are convinced that the governors or heads of prison services never receive the written complaints. It was impossible to fully verify these allegations during the visits. However, we did our best to follow up on the allegations by some of the Požarevac convicts who had complained that both the complaints addressed to the governor and heads of services and their letters to various officials (most often, to the Director of the Penal Sanctions Enforcement Directorate and the courts) had never been sent out and we established that the mail and complaints were regularly delivered to the addressees. The convicts who had suspected that the prison staff was destroying their mail were reassured that this actually was not the case when they received replies to their letters (several convicts, who had voiced their suspicions, notified us after our visits that they had received replies from the state authorities they had written to).

Our interviews with the convicts showed that most were unaware to whom they were entitled to submit their complaints about ill-treatment or violations of their rights enshrined in national and international regulations. They are best informed about the regulations on filing complaints with the governor¹¹ and the Director of the Penal Sanctions Enforcement Directorate¹² but they rarely do so because they doubt

11 Under Article 144 (3) of the PSEA, a convict is entitled to file a complaint with the governor about the violation of a right or another irregularity committed against him/her in the establishment. Under Article 40 of the Rulebook on House Rules in Remand Wards, remand prisoners may file a complaint both with the governor and the president of the court supervising remand prisoners.

12 Under Article 144a (1), a convict who believes that his/her right has been violated by the governor's actions is entitled to file a complaint with the Director of the Penal Sanctions Enforcement Directorate. A convict may also appeal with the Director of the Directorate the governor's decision on the complaint or the governor's failure to respond to the complaint (Art. 114 (5)).

that the investigation conducted by the governor or the Penal Sanctions Enforcement Directorate will remain confidential, i.e. that the inmate who initiated the proceedings will be protected from retaliation by the officers. In addition, many of the convicts we talked to doubt that the governor or Penal Sanctions Enforcement Directorate seriously act on the complaints. Under Article 70 of the Rulebook on House Rules in Correctional Institutions and District Prisons, a convict may exceptionally file a written request for direct contact with the governor without stating his/her reasons, which s/he will deposit in the designated mailbox. The realisation of this right in practice depends the most on the size of the establishment i.e. the number of inmates incarcerated in it. The heads of the prison services are easy to access even in some larger penitentiaries.¹³ For instance, the convicts in the Požarevac men's prison told us that they had no trouble gaining access to the head of the security service. We noted that the inmates had the best relations with the prison staff and administration in establishments in which the governor and heads of prison services frequented the facilities in which the inmates were held and talked to them. We heard the fewest allegations against the prison staff in these establishments, most of which are smaller in size.

Many convicts, particularly those in smaller establishments, are unaware that they are entitled to file a complaint with the Protector of Citizens. Under the Act on the Protector of Citizens, persons deprived of liberty are entitled to file complaints to this authority in sealed envelopes. Supplies of adequate envelopes shall be visibly and transparently displayed (which shall be ensured by the administrations of such establishments and the Ministry of Justice).¹⁴ However, not all penitentiaries abide by these regulations and inmates in some of them are not provided with the possibility to file their complaints in the manner laid down by the law (in sealed envelopes). The best situation in this respect is in the Vojvodina penitentiaries, which provided special boxes into which the inmates drop their complaints addressed to the Provincial Ombudsman when this authority was established.¹⁵

13 Every penitentiary must comprise the following services: reintegration service, security service; human resources and training service; health care service and the general affairs service.

14 Art. 27 (paras 3 and 4), Act on the Protector of Citizens.

15 The institute of Ombudsman was first introduced in Vojvodina and subsequently at the republican level. The Provincial Ombudsman began operating in 2004 and the republican Protector of Citizens in 2007.

2. USE OF COERCIVE MEASURES

Every visit to an establishment involved a request to its administration to provide us with data on the number and types of coercive measures used in the past three years. We departed from the assumption that such data would give us insight in the atmosphere in the establishment and whether the interpersonal relations between the inmates and the staff were mainly characterised by confrontation or by mutual respect.

The penitentiaries do not follow a uniform procedure for keeping records on the use of coercive measures. We also realised that some of the establishments have not been updating those records on a regular basis or had failed to do so until recently. It was thus difficult to draw any conclusions on the basis of these records. For instance, coercive measures were used in the Požarevac men's prison 300 times in 2009 and 123 times in 2008, which may lead to the conclusion that the guards have become much stricter towards the inmates. None of the convicts we talked to were, however, of the impression that the guards use coercive measures more frequently than before, on the contrary. They are of the view that the records on the use of coercive measures are now better maintained. This logical view explains the above statistics. In some establishments, the data in the records on the use of coercive measures are so illogical that they immediately lead to the conclusion that the records are poorly maintained. For instance, one establishment registered the use of coercive measures only twice in 2009 (one of which involved the isolation of a convict who offered passive resistance), although it conducted disciplinary proceedings against seven inmates for assaulting prison officers in the same period. From what we saw and heard in the establishment, the disciplinary proceedings are conducted fully in accordance with the law and punishing someone for an offence that had not been committed is nearly impossible. Given that it is difficult to imagine a situation in which an assault on a prison officer did not warrant the use of coercive measures, one can only conclude that the records on the use of coercive measures are extremely poorly maintained, more precisely, that they are not kept at all.

According to CPT standards, a prisoner against whom any means of force have been used should have the right to be immediately examined and, if necessary, treated by a medical doctor. This examination should be conducted out of the hearing and preferably out of the sight of non-medical staff, and the results of the examination (including any relevant statements by the prisoner and the doctor's conclusions) should be formally recorded and made available to the prisoner.¹⁶ The PSEA does not define the examination after coercive measures as a right the convict may exercise, but as the obligation of the establishment. Article 130 (3) lays down that with the exception of restraint, a convict against whom a coercive measure has been used shall undergo a mandatory medical examination¹⁷ and shall be re-examined between the 12th and 24th hours of the use of the measure. Until the adoption of the amendments in 2009, the PSEA provided for mandatory examination after every use of coercive measures, including after the use of instruments of restraint. The prior provisions were better in terms of preventing ill-treatment because an examination after the use of instruments of restraint is also useful and can serve to establish whether instruments of restraint were used in accordance with the Rulebook on Measures for Maintaining Order and Security in Penal Sanctions Enforcement Establishments, under which restraint must be conducted so as not to cause physical injuries to the person subjected to restraint (Art. 21 (3)) and solely by the instruments listed in the Rulebook.¹⁸ True, none of the convicts alleged the use of illicit instruments of restraint, but several, most of them incarcerated in the women's prison in Požarevac, claimed that instruments of restraint were often used without cause or longer than necessary.

As mentioned, we noted during our tours of the establishments that some of them did not record every use of coercive measures, and that some did not ensure, or at least did not record, the medical examinations of the inmates against whom they were used. The establishments that keep records on the use of coercive measures also ensure that the inmates

16 CPT General Report, 1992, paragraph 53.

17 The provision is applied also to remand prisoners and misdemeanour convicts.

18 Under Article 18 of the Rulebook on Measures for Maintaining Order and Security in Penal Sanctions Enforcement Establishments, handcuffs, plasticuffs and leather belts may be used to restrain an inmate while all other instruments of restraint shall be prohibited.

against whom they were used undergo a medical examination. The time between the use of coercive measures and the examination depends on how well the prison health care unit is organised. If the prison does not have medical staff on duty round the clock, the inmate is examined when the doctor arrives, which usually does not take long, but can sometimes take several hours. As the pre-2009 PSEA laid down that the convict against whom coercive measures were used had to be re-examined twice, some establishments registered a total of three examinations after the use of coercive measures in their records. Not all doctors are aware of their obligation to examine inmates against whom coercive measures had been used. For instance, a Belgrade District Prison doctor we interviewed had no idea that she was duty-bound to re-examine the inmates. The examinations are, as a rule, conducted in the absence of non-medical staff. There are, however, establishments in which all medical examinations, including the ones after the use of coercive measures, are conducted in the presence of the guards.¹⁹ We received contradictory information on the inmates' access to the examination results; we heard several allegations that convicts were not allowed access to these data.

¹⁹ We observed such practice in the District Prisons in Negotin, Smederevo and Užice. More in II.4.4, II.15.4, and II 20.4.

3. INMATE-STAFF RELATIONS

We endeavoured to gain an impression of the overall atmosphere in the establishments we visited and thus devoted large parts of our interviews with the convicts to their relations with the prison staff.

We noted that the best, direct interpersonal relations were to be found between the inmates and prison staff in minimum security prisons, particularly in the Šabac and Sombor penitentiaries, which is understandable in view of the fact that they accommodate persons sentenced for minor crimes, who are rarely violent or undisciplined. The staff in these establishments communicates very well with the inmates, always respects their dignity, wherefore there are no tensions that may compromise the security of the establishment. The fact that the reintegration officers are practically always at the disposal of the inmates and that the convicts can talk to them whenever they feel like it (they visit the officers even without having to file a request with the custodial staff beforehand) is highly commendable. Such interpersonal relations, accompanied by quite good activity programmes available to most convicts, have resulted in only a few minor incidents and the absence of any forms of ill-treatment. Although some very violent persons accused of grave crimes are occasionally accommodated in the remand wards of these establishments, these prison sections, too, are site of very few incidents *inter alia* thanks to the staff's commendable attitude towards all inmates.

Most district prisons also boast good inmate-staff relations, similar to those in minimum security establishments. These establishments are also characterised by an absence of excessive formalities and, as a rule, their guards do not carry rubber truncheons either. Only in a few district prisons did we note inadequate inmate-staff relations and an unwholesome atmosphere.

We found that the inmate-staff relations in the high security establishments (Niš and Požarevac Correctional Institutions) and the women's prison in Požarevac were quite confrontational. Most of the

custodial staff has a rigid, unnecessarily strict, and on occasion indecent and humiliating attitude towards the convicts, particularly the guards in Pavilion II of the Niš penitentiary – the guards there treated the convicts with absolute disregard of their dignity, addressing them in high, threatening voices although the convicts' behaviour was decent and in accordance with all rules of conduct applicable in the prison.²⁰

It was not difficult to notice that most of the convicts were genuinely afraid of the guards. The situation is to an extent compounded by unnecessary prohibitions, such as the ban on lying or sleeping in bed at times not designated for rest.²¹

Apart from the described guard-inmate relations in the high security and women's prisons, allegations about the conduct of the reintegration officers in these establishments also gives rise to concern. The convicts, namely, claimed that the demeanour of some officers was extremely offensive and that they alluded that they suffered from mental disorders, insulted them and ignored their requests. Similar allegations were also made about reintegration officers in specific district prisons. Convicts complained about the treatment by the medical staff quite a lot as well. They allege that the doctors in some establishments tended to ignore the convicts (we heard most such complaints in the Negotin District Prison and the Niš penitentiary) and that they often treated them with utmost disrespect.

The CPT notes that “ensuring positive staff-inmate relations will also depend greatly on having an adequate number of staff present at any given time in detention areas and in facilities used by prisoners for activities”.²² The CPT further states that “an overall low staff complement and/or specific staff attendance systems which diminish the possibilities of direct contact with prisoners, will certainly impede the development of positive relations; more generally, they will generate an insecure environment for both staff and prisoners”.²³ Unfortunately, all penitentiaries in Serbia are understaffed, to such an extent that some of them have only one guard watching over a ward accommodating 100, even 140 convicts.²⁴ The lack

20 More in II.17.2.

21 More in I.5.

22 CPT General Report, 2001.

23 *Ibid.*

24 See II.9 and 17.

of staff has had numerous negative effects both on the inmates and the staff, who often has to work overtime and consequently suffers from exhaustion and greater stress. The prison staff itself highlighted both this and some other problems, above all the need for regular comprehensive check-ups. Some guards, namely, told us that they would benefit from the services of a psychologist or psychiatrist given their workloads in such difficult circumstances, common to most establishments, particularly those with great numbers of inmates. Working in a prison environment is neither easy nor simple and can be performed well only if the staff is healthy and qualified to work in such an environment.

Our tours of the penitentiaries have led us to conclude that prisoner-staff relations are the best in the establishments in which the whole staff, including the governor, frequently and directly communicates with the inmates. The general climate is the best and incidents and allegations of ill-treatment are the fewest or non-existent in establishments in which the prison administration has contacts with the inmates and the staff on an everyday basis. This is, of course, more difficult to achieve in larger establishments, but more frequent contacts between the prisoners and the non-custodial staff with them are also conducive to good interpersonal relations; such contacts also contribute to the prevention of ill-treatment because they give the inmates the opportunity to report any illegal conduct by the guards without fear.

4 INTER-PRISONER VIOLENCE

Given that the prison administration, i.e. custodial unit, is obligated not only to refrain from any ill-treatment of inmates but to prevent inter-prisoner ill-treatment and violence as well, we asked the convicts whether they felt safe and whether they thought the prison staff was able to protect them from other, sometimes extremely violent convicts.

Fewest instances of inter-prisoner violence are as a rule recorded in smaller establishments. This comes as no surprise given that they mostly accommodate persons convicted for minor crimes and to shorter sentences. Inter-prisoner violence in these establishments usually breaks out between remand prisoners not convicts. The guards usually manage to isolate the violent inmates on time and they place those who may clash in different cells. It needs to be highlighted that the guards' job to maintain order is exacerbated by the inertia of the courts, which rarely conduct disciplinary proceedings against remand prisoners although the prison administrations notify them of incidents warranting disciplinary action.²⁵ This practice practically preventing the legal punishment of violence among remand prisoners can have extremely negative effects; it could, for instance, prompt the guards to establish their own, informal (and definitely illegal) system of punishment, which could, in turn, easily lead to inhuman or degrading treatment. The courts' supervision of the remand measure in some establishments is generally very weak and the courts and penitentiaries need to improve their communication.

The greatest inter-convict violence has been recorded in establishments with cells shared by large numbers of convicts, like the Niš and Požarevac Correctional Institutions and the Novi Sad District Prison. The situation in the Niš Pavilion C is particularly concerning. Up to 20 convicts share a cell in that Pavilion and, given that the cells do not have their own sanitary facilities, all the convicts on the floor share the

25 Disciplinary proceedings against remand prisoners are within the jurisdiction of the courts, not the prison administration.

common toilet. The cell doors are open round the clock so that sometimes as many as 100 convicts are located in one spatial whole; the likelihood of physical altercations is greater and maintaining of order more difficult in such wards. In addition, the convicts in this Pavilion often join mutually antagonistic informal groups and some sustained grave physical injuries in their clashes in the recent past. The convicts say that the understaffed security service (usually one guard per floor) rarely reacts to such altercations on time. This does not come as a surprise because the lives of guards may be seriously endangered in such clashes as well, particularly in view of the fact that shivs have been found on the convicts in this Pavilion on a number of occasions. Moreover, this Pavilion is not under video surveillance. In such circumstances, it is reasonable to expect the abuse of weaker convicts and convicts who are not members of the informal groups (established by convicts from the same town or neighbourhood or of the same ethnicity) by their fellow inmates. This is why it comes as no surprise that many of them have asked to be placed under enhanced supervision and transfer to Pavilion II, in which the cells are in a dire condition but in which the security is much better.²⁶

Similar problems like the ones in Pavilion C of the Niš penitentiary also plague the high security ward of the Novi Sad District Prison. Its cells, which lack toilets and running water, also fit up to 20 convicts, but there is an even greater number of cells (and convicts) on each floor (around 140 at the time of our visit). There is usually only one guard per around 140 convicts and, like the Niš penitentiary, the ward is not under video surveillance. However, there is less inter-prisoner violence in this establishment than in the Niš penitentiary, which holds a large number of persons convicted to longer sentences for graver crimes. Moreover, the informal groups in the Novi Sad District Prison are not as strong as in the Niš penitentiary. The likelihood that a convict will be abused and that the guards will be unable to prevent such abuse efficiently is nevertheless great.

Cells in Pavilions III and IV of the Požarevac men's prison fit up to 40 convicts, wherefore some weaker or more vulnerable convicts are clearly more at risk of abuse and the likelihood of the guards reacting adequately is small. The security service of this prison is understaffed as

26 More on the Niš Correctional Institution in II.17.

well and any intervention in case of a serious incident poses a risk to the lives of the guards.

Prisons usually penalise violence through disciplinary proceedings and prevent it by placing violent convicts under enhanced supervision and by separating clashing convicts. Some convicts in the Niš penitentiary, however, alleged that the guards sometimes put the convicts they knew were in conflict in the same cell on purpose. Families of several remand prisoners in the Belgrade District Prison claimed that the guards in the establishment did not react adequately to prevent inter-prisoner violence.

Convicts in most establishments, particularly the smaller ones, believe that the guards are fully capable of preventing serious violence and they do not feel that they are in danger.

5. DISCIPLINARY OFFENCES, PROCEEDINGS AND MEASURES

The PSEA²⁷ regulates the graver disciplinary offences and the Rulebook on House Rules in Correctional Institutions and District Prisons²⁸ the lighter disciplinary offences perpetrated by convicts and remand prisoners. The disciplinary procedure is regulated by both the PSEA and the Rulebook on Disciplinary Offences and Proceedings against Convicts. The disciplinary offences committed by remand prisoners are laid down in the Rulebook on House Rules in Remand Wards²⁹, while the penalty (restriction of visits) and how it is pronounced is regulated by the Criminal Procedure Code.³⁰

As mentioned, proceedings against remand prisoners are extremely rare, practically non-existent. Moreover, we were entitled to interview only criminal and misdemeanour convicts during our visit, wherefore we will now elaborate only on disciplinary proceedings against inmates incarcerated for criminal and misdemeanour offences.

The convicts we interviewed had very few complaints about how the disciplinary proceedings were conducted. Nowhere did we hear that such proceedings were conducted in the absence of the offending convict or that the convict was not allowed to defend himself. The convicts are given enough time to prepare their defence. We heard of only one case in which the convict was in need of interpretation during the proceedings – that of a deaf-mute convict serving his sentence in the Niš penitentiary. The proceedings had just been launched at the time of our visit, and, as none of the prison staff were able to communicate with the convict, the prison's

27 Article 145, PSEA.

28 Article 68 (3), Rulebook on House Rules in Correctional Institutions and District Prisons.

29 Article 46 (2), Rulebook on House Rules in Remand Wards.

30 Article 151, CPC.

legal officer, a member of the disciplinary committee, asked the prison administration to provide an interpreter. The legal officer told us that the proceedings would be discontinued if the penitentiary was unable to provide an interpreter. This view is commendable and should be applied whenever the administration cannot ensure that the convict understands the reasons why disciplinary proceedings have been launched against him or her.³¹ Decisions on the disciplinary measures pronounced against the convicts are printed out and delivered to the convicts and the records of the proceedings are well maintained.

The Penal Sanctions Enforcement Act and the Rulebook on Disciplinary Offences, Measures and Proceedings against Convicts guarantees the convicts the right to professional legal aid of their choice. The convicts must be notified of this right in the summons to the disciplinary hearing. Professional legal assistance may be provided by a law graduate and the convict must be provided with a list of law graduates employed by the penitentiary to enable the convict to use professional legal aid.³² Some penitentiaries, like the Novi Sad and Užice District Prisons, do not have law graduates on staff and cannot provide the convicts with professional legal assistance in house. The regulations on proceedings allow the convicts to hire a lawyer (at their own expense) and some convicts have used this opportunity.

31 Apart from interpretation, this case raised another, more important issue – the treatment of deaf– mute convicts in general. The most appropriate solution would be to apply regulations on interpretation for foreign nationals to interpretation-related issues and to apply the regulations on the accommodation of persons with disabilities to the general conditions of their incarceration. It would be best if such prisoners were placed in cells with prisoners who have the aptitude or will to communicate with deaf– mute persons, designate staff best versed in sign language to communicate with them and, equally important, to keep such convicts in penitentiaries close to their places of residence so that they can frequently be visited by their families and friends, with whom they communicate the most easily as a rule. In *Nasri v. France*, the European Court of Human Rights found that the deportation of the deaf-mute applicant would amount to an interference with the exercise of his right to respect for his family life. The Court took into account the fact that the relationship between deaf-mute people and their families was very important and that their separation would significantly complicate the life of the deaf-mute person.

32 Article 53, Rulebook on Disciplinary Offences, Measures and Proceedings against Convicts.

It can in general be assessed that disciplinary proceedings are mostly conducted in accordance with the law, at least where procedural rules are at issue. There are, however, issues regarding the disciplinary punishment of the convicts we need to draw particular attention to because we are of the view that the legal provisions and their practical application by the establishments produce negative effects and need to be amended.

Self-injury in penitentiaries in Serbia is punishable under the PSEA provision under which wilful damage to one's own health with the intention of avoiding the performance of duties constitutes a grave disciplinary offence.³³ This (totally unclearly worded) requirement that self-injury is committed "with the intention of avoiding the performance of duties" is apparently fully disregarded by the prison authorities, which punish all self-injuries, even those that have nothing to do with any of the convict's duties. We are of the view that this practice is absolutely wrong and may lead to tragic consequences, particularly if the convict who committed self-injury is punished by solitary confinement, which is often the case. In the view of the CPT, disciplinary punishment of self-harm is not the appropriate approach to the problem. The CPT is of the view that acts of self-harm may frequently reflect problems and conditions of a psychological or psychiatric nature, and should be approached from a therapeutic rather than a punishment-oriented standpoint.³⁴

Solitary confinement is the gravest disciplinary measure that can be pronounced in a disciplinary proceeding. This is why the legislators, too, devoted particular attention to the conditions in which such punishment is imposed and devoted several articles in the PSEA to it, stipulating that a convict must undergo a medical examination before placement in solitary confinement.³⁵ The purpose of this check-up is to enable the doctor to establish whether a convict is fit to sustain solitary confinement. This provision is in contravention of CPT Standards. CPT has frequently highlighted that the prison doctor acts as a patient's personal doctor and that, consequently, in the interests of safeguarding the doctor/patient relationship, he should not be asked to certify that a prisoner is

33 Article 145 (1 (15)), PSEA.

34 CPT, Armenia, 2007, paragraph 95.

35 Article 151 (2), PSEA.

fit to undergo punishment.³⁶ The obligation of the prison doctor to issue consent for solitary confinement in the PSEA used to be provided for also by the European Prison Rules, but was abolished during the last revision of the Rules in 2006, precisely for the reason highlighted by the CPT, the necessity that the prison doctor and prisoner establish a good relationship of confidence, similar to the relationships established between doctors and patients outside prison. This is why this provision of the PSEA needs to be amended; until then, penitentiaries with more than one doctor should endeavour to ensure that the pre-solitary confinement check-up is not conducted by the doctor ordinarily caring for the health of the convict ordered placement in solitary confinement.

During our visits, we noted that the PSEA provision stipulating mandatory medical examinations of convicts under solitary confinement every day was rarely abided by,³⁷ mostly because of the way the health services are organised (some of them do not have a doctor in house every day). In such situations, the prison administration should ensure that the convicts in solitary confinement are frequently visited by a medical technician, reintegration officer or governor.

At least two penitentiaries (the women's prison in Požarevac and the Niš Correctional Institution) pronounce disciplinary penalties against convicts for lying or sleeping in their beds at times not designated for rest, although such conduct is not defined as an offence in the Rulebook on Disciplinary Offences, Measures and Proceedings. Such conduct is, however, usually qualified in disciplinary proceedings as "undisciplined, indecent and aggressive conduct disrupting life and work in the establishment".³⁸ Even if one were to accept that lying or sleeping at times not designated for rest constitutes a form of non-discipline, it is difficult to claim that such conduct disrupts life and work in the establishment in any way, wherefore it cannot be qualified as a disciplinary offence. Moreover, convicts usually spend time lying or sleeping in their beds for lack of better options. Not many convicts have access to any purposeful activities and the chairs in the cells or common rooms are as a rule uncomfortable

36 CPT General Report, 1993, paragraph 73.

37 Article 153, PSEA.

38 Article 68 (3 (13)), Rulebook on House Rules in Correctional Institutions and District Prisons.

wherefore the convicts' beds are usually the least uncomfortable place where they can spend their time. It is particularly inhuman to punish convicts with back pains for lying on their beds. We are therefore of the view that this practice should be discontinued immediately and that convicts without the opportunity to engage in purposeful activities spend their time where they feel the most comfortable.

6. SPECIAL MEASURES

Under the PSEA, the following special measures may be ordered against a convict in danger of escape, violent conduct, self-injury or disrupting order and security that cannot be otherwise eliminated: 1) seizure and temporary confiscation of otherwise permitted possessions, 2) placement in a specially secured cell without dangerous implements, 3) enhanced supervision, 4) isolation, 5) testing for infectious diseases or psychoactive substances. The measures of enhanced supervision and testing for psychoactive substances are pronounced the most frequently in practice. Although there is frequently a need to place a convict in a specially secured cell without dangerous implements, this measure cannot always be applied because many penitentiaries do not have such cells. Interestingly, the convicts in some penitentiaries themselves ask that to be placed under enhanced supervision. The reason may lie in the better living conditions in such cells, like in the Novi Sad District Prison; more often, however, the convicts ask to be placed under enhanced supervision (or treated as if the measure were imposed) because they are then at lesser risk of abuse or assault by other convicts (such requests are common in the Niš penitentiary). Testing for psychoactive substances is conducted quite frequently and none of the convicts complained about how they were tested.

7. SEARCH

We heard no complaints from inmates or their visitors about how they, their cells or packages were searched. Nearly all custodial units have women on staff and inmates are searched by guards of the same sex. The administrations of the few penitentiaries without female guards, even those where women are extremely rarely remanded, are aware of the deficiency and are endeavouring to rectify it.³⁹

The search of the cells is always conducted in the presence of an inmate, who monitors the search. The packages are searched in the presence of the persons who brought them and then handed over to the inmate they are designated for.

Although none of the inmates in any of the establishments complained about the way the searches were conducted, we noted a practice that may be problematic in the women's prison in Požarevac – convicts returning from weekend visits home are always examined by a gynaecologist to ensure that they are not smuggling psychoactive substances.⁴⁰ The provisions of the Rulebook on House Rules in Correctional Institutions and District Prisons, applied also in the women's prison, on search of convicts at admission stipulate that any necessary examinations of a convict's body cavities shall be performed by a health worker.⁴¹ Under European Prison Rules, there shall be no internal physical searches of prisoners' bodies by prison staff (Rule 54.6) and an intimate examination related to a search may be conducted by a medical practitioner (Rule 54.7). Although the above Rulebook mentions examinations, not searches of body cavities, it is obviously referring to the same matter. We would like to emphasise

39 There is only one prison in Serbia – the Correctional Institution for Women in Požarevac – where women serve prison sentences. Other penitentiaries have female inmates only in the remand wards.

40 See II.6.

41 Article 4 (3), Rulebook on the House Rules in Correctional Institutions and District Prisons.

that the European Prison Rules should be interpreted in the following manner:

“Prison staff should never carry out internal body searches of a prisoner, for example, by inserting a finger or any instrument into a prisoner’s body cavities, on any grounds. If there are grounds for suspecting that a prisoner may have hidden drugs or any other item that is forbidden in his body, arrangements should be made to keep him under close supervision until such time as he expels any item he may have in his body.”⁴²

Back in 1993, the World Medical Association (WMA) adopted a Statement on Body Searches of Prisoners.⁴³ It *inter alia* noted that such invasive search procedures are serious assaults on a person’s privacy and dignity, and they also carry some risk of physical and psychological injury and exhorted that, to the extent feasible without compromising public security alternate methods be used for routine screening of prisoners, and body cavity searches be used only as a last resort.⁴⁴ According to the WMA, if a body cavity search must be conducted, the responsible public official must ensure that the search is conducted by personnel with sufficient medical knowledge and skills to safely perform the search (this requirement is met in the women’s prison in Požarevac) and the individual’s privacy and dignity have to be guaranteed. The doctor’s duty to provide medical care to prisoners may not be compromised by his obligation to participate in the prison’s security system. This is why such searches should not be done by the physician who will also subsequently provide medical care to the prisoner. If that is impossible, the physician should explain to the prisoner that the usual conditions of medical confidentiality do not apply during this imposed procedure and that the results of the search will be revealed to the prison administration. The relationship of confidentiality between the patient and doctor would thus be compromised the least. We are therefore of the view that the gynaecological check-ups of the female convicts in the Požarevac penitentiary should be conducted only exceptionally, when there is reason to suspect that she has drugs or other contraband inside her body, not as a routine security measure. The staff should on those occasions take into account the WMA Statement on Body Searches of Prisoners.

42 European Prison Rules – A Commentary, Council of Europe, 2006, p. 76.

43 See <http://www.wma.net/en/30publications/10policies/b5/index.html>.

44 *Ibid.*

8. ACCOMMODATION AND OVERCROWDEDNESS

Overcrowdedness is the main problem with respect to the quality of the accommodation of inmates. Under Article 67 of the PSEA:

“Premises where convicts live and work shall be clean, dry, ventilated, heated and sufficiently lit, both by natural and artificial lighting, which shall allow them to read and work without injury to their eyesight. The cells must be of spacious enough to allow minimum eight cubic metres of space and four square metres per convict.

The premises must have adequate sanitary installations and other means for personal hygiene.

Every convict is entitled to a separate bed.”

The provision laying down that each convict must have at least eight cubic or four square metres of space was obviously inspired by the generally accepted CPT standards, under which every inmate in a multi-occupancy cell needs to be provided with four square metres of space and with six square metres of space in solitary confinement. The CPT however does not specifically lay down the size of the solitary confinement cells. The Rulebook on House Rules in Remand Wards lays down that the facilities in which remand prisoners live and work must be spacious enough to allow at least eight cubic metres of space per remand prisoner.⁴⁵ If the national legislation were strictly enforced, Serbian penitentiaries would not accommodate more than 7000 inmates at any one time.⁴⁶ Nearly 11000 people were kept in them in late 2009,⁴⁷ and this number

45 Article 14 (1), Rulebook on House Rules in Remand Wards.

46 There are various assessments of the capacity of prisons in Serbia, ranging from 4500 to 7000.

47 According to the 2009 Annual Report on the Work of the Penal Sanctions Enforcement Directorate, 10795 people were held in the penitentiaries; 7463 of them were criminal convicts, 2601 were remand prisoners, 239 were misdemeanour convicts, 234 were undergoing compulsory medical treatment, 217 were under correctional measures and 41 were in juvenile correctional institutions.

continued growing in 2010. Therefore, most establishments cannot ensure four square or eight cubic metres of living space per convict. The remand wards are the most overcrowded and the inmates in them have to sleep on mattresses on the floor. The overpopulation of the remand wards is the greatest in the Belgrade and Novi Sad District Prisons but in other, smaller prisons as well. For example, nearly 20% of the remand prisoners have to sleep on the floor in the Kruševac District Prison, where nine remand prisoners share a 20m² cell. The remand wards in the correctional institutions are overcrowded as well. The cells accommodating convicts are less overpopulated, but many of the establishments are unable to provide four square or eight cubic metres of living space per convict. In some establishments, each convict has only around two square metres of living space.⁴⁸ Overcrowdedness is the most evident in penitentiaries with very small common rooms, wherefore the convicts spend the whole day in their cells, apart from the time they spend outdoors.

