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**Report to the Latvian Government  
on the visit to Latvia  
carried out by the European Committee  
for the Prevention of Torture and Inhuman  
or Degrading Treatment or Punishment (CPT)**

**from 24 January to 3 February 1999**

The Latvian Government has authorised the publication of this report and of its responses. The Government's responses are set out in document CPT/Inf (2001) 28.

Strasbourg, 22 November 2001

**CONTENTS**

Page

|  |           |
|--|-----------|
| <b>Copy of the letter transmitting the CPT's report .....</b>                          | <b>6</b>  |
| <b>Preface .....</b>   | <b>7</b>  |
| <b>I. INTRODUCTION.....</b>  | <b>9</b>  |
| <b>A. Dates of the visit and composition of the delegation .....</b>                   | <b>9</b>  |
| <b>B. Establishments visited.....</b>  | <b>10</b> |
| <b>C. Consultations held by the delegation.....</b>                                    | <b>11</b> |
| <b>D. Co-operation encountered during the visit.....</b>                               | <b>11</b> |
| <b>E. Immediate observations under Article 8, paragraph 5, of the Convention .....</b> | <b>12</b> |
| <b>II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED .....</b>                      | <b>13</b> |
| <b>A. Police establishments .....</b>  | <b>13</b> |
| 1. Preliminary remarks .....   | 13        |
| 2. Torture and other forms of physical ill-treatment .....                             | 14        |
| 3. Conditions of detention in police establishments .....                              | 17        |
| a. introduction .....  | 17        |
| b. situation in the establishments visited.....  | 17        |
| 4. Safeguards against the ill-treatment of persons deprived of their liberty .....     | 20        |
| a. introduction .....  | 20        |
| b. notification of custody.....  | 20        |
| c. access to a lawyer.....   | 21        |
| d. access to a doctor .....  | 22        |
| e. information on rights.....  | 22        |
| f. conduct of interviews .....   | 23        |
| g. custody registers.....  | 23        |
| h. independent inspections .....   | 24        |

|           |   |           |
|-----------|---|-----------|
| 5.        | Pre-Trial Investigation Centre and Short-Term Detention Isolator (ISO), Rīga .....        | 25        |
| 6.        | Preventive Care Centre for Minors, Rīga .....   | 28        |
|           | a. introduction .....   | 28        |
|           | b. ill-treatment .....  | 28        |
|           | c. material conditions .....  | 29        |
|           | d. treatment and activities programme .....   | 29        |
|           | e. staff.....   | 30        |
|           | f. health care .....  | 31        |
|           | g. discipline .....   | 31        |
|           | h. complaints and inspection procedures .....   | 32        |
| 7.        | The Illegal Immigrant and other Unidentified Persons Accommodation Centre, Rīga ..        | 33        |
|           | a. introduction .....   | 33        |
|           | b. conditions of detention .....  | 33        |
|           | c. staff.....   | 34        |
|           | d. health care .....  | 35        |
|           | e. safeguards against the ill-treatment of persons detained under aliens legislation .... | 35        |
| 8.        | Rīga Police Sobering-up Centre .....  | 37        |
| <b>B.</b> | <b>Prisons .....</b>  | <b>39</b> |
|           | 1. Preliminary remarks .....  | 39        |
|           | 2. Ill-treatment .....  | 42        |
|           | 3. Central Prison, Rīga.....  | 43        |
|           | a. the remand population.....   | 43        |
|           | b. prisoners detained in the “special section”.....                                       | 45        |
|           | c. sentenced prisoners .....  | 47        |
|           | 4. Iļģuciema Prison .....   | 48        |
|           | a. introduction .....   | 48        |
|           | b. the remand population.....   | 48        |
|           | c. sentenced prisoners .....  | 49        |
|           | d. prisoners sentenced to life imprisonment.....  | 50        |

