



CPT/Inf (97) 1 [Part 1]

**Report to the Bulgarian Government
on the visit to Bulgaria
carried out by the European Committee
for the Prevention of Torture and Inhuman
or Degrading Treatment or Punishment (CPT)
from 26 March to 7 April 1995**

The Bulgarian authorities have agreed to the publication of the CPT's report on its visit to Bulgaria, together with the responses of the Bulgarian Government.

Strasbourg, 25 September 1995

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Copy of the letter transmitting the CPT'S report

Strasbourg, 25 September 1995

Dear Mr Roupchev,

In pursuance of Article 10, paragraph 1, of the European Convention for the prevention of torture and inhuman or degrading treatment or punishment, I have the honour to enclose herewith the report to the Government of Bulgaria drawn up by the European Committee for the prevention of torture and inhuman or degrading treatment or punishment (CPT) after its visit to Bulgaria from 26 March to 7 April 1995. The report was adopted by the CPT at its twenty-sixth meeting, held from 11 to 15 September 1995.

I would draw your attention in particular to paragraph 256 of the report, in which the CPT requests the Bulgarian authorities to provide an interim and a follow-up report on action taken upon its report. The CPT would be grateful if it were possible, in the event of the reports forwarded being in Bulgarian, for them to be accompanied by an English or French translation.

More generally, the CPT is keen to establish an ongoing dialogue with the Bulgarian authorities on matters of mutual interest, in the spirit of the principle of co-operation set out in Article 3 of the Convention. Consequently, any other communication that the Bulgarian authorities might wish to make would also be most welcome.

I am at your entire disposal if you have any questions concerning either the CPT's report or the future procedure.

Finally, I would be grateful if you could acknowledge receipt of this letter.

Yours faithfully,

Claude NICOLAY
President of the European Committee for
the prevention of torture and inhuman
or degrading treatment or punishment

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Preface

As the European Committee for the prevention of torture and inhuman or degrading treatment or punishment is a relatively new institution, knowledge of its mandate and functions is inevitably limited. The CPT has therefore deemed it appropriate to begin the first of its reports to each Party by setting out some of the Committee's salient features. This should prove particularly helpful in differentiating the basis and aims of the CPT from those of two other Council of Europe supervisory bodies within the field of human rights: the European Commission and European Court of Human Rights.

Unlike the Commission and the Court, the CPT is not a judicial body empowered to settle legal disputes concerning alleged violations of treaty obligations (i.e. to determine claims *ex post facto*).

The CPT is first and foremost a mechanism designed to **prevent ill-treatment from occurring**, although it may also in special cases intervene after the event.

Consequently, whereas the Commission's and Court's activities aim at "conflict solution" on the legal level, the CPT's activities aim at "conflict avoidance" on the practical level.

This being so, the guiding maxim for the CPT when performing its obligations must be to "extend the widest possible protection against abuses, whether physical or mental" (quotation from the 1979 UN Code of conduct for law enforcement officials as well as from the 1988 Body of Principles for the Protection of All Persons Under Any Form of Detention or Imprisonment, both adopted by the General Assembly).

The CPT's activities are based on the concept of co-operation (Article 3 of the European Convention for the prevention of torture and inhuman or degrading treatment or punishment). The CPT's task is not to publicly criticise States, but rather to assist them in finding ways to strengthen the "cordon sanitaire" that separates acceptable and unacceptable treatment or behaviour. In fulfilling this task the CPT is guided by the following three principles:

- i) that the prohibition of ill-treatment of persons deprived of their liberty is absolute,
- ii) that ill-treatment is repugnant to the principles of civilised conduct, even if used in milder forms, and
- iii) that ill-treatment is not only harmful to the victim but also degrading for the official who inflicts or authorises it and ultimately prejudicial to the national authorities in general.

The CPT first of all explores the prevailing factual situation in the countries it visits. In particular it:

- i) examines the general conditions in establishments visited;
- ii) observes the attitude of law enforcement officials and other staff towards persons deprived of their liberty;
- iii) interviews persons deprived of their liberty in order to understand how they perceive (i) and (ii) and hear any specific grievances they may have;
- iv) examines the legal and administrative framework on which the deprivation of liberty is based.

Subsequently, the CPT reports to the State concerned, giving its assessment of all the information gathered and providing its observations. In this regard, it should be recalled that the CPT does not have the power to confront persons expressing opposing views or to take evidence under oath. If necessary, it recommends measures designed to prevent the possible occurrence of treatment that is contrary to what reasonably could be considered as acceptable standards for dealing with persons deprived of their liberty.

In carrying out its functions, the CPT has the right to avail itself of legal standards contained in not only the European Convention on Human Rights but also in a number of other relevant human rights instruments (and the interpretation of them by the human rights organs concerned). At the same time, it is not bound by the case law of judicial or quasi-judicial bodies acting in the same field, but may use it as a point of departure or reference when assessing the treatment of persons deprived of their liberty in individual countries.

To sum up, the principal differences between the CPT and the European Commission and European Court of Human Rights are:

- i) the Commission and the Court have as their primary goal ascertaining whether breaches of the European Convention on Human Rights have occurred. By contrast, the CPT's task is to prevent abuses, whether physical or mental, of persons deprived of their liberty from occurring; it has its eyes on the future rather than the past;
- ii) the Commission and Court have substantive treaty provisions to apply and interpret. The CPT is not bound by substantive treaty provisions, although it may refer to a number of treaties, other international instruments and the case law formulated thereunder;
- iii) given the nature of their functions, the Commission and the Court consist of lawyers specialising in the field of human rights. The CPT consists not only of such lawyers but also of medical doctors, experts in penitentiary questions, criminologists, etc;
- iv) the Commission and Court only intervene after having been petitioned through applications from individuals or States. The CPT intervenes ex officio through periodic or ad hoc visits;
- v) the activities of the Commission and Court culminate in a legally binding finding as to whether a State has breached its obligations under a treaty. The CPT's findings result in a report, and, if necessary, recommendations and other advice, on the basis of which a dialogue can develop; in the event of a State failing to comply with the CPT's recommendations, the CPT may issue a public statement on the matter.

I. INTRODUCTION

A. Dates of the visit and composition of the delegation

1. In accordance with Article 7 of the European Convention for the prevention of torture and inhuman or degrading treatment or punishment (hereafter referred to as "the Convention"), a delegation of the CPT visited Bulgaria from 26 March to 7 April 1995. The visit formed part of the Committee's programme of periodic visits for 1995.

2. The delegation consisted of the following members of the CPT:

- Mr Bent SØRENSEN, First Vice-President of the CPT (Head of the delegation)
- Mr Tonio BORG
- Mrs Ingrid LYCKE ELLINGSEN
- Mr Rudolph MACHACEK
- Mr Petros MICHAELIDES.

It was assisted by:

- Mrs Catherine HAYES, General practitioner and Representative to the Council of the Irish College of General Practitioners (expert)
- Mr James MacKEITH, Consultant Forensic Psychiatrist at the Bethlem Royal and Maudsley Hospitals, London (expert)
- Mrs Sonja SNACKEN, Professor of Criminology and Sociology of Law at the Brussels Free University (expert)
- Mrs Nedyalka CHAKALOVA (interpreter)
- Mr Georgi IVANOV (interpreter)
- Mrs Iliana SARAIOULEVA (interpreter)
- Mrs Petrushka TOMOVA (interpreter)
- Mrs Mitko VELKOV (interpreter).

The delegation was also accompanied by the following members of the CPT's Secretariat:

- Mr Trevor STEVENS, Secretary of the CPT
- Mr Fabrice KELLENS
- Ms Petya NESTOROVA.

B. Establishments visited

3. The delegation visited the following places of detention:

Establishments of the police and the National Investigation Service

- Pazardjik Regional Police Directorate and Investigation Service
- Pleven Regional Investigation Service
- Sofia:
 - Investigation Service detention facility at Razvigor Street
 - 3rd District Police Station and Investigation Service
 - 6th District Police Station and Investigation Service
 - Centre for the temporary placement of adults in "Drouzhba - 2"
- Stara Zagora:
 - Stara Zagora Regional Police Directorate
 - Stara Zagora Regional Investigation Service
 - Detention facility for escort purposes at Stara Zagora railway station.

Prisons

- Pazardjik Prison
- Stara Zagora Prison

Psychiatric establishments

- Lovetch Prison Hospital (psychiatric section)
- Lovetch Neuropsychiatric Hospital (closed ward for the criminally irresponsible)
- Radnevo Psychiatric Hospital.

C. Consultations held by the delegation

4. In addition to meetings with the local officials in charge of the places visited, the delegation held consultations with the national authorities and representatives of non-governmental organisations active in areas of concern to the CPT. A list of the authorities with which the delegation held talks is set out in Appendix II to this report.

5. It should be recorded that the Bulgarian authorities stated openly to the CPT's delegation, at the very outset of its visit, that their country was currently facing extremely serious problems. More specifically, Bulgaria was confronted simultaneously with a grave economic crisis and an alarming increase in the crime rate. Inevitably, these phenomena had negative repercussions on areas covered by the CPT's mandate.

These factors were borne in mind by the CPT's delegation, especially when considering material conditions and the activities offered to detainees, prisoners and psychiatric patients. However, as was stressed during the final talks with the Bulgarian authorities, such difficulties can never excuse deliberate physical ill-treatment.

D. Co-operation received during the visit

6. The delegation's meetings with the national authorities, at both the start and the end of the visit, took place in a spirit of close co-operation. There were fruitful discussions with the Minister of Justice, the Deputy Ministers of Justice, Health and Education, the General Prosecutor, the Directors of the Police and Prison Services, the Deputy Director of the National Investigation Service and the Chairman of the National Assembly's Human Rights Committee. The delegation also met senior officials of the Ministries of Justice, Health and Education and a number of senior officials of the Ministry of Defence's medical and psychiatric services and of military detention centres.

The delegation wishes to underline the assistance provided by the liaison officer to the Committee, Mr Gueorgui Roupchev, not only during but also before and after the CPT's visit to Bulgaria.

7. Nevertheless, it must be emphasised that the CPT was not supplied in good time with lists of police and National Investigation Service (NIS) places of detention. Although the CPT had requested such lists from the Bulgarian authorities well before the visit, it only received the list of police establishments three days before the start of the visit and a summary list of NIS establishments on the second day of the visit. The delegation finally received a detailed list relating to the NIS on the third day.

In this context, the CPT must recall the provisions of Article 8.2.b of the Convention.

8. With one exception (see paragraphs 9 et seq.), the delegation received a very satisfactory reception from management and staff in all the places of detention visited, including those which had not been notified in advance of the visit. The delegation noted that management and staff were aware of the possibility of a CPT visit and that some of the persons met had a basic knowledge of its terms of reference and powers.

9. The exception referred to above concerns Pleven Regional Investigation Service, where in the early evening (about 9.20 pm) of 4 April 1995, the delegation was refused access to persons detained. The decision was taken by the Regional Public Prosecutor, who had been contacted by telephone by the investigation service's duty officer. The prosecutor denied all knowledge of the CPT and said that the letters of introduction, issued by the Bulgarian national authorities and presented by the delegation, were insufficient. She said that it was too late to meet detainees and that if the delegation still wished to do so it should return the next morning.

The delegation informed the CPT's liaison officer of the incident, who took the necessary steps to ensure free access to persons detained by Pleven Regional Investigation Service. The following day (at 8.40 pm), the delegation presented itself at the entrance of the building concerned and was admitted to the department's premises (see, however, paragraph 11).

10. At the end-of-visit discussions, the General Prosecutor's representative officially apologised for the incident. In a letter to the Head of the CPT's delegation dated 7 June 1995, the General Prosecutor subsequently acknowledged that the action taken by the Regional Public Prosecutor on this occasion had been incorrect and should not be repeated.

The CPT welcomes the position adopted by the General Prosecutor. Nevertheless, it must emphasise that Article 8, paragraph 1, of the Convention authorises the Committee to visit "*at any time*" places where persons are deprived of their liberty by a public authority. This incident highlights the need for Parties to the Convention to circulate in good time to the authorities concerned, **including the judicial authorities**, detailed information on the CPT's terms of reference and the obligations of Parties vis-à-vis the Committee.

11. The CPT must add that its delegation was obliged to wait twenty minutes on 5 April 1995, and to submit to three identity checks, before being allowed to enter the detention facility of Pleven Regional Investigation Service. Attention should also be drawn to the highly provocative attitude displayed during the visit by one of the officers responsible for the detention facility.

The failure to allow rapid access to the detention facility and the attitude of the officer concerned are not in accordance with the provisions of Article 8, paragraph 2, sub-paragraph c of the Convention and the general principle of co-operation set out in Article 3.

E. Immediate observations under Article 8, paragraph 5, of the Convention

12. On 7 April 1995, at the end of its visit to Bulgaria, the delegation met the competent authorities at a meeting in the Ministry of Justice chaired by the Deputy Minister of Justice. At that meeting the delegation made certain immediate observations, in pursuance of Article 8, paragraph 5, of the Convention, concerning the need for an inquiry into the methods used by officers of Stara Zagora Regional Police Directorate and Gladstone Street Police Station in Pleven when questioning criminal suspects, as well as conditions of detention in the 3rd District Investigation Service in Sofia.

The delegation also made a number of other observations concerning: the provision of mattresses to persons held overnight in police custody and offering to persons held in the temporary placement centre in "Drouzhba - 2" the possibility of at least one hour's outdoor exercise per day; the provision of mattresses to all inmates - including those undergoing disciplinary punishment - in prisons, and offering to them the possibility of at least one hour's outdoor exercise per day; the occasional use of unmodified electroconvulsive therapy; and substantially improving outdoor exercise possibilities for patients held in the closed ward for the criminally irresponsible at Lovetch Neuropsychiatric Hospital.

The delegation's end-of-visit observations were subsequently confirmed in a letter of 20 April 1995 from the Head of the CPT's delegation to the Minister of Justice. The CPT asked to be informed within three months of all the steps taken by the Bulgarian authorities in response to those observations.

13. During the end-of-visit discussions on 7 April, the representative of the National Investigation Service informed the delegation orally that the detention facility of the 3rd District Investigation Service in Sofia had been withdrawn from service following the delegation's visit.

In a letter of 23 June 1995, the Minister of Justice informed the CPT of all the measures taken in response to the immediate observations. These measures will be considered in detail later in the report, but the CPT wishes already to emphasise the constructive spirit in which the Bulgarian authorities took note of and reacted to the above-mentioned observations.

II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

A. Police and National Investigation Service establishments

1. Preliminary remarks

14. Persons suspected of criminal offences in Bulgaria may be held in custody by the police for up to twenty-four hours (Section 15, paragraph 2, of the Code of Criminal Procedure (CCP) and Section 34 of the Police Act). To extend custody beyond that period it is necessary to obtain an arrest warrant from the judicial authorities. Those concerned are then detained in cells belonging to the National Investigation Service, the department responsible for conducting preliminary investigations. In principle, preliminary investigations must be completed within two months and transferred to the Public Prosecutor (Section 222 of the CCP). However, this period may be extended to four - and in exceptional circumstances six - months, with the General Prosecutor's authorisation.

It should be noted in this regard that the delegation heard numerous allegations of persons' being detained by the police - either in the same location or in a series of police stations - beyond the twenty-four hour period laid down in the Code of Criminal Procedure. The delegation also met a certain number of persons whose preliminary investigations had been under way for over six months. It is also noteworthy that numerous persons undergoing preliminary investigation who were met by the delegation alleged that many weeks could pass without their being questioned by the relevant investigating magistrate. **The CPT would welcome the Bulgarian authorities' comments on these questions.**

15. Since 1 January 1995, the National Investigation Service is no longer placed under the responsibility of the Ministry of the Interior but instead has been incorporated into the judicial apparatus. Under Council of Ministers Decree N° 72 of 13 September 1994 (adopting Protocol N° 5723 of 10 August 1994) the NIS's resources, including its detention facilities, have been formally separated from those of the police force. Legally, the change took effect on 1 January 1995. However, the delegation found that at the time of the visit the *de facto* separation of the two bodies - in terms of both practice and attitudes - was still far from complete.

16. Apart from the police cells and NIS detention facilities used to accommodate persons suspected of criminal offences, the delegation visited a detention facility for escort purposes (used when transferring prisoners from one part of the country to another) and a centre for the temporary placement of adults (used for holding foreigners detained under the Aliens' legislation). These last two places of detention, which are the responsibility of the police, are dealt with separately in the report.

2. Torture and other forms of physical ill-treatment

17. During its visit, the delegation received numerous allegations of ill-treatment by the police of persons suspected of criminal offences. In certain cases, the severity of the ill-treatment alleged could be considered to amount to torture. The allegations were made by persons whom the delegation met in the prisons, NIS detention facilities and even police establishments visited. It is also noteworthy that certain persons who stated that they had not been ill-treated attributed the absence of ill-treatment in their cases to the fact that they had not yet been questioned by the police, had immediately confessed to the offences of which they were suspected or had supplied other information sought by the police.

In contrast, the delegation received very few allegations of ill-treatment from the foreign nationals it spoke to in the temporary placement centre in "Drouzhba - 2".

18. The allegations of ill-treatment by the police related to both the time of apprehension and the subsequent period of up to 24 hours in police custody. They mainly concerned kicks, punches, slaps and stamping. Certain persons complained of blows struck with wooden objects or metal or plastic pipes. The most serious allegations concerned blows struck on the soles of the feet (better known as "falaka") and the infliction of electric shocks.

19. A number of persons examined by the delegation's medical members in various places of detention displayed physical marks or other medical conditions consistent with their allegations. Particular reference should be made to several detainees interviewed by the delegation in Stara Zagora Regional Investigation Service, who claimed to have been subjected to falaka while being questioned by police officers on the third floor of Stara Zagora Regional Police Directorate.

These persons' statements were fully concordant as regards the location where the ill-treatment was alleged to have been inflicted (offices N° 30-32), the police officers concerned and the precise method used. It must be emphasised that the delegation interviewed each of the detainees separately and that under the regime applied in the detention facility of Stara Zagora Regional Investigation Service, there was no possibility of contact between them.

The medical examinations of four of the detainees revealed conditions consistent with their allegations:

- first subject: excessive mobility of both heels;
- second subject: right foot: mobility of the heel of +4 cm; disappearance of the retinacula; very little fatty tissue; very thin covering of the bone;
left foot: same features, but slightly less pronounced;

- third subject: both feet: mobility of the heel of +3 cm; most of the retinacula disappeared;
- fourth subject: left foot: very large mobility (+5 cm) of the heel; almost total absence of sub-cutaneous tissue and no retinacula;

right foot: mobility of the heel of +4 cm; less damaged than the left foot.

20. During its visit to Pleven Regional Investigation Service the delegation met another detainee who alleged that he had been beaten on the soles of his feet, while held in Gladstone Street Police Station in Pleven. On medical examination, the soles of both of his feet were found to be tender to palpation. He claimed in addition that he had been beaten by police officers with a blunt object; the medical examination also revealed physical marks consistent with this latter allegation.

A second detainee whom the delegation met at Pleven Regional Investigation Service bore a haematoma on his left buttock measuring 10 x 14 cm, which was consistent with his allegation that he had been beaten two days previously at Gladstone Street Police Station.

21. Reference should also be made to information supplied to the delegation by doctors of the Department of Forensic Medicine at Sofia Medical Academy. According to these doctors, examinations carried out by their department in response to allegations of police brutality had principally revealed signs of blows struck with blunt instruments, usually on the back, shoulders and thighs and more rarely on the face, hands and organs. However, they had on occasion observed sequelae of falaka and had also heard several allegations of persons having received electric shocks.

22. Finally, shortly after the visit to Bulgaria, the delegation was informed that a person had died on 5 April 1995 (i.e. two days before the end of the visit) while in custody in the 7th District Police Station in Sofia.

According to information subsequently supplied to the CPT by the Director of the NIS, the incident had led to charges of premeditated murder (under Section 115 of the Penal Code) against certain police officers.

23. In contrast with the police, the delegation heard very few allegations of ill-treatment by custodial staff of the National Investigation Service. The only notable exception concerned Pazardjik Regional Investigation Service, where several detainees of Roma origin claimed to have been ill-treated, in the form of blows struck with a plastic pipe, by a uniformed officer nicknamed "the blond" responsible for supervising the detention facility. Another detainee of non-Roma origin confirmed that this officer did have a tendency to inflict such treatment on Roma detainees.

The delegation stated during the end-of-visit discussions that it had not received any allegations of ill-treatment by magistrates of the NIS. However, at the same moment a sub-group of the delegation was visiting the 6th District Investigation Service in Sofia, where it met a detainee who claimed to have been kicked that very morning by an NIS magistrate who wanted him to confess to a crime he had not committed. The detainee also claimed to have been hit before his arrival at the premises of the 6th District. A medical examination revealed a fresh abrasion on the left shin, about 10 cm above the ankle, consistent with the detainee's allegation that he had been kicked on that part of his body earlier the same day. An area of the left jaw was also found to be tender to palpation.

It should also be noted that the person concerned was not in the detention area at the time of the visit and that it was only possible to examine him after the delegation had insisted on seeing all persons detained.

24. At the end of the visit the delegation notified the Bulgarian authorities of the information it had gathered. It called for an inquiry into the methods used by police officers in Stara Zagora Regional Police Directorate and Gladstone Street Police Station in Pleven when questioning criminal suspects and for the results to be sent to the CPT within three months (see paragraph 12).

25. In his reply of 21 June 1995, the Director of the National Police confirmed that the persons referred to in paragraphs 19 and 20 did display traces of falaka. However, he went on to state that "the results of our investigation show that the so-called falaka is practised among prisoners or persons detained in the investigation custody facilities as a punishment for betrayal or failing to comply with their code of conduct". Regarding the allegations made to the delegation, he said that "the meetings between the persons in question and the delegation were a convenient opportunity for slandering and discrediting the police, and more specifically the officers who had put an end to their criminal activity".

26. The CPT has taken note of these explanations but does not find them convincing. The striking consistency of the allegations of detainees interviewed separately, who had no possibility of contact with each other, and the fact that the delegation also met a prisoner at Stara Zagora Prison who claimed to have been subjected to falaka five months previously in office N° 31 of Stara Zagora Police Directorate, can only reinforce the credibility of those allegations.