Many of the penitentiaries are housed in old buildings, which were not initially built to serve as prisons. Many of them are in the centre of town. Some district prisons share the buildings with other institutions, which gives rise to numerous security problems. For instance, the Novi Pazar District Prison is headquartered on the ground floor of a 4-floor building; the first floor is used by the local music school, the second floor by the Historical Archives, while an art studio is located in the cellar. Their windows overlook the prison exercise yard and the prison has no control over who enters these institutions. The Subotica District Prison faces similar problems, because it, too, shares a building with other institutions. It is nearly impossible to expand the capacities of any prisons in the centre of town, and, as mentioned, quite a few penitentiaries are in the centre of town.⁴⁹

We saw cells shared by large number of convicts, by up to forty of them, in some pavilions of the Požarevac Correctional Institution,⁵⁰ Pavilion C in the Niš penitentiary⁵¹ and the high security ward of the

48 See, e.g., II.16.1.

49 The following prisons are located in the centre of town: the Sombor Correctional Institution and the Subotica, Novi Pazar, Kraljevo, Zrenjanin, Smederevo, Kruševac, Čačak and Užice District Prisons.

50 See II.10.1.

51 See II.17.1.

Novi Sad District Prison.⁵² Such large cells, albeit fewer in number, can be found in other district prisons as well and each holds around 20 convicts. Pavilion C in the Niš penitentiary and the Novi Sad District Prison high-security ward face an additional problem – the cells do not have toilets and the convicts on the same floor, 100 of them in Niš and as many as 140 in Novi Sad, have to share the common toilet and common bathroom. Such living conditions, of course, produce numerous negative consequences, from lack of privacy, to great difficulties in if not the impossibility of maintaining order.⁵³ It is not easy to separate clashing convicts in such circumstances and any intervention in an incident involving a larger number of convicts requires the engagement of a large number of guards, which is not easy to ensure due to the lack of staff, wherefore the security of both the guards and the inmates is at greater risk. Maintaining hygiene in such circumstances is difficult as well. Convicts in Pavilion C in the Niš penitentiary say that they have problems with water supplies in the summer months. The conditions in the Požarevac men's prison pavilions, where around 40 convicts share a cell, are extremely harsh, because some of the cells are unheated.

Access to natural light and fresh air is the worst in the Belgrade District Prison and the remand ward of the Kruševac District Prison. The buildings of these two prisons were designed so that the cells do not have direct access to natural light and fresh air, which filter through windows high above the doors, near the ceiling, and overlooking the hall with direct access to natural lighting and fresh air. To make things worse, the cells of these two prisons are extremely overpopulated.

Although the cells in the high security wards in the Niš penitentiary (Pavilion II) and the Požarevac men's prison (Pavilion VII) do have windows allowing fresh air in, they are extremely poor lit. The windows are very small and the convicts cannot read by the natural light without damaging their eyesight. The artificial light is quite weak as well.

The premises on the ground floors and basements of the women's prison in Požarevac, the Subotica District Prison and the Čuprija penitentiary remand ward are also very dark. Obstacles placed on the windows in the remand ward of the Čačak District Prison (some kind of plastic boxes without bottoms) are hampering ventilation. These boxes

52 See II.9.1.

53 See I.4.

were put up to prevent the convicts in cells from communicating with those in the exercise yard. These obstacles appear not to be fulfilling their purpose but need to be removed because they are significantly obstructing ventilation. The cells in the Zaječar penitentiary high security ward are also very stuffy. The administration drafted a ventilation project but has not implemented it yet for lack of funds.

Although the Rulebook on House Rules that come into effect back in 2006 expressly prohibits smoking in cells, common rooms, cafeterias and work areas at risk of fire⁵⁴ i.e. allows smoking only in areas designated for smoking, many of the establishments have been tolerating smoking elsewhere, even in the cells. During our visits, we often saw smokers and non-smokers spending all their time together. In one penitentiary, a non-smoker spent all day with seven smokers in a cell, which is practically impossible to ventilate.⁵⁵ Tolerance of smoking is usually explained by the fact that most inmates are smokers (which is, unfortunately, true) and that banning smoking could make them nervous and thus lead to tensions. It is difficult to assess how well-founded this assumption is, but there is no doubt that staying in a room full of smoke is extremely unhealthy for everyone, including smokers. Furthermore, nearly all the establishments are overpopulated and hardly any have premises they could designate for smoking. The Protector of Citizens on 31 December 2009 issued a recommendation to the Penal Sanctions Enforcement Directorate to separate inmates who smoke from those who do not. He underlined that “accommodating together convicts and remand prisoners who smoke with those who do not greatly compromises the health of the non-smokers, particularly given the overcrowdedness of the cells, which are mostly unventilated and suffer from poor access to fresh air” whereby the right of every person to the protection of his physical and mental health enshrined by the Constitution is violated.⁵⁶ The Penal Sanctions Enforcement Directorate soon notified the Protector of Citizens that it would act in accordance with the recommendation and “organise separate accommodation for non-smoking inmates in premises where the no-smoking sign will be displayed within the available accommodation capacities”.

54 Article 31, Rulebook on House Rules in Correctional Institutions and District Prisons.

55 High Security Ward of the Zaječar District Prison. See II.3.1. and 2.

56 See www.ombudsman.rs

All the establishments we visited provided the inmates with access to potable water, toilets and showers. None of them use slop buckets instead of toilets. In establishments in which the cells do not have their own toilets, the cell doors are not locked and the convicts can use the toilets on the floor. Exceptionally, in the event the cells without toilets have to be locked up for security reasons, the guards escort the inmates to the toilets; the convicts usually do not have to wait long for the guards to come. The hygiene of the sanitary facilities is rarely satisfactory, mostly due to overcrowdedness, outdated installations and the damp. Users of toilets in some establishments, mostly those in older buildings, are not afforded privacy (the toilets are usually not partitioned and the inmates can see the persons using them).⁵⁷ The establishments have squat pans rather than toilet bowls; this arrangement causes major problems for some convicts, particularly elderly ones.⁵⁸ The Rulebook on House Rules in Correctional Institutions and District Prisons lays down that a convict must be provided with the opportunity to bathe and with warm water at least twice a week, while employed convicts must be provided with that opportunity every day in conditions ensuring their privacy,⁵⁹ while the Rulebook on House Rules in Remand Wards stipulates that the inmates shall bathe at least once a week.⁶⁰ This is not in accordance with European Prison Rules, under which inmates must have the opportunity to shower or bathe at least twice a week.⁶¹ The national regulations on the frequency of showering are mostly abided by (with the exception of the Niš Pavilion C, which, according to the convicts, has problems with water supplies in the summer months), but the establishments by and large fail to ensure privacy because most of them have large common bathrooms which are not partitioned off. Unfortunately, the partitions erected by some prison administrations to ensure the inmates' privacy were soon destroyed (like in Pavilion C of the Niš penitentiary).⁶²

57 Under the European Prison Rules, prisoners shall have ready access to sanitary facilities that are hygienic and respect privacy (Rule 19.3)

58 See II.11.2.

59 Article 29 (4).

60 Article 18 (2).

61 European Prison Rules, Rule 19.4: "Adequate facilities shall be provided so that every prisoner may have a bath or shower, at a temperature suitable to the climate, if possible daily but at least twice a week (or more frequently if necessary) in the interest of general hygiene".

62 See II.17.

The premises used by the inmates are modest and usually equipped with old and uncomfortable furniture.

Four establishments stand out by the extremely poor accommodations requiring significant investments. Apart from the Belgrade and Kruševac District Prisons designed in such a manner that most cells do not have access to fresh air and natural light (which is not their only deficiency), some wards in the Niš and Požarevac correctional institutions also suffer from very poor living conditions.

The worst living conditions were observed in Pavilion II of the Niš penitentiary, particularly in the basement. The basement cells are poorly lit, very stuffy, damp and dirty, with hardly any furniture, toilet partitions or potable water (which is kept in plastic bottles) and the convicts sleep on mattresses on the floor. These cells should be vacated immediately because the living conditions in them are so poor that they are degrading and definitely jeopardise the convicts' health. As not more than 20 convicts were kept in these cells at the time of our visit, shutting them down and transferring the convicts to the other cells would not drastically exacerbate the overcrowdedness in the other cells. The other facilities in Pavilion II are not in much better shape either. They, too, are damp, dark and dirty, but they will have to remain in use for now because the inmates occupying them cannot be accommodated elsewhere.⁶³

The poorest living conditions in the men's penitentiary in Požarevac were found in Pavilions III and IV where up to 40 convicts share a cell (some of which are unheated). The administration's priority should be to install heating and renovate the extremely dilapidated toilets.⁶⁴

The conditions on the ground floor of the District Prison in Užice⁶⁵ and the ground floor in the Požarevac women's prison high and medium security wards are quite poor as well.⁶⁶

Although the living conditions in many establishments warrant criticism, it should be noted that most of the prison administrations and staff are genuinely trying to improve them. Overcrowdedness and lack of funds, however, usually render their endeavours fruitless, at least to the naked eye.

63 More on the accommodation in the Niš Correctional Institution in II.17.1.

64 More on accommodation in the men's penitentiary in Požarevac in II.10.1.

65 See II.20.1.

66 See II.6.1.

9. REGIME

Very few establishments arrange purposeful activities for the inmates and they spend most of their days languishing. Minimum security establishments and wards in some prisons are an exception as they are entitled to engage the convicts in work. Lack of activities is particularly dire in the high security wards, most of which do not offer the convicts opportunities either for work or recreation. Remand prisoners are the worst off,⁶⁷ because their remand status limits even their opportunities to socialise with each other and communicate with the outside world.

Inmates in some establishments spend the whole day except exercise time in their cells because the prisons lack premises they could convert into common rooms. No matter how well equipped the cells are, this regime is extremely detrimental to the inmates. The CPT has frequently underlined that prisoners should spend a reasonable part of the day (eight hours or more) outside their cells, engaged in purposeful activities.⁶⁸ This pertains also to remand prisoners, who do not spend more than two hours a day outside their cells in any prison in Serbia and who are in a particularly inauspicious position as none of the establishments engage them in any work although they are allowed to work under the law.

The standard that prisoners spend at least an hour every day outside, strolling or exercising is widely accepted. It is also endorsed by the European Prison Rules (Rule 27.1) and by the CPT. The PSEA and the Rulebook on House Rules in Remand Wards set higher standards and lay down that inmates are to be provided with the opportunity of spending at least two hours a day outdoors. This standard is not easy to achieve given that most penitentiaries in Serbia are overcrowded. This standard is met in the penitentiaries (with the exception of the remand wards and the pavilions under higher security – Pavilion II in the Niš Correctional Institution and the men's prison in Požarevac, where the inmates' spend

67 Remand wards shall be under a high security regime (Art. 237 (1), PSEA).

68 See e.g. the excerpt from CPT's 2nd General Report [CPT/Inf (92) 3], paragraph 47.

about one hour outdoors) and the district prisons with minimum and medium security wards that have regimes nearly identical to the one applied in minimum security wards (the Zaječar and Kragujevac District Prisons). Most establishments let the inmates stay outdoors for around one hour. The establishments with extremely overpopulated remand wards and small exercise yards, such as the Belgrade District Prison, have the greatest trouble ensuring that the inmates exercise this right. The inmates in them hardly ever spend even an hour outdoors. The exercise yards in the correctional institutions are well maintained; the larger establishments have exercise yards, which are not only used for strolling but for other types of recreation as well. District prisons, particularly those in old buildings in the heart of town, have small exercise yards, without any or with a few plants, without sports grounds or recreational equipment.

Not many convicts are employed. The inmate employment rate is the greatest in minimum security wards (70–80% in the Sombor and over 50% in the Šabac penitentiaries), the women's prison in Požarevac (around 60%) and some district establishments with farms. Convict employment in the bigger establishments is usually limited to the minimum and medium security wards, while work by prisoners in the high security wards (which are the most populated) usually boils down to maintaining hygiene. Therefore, convicts categorised as C have the least access to jobs in prison; they do not have the opportunity to engage in any purposeful activities apart from the time they spend in the exercise yard and perhaps in recreation (in establishments with facilities for sports activities).⁶⁹

69 Under the Rulebook on House Rules in Correctional Institutions and District Prisons, convicts are classified as categories A (sub-categories A1 and A2), B (sub-categories B1 and B2) or C (sub-categories C1 and C2). Category A comprises convicts whose personal features, type and gravity of crime, previous life style, achieved degree of reintegration and work engagement in the establishment are a positive example and who are expected to reintegrate successfully in the society (Article 77). Category B comprises convicts who are expected to successfully reintegrate in society on the basis of their personal features, type and gravity of crime, previous life style, achieved degree of reintegration and work engagement in the establishment (Article 78), while Category C comprises convicts who are expected to adjust to prison conditions with greater difficulty and who are in need of more intensive correctional and reintegration assistance because of their personal features, the type and gravity of the crime they committed, their earlier way of life and achieved degree of rehabilitation (Article 79). Under Article 18 of the Rulebook on House Rules, the committee conducting the categorisation

Convicts are paid for their work. Under the PSEA, remuneration for work shall amount to at least 20% of the lowest wage in the Republic of Serbia, and it shall be increased by 50% for overtime work.⁷⁰ Convicts are assigned work in accordance with their education and, as a rule, undergo brief training for jobs they had not performed prior to imprisonment. None of the convicts we talked to complained about the way their work was organised.

Education in district prisons is very difficult to organise because the convicts spend short periods of time in them,⁷¹ wherefore these establishments do not organise educational programmes. Minimum security establishments conduct specific training programmes and the convicts can earn certificates in specific crafts. Unfortunately, the school buildings in the Požarevac and Niš prison compounds have stopped serving their initial purpose – the first due to destruction that accompanied the recent riots while the second has been converted into cells to address the problem of overcrowdedness, and the prison administrations have been forced to scale down the educational programmes. All the convicts we met who were college students told us that the prison administrations let them leave the establishments to take their exams.

As already mentioned, the regime applied to convicts as a rule entails that they spend nearly the whole day in their cells. A similar regime is applied in the higher security and enhanced security wards of the penitentiaries (Pavilion II in Niš and Pavilion VII in Požarevac). The time convicts spend outside their cells in other establishments depends on whether the establishment has premises that can be used as common rooms. If it does, the convicts spend most of the day in such common rooms, except when they work. Most of the common rooms are not

shall take into account the duration of the sentence, whether the convict willingly reported to the prison to serve his/her sentence, his/her attitude towards the crime and the penalty, the type and gravity of the crime, prior record, his/her psychological, pedagogical, social and security features and needs, other ongoing criminal proceedings, conduct during prior imprisonment and other facts of relevance to categorisation.

70 Article 93 (2), PSEA.

71 Under Article 38 of the PSEA, “convicts sentenced to maximum one-year imprisonment or who have to serve less than one year after the deduction of the period, during which they were deprived of liberty or which they spent on remand, shall as a rule serve their sentences in a district prison.

particularly comfortable; nor do the convicts in them have access to purposeful activities, wherefore some of them spend little time in them, and mostly remain in their cells and sleep. As already mentioned, we are of the view that convicts preferring not to spend time in the common room but to lie or sleep in their beds during the day should not be subjected to disciplinary punishment, because they spend their days in bed for lack of purposeful activities and the lack of comfort in the common rooms.⁷² Moreover, we are of the view that convicts should not be locked out of their cells and forced to use the common rooms, as they are in the Užice District Prison. The cells there are locked after breakfast, unlocked for a brief period after lunch and locked again until lights out and the convicts are forced to spend their time in the common room or the halls, which they qualify as uncomfortable and taxing. If they cannot be offered any purposeful activities, the administration should at least try and make the time they spend in prison as comfortable as possible.⁷³

72 See I.5.

73 See II.20.2.

10. CONTACT WITH THE OUTSIDE WORLD

Contact with the outside world, notably communication with one's family and friends, depends the most on how a convict is classified. Under the PSEA, every convict is entitled to a visit by his/her spouse, children, parents, adopted children, adoptive parents and other lineal relatives or lateral relatives to the fourth degree, as well as by foster parents, foster children and guardian (but with the consent of the governor and other persons) once a week in a minimum security ward, twice a month in a medium security ward and once a month in a high or maximum security ward or establishment.⁷⁴ Convicts in high security wards are entitled to one telephone call a week and convicts in medium and minimum security wards are entitled to use the telephone every day.⁷⁵ The provisions are abided by without exception, but some establishments are unable to ensure that the visits last at least one hour as stipulated by the PSEA. The CPT recommends a flexible approach as regards the application of rules on visits and telephone contacts vis-à-vis prisoners whose families live far away (thereby rendering regular visits impracticable).⁷⁶ In the view of the CPT, such prisoners should, for instance, be allowed to accumulate visiting time and/or be offered improved possibilities for telephone contacts with their families.⁷⁷ Convicts in Serbia are rarely incarcerated in prisons far from their homes (with the exception of female convicts, who all serve their sentences in the Požarevac women's prison), but the families of some of them are poor and cannot afford to regularly visit them even if they live nearby. This is why the prison administrations should allow the convicts to accumulate visiting time or extend the duration of the visits to convicts who rarely have visitors. None of the Serbian penitentiaries have introduced this practice yet. The flexibility in applying the regulations on visits in the

74 Article 78, PSEA.

75 Art. 47 (2), Rulebook on House Rules in Correctional Institutions and District Prisons.

76 CPT General Report, 1992, paragraph 51.

77 *Ibid.*

Požarevac women's prison is worth mentioning – the administration allows the women to be visited by their children every day, not only on visits days. We noticed during our visits that many establishments allowed the convicts (in high security wards) to make telephone calls more frequently or to talk longer than provided for by the Rulebook on House Rules.⁷⁸

The PSEA entitles a convict to spend three hours in a separate room with his/her spouse, children or other persons close to him or her every three months, but, unfortunately, this right cannot be exercised in most establishments. Only in two penitentiaries (the Niš Correctional Institution and the Novi Sad District Prison) did the convicts tell us that they exercised this right, but several convicts in the Novi Sad District Prison told us that they did not want to realise it because the room designated for the purpose was in such poor shape that they found spending time in it humiliating. The room is, indeed, in poor condition, and a guard lives in the adjacent room, wherefore a convict and his/her visitors are not ensured sufficient privacy.

Sending and receiving letters is possible, as we saw for ourselves when we received letters from convicts alleging ill-treatment. Only a few convicts complained that they were not able to exercise the right to written correspondence.

The convicts are allowed to watch TV and listen to the radio. In many of the institutions, there is a TV set in every cell. The establishments that cannot equip every cell with a TV set have installed them in the common rooms. This may limit watching TV because sometimes a large number of convicts are in the common room and cannot agree on which channel to watch. This problem arises both in the common rooms and in cells occupied by large numbers of convicts (e.g. Pavilions III and IV in the Požarevac men's prison, where there is only one TV set in a cell shared by 40 convicts). There are no TV sets or radios in the cells in the higher security wards (above all Pavilion VII in the Požarevac men's prison and Pavilion II in the Niš penitentiary). Some convicts in the Požarevac men's prison complained that they could not use the TV sets their families brought them because they had to wait a long time for the sets to be dismantled and searched, which is prerequisite before they can be turned on.

78 Telephone calls may last up to 10 minutes.

Special regulations apply to the remand prisoners' contacts with the outside world. The Rulebook on House Rules in Remand Wards lays down a number of restrictions aimed at pre-empting any hindrance to court proceedings. We cannot elaborate on the details of the remand prisoners' rights to visits, a telephone or correspondence because we were unable to interview them during our visits. We can only note that we noticed on our tours of the establishments that the remand wards were better equipped with TV sets than the wards in which convicts are held.

11. SPECIAL CATEGORIES OF INMATES

Women. – Women in Serbia serve their prison sentences in only one establishment: the Correctional Institution for Women in Požarevac.⁷⁹ This is extremely inauspicious with respect to their realisation of their visitation rights, particularly in view of the fact that the families of many inmates are poor and cannot afford to travel to Požarevac often. This is why the establishment has allowed visits by the children of the convicts every day. At the time of our visit, the administration had just launched a programme for facilitating contacts between the mothers and their children via video recordings. The programme is implemented in cooperation with the social work centres, which are tasked with assessing whether such type of communication will have positive effects on the children. The establishment also allows mothers to stay in the prison with their children until they turn one. The premises designated for mothers with children are well maintained and the health unit is solidly organised for an establishment of this size (it held slightly over 200 convicts at the time of our visit). Most of the prison staff are women.

Nearly all other establishments hold women on remand. Women are always kept separately from the men, but the facilities they occupy rarely satisfy the specific hygiene requirements of women.⁸⁰ A few establishments do not have female guards, which is regrettable, given that female staff must be present to prevent the ill-treatment of women and carry out some routine duties, such as searches.⁸¹ The prison administrations and staff

79 More on the Požarevac Correctional Institution for Women in II.6.

80 The CPT underlines that it is of particular importance that the penitentiaries ensure ready access to sanitary and washing facilities, safe disposal arrangements for blood-stained articles, as well as provision of hygiene items, such as sanitary towels and tampons. The failure to provide such basic necessities can amount, in itself, to degrading treatment (CPT General Report, 1999).

81 The CPT is of the view that mixed gender staffing also allows for appropriate staff deployment when carrying out gender sensitive tasks, such as searches (CPT General Report, 1999).

are, as a rule, aware of the specific needs of women. We saw for ourselves that women are ordinarily placed in the best cells with the best toilets and that some establishments even have separate bathrooms for women.

The Požarevac women's penitentiary practices subjecting women to gynaecological check-ups, which is in contravention of European Prison Rules and the CPT's views, and amounts to an invasion of their privacy and dignity. Such examinations should be conducted only exceptionally, in the last resort, and only if there is reason to suspect that the convict has drugs or other contraband in her body.⁸² Such examinations are not conducted in other establishments.

Foreign Nationals. – Foreign nationals serve their prison sentences in the Sremska Mitrovica Correctional Institution. Unfortunately, we were unable to visit the establishment by the time this report went into print and will elaborate only on the treatment of foreign nationals held on remand in nearly all the penitentiaries across Serbia. Most of the remanded foreign nationals are nationals of former Yugoslav states and understand and speak Serbian. The establishments notify their embassies or consular offices that they were deprived of liberty and thereafter treat them as Serbian nationals. Most of the foreign nationals, who do not understand Serbian, are remanded in the Belgrade or Subotica District Prisons. The Belgrade establishment usually holds Chinese nationals, while the Subotica penitentiary accommodates nationals of various countries, who were as a rule deprived of their liberty for illegally crossing the border. At the time of our visit to the Subotica District Prison, it held 20 nationals of Afghanistan and, before that, a national of Somalia. None of these establishments, or the other penitentiaries we visited, has systematically resolved the issue of interpretation. In their communication with the prison staff, the foreign nationals are usually assisted by convicts or remand prisoners who speak a language they understand. The Subotica District Prison is in need of interpretation into a large variety of languages and it really is not simple to provide interpreters for all foreign remand prisoners in this prison. The Belgrade District Prison should, however, be able to provide interpreters for Chinese or brochures in that language. Moreover, the prisons should endeavour to whenever possible place foreign nationals in the same cells as remand prisoners who are able to communicate with them.

82 More in I.7.

Persons under Police Custody. – Penitentiaries in Serbia have for years been used to accommodate people under so-called police custody (custody of persons the police deprived of liberty pending a court decision on remand) although the PSEA does not provide for this possibility. The reason for this lies in the lack of adequate premises and lack of facilities for preparing meals in the police stations. Persons under police custody were until recently guarded by the prison custodial staff and the prison medical staff provided them with health care. This is the best option in terms of preventing ill-treatment, because, as a rule, ill-treatment usually occurs in the first few hours after the deprivation of liberty, while the person is still in the hands of the police. The practice has changed in the last year and the penitentiaries now only provide the persons in police custody with accommodation and food, and only in extraordinary circumstances, in emergencies, with health care (on condition that the medical staff is in house at the time), while the police are fully responsible for guarding them. This simplifies establishing accountability for any ill-treatment, because it is clear that the person has been in the hands of the police from the moment s/he was deprived of liberty and the police are thus held accountable for any ill-treatment, even if it took place in the penitentiary. The police, thus, can in no event lay the blame for any ill-treatment on the prison staff. Although this organisation of police custody is propitious for the prison administration and staff, the question remains whether it is also propitious for the person deprived of liberty, because s/he remains in the hands of the police longer.

In most establishments, the police custody cells are identical to the ones in the remand wards. They are not used for interrogation. The establishments provide the food, while, as noted, urgent medical assistance is provided by the civilian health institutions, with the exception of emergency interventions that cannot wait for the paramedics or a transfer to a hospital. In such cases, the prison health staff on duty provides the person with medical assistance.

12. HEALTH CARE

Lack of Staff. – All the establishments we visited had health care units, albeit some only had a full-time medical technician on staff. Quite a few district prisons do not even envisage the employment of a full-time doctor in their organisational structure and staffing plan. Some such establishments are not small; for instance, there were over 667 inmates in the Novi Sad District Prison at the time of our visit. Even the establishments with doctors on staff are in need of more medical staff. For instance, the men's prison in Požarevac, accommodating over 1200 inmates at any one time over the past few years, had only one doctor on staff for a long time. The situation improved in the last few months, when it hired two more doctors. The Belgrade Special Prison Hospital is in dire need of staff. All inmates who cannot be treated in their penitentiaries are referred to this Hospital, providing also care to inmates ordered compulsory psychiatric treatment and custody in a medical institution, compulsory psychiatric custody and treatment for alcohol and drug abuse, misdemeanour convicts sentenced to a security measure of compulsory treatment and custody in a medical institution, and to remanded and sentenced prisoners referred for psychiatric evaluation. This establishment has witnessed an extremely concerning brain drain so that a doctor on night duty now has to care for around 700 patients, while one nurse on night duty has nearly 240 patients under her charge.

Lack of medical staff plagues not only the above-mentioned establishments, but the whole Serbian prison system as well. There are numerous reasons why these establishments lack health staff. The first is not specific just to Serbia – doctors and other medical staff working in prisons has much heavier workloads, which may involve duties posing risks to their safety and security. In addition, doctors and other medical staff, like other people, may have prejudice against working with incarcerated persons. Second, salaries of prison health staff are lower than those of their colleagues in state or private health institutions. Third, prison health units are within the remit of the Justice Ministry, notably the Penal Sanctions Enforcement Directorate, rather than the Health Ministry,

and the medical staff employed in prisons in a way distances itself from its colleagues, because its opportunities for professional advancement, specialisation and promotion are generally extremely limited. Moving the prison health services out of the remit of the Justice Ministry may positively reflect on both the medical staff and the inmates, as it would ensure the independence of doctors, crucial for establishing doctor-patient confidentiality and for preventing and uncovering ill-treatment.

Examinations at admission. – The PSEA lays down that a convict shall first be identified, medically examined and have a personal medical file opened at admission.⁸³ The Rulebook on House Rules stipulates that the examination must be conducted within 24 hours from admission. The establishments do not have a uniform practice with respect to this obligation. Firstly, not all establishments have the inmates examined within 24 hours from admission. Some of them do not have a full-time doctor on staff or round the clock medical staff and the examinations are conducted as soon as the doctor comes in for his/her regular visit i.e. some inmates may have to wait several days before they are examined. This is most often the case if the inmate is admitted on a Friday afternoon or during the weekend, when the doctor is off. Some establishments in such situations first take the new inmates to the local health institutions for an examination and then admit them. Others call up the doctor or medical technician and ask him or her to come and examine the inmate. Establishments manned round the clock by medical staff have the new convicts examined within 24 hours from admission, as provided for by the law. The examinations at admission are conducted by the doctor or a qualified medical technician. The examinations differ amongst the establishments. Some conduct thorough examinations, others do not, but the conclusion can be drawn that the examination usually comprises a short chat with the inmate who then reports his/her health problems (if any), tells the doctor if s/he is under any or if s/he has been prescribed a therapy, which illnesses s/he had, etc. If necessary, the convict is subjected to a physical examination. The convict's personal medical file is opened during the examination and all the available information on the convict's health is entered in it. Only one establishment we visited (the Kruševac District Prison) did not keep personal medical files of its prisoners.

83 Article 60 (1).

Access to a doctor. – Under the Rulebook on House Rules in Correctional Institutions and District Prisons, convicts may seek a doctor's appointment with the competent guard every day; the guard shall record their request in the appointment book in their presence and escort them to the doctor when the health unit is open, the following workday at the latest. The convict does not need to specify the reason for asking to see the doctor.⁸⁴ These regulations are by and large abided by. There may be deviations with respect to the deadlines in which the examinations are conducted because some establishments do not have a doctor in house every day and on occasion the convicts have to wait longer for an examination than the Rulebook on House Rules stipulates. We did not hear of guards prioritising the requests in any of the establishments, although the convicts in the Požarevac Pavilion VII and the Niš Pavilion II alleged that convicts in these Pavilions had greater difficulty accessing doctors than convicts in other pavilions.

Under the Rulebook on House Rules in Correctional Institutions and District Prisons, every prison officer is duty-bound to alert to, seek and ensure timely professional medical assistance to a convict in an emergency.⁸⁵ In the event the doctor is not in, the medical technician assesses whether an emergency is at issue; in the absence of the latter, this assessment is made by the guards, usually in telephone consultations with the medical staff. This practice cannot be qualified as good, because the guards are not qualified to make such assessments; nor can a doctor or medical technician make a proper assessment without examining the convict seeking medical aid. This is why the paramedics should be called in whenever a convict seeks urgent medical assistance.