|           |  |           |
|-----------|--|-----------|
| 5.        | Health care services .....   | 51        |
| a.        | introduction .....   | 51        |
| b.        | staff and facilities .....   | 51        |
| c.        | psychiatric care.....  | 54        |
| d.        | medical screening on admission.....                                      | 55        |
| e.        | transmissible diseases.....  | 56        |
| f.        | health promotion .....   | 59        |
| 6.        | Prison Hospital, Rīga .....  | 60        |
| a.        | introduction .....   | 60        |
| b.        | staff and facilities .....   | 61        |
| c.        | patients' living conditions.....   | 62        |
| d.        | treatment of patients .....  | 63        |
| 7.        | Other issues of relevance to the CPT's mandate.....                      | 66        |
| a.        | staff.....   | 66        |
| b.        | discipline .....   | 67        |
| c.        | contact with the outside world .....                                     | 68        |
| d.        | juveniles .....  | 70        |
| e.        | complaints and inspection procedures .....                               | 71        |
| f.        | “waiting cubicles” .....   | 71        |
| <b>C.</b> | <b>Rīga Neuropsychiatric Hospital.....</b>                               | <b>72</b> |
| 1.        | Preliminary remarks .....  | 72        |
| 2.        | Patients' living conditions and treatment .....                          | 73        |
| 3.        | Juveniles .....  | 75        |
| 4.        | Means of restraint .....   | 75        |
| 5.        | Safeguards in the context of involuntary placement .....                 | 76        |
| <b>D.</b> | <b>Naukseni Educational and Correctional Institution for Girls .....</b> | <b>78</b> |
| 1.        | Preliminary remarks .....  | 78        |
| 2.        | Material conditions and activities.....                                  | 78        |
| 3.        | Health-care service .....  | 80        |
| 4.        | Discipline.....  | 80        |
| 5.        | Complaints and inspection procedures .....                               | 81        |
| <b>E.</b> | <b>Rīga Garrison Detention Facility.....</b>                             | <b>82</b> |

|   |            |
|---|------------|
| <b>III. RECAPITULATION AND CONCLUSIONS .....</b>  | <b>84</b>  |
| <b>APPENDIX I :</b>   |            |
| <b>SUMMARY OF THE CPT'S RECOMMENDATIONS,<br/>COMMENTS AND REQUESTS FOR INFORMATION .....</b>  | <b>90</b>  |
| <b>APPENDIX II :</b>  |            |
| <b>LIST OF THE NATIONAL AUTHORITIES AND NON-GOVERNMENTAL<br/>ORGANISATIONS WITH WHICH THE CPT'S DELEGATION HELD<br/>CONSULTATIONS .....</b> | <b>108</b> |

Copy of the letter transmitting the CPT's report

Strasbourg, 23 August 1999

Dear Sir,

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 Latvia drawn up by the European Committee for the prevention of torture and inhuman or degrading treatment or punishment (CPT) after its visit to Latvia from 24 January to 3 February 1999. The report was adopted by the CPT at its thirty-ninth meeting, held from 6 to 9 July 1999.

I would draw your attention in particular to paragraph 249 of the report, in which the CPT requests the Latvian 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 Latvian, for them to be accompanied by an English or French translation. It would also be most helpful if the Latvian authorities could provide a copy of those reports in a computer-readable form.

More generally, the CPT is keen to establish an ongoing dialogue with the Latvian 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 Latvian 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 would acknowledge receipt of this letter.

Yours faithfully,

Ivan ZAKINE  
President of the European Committee for  
the prevention of torture and inhuman  
or degrading treatment or punishment

**Mr Georgs ANDREJEVS**  
**Ambassador Extraordinary and Plenipotentiary**  
**Permanent Representative of Latvia to the Council of Europe**  
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## Preface

As the European Committee for the prevention of torture and inhuman or degrading treatment or punishment is a comparatively 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 another Council of Europe supervisory body within the field of human rights, the European Court of Human Rights.

Unlike 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 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 Court of Human Rights are:

- i) the Court has its 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 Court has 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 its functions, the Court consists 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 Court only intervenes 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 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 Committee may issue a public statement on the matter.



## I. INTRODUCTION

### A. Dates of the visit and composition of the delegation

1. In pursuance of Article 7 of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (hereinafter referred to as "the Convention"), a delegation of the CPT carried out a visit to Latvia from 24 January to 3 February 1999.

The visit formed part of the CPT's programme of periodic visits for 1999. It was the CPT's first visit to Latvia.

2. The visit was carried out by the following members of the CPT:

- John OLDEN, 2nd Vice-President of the CPT, Head of the delegation;
- Lambert KELCHTERMANS;
- Pirkko LAHTI;
- Jagoda POLONCOVÁ;
- Ole Vedel RASMUSSEN.