27. In the light of all the information at its disposal, the CPT has been led to conclude **that criminal suspects deprived of their liberty by the police in Bulgaria run a significant risk of being ill-treated at the time of their apprehension and/or while in police custody, and that on occasion resort may be had to severe ill-treatment/torture.**

28. Later in this report, the CPT will recommend some strengthening of formal safeguards against the ill-treatment of persons detained by the police (see paragraphs 80 et seq.). However, it should be emphasised that legal and other technical safeguards - while important - will never be sufficient; the best possible guarantee against ill-treatment is for its use to be unequivocally rejected by police officers. It follows that the provision of suitable education on human rights questions and of adequate professional training is an absolutely essential component of any strategy for the prevention of ill-treatment.

29. The above-mentioned education and professional training should be pursued at all levels of the police force, and should be ongoing. It should seek to put across and develop two points. First, that all forms of ill-treatment are an affront to human dignity and as such are incompatible with the values enshrined in Article 29 of the Bulgarian Constitution as well as in many international instruments ratified by and binding upon Bulgaria. Second, that resort to ill-treatment is a fundamentally flawed method of obtaining reliable evidence for combatting crime. More advanced interrogation and investigation techniques will lead to better results from a security standpoint.

Further, particular attention should be given to training in the art of handling, and more especially of speaking to, persons in police custody i.e. interpersonal communication skills. The possession of such skills will often enable police officers to defuse situations which might otherwise become violent.

Consequently, the CPT recommends:

- **that a very high priority be given to human rights education for police officers of all ranks and categories as well as to training in modern investigation techniques. Experts not belonging to the police force should be involved in this education and training;**
- **that an aptitude for interpersonal communication be a major factor in the process of recruiting police officers and that, during the training of such officers, considerable emphasis be placed on acquiring and developing interpersonal communication skills.**

30. **The CPT also recommends that the relevant national authorities as well as senior police officers make it clear to police officers that the ill-treatment of persons in their custody is not acceptable and will be dealt with severely.**

31. The CPT fully recognises that the apprehension of a suspect may often be hazardous, particularly if the individual concerned resists and/or the police have reason to believe that the person might be armed and dangerous. The circumstances may be such that the apprehended person, and possibly also the police, suffer injuries, without this being the result of an intention to inflict ill-treatment. However, no more force than is reasonably necessary must be used. Furthermore, once apprehended persons have been brought under control, there can never be any justification for their being struck by police officers.

The CPT recommends that police officers be reminded of these precepts.

32. In the light of the remarks made in paragraph 23 of the report, **staff of the National Investigation Service should also be reminded that the use of ill-treatment is prohibited.**

33. Naturally, one of the most effective means of preventing ill-treatment by police officers lies in the diligent examination by the judicial authorities of all complaints of such treatment brought before them and, where appropriate, the imposition of a suitable penalty. This will have a very strong dissuasive effect. In this connection, the CPT delegation was told by several persons alleging ill-treatment by the police that they had complained about their treatment to the magistrates of the National Investigation Service questioning them, but that the latter had shown little interest in the matter. The delegation even heard it suggested that certain NIS magistrates saw some benefit in strong-arm treatment by the police before they questioned suspects.

In the interests of the prevention of ill-treatment, whenever NIS magistrates receive complaints of ill-treatment by the police (or observe that persons brought before them might have suffered such treatment), they should immediately request a forensic medical examination and bring the matter to the attention of the relevant public prosecutor. **The CPT recommends that the Bulgarian authorities take appropriate steps to ensure that such an approach is adopted in practice.**

34. In addition, **the CPT would like the Bulgarian authorities to supply the following information for the years 1992 to 1995:**

- **the number of complaints of ill-treatment made against police officers or NIS staff and the number of criminal/disciplinary proceedings which were instituted as a result;**
- **an account of criminal/disciplinary sanctions imposed following complaints of ill-treatment.**

The CPT would also like to receive detailed information on the administrative procedures applied in cases involving allegations of ill-treatment by the police or NIS staff, including the safeguards incorporated to ensure their objectivity.

Further, regarding the case of death in police custody referred to in paragraph 22 of the report, **the CPT would like to receive a copy of the autopsy report and any additional information on criminal proceedings currently under way.**

35. An examination of the registers revealed that members of the Public Prosecutor's Office occasionally visited NIS detention facilities (for example, the 3rd District Investigation Service in Sofia received four such visits in 1994). However, the delegation found no evidence of any similar external checks on police cells.

The CPT considers that regular and unannounced visits to police cells and NIS detention facilities could make a significant contribution to preventing ill-treatment. **The CPT therefore recommends that public prosecutors be encouraged to give high priority to on-the-spot supervision of police cells and NIS detention facilities. Further, it would be highly desirable for them to be accompanied in the course of such visits by forensic doctors.**

36. Finally, with regard to the allegations that certain persons in custody were subjected to electric shocks, the delegation was informed that batons and other instruments capable of producing electric shocks formed part of the equipment issued to the Bulgarian police.

The CPT would like to receive a precise statement of the circumstances in which the use of batons and other instruments to produce electric shocks is authorised.

3. Conditions of detention

a. introduction

37. Police custody in Bulgaria is of short duration (a maximum of 24 hours for persons suspected of a criminal offence). Nevertheless, certain basic material requirements must be met as regards conditions of detention.

All police cells should be of a reasonable size for the number of persons they are used to accommodate, and have adequate lighting (i.e. sufficient to read by, sleeping periods excluded) and ventilation; preferably, cells should enjoy natural light. Further, cells should be equipped with a means of rest (for example, a chair or bench) and persons obliged to stay overnight in custody should be provided with a clean mattress and clean blankets.

Persons in custody should be able to satisfy the needs of nature when necessary, in clean and decent conditions, and be offered adequate washing facilities. They should have ready access to drinking water and be given food at appropriate times, including at least one full meal (that is, something more substantial than a sandwich) every day.

38. Those subject to a preliminary investigation may be detained in NIS premises for prolonged periods (up to six months or even longer, see paragraph 14). Such periods of detention call for a better material environment than that described above as well as a suitable activities programme.

However, it must be stated from the outset that in all the NIS detention facilities visited, the delegation met persons who had been held for prolonged periods under at best poor -and often appalling - physical conditions and for whom no activities programme worthy of the name was provided.

b. police cells

39. At the 3rd District Police Station in Sofia the CPT's delegation was shown one cell measuring approximately 6 m², located on the ground floor near the entrance to the building. The cell was completely bare; persons held in it had no means of rest and were not provided with mattresses or blankets. The cell was dirty, the artificial lighting was poor and ventilation appeared to be inadequate. The delegation was told that a detained person would not normally remain in the cell for more than a few hours.

40. The 6th District Police Station in Sofia had two cells located near the entrance to the building on the ground floor. They measured approximately 7 m² and were fitted with a long wooden bench; however, once again persons detained were provided with neither a mattress nor blankets. The lighting and ventilation appeared adequate and, at the time of the visit, the cells were in a satisfactory state of cleanliness. According to the police officers present, persons rarely spent more than three to four hours in these cells.

41. Pazardjik Regional Police Directorate possessed a cell on the ground floor. This rather small cell (5 m²) could, according to the police officers present, accommodate up to seven persons (but not women or children). Periods in custody did not generally exceed about ten hours. The CPT considers that to hold seven persons in a cell of such a size - even for short periods - is inadmissible; further, no more than one person should be held in the cell overnight.

The cell had a barred door opening onto the corridor and was fitted with a wooden bench about 40 cm wide running practically the length of the wall. As in Sofia, however, persons in custody were not supplied at night with mattresses or blankets. Moreover, the lighting and ventilation were inadequate. According to the staff present, persons detained could, on request, use a WC situated in an adjacent room; nevertheless, there was a pungent smell of urine in the cell. More generally, the cell was absolutely filthy.

42. Custodial facilities in Stara Zagora Police Directorate were also far from satisfactory. The delegation found that criminal suspects were held in a cage measuring barely 3 m², situated opposite the building's main entrance, under a staircase. This facility had no fittings - not even a bench - and those detained were exposed to the gaze of visitors to the Police Directorate. Four persons were being held in the cage at the time of the delegation's visit and information from various sources suggested that persons could remain there for many hours.

43. The delegation also discovered a cell near the cage. The cell was both narrow and small (1,16 m x 3,9 m, i.e. approximately 4,5 m²), stank of urine and was very dirty. The cell was fitted with a bench; however, it had no access to natural light and the artificial lighting was poor. At best, the cell might be used for short-term custody (a few hours at most), and then only if the lighting was improved and it was kept in a proper state of cleanliness. Under no circumstances should it be used to accommodate persons kept in custody overnight.

44. More generally, there appear to be no regulations about providing food to persons in police custody. The delegation heard innumerable complaints that people had been given nothing to eat (and sometimes nothing to drink) throughout their period in custody. However, certain police officers, for example, at Pazardjik Regional Police Directorate, said that detained persons with money could obtain a snack.

In this context, the CPT wishes to reiterate that anyone detained by the police in Bulgaria - including those with no financial resources - should have ready access to drinking water and be given food at appropriate times, including at least one full meal a day (see paragraph 37).

45. **The CPT recommends that detention conditions and the provision of food and drink in the police establishments referred to above be reviewed, in the light of the comments in paragraphs 39 to 44 and the general criteria in paragraph 37.** As regards more particularly Stara Zagora Regional Police Directorate, the CPT must emphasise that the physical characteristics and location of the cage situated on the ground floor under the staircase make it unsuitable for holding persons, no matter how short the period; **the CPT recommends that it be withdrawn from service.**

In addition, **the CPT recommends that appropriate steps be taken to ensure that conditions of detention in all Bulgarian police establishments meet the criteria in paragraph 37 of the report.**

The specific question of the provision of mattresses to persons obliged to spend the night in police custody was raised during the end-of-visit discussions (see paragraph 12). In their reply, the Bulgarian authorities stated that an order had been issued for mattresses to be made available in police detention facilities by October 1995. The CPT welcomes this decision.

c. National Investigation Service detention facilities

46. The Razvigor Street detention facility (Sofia) is the largest detention unit of the Bulgarian National Investigation Service. It accommodates criminal suspects on behalf of both the central investigation services and some of the capital's districts. Located on the building's second floor, it contains 35 cells. The establishment's official capacity is 60 places and at the time of the visit, 54 persons were in custody. The length of detention ranged from a few days to more than six months.

47. Most of the cells were designed to accommodate two persons, although two of them were intended for three occupants.

The two-person cells varied in size from small (6.5 m²) to very small (4.5 m²). The CPT considers that the larger cells are acceptable for one occupant but are quite inadequate for two; the smaller cells are not even acceptable for one occupant, unless the period of custody is short. The bulk of the floor space in the cells was taken up by two sleeping platforms, which were the only items of furniture save a bucket for collecting human waste. Each detainee had a mattress, blankets and a pillow, but these were almost without exception dirty and in poor condition. Sheets were not supplied, even though they were provided for in the internal regulations. The cells did not have access to natural light. Further, the artificial lighting was too weak to read by and, moreover, was left on permanently, which proved disturbing for some detainees. As for the ventilation system, it was at best very poor.

The situation in the three-person cells was the same, except that they provided slightly more living space (+10 m²).

48. Detainees could use a WC and wash basin twice a day (morning and evening) for a few minutes and could take a weekly shower. In this regard, it must be noted that the detention facility's sanitary unit was in a very bad condition. In principle, outside of the two daily visits to the toilets, detainees had to satisfy the needs of nature in the cell bucket (although certain members of staff did apparently allow detainees who so requested to use the toilets during the day). More generally, the delegation's on-the-spot observations revealed that hygiene levels, in terms of both detainees' personal hygiene and that of the premises, left much to be desired.

49. According to the establishment's internal regulations, detainees were entitled to a "daily walk" of up to thirty minutes. The delegation noted that this "walk" took place not outdoors but within the building, in a room measuring approximately 60 m² (which, however, was well lit and ventilated). Staff themselves admitted that in practice the exercise period was limited to 5 - 10 minutes.

No other form of out-of-cell activity was provided to persons detained.

50. The 3rd District Investigation Service in Sofia had five basement cells, which were accommodating a total of 37 prisoners at the time of the delegation's visit.

The cells measured approximately 8 m² and each had seven occupants, apart from one - N° 3 - which held nine. From what the delegation was told on the spot, the occupancy rate had apparently been even higher in the recent past. The overcrowding in the cells was such that detainees slept either head to tail on the two or three available benches (on tattered mattresses), or on the floor (some of them practically underneath the benches) on very dirty blankets. One or two buckets for collecting human waste lay in a corner of each cell, together with a few plastic bottles to collect any excess urine. As in Razvigor, the cells received no natural light and the artificial lighting was permanently switched on. It was inadequate for reading by and potentially distracting at night. In addition, the ventilation in the cells was totally inadequate.

51. The rules concerning access to toilet and washing facilities were similar to those in Razvigor; however, the sanitary annexe was in an even more disgusting state and staff seemed less willing to allow detainees to use the toilet outside of the scheduled times. It should also be pointed out that access to the sanitary annexe represented the detainees' only daily out-of-cell activity. Unlike their counterparts in Razvigor, detainees did not even have a few minutes' daily exercise.

52. To sum up, detainees were left to stagnate in near darkness and in an extremely cramped, unhygienic and foul-smelling environment, for extended periods lasting sometimes well over six months¹. While detention conditions in Razvigor could be described as very bad, those in the detention facility of the 3rd District Investigation Service in Sofia were quite simply atrocious. The custodial staff, who themselves were obliged to work in this environment on a day-to-day basis, indicated their concerns about detainees' conditions to the delegation.

53. As already noted (see paragraph 12), conditions in the detention facility of the 3rd District Investigation Service in Sofia were the subject of an immediate observation to the Bulgarian authorities. In his subsequent reply, the Director of the National Investigation Service confirmed that the detention facility had been withdrawn from service for renovation.

54. The 6th District Investigation Service in Sofia had six basement cells of varying sizes (from 4 to +10 m²); at the time of the visit, they contained seven prisoners, including one woman.

The largest cells were fitted with three sleeping platforms and two of them were occupied by three persons. However, an examination of the custody register revealed that in the past these cells had accommodated up to six detainees. The smallest cells (3.7 m²) were fitted with two sleeping platforms and the delegation was told they might hold up to three persons. In the CPT's view, these latter cells are too small to serve as overnight accommodation for even one person. At the time of the visit, one of the small cells was occupied by a woman, who had been detained at the 6th District for two months. The material conditions and the activities arrangements were in every respect similar to those observed in Razvigor, although the detention facility as a whole gave the impression of being relatively clean.

¹ One of the detainees had arrived on 28 July 1994.

55. Pazardjik Regional Investigation Service contained 15 cells, again situated in the basement, and at the time of the visit accommodated thirty detainees, including two women in a separate cell.

Six cells measuring approximately 12 m² were designed to accommodate two detainees; the other nine, intended for three occupants, measured some 16,5 m². This occupancy rate was being complied with at the time of the visit and from the living space standpoint could be deemed acceptable. However, all the remaining shortcomings observed in the other NIS detention facilities - dirty and tattered bedding, no access to natural light, absence of activities, limited access to sanitary facilities, etc - also applied here. Even the 30 minutes' exercise rule, provided for in the internal regulations and actually posted on cell doors, was not observed.

56. Pleven Regional Investigation Service had 12 cells, situated on the top floor of the building housing the service. They had a theoretical capacity of 28 places but were accommodating 35 detainees (including two women and one young person) at the time of the visit.

The twelve cells - one reserved for women - held two or three, and in one case four, detainees. Double cells measured approximately 6 m² and triple cells 10 m². The material conditions resembled those at Razvigor Street in every respect and the activities arrangements were even worse - as at Pazardjik, no out-of-cell exercise was offered.

57. Conditions of detention in Stara Zagora Regional Investigation Service were slightly better than those in the other NIS premises visited. The detention facility was located on the seventh floor of a relatively recent building and contained 16 cells. At the time of the visit, 23 persons were being detained.

The cells measured +9 m² and generally held two detainees. Apart from the two beds, they were fitted with a small table and a window. However, the latter was obscured so that it only admitted a weak shaft of natural light. As in the other cells visited, the artificial lighting was very poor and the cleanliness of the bedding and the cells as a whole left much to be desired. The regime was comparable to that observed elsewhere, although detainees were granted 15 minutes' exercise each day in a very well lit and ventilated area of some 40 m².

58. In all the NIS detention facilities visited, most of the detainees complained about the quality, quantity and time of distribution of the food provided. The complaints were largely confirmed by the delegation's on-the-spot observations. The day's "hot meal" generally consisted of a watery soup (often lukewarm) and inadequate quantities of bread. At the other meals, detainees only received bread and a little cheese or khalva. Meat and fruit were rarely included on the menu.

Most persons who had been detained for a long time said that they had lost weight, sometimes a considerable amount. These allegations were confirmed by examinations carried out by the delegation's medical members. It should also be noted that cells were not fitted with running water and that detainees had to resort to all sorts of means to store water in the cells. Further, they had to eat from bowls without cutlery - not even a spoon was provided.

59. The internal regulations of NIS detention facilities lay down that all detainees are entitled to free medical care. However, several detainees whom the delegation spoke to complained of not being able to see a doctor and/or of not receiving appropriate treatment.

It should be noted in this context that at certain detention facilities visited, such as Razvigor and Pleven, a doctor employed by the public service was present on-site, at least during the daytime; in other facilities local medical services had to be called in as and when necessary. Only the Razvigor detention facility possessed a medical room, which was equipped in a very rudimentary manner. The delegation's observations suggested that the level of care provided in the detention facilities was very basic; any significant medical treatment required a transfer outside.

The medical officer at Razvigor said that every newly admitted prisoner was medically examined the same day or the day after. However, this was certainly not the case in most of the other detention facilities visited. Further, none of the facilities kept individualised medical files for detainees; at best, a record was kept in a register (sometimes specifically established for that purpose, sometimes of a more general nature) of patients' names, brief case histories and diagnoses and, where appropriate, treatment. This state of affairs made it particularly difficult to make a thorough assessment of the care provided in the detention facilities visited.

60. Regarding contacts with the outside world, detainees did not have a right to receive visits from families or close relatives. Visits required the Public Prosecutor's express permission and many detainees complained to the delegation that they had been refused visits, sometimes for weeks or even months. The sending/receiving of correspondence and access to newspapers were also subject to the Public Prosecutor's authorisation. Further, detainees had no possibility to use a telephone and no access to radio or television.

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61. The CPT must emphasise that depriving someone of his liberty brings with it the responsibility for the State to detain him under conditions which are consistent with the inherent dignity of the human person. The facts found in the course of the CPT's visit show that, regarding persons detained by the National Investigation Service, the Bulgarian authorities have failed to fulfil that responsibility.

Almost without exception, the conditions in the NIS detention facilities visited could fairly be described as **inhuman and degrading**.

62. The delegation made known its preliminary impressions at the end-of-visit discussions and in its subsequent letter of 20 April 1995. In their reply of 23 June 1995, the Bulgarian authorities agreed that the delegation's assessment was "objective and correctly presented" but indicated that the options for improving the NIS detention facilities were limited by the country's difficult financial circumstances.

The CPT recognises that fundamental changes to the current situation will not be possible overnight. Nevertheless, a number of steps that would not require major financial outlays can and must be taken at once.

In this context, **the CPT recommends that the Bulgarian authorities take immediate steps to:**

- . **offer detainees sufficient food and drink, and in addition supply them with safe eating utensils;**
- . **ensure that all detainees have a mattress and blankets, and that these are cleaned regularly;**
- . **provide detainees with personal hygiene products (soap, toothpaste, etc) and allow them to take a shower at least once a week;**
- . **ensure that detainees receive the necessary materials to maintain their cells in a clean and hygienic state;**
- . **give custodial staff clear instructions that detainees are to be allowed to leave their cells during the day for the purpose of using a toilet facility, unless overriding security considerations require otherwise;**
- . **ensure that the regulation providing for 30 minutes' exercise per day is fully respected in practice;**
- . **improve cell lighting (sufficient artificial lighting to be able to read by, sleeping periods excluded, and, as far as possible, access to natural light); the possibility of improving cell ventilation should also be explored;**
- . **ensure that all newly arrived detainees are seen without delay (i.e. within 24 hours) by a doctor (or by a qualified nurse reporting to a doctor) and, if necessary, given a medical examination, and that an individual and confidential medical file is opened for each detainee;**
- . **ensure that the initial medical interview and any medical examinations of a detainee are carried out in conditions which respect the detainee's right to privacy and offer appropriate safeguards regarding confidentiality;**
- . **make more frequent use of the power to transfer persons to prison even before the preliminary investigation has been completed.**

63. **The CPT also recommends that the possibility of offering detainees outdoor exercise be examined as a matter of urgency. In this context, the CPT wishes to emphasise that the right to at least one hour's outdoor exercise per day is a universally recognised minimum standard (cf., for example, Rule 86 of the European Prison Rules), and that it attaches great importance to compliance with this requirement.**

Further, it is recommended that possibilities for detainees to maintain contacts with the outside world be reviewed, in order to ensure that such contacts are not being restricted unjustifiably.

64. As already stated by the CPT's delegation at the end-of-visit discussions, **the objective must be to move away from holding persons subject to preliminary investigation under conditions practically identical to those of a police station.**

One possible approach would be for all persons detained by the NIS for preliminary investigation to be accommodated in prison premises. Of course, this should in no way limit the power of NIS magistrates to question those concerned.

An alternative would be to provide the NIS with detention facilities offering satisfactory conditions. In the case of detainees undergoing prolonged preliminary investigation, the aim should be *inter alia* to enable them to spend a reasonable part of the day (eight hours or more) outside their cells engaged in purposeful activities.

The CPT would welcome the Bulgarian authorities' comments on this subject.

d. detention facility for escort purposes at Stara Zagora railway station

65. The detention facility was located in a building close to the railway station. According to the police officers present, prisoners never spent more than 24 hours in the facility, a point confirmed by the register. No one was being detained at the time of the visit.

66. The detention area comprised six cells, two of which - according to the police - were no longer used because they were too damp and dirty. In the light of the delegation's observations, the CPT welcomes this decision.

Of the other cells, two measured approximately 12 m² and according to the staff could accommodate up to six persons. A third, for women, measured 9 m² and could hold four or five persons. The CPT wishes to emphasise that while such occupancy levels might be considered acceptable for short periods (i.e. a few hours), they are not acceptable for persons required to spend the night in custody.

The sixth cell, apparently for young people, measured only 4 m² and was very narrow (1,1 m). In view of its dimensions, the CPT considers that this cell should never be used to accommodate a person overnight; at the most, it might be used to detain people for very short periods.