Examinations by specialists are conducted in the penitentiaries which have provided for occasional visits by medical specialists. Inmates of penitentiaries, which have not provided for such visits, are transferred to the local civilian medical institutions where they receive specialist care. Criminal and misdemeanour convicts usually need not wait long for an examination by a specialist; such examinations are as a rule conducted as soon as the specialist is available. Only in the Niš penitentiary were we told that specialist examinations were on occasion put off because there were

84 Article 39 (paras 1 and 2), Rulebook on House Rules in Correctional Institutions and District Prisons.

85 Article 39 (3) Rulebook on House Rules in Correctional Institutions and District Prisons.

not enough guards or vehicles to transport all convicts in need of such examinations to the civilian health institutions. In several establishments, we were told that they sometimes encountered serious problems in arranging specialist examinations outside prison for remand prisoners because the courts on occasion issued consent to such examinations with a delay and the remand prisoners had to wait for days, sometimes for weeks, before they saw a specialist doctor.⁸⁶ Convicts are referred to a specialist by the doctor, but they can also undergo such an examination at their own request with the consent of the governor.

Only a few penitentiaries have dental surgeries. Apart from the large establishments, inmates are provided with dental services outside prison, in state-owned, or more rarely, private dental surgeries. Many establishments provide the convicts only with tooth extraction dental service. This practice is impermissible, seriously compromises the health of the inmates and has to be discontinued immediately. It is also in contravention of the PSEA, which explicitly stipulates that a convict shall have access to a dentist (Art. 102 (6)) without limiting it to tooth extraction. Under the PSEA, prisoners who cannot receive adequate medical treatment within the institution shall be transferred to the Special Prison Hospital or another health institution (Art. 101 (2)). Therefore, there are no legal grounds for limiting dental services to tooth extraction.

Most establishments ensure that convicts transferred to a civilian institution for an examination or treatment are accompanied by a medical technician only if the doctor assesses that such escort is necessary. Some penitentiaries make sure that every convict transferred to a civilian medical institution is accompanied by a member of the medical staff, which is definitely commendable. Unfortunately, if only one medical technician is on duty in an establishment during the day, it is very difficult, if not impossible, to ensure that s/he escorts the patient, who is being transferred, because the penitentiary would then be left without any medical staff.

Health Records. – The penitentiaries do not follow uniform procedures for keeping health records of inmates or for recording incidents and injuries sustained by the inmates. An inmate's personal medical file is opened at admission and all available information on the inmate's health is entered in it in most penitentiaries. The inmates take their medical

86 We heard about such problems during our visits to the Čuprija Correctional Institution and the Kruševac and Novi Pazar District Prisons.

files with them when they are transferred to another establishment. Some establishments, however, do not enter all health-related information about an inmate in his/her personal medical file. Namely, some keep records of examinations after the use of coercive measures in records of coercive measures, but most establishments file the doctor's report on the examination of a convict against whom coercive measures were used only in his/her medical file, and do not forward a copy of it to the governor together with the report by the security service and the statements by the convict in question.⁸⁷ In one penitentiary (the Kruševac District Prison), we observed that the convicts' medical files did not include the doctor's reports on the check-ups conducted at admission. The medical files of all inmates have to comprise information on all examinations conducted during their imprisonment, including examinations performed at admission and after the use of coercive measures.

Medicine Cabinet and Distribution of Medications. – In all the establishments, the medicine cabinets are under the sole supervision of the medical staff. The medications are prescribed by the doctors and prepared by the medical technicians, who also distribute them. Medications are distributed also by guards in penitentiaries with unstaffed medical units or without medical staff on duty round the clock. The medicine cabinets are mostly well-supplied, but some serious interruptions in supply have been known to occur – five HIV positive convicts in the Niš penitentiary and the Leskovac District Prison went without the necessary medications for about a month in late 2009.

Psychiatric Care. – Convicts and remand prisoners in need of institutionalised psychiatric treatment are treated in the Special Prison Hospital in Belgrade, which mostly serves as a psychiatric institution. It was designed to accommodate around 400 patients, but the number of patients has recently exceeded 700. In addition, it is seriously understaffed.

87 Under Article 130 (4) of the PSEA: "A written report of the security service and reports on conducted medical examinations shall be submitted to the governor without delay. The medical report shall comprise also statements by the person against whom a coercive measure was applied about how the injuries were incurred and the doctor's opinion on the link between the applied measure and the sustained injuries. The governor shall notify the Director of the Directorate of the application of the coercive measure and forward him the reports within 24 hours from the time the coercive measure was applied."

It needs to be noted that the Special Prison Hospital and Belgrade District Prison are headquartered in the same building, which was designed in such a way that most of the accommodation premises do not have direct access either to natural light or fresh air.⁸⁸

Most establishments organise psychiatric examinations on a more or less regular basis. Some penitentiaries, unfortunately, are unable to ensure regular psychiatric examinations and they transfer their wards to the local health institutions for such examinations. The availability of substance abuse treatment programmes is of major importance given that many (if not most) inmates use drugs or are drug addicts. The methadone therapy can be conducted only in establishments situated in towns where the local health centres conduct this kind of therapy. Such programmes are run by health centres in most large towns; unfortunately, most penitentiaries are unable to complement the methadone therapy with relevant work and psychotherapy programmes. Only a few establishments have staff trained to conduct such programmes (the Šabac Correctional Institution, the Novi Sad District Prison, and the women's prison in Požarevac). The fact that the staff of the penitentiaries with the largest numbers of convicts (the men's prison in Požarevac and the Niš Correctional Institution) has not been trained in conducting work and psychotherapy programmes gives rise to concern. In general, medical technicians employed in establishments lack any psychiatric training.

Prison staff is mostly not trained in the early detection of psychiatric disorders among inmates. The staff, who is able to recognise conduct indicative of psychiatric disorders, has as a rule acquired the skill through years of service rather than training. This is why the authorities need to devote particular attention to the training of all prison staff, not only the medical staff, in the early detection of psychiatric disorders.

Patient's Consent and Confidentiality. – Under the PSEA, a convict must consent to treatment; exceptionally, if the convict's refusal of treatment or food may seriously compromise his/her health or life, medical measures determined by the doctor shall be applied. An identical provision can be found in the Rulebook on House Rules in Remand Wards i.e. all persons deprived of liberty may be treated against their will only in specific situations. The PSEA expressly prohibits the forced feeding of convicts. Refusal of treatment is extremely rare in Serbian penitentiaries

88 More on the Special Prison Hospital in II.13.

and patients who refuse treatment have to certify their refusal in writing. Hunger strikes are relatively frequent, but we did not hear of any attempts of forced feeding in any of the establishments.

Under the Rulebook on House Rules in Remand Wards, a remand prisoner may be examined by a doctor of his/her own choice at his/her own expense with the consent and under the supervision of the authority conducting the proceedings or under the supervision of a person designated by the authority.⁸⁹ In such cases, the examinations are as a rule conducted in the establishment and in the presence of the penitentiary doctor.

The PSEA also guarantees the privacy of medical examinations by laying down that such examinations may be conducted only in the presence of a health worker, unless otherwise requested by the health worker.⁹⁰ We noted that examinations were always conducted in the presence of the guards in three establishments (the Negotin, Smederevo and Užice District Prisons). The Užice penitentiary allows for examinations in the absence of guards, but only at the request of the patient, which definitely does not constitute good practice. The examinations are held in the presence of guards in the Negotin District Prison at the doctor's request. Although the PSEA does allow for this, examinations should be conducted in the presence of guards only in exceptional circumstances, if there is reasonable cause to expect that the patient may injure the health worker or himself/herself. Therefore, examinations in the absence of guards should be the standard. Patient-doctor confidentiality cannot be achieved if the guards attend every examination.

Preventive Health Care. – Under the PSEA, the penitentiary doctor has a series of preventive health duties. The doctor is, *inter alia*, duty bound to control accommodation, nutrition, hygiene, sanitation and other conditions impacting on the health of the convicts and issue findings and recommendations on the quantity and quality of meals served the convicts, on how to improve the hygiene in the establishment and the convicts' hygiene, the sanitary conditions and equipment, heating, light and ventilation in premises accommodating the convicts. The governor is duty-bound to undertake the measures proposed by the doctor without delay.⁹¹ In practice, however, medical technicians rather than doctors

89 Article 32 (1), Rulebook on House Rules in Remand Wards.

90 Article 102 (4), PSEA.

91 Article 103, PSEA.

perform such supervision over the living conditions, food, hygiene and other conditions in the establishment. Unfortunately, the power of the doctor or medical technician to improve the conditions inmates are living in is very limited. The governors are themselves aware of the deficiencies of the accommodation and nutrition even without the doctors' opinions and recommendations, but their ability to improve anything almost always depends on the available funds. This is why the supervision conducted by the medical staff very often boils down to a mere formality.

The health staff could play a much greater role in informing inmates and prison staff about infectious diseases and diseases typical of prisons. Not too many establishments regularly distribute information on contagious diseases to the inmates. Only a few penitentiaries distribute brochures on them at admission or on a regular basis. Even fewer organise health-related lectures for the inmates and prison staff.

Unfortunately, contraction of HIV or hepatitis during incarceration is not rare, particularly in larger establishments. Most non-medical staff is unsure how inmates infected by HIV or hepatitis should be treated and ought to undergo regular training to address this lack of knowledge. We did not record any instances of separating or isolating HIV positive persons, but some of them are discriminated against by other convicts or remand prisoners, usually due to lack of knowledge about how these diseases are transmitted. Educating inmates about communicable diseases would reduce the discrimination of inmates infected by HIV or hepatitis and inform the whole prison population about efficient protection measures. It needs to be underlined that many persons suffering from these diseases are unaware that they have contracted them, wherefore the administrations should constantly conduct campaigns encouraging the inmates to test themselves. The infected inmates would thus begin adequate treatment on time, while the prison staff would gain information it needs to treat these inmates adequately.

As mentioned, hardly any prison staff is trained in the early detection of psychiatric disorders among inmates. The same applies to the prison staff's training in recognising signs of suicide. Some staff has long-standing experience in prisons and is able to detect signs indicating that an inmate may commit suicide, but most of the medical and custodial staff we talked to said that they were unable to recognise signs of suicide. There is obviously the need to train the staff in that respect.

PART II

1. SOMBOR CORRECTIONAL INSTITUTION

Time of visit: August 2009

Number of inmates at time of visit: 83 criminal and 7 misdemeanour convicts, 46 remand prisoners (136 in total)

Average number of inmates over the last 2 years: 145 (2009), 136 (2008)

Gender breakdown: 134 males, 2 females

Breakdown (of convicts) by ward:

Minimum security – 38, medium security – 52, high security – 46 (remand prisoners)

1.1. Material Conditions

The prison building, located in the centre of Sombor, next to the police station, is under state protection as 19th century cultural and historical heritage. The ground floor houses the prison administration, the visits room, kitchen, remand cells and a room doubling as the doctor's surgery and the office of the security service. The cafeteria and storeroom are in the basement. Criminal and misdemeanour convicts are held in the cells on the first floor, which also comprises the common rooms, library and the reintegration unit's offices. The prison also has a yard that serves as an exercise area.

The hygienic conditions in the cells are satisfactory on the whole. The bed linen is changed at least twice a month. One cell with 8 beds on the ground floor is in extremely poor condition, the damp can be both felt and seen. The cells have access to natural light, they can be ventilated and they have running water and toilets. The convicts say that the heating is good. The cafeteria, located in the basement, is small and has no windows.

The smallest cells fit two and the largest fits 14 beds. The latter is the admission cell – where criminal and misdemeanour convicts are placed on arrival before they are classified. Ill convicts stay in the sick rooms. On the day of our visit, there were no convicts in solitary confinement, which is in a worse state than the other cells.

The establishment comprises another complex of buildings out of town (the minimum security ward). These facilities contain classrooms and cells for convicts under minimum security. They are newer and the living conditions in them are much better than in the building in the town centre.

1.2. Treatment of Inmates

None of the interviewed convicts alleged that they had been physically abused by the staff or that they had seen or heard that anyone else had been ill-treated. The convicts mostly complained about the classification, the food, and the lack of recreation opportunities (unemployed convicts). The call system is operational and the guards are always close enough to the cells to react if necessary.

The convicts said that they had been advised of their rights, the house rules, the working hours of the health services, the procedures for scheduling medical examinations and ordering goods (which operates in the absence of canteens) at admission. Copies of the House Rules are not available in their cells, but there is a copy in the library. The convicts are allowed to maintain contact with their lawyers.

The amount of time the convicts spend outdoors is in accordance with the PSEA provisions. They spend most of the day outside their cells, both the (minimum security ward) convicts with jobs and those in the central building (in the common rooms). They are locked up in their cells from 22:00 to 06:00. The minimum security ward has a gym, while the medium and high security wards do not provide the convicts with any opportunities for recreation.

Contact with the outside world is ensured. There are telephone booths in the building and the convicts may send and receive letters and receive packages. The frequency and length of the visits is in accordance with the PSEA. Most convicts exercise privileges – the right to leave the establishment grounds and visit their families on weekends.

Twenty-one disciplinary offences were recorded in 2009 and 52 were recorded in 2008. Most comprised the failure to return on time from family visits, drug possession and ill-treatment, insubordination, neglect of work obligations and inter-prisoner fights. The offenders are usually punished by the conditional or unconditional revocation of privileges or by reprimand.

Records and convicts indicate that coercive measures are rarely used – records show that coercive measures were used against six convicts in 2009 and against three convicts in 2008.

Most convicts (between 70% and 80%) are employed. They do not work more than 8 hours a day. Employed convicts are provided with an additional meal every day and they are paid for their work. The jobs they perform are mainly tied to woodworking. There is a short training programme for these jobs.

1.3. Safety and Security

One convict escaped from the city hospital and there was only one attempt to break out of the establishment in the last 3 years.

The position and design of the building leave a lot to be desired in terms of security. The building shares the yard with several other institutions. Its walls are so soft the inmates can dig through them. There are no physical partitions in the visits room which would prevent the visitors from passing objects to the inmates.

Violence between the convicts is rare and usually resolved by separating them. There were no attacks on the prison staff either in 2008 or in 2009.

Both the administration and the convicts say that there are neither informal groups nor any inmate hierarchy in the establishment.

The guards conduct regular searches of the premises, approximately twice a month or when they think it necessary.

1.4. Health Care

The establishment's health unit is on the ground floor of the building in the centre of town. The doctor's surgery is exceptionally small and fits a desk, a medicine cabinet and one chair. The area in front of the doctor's

surgery is larger and well lit, but can only be used as a waiting room as the inmates going to the exercise yard have to pass through it.

The health unit has a full-time medical technician, while two doctors have been contracted to spend several hours a day in the institution, as needed. We had the opportunity to speak with one doctor and the medical technician. One doctor is a psychiatrist and the other a specialist in general medicine. At least one doctor is in several hours every day. They do not always come to work at the same time but visit the establishment when they are not on duty at the Health Centre. The technician has worked at the institution for 6 years. None of the health staff have been found in breach of its professional obligations.

The health unit registered one serious and 35 light injuries at work and two altercations resulting in light physical injuries in the past two years. In that period, it treated two cases of self-injury; both convicts slashed their forearms with sharp objects. There have been no suicides or suicide attempts. One convict died of natural causes in 2008.

The technician usually works 25 hours overtime every month, mostly because he escorts every convict who is being transported to a civilian health institution.

All newly admitted convicts undergo an examination, including a physical check-up if necessary. They are provided with basic information on the functioning of the health unit. Doctor's appointments are scheduled through the guards one day in advance and the convicts' requests are not prioritised. The convicts are examined the following day, except on weekends. Emergency interventions are performed in the local health centre, and the guards assess whether a convict is need of such an intervention in the absence of the medical staff and sometimes in telephone consultations with the doctor. This commonplace practice in correctional establishments across Serbia, applied due to the lack of medical staff, is inappropriate and may lead to severe consequences and even ill-treatment.

The establishment does not have a laboratory and all the analyses are conducted in the local health centre. The inpatient room, which is quite far from the doctor's surgery, used to be an ordinary cell before it was converted in an inpatient room. It has three bunk beds, which are definitely inappropriate for accommodating ill people, and sanitary facilities. Two convicts were in the inpatient room at the time of our visit;

one was being treated for a leg injury and the other spends most of his time there because he suffers from epilepsy.

The establishment provides access to civilian health institutions, which functions well, while dental care is available only in emergencies (when an inmate has to have a tooth extracted).

The health unit keeps medical records of all convicts and their perusal confirmed that they are regularly and meticulously updated. There are no comprehensive periodical check-ups. Convicts in solitary confinement undergo a medical examination every day. The establishment is in a position to provide special diets required for certain medical conditions on doctor's orders. The health staff can only conduct basic medical check-ups as it has only blood and glucose measurement devices. The medicine cabinet is under the professional supervision of the technician. Anxiolytics are prescribed the most. The psychiatric care provided by the visiting psychiatrist is satisfactory. There are no special training programmes in prison pathology or the psychiatric care of inmates. Convicts are provided with information about the course of their treatment and the medications they are prescribed. None of the convicts have refused medical treatment. The establishment ensures the privacy of convicts undergoing a medical examination.

We were told that an infectologist visits the institution twice a year and lectures the inmates on infectious diseases. The establishment staff has not been trained in recognising the risks of suicide among the convicts.

There is no separate protocol for the registration of the convicts' injuries. The establishment does not keep systematic records of signs of violence. The health staff told us that they have not recorded any such cases.

The health unit assists in drafting reports asking for alternative to imprisonment whenever it considers that a prisoner's physical or mental health has been or will be injuriously affected by continued imprisonment or by any condition of imprisonment.

1.5. Staff

The institution employs 61 people, although it is to have 66 staff under the organisational structure and staffing plan enactment. The security service comprises 34 staff, as envisaged by the enactment. The guards say that inter-staff relations are good. The working conditions are aggravated by the lack of space.

The guards are dissatisfied with their salaries and their old uniforms.

1.6. Recommendations

The Sombor Correctional Institution is very well managed; its treatment of inmates is good and strives to facilitate their reintegration in society as much as possible. We have never heard even a slightest complaint about the treatment of the inmates by any of the prison services and this good practice should continue.

The establishment does not have many problems and the administration itself is aware of the few deficiencies. We would, however, like to draw attention to several measures that would further improve the work of the establishment.

The administration should ensure that copies of the House Rules are available in all the premises the convicts spend time in, not only in the library.

Convicts who do not work and spend their days in the central building and the remand prisoners need to be provided with at least minimal recreational opportunities.

The health unit should be upgraded both in terms of staff and organisation. The health staff should undergo training in prison pathology. It should also undergo regular training in the early detection of psychiatric disorders and suicide risks among the convicts.

The health staff should keep separate records of injuries.

2. SUBOTICA DISTRICT PRISON

Time of visit: August 2009

Number of inmates at time of visit: 50 criminal and 33 misdemeanour convicts, 90 remand prisoners (173 in total)

Average number of inmates: 189 (over the last year)

Gender distribution: 169 males, 4 females

Breakdown (of convicts) by ward: minimum security – 8, medium security – 27, high security – 19

2.1. Material Conditions

The prison is located in a nineteenth century building complex in the centre of town, which is also the headquarters of the Subotica police administration and several companies and agencies. The courtyard in the interior of the complex is used by the prison as an exercise yard and by the police.

The prison cells and staff offices spread over four floors. The kitchen, laundry, a common shower room and a gym are located on the lowest floor. At the time of our visit, the kitchen was in an extremely poor state, mostly due to the age of the building. Some problems, such as the presence of insects (flies) can, however, be resolved regardless of the age of the building. The common bathroom was also in poor condition; it had a cement rather than a tiled floor. There is no separate dining area, so that some of the convicts eat in the common rooms and the others in their cells. The convicts say that the heating is also extremely poor.

The hygiene in the cells is poor, especially in those inhabited by large numbers of convicts. The smallest cells, fitting two inmates, are also used for solitary confinement. The largest cell has 14 beds. The high security ward cells fit eight convicts at most. Each cell has a TV set and a

sink and the inmates have access to potable water. Although the windows provide for direct access to fresh air and light, the ventilation is old and does not function well. The cells on the higher floors are better lit, but the convicts on the lower floors need to turn on the artificial light if they want to read. Ill convicts stay in the sick rooms. The cell used for 'isolation' (under special security) is very dark; there is no bed in it, only a mattress on the floor.

The recently opened gym is small and ill-equipped. It is the only recreational facility in the establishment. The exercise yard is also small.

2.2. Treatment of Inmates

Several convicts complained about treatment, claiming that the guards used force without cause or excessively. None of them, however, had filed a complaint. All the convicts complained about the quality of the food.

At admission, the convicts are familiarised with their rights, the House Rules, the way the health unit operates and how to buy personal items. Copies of the House Rules are not available in the cells, only in the common rooms. There is a complaints box in the common room in which the inmates can put their complaints which are forwarded to the Provincial Ombudsman.

The convicts and guards say that the PSEA standard on time spent outdoors is not always respected due to time constraints.

There is a call system that can be activated from every cell.

The convicts made no complaints about contact with the outside world. Telephone communication and correspondence are ensured and the convicts are also entitled to packages.

The establishment recorded 138 disciplinary offences in 2007, 109 offences in 2008 and 40 in 2009 (as of the day of the visit). The most common offences regarded insubordination and the possession and abuse of narcotic substances. Most offenders found in breach of discipline were reprimanded or denied privileges. Offenders have also been punished by solitary confinement (nine convicts were punished unconditionally and two convicts conditionally in 2009; this penalty was pronounced to a much greater extent in the preceding years).

Prison administration records show that coercive measures were used twice in 2007, 30 times in 2008, usually to prevent inter-prisoner violence.

Quite a few remand prisoners in the Subotica District Prison are foreigners (more than 20 Afghani citizens were kept in it on the day of our visit). This is why the prison must systematically address the issue of interpretation, currently performed by convicts who know foreign languages.

2.3. Safety and Security

The last escape occurred in 2007. There is a video surveillance system. Cell phones and narcotics are smuggled into the prison. The guards say that it is difficult to control what the visitors bring in.

Inter-prisoner violence is prevented by separating the convicts, not only by keeping them in separate cells, but also by taking them out to the exercise yard at different times.

There were no assaults on the prison staff in 2009 and only one such incident in 2007 and in 2008.

Both the convicts and the administration say that there are neither informal groups nor inmate hierarchy. The convicts say the administration breaks up inmates as soon as it suspects that they may organise themselves into a group that may jeopardise safety and security.

Six guards work in each shift. We were of the impression that there should be more guards on duty given the design of the building and the number of inmates.

The premises are regularly searched.

2.4. Health Care

The doctor's surgery is on a higher floor. It is spacious, well lit and clean, which is especially important given the age of the building. The unpleasant odour in it is caused by the poor sewage installations. This problem can be resolved with minimal investment.

The health unit has one full-time nurse on staff and a doctor contracted to visit the prison every day. We were told that the doctor was in 2 to 3 hours every day. He is a general practitioner with many years of experience and has been working for the establishment for 10 years. The nurse said that her predecessor had quit after 6 months over the working conditions, the particular type of pathology and lower pay than in civilian institutions. She is entitled to reduced years of service for retirement and does not need to work overtime for now. Team meetings with the administration are held once a month. The prison health staff says that its communication with the administration on urgent issues is excellent.

Ten convicts suffer from chronic diseases and 148 have addiction problems. None of the convicts are HIV positive and none have been recently diagnosed with tuberculosis. The health unit has recorded 20 light work-related injuries but no injuries sustained in physical altercations. The prison does not keep special records of injuries convicts sustain in mutual clashes, a shortcoming it needs to rectify. It has recorded 18 cases of self-injury and seven suicide attempts in the last 2 years. None resulted in death.

Each inmate at admission undergoes an examination, including a physical examination if necessary, and is provided with basic information on the work of the health unit and with brochures comprising other medical information.

The nurse takes part in the regular inspections of the food, hygiene, sanitation and heating. We noted that the hygiene of the sanitary facilities was poorer. The chronic problem of insufficient ventilation can probably be ascribed to the age of the building. Personal hygiene items are obtained via the kitchen. The inmates, usually misdemeanour convicts living in unhygienic circumstances outside prison, are occasionally infested by lice and these problems are successfully addressed. There are no special health awareness programmes for convicts. The staff says that the food is satisfactory. The medicine cabinet is well supplied and is under the supervision of the nurse. Sedatives are prescribed the most. The prison does not have a lab and all the analyses are conducted by the Subotica Health Centre. A very small cell next to the doctor's surgery serves as an inpatient unit. It contains only one bunk bed and a shower/toilet, which

are definitely inadequate and account for the small number of overnight stays in it. A remand prisoner was staying in the inpatient unit at the time of our visit because the remand ward was full and she could not be accommodated elsewhere.

Doctor's appointments are scheduled through the guards one day in advance and the guards do not prioritise the requests. The convicts are examined the following day, except on weekends. Urgent interventions are performed in the local Health Centre. In the absence of medical staff, the guards establish whether a convict is in need of emergency care. This practice is problematic. Access to civilian health institutions is regulated well. The nurse or a guard escorts a convict transferred to another institution for treatment. It should be noted that a health worker must always accompany such transfers.

A dentist comes once a week, only to extract teeth. Convicts in need of repair are referred to a dentist in a civilian institution.

The prison keeps medical records of all inmates and their perusal shows that they are regularly updated. There are no comprehensive check-ups of the convicts. Convicts in solitary confinement are examined regularly. The prison kitchen is in a position to provide special dietary arrangements on doctor's orders. The health unit has blood pressure and glucose measurement devices and an otoscope.

Until 24 March 2009, the prison contracted the services of a psychiatrist on a regular basis, but he has since been visiting the prison only when necessary. The medical staff has not been trained in psychotherapy, work therapy or in prison pathology.

Convicts have access to information about their health. A convict must sign a statement refusing treatment in the event s/he refuses the proposed therapy. None of the convicts suffering from serious health problems have ever refused treatment.

The convicts are examined in the doctor's surgery in the absence of the guards, unless their presence is required for security reasons.

The staff is not trained in recognising risks of suicide. The current staff has had no experience with injuries sustained in inter-prisoner violence or with the consequences of conflicts with guards, and, thus, is unfamiliar with the procedure to be followed in such situations.

The health unit assists in drafting reports asking for alternative to imprisonment whenever it considers that a prisoner's physical or mental health has been or will be injuriously affected by continued imprisonment or by any condition of imprisonment.

The doctor is under the obligation to certify that a convict is fit to sustain disciplinary punishment.

2.5. Staff

The prison currently employs 52 workers although it should have 42 staff under the organisational structure and staffing plan enactment. The security service comprises 39 guards although the enactment envisages only 31 staff. Although the jobs envisaged by the enactment are all filled, the staff puts in a lot of overtime. We were of the impression that the prison should employ yet more staff.

2.6. Recommendations

Most of the prison's problems are ascribed to the age of the building and lack of funds, but some of them can be addressed without investing a lot of money.

The kitchen hygiene needs to be improved and the shower room needs to be tiled. The sewage problem in the doctor's surgery needs to be repaired to address the stench. The other prison facilities, particularly those housing inmates, would also benefit from renovation and new furniture.

The administration needs to ensure that inmates spend two hours outdoors, as laid down in the PSEA, or as long as possible.

The guards need to respect the dignity of the inmates and use coercive measures only in the last resort and to the extent necessary to exercise their legal powers.

Given that the prison often accommodates foreign nationals who do not speak or understand Serbian, the administration needs to address the problem of interpretation rather than rely on inmates who know foreign languages.

The health unit should be upgraded both in terms of staffing and working hours given the number of inmates in the prison. The medical staff needs to be trained in prison pathology and regularly undergo psychiatric training which will enable its early detection of psychiatric disorders and risks of suicide among inmates.

3. ZAJEČAR DISTRICT PRISON

Time of visit: September 2009

Number of inmates at time of visit: 196 criminal and 6 misdemeanour convicts, 41 remand prisoners (243 in total)

Average number of inmates (in the last year):
between 230 and 250

Breakdown (of convicts) by ward: 56 – high security ward, 106 – medium security ward, 8 – minimum security ward, 20 – admission unit, 6 – undergoing medical treatment

3.1. Material Conditions

The prison is located out of town and comprises several facilities housing the high, medium and minimum security wards. Remand prisoners are accommodated in the high security ward.

The high security ward is housed in a two-floor fenced-off building. Remand prisoners are incarcerated in the cells on the ground floor. The health unit is also located in this building. Most cells fit eight and some cells fit four inmates. The biggest problem in this ward is the lack of natural light and fresh air. The cells are stuffy and difficult to air. Most of the inmates are smokers and are not segregated from the non-smokers. The administration told us that a project addressing the ventilation problem had been designed but has never been implemented for lack of funding. The lack of natural light particularly plagues the residents of the ground floor cells. The upstairs cells have better access to natural light, but suffer from another problem: there are no toilets in these cells and the inmates must use the common bathroom. The exercise yard is quite small. The call system is in place but the convicts allege that the guards do not always respond quickly.

The living conditions in the medium security ward are much better although the cells are shared by greater numbers of convicts. The cells are brighter, have much better ventilation and the inmates spend a better part of the day outside the cells. Their exercise yard is much larger, taking up nearly the whole prison yard.

3.2. Treatment of Inmates

The convicts complained mostly about the lack of recreational opportunities and classification, while the ones in the high security ward said they did not spend enough time outdoors. Non-smokers complained about the lack of fresh air in the high security ward.

When we were identifying convicts to interview, we endeavoured to find those who had been punished for disciplinary offences. None of them had any complaints about the disciplinary proceedings. All of them said that their punishment was justified and showed us written documentation on the proceedings, including the decisions on the disciplinary measures pronounced against them.

The inmates were familiar with their rights and the House Rules, which are posted on a visible wall space in the prison. Most cells do not have copies of the House Rules, but the convicts say they know what they are and have access to the copies.

Convicts in the medium and minimum security wards spend more than 2 hours outdoors as stipulated by the PSEA. Those in the high security ward spend only one hour a day outside.

Contact with the outside world is ensured. There are telephone booths in the buildings and the convicts are entitled to send and receive mail, and to receive packages. The frequency and duration of visits is in accordance with PSEA. Most convicts make use the granted privileges – to leave the prison and visit their families on weekends and holidays.

3.3. Safety and Security

No one in the high security ward has recently broken out of prison but convicts in the medium security ward have been known to leave the prison grounds or fail to return from their weekend visits home.

Cases of violence between convicts are resolved by separating them and conducting disciplinary measures against offenders. One convict was in solitary confinement for beating up another convict at the time of our visit.

Searches and inspections of the facilities and convicts are frequent and the guards have on occasion found cell phones and shivs.

Both the prison administration and the convicts say that there are neither informal groups nor inmate hierarchy in this establishment.

3.4. Health Care

The prison unit comprises one full-time general practitioner and two medical technicians. All the vacancies envisaged by the organisational structure and staffing plan enactment are filled. A psychiatrist visits the institution once a week. One doctor's surgery is located in the closed ward and another in the medium security ward. The health unit comprises two rooms, one for examining the convicts, and the other in which the medications and medical equipment are kept. Compared to other institutions of similar size, the health unit is well equipped, with a desk for the doctor, an examination bed, a steriliser, ECG, oxygen bottle, an Ambu Bag, two blood sugar measurement devices, two thermometers, an inhalator and an otoscope. The medicine cabinet is also well stocked with medications. Both surgeries are large enough, neat, and well maintained.

The health staff often has to work overtime, the doctor usually puts in 10 hours and the technicians put in around 15 hours of overtime every month (due to the scope of the work, off duty calls and the working hours of the psychiatrist who comes to the prison in the afternoons and spends around three hours working with patients).

Ninety inmates suffer from chronic diseases and as many as 198 are addicts. There are no HIV positive patients or any new cases of tuberculosis in the establishment. Thirteen convicts sustained light work-related injuries over the past two years; none suffered serious injuries at work. Six inmates were lightly injured in inter-prisoner clashes; none sustained serious injuries. Three cases of rape and sexual abuse and five cases of self-injury were recorded in the past two years. There have not been any suicides, although there have been three suicide attempts. None of the inmates died in prison in the past two years.

The doctor and the administration meet every week. The doctor says these meetings do not focus on the work of the health unit but on the general and ongoing issues regarding the operation of the establishment.

All convicts at admission immediately undergo a mandatory medical examination, including a physical check-up if necessary. Convicts admitted on weekends or holidays are examined on the next workday. Like in other institutions, doctor's appointments are scheduled through the guards. The requests are not prioritised and all those who seek an appointment are examined. When he is off duty, the doctor consults with the guards on any emergencies by phone. Situations in which the guards have to assess whether an urgent medical intervention is necessary are thus minimised but cannot be totally ruled out. Convicts have unhindered access to civilian health institutions. A technician escorts inmates transferred to civilian health institutions, but the vehicle transporting them lacks the necessary equipment and the physical presence of the health staff does not always suffice if the patient is in need of an urgent medical intervention.

Inmates pay for all but urgent dental services, which are provided at the local health centre.

The unit keeps medical files on all convicts, which are regularly updated. It does not conduct comprehensive medical check-ups of the convicts. The doctor visits convicts under solitary confinement every day. The prison kitchen is in a position to provide special dietary arrangements on doctor's orders. With its variety of equipment, the health unit can undertake a relatively broad spectrum of diagnostic and therapeutic procedures (ECG, artificial respiration, et al). The medicine cabinet and the distribution of medications are properly supervised, although the health staff told us that there were problems with the distribution of pre-prepared dosages in the afternoons and evenings, when it is off, and the medications are distributed by the guards – some convicts refuse to take their medicine at such times. The original inpatient room is now used to accommodate remand prisoners and sick convicts are not segregated and have to share room with healthy ones, a deficiency that definitely needs to be rectified. The former inpatient room is inappropriate, as it is furnished with bunk beds. As mentioned, the psychiatrist visits the institution once a week and work 3–4 hours. The medical staff is not trained in conducting psychotherapy or work therapy.

The convicts, and their families, if necessary, are informed about their state of health. Inmates are entitled to refuse treatment; those that do are usually the ones who have been prescribed psycho-pharmaceuticals. The guards can neither see nor hear the convicts undergoing a medical examination.

The medical staff performs daily checks of the food nutrition, hygiene, sanitary facilities, ventilation and heating and drafts reports only on irregularities. It found insects and unpleasant odours during its last check. The doctor ordered that the kitchen be thoroughly cleaned once a month. The convicts are provided with personal hygiene items from the storeroom if they cannot buy them themselves. Head lice infestation appears sporadically, several times a year. Information on contagious diseases is regularly distributed to the convicts. The medical staff is able to recognise warning signs of suicide and reacts by isolating the convict in a separate cell and requiring psychiatric assistance. The establishment keeps systematic records of signs of violence, and the convicts are allowed insight in these records. All complaints of ill-treatment by any convict are reported to the prison administration. Medical examinations are always performed after the use of coercive measures, as well as before the convicts are released from prison.

The health unit assists in drafting reports asking for alternative to imprisonment whenever it considers that a prisoner's physical or mental health has been or will be injuriously affected by continued imprisonment or by any condition of imprisonment.

The health unit has not undergone special training in prison pathology.

3.5. Staff

Staff relations have been strained since a guard was suspended for smuggling in a cell phone for a convict, which led some of the guards to petition for the dismissal of the chief of security. It was later established that the chief of security had acted properly and conscientiously. The governor requested the transfer of some of the guards to other prisons because of the disrupted staff relations. The security service has 33 staff; both the administration and the guards say that there they need more

staff to maintain safety and security in the establishment. The prison was recently equipped with a metal detector and will soon be fully covered by video surveillance, but needs to invest further in equipment, particularly in vehicles.

3.6. Recommendations

Lack of fresh air in the high security ward is the chief problem as far as the inmates' living conditions are concerned. Ventilation has to be installed urgently, because the living conditions in this part of the prison are extremely poor, even intolerable for the non-smokers, due to the lack of air. Until ventilation is installed, the administration must designate facilities for smokers to ensure a smoke-free environment for the non-smokers.

Convicts in the high security ward need to be provided with the chance to spend two hours a day outdoors, as laid down in the PSEA. If this is impossible for objective reasons, the administration should endeavour to enable them to spend as much time as they can in fresh air.

Transferring some of the guards to other prisons would improve the general climate in the establishment, given their problematic relations with the chief of security and the prison administration. The security service needs to hire more staff.

The large number of addicts incarcerated in this prison would benefit from drug and alcohol abuse programmes. The prison also needs to provide facilities for inpatient treatment of ill inmates.

The health staff needs to be trained in prison pathology and the prison staff in contact with the inmates (the guards and reintegration officers) need to undergo psychiatric training to enable them to recognise signs of psychiatric disorders and suicide.

4. NEGOTIN DISTRICT PRISON

Time of visit: September 2009

Number of inmates at time of visit: 13 criminal and 1 misdemeanour convicts, 37 remand prisoners (51 in total)

Average number of inmates (in the last year): 49

Gender breakdown: all male

Breakdown (of convicts) by ward: minimum security – 1, medium security – 4, high security – 9

4.1. Material Conditions

The Negotin District Prison is of very small capacity – it can accommodate up to 80 inmates. There are 8 cells (with 6 beds each) in the remand ward and one solitary confinement cell. Hygiene in these cells is satisfactory but they are very stuffy. A new bathroom was being built at the time of our visit; the remand prisoners had been using an inadequate bathroom in another building. This other building comprises the convict ward, prison kitchen, cafeteria and reintegration unit offices. The convicts' cells are in poorer shape and are cramped with more beds than those in the remand ward; the mattresses are dilapidated. The cafeteria doubles as a common room.

4.2. Treatment of Inmates

We heard no complaints about physical or psychological ill-treatment. The convicts say that their relations with the prison administration and staff are fine. Several convicts complained about the quality of health care – they claimed that the doctor did not devote enough attention to them and treated them badly.

The convicts know their rights and how the prison units operate. The provisions on the time they spend outdoors, the frequency and duration of visits, correspondence and reception of packages, phone calls and privileges are abided by.

The number of imposed disciplinary measures is very small – only seven disciplinary offences have been recorded in the last two years, mostly for failure to return and abuse of privileges.

The use of coercive measures was not registered in the past two years.

4.3. Safety and Security

There were no attempts to escape or commit suicide in this prison in the last three years. Inter-prisoner violence is rare. No attacks on prison staff have been recorded in the past two years.

There are no informal groups or any inmate hierarchy.

Four guards are on duty in the day shift and three are on duty in the night shift.

4.4. Health Care

The prison's organisational structure and staffing plan enactment does not envisage the full-time employment of any health workers. Fortunately, a member of the security staff finished nurse school and she looks after the health of the convicts. A doctor, a retired surgeon, comes for an hour three times a week (on Mondays, Wednesdays, and Fridays) to examine the inmates. A psychiatrist and a general practitioner from the local health centre visit the prison once a week.

The nurse has been working in the facility for about a year and does not know who looked after the convicts before her. The health staff and the prison administration cooperate well.

Three convicts suffer from diabetes and one from heart problems. The prison has no HIV positive inmates or registered addicts, newly diagnosed cases of tuberculosis, injuries sustained at work or in conflicts, of rape, self-injury, suicides or attempted suicides or deaths.

The room used as the doctor's surgery is not adequately equipped – it has only an examination bed and no medical equipment whatsoever. This is understandable to an extent given the lack of space in the building. We

were reassured that the doctor's surgery would be additionally equipped during the ongoing refurbishment.

All convicts undergo a compulsory medical examination within 24 hours from admission, unless they are admitted over the weekend or on a holiday. The doctor examining them tells them about how they can access health care, but they do not receive any information regarding hygiene in the facility or infectious diseases. Like in the other establishments, doctor's appointments are booked through the guards and there are no particular problems in that respect. Considering that there is no full-time medical staff, the guards consult with the doctor over the phone in case of an emergency. The decision on whether an inmate requires urgent medical assistance is taken by the guards, which definitely increases the risk of errors. There are no problems in organising the examinations of the inmates in the civilian health centres. The nurse accompanies inmates transferred to such institutions only if the patient's health is severely compromised. Dental services are provided by the civilian health institutions.

The prison keeps personal medical files of all convicts and regularly updates them. The inmates do not undergo comprehensive annual check-ups, which are unnecessary given the small number of convicts. A doctor visits convicts under solitary confinement every day and is duty-bound to certify that a convict is fit to sustain this disciplinary penalty. The prison kitchen is in a position to provide specific dietary arrangements on doctor's orders. The doctors can perform only basic check-ups due to the lack of medical equipment. Convicts in need of inpatient treatment are referred by the doctor to the Special Prison Hospital or the local health centre (the latter is avoided due to a shortage of security guards). The doctor looks after the medicine cabinet and issues the medications. The establishment does not have a psychologist on staff.

The inmates are usually examined in the presence of the guards. To reiterate, they should be examined in the absence of the guards, unless such examination would compromise the safety of the health staff or the examined inmate.

Inspections of the food, hygiene, sanitary facilities, ventilation and heating are performed by the doctor. No particular irregularities had been observed during the recent inspections, although we noted that the remand ward was poorly ventilated and stuffy. Also, there were no

recorded cases of head lice infestation. The convicts are not provided with information on infectious diseases or physical education. None of the staff has undergone specific training in detecting risks of suicide among the inmates. The doctor was unaware of his obligation to examine convicts against whom coercive measures had been used.

The doctor and nurse have not undergone special training in prison pathology.

4.5. Staff

The prison has 28 staff, two of them on fixed-term contracts. Ninety six percent of the jobs envisaged by the organisational structure and staffing plan enactment are filled. The custodial unit is staffed by 19 guards, or 95% of the number envisaged by the enactment. Interpersonal relations and communication, both between the staff and the convicts and among the staff, are good.

4.6. Recommendations

We gained the impression that the inmates were treated well and that their rights are respected. This good practice should continue.

To improve the inmates' living conditions, the administration should first change the mattresses on their beds and then ensure the better ventilation of their cells.

The inmates should be examined in the absence of the guards unless there is reasonable cause that the inmate may injure the medical staff or himself. The administration should regularly inform the inmates of infectious diseases.

The medical staff should be trained in prison pathology and the prison staff in psychiatry to enable early detection of psychiatric disorders and risks of suicides among the convicts.

5. NOVI PAZAR DISTRICT PRISON

Time of visit: October 2009

Number of inmates at the time of visit: 38 criminal and 3 misdemeanour convicts, 49 remand prisoners – 90 in total

Average number of inmates (in the last year): 90

Gender breakdown: 89 men, 1 woman

Breakdown (of convicts) by ward: minimum security – 1, medium security – 23, high security – 14 (the remand prisoners are also accommodated in the high security ward)

5.1. Material Conditions

The prison is located near the city centre and comprises two buildings. One houses the prison administration, the local music school, the Historical Archives and an art studio, which is absolutely inappropriate in terms of security, particularly in view of the fact that all these institutions overlook the prison compound – the other building, in which the convicts and remand prisoners are held, and the exercise yard.

The building accommodating convicts and detainees was recently renovated, the cells are very clean, well-lit and ventilated. Every cell has a television set, a bathroom with a shower and hot water. Most cells fit six inmates. One cell with nine beds is shared by remand prisoners. The solitary confinement cell is four square (eight cubic) metres in area i.e. fulfils the PSEA standards, and is well-lit and ventilated. The building also houses the kitchen, which is also very clean and tidy, and equipped with new appliances. The refurbishment of the common room, which is fairly large and well-lit, was under way during our visit. The prison did not have a common room before and, with the exception of the time they spent

outdoors, the convicts spent the rest of the time in their cells. There is also a canteen in this building.

5.2. Treatment of Inmates

The convicts did not complain about any physical or psychological ill-treatment. Coercive measures are rarely used – four times in the past two years (twice in 2008 and twice in 2009). The inmates committed 28 disciplinary offences in 2008 and 21 offences during 2009. Most (46) were punished by revocation of privileges or reprimanded. None were ordered into solitary confinement in the past two years. The administration keeps records on disciplinary proceedings and always serves copies of the decisions on disciplinary measures to the offenders, as they themselves confirmed.

The convicts are familiar with their rights, House Rules (we saw copies in every cell) and how the health unit works.

The rights to visits, a telephone, and written correspondence are exercised in keeping with the PSEA. Most convicts often receive parcels and thus supplement their diets.

The time that convicts and remand prisoners spend outdoors in the exercise yard is usually in conformity with the PSEA standard. However, the security service cannot ensure that all the inmates spend two hours outdoors when the prison population exceeds the average number.

Religious ceremonies are performed in the cells, and the Meshihat of the Islamic Community donates meat and thus provides the Islamic believers with food conforming to their religious beliefs.

Only four convicts work, outside the prison grounds.

5.3. Safety and Security

As mentioned, the building shared by the prison administration, music school, Historical Archives and art studio overlooks the exercise yards. The prison does not have control of who enters the school, Archives or studio; objects can be thrown into the exercise yard and people can climb down into it from the windows, or even fire shots at the guards and the inmates.

Only one inmate attempted escape in the past three years, in 2008.

The prison has video surveillance and a metal detector. The prison administration and guards say that the metal detector has proved instrumental in thwarting visitors attempting to smuggle in cell telephones.

Between four or five guards work in every shift, which is insufficient given the number of inmates and the security-related deficiencies. The governor and the guards think that 6–7 guards per shift would suffice.

5.4. Health Care

The health care unit comprises a visiting doctor and a full-time medical technician. The medical technician began working three months before our visit (the job had previously been performed by the same nurse for 10 years, who requalified and now works in the prison administration). The doctor has been visiting the prison once a week (on Wednesdays) for six years and whenever necessary. He is a specialist in family medicine which he has been practising for 20 years in the city's health centre. The technician rarely has to work overtime (one or two hours a day).

The doctor's surgery is located on the first floor of the building where the convicts and remand prisoners are accommodated. It is very spacious and well-lit and has a medicine and filing cabinets. The health unit has its own toilet with a shower. As for diagnostic equipment, the unit has a blood pressure and blood sugar measurement devices, although the doctor remarked that he usually brought his own devices, as well as his own stethoscope and ECG. The medicine cabinet is well-stocked. Sedatives, antibiotics and analgesics are prescribed the most often. The doctor holds the keys to the medicine cabinet and prescribes the therapies administered to the inmates by the technician. There have been no thefts or abuse of the medications. All the ordinary lab tests ordered by the doctor are carried out in the city hospital.

The prison does not have an inpatient unit and persons in need of such treatment are transferred to the city hospital. The technician only escorts inmates transferred to hospitals in other cities, but not to the city hospital which is close by. The doctor always assesses whether the patient needs to be accompanied by the technician to a civilian medical institution. The doctor has, however, highlighted the problem arising from the fact that courts are slow to issue approvals for transferring remand prisoners to hospital for examination or treatment.

Every inmate must be examined at admission. The examination is carried out by the doctor if he is in house or in the city hospital. The doctor provides the newly admitted inmate with basic health care information. The unit keeps personal medical records of all convicts, but the records on examinations and therapies are kept in the patient logbook. Special dietary arrangements are provided on doctor's orders. Psychiatric examinations are conducted outside the establishment upon the referral of the doctor. The health unit staff is not trained in conducting psychotherapy and work therapy programmes. Medical examinations are conducted in the absence of the guards.

The convicts do not need to schedule appointments in advance. They are entitled to request an examination every morning and the doctor is then asked to come in. Everyone who asks to see the doctor is examined and the guards do not prioritise the requests. Emergency care is provided by the city health centre after consultations with the doctor and on the basis of his opinion.

Dental care boils down to the repair and extraction of teeth in the city hospital. The prison can only provide pain-killers to inmates suffering from a toothache.

As far as preventive care is concerned, a doctor inspects the food and hygiene of the premises once a week. The prison provides the inmates with basic personal hygiene items. There have been no rodents or unpleasant odours since the building was renovated. The health education of the convicts boils down to a conversation at admission. There are no organised lectures. All convicts against whom coercive measures are applied undergo medical examinations, but the health unit does not conduct pre-release check-ups of the convicts.

Health inspectors inspect the work of the health unit. The health staff has not undergone any special training in prison pathology. It meets regularly with the administration and informally with the governor to discuss the problems it encounters the most frequently.

5.5. Staff

The prison has 29 full-time staff and 3 staff employed on fixed-term contracts, whereby 80% of the jobs envisaged by the organisational structure and staffing plan enactment are filled. The security service has 24 staff; both the governor and chief of security are of the view that this

unit is understaffed and the draft organisational structure and staffing plan enactment envisages a greater number of guards.

Staff and inmate-staff interpersonal relations are good. The undersized security service has to work overtime and some guards have not been able to take their annual leave. Overtime fees are paid out with delay.

5.6. Recommendations

Although the building in which the inmates are accommodated has been renovated recently and the facilities are in very good condition, it would be best to relocate the prison, which now shares the building with three other institutions, because it is impossible to ensure its security in the current circumstances (see 5.1).

The prison administration needs to arrange recreational activities for the inmates, particularly in the summertime, as they have hardly any purposeful activities at their disposal now. The administration should also strive to employ the convicts as often as it can.

Convicts would benefit from lectures in preventive medicine, including on infectious diseases (particularly HIV and hepatitis), both in prison and upon release, given that many of them have drug abuse problems. The health unit staff needs to be trained in prison pathology and the prison staff would benefit from training in psychotherapy and work therapy programmes.

6. CORRECTIONAL INSTITUTION FOR WOMEN IN POŽAREVAC

Time of visit: October 2009

Number of inmates at time of visit: 217 criminal and 7 misdemeanour convicts – 224 in total

Average number of inmates (in the last year): 220

Breakdown (of convicts) by ward: minimum security – 12, medium security – 85, high security – 120

6.1. Material Conditions

The prison has several facilities for the accommodation of inmates, a separate administrative building, a spacious yard, garden, workshop and a prison farm out of town where the convicts work during the summer. There are also special facilities accommodating pregnant convicts and convicts with children.

The cells in the minimum security ward are in good condition, clean, tidy and sufficiently spacious. The cells in the medium and high security wards are in worse condition. The renovated ones are clean, but the rest are in a very bad state, especially the walls and tiles in the shower rooms on the ground floor (where, according to the convicts, the heating is poor as well). The solitary confinement cells are also dilapidated, dirty and very dark, with very poor sanitary facilities. The solitary confinement cells have an area of around 4 m². The light in all the cells on the ground floor (the high security ward cells) is very poor and the convicts have difficulty reading without artificial lighting. There are common rooms. Smoking is forbidden, except in the smokers' room.

Cells accommodating pregnant convicts are well-equipped and clean, they are spacious, well-lit and well-ventilated.

The cafeteria is spacious and clean and comprises a canteen. There is no kitchen and the meals are prepared in and transported from the male correctional institution in Požarevac.

6.2. Treatment of Inmates

Several convicts complained about mistreatment, claiming that the guards have on occasion used force unnecessarily or excessively. They believe that the rules of conduct are too strict and that disciplinary measures are often imposed unnecessarily. The convicts are not allowed to lie in their beds or sleep during the day except at night and during the afternoon rest, as we ourselves witnessed. Some other institutions also prohibit such conduct and punish lying or sleeping in bed as a mild disciplinary offence of “undisciplined, inappropriate or aggressive conduct disrupting life and work in the establishment” laid down in Article 19 (1(13)) of the Rulebook on Disciplinary Offences, Measures and Proceedings against Convicts. Even if one were to accept that lying in a bed or sleeping during the day is a form of non-discipline, it definitely cannot be perceived as disrupting anyone’s life and work in the establishment and cannot be qualified as a disciplinary offence. Moreover, the reason for such conduct by the convicts (particularly in the high security ward) usually lies in the fact that they have no purposeful activities at their disposal; the chairs in the common rooms are much too uncomfortable to spend longer periods of time sitting on them, wherefore their beds are the most comfortable place where they can spend their days.

Most of the 104 disciplinary offences in the past two years were punished by reprimand (45 times) or solitary confinement (46 times). In the same period, the use of coercive measures was registered 69 times (isolation–46 times, restraint –20 times, use of rubber truncheons–3 times), most often to prevent self-injury (in 31 instances) or inter-prisoner violence (15 times).

The convicts are at admission notified of their rights, the House Rules and how the health care service works.

PSEA regulations on the frequency and duration of visits are respected. Visits by children are allowed every day (not only on visiting days). These visits are organised by the social work centres. At the time of our visit, the establishment was implementing a project that involved video recording the inmates and sending the tapes to their children to

ensure that they keep in touch. The establishment seeks the opinion of the social work centre before establishing such communication between the mothers and their children and a child is given the tapes only if the centre assesses that they would have positive influence on the child.

Around 60% of convicts work. The establishment provides training in work performed within the establishment. There are no primary education programmes although a certain number of convicts would benefit from them.

6.3. Safety and Security

There have been no attempts to break out of prison in the past three years. There have been failures to return from work outside the establishment.

There is video surveillance (but not of the cells and shower rooms) and the convicts allowed to visit their families over the weekends are upon return subjected to a thorough search (including a mandatory gynaecological examination).

There is violence among convicts. It is prevented by separating them and imposing disciplinary measures against the offenders.

There are between 7 and 9 guards on duty at all times.

6.4. Health Care

The health unit is situated in a separate building. The ground floor comprises a waiting room, an examination room and a dental surgery. All the rooms are spacious, well-lit, tidy and well-equipped. The examination room is equipped with a blood pressure measurement device, an ECG, an instrument steriliser and a dressing drum, wherefore the staff can provide the necessary aid to an inmate who sustained an injury. The dental surgery contains a dentist's chair and equipment for the extraction and the repair of teeth. The gynaecological clinic is located on the first floor. It has an examination table screened off by a folding screen. The doctor can do cervical and vaginal smears and Papanicolaou tests; the latter is very important for the early discovery of cervical cancer. We were told that some convicts themselves asked for gynaecological check-ups, while others, especially those staying in the institution for a longer period of time, are advised by the doctor or nurse to have a Papanicolaou test. As far as breast cancer examinations are concerned, the establishment was

expecting a mammogram to arrive and the screening to begin at the time of our visit. Some convicts saw their own gynaecologists during their weekend visits to their families.

The health unit comprises six doctors and three nurses. Two are employed full-time – a specialist in general medicine, a specialist in epidemiology (9 years) and a nurse (18 years). They work eight hours (from 7 am to 3 pm). The doctor is on call out of office hours. A doctor specialist in general medicine and a doctor specialist in internal medicine and the other nurses work four hours a day (from 3 pm to 7 pm). The nurses work on weekends, too, in 12-hour shifts. A neuro-psychiatrist and a dentist visit the establishment once a week. The dentist's job usually involves extracting teeth while the convicts have to pay if they want their teeth fixed. The neuro-psychiatrist is on call as well in case of self-injuries. The gynaecologist visits the establishment twice a month.

Team meetings with the administration are held occasionally, although, according to the health care staff, they communicate on a daily basis and encounter no problems when they need to address an urgent issue. Shift logs facilitate communication between staff working different shifts. One work-related injury was recorded in the past six months.

Every convict is examined at admission and undergoes a physical check-up if necessary, and is provided with basic information on how the health unit operates.

Inspections of food, hygiene, sanitary facilities, ventilation and heating are regularly carried out and attended either by a nurse or a doctor. Head lice infestation occurs occasionally, mostly among misdemeanour convicts. These problems are successfully addressed. The convicts are not provided with any special health education programmes. The epidemiologist occasionally lectures them, most often on topics such as feminine hygiene and sexually transmitted diseases. The establishment has a contract with the Institute for Public Health in Požarevac to regularly conduct pest control (2 to 3 times a year). The well-stocked medicine cabinet is supervised by the nurse; sedatives are prescribed the most. Although the nurse administers the therapy, the convicts have been known to abuse the medications, (most often by hiding the medications in their mouths and then sharing them with the other convicts). The establishment does not have its own laboratory, but has a contract with the local health centre, the staff of which visits the establishment once a month or more often if need be.

Two inpatient rooms with a total of nine beds are located in the same building as the doctor's surgery. There were six patients in them at the time of our visit. Most of the patients suffer from an acute illness, old age or a disability. One of the patients we saw was recuperating from a stroke. All of the patients were placed in one room as renovations were underway at the time of our visit. The room is spacious, bright and well heated.

This section of the establishment also comprises rooms specially designated for pregnant women, new mothers and their babies. Pregnant women are accommodated in one room and mothers with babies in the other. One large room serves as the nursery and is stocked with diapers and other necessary infant apparel. All of the rooms are large, bright and well heated. The kitchen where the baby food is prepared and a tidy bathroom are located in this section as well. The convicts have their babies in the city hospital and may keep their babies with them in the establishment until they turn one. The health unit does not have any staff specialised in postnatal care and protection in the nursery – the babies are looked after by the nurses. The health staff says that the pregnant women are provided with a special diet (they are given more fruit and vegetables and one litre of milk a day). The establishment buys whatever the baby needs if the mother cannot afford to.

Doctor's appointments are scheduled with the guards a day in advance. Urgent interventions take place at the local Health Centre. In emergencies, the guards consult with the doctor whether the convict needs to be examined urgently. Access to civilian health institutions is well regulated. A convict transported to another facility for treatment is escorted only by a guard, and by a nurse in emergencies.

The establishment keeps personal medical files on all convicts. The records are updated. The convicts undergo comprehensive check-ups twice a year. The establishment is in a position to provide special dietary arrangements. The neuropsychiatrist and psychologist are trained in psychotherapy and work therapy. None of the medical staff has been specially trained in prison pathology.

The convicts have access to information about their health. We were told that none refused the proposed treatment. Examinations are conducted in the doctor's surgery, in the absence of the guards, unless there are risks of self-injury or assault on the medical staff.

Apart from the neuro-psychiatrist, the medical staff is not trained to recognise signs of suicide. The health staff is familiar with the procedure applied in case a convict is injured in an altercation with another convict or the guards. Medical examinations are conducted after the use of coercive measures and before release.

The health unit assists in drafting reports asking for alternative to imprisonment whenever it considers that a prisoner's physical or mental health has been or will be injuriously affected by continued imprisonment or by any condition of imprisonment.

6.5. Staff

The establishment has 79 staff, 92% of the number foreseen by the organisational structure and staffing plan enactment. The security service has 40 employees. They frequently work overtime. As women are mainly not interested in working in the security service, the establishment has in the last few years been hiring men, who had never entered the prison compound until then.

6.6. Recommendations

The living conditions in the high security area are quite poor and can be improved only if significant funds are invested in their refurbishment. Some of the deficiencies could, however, be rectified with less money (e.g. changing the tiles and painting the walls)

Coercive measures should be used only in the last resort and to the extent necessary for the guards to exercise their legal powers. Moreover, the establishment should stop prohibiting the convicts from lying in bed or sleeping during the day as this ban is not in accordance with the regulations and can in no way help improve the general climate in the establishment. On the contrary.

Convicts, who are not working, should be provided with recreational opportunities and other purposeful activities that would ease the time they spend behind bars.

The prison staff should undergo regular training in psychiatry to enable it to detect psychiatric disorders and risks of suicide. The health staff should be trained in prison pathology.

7. KRALJEVO DISTRICT PRISON

Time of visit: October 2009

Number of inmates at time of visit: 21 criminal and 7 misdemeanour convicts, 47 remand prisoners – 75 in total

Average number of inmates (in the last year): 71

Breakdown (of convicts) by ward: medium security – 11, high security – 15

7.1. Material Conditions

The prison is in the centre of the city, in the same building as the police station. Lack of space, particularly for accommodating remand prisoners, is the basic problem of this institution. The hygiene in the prison is satisfactory. There are cupboards where the inmates keep their personal belongings in front of every cell. The shower rooms are new, very clean and well heated. The cells fit between 6 and 17 beds, with the exception of solitary confinement cells, which meet the PSEA area and volume requirements. Ventilation is poor, the cells are difficult to air, even in autumn. Convicts told us that it was extremely stuffy in the summertime. The prison has its own kitchen but not a canteen, so the convicts place orders for additional items they want to buy. The exercise yard is very small.

7.2. Treatment of Inmates

We received no complaints concerning treatment by prison staff. None of the convicts we spoke to was physically or mentally ill-treated and they described the relations with the guards and administration as fine.

Seventeen disciplinary offences were committed in 2008 and 11 in 2009. Most were grave disciplinary offences and their perpetrators were

punished by solitary confinement. Many of the disciplinary measures were impossible to apply as they were committed by the convicts just before their release. Coercive measures are rarely used – instruments of restraint were used twice in 2008 and four times in 2009; isolation was resorted to once in 2009. No special records are kept on the use of force and disciplinary measures, this information can only be found in the general registries.

PSEA regulations on contact with the outside world are respected and the convicts confirm that they are able to make phone calls, send and receive letters. Visits are conducted in accordance with the law and most of the convicts are entitled to special privileges – to leave the prison grounds and visit their families over the weekend.