67. Size apart, the material conditions in the cells were poor. They were all very dilapidated and dirty, had no access to natural light and were badly ventilated. The artificial lighting in most of the cells was weak and in some cells water leaked from the ceilings. All the cells were fitted with a large wooden platform and prisoners were provided with a few dirty blankets; only women and young persons were supplied with mattresses, which were in a poor state. A sanitary unit, whose condition matched that of the cells, completed the facilities.

It should also be noted that the staff premises were in a similarly unacceptable state.

68. The delegation was informed that plans were in hand for a new, much larger, transit centre. The CPT welcomes this development and **recommends that the new centre's construction be given a high priority.**

In the meantime, **it recommends that material conditions within the detention facility and its functioning be reviewed, in the light of the remarks in paragraphs 66 and 67 and the general criteria in paragraph 37.**

As regards more specifically the provision of mattresses to persons held overnight in custody, the CPT notes with satisfaction that the order referred to in the third sub-paragraph of paragraph 45 also applies to detention facilities for escort purposes.

e. centre for the temporary placement of adults in "Drouzhba - 2"

69. This establishment was situated midway between Sofia and the international airport and, as already indicated, served as a centre for holding foreign nationals detained under the Aliens' legislation. At the time of the visit, 21 people were being detained (including one woman), some of whom had been at the centre for several weeks.

Initially, the delegation was informed that the maximum period of detention was thirty days, which accords with the texts available to the CPT (Section 39, paragraph 2, of the Regulations implementing the Aliens' legislation). However, an examination of the registers revealed that one person had been in the centre for two months. Staff stated that, in exceptional circumstances, detention could be extended by periods of one month, up to a maximum of three months. **The CPT would like to receive confirmation of this situation.**

70. At the end-of-visit discussions, the delegation informed the Bulgarian authorities that the setting up of a special establishment for this category of persons deprived of their liberty - rather than detaining them in an ordinary police station or prison - was in principle to be welcomed. However, in the following paragraphs, the CPT proposes certain improvements to conditions at the centre in "Drouzhba - 2".

71. The delegation was particularly concerned that at the time of the visit those detained in the centre were not given the opportunity to take daily outdoor exercise. The CPT therefore welcomes the information supplied by the Bulgarian authorities on 23 June 1995, that the centre's rules have been altered to ensure that the detainees are entitled to such exercise.

72. The centre was composed essentially of a barrack-type construction, divided into two parts, each with nine rooms and sanitary facilities. At the time of the visit, only one of the two parts was in service. The kitchen, refectory and canteen were in the middle of the building.

The rooms varied in size from 12 to 15 m² and were intended to accommodate up to five detainees². An examination of the centre's register revealed that there was a tendency to fill each room to its capacity rather than spread detainees around the available accommodation. In view of the confined living space when the rooms were at their maximum occupancy levels, **the CPT recommends that the Bulgarian authorities take steps to ensure that detainees are more evenly distributed among all the available rooms.**

73. The state of repair and cleanliness of the rooms were generally just about acceptable, and the lighting (including access to natural light) and ventilation were good. However, the delegation observed that the state of the bedding left much to be desired. Detainees said that they had been provided with sheets on arrival at the centre but that these had not been changed since. In contrast, centre staff assured the delegation that sheets were changed every five days.

The CPT invites the Bulgarian authorities to make sure that the sheets are changed regularly.

It should also be noted that the state of repair of the sanitary facilities in the wing of the building in service left something to be desired.

74. The delegation noted that a very small area (1.75 m²) within the sanitary annexe was surrounded by bars and fitted with a bench; this area was apparently used for disciplinary purposes. Staff said that it was only used very rarely and for a maximum of a few hours. However, the absence of a specific register prevented the delegation from confirming this statement.

The CPT considers that the physical characteristics of this facility make it inappropriate for any form of detention, even disciplinary. **It therefore recommends that it be withdrawn from service.** It should be pointed out that the centre had other rooms that could, if necessary, be used for disciplinary purposes.

The CPT also recommends that any disciplinary sanction be recorded in a register specifically established for this purpose. Further, the Committee would like to receive a copy of the centre's disciplinary rules.

75. The delegation was surprised to observe that persons detained in the centre wore pyjamas all day, and that moreover these were often in a poor state (torn, dirty, etc.). The delegation was informed that all the detainees had their personal effects removed on arrival, against a receipt, and that these were only returned when they left.

² The woman being held at the time of the visit had her own room.

There can be no doubt that some detainees might find this practice degrading. **The CPT therefore recommends that the Bulgarian authorities review the approach followed on this point; in particular, all detainees arriving at the centre with clean clothes should be entitled to wear them during their stay.**

76. The issue that most concerns the CPT is undoubtedly the lack of activities for detainees.

The issue of daily outdoor exercise has already been referred to (cf. paragraph 71). Admittedly, the relatively brief periods that detainees spend at the centre make it difficult to contemplate a proper activities programme. However, they should have access to reading material and other diversionary activities. It would also be desirable to use the refectory as a recreation room, for example, by installing a television.

The CPT invites the Bulgarian authorities to develop the activities available for detainees, in the light of the foregoing comments.

77. The delegation was informed that two doctors visited the centre, one each day. Unfortunately, neither was present during the visit.

The delegation observed that the medical room was very modestly equipped and in a poor state of repair. It also noted that the last entry in the centre's medical register was for 16 January 1995, that is nearly two months prior to the visit.

The CPT recommends that the Bulgarian authorities ensure that the centre is regularly visited by a doctor.

78. The delegation was unable to gain a clear picture of detainees' rights and safeguards (see also paragraphs 98 and 99). The centre did apparently have a set of internal regulations, but the staff were unable to produce a copy for the delegation. Nevertheless, it should be noted that detainees could receive visits from close family members or other persons, in a room specially set aside for that purpose, though each visit required special authorisation.

The CPT would like to receive a copy of the centre's internal regulations. It also recommends that the regulations be translated into an appropriate range of languages and supplied to detainees, accompanied by information on the centre's daily routine and on how they can exercise their rights.

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79. Finally, it emerged from discussions with the centre's staff that certain persons could also be detained in the transit area of Sofia international airport.

The CPT would like to receive more detailed information on this subject.

4. Safeguards against the ill-treatment of persons deprived of their liberty

80. The CPT attaches particular importance to three rights for persons deprived of their liberty by the police:

- the right of those concerned to inform a close relative or another third party of their choice of their situation,
- the right of access to a lawyer,
- the right to request a medical examination by a doctor of their choice.

The CPT considers that these three rights are fundamental safeguards against the ill-treatment of persons deprived of their liberty, which should apply from the very outset of custody (that is, from the moment when those concerned are obliged to remain with the police).

81. Furthermore, in the view of the CPT, persons taken into police custody should be immediately informed of all their rights, including those referred to above.

- a. information to a relative or third party

82. Bulgarian legislation does not grant persons taken into police custody the right to inform a close relative or another third party of their choice of their situation. Nor does there appear to be such a formal right in the case of persons placed in detention by the judicial authorities. Police officers confirmed that they had discretion as to whether or not those concerned could inform a relative or third party of their situation. The delegation's discussions with several NIS magistrates also revealed that the judicial authorities also retained this discretion, except in the case of young people, where there was a statutory requirement to notify their parents or guardian (Section 378, paragraph 4, of the CCP).

In practice, many persons alleged that the police or competent judicial authorities had rejected their requests to inform a relative. A small number of foreign detainees even claimed that their relatives had been unaware of their detention for up to several months.

83. The CPT considers that a detained person's right to inform a relative or a third party of his choice of his situation should be expressly safeguarded from the very outset of his custody. The exercise of this right may, of course, be subject to certain exceptions designed to protect the interests of justice. Such exceptions should, however, be clearly defined and strictly limited in time. On the last point, the CPT considers that any delay in the exercise of the right to inform a relative or third party should be in the order of one or two days at most, not weeks or months.

The CPT therefore recommends to the Bulgarian authorities that:

- **persons deprived of their liberty have the right to inform, without delay, a close relative or a third party of their choice of their situation, either directly or through a police officer;**
- **any possibility exceptionally to delay the exercise of this right be clearly circumscribed in law, made subject to appropriate safeguards (e.g. any delay to be recorded in writing with the reasons therefor and to require the approval of a court or a public prosecutor) and strictly limited in time.**

b. access to a lawyer

84. Access to a lawyer is guaranteed by the Bulgarian Constitution (Article 30, sub-paragraph 4), as from "the moment of detention or the moment of being charged". Sub-paragraph 5 of the same article also provides for the right to meet a lawyer in private and the inviolability of communications between the person detained and the lawyer. The Code of Criminal Procedure contains more detailed provisions on the subject, concerning in particular the right to have a lawyer present at all stages of the preliminary investigation (including interrogations) and the requirement that lawyers be involved in certain cases (where the suspect is a minor, is mentally deficient, does not speak Bulgarian, etc). In addition, Section 33, sub-paragraph 4, of the Police Act expressly provides for the right of access to a lawyer from the moment of being taken into custody.

According to these provisions and the delegation's discussions with police officers, the right of access to a lawyer also seems to apply during the first 24 hours of police custody; nevertheless, **the CPT would like to receive confirmation of this point.**

85. Whatever the legal situation, it emerged clearly from the discussions with detained persons and police officers that it was very rare for a lawyer to be present during the first 24 hours of police custody. **The CPT would welcome the Bulgarian authorities' comments on this state of affairs.**

In this connection, the CPT wishes to stress that it is during the period immediately following deprivation of liberty that the risk of intimidation and ill-treatment is greatest. It therefore considers it essential that detained persons should be entitled to access to a lawyer from the very outset of their custody by the police (and not just from the time when the individual concerned is brought before a NIS magistrate).

86. Regarding access to a lawyer during the preliminary investigation phase, the CPT must also point out that the delegation met several persons held in NIS facilities who claimed that they had not been informed of their right of access to a lawyer (under Section 73, paragraph 2, of the CCP, the authorities responsible for the preliminary investigation are required to provide that information). The CPT also wishes to underline that its delegation was informed on several occasions that the only contacts between a lawyer and his client had taken place in the NIS magistrate's office and in the latter's presence; of course, this would amount to a flagrant violation of the confidentiality principle laid down in the Constitution.

The CPT would welcome the Bulgarian authorities' comments on these two matters.

87. It goes without saying that if the right of access to a lawyer is to be exercised effectively, there must be a system of legal aid for detained persons.

The CPT would like to receive details of the system applied in Bulgaria.

c. access to a doctor

88. There is no legislation governing access to a doctor for persons deprived of their liberty by the police³ in Bulgaria.

Police officers nevertheless indicated that, in practice, they did not hesitate to summon a police doctor if the detainee so requested or if they thought that his state of health justified such a measure. In the most serious cases, they would use the emergency services of the nearest hospital.

89. The CPT recommends that persons deprived of their liberty by the police be expressly guaranteed the right to have access to a doctor (including, if they so wish, one of their choice).

The relevant provisions should also stipulate that:

- **all medical examinations should be conducted out of the hearing and - unless the doctor requests otherwise - out of the sight of police officers;**
- **the results of every examination, as well as any relevant statements by the detainee and the doctor's conclusions, should be formally recorded by the doctor and made available to the detainee and his lawyer.**

³ Regarding access to a doctor for detained persons who are the subject of a preliminary investigation, see the CPT's recommendation in paragraph 62 of the report.

d. information on rights

90. As already indicated (see paragraph 86), the bodies responsible for preliminary investigations are required to inform persons placed in detention of their right of access to a lawyer. During the visit to the 3rd District Investigation Service in Sofia, a magistrate showed members of the delegation a form entitled "protocol on information about rights". This one-page document, available only in Bulgarian, cited a number of sections of the Code of Criminal Procedure, concerning the right of access to a lawyer, the right to remain silent, etc. The form was completed by the magistrate and signed by the person concerned, before being filed in the case record; no copy was given to the detainee.

However, the CPT is unaware of any legal provisions requiring the police to inform persons of their rights during the first 24 hours of custody.

It should also be noted that numerous detained persons whom the delegation met stated that they had not been informed of their rights, either during police custody or when they were placed in detention by the judicial authorities.

91. The CPT has already indicated the importance it attaches to persons taken into police custody being expressly informed, without delay and in a language they understand, of all their rights, including those referred to in paragraphs 82 to 89 above.

In order to ensure that persons in police custody are duly informed of all their rights, **the CPT recommends that a form setting out those rights be systematically given to such persons at the very outset of their custody. The form should be available in an appropriate range of languages. Further, the persons concerned should be asked to sign a statement attesting that they have been informed of their rights** (see also paragraph 97).

e. conduct of interrogations

92. The conduct of interrogations of persons suspected of a criminal offence is the responsibility of the judicial authorities, and more specifically of the magistrates of the NIS. However, the delegation was informed by both police officers and magistrates that the former could conduct "exploratory conversations" with suspects during the first twenty-four hours of custody, in order to "clarify the circumstances of the case"⁴. Moreover, the police are themselves responsible for conducting interrogations in certain cases, as provided by Sections 28 and 31 of the Police Act.

⁴ Statements made and information supplied to police officers during such discussions do not have evidential value in court. However, in practice, they can have a significant influence on the course of events.

93. As already indicated (see paragraph 29), Article 29 of the Bulgarian Constitution states that "no one shall be subjected to torture or to cruel, inhuman or degrading treatment ...". Section 88, sub-paragraph 1, of the CCP also states that an accused person may only be interrogated during the daytime, unless there are urgent grounds for an immediate interrogation. Police officers and NIS magistrates said that there were no more detailed directives on how to conduct interrogations.

Although the art of questioning suspects will always be based in large measure on experience, the CPT considers that formal guidelines should exist on a number of specific points.

94. **The CPT therefore recommends that the Bulgarian authorities draw up a code of practice for interrogations.** The code should deal *inter alia* with the following: the systematic informing of the detainee of the identity (name and/or number) of those present at the interrogation; the permissible length of an interrogation; rest periods between interrogations and breaks during an interrogation; places in which interrogations may take place; whether the detainee may be required to remain standing while being questioned; the questioning of persons who are under the influence of drugs, alcohol or medicine, or who are in a state of shock. The code should also provide for a systematic record to be kept of the times at which interrogations start and end, the persons present during each interrogation and any request made by the detainee during the interrogation.

95. The CPT notes that the Bulgarian Code of Criminal Procedure makes express and detailed provision for the audio/video recording of interviews, at the request of the person concerned or on the initiative of the magistrate responsible for the preliminary investigation (Sections 225 to 227a).

The CPT welcomes this possibility, which represents an important safeguard for those in custody, as well as offering advantages for persons conducting interrogations. In particular, it can provide a complete and authentic record of the interrogation process, thereby greatly facilitating the investigation of allegations of ill-treatment and the correct attribution of blame. However, from the delegation's observations, it appeared that such a system was not used in practice.

The CPT recommends that the Bulgarian authorities consider ways of implementing the relevant provisions of the Code of Criminal Procedure.

f. custody records

96. The CPT delegation observed that the period spent in police custody was poorly documented, with at best the admission of the individual concerned being recorded in the police station duty register. Certain information relating to time spent in NIS premises was recorded in various registers, in particular the administrative register of admissions and departures and the medical register. Nevertheless, numerous facts remained unrecorded.

97. In this respect, **the CPT considers that the fundamental safeguards offered to persons in police custody or detained by the NIS would be reinforced if a single and comprehensive custody record were to be kept for each person detained, in which would be recorded all aspects of his custody and all the action taken in connection with it (time of and reason(s) for the apprehension; when informed of rights; signs of injury, mental disorder, etc.; contact with and/or visits by next of kin, lawyer, doctor or consular officer; when offered food; when questioned; when brought before a magistrate; when released, etc.).**

g. persons detained under the Aliens' legislation

98. The situation of persons detained under the Aliens' legislation has already been considered in paragraphs 69 et seq. of the report. The CPT wishes to emphasise that the recommendations in this section concerning fundamental safeguards against ill-treatment also apply to such persons.

99. Finally, it is axiomatic that it would be in violation of both national and international legal obligations for persons to be returned to a country where they run a risk of being subjected to torture or to inhuman or degrading treatment or punishment. **The CPT would like to receive a detailed account of the precise practical steps taken by the Bulgarian authorities to ensure that such a situation does not occur.**

B. Prison establishments

1. Preliminary remarks

100. The CPT's delegation visited two prisons in Bulgaria: Pazardjik Prison and Stara Zagora Prison. The delegation had originally intended to visit Belene Prison, and the Bulgarian authorities had been notified to this effect; however, in the light of information subsequently received, the delegation decided to visit instead Stara Zagora Prison.

101. Pazardjik Prison has been operational since 1942. The building, originally constructed as a tobacco warehouse, is situated on the outskirts of the town in the middle of agricultural fields. The prison accommodates remand prisoners⁵ and sentenced recidivists from the surrounding regions. At the time of the visit there were 590 inmates, of which 82 were detained on remand.

In order to meet the requirements for keeping first time offenders separate from recidivists, a labour and reformatory hostel with a semi-open regime had been built next to the prison. It had a total capacity of 140, but there were only 47 inmates there at the time of the visit. All of them had been sentenced for the first time and were working either in factories in Pazardjik or at the prison farm. This part of the prison was not examined by the delegation.

102. Stara Zagora Prison is the third largest prison in Bulgaria. Prior to 1989 it accommodated many "political" prisoners. At present it is essentially a closed establishment for remand prisoners and prisoners serving a first sentence of more than 5 years. The main prison building was constructed during the period 1928-1932, following a radial design, with an original capacity of 350. In the 1980's the detention facilities were enlarged; in addition, two labour and reformatory hostels were built outside the main prison, to accommodate sentenced prisoners entitled to an open or semi-open regime. As a result the prison's official capacity rose to 1000. At the time of the delegation's visit the total number of inmates amounted to 915. The CPT's delegation examined only the closed part of the prison, which was holding somewhat in excess of 700 prisoners, of which approximately 250 were on remand.

⁵ Remand prisoners fall into two categories: "accused" (i.e. persons still undergoing investigation) and "defendants" (i.e. persons with an indictment, but who have not yet been tried or received a definitive sentence).

2. Torture and other forms of ill-treatment

103. The CPT's delegation found no evidence of torture in the two prison establishments visited and heard no allegations of such acts in other prisons in Bulgaria.

However, in both prisons visited it did hear numerous complaints of verbal abuse of prisoners by prison staff and also received a number of allegations of physical ill-treatment.

104. At Pazardjik Prison, many prisoners complained about verbal abuse and rough treatment, such as occasional kicks, slaps or punches; most of the prisoners concerned belonged to ethnic minorities, which made up approximately 80% of the prison population.

Two prisoners being held under a reinforced security regime (on the basis of Section 56B of the Regulations for the Execution of the Law on the Implementation of Penal Sanctions) made more serious allegations. They claimed that they had on occasion been severely beaten by prison guards in their cells, and one of them alleged that some nine months previously a prison officer had hit him on the head with an iron bar. An examination of the latter prisoner by a medical member of the delegation revealed a mark compatible with the last-mentioned allegation (a scar about 1 cm in length on the right frontal area of the skull, which was thickened and palpable).

105. As in Pazardjik, many inmates interviewed by the delegation at Stara Zagora Prison alleged verbal abuse by staff. Further, a number of inmates claimed that staff on occasion physically ill-treated prisoners, in particular those who displayed insubordination.

The information gathered by the delegation at Stara Zagora Prison indicated in particular that there was a not inconsiderable risk of ill-treatment occurring in the admissions/isolation unit (wing B1), both during the first days of induction to the prison and afterwards. In two cases a medical member of the CPT's delegation noted marks (e.g. bruises, scars) consistent with the allegations made.

One of the persons examined alleged that he had been severely beaten by a prison officer in May 1994 (apparently because of taking bread out of the canteen and eating it in the corridor) behind the curtain covering the entrance to the admissions/isolation unit. The prisoner claimed that he was hit, inter alia, on the front of the neck, as a result of which he could not speak for approximately three months. On examination the prisoner was found to be missing a piece of the cartilage on the left side of the pharynx, and to display atrophy of the right trapezius muscle, marked atrophy of the interosseous muscles and the thenar and hypothenar muscles, and reduced sensibility of four fingers of the right hand. The prisoner said that he had been seen by the prison doctor, who, apparently, treated him with a wet pack on the shoulders; at a later consultation the doctor allegedly refused to provide a certificate or refer the prisoner to a specialist.

The second person, who alleged that he had been beaten with a truncheon by a prison officer a week before the delegation's visit to the prison, was found on medical examination to display superficial bruises and sequelae of a large haematoma (10 x 6 x 2 cm) on the left shoulder, as well as a large haematoma (14 x 12 x 3 cm) on the left upper arm.

Both prisoners stated that they had not lodged a complaint with the prison governor, as they feared that this could prove prejudicial to them and, in any event, would be unlikely to be successful.

106. In the light of the information gathered by the delegation, **the CPT recommends that the governors of Pazardjik and Stara Zagora Prisons deliver to their staff the clear message that both physical ill-treatment and verbal abuse of inmates is not acceptable and will be dealt with severely.**

As regards more particularly Stara Zagora Prison, the delegation requested that the curtain separating the admissions/isolation unit from the rest of the building be removed. **The CPT would like to receive confirmation that this has been done.**

107. In order to enable the CPT to obtain a nationwide view of the situation, **it would like to receive, in respect of the years 1994 and 1995, the following information:**

- **the number of complaints of ill-treatment lodged against prison officers;**
- **an account of sanctions imposed following complaints of ill-treatment by prison officers.**

108. The CPT wishes to stress that there can be no better safeguard against ill-treatment than a properly recruited and trained prison officer, who knows how to adopt the appropriate attitude in his relations with prisoners. The questions of staff training and staff-inmate relations will be commented on later in this report (cf. paragraphs 152 et seq.). However, it should be stated as of now that staff-inmate relations in Stara Zagora Prison were noticeably more tense than in Pazardjik.

The delegation was particularly concerned by the tendency of prison officers at Stara Zagora Prison to brandish truncheons in the detention areas. In the interest of promoting positive relations between staff and inmates, **the CPT recommends that, if it is considered necessary for prison officers to carry truncheons, these should be hidden from view.**

109. Reference must also be made in this section to the situation observed in the disciplinary unit of Stara Zagora Prison. There the delegation found a prisoner, undergoing a disciplinary sanction of 14 days in isolation, being held in a small (approximately 2 m²), dark and unventilated cell. His conditions of detention were deplorable.

Material conditions of the other two persons being held in the disciplinary unit (who were also serving 14 days in isolation) at the time of the delegation's visit were scarcely better, though their cells did have a window giving access to natural light and air. In addition to their unacceptable material conditions of detention, the three persons concerned were not entitled to outdoor exercise.