Convicts are at admission notified of their rights, the House Rules and the operation of the health unit. There is a methadone treatment programme for psychoactive substance addicts.

Apart from maintaining the prison hygiene in the prison, the convicts are very rarely hired to do other work.

7.3. Safety and Security

Prison security benefits from the fact that the prison and police state share the same building. There were no break-outs in the past two years and only one attempted escape in 2008. Violence among convicts is rare.

The cells are under video surveillance and are regularly, periodically searched.

No attacks on staff have been recorded recently.

There is no inmate hierarchy or informal groups.

7.4. Health Care

The health unit comprises a specialist in emergency medicine and a medical technician. The doctor also holds the position of the head of the city's health centre emergency ward and has been contracted to visit the prison for five years now. The technician has been permanently employed in the establishment for 3 years now. He works every workday from 7 am to 3 pm. A psychiatrist visits the institution once a week.

The doctor's surgery is very small, but exceptionally well-equipped for an institution of such small capacity. Access to natural light could be improved. The hygiene of the office is excellent. A hand sanitizer has been installed at the entrance to the doctor's surgery. The office is equipped with a blood pressure and sugar measurement devices, an otoscope, an ECG and an oxygen bottle which can be used for therapeutic purposes and in emergencies.

The medicine cabinet is well-stocked. The technician distributes the medications prescribed by the doctor. When the technician is absent (on weekends), the patients receive their prescribed treatment prepared by the technician and kept in the medical dosers. The doctor most often prescribes sedatives, antibiotics and pain-killers. Theft and abuse of medications have not been recorded. A methadone therapy was in place and four inmates were participating in it at the time of the visit. The therapy is supervised and controlled by the doctor; we would like to take this opportunity to highlight the technician's practical application of the therapy and prompt and accurate maintenance of all the records.

All of the required laboratory tests are carried out in the city health centre. The medical technician takes blood samples in the doctor's surgery, as he possesses the relevant equipment, and sends them to the health centre. He also takes the blood samples for serological tests conducted in the city health care institute. The doctor's surgery has the wherewithal and the so-called first check home drug tests of convicts who had been on weekend visits are conducted regularly with their consent. Detailed records are kept of such testing.

The are no HIV positive convicts in this prison.

Convicts in need of inpatient treatment are referred to the Special Prison Hospital in Belgrade or to the local health centre, as the prison does not have an inpatient unit. The technician always escorts transfers of convicts.

At admission, every convict is examined and provided with basic information on how the prison health unit operates and with brochures on contagious diseases. The initial examination is performed by the technician and sometimes by the doctor. All data are recorded in the convict's personal medical file. Doctor's appointments are scheduled by the convict with the technician or a guard who then call the doctor. The doctor's surgery has the equipment to measure the convicts' blood pressure and blood sugar levels, an ECG, perform ear examinations and rinsing,

administer pill and ampoule therapies, bandaging, i.e. the establishment is capable of providing medical services which even some civilian institutions are unable to. The paramedic unit, with which the prison boasts excellent cooperation, are called up in case of an emergency at night. Dental care is provided by the local health centre but only for acute dental problems.

Convicts under solitary confinement are examined on a daily basis.

If necessary, the doctor prescribes special dietary arrangements, which the establishment kitchen is in a position to provide.

Psychiatric care is provided once a week by the psychiatrist who examines every referred inmate and every new inmate.

Convicts have access to all information regarding their state of health. They are examined out of sight and earshot of both the staff and other convicts.

The medical technician stated that he attended educational programmes on prison pathology and programmes on suicidal tendencies.

As far as preventive health care is concerned, the medical technician supervises nutrition by tasting the food prepared for lunch every day. Also, the facilities undergo preventive disinfection and insect control three to four times a month. Smears are taken for sanitary inspection and sent to the city's public health institute once a month. All kitchen staff undergoes a mandatory sanitary and laboratory test every six months.

Every convict is provided with personal hygiene items and they are entitled to buy other hygiene items if they wish.

Examinations after the use of coercive measures are conducted in accordance with the law.

The doctor certifies whether a convict is fit to sustain disciplinary punishment.

Team meetings with the prison administration are held regularly. They mostly focus on the requirements of the health unit.

We concluded after the interviews, the tour of the prison and the perusal of the records that the prison health service is exceptionally well organised. The promptness and accuracy of the medical technician who keeps various kinds of records deserves to be highlighted. The exceptional preventive care is also laudable, notably the disinfection and insect control of the facilities, the frequent sanitary inspections of the kitchen staff, the flu vaccinations and distribution of brochures on ongoing epidemics,

practices not typical either of other prisons or of civilian institutions. The work of the unit could further be improved by designating a bigger room for the doctor's surgery.

7.5 Staff

The number of employees is 42 i.e. 89% of the number laid down in the organisational structure and staffing plan enactment. The security service employs 32 people. The interpersonal relations among the staff and between the staff and inmates are good. The guards emphasise that they need adequate vehicles for transferring convicts because they have only one such vehicle and a large number of transfers given that most of the inmates are remand prisoners.

7.6 Recommendations

The prison needs to continue with its good practice concerning the treatment of inmates. All inmates need to be provided with recreational opportunities (given the lack of space, all the administration can do is set up a small gym or install several exercise devices in the exercise yard). The prison administration should also endeavour to find jobs for convicts whenever it can.

The prison administration needs to keep separate records on the use of coercive measures.

8. KRAGUJEVAC DISTRICT PRISON

Time of visit: October 2009

Number of inmates at the time of visit: 83 criminal and 10 misdemeanour convicts, 69 remand prisoners – total 162

Average number of inmates (in the last year): 127

Breakdown (of convicts) by ward: minimum security – 16, medium security – 74, high security – 7

8.1. Material Conditions

The prison is on the outskirts of town. It is not walled in. The prison administration is housed in a separate building. The building with the cells is in poor condition, the furniture is old and worn out and the shower rooms are also in a poor state. Lighting is good, but the cells are difficult to ventilate – they are quite stuffy. One section houses the remand prisoners and the high security ward and the other the medium security ward and the common room, which is spacious and well-lit and comprises a library. It also has a TV set. There is no inpatient unit but there is a sick room.

The main problem of this establishment stems from lack of room. The building was originally designed to accommodate 120 inmates, much fewer than it actually does. The staff thus faces problems in separating remand prisoners. The largest cells, fitting up to 16 inmates, are in the high security ward.

The prison yard, which is used as the exercise yard, is spacious and well tended. The prison also has a farm at which crops used to feed the inmates are grown.

8.2. Treatment of Inmates

The majority of convicts we spoke to qualified the conduct the behaviour of the guards, administration and other staff as fine. One convict claimed that guards on occasion used force without cause.

PSEA regulations on the duration inmates are to spend outdoors are respected, as are regulations on contact with the outside world – rights to a telephone, correspondence, visits and to leave the prison. Most convicts are entitled to privileges.

The prison administration recorded 49 disciplinary offences in 2008 and 42 until our visit in October 2009. Most offenders were taken to task for abusing their privileges, using psychoactive substances or involvement in fights with other convicts. Most of them were punished by revocation of privileges, reprimand or solitary confinement. The prison keeps records on the disciplinary proceedings, offences and imposed penalties.

Coercive measures were used 14 times in 2008 and 27 times in 2009, mostly to prevent violence and use of psychoactive substances. The measures involved isolation, physical force and rarely the use of a rubber truncheon.

The staff told us that the persons brought in by the police were often injured or beaten up.

Convicts are tested for psychoactive substances; the results of those returning from weekend visits are most often positive. The staff considers that the convicts who refuse to take the test would test positive and takes measures accordingly

8.3 Safety and Security

Only one convict tried to escape in the last three years. Convicts have, however, failed to return on occasion. The prison does not have video surveillance but all objects are scanned at the entrance into the prison.

Inter-prisoner violence is resolved by separation, which is sometimes difficult to achieve due to the lack of room.

The facilities are searched 3 to 5 times a month. The guards usually discover the stolen prison inventory during the searches but have on occasion found shivs as well.

8.4. Health Care

The health care unit comprises a general practitioner and a medical technician who are employed on a full-time basis (the doctor has worked at the prison for a year and the medical technician for three years). The

doctor is in office four days a week, from 7 am to 3 pm, and the technician every workday at the same time. The doctor is on call during the weekends and visits the convicts in solitary confinement. There has been no breach of duties or responsibilities by the health staff.

The doctor's surgery is very spacious but has extremely poor access to natural light and the artificial light must be on all day. The surgery only comprises the basic furniture (table, chairs, bed, cupboards) and basic equipment (blood pressure and blood measurement devices) and has no other diagnostic equipment. The doctor told us that investments were minimal, even in items needed in everyday work.

The medicine cabinet is well-stocked with pill and ampoule therapies (antibiotics, sedatives, hypnotics and analgesics). Only the doctor and technician have access to the medicine cabinet and doctor's surgery. There have been no thefts or abuses of the medications. The doctor prescribes the therapies distributed by the technician. The doctor is always present when the antibiotic therapy in ampoules is administered.

The prison does not have an inpatient room and the inmates in need of inpatient treatment are referred to the city health centre. The doctor highlighted the highly unsatisfactory cooperation with the civilian institution, especially when convicts need to be hospitalised for a longer period of time. Admission of convicts for treatment is refused on the grounds that their admission would compromise hospital security.

All inmates must undergo a check-up within 24 hours from admission. In the event that the inmate is visibly injured on arrival and the doctor is not present, he is taken to the clinical centre for examination and only afterwards admitted to prison. The convicts book their appointments with the doctor via the guards and are usually seen the same day. In the doctor's absence, the initial examination is conducted by the technician, who has the adequate qualifications. The guards call the paramedics in case of an emergency if none of the health staff is on duty. The doctor assesses in each specific case whether the health staff needs to escort the convict to be transferred to a civilian inpatient institution. Dental care is limited to emergency tooth extractions; the convicts have to cover all other dental services.

The prison keeps personal medical files on all convicts. Convicts in solitary confinement are examined every day. The prison kitchen is in a position to provide for the special dietary arrangements prescribed by the

doctor. The establishment provides regular therapy for its inmates in the methadone addiction treatment programme.

The establishment does not have a psychologist or psychiatrist performing regular check-ups. Its medical staff has not been trained in conducting psychotherapy programmes. The patients have access to all information about their health. Any refusal of treatment must be verified in writing. Convicts are examined in privacy, but remand prisoners are examined in the presence of guards. All examinations should be conducted in the absence of guards unless there is reasonable doubt that this would result in an assault on the medical staff or in self-injury.

The medical staff has not undergone any special training in prison pathology.

The meals are inspected every day by the doctor, who signs the log and thus approves the serving of the prepared food. Sanitary inspections of the kitchen staff are conducted every 6 months. Insect control of the convicts' cells is carried out periodically. Every convict is given a hygiene package at admission and cleaning products once a week.

The staff is educated to recognise signs of suicide and such convicts are referred to a psychiatrist. There was one attempted suicide in the past two years. The doctor keeps records of the convicts' injuries and self-injuries. All inmates against whom coercive measures were used are examined immediately and re-examined in the following 24 hours. All convicts are examined before release as well.

The doctor states that there is no supervision of the work of the health service by the Ministry of Health. The administration heeds the doctor's assessment on the need to discontinue the application of a disciplinary measure. In his opinion, the independence of the health unit in this institution is preserved.

8.5. Staff

The prison did not have a governor in place at the time of our visit because the former governor had just been transferred to the District Prison in Kruševac. The prison has 49 staff, as envisaged by the organisational structure and staffing plan enactment. The security service is staffed by 34 guards.

The staff says that the accounting and security units are undersized. They are of the view that a female guard needs to be hired because the prison often accommodates women in the remand ward. The prison had two trainee guard vacancies advertised at the time of our visit. The establishment should also hire a psychologist.

8.6 Recommendations

The wards are in poor condition and need to be refurbished. The bathroom is particularly dilapidated.

The prison administration should endeavour to find jobs for as many convicts as it can to ensure that they spend their time in prison more creatively.

The doctor's surgery needs to be equipped, notably by an ECG. All examinations, including those of remand prisoners, have to be conducted in the absence of the guards, unless there are risks that the examinee may assault the health staff or injure him or herself with a medical implement.

The prison should ensure the occasional visits by a psychiatrist who would be at the disposal of all inmates in need of such care. The presence of a psychologist would definitely be beneficial as well.

The staff and inmates should undergo training in infectious diseases more often.

9. NOVI SAD DISTRICT PRISON

Time of Visit: February 2010

Number of inmates at the time of the visit: 388
criminal convicts, 34 misdemeanour convicts, 245
remand prisoners (667 in total)

Average number of inmates over the past two years:
around 600

Gender breakdown: 661 men, 6 women

9.1. Material Conditions

The convicts are accommodated in two buildings. The newer building is a medium security ward, while the other building houses the admission unit, the high security ward, cells for inmates under enhanced supervision and under solitary confinement. Overcrowdedness is the chief problem with respect to accommodation. The prison was designed to house around 320 inmates, but currently accommodates twice as many.

The building housing the medium security ward is newer, the premises are clean and have good lighting and ventilation. Between 6 and eight convicts share each cell. Each convict has his own locker. The shower rooms are in good condition.

The other, older building, which houses the high security ward, is in poorer shape and is extremely overcrowded. There are between 14 and 20 convicts in each cell. The bunk beds are jammed very close to each other. The dormitories are not big enough and fall short of the requirement in the PSEA under which each convict must have at least eight cubic or four square metres of living space. The walls are in quite poor condition and damp, particularly on the ground floor. The cells for convicts under enhanced supervision are in a better state than the others; they are cleaner, less damp and are shared by fewer convicts than others, wherefore the

conditions in these cells are much better. The admission unit is a room of some 20 square metres and has eight beds. The lighting in the solitary confinement cells is good, but the sanitary facilities are quite dilapidated. The shower rooms are in a poor state; moreover, it is impossible to provide sufficient supplies of hot water. The cafeteria is spacious and well lit and the hygiene in the facilities in which the meals are prepared and served is satisfactory. A separate cell has been designated for smokers. The cells are open all day and all night and the convicts can practically freely move up and down the whole floor.

The exercise yard includes a small sided soccer field and a basketball stand; inmates also have at their disposal a small gym where they can work out.

9.2. Treatment of Inmates

None of the convicts the BCHR interviewed complained of any physical or psychological ill-treatment by the security staff. They describe their relationship with the security service and prison management as fine.

The convicts are well-informed about their rights and the way the prison services operate. They have access to the regulations most relevant to them – the PSEA and the House Rules.

Some of the convicts work, in the prison compound or outside it, in the city companies. They are remunerated for their work, but irregularly, they claim.

The interviewed convicts say they spend around one hour a day in open air or in the gym, which is less than the PSEA stipulates (under the PSEA, convicts are to spend at least two hours a day outdoors).

The convicts did not have serious complaints about the manner in which disciplinary proceedings were being conducted. However, it should be underlined that the prison currently does not have a full-time lawyer on staff. Only once this vacancy is filled will the conditions improve for conducting disciplinary proceedings and keeping records of them.

The convicts mostly complained about the quality of the food, the lack of hot water and classification, which they mostly perceive as unfair. The most serious complaints, however, pertained to overcrowdedness and safety. Due to the architectural design of the building, which allows

for the free circulation of the convicts from one cell to another round the clock, over 100 convicts practically reside in one spatial whole. The understaffed security service has led some convicts to believe that their safety is in jeopardy – they doubt that the guards would be able to react adequately and protect them from harm if serious inter-prisoner violence were to break out.

The prison ensures contact with the outside world, the convicts are allowed to send mail and receive letters and packages. The visits are conducted in accordance with the PSEA.

9.3 Safety and Security

Overcrowdedness and lack of custodial staff are the main problems related to safety. These problems particularly plague the maximum security ward, which accommodates convicts classified as sub-categories C1 and C2 (under the House Rules of Correctional Establishments and District Prisons, convicts who are expected to adjust to prison conditions with greater difficulty and who are in need of more intensive correctional and reintegration assistance because of their personal features, the type and gravity of the crime they committed, their earlier way of life and achieved degree of rehabilitation are classified as category C, i.e. sub-categories C1 and C2). It should be noted that the Novi Sad District Prison was initially to have accommodated first-time offenders (who are rarely classified as category C in district prisons) and that the premises were designed in accordance with that plan, without partitions between the dormitories and common rooms and the toilets and shower rooms, which means that the convicts can freely move up and down the whole floor and from one cell to another round the clock. Given the small number of guards, this may pose a security problem because, with such a large number of convicts, one can never rule out physical altercations; the security service is understaffed and may not be capable of reacting adequately in such cases and protecting the convicts from serious harm. The guards themselves admit that it is difficult to control such a large number of convicts given the current accommodations.

The convicts admit that a clear hierarchy reigns among them but note that the existence of the informal system benefits their safety. There is intolerance of inmates convicted for sex crimes.

The part of the prison where remand prisoners are held is under video surveillance.

9.4 Health Care

The prison has a doctor's surgery office and a dental surgery. The doctor's surgery is spacious, tidy and well-lit. The only equipment it has is a blood pressure measurement device and an electrocardiogram. The dental surgery is equipped with a dentist's chair and tooth extraction tools.

The prison health service has three doctors on staff, one of whom also works in the correctional and reintegration programme unit (interestingly, the prison organisational structure and staffing plan enactment does not provide for the full-time employment of a doctor). All three doctors are specialists in general medicine. The health unit is also staffed by two medical technicians, who work in two shifts (from 08:00 to 13:00 and from 13:00 to 21:00). The technicians also work Saturdays and Sundays, while the doctors work from Monday to Friday and are on call at nights or on weekends. Two other doctors, a neuro-psychiatrist and a specialist in infectious diseases, visit the institution twice a week or more often if necessary. The dentist only extracts teeth and works once or twice a week. The establishment staff also comprises four psychologists and two special pedagogues.

The medical staff and the prison management occasionally hold team meetings. The medical staff states that their communication with the management on urgent issues is very good. The medical staff holds morning meetings – consultations every morning.

Every convict is examined at admission and is provided with the main information on how the prison medical service operates and with other medical information.

The monitoring and supervision of the nutrition, hygiene, sanitation, ventilation and heating are regular and attended by a nurse or a doctor. The inmates, mostly misdemeanour convicts, occasionally suffer from lice but these problems are successfully addressed. There is an inmate education programme within the Methadone Centre, which cooperates with the national Methadone Centre, the Clinical Centre of Vojvodina, the Public Health Institute, and the Epidemiological Institute in Novi Sad.

The prison doctors, medical technicians, psychologists and pedagogues, who have undergone appropriate training in the field, are involved in the work of the Methadone Centre. HIV and hepatitis testing is conducted at the request of the inmate or the doctor and the prison has a counselling centre for convicts suffering from these diseases. The Centre also conducts drug abuse treatment and substitution therapy. Chronic hepatitis therapy is conducted in cooperation with other relevant institutions.

The well-supplied medicine cabinet is supervised by the medical technicians; sedatives are in greatest demand. The prison does not have a laboratory but cooperates with the field unit of the relevant outpatient health clinic, which conducts all the necessary lab analyses.

The institution does not have an inpatient unit. There are rooms which were initially designed for inpatient treatment, but such treatment is unavailable due to lack of funds and overcrowdedness. This is why ill patients stay in their own beds or at civilian medical institutions, depending on the state of their health.

Inmates book medical appointments through the custodial staff and the examinations take place the following day (unless the request was filed on a Friday). The requests are not prioritised. Urgent interventions are undertaken at the relevant health centre. In emergencies, the security service calls the doctor in. Access to civilian health institutions is regulated well. The convicts are transferred to another institution for treatment in the company of only the security guards, but not of a medical technician, except in emergencies or when the health institution is far away. All inmates transferred to an outside medical institution need to be escorted by a health worker.

The convicts' medical records are regularly updated. They do not undergo annual comprehensive check-ups. Convicts under solitary confinement are regularly examined. The prison provides special dietary regimes, as well as for psychotherapy and work therapy. The neuropsychiatrist and psychologist have undergone special training in prison pathology.

Convicts have access to information on their health. We were told that none had refused the proposed therapies. The check-ups are conducted in the doctor's surgery, in the absence of the security guards, unless their presence is required for security reasons.

Medical staff is especially trained in recognising signs of suicidal behaviour. It is versed in the procedure applied in case an inmate is

injured in a physical altercation with another inmate or the security guards. Examinations after the use of coercive measures are conducted in accordance with the PSEA and the inmates undergo check-ups also prior to release from the establishment.

9.5. Staff

The prison security service is seriously understaffed and has even fewer guards than envisaged in the organisational structure and staffing plan enactment, which was adopted when the prison accommodated fewer inmates than it does now.

The security service's workload is further burdened by the duty to escort remand prisoners and convicts to court for trial. The staff sometimes has to escort 20 inmates a day. Both the number of staff and number of vehicles in which they are escorted to court has to increase. Needless to say, the guards often have to work overtime.

The prison did not have a full-time lawyer on staff at the time of the visit i.e. it did not have staff that would be able to provide the inmates with legal assistance.

9.6. Recommendations

The chief problem, overcrowdedness, cannot be addressed without major investments in increasing the capacity of the prison. No additional funding is, however, needed to make use of the several vacant premises in the newer buildings. The prison management is itself aware of the deficiencies of the premises in which the inmates are residing and which need to be addressed – above all the dampness, the poor state of the shower rooms and the lack of hot water in the building accommodating inmates under high security.

The prison must employ a lawyer to function properly and provide professional legal assistance to the inmates. Without a lawyer on staff, disciplinary procedures against both the inmates and the staff cannot be conducted in accordance with the law.

The inmates did not voice serious complaints about the treatment by the security service and this good practice should continue. It should,

however, be noted that all inmates should be provided with the opportunity to spend as much time as possible in the open air. Under the PSEA, inmates are to spend at least two hours a day outdoors; this standard is difficult to meet given the overcrowdedness and lack of security staff. Given the circumstances, the prison management should strive to ensure that this legal requirement is maximally enforced with respect to inmates, notably remand prisoners and convicts classified as Category C, who do not work or have access to any organised activities.

As far as health care is concerned, medical staff should always escort inmates transferred for treatment to other health institutions, which is not the case now. Given the number of inmates in this prison, the prison management should ensure round the clock presence of medical staff in the prison.

10. POŽAREVAC CORRECTIONAL INSTITUTION

Time of Visit: March 2010

Number of inmates at time of visit: 1288 criminal
and 5 misdemeanour convicts, 68 remand prisoners
(totalling 1361)

Average number of inmates: around 1310 (over the
last year)

Breakdown (of convicts) by ward: minimum
security– 25, medium security 182, high security 1081

10.1. Material Conditions

Given that most of the convicts in the Požarevac correctional institution are in the high security ward, the BCHR team focussed its attention on the conditions in that part of the establishment, comprising 7 buildings (including a hospital located in this section of the establishment) and accommodating 1081 convicts at the time of the visit.

The buildings accommodating the convicts, the so-called Pavilions, are for the most part overcrowded, wherefore it is impossible to provide each convict with four square or eight cubic metres of living space, as required by the PSEA. Overcrowdedness is not the only problem. Most buildings have heating problems as the designers had not envisaged the installation of radiators or other heating devices in the dormitories.

Dormitories in Pavilions I and II each accommodate between 8 and 12 convicts. Pavilion I is extremely cold; the convicts sleep in unheated cells and the only heating they get is from the radiators in the hallways. The cells in Pavilion II are in better condition, fewer convicts live in them and the heating is better than in Pavilion I.

The dormitories in Pavilions III and IV are very cramped – each of them has 40 or so beds. The common rooms next to each dormitory are too small to fit so many people. The dormitory in Pavilion IV is particularly cold. This Pavilion also has problems with dampness. The conditions in Pavilion III are somewhat better.

These pavilions do not have bathrooms and the convicts are forced to share a common shower room. Given the large number of convicts, it is clearly extremely difficult to keep the relatively small shower room spotless or in decent shape. The toilets, too, are mostly in poor condition.

The residential conditions in Pavilion V are somewhat better than in most other pavilions, as are the lighting and ventilation in the cells.

The cafeteria is spacious, clean and well-lit. It is big enough to serve all convicts from one Pavilion at the same time. The hygiene in the kitchen is satisfactory.

Pavilion VII is under enhanced security and the convicts in its serve their sentences in cells, which is why the Požarevac correctional institution has been categorised as a high security establishment under special security. The cells are around 2 metres wide and four metres long and accommodate usually between 2 and 4 convicts. Some cells are occupied by only one convict. The cells are used also as solitary confinement for convicts from all pavilions ordered this measure for breach of discipline. Pavilion VII cells have poor lighting (both natural and artificial). They are difficult to air and are quite fusty.

The establishment's yard is well-kept and spacious. The grounds allow for the organisation of sports activities, which are, however, mostly confined to the summer months.

10.2. Treatment of Inmates

Several convicts complained of the treatment by the Požarevac correctional institution staff even before the visit. They had called the BCHR up and reported that they or other convicts had been victim of physical or psychological ill-treatment. Some complained that they had been denied health care or that their medical treatment was inadequate, while others claimed that they were being prevented from sending their letters. We followed up on these allegations as much as we could during our visit.

A convict serving his sentence in the Požarevac penitentiary called up BCHR from the Belgrade Special Prison Hospital, where he was undergoing treatment, and claimed that he had been ill-treated by the Požarevac security guards. The BCHR team interviewed him during its visit as he had already been transferred back to the penitentiary. He claimed that the guards had beaten him up and incurred injuries to his spine. He alleged that the prison doctor recorded the injury and that he was treated for it at the Special Prison Hospital. The BCHR team, however, did not find any medical documents corroborating such allegations either in the records of the Požarevac penitentiary or the Special Prison Hospital. It was impossible to ascertain on the spot whether the convict had actually sustained the injury as there were no visible traces of it.

Most complaints by convicts regarded the treatment by the custodial staff in Pavilion VII. The convicts claim that the guards in this Pavilion are prone to excessive use of coercive measures, as well punishment (which is sometimes physical) for actions which do not constitute disciplinary offences under the valid regulations. There were some complaints about treatment by the guards in the other pavilions, but to a much lesser extent than about the guards in Pavilion VII.

Many of the complaints regarded access to and the quality of health care, particularly in Pavilion VII. The convicts, who have served their sentences in it, claim that it is more difficult to access health care in that Pavilion than in others. Fewest complaints about health care came from convicts undergoing treatment in the penitentiary's health care unit.

According to the penitentiary's records, coercive measures were used 300 times in 2009 (physical force – 15 times, isolation and instruments of restraint – 265 times, rubber truncheons – 20 times), a great increase over 2008, when the use of coercive measures was recorded 123 times (physical force – 15 times, isolation and instruments of restraint – 87 times, rubber truncheons – 20 times). The convicts, on the other hand, are not of the impression that coercive measures were used to a greater extent than the preceding year; they are of the view that the use of coercive measures has been more regularly registered since the new head of the security service took over. As far as reasons for the use of coercive measures are concerned, they were mostly used to prevent conflicts (96 times in 2009) or self-injury (25 times in 2009).

Somewhat fewer disciplinary measures were pronounced in 2009 over 2008 – 370 compared to 402. The most frequently pronounced

measures entailed: the revocation of privileges (146 times in 2009, 168 times in 2008) and solitary confinement (144 times in 2009 and 125 times in 2008). The convicts did not voice many complaints about the way in which the disciplinary proceedings were conducted. They did, however, allege that, apart from these proceedings which are conducted in accordance with the PSEA, some guards themselves undertook measures to punish offences by the convicts.

The convicts had numerous complaints about the living conditions in the high security ward. They complained about the poor heating, lack of room and poor nutrition. Both they (and the security guards) underlined that most of the convicts could not spend as much time outdoors as the regulations stipulate. The convicts also highlighted as a major problem the lack of activities, which was why they spent a lot of time watching TV. Convicts in Pavilions III and IV have only one TV set per cell accommodating up to as many as forty people.

None of the convicts complained about contact with the outside world, notably the organisation and duration of visits or access to a telephone. Some convicts doubted that the establishment's services acted in accordance with regulations on correspondence and believed that the services had destroyed their letters to some state authorities, above all those addressed to the Penal Sanctions Enforcement Directorate. We accessed the relevant records and established that the letters had indeed been forwarded, as some of the disgruntled convicts themselves realised when they received replies from the authorities they had written to.

10.3. Safety and Security

In 2009, one convict successfully escaped as he was being transferred to court. The attempted escape by another convict during his transfer to hospital the same year was thwarted. No successful or unsuccessful break outs had been recorded in 2007 or 2008.

There has been inter-prisoner violence, but no attempted murders have been recorded in the past two years. On the other hand, two convicts killed themselves by hanging, one in 2008 and one in 2009. There were five suicide attempts in 2009.

The staff takes the usual precautions to prevent physical altercations – convicts who are in conflict or may enter into one are kept in separate

cells and taken out to the exercise yard at different times. Physical altercations between convicts in Pavilion VII, where the so-called cell system is applied, are minimal, as opposed to the pavilions housing large groups of convicts (notably Pavilions III and IV). According to the convicts, the security guards can hardly control violence in cells in which forty or so people reside together; the likelihood of physical ill-treatment or sexual abuse is the greatest in such facilities.

The safety of the staff may easily be jeopardised given the layout of the high security ward pavilions (with the exception of Pavilion VII) since the facilities accommodating convicts are in the same section of the building as the offices of the reintegration officers. There have been instances of convicts taking the reintegration officers hostage during riots in those pavilions. There have also been assaults on security guards – 12 in 2009 (and 29 in 2008).

The convicts manage to obtain cell phones and drugs despite the searches of the persons entering the establishment and the premises occupied by the convicts – 58 proceedings were launched for possession and abuse of opiates in 2008 and 81 in 2009; disciplinary proceedings against convicts found in possession of cell phones were launched against 103 convicts in 2008 and against 69 convicts in 2009.

10.4. Health Care

At the time of the visit, the penitentiary's health care unit comprised two doctors, one dentist, 6 medical technicians and one pharmaceutical technician. According to the organisational structure and staffing plan enactment, the unit should have a much greater number of staff (only 62% of the planned jobs have been filled), but health workers are not interested in the jobs in the penitentiary because of the low salaries and difficult working conditions, which is why not all the vacancies have been filled. The doctors work from 7 am to 3 pm on workdays, while the technicians work in 24-hour shifts. One doctor is always at the penitentiary on workdays, while the other, who also works at the District Prison in Kragujevac, visits the Požarevac correctional institution only once a week. The dentist is in office every workday. The medical staff also works overtime, because both the doctors and technicians are on call out of working hours, on weekends and during their vacations.

The doctor's surgery comprises three rooms – the examination room, the bandaging room and the room the staff uses as its office and for rest during the night shifts. All rooms are on the ground floor and have good access to natural light. They are spacious and tidy. Apart from the three rooms, the health care unit also has at its disposal a dental surgery, which has all the equipment it needs, a room where the medical records and the medications are stored. The establishment also has an X-Ray room, which is unused because the unit lacks qualified staff. The doctor's surgery is equipped with basic diagnostic devices (stethoscopes, a tensiometer, glucometer, otoscope, ECG). The doctors say that the investments in the medical unit are meagre, given the annual number of check-ups and the specific conditions in which the medical service works. To illustrate, the health unit does not have a PC although it keeps records of a large number of patients (it keeps separate records on work-related injuries, other injuries and self-injuries, food control, medical interventions, check-ups and examinations by medical specialists).

The establishment has an inpatient unit-hospital comprising 19 cells with a total of 94 beds spreading across two floors i.e. four wings. There are between 2 and 6 in each cell. At the time of the visit, 68 persons were undergoing treatment in the inpatient unit. The cells have beds and bed stands where the patients can keep their personal belongings. Apart from patients in need of round the clock medical supervision, the inpatient unit also looks after convicts undergoing treatment after release from the Special Prison Hospital or convicts in need of post-operative treatment.

The dentist's services comprise fixing and extracting teeth. The dentist provides additional services in cooperation with specialists working in the city dental surgeries at the expense of the convict.

The penitentiary's laboratory diagnostics is organised very well. The establishment has a contract with a private lab; its staff visits once a week, take the blood and other necessary samples and conduct all the required analyses within a week. Screening for psychoactive substances is also conducted at the health unit.

A specialist in internal medicine and a surgeon work at the prison medical unit once a week. Convicts are examined by them upon referral by the GP. Access to health care is available round the clock given that the technicians work nights as well. If an emergency is at issue, the medical staff calls the city hospital to send in the paramedics. Persons transferred

to a health institution are escorted by a technician only if their lives are in danger or if they are in a suicidal or agitated state.

All persons admitted to the establishment undergo a medical examination within 24 hours from admission. The examination is conducted by a technician in the absence of a doctor. The medical staff refers a convict to the city hospital if it assesses his condition as an emergency. The health unit does not have brochures on infectious diseases or instructions on hygiene to distribute to inmates at admission. Hardly any of the convicts have been imparted information on diseases that can easily be contracted in prison. Inmates have access to information on their health and have to certify in writing if they refuse the prescribed treatment. All inmates are examined prior to release. The examinations are conducted in the absence of security guards.

Therapies are prescribed by the doctor and administered by the technician, who distributes them to the convicts. Psychiatric therapy is the only exception and those medications are distributed by the guards at the set times. Ampoule therapies and therapies of the inpatient unit patients are kept within the health unit and administered by the technicians at the order of the doctor. Only the medical staff has access to the health unit premises and the medicine cabinet.

Check-ups of convicts ordered into solitary confinement are mostly conducted immediately upon the pronouncement of the measure, but not immediately prior to solitary confinement, which means that the assessment of whether a convict is fit to withstand this penalty may not necessarily be a reliable one. Such examinations should be conducted immediately prior to solitary confinement.

The doctors prescribe special diets for convicts in need of such regimes for health reasons.

The establishment conducts drug abuse therapy, which is prescribed by the psychiatrist. Doctors note that these patients are not offered either work or psychotherapy, which would boost the effects of the basic therapy.

The psychiatrist has as of recently been visiting the establishment only on request, wherefore the inmates do not have access to a psychiatrist at all times. The medical staff has not been trained in conducting psychotherapy programmes.

10.5. Staff

All of the establishment staff without exception is extremely overworked due to the overcrowdedness. According to the health unit records, health services were provided to inmates as many as 27261 times in 2009. The burden on the health unit is clear if one bears in mind that the unit is usually manned by only one doctor. The numerous problems arising from overcrowdedness exacerbate the working conditions of the security guards. Maintaining law and order in the pavilions, where 40 or so inmates share a cell, would be an extremely challenging task even for a much bigger service. The same applies to the organisation of the inmates' outdoor activities. The reintegration officers also work in difficult circumstances, because their caseloads include such large numbers of convicts that they are having a very hard time organising sufficiently intensive work with them.

10.6. Recommendations

The problems in the institution are numerous and require significant investments. The staff is also aware of the problems. Inadequate heating, poor bathroom facilities, lack of lighting and poor ventilation in Pavilion VII are undoubtedly the gravest problems. Life in the establishment would be much more humane if these problems were resolved.

As far as treatment by the security service is concerned, the chief priority is to ensure that none of the security staff takes upon itself the punishment of the convicts for disciplinary offences. The punishment of convicts ought to remain solely the responsibility of the relevant officials or bodies (commission).

All premises in which inmates spend time need to be supplied with a sufficient number of copies of the chief regulations defining the rights and obligations of persons deprived of liberty (the PSEA, House Rules, Rulebook on Disciplinary Offences, Measures and Proceedings against Convicts). The fact is that the copies of the regulations placed at the inmates' disposal are frequently destroyed, but this should not deter the establishment from publishing new copies and distributing them to convicts and remand prisoners. Some convicts called up the BCHR after our visit and asked to be informed about their rights, which corroborates

the fact that there are convicts who need to be provided with access to the regulations.

Examinations of convicts referred to solitary confinement need to be conducted just before they are transferred to solitary confinement, not immediately upon the pronouncement of the penalty, as now, because the convict's health may deteriorate between the time he is ordered into solitary confinement and the time of transfer to solitary confinement. Also, inmates being transferred to health institutions for treatment need to be escorted by medical staff. Moreover, inmates should at admission be given brochures on infectious diseases and hygiene.

The full-time presence of a psychiatrist is of major relevance to the convicts' health and they would benefit from such an arrangement. In addition, the medical and other staff needs to be trained in the early identification of psychiatric disorders and signs of suicide.

11. ŠABAC DISTRICT PRISON

Time of Visit: March 2010

Number of inmates at the time of visit: 119 criminal and misdemeanour convicts, 64 remand prisoners (183 in total)

11.1. Material Conditions

The Šabac District Prison is a minimum security prison designated for inmates sentenced to maximum three years' imprisonment, but it also accommodates persons convicted to longer sentences (as a rule, convicts who have already served part of their time in another establishment).

The prison comprises two buildings in which the inmates are held. One building accommodates solely remand prisoners and the other criminal and misdemeanour convicts. The building designated for remand prisoners can house around 90 people. The cells in the building have good lighting and ventilation, they are clean and there is a TV set in every cell. The shower room is in good condition. Remand prisoners have two very small outdoor exercise yards at their disposal. The other building accommodates criminal and misdemeanour convicts, who are held separately (each on one floor). The rooms where the inmates partake in several organised activities are also located in this building. A cell has been designated for elderly convicts and another one for ill convicts. Legal provisions prohibiting smoking in enclosed spaces are abided by. The yard of the building is spacious and well tended. All facilities are clean, well-lit and have good ventilation. The impression is that both buildings and the kitchen are maintained very well.

The prison complex has a pig and cattle breeding farm and the inmates also breed laying hens and fish (there are two fish ponds). The prison farm also comprises 24 hectares of arable land.

11.2. Treatment of Inmates

The inmates did not complain about the treatment by the prison staff either before, during or after the visit. As we were unable to talk to remand prisoners due to legal constraints, before the visit, we interviewed two Šabac lawyers who often represent the persons held in custody at the Šabac prison. They told us that none of their clients had complained to them about either physical or psychological ill-treatment in this prison. All the convicts we talked to said that the relationship between the convicts and the prison staff was very good.

The only complaints we heard from convicts regarded the lack of sockets (for their electric shavers) in the cells and the lack of toilet bowls in the bathrooms, a problem common to all penitentiaries and causing particular hardship to elderly convicts.

Over 50% of the convicts work. Several activities are organised in the prison, which also publishes a newspaper written and edited by the convicts. It also organises cultural events and computer literacy training for the convicts. The reintegration officers often hold (planned and *ad hoc*) meetings with the convicts. Moreover, they keep detailed records of the convicts and are very well informed of their personal and family circumstances.

PSEA provisions on the time convicts are to spend outdoors are abided by. Right to correspondence and access to a telephone are organised in accordance with the law. The convicts also have access to newspapers.

Disciplinary proceedings against convicts are rare, only 16 were conducted in 2009. The offenders are usually punished by revocation of privileges. Solitary confinement was ordered only once in 2009. Coercive measures are used extremely rarely, only twice in 2009 and not once in 2008.

Treatment of inmates in this penitentiary is generally very good. Not only are their legal rights respected; the whole treatment program is organised with the aim of maximally facilitating their successful reintegration to life outside of prison upon release.

11.3. Safety and Security

No one attempted to escape this prison in the recent years (notably, in 2008 and 2009). There have been instances, albeit not frequent, of medium security ward convicts failing to return from their places of work

outside prison (once in 2008 and twice in 2009), or of failing to return after a weekend break or home leave (five times in 2008 and twice in 2009).

Cell phones and psychoactive substances are rarely smuggled into the prison, particularly into the building housing criminal and misdemeanour convicts. Cell phones have been found more often in the remand ward – such infringements are soon discovered because the prison has a cell phone detector.

Conflicts between inmates are very rare. Not one physical altercation has been recorded in the past two years. The guards were forced to use coercive measures only twice in the same period (once to prevent an assault and once to prevent a physical altercation).

There is no informal system or hierarchy amongst the convicts in the prison.

11.4. Health Care

The doctor's surgery is a spacious, well-lit and tidy room. It is equipped with devices for measuring blood pressure and blood sugar and a steriliser. The medical technician has the wherewithal for removing sutures and bandaging.

The health care unit does not have a full-time doctor on staff. The prison has contracted a specialist in general medicine to work at the prison four times a week and a specialist in neuro-psychiatry, who visits the prison twice a week. The medical technician is on call on Saturdays and Sundays as well. The doctor, a specialist in general medicine, is also on call at night and weekends in case of an emergency. The prison does not have a dental surgery or a dentist on staff and these services are provided by the civilian health institutions.

The medical staff occasionally holds team meetings with the prison management; the former state that their communication with the management on urgent issues is excellent.

Nutrition, hygiene, sanitary facilities, ventilation and heating are regularly controlled and monitored by a team including the medical technician. As far as infectious diseases are concerned, the prison has very few inmates with hepatitis C (there were four at the time of the visit); most of them are remand prisoners. The pegylated interferon therapy

cannot be administered at the prison. The medical technician qualified as unsatisfactory the unit's cooperation on chronic hepatitis therapy and drug abuse treatment with the competent institutions.

The medicine cabinet is under the supervision of the medical technician and it is well supplied. The prison does not have a laboratory but it cooperates with the competent outpatient health clinic.

The establishment has a spacious, well-lit inpatient room with seven beds and one room for convicts over 65 years of age.

The necessary medical examinations are conducted upon the request of the inmate, on the same or following day (except on weekends). The examinations take place at the doctor's surgery in the absence of security guards. Urgent interventions are undertaken in the competent health institution. There are no annual comprehensive check-ups. Inmates subjected to coercive measures are examined immediately and re-examined two more times within the following 24 hours. Inmates are also examined prior to release.

Access to civilian health institutions is regulated well and functions without problems. Only a guard accompanies a convict who is being transferred to another institution for medical treatment, while the medical technician accompanies such transports only in emergencies and or in the event the medical institution is far away. It should be noted that a health worker should always accompany the transport of inmates to other health institutions. The prison does not have an ambulance and calls the paramedics in emergencies.

The prison is in a position to provide special dietary regimes. It is also in a position to conduct psychotherapy and work therapy. Furthermore, the neuro-psychiatrist has undergone special training in prison pathology. The medical staff has been trained to recognise signs of suicide.

The convicts have access to information on their health. We were told that only remand prisoners have refused the recommended therapies.

11.5. Staff

The prison employs 56 people, ten less than set out in the organisational structure and staffing plan enactment. Like in most other penitentiaries, the security service has the heaviest workload and works

overtime, mostly because the convicts and remand prisoners are often transferred to the Šabac health centre (such transports occur five or six times a day). The staff says that the prison would operate much better if it had better vehicles, because three out of the four vehicles they are using now are close to breaking down for good.

The prison has two lawyers on staff, who provide the convicts with legal assistance.

Staff relations are good and the working climate is generally very good (the relations between the staff and inmates are decent). None of the staff has recently been taken to task for breach of discipline.

11.6. Recommendations

The Šabac prison is a very well managed institution and it is difficult to find fault with its work. This good practice should continue, both in terms of maintenance of the premises and the treatment of the inmates.

The prison should ensure the presence of medical staff at nights as well, which is not the case at the moment.

12. ZRENJANIN DISTRICT PRISON

Time of Visit: March 2010

Average number of inmates (in the last year):
between 180 and 200¹

12.1 Material Conditions

The Zrenjanin District Prison is in the very heart of the city, within the courthouse compound built over 100 years ago. This establishment can accommodate around 200 persons and has for the most part been fully populated in the recent months. The prison is also used by the police who hold persons in custody and waiting to appear before the investigating judge.

The cells occupied by the inmates are along the outer wall of the building (the so-called Pennsylvania style), while the exercise yard, comprising a basketball court, is located in the inner court. The inmates were living in cells until the summer of 2009 but have since been allowed to leave their cells and use the other prison facilities at specific hours.

The dormitories are of different sizes – the biggest one used by criminal convicts has 28 beds, the one designated for misdemeanour convicts has 14 beds, while the smallest dorms, most of which have 10 beds, are located in the part of the prison where prisoners on remand are housed. One cell in the remand ward is set aside for female inmates. The cell used for solitary confinement is somewhat larger than in most prisons – it is some 6–8 square metres big, well-lit and ventilated, but its floor is extremely derelict. Apart from the dormitories, the prison also has the so-called common rooms, which are very spacious. The cafeteria is in the basement; its lighting is very poor and it is very cold (it lacks radiators).

1 Data on the number of inmates and their breakdown into convicts and remand prisoners were unavailable.

The shower room, which is in good condition, is also in the basement. Female inmates have their own shower room. Apart from the basketball court, the inmates can also work out at a small gym. The prison also has a canteen where the inmates can buy snacks and other supplies and which is open every day.

The impression is that the premises used by the inmates are well maintained. The position and age of the building definitely do not contribute to the quality of life in this institution.

12.2 Treatment of Inmates

Most of the convicts we talked to described their relationships with the prison staff as fine. Most of their complaints regarded the non-abidance by the PSEA provision requiring that they spend at least two hours a day outdoors. No one complained about lack of access to health care, to a telephone or to exercise the right to correspondence. According to the convicts, the regulations on visits are abided by. We heard no complaints about the way the disciplinary proceedings were conducted.

A large share of the convicts, some 65% of them, work, mostly on the prison farm or outside prison (some of the convicts were working at the local shipyard at the time of the visit). Unemployed convicts say they miss purposeful activities.

The prison management told us that workshops were organised for small groups of convicts (6–7 people) addicted to drugs or alcohol or having anger management problems.

12.3 Safety and Security

There have been no escapes from this prison recently. The last time a prisoner failed to return to prison was around two years ago.

Although persons entering the prison are searched, convicts on occasion manage to smuggle in drugs. The prison conducts tests of convicts whom the staff suspects are using drugs. The convicts with privileges – to leave the prison and go on weekend leaves – are tested for drugs the most often. There have been fewer attempts to smuggle in cell phones as the prison has a cell phone detector.

CCTV cameras are installed in the halls and the cell in which convicts at risk of self-injury are held. A convict undergoing a withdrawal crisis (a drug addict) was staying in this cell at the time of the visit.

Violence occasionally breaks out between the convicts, who are then separated, placed in different cells and taken out for exercise at different times. The convicts we talked to say that the guards as a rule react rapidly in face of potential or real violence and thus succeed in preventing any serious consequences. Besides, convicts at admission fill a form in which they list the names of other inmates they are or may get in conflict with and the staff makes sure that they are kept apart.

12.4. Health Care

The prison health care unit comprises a doctor, specialist in sports medicine, and a nurse – medical technician. The doctor has worked on a part-time basis for the past three years, two hours a day on workdays. The nurse is employed full-time as a security guard but works as the only medical technician because she has a degree in nursing. She works eight hours a day on workdays and both she and the doctor are on call out of hours.

The doctor's surgery is a very small, narrow room, inadequate for the purpose it serves. The whole building is old and this room lacks natural lighting, which filters through a very small window at the very top of a wall. There is a large damp stain on one wall. Notwithstanding the deficiencies, the staff maintains the hygiene very well and the room is very clean and tidy.

The doctor's surgery is equipped only with the most basic devices – a tensiometer, a stethoscope, a blood sugar measurement device and an otoscope.

The medicine cabinet is well supplied, but the health staff highlights the problem arising from the central procurement procedure (the Penal Sanctions Enforcement Directorate procures medications for the prisons and distributes them in accordance with the orders the prisons had earlier filed). First of all, the prison does not receive all the medications it had ordered, only those the Directorate has on stock at the moment. Second, the newly admitted inmates are given the medications available in the prison medicine cabinet, thus using up the medications which the prison ordered after precisely calculating the quantities needed for the inmates already on therapy; the procedure does not provide for re-ordering additional stocks of medications.

The doctor prescribes the therapies, the technician prepares and issues them and the guards distribute them to the inmates. Only the doctor and technician have access to the medicine cabinet. The doctor's surgery also has a stock of supplements and vitamins the inmates may purchase. The medical staff measures the doses and distributes the preparations to the inmates.

Lab analyses are conducted at the city hospital at the order of the prison doctor. The prison does not employ a dentist and convicts are taken to the city emergency ward for all dental problems.

The prison does not have an inpatient unit and inmates in need of in-patient treatment are referred to the Zrenjanin city hospital or the Belgrade Special Prison Hospital.

All inmates are examined on the day of admission, even those admitted on weekends. They are then given brochures on infectious diseases and the main information on the work of the health service. Appointments with the doctor are scheduled every day for the following day. As the doctor is in office only two hours a day, the local hospital paramedics are called in for all urgent medical interventions the rest of the time; the local hospital is very close and their staff are able to react very rapidly. Inmates have access to civilian health institutions. They are escorted to these institutions by the technician only if their lives are in danger. If the technician were to accompany every inmate on his way to an outside health establishment, the prison would be left without any medical staff during such escorts.

The psychiatrist visits the prison once a week. The appointments and examinations are conducted upon reference by the doctor and only with the consent of the inmate. The other medical staff and employees have not been trained in conducting psychotherapy or work therapy. Inmates have access to all information on their treatment and if they oppose treatment, they have to certify their refusal in writing. No specific training in prison pathology is conducted.

Raising the inmates' health awareness is very well organised. The city health care institute's epidemiologists hold lectures every year, while the prison staff lectures on infectious and sexually transmitted diseases. The technician has also held lectures on first aid. The health staff has undergone training in recognising warning signs of suicide.

Examinations are conducted after the use of coercive measures and prior to release (the latter check-ups are conducted by the technician). The doctor is obliged to render an opinion on whether an inmate is fit to withstand solitary confinement.

12.5. Staff

The prison employs 28 people, two of whom are on fixed-term contracts. Ninety six percent of the jobs envisaged by the organisational structure and staffing plan enactment are filled. The security service comprises 19 guards, or 95% of the security jobs envisaged by the enactment. Relations and communication both among the staff and between the staff and the inmates are good as is the general climate in the prison.

12.6. Recommendations

The Zrenjanin District Prison is for the most part a well maintained and organised prison with a good track record in treating persons deprived of liberty. This practice should continue. The abandonment of the cell system is definitely a positive development. The age and architecture of the building call for constant investments and careful maintenance, without which the conditions in the prison may soon become inhuman.

As regards the treatment of inmates, the greatest efforts need to be invested in ensuring that the inmates spend as much time outdoors as possible, because the time they now spend outside falls short of the two-hour standard laid down in the PSEA. The administration should particularly ensure that inmates who are not allowed to work – remand prisoners and category C convicts – are not deprived of spending two hours a day in open air.

The health unit would operate better if a doctor were taken on full time and the health staff were trained in the early detection of psychological disorders and suicide risks among the inmates.

13. SPECIAL PRISON HOSPITAL IN BELGRADE

Time of Visit: March 2010

Number of inmates at the time of visit: 697

Average number of inmates (in the last year): around
700

13.1 Material Conditions

The Special Prison Hospital is a high security establishment for inmates in need of medical treatment, that cannot be provided by the medical staff in the prison or correctional institution they are imprisoned in. Inmates ordered compulsory psychiatric treatment and custody in a medical institution, alcohol and drug abusers ordered compulsory psychiatric treatment and custody and inmates ordered psychiatric evaluation are also referred to this hospital. All categories of inmates within the jurisdiction of the Penal Sanctions Enforcement Directorate – criminal and misdemeanour convicts and remand prisoners – are referred to this hospital. The hospital is within a compound, most of which is used by the Belgrade District Prison. As most of the building halls are situated along its outer walls, the inmates do not have direct access to fresh air or natural light. Moreover, their rooms are heated by radiators installed in the hallways. Due to the design of the building, the living conditions in the hospital are extremely adverse even to healthy, let alone sick people. The hospital was originally designed to accommodate around 400 people, but the number of its patients has exceeded 700 in the recent past. To accommodate all the patients, the hospital has had to resort to bunk beds, which are inappropriate in health institutions. Maintenance of the premises is, of course, much more difficult given the overpopulation, but it should be underlined that the hygiene is good both in the rooms, the bathrooms and the toilets.

All in all, despite the efforts by the staff and the good maintenance of the facilities, it can be concluded that the conditions the patients in the Special Prison Hospital are residing in are far from good, both in view of the design of the building and overcrowdedness.

13.2 Treatment of Inmates

The doctors working at the Special Prison Hospital qualify it as primarily a psychiatric institution. The patients are accommodated in seven wards. Wards A and B are designated for convicts under compulsory psychiatric treatment. Around 130 patients were hospitalised in them at the time of the visit and three psychiatrists and two psychologists were in charge of their treatment; they are also cared for by two social workers. Patients ordered compulsory alcohol abuse treatment and inmates convicted for domestic crimes are treated in Ward C. This ward employs two psychiatrists and one specialist in general medicine. Patients ordered compulsory drug abuse treatment are accommodated in Ward D, manned by three psychiatrists. Ward E is the acute psychiatry ward. Ward G conducts neuro-psychiatric evaluations upon which the patients are referred to Ward E or to another institution. The board conducting the neuro-psychiatric evaluations comprises one psychiatrist, two forensic psychiatrists and one psychologist. Ward I is the internal medicine ward caring also for patients with active tuberculosis. The hospital also has a separate ward for the treatment of persons addicted to psychoactive substances. This ward has only twenty beds and admits patients who have not used any psychoactive substances for at least a month before entering the treatment programme. Each ward has one chief nurse and another eight nurses.

There is also an admission office, where each newly-arrived patient's medical history and case history file is opened. The medical examinations are conducted at the wards. The patient records are properly kept.

Patients suffering from severe somatic diseases and in need of highly specialised treatment or an operation are referred to other health institutions, where they are kept under guard. Medical technicians accompany all transfers of the patients to other institutions for treatment.

The Special Prison Hospital has its own lab, ECG, EEG, spirometer, ultrasound and has the capacity to conduct a doppler ultrasound of the blood vessels. There is a dental surgery where the patients' teeth can be

fixed and extracted. The institution has its central pharmacy, which is extremely well supplied. The hospital also has the capacity to treat hepatitis C with pegylated interferon and conducts the methadone therapy.

The hospital has only one ambulance car.

The hospital has a central kitchen which is in a position to provide special dietary arrangements for patients in need of a special diet because of their health, religious or other convictions.

As far as the freedom of movement within the hospital is concerned, there are three categories of patients, classified on the basis of 11 criteria. The first group comprises recently admitted patients. They are not allowed to leave their ward but may move within it. The second group is allowed to move throughout the hospital under guard escort. The patients in the third group enjoy the most liberal regime – they may even leave the hospital under escort. This group is sub-categorised into several groups – the first comprises patients entitled to the park on the hospital grounds, the second includes patients entitled may go to town in groups of three under the escort of the reintegration officer, while the third group of patients may leave the hospital in the company of a family member (for up to 10 hours). Some groups of patients are entitled to weekend or even seven-day leaves from the hospital.

The hospital conducts occupational, work, recreational and family therapies, as well as psychotherapy and socio-therapy. Until recently, it and other psychiatric institutions organised sports competitions against each other.

Coercive measures are rarely used against the patients, usually to prevent inter-patient violence or self-injury. Physical altercations between the convicts are rare and are the most frequent cause for disciplinary measures against them. Insight in the records on the disciplinary proceedings has shown that the proceedings are conducted in accordance with the regulations. The hospital has solitary confinement cells and they are occupied only by the offending patients whom the doctor finds fit to sustain this form of punishment.

Overcrowdedness is the main problem in providing the patients of the Special Prison Hospital with adequate care. The hospital staff is seriously undersized and the staff to patient ratio is much smaller than in civilian institutions.

13.3. Safety and Security

Escape is highly unlikely given the specific design of the building in which the hospital is situated and the fact that the Belgrade District Prison staff is deployed on the lower floors of the building. Serious escape attempts as a rule take place during the transfer of patients to other hospitals or during their stay in those medical institutions.

The hospital is equipped with metal detectors (one at the entrance, and portable ones that are used in the wards) and video surveillance (78 cameras, which, however, do not cover the whole hospital). The security has, however, on occasion found cell phones or drugs that were smuggled in.

Physical altercations between the convicts break out, but to a much lesser extent than in the penitentiaries. As in other correctional institutions, the security guards keep an eye on potentially violent convicts.

13.4. Staff

The Special Prison Hospital has 25 full-time doctors: 19 psychiatrists, two specialists in internal medicine, two neurologists and two specialists in general medicine. One general practitioner has been employed on a fixed-term contract. The hospital also has a full-time dentist and 102 nurses and technicians on staff. Doctors work in two shifts and are on call outside working hours, while the nurses and technicians work round the clock in three shifts (07:00–13:00, 13:00–20:00 and 20:00–08:00). Every ward has one doctor and one nurse on night shift.

The hospital is seriously understaffed. Not even the jobs envisaged by the organisational structure and staffing plan enactment have been filled; moreover, the enactment had been drafted on the assumption that the hospital would not treat more than 450 patients at any one time. Even if all the staff envisaged by the enactment were employed, it would not suffice given that the number of patients exceeds 700 and is expected to grow. According to the information the hospital doctors have, around 200 inmates ordered compulsory drug addiction treatment are at large. Every one of them will be referred to the Special Prison Hospital upon apprehension. Given that the Special Prison Hospital is the only institution of the kind in the whole country, these patients cannot be referred to another institution and the Hospital cannot refuse to admit them no

matter how overcrowded it is. The constant rise in the number of patients is thus not accompanied by an increase in the number of staff. On the contrary, nine specialist doctors and around 30 nurses left the hospital since 2007. The salaries of the doctors at the Special Prison Hospital are lower than those of their colleagues working in establishments under the jurisdiction of the Health Ministry. Moreover, the Hospital may not hire doctors without at least three years of experience wherefore it is very difficult to hire new doctors – not one candidate applied the last three times the hospital advertised the vacancies.

The staff is thus working in extremely difficult circumstances. Sometimes, one nurse is in charge of 240 patients in the night shift, while a doctor on duty looks after 700 patients. The staff to patient ratio is far below the standards in the institutions within the jurisdiction of the Health Ministry. The working conditions in the hospital are further exacerbated by the features of the patients and the danger the staff may find itself in (a patient killed the Hospital dentist some fifteen years ago).

As the hospital is within the jurisdiction of the Justice Ministry and not the Health Ministry, the Act on Civil Servants applies to its staff. In consequence, they are not only paid lower salaries but are given absurd titles – doctors have the title of adviser and the nurses the title of clerk.

13.5. Recommendations

All recommendations regarding the Special Prison Hospital should be referred to the Government, specifically the Health and Justice Ministries, and not the hospital administration. First of all, the hospital building is absolutely inappropriate for a health institution. This problem cannot be addressed by reconstructing the building, only by moving the hospital to another building. The problem of overcrowdedness would thus also be addressed.

Lack of staff is another serious problem. It could be addressed by placing the hospital under the jurisdiction of the Health Ministry or by not applying the Act on Civil Servants to the Hospital medical staff. Salaries of the medical staff must reflect the complexity of their jobs, which is not the case at the moment, if interest in working in this institution is to increase and the brain drain of staff from the hospital is to be halted.

14. BELGRADE DISTRICT PRISON

Time of visit: April 2010

Number of inmates at the time of visit: 71 convicts,
1412 prisoners on remand (1483 in total)

14.1. Material Conditions

Security and escape prevention were the main priorities of the designers and builders of the Belgrade District Prison back in 1953 and they did not concern themselves much with the conditions in which the inmates would be living. Moreover, the design of some sections of the building leads to the conclusion that their intent was to make the living conditions in the prison as difficult as possible.

The cells and premises in which the inmates spend their time, do not have windows that would let in fresh air or natural light: the air, light and (radiator) heating come from the hallways set along the outer walls of the building. This is why the facilities in which the inmates reside are ill-lit and stuffy and, according to the convicts, very cold in the winter.

These circumstances are exacerbated by the increasing overcrowdedness of the prison. At the time of the visit, the prison had nearly 1500 inmates, most of them on remand, although the prison was initially built to house around 750 inmates. As opposed to most other penitentiaries in Serbia, the Belgrade District Prison does not accommodate persons brought in by the police and waiting appearance before an investigating judge.

Some cells occupied by the convicts (the so-called Minel section) are in much better condition than the others – these cells are cleaner and better furnished than the others and are an exception inasmuch as they have windows and direct access to fresh air and natural light. The conditions in the other cells, both those accommodating convicts and

remand prisoners, are extremely poor – they are dark and fusty and the hygiene in some of them leaves a lot to be desired.

Construction work on the new kitchen was almost finished at the time of the visit and the food will be prepared in much better hygienic conditions than to date. The premises in which the convicts work are mostly situated in the basement and lack natural light.