110. In the CPT's opinion, the situation described in paragraph 109 amounts to inhuman treatment.

The CPT's delegation requested that the first-mentioned prisoner be immediately placed in a cell with a window (N.B. several such cells in the disciplinary unit were empty at the time of the visit). More generally, the state of the disciplinary cells at Stara Zagora Prison and the regime applied to prisoners placed in them were raised at the final talks and the Bulgarian authorities subsequently reported to the CPT that steps had been taken in this respect. This question shall be dealt with in more detail in section 5 c. (cf. paragraphs 164 et seq.).

111. The CPT must also express serious concern about the conditions under which two prisoners sentenced to death were being held at Stara Zagora Prison. The two prisoners concerned had each been held alone for several years in cells in the admissions/isolation unit.

The material conditions in the cells left a great deal to be desired: mediocre access to natural light and weak artificial lighting; inadequate heating; cell furnishings in a poor state of repair; dirty bed linen, etc.

As regards out-of-cell activities, they were limited to 15 minutes per day for use of the sanitary facilities, one hour outdoor exercise (which the prisoners alleged was not guaranteed every day) and one visit per month. The two prisoners were not allowed to work (not even inside their cells), nor to go to the library, the cinema room or the refectory (their food was brought to the cell). In short, they were subject to an impoverished regime and, more particularly, were offered very little human contact. The latter consisted essentially of the possibility to talk to each other during outdoor exercise (which they took together), and occasional dealings with prison officers. Practically the only forms of useful occupation at their disposal were reading newspapers and books, and writing letters.

112. The above-described situation is in accordance with the rules concerning prisoners sentenced to death, adopted after the moratorium on the execution of the death penalty in August 1990.⁶ Nevertheless, in the CPT's view it is not acceptable.

It is generally acknowledged that all forms of solitary confinement without appropriate mental and physical stimulation are likely, in the long term, to have damaging effects, resulting in deterioration of mental faculties and social abilities. The delegation found that the regime applied to prisoners sentenced to death in Stara Zagora Prison did not provide such stimulation.

The CPT recommends that the regime applied to prisoners sentenced to death held in Stara Zagora Prison, as well as in other prisons in Bulgaria, be revised in order to ensure that they are offered purposeful activities and appropriate human contact.

Further, the CPT recommends that steps be taken to improve the material conditions in the cells occupied at Stara Zagora Prison by prisoners sentenced to death.

⁶ Although the rules do stipulate that, if possible, the prisoners should be given work in their cells or in another isolated room.

113. Conditions of detention in general in Pazardjik and Stara Zagora prisons shall be dealt with in the following section. However, it should already be stated that practically all prisoners were accommodated in overcrowded conditions and many of them had few activities at their disposal. Further, in particular at Stara Zagora Prison, prisoners often had inadequate access to proper sanitary facilities.

The CPT must stress that the cumulative effect of such conditions can prove extremely detrimental to prisoners; the situation of certain of the inmates in the establishments visited, and in particular of remand prisoners in Stara Zagora Prison, could be considered to be inhuman and degrading.

3. Conditions of detention

a. material conditions of detention

i. Pazardjik Prison

114. At the beginning of the visit to Pazardjik Prison, the governor apologised to the delegation for the "primitive" material conditions in his establishment which, apparently, were due to budgetary restraints. The delegation subsequently observed for itself that the prisoners were living in cramped and spartanly equipped accommodation. Nevertheless, the prison administration was clearly making sincere efforts to maintain the establishment in a reasonable state of repair and cleanliness. Further, although the main prison building was rather old, a number of extensions and renovations had improved the physical environment. Particular reference should be made to the fact that the larger dormitories had recently been fitted with sanitary facilities, to which prisoners had access on a 24 hour basis.

115. The closed part of Pazardjik Prison comprised a total of 93 cells, located in a T-shaped building with three levels. Sentenced prisoners were accommodated separately from those on remand; on the other hand, as regards the latter, accused and defendants shared the same accommodation. It should also be noted that the ground floor level of one of the wings was used to accommodate prisoners placed under reinforced security and a very strict regime, in accordance with Section 56B of the Regulations for the Execution of the Law on the Implementation of Penal Sanctions (cf. paragraph 167 et seq.).

116. The accommodation consisted essentially of dormitories of varying sizes. The delegation found up to six prisoners being held in a 14 m² dormitory, eight in a 15 m² dormitory, seventeen in a 30 m² dormitory, and twenty-two in a 45 m² dormitory. Regardless of what the official capacities might be, the CPT considers that such levels of occupancy amount to serious overcrowding. The situation was all the more objectionable, given that many of the prisoners were obliged to spend most of the day in their dormitories.

The CPT is also concerned to note that some of the 7 m² cells of the disciplinary/isolation unit were being used to hold two persons; cells of such a size are only fit for individual occupation.

117. Most of the floor space in the dormitories was taken up by beds and lockers, thereby precluding the presence of tables and chairs. In many dormitories prisoners were to all intents and purposes confined to their beds. However, the beds and lockers, although old and somewhat dilapidated, were in a reasonably good state of repair and cleanliness.

Lighting and ventilation were adequate; however, heating was far from sufficient. Each wing received only three hours of heating per day (with the exception of the infirmary, which was given preferential treatment). The delegation visited dormitories in which the temperature was as low as 11°C just before the heating was turned on, and went up to 25°C at the end of a heating period.

As already indicated, the larger dormitories had recently been fitted with sanitary facilities. Some of them were in need of repair (e.g. broken taps); however, in general, the state of cleanliness was adequate. As regards the other dormitories and the cells, it appeared that access to proper toilet facilities was possible during the day, with the exception of the disciplinary/isolation unit; at night, prisoners had to satisfy the needs of nature in a bucket.

118. Every prisoner was provided with two blankets, as well as two sets of bed linen and two towels; the latter could be washed in the prison laundry once a fortnight. As for bathing facilities, prisoners could use the establishment's central bathroom once a week.

Finally, it should be noted that the conditions in the establishment's kitchen and refectory were quite satisfactory.

119. In the light of the delegation's observations at Pazardjik Prison, **the CPT recommends that:**

- **serious efforts be made to reduce as soon as possible the occupancy rate of the dormitories and to hold no more than one prisoner in the establishment's 7 m² cells;**
- **steps be taken to improve the establishment's heating;**
- **improvements to the establishment's sanitary facilities be continued, with a view to ensuring that all prisoners have ready access to a proper toilet facility at all times; pending such improvements, prison officers should receive instructions to the effect that a request made by a prisoner during the day to be released from his cell/dormitory for the purpose of using a toilet facility is to be granted, unless overriding security considerations require otherwise.**

ii. *Stara Zagora Prison*

120. The closed part of Stara Zagora Prison consisted essentially of a star-shaped building with four wings, each with three levels. One of the wings was reserved for general facilities and administrative services, the other three being used for the purpose of prisoner accommodation. As at Pazardjik, sentenced prisoners were accommodated separately from those on remand.

121. Once again the delegation observed that prisoners were held in cramped conditions. It found that up to ten sentenced prisoners without work could be held in a dormitory of some 25 m², and up to twenty such prisoners in a dormitory of 45 m² (however, the situation was slightly better in wing C1 i.e. some fifteen prisoners in a dormitory of 45 m²). Many remand prisoners (none of whom had work) were held under comparable conditions. However, those located in wing A, levels 2 and 3, were subject to even more overcrowded conditions i.e. up to eleven prisoners in a dormitory of approximately 21 m², and up to three prisoners in a cell of some 6 m².

The situation was arguably worse for some of the sentenced prisoners with work held in wing B, levels 2 and 3, where the delegation found up to four prisoners in cells measuring a little more than 6 m² (though, admittedly, some of these prisoners were held only two to a cell); however, it should be added that these prisoners benefited from much longer out-of-cell time.

Gross overcrowding was also observed in certain cells in the admissions/isolation unit; for example, cell 47, which measured a mere 6 m², had been accommodating four new arrivals for several days.

122. Lighting and ventilation were in principle of a satisfactory standard (though the latter was often prejudiced by the level of overcrowding). However, the same could not be said about the heating, although this problem was apparently on the point of being resolved through the imminent entry into service of a new boiler.

Unlike at Pazardjik, many of the dormitories were dirty and in a poor state of repair. Further, there were no sanitary facilities in any of the dormitories. Non-working prisoners were allowed to go to the toilet three times a day, on their way to the refectory. A request to use a proper toilet facility at other times of the day would apparently more often than not be met with a refusal. The delegation noted in this connection that there was one bucket per cell/dormitory, regardless of the number of prisoners accommodated.

123. According to the prison authorities, sheets were washed fortnightly in the laundry and working clothes every week. However, many prisoners alleged that bed sheets were not changed for months - an allegation which was credible given the state of the bed linen as observed by the delegation. Apparently, it was not uncommon for prisoners to wash sheets and clothes themselves, using the limited means at their disposal; in many dormitories and corridors the delegation saw ropes holding wet sheets and clothes. Further, the delegation heard a number of complaints about a lack of basic personal hygiene products.

Finally, as regards bathing facilities, although the prison rules made provision for a shower once a week, many prisoners complained that in practice it was not uncommon to be able to take a shower only once in a given month. The central bathroom was found to be cold, dark and in a poor state of repair. Further, another shower room, located in the basement of the admissions/isolation unit, was in a deplorable condition.

124. To sum up, material conditions of detention at Stara Zagora were inferior to those observed at Pazardjik Prison, though it should be added that repair work was under way in certain parts of the establishment. In this context, the prison governor informed the delegation that a plan (dating back to 1990) existed for the overall refurbishment of the establishment, including the installation of sanitary facilities in the dormitories; however, a lack of financial resources had prevented the prison administration from putting it into practice.

125. As regards material conditions of detention at Stara Zagora Prison, **the CPT recommends that:**

- **steps be taken immediately to ensure that no more than two prisoners are held in the establishment's 6 m² cells;**
- **serious efforts be made to reduce as soon as possible the occupancy rate of the dormitories, and to hold no more than one prisoner in the establishment's 6 m² cells;**
- **vigorous steps be taken to improve the general state of repair of the detention areas and the sanitary/bathing facilities;**
- **more attention be accorded to the supply of clean bedding and personal hygiene products (soap, etc.);**
- **all prisoners be guaranteed at least one shower/bath per week;**
- **implementation of the existing plan to refurbish the establishment and instal sanitary facilities in the dormitories be accorded a high priority;**
- **pending the implementation of the above-mentioned plan, prison officers receive instructions to the effect that a request made by a prisoner during the day to be released from his cell/dormitory for the purpose of using a toilet facility should be granted, unless overriding security considerations require otherwise.**

b. activities

126. At Pazardjik Prison, only 218 work places were available at the time of the visit (i.e. for 36% of the prisoners), which were reserved for sentenced prisoners. Several workshops were in operation: metal-working (30 places), carpentry (68 places), wicker-work (19 places), packaging of detergents (15 places), and the prison's farm employed 16 inmates. In addition, 60 prisoners worked on the maintenance of the prison and in the kitchen.

The shortage of work places was particularly resented by those sentenced prisoners who were not offered a job, as it prevented them from taking advantage of the system of earning remission through work. Further, the delegation heard a number of complaints from members of ethnic minority groups, who alleged that there was a discrimination in the filling of work places.

127. The situation was somewhat better at Stara Zagora Prison, where some two-thirds of the sentenced prisoners were employed. On the other hand, none of the remand prisoners had work.

Several workshops were in operation: furniture (47 prisoners), welding and machine tools (51 prisoners), assembly (33 prisoners). The delegation was told that before 1991 the workshops had provided enough work for all prisoners; since then, flagging demand resulting from the difficult economic situation had curtailed production. In addition, there were 32 work places in the area of general prison services (kitchen, laundry, maintenance, etc.). The prison farm provided work for 87 prisoners, some of whom came from the semi-open labour and reformatory hostel.

128. It should also be emphasised that at both establishments the shortage of work places was recognised to be a serious problem, and genuine efforts were being made to find ways of improving the situation.

129. No formal education courses were offered at Pazardjik Prison (although three vocational training courses - welding, carpentry and wicker-work - were available). Prisoners who wanted to receive some elementary education had to be transferred to Lovetch or Stara Zagora Prisons. This possibility was not attractive for many prisoners, as their transfer to another prison would make it difficult for their families to visit them.

130. By contrast, Stara Zagora Prison had a school (one of the three remaining prison schools in Bulgaria), which provided both elementary and primary education. The delegation was informed that 23 prisoners were attending the four grades of the elementary school, and 26 the primary school; further, a secondary professional school offered a number of general educational and vocational classes, attended by a total of 17 prisoners. These relatively small numbers contrasted with the school's actual capacity of 200; it was pointed out in this connection that since 1989, it had become the prisoner's personal choice whether to attend classes. However, prisoners could earn remission by attending education classes (8 hours of school counting as one day of work).

131. As regards other activities, both prisons possessed a prison library, a cinema hall and a chapel, facilities to which prisoners had access at designated times. Further, each establishment had a number of common rooms, to which prisoners could have access in the early evening for the purpose of watching television/video.

Pazardjik Prison possessed a gymnasium. No such facility existed at Stara Zagora; however, the largest of the exercise yards had been marked out for certain sports activities. More generally, the exercise yards at Pazardjik and Stara Zagora were of an adequate size. However, in both establishments the delegation repeatedly heard allegations - in particular from remand prisoners - that outdoor exercise was not offered every day.

132. Despite the different activities referred to above, it was commonplace for prisoners without work to spend the bulk of the day confined within their dormitories/cells. Time spent outside could be as little as 2-3 hours.

133. **The CPT recommends that:**

- **serious efforts be made to improve the activities offered to prisoners in Pazardjik and Stara Zagora Prisons. The aim should be to ensure that all prisoners, including those on remand, are able to spend a reasonable part of the day (8 hours or more) outside their dormitories/cells, engaged in purposeful activities of a varied nature (work, preferably with vocational value; education; sport; recreation/association);**
- **steps be taken immediately to ensure that all prisoners are offered at least one hour of outdoor exercise every day.**

4. Health-care services

a. introduction

134. According to Section 22 of the Law on the Implementation of Penal Sanctions, health care in Bulgarian prisons is provided by the Ministry of Justice, in coordination with the Ministries of Health and Welfare. More specifically, the organisation of health care is regulated by Order I-203 of 1 July 1982 concerning medical services at places of detention and the respective Instructions for its implementation. Prison health-care staff are recruited by the prison management, subject to the approval of the Central Prison Administration's Medical Division.

135. It transpired from the delegation's discussions with officials from the Ministry of Health that prison doctors in Bulgaria are not subordinate to that Ministry. The Ministry of Health's involvement in prison health-care is in principle confined to the provision of "methodological" assistance, and it appeared that the national health authorities do not exercise an effective supervision over the work of prison health-care staff.

In order to guarantee their professional independence and quality of medical work, the CPT considers it important that prison health-care staff should be aligned as closely as possible with the mainstream of health-care provision in the community at large; moreover, the effectiveness of their work should be assessed by a qualified medical authority. **The CPT would like to receive the comments of the Bulgarian authorities on this subject.**

b. staff and facilities

136. In both prisons visited, the health-care staffing levels were not adequate for the respective prison population (i.e. 590 prisoners at Pazardjik and 915 at Stara Zagora).

137. The health-care service at Pazardjik Prison consisted of a doctor, a feldsher and a dentist. The doctor - a retired general practitioner - attended the establishment five days a week between 7 am and 5.30 pm, and could be called in at other times in case of need. At the time of the delegation's visit the feldsher was away on prolonged sick leave. No replacement had been provided, and the delegation was very surprised to learn that in his absence no one in the prison's health-care service was in possession of a key to the room where the medicine supplies were kept. There was a post for a nurse in the prison; however, it appeared that it had been vacant for over a year.

It is also noteworthy that at the time of the visit, the doctor was assisted by a sentenced prisoner who had been working as an orderly at the prison infirmary for well over a year. This prisoner performed a number of important tasks (i.e. distributing medicine to prisoners, looking after the sick prisoners in the infirmary, etc.), including in the absence of the prison doctor. No doubt, the employment of inmates as orderlies can provide the prisoners concerned with a useful job. However, in the CPT's opinion such a measure should be seen as a last resort. Further, prisoners should under no circumstances be involved in the distribution of medicines.

138. At Stara Zagora Prison the health-care staff comprised one part-time doctor, two feldshers, a dentist and an orderly. As at Pazardjik, there was no qualified nurse. The doctor - a general practitioner - attended the prison between 8 and 12 am on week days. The feldshers, who in practice performed the same range of duties as the doctor, were present from 8 am to 3 pm. Consequently, after 3 p.m. no qualified health-care staff were present in the prison.

139. It should be added that, according to the Instructions for the implementation of Order I-203, health-care staff are expected to perform a range of additional duties, i.e. monitoring the general sanitary conditions and prisoners' personal hygiene, controlling the quality of food on a daily basis, etc. The delegation was unable to ascertain whether these functions were regularly performed by the health-care staff of the prisons visited; however, in view of the limited staff numbers, this seemed unlikely.

140. In both establishments the available dental care appeared to be adequate and no complaints were heard by the delegation as regards access for prisoners to a dentist. Each establishment's dentist was available 6 hours per day, and provided a range of dental treatment, including prostheses (which, however, had to be paid for by detainees). Although the dentists lacked X-ray equipment, the supply of other materials seemed to be sufficient. The delegation was particularly impressed by the work of the dentist at Pazardjik Prison, who performed an annual prophylactic examination of all prisoners.

141. To sum up, the human resources of the health-care services at Pazardjik and Stara Zagora Prisons (with the notable exception of dental care) could not be considered as sufficient to enable the provision of an appropriate medical service. Not surprisingly, in the course of interviews with inmates at both Pazardjik and Stara Zagora Prisons, the CPT's delegation heard a number of complaints about delays in gaining access to a doctor. **The CPT recommends that, as an initial measure, and pending a more thorough reinforcement of the prisons' health-care services, steps be taken immediately:**

- to appoint at least one qualified nurse in both Pazardjik and Stara Zagora Prisons;
- to provide a suitable replacement for as long as the feldsher at Pazardjik Prison is unable to fulfil his duties;
- to employ at least one full-time doctor at Stara Zagora Prison;
- to ensure that someone qualified to provide first aid, preferably with a recognised nursing qualification, is always present on the prisons' premises, including at night and weekends.

The CPT also considers that the position of the sentenced prisoner working as an orderly at Pazardjik Prison should be reviewed, in the light of the remarks contained in paragraph 137.

142. The CPT wishes also to underline that prisoners should be able to have access to a doctor at any time. The health-care service should be so organised as to enable requests to consult a doctor to be met without undue delay, and prison staff should not seek to screen such requests. Moreover, prisoners should be able to communicate with the health service confidentially, for example by means of a message in a sealed envelope.

The CPT recommends that the Bulgarian authorities take all necessary steps to ensure that the practice in this area is in accordance with the above considerations.

143. As regards specialist care, at Pazardjik Prison it consisted primarily of weekly visits by three specialists (a rheumatologist, a psychiatrist and a surgeon), selected by the prison doctor and appointed by the public prosecutor in charge of the prison. In addition to providing specialist medical consultations, this team of specialists was responsible for establishing whether a prisoner was unfit to undergo disciplinary punishment and for supplying medical assessments of prisoners to the prison administration (N.B. the latter were to be found in the centralised prison files). Further, the prison doctor could refer prisoners to other specialists or transfer them to a hospital.

The only specialist who occasionally visited Stara Zagora Prison was a psychiatrist, who was called when a prisoner's mental state suggested that he might need to be referred to a psychiatric hospital. As at Pazardjik, prisoners could be referred by the prison doctor to a hospital for examination/treatment.

Each establishment had a psychologist (who, however, was not considered as part of the health-care service). The psychologists intimated that, given the amount of duties they were expected to perform and the prison population they were responsible for, it was impossible for them to provide psychological care of a satisfactory standard for all the prisoners. More particularly, it became apparent that the psychologists had no suicide prevention policy.

The CPT wishes to point out that all prisons accommodate a certain number of prisoners who, while not requiring admission to a psychiatric facility, could benefit from ambulatory psychiatric or psychological care. As things stand at present, it is inevitable that such inmates at Pazardjik and Stara Zagora Prisons will not receive appropriate care. Consequently, **the CPT invites the Bulgarian authorities to examine the possibility of reinforcing the psychiatric/psychological services at Pazardjik and Stara Zagora Prisons.**

144. The health-care service premises and their equipment were rather primitive, but maintained in a good state of repair and cleanliness. By way of example, at Stara Zagora the health-care premises comprised two sick-rooms (each measuring some 20 m² and accommodating up to four prisoners), one examination/intensive care room, a room for sterilisation, a dentist's room, a storage area for medicines, two isolation rooms with sanitary facilities and a small refectory.

It is noteworthy that the Central Prison Administration has produced detailed "Standards for the prescribed premises and vehicles available to the medical services at places of detention" (1993). According to these Standards, a medical service looking after 500 - 1,000 prisoners should comprise a number of facilities, some of which appeared to be missing at the two prisons visited. **The CPT would like to receive the comments of the Bulgarian authorities on this matter.**

c. medical screening on admission

145. According to the above-mentioned Instructions for the implementation of Order I-203, within five days from arrival all prisoners should undergo a thorough medical examination.

As far as the CPT's delegation could ascertain, these instructions were complied with at both prisons visited. The initial medical assessment consisted of the completion of a standard medical form, containing information about earlier diseases, past injuries and grounds for any special treatment. Further, the prisoner's blood pressure was measured and a stethoscopy of the heart and lungs performed.

146. In the CPT's view, all newly admitted prisoners - sentenced or on remand - should be seen without delay (i.e. within 24 hours) by a member of the prison health-care service and, if necessary, given a medical examination. This medical screening on admission could be undertaken either by a doctor or by a qualified feldsher/nurse reporting to a doctor.

Any signs of violence observed on admission should be fully recorded, together with any relevant statements by the prisoner and the doctor's conclusions. The same approach should be followed whenever the prisoner is medically examined following a violent episode in the prison (cf. paragraph 105). Further, if so requested by the prisoner, the doctor should provide him with a certificate describing his injuries.

The CPT recommends that the Bulgarian authorities take the appropriate steps to ensure compliance with the above-mentioned points.

d. issues related to transmissible diseases

147. The delegation was informed that HIV/AIDS was not an important problem in Bulgarian prisons, and there were no known HIV-positive prisoners at either of the two establishments. No HIV-testing of newly-arrived prisoners was performed at the prisons visited. As regards other transmissible diseases, screening for syphilis was obligatory at Stara Zagora Prison.

148. From conversations with the health-care staff, it became apparent that measures to counter transmissible diseases could usefully be developed. In this context, **the CPT recommends that the Bulgarian authorities devise a policy of combatting transmissible diseases (in particular, hepatitis, AIDS, tuberculosis and skin diseases) in places of detention, based upon the regular supply of information to both prisoners and prison staff about methods of transmission and means of protection, as well as the application of adequate preventive measures.**

e. confidentiality of medical information

149. The CPT is seriously concerned by the current practice for keeping medical information in Bulgarian prisons.

According to the above-mentioned Instructions for the implementation of Order I-203 of 1 July 1982, information about previous illnesses, traumas, operations, tests as well as the results from the medical examination performed upon arrival at the prison are to be entered in a standard medical certificate, which is then attached to the inmate's prison file. Only prisoners with sentences of over one year are entitled to a personal medical record, which is kept at the prison's health-care service.

150. The delegation's observations suggested that all medical information - from the results of the examination on admission to documents relating to examination or treatment outside prison - is kept in the inmate's prison file, which can be consulted by a number of non-medical staff. At Pazardjik Prison, in addition to health-care staff, the following persons had access to the prisoners' files: all commissioned prison officers, the prison's Regime and Administration Division staff, and the chief guards.

It appeared that nothing worthy of being called a personal medical file existed at either prison. Sentenced prisoners undergoing a term of imprisonment of over six months were entitled to a piece of paper describing in brief their diseases. Medical certificates from prisoners' examination or treatment outside the prison were kept in alphabetical order in a folder covering all prisoners. At Pazardjik Prison in particular, the originals of all medical documents went to the prisoner's file in the centralised prison records. Thus it was very difficult to follow a prisoner's medical history.

151. The CPT considers that a personal medical file should be compiled for each prisoner and that medical secrecy should be observed in prisons in the same way as in the community at large. Keeping prisoners' medical files should be the doctor's responsibility. Consequently, **the CPT recommends that a personal and confidential medical file be opened for each prisoner, containing diagnostic information as well as an ongoing record of the prisoner's state of health and of any special examinations he has undergone. In the event of transfer, the file should be forwarded to the doctors in the receiving establishment.**

5. Other issues of relevance to the CPT's mandate

a. prison staff

152. The CPT has already indicated the crucial importance, in the context of the prevention of ill-treatment, of having properly recruited and trained prison staff (cf. paragraph 108). Developed interpersonal communication skills are an essential part of the make-up of such staff. In the same way as police officers (cf. paragraph 29), such skills will often enable a prison officer to defuse situations which could degenerate into violence. More generally, they will help to reduce tensions and improve the quality of life in prisons, to the benefit of all concerned.

It should be emphasised in this context that developing good relations between staff and prisoners will not only reduce the risk of ill-treatment but also enhance control and security. In turn, it will render the work of prison staff far more rewarding.

153. The delegation's on-the-spot observations suggested that there was much room for improvement in this area. There was no clear commitment on the part of prison staff to enter into a constructive dialogue with prisoners. Prison staff adopted a rather militaristic attitude towards prisoners and appeared keen to keep their direct contacts with them to a minimum. In fact, the dialogue between staff and prisoners seemed to have been substituted by a system under which each cell had a "leader" designated by the staff, who was responsible for order and cleanliness in the cell and reported any problems to the staff. As a result, prison staff had few dealings with the inmates; their job was largely limited to opening and closing doors and monitoring the movement of prisoners. Only the "inspectors for social activities" (officers put in charge of a ward and responsible for the education, social life and general welfare of prisoners) appeared to have personal contacts with the prisoners.

154. According to information provided by the Bulgarian authorities, the basic training for prison staff lasts three months, and for commissioned officers - five. In principle, prison staff also benefited from in-service training; however, it appeared that a shortage of facilities and training staff currently limited considerably the possibilities in this area.

The CPT recommends that the Bulgarian authorities give a high priority to the improvement of prison staff training, both initial and in-service. In the course of such training, considerable emphasis should be placed on the acquisition and development of interpersonal communication skills. Building positive relations with prisoners should be recognised as a key feature of a prison officer's vocation.

155. Finally, the CPT noted that a small number of female prison staff members were working in the detention areas of Pazardjik Prison. **The CPT welcomes this development; the introduction of female prison staff in male prisons is a positive step that can improve the general atmosphere in detention areas.**

b. contact with the outside world

156. It is very important for prisoners to be able to maintain reasonably good contact with the outside world. Above all, a prisoner must be given the means of safeguarding his relationships with his family and close friends. The continuation of such relationships is of crucial importance for the social rehabilitation of a prisoner. The guiding principle should be the promotion of contact with the outside world; any limitations upon such contact should be based exclusively on security concerns of an appreciable nature or resource considerations.

157. In Bulgaria all prisoners, both sentenced and remand, are formally entitled to at least one visit per month, lasting no less than 30 minutes (and there is no limitation on the number of visits by lawyers). This, apparently, represents a significant improvement as compared to the pre-1989 situation.

In practice, sentenced prisoners at Pazardjik and Stara Zagora Prisons could receive one half-hour visit every week. However, remand prisoners only enjoyed the minimum visit entitlement provided by law; this is not sufficient to enable a prisoner to maintain good relations with his family and friends.

The CPT recommends that the visit entitlement of remand prisoners at Pazardjik and Stara Zagora Prisons and, if necessary, at other prison establishments in Bulgaria, be substantially increased.

158. The visiting facilities of the two prisons were relatively small and no doubt could become very noisy and overcrowded. However, it should be noted that both the prisoner and his visitors were provided with benches and had a clear view of each other across a metal grill separation.

159. Prisoners could receive and send an unlimited amount of correspondence. Apparently, they could also receive a wide range of periodicals and were allowed to bring radio and television sets into their cells/dormitories. However, it must be said that, with certain notable exceptions, few prisoners at Pazardjik and Stara Zagora Prisons had such items at their disposal (possibly because of a lack of financial means).

Prisoners at the two establishments did not have ready access to a telephone. The CPT considers that such a situation is not acceptable, especially as regards inmates who do not receive regular visits because their families live a long way from the establishment. **The CPT recommends that the Bulgarian authorities take steps to provide inmates at Pazardjik and Stara Zagora Prisons with access to telephones, if necessary, subject to appropriate supervision.**

160. The different disciplinary sanctions which can be imposed on prisoners currently include withdrawal of the right to visits and to correspondence, in both cases for up to three months. The CPT considers that to withdraw these rights for such a length of time would limit unduly a prisoner's contact with the outside world. **The CPT therefore invites the Bulgarian authorities to revise the rules on this subject.**

161. Finally, the CPT's delegation was informed that sentenced prisoners at Pazardjik and Stara Zagora Prisons could be granted home leave of up to five days per year, subject to authorisation by the public prosecutor. **The CPT would like to be informed of the number and categories of prisoners in those establishments who benefited from home leave during the years 1994 and 1995.**

c. discipline and segregation

162. Various disciplinary sanctions are provided for by law, the most severe being placement in a disciplinary cell without work for up to 14 days.

It is stipulated that the prisoner concerned must be given a hearing before any sanction is imposed. The delegation had an opportunity at Pazardjik Prison to attend the disciplinary hearings of certain prisoners and found that the quality of the proceedings was satisfactory.

The CPT would like to be informed whether prisoners are able to appeal to a higher authority against disciplinary sanctions imposed and, in the affirmative, whether they are informed of this fact.

163. Material conditions in the disciplinary cells at Pazardjik Prison were in most respects acceptable. In particular, they were all of an adequate size for individual occupancy (7 m²), benefitted from access to natural light and were in a reasonable state of repair and cleanliness. The cells were equipped with wooden plinths and prisoners placed in the cells were provided with blankets. However, they were not given a mattress.

164. As already indicated (cf. paragraphs 109 and 110), material conditions in the disciplinary unit of Stara Zagora Prison were totally unacceptable. Firstly, seven of the unit's eight cells were extremely small (scarcely 2 m²). As for the eighth cell, it was of an adequate size for individual occupancy (6.5 m²); however, prison staff told the delegation that it might accommodate up to three prisoners.

All but one of the cells had a window. However, in some of the cells access to natural light was nevertheless poor, and in all of the cells artificial lighting was quite inadequate. Further, without exception the cells were dirty, in a poor state of repair and cold. Equipment in the cells was limited to a wooden bench and a blanket; as in Pazardjik, prisoners were not provided with mattresses.

Finally, one of the cells had no window; consequently, it was both dark and had no effective means of ventilation.

165. In the course of the final talks in the Ministry of Justice, the CPT's delegation stated that the above-mentioned dark cell should be withdrawn from service immediately; **the CPT would like to receive confirmation that this was done.**

The CPT's delegation also stated that the disciplinary cells at Stara Zagora Prison should be enlarged and refurbished as a matter of priority. In their reply of 23 June 1995, the Bulgarian authorities stated that a refurbishment of disciplinary cells in prisons in general had been ordered; this refurbishment was to be completed by the end of November 1995. **The CPT would like to receive an account of the progress made on this subject.**

In this context, the CPT would point out that in addition to ensuring that disciplinary cells are of an appropriate size and have adequate lighting, heating and ventilation, it would be desirable for improvements to include the installation of a table and chair in each cell, if necessary fixed to the floor.

As regards the issue of mattresses, the CPT welcomes the information provided by the Bulgarian authorities in their reply of 23 June 1995 to the effect that prisoners placed in disciplinary cells will henceforth be provided with a mattress.

166. Turning to the regime applied to prisoners placed in disciplinary cells, the CPT also welcomes the information set out in the above-mentioned reply, according to which the relevant rules have been changed and those prisoners are now entitled to at least one hour of outdoor exercise per day. **The CPT invites the Bulgarian authorities to ensure that this rule is strictly observed in practice.**

Further, **the CPT recommends that the applicable regulations be amended in order to allow persons placed in a disciplinary cell to have access to reading matter.**

167. In addition to persons subject to the sanction of placement in a disciplinary cell, further categories of prisoners could be placed apart from other inmates. One such category -i.e. persons sentenced to death - has already been mentioned (cf. paragraphs 111 to 112). Other categories include remand prisoners isolated on the orders of a judge or a public prosecutor in the interest of the criminal investigation (Section 15(1)2 of the Order concerning the Status of Accused and Defendants), remand or sentenced prisoners isolated on the order of the prison governor on the grounds of their perceived dangerousness or troublesome behaviour (Section 15(1)3 of the above-mentioned Order, as well as Section 56B of the Regulations for the Execution of the Law on the Implementation of Penal Sanctions) and sentenced prisoners placed in isolation - for a period of up to two months - by order of the Ministry of Justice in order to prevent escape or the commission of crimes (Section 85 of the above-mentioned Regulations).

168. In the course of its visits to Pazardjik and Stara Zagora Prisons, the CPT's delegation met a number of prisoners who had been placed apart from other inmates on the basis of the above-mentioned provisions. It observed that several such prisoners had been held under conditions akin to solitary confinement for prolonged periods (i.e. for weeks and, on occasion, for months), and that all of the prisoners concerned were subject to a very impoverished regime. Practically the only organised activity was outdoor exercise, and certain of the prisoners held in isolation at Stara Zagora Prison alleged that they were frequently denied even that; further, remand prisoners held in isolation at Pazardjik Prison stated that they were allowed only 30 minutes outdoor exercise per day.

The CPT fully recognises that it may exceptionally be necessary, for a certain time at least, to arrange special conditions of detention for some prisoners. However, the prison authorities must ensure that such prisoners are offered purposeful activities and, if held under conditions akin to solitary confinement, appropriate human contact.

The CPT recommends that the conditions of detention of prisoners held apart from others on the basis of the provisions referred to in paragraph 167 be reviewed, in the light of the above remarks. Steps should be taken immediately to ensure that all such prisoners are offered at least one hour of outdoor exercise per day.

169. The CPT also considers that any decision to place a prisoner apart from other inmates should be accompanied by certain procedural safeguards. The prisoner concerned should be informed in writing of the reasons for the measure taken against him (it being understood that the reasons given might not include details which security requirements reasonably justify withholding from the prisoner), be given an opportunity to present his views on the matter before a definitive decision is taken, and be able to contest the measure before an appropriate authority. Further, the situation of any person subject to such a measure for an extended period should be fully reviewed at regular intervals (at least every three months), where appropriate on the basis of a medico-social opinion.

The CPT wishes to be informed whether these different safeguards exist in Bulgaria.

170. Finally, whenever a prisoner placed under conditions akin to solitary confinement (for whatever cause: disciplinary reasons, the danger he presents, disruptive behaviour, in the interests of a criminal investigation or at the prisoner's own request) asks for a doctor - or a prison officer asks for one on his behalf - the doctor should be called without delay with a view to carrying out a medical examination of the prisoner. The results of the medical examination, including an account of the prisoner's physical and mental condition as well as, if need be, the foreseeable consequences of continued isolation, should be set out in a written statement to be forwarded to the competent authorities.

The CPT recommends that the Bulgarian authorities take steps to ensure that the relevant regulations and practice are consistent with the points made in this paragraph.

d. complaints and inspection procedures

171. Effective complaints and inspection procedures are basic safeguards against ill-treatment in prisons. Prisoners should have avenues of complaint open to them, both within and outside the prison system, and be entitled to confidential access to an appropriate authority.

The CPT attaches particular importance to regular visits to all prison establishments by an independent body (for example, a visiting committee or a judge with responsibility for carrying out inspections) with authority to receive - and, if necessary, take action on - prisoners' complaints and to visit the premises.

172. Prisoners in Bulgaria are entitled to send complaints to both the prison administration and to certain State institutions (cf. Section 37 of the Law on the Implementation of Penal Sanctions). Complaints submitted in sealed envelopes and addressed to the President's Office, the Council of Ministers, the Committee for State Control, the Ministry of Justice, the Ministry of the Interior or the Public Prosecutor's Office, cannot be examined by the prison administration.

173. Nevertheless, the CPT's delegation was inundated with complaints about the complaints system. It was alleged that letters addressed to the Public Prosecutor's Office or other State institutions rarely received a reply (some prisoners believing that they were not forwarded by the prison administration). Further, it was asserted that complaints lodged at internal level frequently resulted in some form of punishment of the prisoner concerned.

The CPT recommends that the Bulgarian authorities review the application of the complaints procedures, with a view to ensuring that they are operating effectively. It also invites the Bulgarian authorities to add the President of the CPT to the list of authorities with whom prisoners can communicate by confidential letter.

174. As regards inspection procedures, Sections 4 and 5 of the Law on the Implementation of Penal Sanctions make provision for visits to prisons by both members of the Public Prosecutor's Office and judges. However, the information gathered by the CPT's delegation suggests that visits by such authorities to the detention areas of Pazardjik and Stara Zagora Prisons are not a common occurrence.

Further, Section 94 et seq. of the above-mentioned Law provides for visits to prisons by "supervisory committees" made up of representatives of the local councils, trade unions, health authorities and educational and cultural establishments. The composition, functions and powers of these committees, as laid down in the Law, are such that they could be capable of fulfilling the role of the independent body referred to in paragraph 171. However, it would appear that the supervisory committees are not (yet) operational - at least, not in Pazardjik and Stara Zagora Prisons. **The CPT would like to receive the comments of the Bulgarian authorities on this subject.**

175. The CPT considers that the effectiveness of a body responsible for monitoring conditions in a prison will depend on the way in which it organises its activities in the establishment, on the provision of appropriate training for its members and, perhaps, above all, on its ability to make itself seen as a quite separate body from the prison staff and administration.

To be effective, such a body or certain of its members should undertake regular prison visits. During these visits, the members must be "visible" to the prison authorities and staff and to the prisoners themselves. More specifically, members must not restrict their contacts to persons who have expressly requested to meet them, but should take the initiative by visiting the prison's detention areas and entering into contact with inmates.

Naturally, particular attention should be given to how the members of such a body are appointed. In order to ensure that they are impartial - and seen to be impartial - it is extremely desirable that an authority other than the prison administration should be responsible for their appointment. Moreover, as far as possible, their composition should reflect the different elements of the local community.

It is essential that, should the need arise, such a body is authorised to have direct contact with governmental and/or parliamentary authorities. In certain situations, to fulfil its functions effectively, it must be able to address itself to someone other than just the head of the establishment concerned.

In addition, it would be very desirable for the body to produce and publish an annual report on its activities, in order to achieve greater openness and stimulate public debate on the prison service. It goes without saying that its findings in certain areas could remain confidential.

The CPT recommends that the Bulgarian authorities review the operation of existing prison inspection procedures, in the light of the above remarks.

e. transport of prisoners

176. Finally, the delegation had the opportunity at Pazardjik Prison to inspect a van used for the transport of prisoners. Conditions within the van were extremely poor; prisoners transported were placed in very confined and poorly ventilated compartments which, in addition, were completely dark. Further, it was far from clear that it would be possible to rapidly evacuate prisoners from the van in the event of an accident.

177. **The CPT recommends the Bulgarian authorities to review the adequacy:**

- **of space, lighting and ventilation in the vehicles used for prisoner transport;**
- **of means to ensure the safety of prisoners in the event of such a vehicle being involved in an accident.**

Further, the CPT would like to receive a copy of any regulations which might exist concerning the characteristics of vehicles used for transporting prisoners.

C. Psychiatric establishments

1. Preliminary remarks

178. As indicated in paragraph 3, the CPT's delegation visited Radnevo Psychiatric Hospital, as well as the closed ward for the criminally irresponsible at Lovetch Neuropsychiatric Hospital and the psychiatric section at Lovetch Prison Hospital.

The first two establishments fall under the responsibility of the Ministry of Health, and the third under the joint responsibility of the Ministries of Health and Justice.

179. Radnevo Psychiatric Hospital is located some 30 kilometres to the south-east of Stara Zagora. Built in 1955, it is made up of a number of pavilions situated in extensive grounds. The hospital has the largest in-patient capacity of any psychiatric establishment in Bulgaria; 620 beds are divided between nine wards (seven for the mentally ill and two for alcoholics and drug addicts), and at the time of the visit the hospital was operating at practically full capacity. Some 20 to 30% of the patients had been placed in the hospital on an involuntary basis; however, they were accommodated together with voluntary patients and were dispersed throughout the different wards, some of which ran a "closed" and others an "open" regime. The delegation paid particular attention to the hospital's two acute wards (one for men and one for women), which together had a total of 135 beds.

The Public Health Act, which contains the legal grounds for compulsory treatment of mentally ill persons (Section 36, paragraphs 3 to 6) and compulsory treatment of persons suffering from alcohol or drug-related diseases (Section 59), provides for an obligatory medical expertise, a court hearing, an appeal procedure (within 7 days from the court decision), and a periodic review of the decision to commit the person concerned to a psychiatric hospital.

180. Lovetch Neuropsychiatric Hospital dates back to 1894 and currently has a total capacity of 445 beds. The hospital's closed ward for the criminally irresponsible - the so-called "prison ward" - is situated on the top floor of a four-storey building constructed in the 1950's; it possesses 60 beds and was accommodating 49 patients at the time of the visit. The ward caters for persons found to be criminally irresponsible for their acts and who are considered to be particularly dangerous; as such, it is the subject of a reinforced security regime. The Bulgarian legislation provides for a periodic review (every six months) of the situation of persons placed in psychiatric establishments as criminally irresponsible (Section 434 of the Code of Criminal Procedure).

In addition, the ward has three beds in a separate room for "accused" persons sent to the hospital by the National Investigation Service, for the purpose of determining whether they are criminally responsible (cf. Section 90, paragraph 2, of the Penal Code). The psychiatric examination must be completed within 30 days.

181. Lovetch Prison Hospital is one of two prison hospitals with a nationwide role⁷ in Bulgaria, and specialises in pulmonary medicine (50 beds) and psychiatry (60 beds). The psychiatric section caters for sentenced and remand prisoners (both male and female) from all over the country who are in need of mental health care, including those undergoing compulsory treatment for alcohol-related diseases. At the time of the visit, it was operating at almost full capacity.

2. Torture and other forms of ill-treatment

182. The CPT's delegation heard no allegations of torture of patients in the three psychiatric establishments visited in Bulgaria; nor was any other evidence of torture found.

Further, the delegation received no allegations of other forms of physical ill-treatment of patients in Lovetch Neuropsychiatric Hospital and Lovetch Prison Hospital.

183. Some allegations were heard of the ill-treatment (notably slaps) of patients by staff at Radnevo Psychiatric Hospital, and more particularly by orderlies; apparently, such acts could occur in the event of a failure to take prescribed medication or of disobedience. It should be mentioned in this connection that several staff members at Radnevo expressed concern about both the low calibre of persons recruited as orderlies and the practice of using patients to fill vacant orderly posts.

Nevertheless, it should be emphasised that the allegations of ill-treatment were relatively few in number and that staff-patient relations at Radnevo seemed on the whole to be good. Further, it appears that effective action (resulting in the dismissal of the staff member concerned) was taken in one recent case of physical ill-treatment of a patient.

The information gathered by the CPT's delegation does not justify the making of a specific recommendation. However, certain remarks of relevance to the issue of preventing physical ill-treatment at Radnevo Hospital shall be made in the context of staff issues and complaints procedures (cf. sections 4 and 6 below).

184. In order to enable the CPT to obtain a nationwide view of the situation, **it would like to receive, in respect of the years 1994 and 1995, the following information:**

- **the number of complaints of ill-treatment lodged against staff members in psychiatric establishments in Bulgaria;**
- **an account of sanctions imposed following complaints of ill-treatment by such staff members.**

⁷

The other hospital is located in Sofia and specialises in surgery, internal diseases and neurological diseases.

185. The CPT's delegation was informed in both Radnevo and Lovetch Psychiatric Hospitals that electroconvulsive therapy (ECT) was used, although far less frequently than in the past (apparently, 10 patients at Radnevo, and 4 at Lovetch, received such treatment during 1994). The ECT was applied in unmodified form (i.e. without anaesthetic or muscle relaxants).

In the absence of the necessary equipment, ECT was not practised at Lovetch Prison Hospital. However, the Chief Doctor hoped to obtain such equipment, and was clearly of the opinion that unmodified ECT was quite acceptable.

186. The use of ECT can be indicated in certain cases. However, the CPT must reiterate the view expressed by its delegation at the end of the visit, namely that the practice of unmodified ECT can no longer be considered as acceptable. Apart from the risk of fractures or other untoward medical consequences, the process is as such degrading for both the staff and patients concerned.