All in all, the living conditions in the prison are extremely poor due to the architecture of the building, the overcrowdedness and the lack of funds, which is particularly concerning given the fact that most of the inmates are remand prisoners, who are subjected to a legal regime which is in many respects much more unfavourable than the one applied to convicts and who do not spend more than one hour a day outdoors.

14.2. Treatment of Inmates

Before we focus on the treatment of inmates in the Belgrade District Prison, we need to note that we were unable to interview remand prisoners but only convicted inmates due to legal constraints (under the Criminal Procedure Code, the competent judge needs to approve every visit to a remand prisoner). Given that convicts account for around 5% of the prison population, it is impossible to give a comprehensive assessment of the treatment of inmates by the prison staff merely based on interviews with this group of inmates. In addition, the staff we interviewed is either fully or mostly engaged in work with the convicts. This is why this part of the report will focus above all on treatment of convicts (it should also be noted that the sample of interviewed convicts is extremely small because they generally lacked interest in being interviewed).

None of the convicts we talked to complained of any physical or psychological ill-treatment. Their complaints mostly regarded poor living conditions (fustiness, lack of light and space), lack of activities and the short periods of times they spend outside (the inmates cannot spend two hours outdoors as required by the PSEA, but only between 45 minutes and one hour due to overcrowdedness). The convicts say that their relations with the prison staff are fine.

Prison records show that coercive measures are rarely used against the convicts – not once in 2008 and only twice in 2009. The prison, however, does not apply the legal procedure in case coercive measures are

used (with respect to both remand prisoners and convicts). The doctors do examine an inmate immediately after the use of coercive measures, but do not re-examine them two more times within the following 24 hours as stipulated by Article 130 of the PSEA. The doctor we talked to had not even heard of this legal provision.

Disciplinary proceedings against convicts are conducted in accordance with the law. All in all, the prison records on disciplinary proceedings and measures are very well kept. Sixty-three disciplinary penalties were pronounced in 2009, most often for undisciplined conduct, possession and use of opiates, possession of cell phones, and late return from weekend leaves.

Contact with the outside world – correspondence, phone calls and visits – are conducted in conformity with the law. None of the interviewed convicts complained that they had been deprived of any of these rights.

The reintegration officers are very well informed of the personal circumstances of the convicts and their conduct in prison. As the number of inmates on remand soared since the beginning of the year (by around 250), a number of convicts had to be transferred to other prisons, wherefore the officers' work with the remaining convicts has intensified and become easier.

There are no foreign convicts in the Belgrade District Prison but some are occasionally kept there on remand. The gravest problems in the treatment of foreign nationals arise when Chinese nationals, who speak neither Serbian nor English, are brought in. In such cases, the staff is unable to notify them fully of their rights and the House Rules.

14.3. Safety and Security

The last successful escape was recorded in 2008. Convicts have since breached the law only twice, by walking away from the jobs they were performing outside the prison. As mentioned, the prison is designed to prevent escape. The building is under video surveillance and has metal detectors. The premises in which the inmates spend time are searched relatively frequently. Notwithstanding, the inmates have been found to have smuggled in cell phones and drugs (In 2009, nine convicts were subjected to disciplinary proceedings for bringing in cell phones, while 19 were taken to task for the possession and consumption of opiates. As

some of the convicts go home for the weekends, it is possible that they had taken the drugs while outside the prison).

Like in all other penitentiaries, inmates reasonably suspected of proneness to incidents are kept in separate cells and taken out for exercise at different times to prevent any physical altercations.

There have been assaults on staff – seven were perpetrated by the convicts in 2009.

14.4. Health Care

There are two doctor's surgeries in this prison. They are spacious, well lit and tidy. They have blood pressure and blood sugar measurement devices, an ECG, instruments and sanitary material for simple surgical interventions. The Belgrade District Prison also has two special doctor's surgeries, one of which is in the building housing the Special Organised Crime Chamber and the Belgrade Higher Court War Crimes Chamber. There is no inpatient unit and patients in need of hospitalisation are taken to the Special Prison Hospital.

The health service has three full-time doctors: one specialist in internal medicine and two specialists in general medicine. Another two specialists in general medicine are working on fixed-term contracts; one is currently specialising in urology and the other in internal medicine. The health unit has a total of 7 medical technicians, five of them on full-time and another two on fixed-term contracts. Three technicians work in the special doctor's surgery. The health unit works in two shifts – from 07:30 to 15:30 and from 14:00 to 21:00 on workdays and on Saturday mornings. There is no night duty – doctors working at the Special Prison Hospital located on the floors above the prison are called in to handle any medical interventions at night. The specialist in internal medicine is also on call for emergencies or injuries at nights or during weekends. The dental surgery is staffed with a full-time dentist and dental technician. The prison also has a pharmaceutical technician on staff, which is *inter alia* charged with the procurement of medications. The prison also hires expert consultants working in civilian institutions – a psychiatrist and cardiologist come twice a week and a surgeon, neurologist and ophthalmologist visit the prison once a week. It should be noted that inmates are entitled to request an examination by a doctor of their choice and that the prison authorities acquiesce to their request.

Medical examinations of the newly-arrived inmates are always conducted within 24 hours from admission. On weekends, these check-ups are conducted by the doctors of the Special Prison Hospital.

Supervision of the food, hygiene, sanitation, ventilation and heating is regular and attended by a medical technician.

Hepatitis C is the most frequent infectious disease in this prison. The prison is in a position to administer the pegylated interferon therapy. The methadone therapy is conducted in cooperation with the competent health institution.

The medicine cabinet is supervised by the medical technician and is well supplied. The prison does not have a lab and all analyses are conducted in cooperation with the Special Prison Hospital.

Appointments with the doctor are scheduled with the security service and the examinations are carried out the same or following day, except on weekends. The examinations are conducted in the absence of the guards. Urgent interventions are carried out at the Special Prison Hospital or another health institution. Access to civilian health institutions is regulated well and functions without major problems. Inmates transferred to other institutions for treatment are escorted only by guards, although the presence of medical staff is recommendable. The prison does not have its own ambulance and uses that of the Special Prison Hospital.

Comprehensive annual check-ups of the inmates are not carried out. Convicts ordered solitary confinement are regularly examined. The neuro-psychiatrist has been specially trained in prison pathology and the medical staff has been trained to detect suicide risks.

The convicts have access to information about their state of health. We were told that some rejected the prescribed therapy and that there have been instances of the inmates hiding the prescribed therapy.

14.5. Staff

The prison has 374 staff, most of whom (276) work in the security service. Nonetheless, the security service is understaffed and is expected to increase in number. Ninety-six percent of the jobs envisaged by the organisational structure and staffing plan enactment have been filled. As in other prison establishments, the Belgrade District Prison has had

the greatest difficulties in hiring medical staff (30% of the jobs are still vacant).

Over 30 disciplinary proceedings have been conducted against the prison staff in the past two years. Five of the employees have been dismissed. Staff against whom disciplinary proceedings have been launched is usually suspended until the completion of the proceedings.

14.6. Recommendations

Due to the design of the building, the living conditions in most of the building can be qualified as inhuman and nearly impossible to improve. The construction of a new kitchen is a welcome development, but it is hardly likely that the other parts of the building can be significantly improved by renovation.

The prison administration should ensure that all facilities in which the inmates spend time have a sufficient number of copies of the chief regulations defining their rights and obligations (the PSEA, House Rules, Rulebook on Disciplinary Offences, Measures and Proceedings against Convicts).

If the prison increases the number of staff as expected, it needs to ensure that inmates spend more time outdoors, which is crucial given that the prison mostly accommodates remand prisoners, who cannot work and have no purposeful activity programs at their disposal. It is very important to ensure this group's contact with the outside world and not limit it to visits, correspondence and phone calls – remand prisoners ought to be provided with newspapers and books to read and TV to watch.

Inmates against whom coercive measures have been used need to be re-examined twice within 12–24 hours, as laid down in Article 130 of the PSEA. In addition, the medical staff needs to escort inmates being transferred to health institutions for treatment.

15. SMEDEREVO DISTRICT PRISON

Time of Visit: April 2010

Number of inmates at time of visit: 50 criminal and 5 misdemeanour convicts, 81 remand prisoners (136 in total)

Average number of inmates in the last year: between 135 and 145

15.1. Material Conditions

The Smederevo District Prison is in the very heart of the city, right next to the police station and courthouse. Actually, the prison and the court are situated in the same building. The prison also has a farm tended by the inmates.

The prison building is very small – it was designed to accommodate slightly over 100 people, but has in the recent years housed between 135 and 145 inmates. Therefore, lack of space is the gravest problem as regards material conditions. The remand ward has recently been expanded and the former coal shed has been turned into a visits hall. This section of the prison is nevertheless the most overcrowded one. The location of the building renders the increase in its capacity impossible.

The inmates' cells are well kept and are mostly clean and ventilated. The smokers are separated from the non-smokers, which is undoubtedly a positive development. Some of the premises, like the cell used for solitary confinement, have poor lighting, which is above all the consequence of the building's position. Interestingly, most cells have refrigerators in which the inmates can keep the food their families send them. Air conditioners have been installed in the remand ward on the top floor. The kitchen is clean and tidy. Another deficiency arising from the location of the building is the small exercise yard.

15.2. Treatment of Inmates

None of the former or current inmates of this prison have ever complained about any physical or psychological ill-treatment before, during or after our visit. Nor have we heard any complaints about the way the disciplinary proceedings were conducted. Insight in the records on disciplinary proceedings reassured us that they were being conducted in accordance with the law. The vast majority of the disciplinary proceedings are launched over the abuse of the privileges.

Coercive measures are rarely used – only nine times in the past two years. The security service keeps records on the use of coercive measures, but the provision in Article 130 of the PSEA stipulating that an inmate who had been subjected to such measures is re-examined twice within 24 hours is not abided by.

Between 30 and 40 percent of the convicts works on the prison farm, or on the upkeep of the city fort and soccer club facilities. Due to the overcrowdedness and lack of guards, the prison cannot always ensure that the inmates spend at least two hours a day outdoors, as stipulated by the PSEA. Lack of space has also severely constrained opportunities for recreation.

Inmates have contact with the outside world – phone calls, correspondence and visits are provided in accordance with the PSEA. The prison facilities are equipped with TV sets and the prison also has a modest library.

15.3. Safety and Security

Only one (unsuccessful) attempt to escape the prison was recorded in the past three years. The location of the prison makes escape nearly impossible. Given that the prison and court share the same building, there is no need to drive the inmates to trial, at least to trials in Smederevo.

The prison has a metal detector and video surveillance. The prison authorities were expecting the arrival of cell phone detectors at the time of our visit.

The prison staff says it is doing its best to prevent the forming of any informal groups. The convicts we talked to told us that there was no hierarchy between the convicts or the remand prisoners.

There is hardly any violence amongst the inmates. There were no physical altercations resulting in injuries in the last two years. Not one inmate was placed under enhanced supervision in the last year.

15.4. Health Care

The health care unit has one full-time medical technician on staff. A doctor working at the local medical centre visits the prison twice a week. The prison has neither a doctor's surgery nor an inpatient room; examinations are conducted in a small room that had once served as a cell. This is actually the only room at the disposal of the medical staff and it has only the minimum medical equipment.

Medical examinations are always conducted at admission and prior to release. The prison keeps separate records of these examinations, depending on whether the inmate is a criminal or misdemeanour convict or a remand prisoner. The examinations are always held after the use of the coercive measures, but the inmates are not re-examined in accordance with Article 130 of the PSEA. Check-ups were also conducted during the flu epidemic.

Interestingly, the examinations are conducted under the supervision of the security guards, in the following manner – the patient and doctor are in the doctor's surgery, the door of which remains open, and the guards stand in the hallway. The doctor cited security reasons for this practice. Nearly all penal sanctions enforcement establishments, including those accommodating extremely violent prisoners, have ensured that examinations are conducted in the absence of the security guards, unless the guards assess that the security of the health staff or inmate is at grave risk if the examination is conducted in the absence of the guards. Such situations are extremely rare, even in high security establishments. Given that the Smederevo District Prison (categorised as a medium security establishment) accommodates convicts sentenced to maximum one-year imprisonment, the examinations should as a rule be conducted in the absence of the guards, and only exceptionally, if there is good cause, in the presence of the guards (these extraordinary circumstances would probably boil down only to inmates who are extremely violent or of diminished capacity).

As the prison does not have an inpatient unit, patients in need of hospitalisation are treated in the local civilian institutions or the Special

Prison Hospital. Commendably, the medical technician escorts all transfers to such institutions.

The prison does not have a dentist on staff and the inmates are taken to a dentist in a civilian institution, but, as a rule, only when they need to have their teeth extracted.

The prison administration and the courts cooperate very well and there is no need to wait for judicial consent to transfer a remand prisoner to an outside institution for a medical examination or treatment.

15.5. Staff

The prison has 31 staff members or 80% of the staff envisaged by the organisational structure and staffing plan enactment. The security service has 24 staff, including one female guard. This unit is extremely overworked; apart from being undersized, it also lacks the necessary equipment, above all special vehicles. The guards have on occasion been unable to escort all the inmates to court due to these problems and the fact that the prison has a large remand population.

The lack of a full-time doctor on staff and better working conditions for the health unit (above all, the lack of an inpatient unit) are undoubtedly extremely unfortunate and have rendered the work of the whole prison staff more difficult.

15.6. Recommendations

The Smederevo District Prison is a very well kept and organised establishment and we have not heard any complaints about it from its former or present inmates. The facilities are maintained well and the inmates are treated in accordance with the law. This practice should continue.

Unfortunately, the prison cannot provide the inmates with outdoor recreational opportunities due to the location of the building. This is why it needs to ensure that they at least spend as much time outdoors as possible. This particularly pertains to remand prisoners, who may not be engaged in work and have no purposeful activity programmes at their disposal.

The prison needs to employ a doctor if it is to ensure good health care. It should immediately alter the way the medical examinations are conducted and ensure that they are carried out in the absence of the guards. As laid down in Article 130 of the PSEA, inmates subjected to coercive measures must be re-examined between the 12th and 24th hours from the moment these measures were used.

Dental services provided outside the prison should not be limited to tooth extraction and should also comprise repair of teeth.

The staff should be trained in the early detection of psychological disorders and risks of suicide among the inmates.

16. ĆUPRIJA CORRECTIONAL INSTITUTION

Time of Visit: April 2010

Number of inmates at the time of visit: 276 convicts,
98 remand prisoners (374 in total)

Average number of inmates over the last year: 371

16.1 Material Conditions

The Ćuprija Correctional Institution comprises two buildings accommodating inmates. The older building is in town, next to the police station, and has of recently accommodated only remand prisoners (this building has until recently also served as an admission unit for the convicts, but the unit has been moved to the other building to make more room for the overcrowded remand ward) and, to a lesser extent, persons brought in by the police and awaiting a decision on detention. Each cell in this building is shared by between 4 and 20 inmates. The prison administration has calculated that each remand prisoner has 2.2 square metres of space. The facilities are well kept, some have recently been refurbished, but some cells have extremely poor lighting either because of the position of the building (i.e. the proximity of other buildings) or the size of the windows. Some cells are fusty, not only because of the size of the windows, but because the inmates smoke in them. The building has a small exercise yard.

The other, newer building is on the outskirts of the town and accommodates convicts. The building is in good shape, with well-lit and aired premises. The largest cells have 22 beds. The common rooms are next to the dormitories. The building also has an inpatient unit with 14 beds. The facilities are well maintained, clean and tidy. The building has a spacious and well-tended yard. The kitchen is clean and tidy as well.

The overall impression is that all the penitentiary facilities are kept well and that the hygiene in the prison is satisfactory.

16.2. Treatment of Inmates

None of the convicts complained about physical or psychological ill-treatment. They say that the relations with the staff are fine. The convicts did not report any irregularities with respect to disciplinary proceedings. Interestingly, this establishment applies disciplinary measures also against remand prisoners, which is not the practice in Serbian penitentiaries accommodating remand prisoners. Courts, which are in charge of disciplinary proceedings against remand prisoners, as a rule do not react to the motions for launching disciplinary proceedings filed by the penitentiaries and violence among remand prisoners mostly goes unpunished. This court practice undoubtedly negatively impacts on the overall climate in the prisons, particularly the discipline of remand prisoners.

Coercive measures are used extremely rarely. The establishment's records show that they were used only five times in the last two years.

We have heard no complaints regarding the realisation of the right to correspondence and access to a telephone.

The security guards say that remand prisoners cannot always spend two hours outdoors as laid down in the PSEA because there are so many of them. This is the reason why visits, too, have been cut short in the recent months.

The only serious complaints by the convicts regarded access to and quality of health care. Some convicts have, namely, complained that they had to wait a long time for examinations by specialists, while some are convinced that their treatment is inadequate.

Around 80 convicts work. The prison organises training in lathing and the convicts also have access to literacy and PC literacy courses. Interest in these activities is not, however, great. Furthermore most convicts spend short periods of time in this penitentiary and do not have the time to complete the training or course.

16.3. Safety and Security

In the past three years, no one even tried to break out of this penitentiary and the establishment recorded four failures to return from weekend leave.

Although many of the inmates in the penitentiary were criminally charged for offences involving violence, inter-prisoner violence is rare.

No convicts were subjected to disciplinary proceedings for a fight or an assault in 2009. Assaults on staff are rare as well, there has been only one such attack since 2008. The convicts we talked feel safe and think that the guards are capable of preventing any serious incidents. There were no suicides in the last two years, but there were five serious suicide attempts in the same period.

Given that this is a minimum security penitentiary and that the majority of convicts are serving short sentences, there are no informal groups, although there have been attempts by the convicts to set them up.

16.4. Health Care

The penitentiary does not have a full-time doctor on staff. It has a contract with the local general hospital under which the hospital is obliged to ensure the presence of a doctor in the penitentiary four times a week. The doctor, who now visits the establishment, is an anaesthesiologist. The health care unit has two medical technicians on staff. There are two doctor's surgeries, a smaller one in the building holding remand prisoners, and a bigger one in the building accommodating convicts. Both surgeries are very tidy and clean. The building housing the convicts also has a patients' room, which is well ventilated and clean. The establishment does not have the facilities to set aside for an inpatient room.

As the doctor does not work every day, the check-up at admission is not always conducted within 24 hours as laid down in the PSEA. At the time of our visit, the designated general hospital doctor was on sick leave and no-one was standing in for him, so that the new inmates were not even examined at admission. The medical technician told us that the inmates were not being examined prior to release. Persons against whom coercive measures have been used are not always examined, as laid down in the PSEA. Specialist examinations are conducted in the general hospital. The absence of a full-time doctor is a serious problem and patients sometimes have to wait up to 10 days for an examination. In such situations, the technician assesses whether the patient is in urgent need of an examination and, if he establishes that this is the case, has him transferred to the general hospital. The technician himself perceives this practice as problematic, because only the doctor is competent to establish whether a patient is in urgent need of an intervention or not.

All examinations are conducted in the absence of the security guards.

Dental services are provided by outside practitioners and the penitentiary allows treatment in private dental offices.

The penitentiary does not conduct the methadone therapy, because such therapy is not administered even by the civilian health institutions in town. Inmates have access to the so-called substitution therapy. Psychiatric examinations are conducted on a regular basis.

The establishment cooperates very well with the Special Prison Hospital but encounters problems in cooperating with the courts. At the time of the visit, the establishment had a convict who had been ordered compulsory psychiatric treatment, which can be provided only by the Special Prison Hospital. However, the competent court had for weeks failed to issue an order and transfer the convict to the Special Prison Hospital, despite repeated remonstrations by the prison administration.

16.5. Staff

The penitentiary has 73 staff, 15% less than envisaged by the organisational structure and staffing plan enactment. Of course, most of the staff is employed in the security service. Due to overcrowdedness and the fact that there are 11 higher courts in the penitentiary's catchment area, the security service's workload is huge, mostly because of the large number of inmates it needs to escort to trial. Apart from the security service, the penitentiary should also increase the number of staff in the health unit and, in the opinion of the administration, in the reintegration programme unit.

The staff also noted the need for a greater number of vehicles.

16.6. Recommendations

The facilities of the establishment, particularly the ones accommodating convicts, are mostly well maintained. According to the information we heard during our visit, the staff treats the inmates in accordance with the law and this practice should continue.

The establishment would improve its work by hiring a doctor, given the disrespect of a whole set of legal provisions on the work of the

health unit in the current circumstances – inmates are not examined at admission nor regularly after the use of coercive measures, as laid down in the PSEA.

In general, the gravest problem the establishment faces (also highlighted by the convicts) regards the lack of full-time medical staff, particularly a doctor. In the absence of the latter, the technicians are forced to take decisions which should be made solely by a doctor.

The establishment staff needs to be trained in the early detection of psychological disorders and risks of suicide among inmates, particularly given the serious suicide attempts in the penitentiary in the recent years.

17. NIŠ CORRECTIONAL INSTITUTION

Time of Visit: April 2010

Number of inmates at the time of visit: 1344 criminal and 12 misdemeanour convicts and 150 remand prisoners (1506 in total)

Average number of inmates (over the last year): between 1300 and 1400

17.1. Material Conditions

The Niš Correctional Institution was designed and equipped to accommodate around 1100 inmates, but their number has been growing every year. The establishment has high, medium and minimum security wards and a remand ward. Its facilities are also used for holding persons in police custody. Apart from the compound in Niš, the establishment also has a remand ward in the town of Pirot.

Our visit comprised a tour of the high security ward. This ward includes four large and two small buildings. The large buildings house Pavilions A, B, C and II. Inmates are also accommodated in the two smaller buildings (the admission unit and the former school). The compound also comprises the establishment's hospital, kitchen and cafeteria, bakery and laundry room.

Pavilions A and B are nearly identical. Most of the cells have between ten and eleven beds each, but there are cells with fewer beds, usually seven. The cells are in good condition, they are clean, well-lit and ventilated. The Pavilions also have spacious common rooms, which are also well kept, well-lit and ventilated. Smoking is banned in the cells, but tolerated in the hallways. Both the cells and the halls have direct access to daylight and fresh air. The reintegration officers' offices are also located in the two Pavilions. All in all, the living conditions in these Pavilions are very good.

Pavilion C differs from Pavilion A and B inasmuch as the cells fit more people (some even up to twenty). Furthermore, it does not have a separate common room; the hallway with cells on either side is used in lieu. The hall does not have access to natural light. The cells are not locked up even at night, because they do not have toilets. The convicts on one floor are actually accommodated in a single spatial whole, separated from the stairwell by iron bars. At the time of our visit, there were between 75 and 90 convicts on each of the three floors. The convicts told us that the Pavilion suffered from water shortages in the summertime. The toilets in this Pavilion are in exceptionally poor condition, particularly the walls. Damp is everywhere. Moreover, a very strong stench permeates the toilets. The partitions between the showers were destroyed as soon as they were installed. The prison staff told us that the convicts in this Pavilion destroy the prison property so often that it is next to impossible to maintain the facilities in better shape and that the prison even had to put up iron bars around the water heaters to prevent the inmates from destroying them. The living conditions in this Pavilion are far worse than in Pavilions A and B. Maintaining order with scores of convicts in the same spatial whole all day and night poses a particular challenge. Inter-prisoner violence in the Pavilion is very frequent and some of the inmates have sustained serious injuries in the physical altercations.

Special attention needs to be drawn to the living conditions in Pavilion II, where around 120 convicts under enhanced supervision were kept at the time of the visit. Nearly all the cells in this Pavilion are around eight square metres in area and fit triple bunk beds; the top beds are very high up, close to the ceiling. The walls and floors are in desperate condition. The floors are so dilapidated that they appear earthen in certain patches. The walls are so damp, that the convicts cover them with blankets thinking that they will not feel the damp as much. The toilets are as decrepit as the floors and walls. The windows are small and do not let in enough light or fresh air; the artificial lighting is very weak, insufficient for reading. Convicts in some cells have radios. The cells in the basement of the Pavilion are in the worst condition. They are somewhat larger than those upstairs, but their floors and walls are even more rundown than the ones upstairs floor. The damp is even more permeating, the lighting even weaker, while ventilation is practically impossible (convicts in some cells broke the windows to let the fresh air in). The convicts in the basement

sleep on mattresses on the floor. The toilets are not partitioned off and the inmates keep drinking water in plastic bottles. We saw a convict in the basement using an inhaler because he has asthma. He was referred to a cell in the basement the day before our visit and the governor promised he would be transferred to another pavilion immediately. Pavilion II does not have a common room and the convicts spend around 23 hours a day in their cells (they are taken outdoors for approximately one hour a day). The whole building is very hot in the summertime, because the isolation is poor, there are no air conditioners and the cells are difficult to ventilate. Moreover, the building is infested with vermin. In short, the conditions in this Pavilion are extremely poor, particularly in the basement cells, which should not be used at all. As the capacity of the cells is not great (some 20 convicts were kept in them at the time of our visit), shutting them down and moving the convicts elsewhere would not significantly exacerbate the overcrowdedness of the other prison cells.

The former schoolhouse and the building housing the admission unit are occupied by a small number of convicts. The conditions in these buildings are somewhat poorer than in Pavilions A and B, but much better than in Pavilions C and II.

Each pavilion has its own exercise yard. The exercise yards of Pavilions A, B and C are extremely spacious, well kept and conducive to sports activities. The Pavilion II exercise yards are much smaller.

The kitchen, cafeteria and laundry room are next to the Pavilion A exercise yard and are maintained very well.

17.2. Treatment of Inmates

Most of the convicts we interviewed are incarcerated in Pavilion II, but had previously served their sentences in the other pavilions. We were thus able to hear also about the treatment of inmates in the other parts of the establishment.

There were many complaints about the conduct of certain guards in Pavilion II. Several convicts told us that they on occasion used force without cause or excessively and threatened to beat the convicts up. In addition, some of the convicts we talked to highlighted that some guards were prone to inappropriate communication with the convicts; we personally witnessed such treatment during our visit. During our visit

to Pavilion II, we saw certain guards escorting convicts outdoors to the exercise yard or to the visits room or phone booth, loudly screaming at them; the convicts were neither undisciplined nor impudent; nor were there any indications that they may behave in such a manner. The convicts obviously find this manner of communication, which cannot be justified by rational reasons, disagreeable. In its communication with the convicts, the prison staff should respect their dignity and avoid conduct that the convicts may perceive as degrading. The prison staff may not treat convicts inappropriately even when they are insolent or impudent. The convicts are to be punished for inappropriate conduct solely in disciplinary proceedings.

Several convicts complained about the conduct of the guards in the other pavilions, but their complaints were much less serious than those about the guards in Pavilion II.

The convicts doubt that their complaints on the conduct of the guards ever reach the competent officials.

Many of the convicts complained about the access to and quality of health care. The convicts claimed that they had to wait a long time for a doctor's appointment (requested via the security service). This was particularly the case with convicts in Pavilion II. They also alleged that the doctors did not devote enough attention to the patients, mostly because they had to see too many patients during their working hours.

Pavilion II convicts say that they rarely see their reintegration officers. They are of the view that the sessions with them are useless.

Disciplinary proceedings and records on them are conducted in accordance with the law. Many convicts ask to be represented by their lawyers in the disciplinary proceedings and the prison administration obliges. As a rule, there is no need for interpretation because even inmates whose native language is not Serbian (mostly ethnic Albanians and Roma) speak and understand it. During our visit, however, there was a problem with a convict who was deaf-mute as none of the prison staff has been trained in sign language. The resident lawyer is aware that an interpreter will be needed for the disciplinary proceedings against this inmate and that the proceedings will have to be discontinued unless an interpreter is found. Fights are the most frequent reason for disciplinary proceedings. The offenders are usually reprimanded or referred to solitary confinement. The latter penalty is usually not applied as the establishment

lacks adequate cells. The solitary confinement penalty, which was served in Pavilion II cells, was not carried out at all at the time of our visit. Disciplinary offenders are rarely punished by the revocation of privileges or a ban on packages.

Disciplinary measures are pronounced also against convicts lying in their beds or sleeping at times other than those envisaged for resting, although neither the PSEA nor the Rulebook on Disciplinary Offences, Measures and Proceedings against Convicts define such conduct as a disciplinary offence. Some other correctional establishments also punish such conduct as a minor disciplinary offence – by invoking “undisciplined, inappropriate or aggressive conduct disrupting life and work in the establishment”, Art. 19 (1 (13)) of the Rulebook on Disciplinary Offences, Measures and Proceedings against Convicts. Even if lying in one’s bed or sleeping were qualified as undisciplined conduct, it is very difficult to claim that it disrupts anyone’s life and work in the establishment i.e. it cannot be considered a disciplinary offence. Convicts who are lying in their beds or sleeping during the day usually do so because staying in the halls or common rooms is taxing or less pleasant than staying in bed (the furniture in the common rooms is as a rule uncomfortable and, despite the smoking ban, inmates often smoke in them) and because they do not have the opportunity to engage in any purposeful activities. Therefore, not only is the punishment of such conduct not in conformity with the valid regulations; it cannot in any way have positive effects on the convicts or the general climate in the establishment.

Except for Pavilion II inmates, convicts usually spend two hours a day outdoors (as laid down in the PSEA). The Pavilion II convicts spend only an hour a day outside because they are taken out in very small groups for security reasons. Apart from the time they spend in open air, most convicts are not offered any purposeful activities and spend most of their time watching TV or listening to the radio (except in Pavilion II, where only a few convicts have transistor radios).

Around 250 convicts are employed on various jobs. Their education is taken into account when they are assigned work. The establishment also organises training. Preparations of new literacy and PC literacy programmes were under way during our visit.

None of the convicts complained about being deprived of their rights to correspondence, access to a telephone, packages or visits. The convicts are also entitled to private visits by their spouses, children or loved ones

in a separate room and they say that these visits mean very much to them and make their incarceration easier.

17.3 Safety and Security

It was not difficult to conclude after the interviews with the prison staff and the convicts and the tour of their cells that Pavilion C faces the greatest challenges in terms of security. It accommodates some very violent convicts, belonging to informal groups that often clash with each other. These groups rally convicts from the same town or neighbourhood or of the same nationality. Members of one group usually share the same cell but, as the cells are not locked, the convicts can enter all the facilities on their floor, which means that there is always the risk of violence. The security service is understaffed and hardly capable of adequately reacting to a fiercer clash. Neither this Pavilion nor the rest of the establishment is under video surveillance, further exacerbating efforts invested in maintaining security. This is why many convicts ask to be transferred to Pavilion II, to avoid becoming victims of attacks. Nearly all the convicts we talked to have stressed that they did not feel safe in Pavilion C, because they doubt that the guards would be able to protect them in case of a grave assault. Moreover, they doubt that the guards themselves are safe in this Pavilion.