187. In the report on this subject subsequently submitted by the Bulgarian authorities (cf. paragraph 13 above), it is stated that ECT is practised at the majority of medical establishments in Bulgaria, in the presence of an anaesthetist and with the use of anaesthetics and muscle relaxants; the situation observed at Radnevo and Lovetch Psychiatric Hospitals was apparently due to financial, organisational and personnel problems.

The report states that the Ministry of Health has informed the management of those establishments of the CPT's findings and issued the relevant recommendations. **The Committee would like to receive confirmation that, as a result of these measures, unmodified ECT has now been eliminated in Radnevo and Lovetch Psychiatric Hospitals as well as in any other psychiatric establishments in which it was previously practised.**

3. Patients' living conditions and treatment

a. Radnevo Psychiatric Hospital

188. The living conditions of patients at Radnevo Hospital left a great deal to be desired. There was clear evidence that food and heating were not being properly provided for. Further, most of the wards were overcrowded and meagrely equipped, and practically all of the hospital's pavilions were in a poor state of repair. Budgetary difficulties were apparently at the root of these shortcomings.

189. Patients alleged, and medical, nursing and administrative staff confirmed, that the hospital food was insufficient in terms of both quantity and quality. Although the hospital regulations provided for three-course meals and a supply of fresh fruit, one course vegetarian meals were now the norm; on the day of the delegation's visit to the hospital kitchen, lunch was said to consist of 300 grams of beans, and supper 300 grams of rice and tomatoes. Many patients complained - and senior staff members confirmed - that meat had not been provided for months.

Regrettably, the hospital dietician was absent at the time of the visit, with the result that the delegation could not explore in depth the nutritional value of the food provided. Further, the fact that patients' weight was recorded neither on admission nor at regular intervals thereafter rendered it difficult to verify the allegations made by several patients that they had lost weight while at the hospital. However, it is noteworthy that one doctor reported an increased incidence of anaemia, which she attributed to the poor quality of the diet.

190. In order to economise on oil, the heating system was activated intermittently during the day for periods of two to three hours, these periods only being extended if the outside temperature fell below 0°C. The delegation observed for itself that the temperature within the patients' living accommodation was on occasion low (for example, 12°C in the middle of the day in a room of the female acute ward) and that it was bitterly cold in certain sanitary annexes. Staff themselves admitted that it was not unknown for patients to remain in their beds during the day in an effort to stay warm.

191. Conditions in the patients' rooms were cramped. In the acute wards for men and women, rooms of some 18 m² would contain six beds, and those of 35 to 40 m², ten. The situation was much the same in the wards for chronic patients and alcoholics and drug addicts - a room of 20 m² would contain seven beds, and one of 35 m² up to eleven. Nevertheless, the hospital's "open-door" policy (cf. paragraph 193) mitigated the effects of the restricted living space in the rooms.

In most wards, bed linen appeared to be in a reasonable state of cleanliness (a notable exception being the open male chronic ward), and the bedrooms and common areas were on the whole fairly clean. However, the decoration was in a drab state; walls tended to be bare and there were very few personal belongings in evidence. Further, in some wards water entered the patients' rooms through broken windows which had been left unrepaired; in others, the roof leaked. It should also be noted that the sanitary facilities in certain wards were insufficient for the number of patients involved and in a poor state of repair, and offered inadequate privacy. To sum up, the material environment in the wards was at best mediocre and as such was not conducive to the treatment and welfare of the patients, in particular in the closed wards.

192. The treatment of patients involved both medication and therapeutic activities, the latter generally being considered as one of the hospital's strong points.

The CPT's delegation found no evidence of overmedication. This finding applied equally to the closed sections of the acute wards, where the treatment provided consisted essentially of pharmacotherapy. However, the delegation was told by certain staff members that the availability of the most appropriate drugs - and more specifically of depot medication - was not always guaranteed, thereby hindering the therapeutic process.

Some two-thirds of the patients were involved in therapeutic activities of one sort or another, principally occupational therapy, but also art and music therapy, sport and other activities. Apparently, some years earlier, the number of patients involved in therapeutic activities had been as high as 80%; however, financial difficulties had led to the suppression of several forms of activities. Such difficulties no doubt also explain the poor state of repair of the occupational therapy complex and the gymnasium at the time of the delegation's visit.

193. More generally, the delegation was impressed by the "open-door" policy followed within the hospital. All patients could move freely within their wards; bedrooms were not locked at night and patients had access to their bedrooms during the day. Further, the majority of the patients were accommodated in open wards, and had ready access to the hospital grounds.

194. At the end of the visit, the CPT's delegation made clear its concerns about living conditions at Radnevo Psychiatric Hospital, particularly as regards the provision of food and heating. In their response of 23 June 1995, the Bulgarian authorities commented that certain budgetary problems that had arisen were in the course of being resolved by the recent decision to place psychiatric hospitals under the direct control of the Ministry of Health (rather than of the local authorities); however, they added that in view of the general economic crisis, psychiatric hospitals would continue to be in an unfavourable financial position for a long period of time.

195. The CPT fully accepts that in times of economic difficulty, sacrifices have to be made, including in health establishments. However, there are certain basic necessities of life the provision of which must be considered as a priority in institutions where the State has persons under its care and/or custody; these include adequate food and heating as well as - in health establishments - appropriate medication. A failure to meet this requirement can lead rapidly to situations falling within the scope of the term "inhuman and degrading treatment".

Consequently, **the CPT recommends that the budgetary resources made available to Radnevo Psychiatric Hospital be reviewed, in order to ensure that the establishment is in a position:**

- **to provide patients with sufficient food, in terms of both quantity and quality;**
- **to heat adequately the hospital premises;**
- **to maintain a regular supply of appropriate medication.**

Obviously, as soon as economic circumstances permit, additional steps should be taken to improve living conditions in the wards and to return the hospital's premises in general to a satisfactory state of repair. In this context, completion of the new 200 bed pavilion for elderly patients - which has been left unfinished for several years - must be seen as a priority. This would alleviate significantly, if not solve, the problem of overcrowding in the wards, and facilitate the provision within them of a more therapeutic material environment.

196. The CPT has taken note of the clear affirmation by the Bulgarian authorities - in response to remarks made by the delegation at the end of the visit - that therapeutic activities are an indispensable part of psychiatric treatment.

As regards more particularly Radnevo Psychiatric Hospital, the Committee welcomes the expressed intention to provide resources for the expansion of the existing therapeutic activities of the establishment, as soon as the economic situation has improved.

b. Lovetch Neuropsychiatric Hospital
(closed ward for the criminally irresponsible)

197. Patients in the closed ward for the criminally irresponsible at Lovetch Neuropsychiatric Hospital were accommodated in rooms measuring between 16 and 24 m², the number of patients per room varying from 5 to 7. Apart from the beds, the rooms were equipped with cupboards and, on occasion, a table; lighting and ventilation were adequate. As at Radnevo, the rather cramped conditions in the rooms were mitigated to some extent by the fact that patients could move freely throughout the ward at all times and had access to a small canteen/television room.

It must be said, however, that the premises as a whole (including the kitchen) were dirty and uninviting. As for the sanitary facilities, they were in a very unhygienic condition and in a poor state of repair - and the fact that they were also used as a place to store the ward's dustbins did nothing to improve the situation.

198. As regards "accused" persons placed in the ward for the purposes of psychiatric examination (cf. paragraph 180), they were held separately from the patients. The room used to accommodate them measured some 16 m² and could hold up to three prisoners. It contained no equipment apart from the three beds; however, lighting and ventilation were adequate.

Such prisoners only left their room for the purpose of using the sanitary facilities or eating in the canteen and were under the supervision of a police officer.

199. Many patients complained that the food was of poor quality and that meat was very rarely provided. Further, it was alleged that there were heating problems during the winter. On both counts, the patients' claims were confirmed by certain staff members.

200. The delegation was also struck by the fact that all the patients continuously wore pyjamas; they were not allowed access to their own clothes and no other ordinary clothes were provided to them. In the CPT's opinion such a practice could certainly be considered questionable, having regard in particular to the prolonged periods of time patients could spend in the ward; individualisation of clothing should form part of the therapeutic process.

201. As for the treatment provided to patients, this was limited essentially to pharmacotherapy; the doctors spoken to clearly indicated that they had little belief in the usefulness of therapeutic activities for the chronically mentally ill. Only those due shortly to leave the ward attended a therapeutic workshop located in a nearby building. For the rest of the patients, their day was spent - in their own words - "lying, sleeping and eating"; they were not even offered outdoor exercise.

As a result, a lugubrious atmosphere pervaded the ward. Some patients - of whom certain were clearly overmedicated - moved aimlessly and silently about the ward corridor; others lay motionless on their beds. It was in this environment that patients were held for months on end, and on occasion for years.

202. At the end of the visit, the delegation called upon the Bulgarian authorities to take immediate steps to ensure that persons held in the closed ward for the criminally irresponsible at Lovetch Neuropsychiatric Hospital are offered outdoor exercise, and also expressed concern about the lack of therapeutic and other activities.

In their reply of 23 June 1995, the Bulgarian authorities informed the CPT that the hospital's management had been instructed to ensure the provision of outdoor exercise. The Committee welcomes this measure; **however, it would like to receive confirmation that outdoor exercise is offered on a daily basis to all persons held in the closed ward (i.e. including accused persons undergoing psychiatric observation).**

The Bulgarian authorities also stated in the above-mentioned reply that once certain organisational changes at the hospital had been completed, therapeutic activities would be fully (re)introduced into the establishment's practice. **The CPT would like to receive further information on this subject, including full details of the therapeutic and other activities envisaged for patients placed in the closed ward for the criminally irresponsible.**

203. In the light of the remarks made in paragraphs 197, 199 and 200, **the CPT recommends that steps be taken immediately:**

- **to ensure that Lovetch Neuropsychiatric Hospital is in a position to provide patients with sufficient food and to heat adequately the hospital premises;**
- **to improve the state of cleanliness (including that of the bed linen) in the closed ward for the criminally irresponsible;**
- **to ensure that an individualised approach is followed as regards patients' clothing.**

Further, once the economic circumstances permit, steps should be taken to provide a more therapeutic material environment in the closed ward for the criminally irresponsible.

c. Lovetch Prison Hospital (psychiatric section)

204. The situation in the psychiatric section of Lovetch Prison Hospital was in certain respects similar to that prevailing in the closed ward for the criminally irresponsible at Lovetch Neuropsychiatric Hospital.

Material conditions in the accommodation for male patients left a great deal to be desired. The facilities as a whole were shabby and in a poor state of repair, and the sanitary facilities were in a deplorable condition. Living space in the bedrooms was slightly less cramped than in the other establishments visited but remained far from ideal. Further, the rooms were very modestly equipped and the windows in some of them were covered by metal plates which all but blocked out access to natural light. The bed linen was impeccably clean at the time of the visit; however, patients alleged that this was most unusual. Interestingly, material conditions in the small annexe for female patients were far better; the premises were clean and in a good state of repair. However, the female patients' bedrooms had poor access to natural light.

With regard to the treatment provided, as in the closed ward for the criminally irresponsible this consisted almost exclusively of medication. Reference was made by staff to a contract with Lovetch Neuropsychiatric Hospital to provide material for occupational therapy; however, there was no evident sign of such activity. The delegation observed that the patients lived in a state of idleness, watching television in the common room being the principal source of distraction.

205. However, no complaints were heard from patients or staff at Lovetch Prison Hospital about food, heating or the availability of medication. The Prison Director commented that concerning these matters, the Prison Hospital was in a better position than civil hospitals.

It is also noteworthy that all patients in the psychiatric section were offered at least one hour of outdoor exercise per day.

206. In view of the fact that a new 260 bed Prison Hospital is currently under construction at Lovetch, it would be pointless to undertake a major upgrading of the existing premises. However, **the CPT recommends that the psychiatric section's accommodation for male patients (and notably the sanitary facilities) be restored to and maintained in a satisfactory state of cleanliness and repair.**

During the end-of-visit discussions, the delegation indicated that it would be desirable to remove the metal plates covering the windows of some of the patients' rooms. The Bulgarian authorities subsequently commented that the plates were necessary to prevent possible suicide attempts by patients. **Nevertheless, the CPT considers that the window-covering arrangements should be modified in order to allow better access to natural light.**

As regards treatment, no doubt the introduction of a satisfactory range of therapeutic activities will have to await the opening of the new hospital. However, **the CPT recommends that efforts be made in the meantime to offer at least a minimum programme of such activities; within the confines of the existing premises it should be possible to provide some form of occupational therapy.**

207. The limited proposals made in paragraph 206 are based on the assumption that the construction of the new Prison Hospital in Lovetch will be completed in the relatively near future. The delegation was informed that the hospital should enter into service within two to three years; **the CPT would be grateful if the Bulgarian authorities could confirm that this is indeed the case.**

Further, the Committee would like to receive detailed information on the material facilities and the therapeutic and other activities to be offered within the new hospital premises.

4. Staff

208. At the outset, the CPT wishes to place on record the devotion to patient care observed among the overwhelming majority of the health-care staff in the three psychiatric establishments visited.

209. Health-care staff levels in the establishments could scarcely be described as generous⁸. Further, the delegation noted that staffing levels in the wards tended to be very low (i.e. one nurse per ward) after 1.30 pm. This would make it extremely difficult to provide therapeutic activities in the closed wards in the afternoon. The delegation was informed that new "indicative levels" drawn up by the Ministry of Health should allow for some staff reinforcement; **the CPT would appreciate receiving further information on this subject.**

Further, the delegation was told that specialised psychiatric training for nursing staff was no longer available; **the CPT would like to receive the comments of the Bulgarian authorities on this subject.**

210. In each of the three establishments, the health-care staff was assisted by orderlies - notably at Radnevo Hospital, where some 60 posts for orderlies existed.

Reference has already been made to the concern of staff members at Radnevo about the calibre of persons recruited as orderlies (cf. paragraph 183). This concern is shared by the CPT, in particular bearing in mind that it was the practice for two interlinked wards (often accommodating a total patient population in excess of 100) to be staffed at night by 1 nurse and 2 orderlies (one on each ward). Effective supervision of the orderlies' activities is clearly not possible under such circumstances.

⁸ Radnevo Psychiatric Hospital: 25 doctors, 3 psychologists, 87 trained nurses/para-medical staff;
Lovetch Neuropsychiatric Hospital (closed ward for the criminally irresponsible): 2 doctors, 9 trained nurses/para-medical staff;
Lovetch Prison Hospital (psychiatric section): 3 doctors, 12 trained nurses/para-medical staff.

The CPT recommends that steps be taken to ensure:

- **that candidates for posts of orderlies at Radnevo are properly screened prior to their recruitment;**
- **that orderlies receive adequate training before being assigned to ward duties, in particular at night.**

211. Further, the CPT has misgivings about the practice at Radnevo of using "healthy" patients to fill vacant orderly posts; nor does it like the practice of using prisoners as orderlies in the psychiatric section of Lovetch Prison Hospital.

The CPT recommends that the appointment of patients or prisoners as orderlies in a health establishment be seen as a measure of last resort. Further, if such appointments are inevitable, the activities of such orderlies should be supervised on an on-going basis by qualified health-care staff.

212. Similarly, the CPT has strong doubts about the advisability of the system at Radnevo, whereby staff could call for the support of a group of patients from the alcoholics' ward in the event of acutely disturbed behaviour occurring during periods of low staff attendance in the wards (i.e. between 1.30 pm and 7.20 am). The existence of such a system is a clear indication that staffing levels in the hospital are insufficient.

The CPT recommends that resolving episodes of acutely disturbed behaviour be the responsibility of qualified health-care staff, not fellow patients.

5. Seclusion and other means of restraint

213. The CPT's delegation was informed at Radnevo Psychiatric Hospital that seclusion was not practised and that the establishment did not possess any isolation rooms.

Patients displaying disturbed or aggressive behaviour would be restrained by nursing staff with the help of orderlies; in extreme cases a patient might be strapped to his bed by the wrists and, if necessary, the feet. A doctor was called as soon as possible, and it was for him to prescribe medication and review any physical restraint measures. Such measures were said to be rarely applied for more than a few hours.

Any resort to measures of restraint was apparently recorded in the patient's file and the ward record. However, there was no specific register for recording such events; consequently, the delegation was not able to form a clear impression of the frequency of resort to measures of restraint and the length of such measures.

214. A similar approach was followed in the closed ward for the criminally irresponsible at Lovetch Neuropsychiatric Hospital. However, the immobilisation of a patient would take place in an isolation room situated next to the psychiatrist's office; apparently, when a patient was immobilised the door of the isolation room was left open and a staff member remained nearby. As regards material conditions in the isolation room, they were acceptable.

As at Radnevo, such events were recorded in the patient's file and in a ward record, but not in a specific register.

215. The psychiatric section of Lovetch Prison Hospital possessed an isolation room which could be used *inter alia* to accommodate patients displaying aggressive behaviour. Conditions in the room left something to be desired; in particular, the temperature in the room was quite low (N.B. the window had no pane) and there was no call bell.

As for the immobilisation of patients, the approach followed was comparable to that in the other establishments visited. However, the delegation was concerned to discover - in addition to the usual soft leather straps - two sets of irons, one for the wrists and a larger one for the ankles. Health-care staff intimated that they never used those instruments, but that they might on occasion be used by security staff during the transfer of a patient.

Once again, there was no special register for recording the use of means of restraint.

216. In any psychiatric facility, the restraint of patients will on occasion be necessary. However, this is a subject of particular concern to the CPT, given the potential for abuse and ill-treatment.

It should be emphasised in this context that there is a clear trend in modern psychiatric practice in favour of avoiding the seclusion of violent or otherwise unmanageable patients.

217. The CPT welcomes the approach followed at Radnevo Psychiatric Hospital to refrain from the seclusion of patients. However, it appeared that seclusion could still be resorted to at Lovetch Neuropsychiatric Hospital and the psychiatric section of Lovetch Prison Hospital.

The CPT considers that there must always be a detailed policy on the use of seclusion, covering in particular: the types of cases in which it may be used; the objectives sought; its duration and the need for regular reviews; the existence of appropriate human contact; the need for staff to be especially attentive. **The Committee recommends that such a policy be drawn up for those psychiatric establishments which still have resort to the practice of seclusion of patients.**

Further, **it recommends that material conditions in the isolation room used by the psychiatric section of Lovetch Prison Hospital be improved, in the light of the remarks in paragraph 215.**

218. As already indicated, in all three psychiatric establishments visited, health-care staff had resort on occasion to instruments of restraint, namely leather straps.

The CPT recommends that a detailed policy on the use of physical restraint be drawn up, covering the same points as those already identified in paragraph 217 in relation to the practice of seclusion. Such a policy should make clear that initial attempts to restrain aggressive behaviour should, as far as possible, be non-physical (e.g. verbal instruction) and that where physical restraint is necessary, it should in principle be limited to manual control. Instruments of restraint should only be used as a last resort.

Further, **the CPT recommends that health-care staff in psychiatric establishments receive training in both non-physical and manual control techniques vis-à-vis agitated or violent patients.** The possession of such skills will give staff a greater freedom of choice between various levels of response when confronted by difficult situations. As a result, the risk of injuries to patients or staff will be reduced.

Needless to say, to place a patient (or, for that matter, any person deprived of his liberty) in irons would be totally unacceptable. **The CPT recommends that the two sets of irons found in the psychiatric section of Lovetch Prison Hospital be removed from the premises.**

219. Finally, **the CPT recommends that every instance of the resort to seclusion or other means of restraint be recorded in a specific register established for this purpose. The entry should include the times at which the measure began and ended, the circumstances of the case, the reasons for resorting to the measure and an account of any injuries sustained by patients or staff.**

This will greatly facilitate both the management of such incidents and the insight into the extent of their occurrence.

6. Complaints procedures and external control and support

220. In the same way as in prisons (cf. paragraph 171), effective complaints and inspection procedures are basic safeguards against ill-treatment in psychiatric establishments.

Existing procedures in these areas in the three establishments visited were not satisfactory.

221. None of the establishments possessed a clearly defined internal arrangement for the reception of complaints.

In the opinion of the CPT, specific arrangements enabling patients to lodge complaints with a clearly designated body, and to have confidential access to a competent authority, are essential. **It accordingly recommends that the Bulgarian authorities take the requisite measures, which should include the provision of information to patients on the possibility of making a complaint.**

More generally, the CPT recommends that an introductory brochure setting forth the hospital routine and patients' rights be devised and issued to each patient on admission. Any patients unable to understand this brochure should have the assistance of a counsellor.

222. The information gathered by the CPT's delegation also indicates that external supervision of the psychiatric establishments visited is at best sporadic.

Radnevo Psychiatric Hospital was apparently visited once or twice a year by a local judge, who had a particular interest in psychiatric matters. The psychiatrist in charge of the ward for the criminally irresponsible at Lovetch Neuropsychiatric Hospital stated that in the past the ward had been visited on a regular basis by a senior official from the Ministry of Health; however, such visits had now been abandoned. As regards the psychiatric section of Lovetch Prison Hospital, it appeared that no visits by an external body took place.

In the CPT's opinion, psychiatric establishments should be visited on a regular basis by an independent outside body, responsible for the inspection of patients' care and authorised, in particular, to talk privately with patients, receive any complaints they might have and make any necessary recommendations. It would be advisable for such a body to publish an annual report on its activities, in order to ensure greater openness and stimulate public debate on psychiatric institutions. **The CPT recommends the Bulgarian authorities to consider the possibility of establishing such a system of visits.**

223. Finally, it must be stressed that staff in the psychiatric establishments visited have to fulfil difficult tasks. External stimulation and support are necessary to ensure that the staff of such institutions do not become too isolated. In this connection, it would be highly desirable to offer educational, research and secondment opportunities to staff. Similarly, the presence of independent persons and bodies (e.g. students and researchers) in psychiatric institutions should be encouraged.

The CPT invites the Bulgarian authorities to take appropriate measures in this area.

III. RECAPITULATION AND CONCLUSIONS

A. Police and National Investigation Service establishments

224. During its visit, the CPT's delegation received numerous allegations of ill-treatment by the police of persons suspected of criminal offences. In certain cases, the severity of the ill-treatment alleged could be considered to amount to torture. The allegations were made by persons whom the delegation met in the prisons, NIS detention facilities and even police establishments visited.

In contrast, the delegation received very few allegations of ill-treatment from the foreign nationals it spoke to in the temporary placement centre in "Drouzhba - 2".

Further, the delegation heard hardly any allegations of ill-treatment by staff of the National Investigation Service.