There are some extremely violent convicts in Pavilion II as well, but they are accommodated in small cells (usually three to a cell, five to a cell at most) and taken out to the exercise yard in small groups. Consequently, violence in this Pavilion is much rarer than in Pavilion C.

Tensions in Pavilions A and B are much lower, fewer violence-prone convicts are incarcerated in them and incidents are infrequent.

Both the guards and the convicts state that assaults on prison staff are not infrequent.

Although there are metal and cell phone detectors, the convicts manage to get hold of cell phones. They say they have no problems getting hold of drugs as well. The convicts we talked to say that convicts are usually transferred to Pavilion II when they owe other convicts money for the drugs they got from them and are at risk of assault or abuse.

Some convicts claimed that the guards occasionally did not separate convicts at odds with each other on purpose, that they kept them in the same cell and let them clash. The guards denied these allegations.

The establishment does not have separate cells for convicts who have attempted suicide or self-injury.

It can be concluded that there are numerous problems related to safety and security in this establishment. There is a number of reasons for this situation: an undersized custodial staff (the administration assesses that it needs to be increased by at least 20%), overcrowdedness, deficiencies arising from the design of the wards (above all Pavilion C), very high tensions and a poor general climate (particularly in Pavilion C), the nature of the convicts (like all high security establishments, this one holds persons convicted for grave crimes, many of whom are extremely violent, and the establishment does not conduct anger management programmes), lack of video surveillance and a full-time psychiatrist, etc.

17.4. Health Care

The health service comprises six doctors, two of whom are specialists, one in general medicine and the other in sports medicine, one dentist, seven medical and a pharmaceutical technicians, one dentist, one sanitary and one laboratory technicians. The establishment is also visited by a radiologist (once a fortnight), an ophthalmologist (once a week), a psychiatrist (three times a week), a specialist in internal medicine (twice a week) and a biochemist (twice a month). Inmates in need of the services of other medical specialists are taken to the civilian health institutions.

The health unit comprises two doctor's surgeries, a filing room, a bandaging room, the doctors' room, a dental surgery and an inpatient unit. The inpatient unit can fit up to 22 inmates, in rooms each of which has six beds at most. The inpatient unit has its own cafeteria, toilet and shower cabin.

The doctor's surgery is manned round the clock. The doctors work 12-hour shifts. The dental surgery works from 7 am to 3 pm. The dentist repairs and extracts teeth free of charge, while all prosthetic interventions have to be paid by the convicts.

All inmates are examined and provided with the basic information on the work of the health care unit at admission. They are examined also by a psychiatrist within their first week on arrival. Appointments with the doctor are scheduled via the guards.

Although cooperation with the civilian medical institutions is good, there are problems in providing inmates with treatment outside the prison.

On occasion, the number of inmates, who have to be transported to civilian institutions for examination or treatment, is so large that the understaffed security service cannot transport them all on time and their appointments have to be put off. Medical technicians accompany only inmates who are agitated or whose life is in danger to the civilian institutions.

The establishment does not have a psychologist on staff and the medical staff has not been trained in conducting psychotherapy. It occasionally undergoes training in detecting risks of suicide. Inmates, whose behaviour is indicative of suicide, are referred to the psychiatrist.

Examinations are conducted after the use of coercive measures and the inmates are re-examined twice within the following 24 hours.

Inmates are provided with information on infectious diseases and given brochures on sexually transmitted diseases.

17.5. Staff

The custodial and reintegration programme services are obviously understaffed. The reintegration programme unit is staffed by only 25 officers, i.e. each reintegration officer has a caseload of over 50 convicts.

The security staff definitely has the heaviest workload and its working conditions are the most difficult. Not only is the establishment overcrowded; it lacks the necessary vehicles and video surveillance as well. Moreover, the guards lack uniforms. They highlight that they have not undergone a comprehensive check-up, which should be conducted at least every three years, since 2001.

17.6 Recommendations

Major investments are needed to eliminate or at least mitigate the numerous problems of the establishment (to improve the living conditions in Pavilions C and II, to employ more guards and reintegration officers, to install video surveillance, to employ a psychologist and psychiatrist full time), but there are measures which do not require any investments but would help improve the conditions in the prison and ensure the more humane treatment of the convicts.

As for the premises in which the convicts reside, the administration needs to stop using the basement cells in Pavilion II immediately; they

are in such a poor state that accommodation in them can definitely be qualified as inhuman or degrading treatment. The number of convicts in those cells is small enough and their transfer to other facilities would not exacerbate the overcrowdedness. The other cells in Pavilion II are also in an extremely poor condition, but they will unfortunately have to remain in use because they accommodate a large number of convicts, some of whom must be held under enhanced supervision and separated from the convicts they are in conflict with.

The guards must respect the dignity of the convicts. This means that they may use coercive measures only in the last resort, only to the extent necessary for them to lawfully fulfil their duties. The guards' communication with the convicts may not humiliate or intimidate the convicts. Strict abidance by the legally established principles of treatment of convicts would definitely help improve the general atmosphere in the establishment and defuse the tensions posing a threat to the security of both the convicts and the staff.

The general climate in the establishment would also be improved if convicts lying in their beds or sleeping at times not designated for rest were not subjected to disciplinary punishment. Their conduct does not significantly disrupt discipline and some prisoners may have to or may find it more pleasant to lie in their beds or sleep than spend their time in the halls or common rooms, given that they are not provided with the opportunity to engage in any purposeful activities apart from the time they spend outdoors (more under 2).

The administration needs to ensure that the convicts' complaints (submitted under Article 114 of the PSEA) are received on time by the heads of services and the relevant officials or the governor and that they are reviewed with due consideration.

The installation of video surveillance would greatly help maintain order in the establishment, particularly in Pavilion C.

An establishment of this size must have a psychiatrist and psychologist in house every day. The convicts would definitely benefit from their presence.

Increasing the staffing of the custodial and reintegration programme services should be one of the priorities. A greater number of guards would not ensure only better safety and security, but also facilitate the realisation of the convicts' rights (particularly to health care, because there would be fewer problems regarding the transfer of the inmates to civilian institutions for examinations and treatment).

18. KRUŠEVAC DISTRICT PRISON

Time of Visit: June 2010

Number of inmates at time of visit: 27 criminal and 9 misdemeanour convicts, 59 remand prisoners (95 in total)

Average number of inmates in the last 6 months:
between 95 and 110

Gender Breakdown: 91 men, 4 women

18.1. Material Conditions

The District Prison in Kruševac is in the centre of the city, located between the municipal hall, the post office, the army hall and the green market. The prison also comprises a farm out of town, at which the inmates grow the produce prepared in the prison kitchen.

Most of the facilities accommodate remand prisoners. They occupy eight cells (6 in one building and two in the other building, which also houses the prison administration offices) with 47 beds. The remand ward has in the recent months accommodated between 58 and 65 persons (59 at the time of our visit) i.e. nearly one fifth of the remand prisoners sleep on mattresses on the floor. Moreover, each remand prisoner has much less living space than prescribed by the PSEA (4 square i.e. 8 cubic metres per person). For instance, one 20m² cell with 6 beds is occupied by 9 inmates, while another 12m² cell with 4 beds is occupied by 6 inmates. The 4m² solitary confinement cell is next to the remand section. It does not have a toilet and the inmate has to call the guard to come and escort him/her to the toilet. Neither the remand section nor the solitary confinement cell have direct access to natural light or fresh air. These premises get light and air from a window above the door leading to the hall, which has windows. It was very hot at the time of our visit and these cells were sweltering.

Moreover, the cells are extremely damp. One cell is designated for non-smoking inmates; smoking is allowed in all other cells. The inmates take their meals in their cells.

The remand ward also accommodates persons in police custody (persons brought in by the police who have not yet been brought before an investigating judge). Due to overcrowdedness, they cannot be separated from the remand prisoners.

Criminal and misdemeanour convicts reside in a separate building. This part of the prison is not as overpopulated as the remand section. The inmates do not have to sleep on the floor and their meals are served in the cafeteria, which is also equipped with a TV set they can watch. Weather permitting, the inmates smoke outside, in the yard. When the weather is bad, they smoke in the cafeteria. The cells have windows which have poor access to natural light because of the building's location. The prison kitchen is situated in this part of the building; it is old and in need of a coat of paint.

The prison has two separate exercise yards – the larger one is designated for remand prisoners and the smaller one for convicts. The ward accommodating convicts has a table tennis table, but no other sports equipment.

Not all convicts live in the prison compound in the centre of the city – some of them stay at the prison farm, which has 20 beds (11 inmates were living there at the time of the visit).

18.2. Treatment of Inmates

As the Criminal Procedure Code stipulates that remand prisoners may be interviewed only with the prior consent of the relevant judge and we did not know who was in remand prior to the visit, we were thus unable to request interviews with them and talked only to the convicts (it should be noted that only a few convicts were interested in talking to us).

We heard no complaints from the convicts in this prison about any physical or psychological ill-treatment either by the guards or any other prison staff before, during or after our visit. The convicts say that their relations with the staff are very good and that the general climate in the prison is good.

The convicts say that they exercise their rights to access a telephone, to correspondence and visits fully in accordance with the law.

The convicts' complaints mostly regarded the living conditions. Although, as opposed to the remand prisoners, convicts spend the better part of the day outside their cells, in the exercise yard or the cafeteria, they too complained about the prison facilities, mostly about the lack of fresh air. They complained of the stench from the toilets permeating the cells, which are very difficult to ventilate.

Apart from the poor living conditions, the remand prisoners are at a further disadvantage – they are not provided with a daily regime of activities i.e. any purposeful activities. They spend more than 23 hours a day in their cells. Due to overcrowdedness, the time they spend outdoors boils down to only around 30 minutes in the mornings and around 15 minutes in the afternoons. On Fridays, visitation days, they spend only around 15 minutes in open air.

Disciplinary proceedings against convicts are usually conducted for breach of discipline. We heard no complaints from the convicts about how these proceedings were being conducted. Courts as a rule do not conduct disciplinary proceedings against remand prisoners (As prisoners on remand may be visited only with the consent of the court, the courts sometimes punish these inmates in breach of prison discipline by turning down the requests to visit them), which definitely does not facilitate the custodial staff's efforts to maintain order. It is practically impossible to punish violent and undisciplined remand prisoners.

Convicts sent to solitary confinement are examined immediately before the application of this disciplinary measure and the doctor renders his/her opinion on whether they are fit to sustain such punishment. The doctor visits the inmate under solitary confinement every once in a while, not every day.

Prison records show that coercive measures were used 83 times in the first half of 2010, 104 times in 2009 and 75 times in 2008. A medical examination is conducted after the use of coercive measures, but the health unit does not keep separate records of these check-ups.

Drug tests are conducted occasionally, when the staff suspects that an inmate has been using psychoactive substances.

Not many convicts work – only one convict works apart from those staying and working on the farm and in the prison kitchen. Ten or so convicts are occasionally engaged in work outside the prison.

18.3 Safety and Security

There have been no escapes from the prison in the recent past. Convicts have on occasion failed to return to prison. There are no metal detectors and the packages are searched in the presence of the persons who brought them. Cells are usually searched in the presence of an inmate also residing in the cell.

The convicts we interviewed say they have no reason to fear for their safety because they are sure that the guards are able to protect them and prevent weaker and vulnerable convicts from falling victim to the stronger ones. As this prison holds inmates sentenced to maximum six-month imprisonment, there are no informal groups or a strong prison hierarchy.

Tensions and thus risks of conflict are much higher in the overcrowded remand ward, the residents of which spend nearly the whole day in their cells. There have been no assaults on the staff recently, but there is inter-prisoner violence.

The location and design of the prison buildings is not amenable to security. Objects can be thrown into the exercise yards over the low prison walls. The guards say that there have been instances of drugs and cell phones being thrown into the prison grounds.

18.4. Health Care

The health unit does not have a full-time doctor on staff. The prison is visited by a specialist in general medicine twice a week and a neuro-psychiatrist once a week. Two medical technicians are on duty every day, working in two shifts on workdays (from 07:00 to 22:00) and one shift on weekends. The paramedics are called in the event of a medical emergency during the night.

The doctor's surgery is an extremely small cramped room, with a desk, cupboards and wall cabinets which additionally narrow the room. The room is inappropriate for medical examinations, because three people (doctor, technician and patient) can hardly fit in it at the same time. The office is equipped only with the basic examination devices (stethoscope, blood pressure measurer, a weight scale and thermometer). The medicine cabinet, located in the doctor's surgery, may be accessed only by the medical technicians, who administer the therapies at the times set by the doctor.

As the prison does not have an inpatient unit, patients in need of treatment in hospital are referred to the Special Prison Hospital in Belgrade.

The examination at admission is conducted within 24 hours unless the inmate is admitted during the weekend. Such inmates are examined on Mondays. In the event an inmate admitted during the weekend has visible injuries or complains of health problems, s/he is first taken to the local health centre to be examined and provided with assistance and admitted to prison afterwards.

The inmates schedule their appointments with the doctor via the custodial staff. In the event an inmate asks for an examination when the doctor is not in, the medical technician calls the doctor up and relates the patient's complaints to him; the doctor then assesses whether he needs to come immediately and examine the patient or whether the examination can wait until his next visit to the prison. The paramedics, not the doctor, are called in, in the event of an emergency at night or on a weekend. The examinations are conducted in the absence of the guards.

The doctor assesses whether an inmate transferred to another institution for treatment needs to be accompanied by a medical technician. The inmates' teeth are checked and fixed by the dentists working at the local health centre.

The inmates' medical files do not hold all data on all check-ups conducted in prison. Admission examination data are entered in the inmates' personal files, which are not kept in the doctor's surgery, while the forms filled during all the subsequent examinations and documentation on any therapies are kept at the doctor's surgery.

Neuro-psychiatric examinations of inmates are conducted upon the referral of the general practitioner or at their own request. The medical technicians have not been trained in conducting psychotherapy programmes. A patient is treated for an illness only with his/her prior consent.

The general practitioner refers the inmates to the local health centre for all specialist examinations. There have occasionally been problems with taking the remand prisoners to another institution for an examination because the courts have failed to issue their approval for such transfers on time (at the time of the visit, one remand prisoner was already waiting five days for the court's consent to be taken to a dermatologist).

The food is inspected by the medical technicians who try it. Sanitary inspections of the kitchen staff are conducted every six months.

The security service alerts the health unit if it detects any risks of suicide.

The prison does not keep any specific records on examinations conducted after the use of coercive measures.

18.5. Staff

The work of the prison staff is all the more difficult due to the fact that the prison buildings are quite old and suffer from numerous deficiencies exacerbating both the living conditions of the inmates and prison security (the prison is in the centre of the city, has low walls, has much smaller capacity than necessary). This particularly holds true for the medical staff, which lacks adequate offices, but the other services as well.

Apart from over-population, the custodial staff struggles with the lack of special police vans (Black Marias). The prison has only two such vehicles, one of which is quite old. It needs at least one more Black Maria to operate normally.

The security service employs 40 guards. The prison administration is of the view that their number should be slightly increased (and proposed in the new organisational structure and staffing plan enactment that this unit be staffed by 42 guards).

18.6. Recommendations

Over-population and the poor living conditions, the chief problems of the prison, can hardly be resolved by refurbishing the buildings. They were not initially built to serve as a prison and they are so decrepit that any renovation would improve the living conditions of the inmates only in the short term. The working conditions of the prison staff are extremely poor as well and the only long-term solution is to build a brand new prison building.

The impression we gained during our visit was that inmates were being maximally treated in accordance with the law given the circumstances.

This practice should continue. The PSEA provisions on living space (four square or eight cubic meters per inmate) and on time spent outdoors (two hours a day) cannot be abided by for objective reasons. The staff should nevertheless endeavour to enable the remand prisoners to stay outdoors as much as possible, which will definitely necessitate the greater engagement by the custodial staff.

The administration needs to keep separate records on examinations after the use of coercive measures. The filing system should also be improved and the inmates' files should comprise information on all examinations and treatments undertaken during their stay in the prison.

19. ČAČAK DISTRICT PRISON

Time of visit: July 2010

Number of inmates at the time of visit: 9 criminal and 9 misdemeanour convicts, 66 remand prisoners (84 in total)

Average number of prisoners: between 62 and 136 (in the last two years)

Gender breakdown: 83 men, one woman

19.1. Material Conditions

The District Prison in Čačak comprises two ground-floor buildings in the centre of the city, designed to accommodate around 80 people (if the PSEA provision on at least 4 square or 8 cubic metres of living space per inmate were abided by). The police use four cells in which they can keep 20 people in custody. Apart from the two buildings, the prison also has a farm for growing crops and at which a maximum of 20 people can be accommodated.

We did not tour the farm during our visit and this report will focus only on the living conditions in the buildings in the city.

The larger building is designated for the accommodation of remand prisoners. It has 15 cells, each of which is occupied by a maximum of 8 inmates. Two of the cells do not have direct access to fresh air or natural lighting, which filter through the windows above the doors into the hallway. Although the other cells have windows overlooking the exercise yard, they are stuffy because the windows are covered by plastic boxes which dim the sunlight and practically obstruct ventilation. The boxes have been put up to prevent remand prisoners in their cells from communicating with those in the exercise yard. Lack of fresh air is further exacerbated by the tolerance of smoking and the non-segregation of smokers and

non-smokers. Every cell has its own toilet facilities. The exercise yard in the prison courtyard is spacious and includes several exercise devices so that the remand prisoners can work out as well. The prison security is compromised by the fact that the compound is in the immediate vicinity of residential buildings. Their windows overlook the exercise yard and it is easy to throw objects into it

Criminal and misdemeanour convicts are accommodated in three cells in the other, smaller building. Two cells have 12 and 11 beds respectively, while the smallest cell, where the C category inmates are housed, has 6 beds. This cell is practically under a high security regime, while the other cells are under a medium security regime. The latter do not have their own toilets and the convicts have to share a common toilet in the building. All the cells are in poorer condition than the ones accommodating remand prisoners. The criminal and misdemeanour convicts use the prison courtyard, where the police workshop is located, as their exercise area.

19.2. Treatment of Inmates

None of the former or present inmates of this prison complained about any form of ill-treatment by any of the prison services, or of the way the disciplinary proceedings are conducted (only four such proceedings were conducted in 2010). Rights to correspondence, to access a telephone and to receive packages and visitation rights are exercised in conformity with the law. All in all, we gained the impression that the general climate in this establishment was very good.

The most serious criticism with respect to the treatment of inmates in this prison regards the time the remand prisoners spend outside. They spend around 40 minutes a day in the exercise yard, although the PSEA stipulates that they should spend at least two hours a day in open air. It is impossible to meet this standard given that the guards take the remand prisoners out to the exercise yard in groups i.e. prisoners sharing the same cell, and there are 15 cells in total. It is often impossible to simultaneously take out remand prisoners from two or more cells, because the prison often holds in remand accomplices to a crime who have to be kept apart. The prison administration told us that it planned to partition the exercise yard

for the remand prisoners which will allow the guards to simultaneously take out remand prisoners from two cells.

Coercive measures are rarely used. The inmates subjected to them are examined, but, as we noted, they are hardly ever re-examined between the 12th and 24th hours from the time force was used (PSEA, Article 130).

Some of the convicts work on the farm, and the others are occasionally hired to do work outside the prison, in the city.

19.3. Safety and Security

There has been no grave violence among the inmates. The number of inmates per cell is small enough and the guards are capable of adequately reacting to any physical altercations.

The last successful break-out happened two years ago; some time before it, two remand prisoners fled across the roof, which does not have a cement plate, clearly a serious deficiency in the design of the building. There have been no failures to return recently, although the convicts work outside the prison and take weekend and other leaves from prison.

Prison security would undoubtedly be better if the prison courtyard were not used by the police. Many people enter and leave the police workshop in the yard, in which the convicts spend most of the day. In addition, the residential buildings overlooking the exercise yard are so close that objects can be thrown from their windows into the exercise yard.

The premises and inmates are occasionally searched; cell phones have been discovered during such searches.

19.4. Health Care

The health unit has a full-time nurse on staff, who works from 07:30 to 15:30 on workdays. A general practitioner works in the prison on Mondays and is on call the rest of the time. A neuro-psychiatrist and a dentist visit the prison on request. The nurse is on call out of hours and comes to the prison when necessary.

The doctor's surgery is located in an old building with damp walls and decrepit flooring. The surgery has poor natural lighting and is very

small, but it is tidy. It is well equipped and has a tensiometer, glucometer, ECG, oxygen bottle and a steriliser. Apart from ordinary examinations, the staff can conduct minor sutures, bandaging and basic dental interventions (repair and extraction of teeth).

Only the nurse has access to the well-supplied medicine cabinet. In the absence of health staff, the medications (prepared by the nurse) are distributed to the inmates by the guards.

The prison does not have an inpatient unit and patients in need of such treatment are referred to the city hospital or the Special Prison Hospital. Inmates transferred to medical centres for examinations or treatment are always escorted by the nurse.

New inmates are examined at admission by the doctor or nurse and are on that occasion given brochures on infectious diseases. Pre-release examinations, which are conducted by the nurse, are rare. The examinations are conducted in the absence of the guards only at the request of the inmate; on other occasions, the guards stand at the door of the doctor's surgery.

Health records are updated and comprise data on all check-ups and treatments conducted during the inmate's stay in the prison.

At the time of our visit, the prison had three inmates on methadone therapy, prescribed and provided by the city psychiatric hospital.

The prison staff has not been trained either in conducting psychotherapy programs or in prison pathology.

19.5. Staff

Like in all other prisons, most of the staff work in the security service – 33 guards, more than laid down in the organisational structure and staffing plan enactment but still not enough. Given that the prison accommodates mostly remand prisoners, the guards need to escort a large number of them to trial (sometimes as many as 5–6 a day) and thus work overtime a lot. The work of the guards is further exacerbated by the security problems arising from the location of the building (the vicinity of the residential buildings overlooking the prison exercise yard and the police workshop in the prison courtyard).

The security service employs two female guards, which is commendable given that there are women on remand in the prison

19.6. Recommendations

We gained the impression that inmates were treated well, as much as possible in conformity with the PSEA. This practice should continue. Overcrowdedness is a problem but not a problem that can be addressed by the prison administration. It calls for significant investments and the involvement of the Penal Sanctions Enforcement Directorate.

The chief criticism with respect to the rights of inmates regards the time the remand prisoners spend outdoors. The prison administration is aware of the problem, which may be eliminated by the planned partitioning of the exercise yard. Moreover, an awning should be erected over part of the exercise yard to shield the inmates from inclement weather.

Segregating the smokers from the non-smokers is not easy, given the necessity to keep accomplices to a crime separated. In any case, the administration should endeavour to ensure that the non-smokers do not have to spend time in premises where smoking is tolerated.

All obstacles should be removed from the windows of the remand cells to enable ventilation, particularly since it appears that they are not fulfilling their initial purpose (see under 1.). Prevention of communication between remand prisoners in their cells and those in the exercise yard can be achieved also by the prison guards' supervision of the inmates in the exercise yard. This should not pose a problem if the exercise yard is partitioned as planned.

Medical examinations should be conducted in the absence of guards, and only exceptionally in their presence if the doctor thinks it necessary. Moreover, inmates subjected to coercive measures have to be re-examined, as stipulated by Article 130 of the PSEA. Although the prison does not have a full-time doctor on staff, such re-examinations should not pose a problem as the prison records show that coercive measures are rarely used. Finally, the health unit should abide by the law and examine all inmates prior to release.

20. DISTRICT PRISON IN UŽICE

Time of visit: July 2010

Number of inmates at the time of visit: 26 criminal and 7 misdemeanour convicts, 55 remand prisoners (88 in total)

Average number of inmates (over the last year): between 80 and 160

20.1. Material Conditions

The three-floor District Prison in Užice is in the heart of the city, surrounded by the municipal hall, police station, courthouse and residential buildings. The city hospital is very close to the prison. The criminal and misdemeanour convicts are accommodated on the ground floor and on the second floor, while the remand prisoners are housed on the first floor and in one cell on the second floor.

The prison has around 80 beds but usually accommodates more inmates. As a rule, the number of inmates peaks in wintertime (reaching 160 at one point last winter); on such occasions, some inmates have to sleep on mattresses on the floor. Overcrowding is the direst in the section designated for remand prisoners, who account for the majority of the population in this prison.

The closed ward accommodating convicts classified as category C (convicts who are expected to adjust to prison conditions with greater difficulty and who are in need of more intensive correctional and reintegration assistance because of their personal features, the type and gravity of the crime they committed, their earlier way of life and achieved degree of rehabilitation) is on the ground floor. The cells have a maximum of eight beds each and the convicts spend most of the day in the hall or common room. The cells have very high ceilings and large windows that

let in enough light and fresh air. Although the building was refurbished recently (three years ago), the walls are in extremely poor condition. Both the staff and the convicts say that the damp is not caused by faulty plumbing but by the flooding and leaks from the floor above caused by the remand prisoners – they are in the habit of leaving the faucets running during the summer to cool themselves and of clogging them in winter, which is why the pipes burst. Another cell on this floor, with an area of eight square metres and four beds, is used for police custody and is guarded by the police.

Remand prisoners are kept in seven cells, six on the first floor and one on the second floor. Like all the other prison cells, each one can fit up to eight inmates. The cells are in a better state than those on the ground floor. They are not damp and the bed mattresses are in better condition.

The cells designated for convicts on the second floor are in the best condition. They are very clean, well-lit and aired and damp-free. Each can fit up to eight beds.

The kitchen is on the ground floor. It is old but well kept.

The exercise yard is extremely small, around 60 square metres in area, and surrounded by the nearby buildings. There are no opportunities for recreation in the prison.

20.2. Treatment of Inmates

All the convicts we interviewed have been classified as Category C and are accommodated in the closed ward on the ground floor. They all complained about the regime they were being subjected to. They are locked out of their cells after breakfast and spend the time until lunch in the hallway or in the common room. The cells are unlocked after lunch when they are allowed to rest for two hours and then they are locked out again, spending more time in the hallway and the common room, until lights out. Ideally, all inmates (including remand prisoners) should spend the better part of the day outside their cells (the European Committee for the Prevention of Torture also recommends that) but spending time outside one's cell makes sense if it is filled with activity. Given that the convicts do not have at their disposal any purposeful activities and that the hallway and common room are not more comfortable than the cells (the chairs in the common room are uncomfortable), most convicts find

this regime both unpleasant and arduous. It would be best if the cells were left open throughout the day and if the convicts were allowed to lie on their beds when they wanted to rest.

The convicts also complained about the poor state of the cells, above all the damp and its stench. They said that the food was of bad quality and that the meals were too small.

Several convicts alleged that the guards occasionally treated them with insolence. None complained that they were being denied their rights to correspondence and packages, access to a telephone or visits.

Prison records show that coercive measures are rarely used: nine times in 2007, seven times in 2008, ten times in 2009 and four times in the first half of 2010. Disciplinary measures were pronounced against nine convicts in 2010.

The overpopulated prison has only one exercise yard and the inmates cannot spend two hours outdoors as provided by the law. They usually spend around 40 minutes in open air.

The prison administration is doing its best to find the inmates jobs outside prison whenever it can.

20.3. Safety and Security

The convicts we interviewed believe that there is no risk of serious inter-prisoner violence. They say that the relations between the convicts are good and that the weaker or particularly vulnerable convicts are not harassed. Moreover, the interviewed convicts say that they are sure that the guards are extremely well informed about the relations among the inmates and prepared to prevent any serious physical altercations.

There have been no failures to return recently. The last escape happened quite a long time ago. There had been attempts to dig tunnels out of prison until a few years ago, when the prison walls were reinforced with iron.

The occasional threats against the prison staff and administration are mostly voiced by remand prisoners.

A metal detector has been installed at the prison entrance. This is one of the rare prisons without a cell phone detector but the guards have nevertheless succeeded in finding the smuggled cell phones.

20.4. Health Care

The health service comprises a medical technician and a specialist in internal medicine. The nurse works Mondays to Fridays, while the specialist doctor visits the prison once a week and on request. The city hospital is fortunately only 50 metres away from the prison and provides urgent medical services at times when the prison health care unit is unattended.

The health unit has two rooms at its disposal: one is very small and resembles a refurbished pantry; medical examinations are conducted in the other room. The prison has an ECG, tensiometer and glucometer. It also has a steriliser, which is not in use. The medical staff can thus bandage the inmates and perform similar interventions but only as first aid.

Only the medical technician has access to the medicine cabinet. The medications are issued to the inmates by the technician on workdays and by the guards on weekends. The technician told us that the medications were often abused and bartered.

The prison does not have an inpatient unit and the inmates in need of hospitalisation are usually taken to the Special Prison Hospital. The medical technician always accompanies inmates during their transfer to a civilian health institution for treatment.

The prison is in a position to conduct the methadone therapy. The health unit also conducts drug tests.

The prison kitchen prepares separate meals for inmates suffering from diabetes.

The guards stand at the door of the doctor's surgery during the examinations of patients, unless the patient insists on being examined in their absence. Medical examinations should as a rule be conducted in the absence of the guards, except in exceptional cases, in the event the doctor assesses that the guards have to be present to protect the safety of the patient and the medical staff.

Examinations after the use of coercive measures are conducted in accordance with the law.

20.5. Staff

The prison staff is only 21 people strong, as opposed to the District Prisons in Kraljevo, Čačak and Kruševac, with similar capacities like the District Prison in Užice but with at least twice as many employees.

Apart from the governor, the prison staff does not include any staff with a law degree. It needs to hire a legal practitioner if it is to ensure the proper conduct of disciplinary proceedings against the convicts and staff and to provide the convicts with legal assistance.

20.6. Recommendations

The main recommendation regarding treatment of inmates refers to the regime applied towards the convicts (see under 2.). They should be able to use their cells during the day as well, because they obviously find the long hours they spend in the hall or common room unpleasant and taxing. This should in no way imply that they should be fully or mostly confined to their cells; they should simply be given the opportunity to decide for themselves where they will spend their time in the absence of any purposeful activities.

The administration should devote special attention to improving the inmates' nutrition, particularly in view of the convicts' complaints about the quality and size of the meals.

Medical check-ups should be conducted in the absence of the guards, unless there is good cause for their presence.

The prison has to hire a legal practitioner to ensure that its work is lawful.