225. The allegations of ill-treatment by the police related to both the time of apprehension and the subsequent period of up to 24 hours in police custody. They mainly concerned kicks, punches, slaps and stamping. Certain persons complained of blows struck with wooden objects or metal or plastic pipes. The most serious allegations concerned blows struck on the soles of the feet (better known as "falaka") and the infliction of electric shocks.

A number of persons making allegations of ill-treatment were found, on examination by medical members of the delegation, to display physical marks or other medical conditions consistent with their allegations. Particular reference should be made to several detainees interviewed separately by the delegation in Stara Zagora Regional Investigation Service, who claimed to have been subjected to falaka while being questioned by police officers on the third floor of Stara Zagora Regional Police Directorate. Upon medical examination, four of the detainees were found to display on their feet conditions consistent with their allegations.

In the light of all the information at its disposal, the CPT has been led to conclude that criminal suspects deprived of their liberty by the police in Bulgaria run a significant risk of being ill-treated at the time of their apprehension and/or while in police custody, and that on occasion resort may be had to severe ill-treatment/torture.

226. To combat the problem of ill-treatment, the CPT has first and foremost stressed the fundamental importance of suitable education on human rights questions for police officers of all ranks and categories, and of adequate training in modern investigation techniques.

The Committee has also recommended that the relevant national authorities as well as senior police officers make it clear to police officers that the ill-treatment of persons in their custody is not acceptable and will be dealt with severely. As regards more particularly the stage of apprehension, the CPT has recommended that police officers be reminded that no more force than is reasonably necessary should be used when apprehending suspects and that once apprehended persons have been brought under control, there can never be any justification for their being struck.

227. One of the most effective means of preventing ill-treatment by police officers lies in the diligent examination by the judicial authorities of all complaints of such treatment brought before them and, where appropriate, the imposition of a suitable penalty. In this connection the CPT has recommended that the Bulgarian authorities take appropriate steps to ensure that whenever NIS magistrates receive complaints of ill-treatment by the police (or observe that persons brought before them might have suffered such treatment), they immediately request a forensic medical examination and bring the matter to the attention of the relevant public prosecutor.

Similarly, public prosecutors should be encouraged to give high priority to on-the-spot supervision of police cells and NIS detention facilities, and preferably be accompanied by a forensic doctor in the course of such visits.

228. As regards formal safeguards against ill-treatment of persons deprived of their liberty by the police (e.g. notification of custody, access to a lawyer, access to a doctor), the CPT has recommended that persons deprived of their liberty have the right to inform, without delay, a close relative or a third party of their choice of their situation, either directly or through a police officer. Any possibility exceptionally to delay the exercise of this right should be clearly circumscribed in law, made subject to appropriate safeguards and strictly limited in time.

Access to a lawyer is already guaranteed by the Bulgarian Constitution as from "the moment of detention or the moment of being charged". However, the CPT has sought clarification of the precise moment at which the right of access to a lawyer becomes effective. In the Committee's view, this fundamental safeguard against ill-treatment should apply from the very outset of custody by the police (and not just from the time when the individual concerned is brought before a NIS magistrate).

As for access to a doctor, the CPT has recommended that persons deprived of their liberty by the police be expressly guaranteed the right to have access to a doctor (including, if they so wish, one of their choice). The relevant provisions should also stipulate that all medical examinations are to be conducted out of the hearing and - unless the doctor requests otherwise - out of the sight of police officers, and the results of every examination, as well as any relevant statements by the detainee and the doctor's consultations, formally recorded by the doctor and made available to the detainee and his lawyer.

229. A number of other measures designed to reinforce safeguards for persons deprived of their liberty by the police have been recommended by the CPT: a form setting out the rights of such persons (available in an appropriate range of languages) to be systematically given to them at the very outset of their custody; a code of practice for interrogations to be drawn up; a single and comprehensive custody record to be kept for each person detained. Further, the CPT has recommended that the Bulgarian authorities consider ways of implementing the existing provisions of the Code of Criminal Procedure concerning the audio/video recording of interviews.

230. The CPT has emphasised that the recommendations concerning safeguards against ill-treatment referred to in paragraphs 228 and 229 also apply to persons detained under the Aliens' legislation. Further, it has sought a detailed account of the precise practical steps taken by the Bulgarian authorities to ensure that such persons are not returned to a country where they run a risk of being subjected to ill-treatment.

231. Material conditions of detention in the police establishments visited by the CPT's delegation failed to meet the Committee's basic requirements. The shortcomings observed related principally to overcrowding, lighting, ventilation, hygiene, and sleeping arrangements for persons held overnight. Further, the provision of food and drink to persons in police custody did not appear to be guaranteed. The Committee has recommended that detention conditions in both the police establishments visited by its delegation and police establishments in general be reviewed, in the light of the Committee's specific comments as well as the general criteria identified in the report.

As regards the specific question of the provision of mattresses to persons obliged to spend the night in police custody, the CPT has welcomed the order issued by the Bulgarian authorities to the effect that mattresses were to be made available in police detention facilities by October 1995.

232. Almost without exception, the conditions in the NIS detention facilities visited by the CPT's delegation could fairly be described as inhuman and degrading. The delegation met persons who had been held for prolonged periods (on occasion in excess of six months) under at best poor - and often appalling - physical conditions, and for whom no activities programme worthy of the name was provided. The conditions observed in the detention facility of the 3rd District Investigation Service in Sofia were so atrocious that they were the subject of an immediate observation under Article 8 (5) of the Convention.

The CPT was most pleased to learn that the detention facility of the 3rd District Investigation Service in Sofia was withdrawn from service for renovation following the delegation's visit. More generally, it has noted that by letter of 23 June 1995, the Bulgarian authorities acknowledged that the delegation's assessment of the NIS detention facilities visited was "objective and correctly presented".

233. The CPT has identified a number of steps which could, and should, be taken immediately by the Bulgarian authorities in order to palliate the unacceptable situation observed in NIS detention facilities. These steps concern in particular the provision of sufficient food and drink to detainees, improvements to personal and general hygiene, access to a proper toilet facility, improvements to cell lighting, guaranteeing in practice the daily 30 minute exercise period provided for by regulation, and ensuring the timely examination of newly arrived detainees by a medical doctor and the respect of medical confidentiality. None of these steps would require a major financial outlay.

The CPT has also recommended that the possibility of offering detainees outdoor exercise be examined as a matter of urgency and that detainees' contacts with the outside world be reviewed, in order to ensure that they are not being restricted unjustifiably.

234. The measures described above are only of a stopgap nature. The objective must be to move away from holding persons subject to preliminary investigation under conditions practically identical to those of a police station. One possible approach would be for all persons detained by the NIS for preliminary investigation to be accommodated in prison premises. An alternative would be to provide the NIS with detention facilities offering satisfactory material conditions and appropriate activities. The Committee has requested the Bulgarian authorities' comments on this subject.

235. The material conditions in the detention facility for escort purposes at Stara Zagora railway station were very poor. The CPT has recommended that they be reviewed in the light of the remarks made in the report, and that the planned construction of a new transit centre be given a high priority.

236. The CPT has welcomed the Bulgarian authorities' decision to set up a special centre in "Drouzhba - 2" in Sofia for the temporary placement of foreign nationals detained under the Aliens' legislation. However, on the basis of its delegation's findings, the Committee has suggested certain improvements to conditions at the centre. Particular mention should be made of the recommendations that the centre be regularly visited by a doctor, and that all detainees arriving at the centre with clean clothes should be entitled to wear them during their stay. Further, the CPT has invited the Bulgarian authorities to develop the activities available for detainees.

It should also be noted that following the delegation's visit, the centre's rules were changed to ensure that detainees were given the opportunity to take daily outdoor exercise.

B. Prison establishments

237. The CPT's delegation found no evidence of torture in the two prison establishments visited and heard no allegations of such acts in other prisons in Bulgaria.

However, in both prisons visited it did hear numerous complaints of verbal abuse of prisoners by prison staff and also received a number of allegations of physical ill-treatment. In three cases a medical member of the delegation noted marks consistent with the allegations made. As regards more particularly Stara Zagora Prison, the information gathered by the CPT's delegation indicated that there was a not inconsiderable risk of ill-treatment occurring in the admissions/isolation unit, both during the first days of induction to the prison and afterwards.

The CPT has recommended that the governors of Pazardjik and Stara Zagora Prisons deliver to their staff the clear message that both physical ill-treatment and verbal abuse of inmates is not acceptable and will be dealt with severely.

238. The CPT has stressed that there can be no better safeguard against ill-treatment than a properly recruited and trained prison officer, who knows how to adopt the appropriate attitude in his relations with prisoners. Developing good relations between staff and prisoners will not only reduce the risk of ill-treatment but also enhance control and security. In turn, it will render the work of prison staff far more rewarding.

The delegation's on-the-spot observations suggested that there was much room for improvement in this area. There was no clear commitment on the part of prison staff to enter into a constructive dialogue with prisoners. The CPT has recommended that the Bulgarian authorities give a high priority to the improvement of prison staff training, both initial and in-service. In the course of such training, considerable emphasis should be placed on the acquisition and development of inter-personal communication skills. Building positive relations with prisoners should be recognised as a key feature of a prison officer's vocation.

In the interests of promoting positive relations between staff and inmates, the CPT has also recommended that, if it is considered necessary for prison officers to carry truncheons, these should be hidden from view.

239. Practically all prisoners in the two prisons visited were accommodated in overcrowded conditions and many of them had few activities at their disposal. Further, in particular at Stara Zagora Prison, prisoners often had inadequate access to proper sanitary facilities. The cumulative effect of such conditions can prove extremely detrimental to prisoners; the situation of certain of the inmates in the establishments visited, and in particular of remand prisoners in Stara Zagora Prison, could be considered to be inhuman and degrading. Nonetheless, the sincere efforts made by the administration of Pazardjik Prison to maintain the establishment in a reasonable state of repair and cleanliness should be acknowledged.

The CPT has made a series of recommendations designed to improve material conditions of detention and activities for prisoners in both establishments.

240. Material conditions of detention in the disciplinary cells of Stara Zagora Prison were totally unacceptable and the position of prisoners placed in these cells was further aggravated by the fact that they were not entitled to outdoor exercise. The questions of the state of the disciplinary cells at Stara Zagora Prison and the regime applied to prisoners placed in a disciplinary cell were specifically raised by the delegation at the end of the visit. The CPT has welcomed the measures subsequently taken by the Bulgarian authorities to provide mattresses to prisoners placed in a disciplinary cell, to allow them one hour of outdoor exercise per day and to refurbish disciplinary cells in prisons.

241. The CPT has also expressed serious concern about the conditions under which two prisoners sentenced to death were being held at Stara Zagora Prison. They had been held alone for several years under poor material conditions and an impoverished regime offering very little human contact. The CPT has recommended that the regime applied to prisoners sentenced to death be revised in order to ensure that they are offered purposeful activities and appropriate human contact. Further, an improvement of the material conditions in the cells of the prisoners concerned has been recommended.

242. The CPT has addressed a number of issues concerning prison health-care services (staff and facilities, medical screening on examination, transmissible diseases and confidentiality of medical information).

The Committee has in particular been led to conclude that in both prisons visited, the health-care staffing levels were not adequate for the respective prison population (with the notable exception of dental care). Specific recommendations have been made concerning the reinforcement of the health-care service in each of the prisons. It should be added, however, that the CPT's delegation was impressed by the work of the dentist at Pazardjik Prison, who performed an annual prophylactic examination of all prisoners.

243. The CPT also has serious misgivings about the current practice for keeping medical information in Bulgarian prisons. The confidentiality of medical information was not guaranteed. Further, it appeared that nothing worthy of being called a personal medical record existed at either prison visited. The CPT has recommended that a personal and confidential medical file be opened for each prisoner, containing diagnostic information as well as an ongoing record of the prisoner's state of health and of any special examinations he has undergone. In the event of transfer, the file should be forwarded to the doctors in the receiving establishment.

244. The CPT has made a number of recommendations and comments about a variety of other issues of relevance to the Committee's mandate (contact with the outside world; discipline and segregation; complaints and inspection procedures; and transport of prisoners). Particular mention should be made of its recommendations that the visit entitlement of remand prisoners be substantially increased, that the conditions of detention of prisoners held apart from other inmates be reviewed in order to ensure that they are offered purposeful activities and appropriate human contact, and that it be verified whether the complaints procedures are operating effectively.

C. Psychiatric establishments

245. The CPT's delegation heard no allegations of torture of patients in the three psychiatric establishments visited in Bulgaria; nor was any other evidence of torture found.

Further, the delegation received no allegations of other forms of physical ill-treatment of patients in Lovetch Neuropsychiatric Hospital (closed ward for the criminally irresponsible) and Lovetch Prison Hospital (psychiatric section).

Some allegations were heard of the ill-treatment (notably slaps) of patients by staff at Radnevo Psychiatric Hospital, and more particularly by orderlies. Nevertheless, the CPT has emphasised that the allegations of ill-treatment were relatively few in number and that staff-patient relations at Radnevo seemed on the whole to be good.

246. The CPT has expressed concern about the information gathered by its delegation regarding the use of electroconvulsive therapy (ECT) in unmodified form (i.e. without anaesthetic or muscle relaxants) in both Radnevo and Lovetch Psychiatric Hospitals. The Committee has reiterated the view expressed by its delegation at the end of the visit, that the practice of unmodified ECT is degrading for both the staff and patients concerned. Accordingly, the CPT has asked for confirmation that, following the recommendations subsequently issued by the Ministry of Health, unmodified ECT has now been eliminated in Radnevo and Lovetch Psychiatric Hospitals as well as in any other psychiatric establishments in which it was previously practised.

247. The living conditions of patients in the three psychiatric establishments visited left a great deal to be desired. Most of the wards were overcrowded and meagrely equipped, and practically all of the hospitals' pavilions were in a poor state of repair. Moreover, at both Radnevo Psychiatric and Lovetch Neuropsychiatric Hospitals there was clear evidence that food and heating were not being properly provided for. The Committee has made a number of recommendations designed to remedy these shortcomings.

The CPT's delegation was also struck by the fact that all the patients in the closed ward for the criminally irresponsible at Lovetch Neuropsychiatric Hospital continuously wore pyjamas. The Committee has stressed that individualisation of clothing should form part of the therapeutic process.

248. The CPT's delegation gained a positive impression of the treatment of patients at Radnevo Hospital, which involved both medication and therapeutic activities; some two-thirds of patients were involved in various therapeutic activities. The Committee has also welcomed the "open-door" policy followed within Radnevo Hospital, which mitigated the effects of overcrowding. The majority of patients were accommodated in open wards, and had ready access to the hospital grounds.

249. By contrast, the treatment provided in the wards visited at both Lovetch Neuropsychiatric Hospital and Lovetch Prison Hospital was limited essentially to pharmacotherapy; moreover, there was clear evidence that some of the patients in the ward for the criminally irresponsible at Lovetch Neuropsychiatric Hospital were overmedicated.

At Lovetch Neuropsychiatric Hospital, only those due shortly to leave the ward for the criminally irresponsible attended a therapeutic workshop. For the rest of the patients, their day was spent - in their own words - "lying, sleeping and eating"; they were not even offered outdoor exercise. Similarly, patients in the psychiatric section of Lovetch Prison Hospital lived in a state of idleness, watching television in the common room being their principal source of distraction. However, they were offered at least one hour of outdoor exercise per day.

Apparently, the question of outdoor exercise for persons held in the closed ward for the criminally irresponsible at Lovetch Neuropsychiatric Hospital has already been resolved, and the introduction of therapeutic activities is under consideration. The CPT has made a number of remarks concerning the provision of therapeutic and other activities in the two hospitals at Lovetch, and in particular has recommended that while awaiting the opening of the planned new prison hospital premises, at least some form of occupational therapy be offered to psychiatric patients at Lovetch Prison Hospital.

250. The CPT has stressed the devotion to patient care displayed by health-care staff in the three psychiatric establishments visited. However, health-care staff levels in the establishments were not generous, and staffing levels in the wards tended to be very low after 1.30 pm.

The CPT has paid particular attention to the position of orderlies. In particular, it has recommended that orderlies receive adequate training before being assigned to ward duties, especially at night, and that the appointment of patients or prisoners as orderlies in a health establishment be seen as a measure of last resort. Further, it has stressed that resolving episodes of acutely disturbed behaviour should be the responsibility of qualified health-care staff, not fellow patients.

251. The CPT has welcomed the policy followed at Radnevo Psychiatric Hospital of refraining from the seclusion of patients, an approach which is in accordance with modern psychiatric practice. However, it appeared that seclusion was still resorted to at Lovetch Neuropsychiatric Hospital and the psychiatric section of Lovetch Prison Hospital. The Committee has recommended that a detailed policy on the use of seclusion be drawn up for those establishments which still have resort to this practice.

In all three psychiatric establishments visited, health-care staff had resort on occasion to instruments of restraint, namely leather straps. The CPT has made certain recommendations in this area, concerning the drawing up of a detailed policy on the use of physical restraint and the provision of training to health-care staff in both non-physical and manual control techniques.

The CPT has also recommended that a specific register be established for recording every instance of the resort to seclusion or other means of restraint.

252. None of the establishments visited possessed a clearly defined internal arrangement for the reception of complaints. The CPT has stressed the need for specific arrangements enabling patients to lodge complaints with a clearly designated body, and to have confidential access to a competent authority.

253. The information gathered by the CPT's delegation also indicated that external supervision of the psychiatric establishments visited is at best sporadic. The Committee has recommended that the Bulgarian authorities consider the possibility of setting up a system of regular visits to psychiatric establishments by an independent outside body, responsible for the inspection of patients' care.

*
* *

254. In conclusion, the CPT wishes once again to underline the general spirit of cooperation which - with one exception - obtained during its delegation's visit to Bulgaria, as well as the constructive spirit in which the Bulgarian authorities took note of and reacted to the immediate observations under Article 8 (5) of the Convention made by the delegation at the end of its visit.

D. Action on the CPT's recommendations, comments and requests for information

255. The various recommendations, comments and requests for information formulated by the CPT are summarised in Appendix I.

256. As regards more particularly the CPT's recommendations, having regard to Article 10 of the Convention, the CPT requests the Bulgarian authorities:

- i. to provide within six months an interim report giving details of how it is intended to implement the CPT's recommendations and, as the case may be, providing an account of action already taken (N.B.: the Committee has indicated the urgency of certain of its recommendations);
- ii. to provide within twelve months a follow-up report providing a full account of action taken to implement the CPT's recommendations.

The CPT trusts that it will also be possible for the Bulgarian authorities to provide in the above-mentioned interim report reactions to the comments formulated in this report which are summarised in Appendix I as well as replies to the requests for information made.

APPENDIX I

SUMMARY OF THE CPT'S RECOMMENDATIONS, COMMENTS AND REQUESTS FOR INFORMATION

A. Police and National Investigation Service establishments

1. Preliminary remarks

requests for information

- comments of the Bulgarian authorities on the questions referred to in the second sub-paragraph of paragraph 14 (paragraph 14).

2. Torture and other forms of physical ill-treatment

recommendations

- a very high priority to be given to human rights education for police officers of all ranks and categories as well as to training in modern investigation techniques. Experts not belonging to the police should be involved in this education and training (paragraph 29);
- an aptitude for interpersonal communication to be a major factor in the process of recruiting police officers and during the training of such officers, considerable emphasis to be placed on acquiring and developing interpersonal skills (paragraph 29);
- the relevant national authorities as well as senior police officers to make it clear to police officers that the ill-treatment of persons in their custody is not acceptable and will be dealt with severely (paragraph 30);
- police officers to be reminded that no more force than is reasonably necessary should be used when apprehending a person and that, once apprehended persons have been brought under control, there can be no justification for striking them (paragraph 31);
- the Bulgarian authorities to take appropriate steps to ensure that whenever NIS magistrates receive complaints of ill-treatment by the police (or observe that persons brought before them might have suffered such treatment), they immediately request a forensic medical examination and bring the matter to the attention of the relevant public prosecutor (paragraph 33);
- public prosecutors to be encouraged to give high priority to on-the-spot supervision of police cells and NIS detention facilities (paragraph 35).

comments

- staff of the National Investigation Service should also be reminded that the use of ill-treatment is prohibited (paragraph 32);
- it would be highly desirable for public prosecutors to be accompanied by forensic doctors when they visit police cells and NIS detention facilities (paragraph 35).

requests for information

- for the years 1992 to 1995:
 - the number of complaints of ill-treatment made against police officers or NIS staff and the number of criminal/disciplinary proceedings which were instituted as a result;
 - an account of criminal/disciplinary sanctions imposed following complaints of ill-treatment (paragraph 34);
- detailed information on the administrative procedures applied in cases involving allegations of ill-treatment by the police or NIS staff, including the safeguards incorporated to ensure their objectivity (paragraph 34);
- a copy of the autopsy report following the death of a person on 5 April 1995 at the 7th Police District Station in Sofia and any additional information on criminal proceedings currently under way (paragraph 34);
- a precise statement of the circumstances in which the use of batons and other instruments to produce electric shock is authorised (paragraph 36).

3. Conditions of detention

a. police cells

recommendations

- detention conditions and the provision of food and drink in the police establishments referred to in the report to be reviewed, in the light of the comments in paragraphs 39 to 44 and the general criteria set out in paragraph 37 (paragraph 45);
- the cage situated on the ground floor, under the stairs, at Stara Zagora Police Directorate to be withdrawn from service (paragraph 45);
- appropriate steps to be taken to ensure that conditions of detention in all Bulgarian police establishments meet the criteria in paragraph 37 of the report (paragraph 45).

b. NIS detention facilities

recommendations

- the Bulgarian authorities to take immediate steps to:
 - offer detainees sufficient food and drink, and in addition supply them with safe eating utensils;
 - ensure that all detainees have a mattress and blankets, and that these are cleaned regularly;

- provide detainees with personal hygiene products (soap, toothpaste, etc) and allow them to take a shower at least once a week;
- ensure that detainees receive the necessary materials to maintain their cells in a clean and hygienic state;
- give custodial staff clear instructions that detainees are to be allowed to leave their cells during the day for the purpose of using a toilet facility, unless overriding security consideration require otherwise;
- ensure that the regulation providing for 30 minutes' exercise per day is fully respected in practice;
- improve cell lighting (sufficient artificial lighting to be able to read by, sleeping periods excluded, and, as far as possible, access to natural light); the possibility of improving cell ventilation should also be explored;
- ensure that all newly arrived detainees are seen without delay (i.e. within 24 hours) by a doctor (or by a qualified nurse reporting to a doctor) and, if necessary, given a medical examination, and that an individual medical file is opened for each detainee;
- ensure that the initial medical interview and any medical examinations are carried out in conditions which respect the detainee's right to privacy and offer appropriate safeguards regarding confidentiality;
- make more frequent use of the power to transfer persons to prison even before the preliminary investigation has been completed (paragraph 62);
- the possibility of offering detainees outdoor exercise to be examined as a matter of urgency (paragraph 63);
- possibilities for detainees to maintain contacts with the outside world to be reviewed, in order to ensure that such contacts are not being restricted unjustifiably (paragraph 63).

comments

- the right to at least one hour's outdoor exercise per day is a universally recognised minimum standard, and the CPT attaches great importance to compliance with this requirement (paragraph 63);
- the objective must be to move away from holding persons subject to preliminary investigation under conditions practically identical to those of a police station (paragraph 64).

requests for information

- the comments of the Bulgarian authorities on the possibilities for accommodating persons detained by the NIS in prison premises or, alternatively, providing the NIS with detention facilities offering satisfactory conditions (paragraph 64).

c. detention facility for escort purposes at Stara Zagora railway station

recommendations

- construction of the planned new transit centre to be given a high priority (paragraph 68);
- material conditions within the detention facility and its functioning to be reviewed, in the light of the remarks in paragraphs 66 and 67 and the general criteria in paragraph 37 (paragraph 68);

d. centre for the temporary placement of adults in "Drouzhba - 2"

recommendations

- steps to be taken to ensure that detainees are more evenly distributed among all the available rooms (paragraph 72);
- the small area within the sanitary annexe surrounded by bars to be withdrawn from service (paragraph 74);
- any disciplinary sanction to be recorded in a register specifically established for this purpose (paragraph 74);
- the practice of obliging detainees to wear pyjamas to be reviewed; in particular, all detainees arriving at the centre with clean clothes should be entitled to wear them during their stay (paragraph 75);
- the Bulgarian authorities to ensure that the centre is regularly visited by a doctor (paragraph 77);
- the centre's internal regulations to be translated into an appropriate range of languages and supplied to detainees, accompanied by information on the centre's daily routine and on how they can exercise their rights (paragraph 78).

comments

- the Bulgarian authorities are invited to make sure that the sheets are changed regularly (paragraph 73);
- the state of repair of the sanitary facilities in the wing of the building in service left something to be desired (paragraph 73);
- the Bulgarian authorities are invited to develop the activities available to detainees (paragraph 76).

requests for information

- confirmation of the maximum length of stay at the centre (paragraph 69);
- a copy of the centre's disciplinary rules (paragraph 74);
- a copy of the centre's internal regulations (paragraph 78);
- more detailed information on the detention of persons in the transit area of Sofia international airport (paragraph 79).

3. Safeguards against the ill-treatment of persons deprived of their liberty

recommendations

- persons deprived of their liberty to have the right to inform, without delay, a close relative or a third party of their choice of their situation, either directly or through a police officer (paragraph 83);
- any possibility exceptionally to delay the exercise of this right to be clearly circumscribed in law, made subject to appropriate safeguards (e.g. any delay to be recorded in writing with the reasons therefor and to require the approval of a court or a public prosecutor) and strictly limited in time (paragraph 83);
- persons deprived of their liberty by the police to be expressly guaranteed the right to have access to a doctor (including, if they so wish, one of their choice) (paragraph 89);
- all medical examinations to be conducted out of the hearing and - unless the doctor requests otherwise - out of the sight of police officers (paragraph 89);
- the results of every examination, as well as any relevant statements by the detainee and the doctor's conclusions, to be formally recorded by the doctor and made available to the detainee and his lawyer (paragraph 89);

- a form setting out the rights of persons deprived of their liberty by the police to be systematically given to such persons at the very outset of their custody; the form to be available in an appropriate range of languages, and the persons concerned to be asked to sign a statement attesting that they have been informed of their rights (paragraph 91);
- the Bulgarian authorities to draw up a code of practice for interrogations (paragraph 94);
- the Bulgarian authorities to consider ways of implementing the provisions of the Code of Criminal Procedure concerning the audio/video recording of interviews (paragraph 95).

comments

- the fundamental safeguards offered to persons in police custody or detained by the NIS would be reinforced if a single and comprehensive custody record were to be kept for each person detained, in which would be recorded all aspects of his custody and all the action taken in connection with it (time of and reason(s) for the apprehension; when informed of rights; signs of injury, mental disorder, etc.; contact with and/or visits by next of kin, lawyer, doctor or consular officer; when offered food; when questioned; when brought before a magistrate; when released, etc.) (paragraph 97).

requests for information

- confirmation that the right of access to a lawyer also applies during the first 24 hours of police custody (paragraph 84);
- the comments of the Bulgarian authorities on the fact that it was very rare for a lawyer to be present during the first 24 hours of police custody (paragraph 85);
- the comments of the Bulgarian authorities concerning the allegations received that persons held in NIS facilities had not been informed of their right of access to a lawyer, and that the only contacts between a lawyer and his client had taken place in the NIS magistrate's office and in the latter's presence (paragraph 86);
- details of the system of legal aid for detained persons applied in Bulgaria (paragraph 87);
- a detailed account of the precise practical steps taken by the Bulgarian authorities in order to ensure that persons detained under the Alien's legislation are not returned to a country where they run a risk of being subjected to torture or to inhuman or degrading treatment or punishment (paragraph 99).

B. Prison establishments

1. Torture and other forms of ill-treatment

recommendations

- the governors of Pazardjik and Stara Zagora Prisons to deliver to their staff the clear message that both physical ill-treatment and verbal abuse of inmates is not acceptable and will be dealt with severely (paragraph 106);
- if it is considered necessary for prison officers to carry truncheons, these should be hidden from view (paragraph 108);
- the regime applied to prisoners sentenced to death held in Stara Zagora Prison, as well as in other prisons in Bulgaria, to be revised in order to ensure that they are offered purposeful activities and appropriate human contact (paragraph 112);
- steps to be taken to improve the material conditions in the cells occupied at Stara Zagora Prison by prisoners sentenced to death (paragraph 112).

requests for information

- confirmation that the curtain separating the admissions/isolation unit at Stara Zagora Prison from the rest of the building has been removed (paragraph 106);
- for the years 1994 and 1995:
 - the number of complaints of ill-treatment lodged against prison officers;
 - an account of sanctions imposed following complaints of ill-treatment by prison officers (paragraph 107).

2. Conditions of detention

a. material conditions of detention

recommendations

- serious efforts to be made to reduce as soon as possible the occupancy rate of the dormitories at Pazardjik Prison and to hold no more than one prisoner in the establishment's 7 m² cells (paragraph 119);

- steps to be taken to improve the heating at Pazardjik Prison (paragraph 119);
- improvements to the sanitary facilities at Pazardjik Prison to be continued, with a view to ensuring that all prisoners have ready access to a proper toilet facility at all times; pending such improvements, prisons officers to receive instructions to the effect that a request made by a prisoner during the day to be released from his cell/dormitory for the purpose of using a toilet facility is to be granted, unless overriding security considerations require otherwise (paragraph 119);
- steps to be taken immediately to ensure that no more than two prisoners are held in the 6 m² cells Stara Zagora Prison (paragraph 125);
- serious efforts to be made to reduce as soon as possible the occupancy rate of the dormitories at Stara Zagora Prison, and to hold no more than one prisoner in the establishment's 6 m² cells (paragraph 125);
- vigorous steps to be taken to improve the general state of repair of the detention areas and sanitary/bathing facilities at Stara Zagora Prison (paragraph 125);
- more attention to be accorded to the supply of clean bedding and personal hygiene products (soap, etc.) at Stara Zagora Prison (paragraph 125);
- all prisoners at Stara Zagora Prison to be guaranteed at least one shower/bath per week (paragraph 125);
- implementation of the existing plan to refurbish Stara Zagora Prison and instal sanitary facilities in the dormitories to be accorded a high priority (paragraph 125);
- pending the implementation of the above-mentioned plan, prison officers at Stara Zagora to receive instructions to the effect that a request made by a prisoner during the day to be released from his cell/dormitory for the purpose of using a toilet facility should be granted, unless overriding security considerations require otherwise (paragraph 125).

b. activities

recommendations

- serious efforts to be made to improve the activities offered to prisoners in Pazardjik and Stara Zagora Prisons. The aim should be to ensure that all prisoners, including those on remand, are able to spend a reasonable part of the day (8 hours or more) outside their dormitories/cells, engaged in purposeful activities of a varied nature (work, preferably with vocational value; education; sport; recreation/association) (paragraph 133);
- steps to be taken immediately to ensure that all prisoners are offered at least one hour of outdoor exercise every day (paragraph 133).

3. Health-care services

recommendations

- as an initial measure, and pending a more thorough reinforcement of the prisons' health-care services, steps to be taken immediately:
 - to appoint at least one qualified nurse in both Pazardjik and Stara Zagora Prisons;
 - to provide a suitable replacement for as long as the feldsher at Pazardjik Prison is unable to fulfil his duties;
 - to employ at least one full-time doctor at Stara Zagora Prison;
 - to ensure that someone qualified to provide first aid, preferably with a recognised nursing qualification, is always present on the prisons' premises, including at night and weekends (paragraph 141);
- the Bulgarian authorities to take all necessary steps to ensure that the practice concerning prisoners' access to a doctor at any time is in accordance with the considerations in paragraph 142 (paragraph 142);
- the Bulgarian authorities to take the appropriate steps to ensure compliance with the points concerning medical screening on admission made in paragraph 146 (paragraph 146);
- the Bulgarian authorities to devise a policy of combatting transmissible diseases (in particular, hepatitis, AIDS, tuberculosis and skin diseases) in places of detention, based upon the regular supply of information to both prisoners and prison staff about methods of transmission and means of protection, as well as the application of adequate preventive measures (paragraph 148);
- a personal and confidential medical file to be opened for each prisoner, containing diagnostic information as well as an ongoing record of the prisoner's state of health and of any special examinations he has undergone. In the event of transfer, the file should be forwarded to the doctors in the receiving establishment (paragraph 151).

comments

- the position of the sentenced prisoner working as an orderly at Pazardjik Prison should be reviewed, in the light of the remarks contained in paragraph 137 (paragraph 141);
- the Bulgarian authorities are invited to examine the possibility of reinforcing the psychiatric/psychological services at Pazardjik and Stara Zagora Prisons (paragraph 143).

requests for information

- the comments of the Bulgarian authorities on the observations made in the second sub-paragraph of paragraph 135 (paragraph 135);
- the comments of the Bulgarian authorities on the compliance with the "Standards for the prescribed premises and vehicles available to the medical services at places of detention" (paragraph 144).

4. Other issues of relevance to the CPT's mandate

recommendations

- the Bulgarian authorities to give a high priority to the improvement of prison staff training, both initial and in service. In the course of such training, considerable emphasis should be placed on the acquisition and development of inter-personal communication skills. Building positive relations should be recognised as a key feature of a prison officer's vocation (paragraph 154);
- the visit entitlement of remand prisoners at Pazardjik and Stara Zagora Prisons, and, if necessary, at other prison establishments in Bulgaria, to be substantially increased (paragraph 157);
- the Bulgarian authorities to take steps to provide inmates at Pazardjik and Stara Zagora Prisons with access to telephones, if necessary, subject to appropriate supervision (paragraph 159);
- the regulations concerning the regime applied to prisoners placed in disciplinary cells to be amended in order to allow them to have access to reading mater (paragraph 166);
- the conditions of detention of prisoners held apart from others on the basis of the provisions referred to in paragraph 167 to be reviewed, in the light of the remarks in paragraph 168. Steps to be taken immediately to ensure that all such prisoners are offered at least one hour of outdoor exercise per day (paragraph 168);
- the Bulgarian authorities to take steps to ensure that the regulations and practice concerning access to a doctor for persons placed in solitary confinement are consistent with the points made in paragraph 170 (paragraph 170);
- the Bulgarian authorities to review the application of the complaints procedures, with a view to ensuring that they are operating effectively (paragraph 173);
- the Bulgarian authorities to review the operation of existing prison inspection procedures, in the light of the remarks in paragraph 175 (paragraph 175);
- the Bulgarian authorities to review the adequacy:
 - of space, lighting and ventilation in the vehicles used for prison transport;
 - of means to ensure the safety of prisoners in the event of such a vehicle being involved in an accident (paragraph 177).

comments

- the introduction of female prison staff in male prisons is a positive step that can improve the general atmosphere in detention areas (paragraph 155);
- the Bulgarian authorities are invited to revise the rules concerning the withdrawal of the right to visits and correspondence as a disciplinary sanction (paragraph 160);
- the Bulgarian authorities are invited to ensure that the rule entitling prisoners placed in disciplinary cells to at least one hour of outdoor exercise per day is strictly observed in practice (paragraph 166);
- the Bulgarian authorities are invited to add the President of the CPT to the list of authorities with whom prisoners can communicate by confidential letter (paragraph 173).

requests for information

- the number and categories of prisoners at Pazardjik and Stara Zagora Prisons who have benefited from home leave during the years 1994 and 1995 (paragraph 161);
- whether prisoners are able to appeal to a higher authority against disciplinary sanctions imposed and, in the affirmative, whether they are informed of this fact (paragraph 162);
- confirmation that the dark cell in the disciplinary unit of Stara Zagora Prison has been withdrawn from service (paragraph 165);
- an account of the progress made on the refurbishment of disciplinary cells in Stara Zagora Prison and in Bulgarian prisons in general (paragraph 165);
- whether the different procedural safeguards referred to in paragraph 169 concerning a decision to place a prisoner apart from other inmates exist in Bulgaria (paragraph 169);
- the comments of the Bulgarian authorities on the operation of the "supervisory committees" referred to in Section 94 et seq. of the Law on the Implementation of Penal Sanctions (paragraph 174);
- a copy of any regulations which might exist concerning the characteristics of vehicles used for transporting prisoners (paragraph 177).

C. Psychiatric establishments

1. Torture and other forms of ill-treatment

requests for information

- for the years 1994 and 1995:
 - the number of complaints of ill-treatment lodged against staff members in psychiatric establishments;
 - an account of sanctions imposed following complaints of ill-treatment by such staff members (paragraph 184);
- confirmation that unmodified ECT has been eliminated in Radnevo and Lovetch Psychiatric Hospitals as well as in any other psychiatric establishments in which it was previously practised (paragraph 187).

2. Patients' living conditions and treatment

recommendations

- the budgetary resources made available to Radnevo Psychiatric Hospital to be reviewed, in order to ensure that the establishment is in a position:
 - to provide patients with sufficient food, in terms of both quantity and quality;
 - to heat adequately the hospital premises;
 - to maintain a regular supply of appropriate medication (paragraph 195);
- as soon as economic circumstances permit, additional steps should be taken to improve living conditions in the wards and to return the premises of Radnevo Psychiatric Hospital in general to a satisfactory state of repair. Completion of the new 200 bed pavilion for elderly patients must be seen as a priority (paragraph 195);
- steps to be taken immediately:
 - to ensure that Lovetch Neuropsychiatric Hospital is in a position to provide patients with sufficient food and to heat adequately the hospital premises;
 - to improve the state of cleanliness (including that of the bed linen) in the closed ward for the criminally irresponsible at Lovetch Neuropsychiatric Hospital;
 - to ensure that an individualised approach is followed in the above-mentioned ward as regards patients' clothing (paragraph 203);

- once the economic circumstances permit, steps should be taken to provide a more therapeutic material environment in the closed ward for the criminally irresponsible at Lovetch Neuropsychiatric Hospital (paragraph 203);
- the accommodation for male patients (and notably the sanitary facilities) in the psychiatric section at Lovetch Prison Hospital to be restored to and maintained in a satisfactory state of cleanliness and repair (paragraph 206);
- pending the opening of the new hospital, efforts to be made to offer at least a minimum programme of therapeutic activities to patients in the psychiatric section at Lovetch Prison Hospital; within the confines of the existing premises it should be possible to provide some form of occupational therapy (paragraph 206).

comments

- the window-covering arrangements in some of the patients' rooms at Lovetch Prison Hospital should be modified in order to allow better access to natural light (paragraph 206).

requests for information

- confirmation that outdoor exercise is offered on a daily basis to all persons held in the closed ward at Lovetch Neuropsychiatric Hospital (i.e. including accused persons undergoing psychiatric observation) (paragraph 202);
- further information on the (re)introduction of therapeutic activities into the practice of Lovetch Neuropsychiatric Hospital, including full details of the therapeutic and other activities envisaged for patients in the closed ward for the criminally irresponsible (paragraph 202);
- confirmation that the new Prison Hospital in Lovetch will enter into service in the next two to three years (paragraph 207);
- detailed information on the material facilities and the therapeutic and other activities to be offered within the premises of the new Lovetch Prison Hospital (paragraph 207).

3. Staff

recommendations

- steps to be taken to ensure that:
 - candidates for posts of orderlies at Radnevo Psychiatric Hospital are properly screened prior to their recruitment;
 - orderlies receive adequate training before being assigned to ward duties, in particular at night (paragraph 210);

- the appointment of patients or prisoners as orderlies in a health establishment to be seen as a measure of last resort. Further, if such appointments are inevitable, the activities of such orderlies should be supervised on an on-going basis by qualified health-care staff (paragraph 211);
- resolving episodes of acutely disturbed behaviour to be the responsibility of qualified health-care staff, not fellow patients (paragraph 212).

requests for information

- further information on the new "indicative levels" for staff drawn up by the Ministry of Health (paragraph 209);
- the comments of the Bulgarian authorities on the availability of specialised psychiatric training for nursing staff (paragraph 209).

4. Seclusion and other means of restraint

recommendations

- a detailed policy on the use of seclusion of patients to be drawn up for those psychiatric establishments which still have resort to the practice of seclusion (paragraph 217);
- material conditions in the isolation room used by the psychiatric section of Lovetch Prison Hospital to be improved, in the light of the remarks in paragraph 215 (paragraph 217);
- a detailed policy on the use of physical restraint to be drawn up, covering the same points as those already identified in paragraph 217 in relation to the practice of seclusion. Such a policy should make clear that initial attempts to restrain aggressive behaviour should, as far as possible, be non-physical (e.g verbal instruction) and that where physical restraint is necessary, it should in principle be limited to manual control. Instruments of restraint should only be used as a last resort (paragraph 218);
- health-care staff in psychiatric establishments to receive training in both non-physical and manual control techniques vis-a-vis agitated or violent patients (paragraph 218);
- the two sets of irons found in the psychiatric section of Lovetch Prison Hospital to be removed from the premises (paragraph 218);
- every instance of the resort to seclusion or other means of restraint to be recorded in a specific register established for this purpose. The entry should include the times at which the measure began and ended, the circumstances of the case, the reasons for resorting to the measure and an account of any injuries sustained by patients or staff (paragraph 219).

5. Complaints procedures and external control and support

recommendations

- specific arrangements to exist enabling patients to lodge complaints with a clearly designated body and to have confidential access to a competent authority. Further, patients to be given information on the possibility of making a complaint (paragraph 221);
- an introductory brochure setting forth the hospital routine and patients' rights to be devised and issued to each patient on admission. Any patients unable to understand this brochure should have the assistance of a counsellor (paragraph 221);
- the Bulgarian authorities to consider the possibility of establishing a system of regular visits to psychiatric establishments by an independent outside body, responsible for the inspection of patients' care and authorised, in particular, to talk privately with patients, receive any complaints they might have and make any necessary recommendations (paragraph 222).

comments

- the Bulgarian authorities are invited to take appropriate measures to offer external stimulation and support to staff at psychiatric establishments (paragraph 223).

APPENDIX II

LIST OF THE NATIONAL AUTHORITIES AND NON-GOVERNMENTAL ORGANISATIONS WITH WHICH THE CPT'S DELEGATION HELD CONSULTATIONS

National authorities

Ministry of Justice

| | |
|-------------------------|--|
| Mr. Mladen CHERVENYAKOV | Minister for Justice |
| Mr. Lyuben KORNEZOV | Deputy Minister for Justice |
| Mr. Gueorgui ROUPCHEV | Senior Expert, International Legal Co-operation Department |

Ministry of Defence

| | |
|-----------------------|--|
| Col. Roumen ZLATEV | Deputy Head of the Military Medical Academy |
| Col. Vassil MILANOV | Head of the Psychiatric Clinic of the Military Medical Academy |
| Col. NIKOLOV | Chief Commander of the Disciplinary Battalion |
| Ass.Prof.Dr. CHOBANOV | Head of Department at the Military Medical Academy |
| Dr. Assen PETKOV | Military Medical Academy |

Ministry of Health

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| Ass.Prof.Dr. Tanya CHOLAKOVA | Deputy Minister for Health |
| Prof. ACHKOVA | National Consultant on Psychological Matters |
| Dr. GERDJIKOV | Head Doctor of Psychiatric Hospital, Sofia |
| Mrs. VIDENOVA | Head of Legal Department |

Ministry of Education

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| Mr. Ivan YORDANOV | Deputy Minister for Education |
| Mr. Georgi DODOV | Head of Department, Special Schools for Young Offenders |
| Mrs. Penka MENKADJIEVA | Head of Legal Department |
| Mrs. Ivona YORDANOVA | Head of International Co-operation Department |

Ministry of Foreign Affairs

| | |
|-------------|-------------------------|
| Mrs. TANEVA | European Affairs Bureau |
|-------------|-------------------------|

Parliamentary Assembly

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| Mr. Velko VULKANOV, MP | Chairman of the Commission for Human Rights |
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National Police Directorate

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| Mr. Kristo GATSOV | Director of the National Police Directorate |
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Prosecutor General's Office

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| Mr. Ivan TATARHCEV | Prosecutor General |
| Mr. PETKOV | Deputy Prosecutor General |

Central Prison Administration

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|------------------------------|---|
| Ass.Prof.Dr. Zrdavko TRAIKOV | Head of the Central Prison Administration |
| Mr. BAKALOV | Head of Department, Ministry of Justice |

National Investigation Service

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|-----------------------|--|
| Mr. Momchil MOMCHILOV | Deputy Director |
| Mr. Roumen ANDREEV | Deputy Director |
| Col. GROZEV | Head of Department, Security of Arrest Facilities |
| Col. GERGINOV | Deputy Head of Department, Security of Arrest Facilities |
| Mr. RASHKOV | Department of Information and Analysis |

Non-governmental organisations

Bulgarian Helsinki Committee

Human Rights Project

Bulgarian Lawyers for Human Rights