They were assisted by:

- Timothy HARDING, Director of the University Institute of Forensic Medicine, Geneva, Switzerland (expert);
- Sonja SNACKEN, Professor of Criminology and Sociology of Law at the Free University of Brussels, Belgium (expert);
- Vallija BROKA (interpreter);
- Juris BALDUNCIKS (interpreter);
- Uldis KRASTINS (interpreter);
- Inara VISOCKA (interpreter);
- Ieva VIZULE (interpreter);

and were accompanied by the following members of the CPT's Secretariat:

- Fabrice KELLENS, Head of Unit;
- Borys WÓDZ.

**B. Establishments visited**

3. The delegation visited the following places of detention:

**Establishments under the authority of the Ministry of the Interior**

Rīga

- Police stations in Gogola Street and Matisa Street
- General Police Board Detention Facility, Aspāzijas Street
- Police Sobering-up Centre, Pupolu Street
- Illegal Immigrant and other Unidentified Persons Accommodation Centre, Gaiziņa Street
- Preventive Care Centre for Minors, Alises Street
- Pre-Trial Investigation Centre and Short-Term Detention Isolator, Brivibas Street
- Central Prison
- Iļģuciema Prison

**Establishments under the authority of the Ministry of Defence**

Rīga

- Garrison Detention Facility

**Establishments under the authority of the Ministry of Welfare**

Rīga

- Neuropsychiatric Hospital

**Establishments under the authority of the Ministry of Education**

Naukseni

- Educational and Correctional Institution for Girls.

**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 national authorities and representatives of non-governmental organisations active in areas of concern to the CPT.

A list of the authorities and organisations with which the delegation held consultations is set out in Appendix II to this report.

**D. Co-operation encountered during the visit**

5. Throughout the visit, the CPT's delegation received a very good level of co-operation from the Latvian authorities.

At the outset of the visit, the delegation was received by Mr Roberts JURDŽS, Minister of the Interior, Mrs Ingrida LABUCKA, Minister of Justice, Mrs U. KUPLE, Deputy Secretary of State at the Ministry of Defence and Mr I. REZEBERGS, Deputy Secretary of State at the Ministry of Welfare. Further, in the course of the visit, the delegation met senior officials of the Interior, Justice, Defence and Welfare Ministries, including senior State Police, Immigration Police and Border Guard officers and officials from the Prison Department of the Ministry of the Interior.

The delegation enjoyed immediate access to all the places of detention visited, including those which had not been notified in advance of the CPT's intention to carry out a visit. It found that staff in many of them were aware of the possibility of a visit and had at least some knowledge of the CPT's terms of reference.

6. However, the CPT wishes to raise two issues of concern.

Firstly, it rapidly became apparent that the lists of places of detention drawn up by the different Ministries involved were far from complete (as concerns the Ministry of the Interior, local police stations, the Police Sobering-up Centre in Rīga and the Preventive Care Centre for Minors in the capital can be cited as examples of omissions; the two Educational and Correctional Institutions of the Ministry of Education had also been omitted). In this respect, **the CPT must recall that under Article 8, paragraph 2(b), of the Convention, Parties shall provide the Committee with "full information on the places where persons deprived of their liberty are being held"**.

Secondly, in certain of the places visited, the delegation gained the clear impression that the information provided by staff was evasive, if not deliberately inaccurate. Although these were exceptional cases and the reception received at all other places of detention visited was excellent, **the CPT must stress that such an approach is not in accordance with the principle of co-operation laid down in Article 3 of the Convention.**

7. Finally, the CPT wishes to underline the assistance provided to the delegation by the Committee's acting liaison officer, Mrs Ināra LEIMANE, Chief Inspector in the International Relations Department of the Ministry of the Interior.

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

8. On 3 February 1999, the delegation held end-of-visit talks with the Latvian authorities. On that occasion, the delegation made certain immediate observations, in pursuance of Article 8, paragraph 5, of the Convention, as follows:

Police

- persons detained at the Illegal Immigrant and Other Unidentified Persons Accommodation Centre in Rīga should be immediately transferred to another - suitable - establishment; the conditions at that Centre were totally unacceptable and amounted, in the delegation's opinion, to inhuman and degrading treatment;
- the "solitary confinement/disciplinary" cell located on the first floor of the Preventive Care Centre for Minors in Rīga should be withdrawn from service immediately.

Rīga Neuropsychiatric Hospital

- steps should be taken to remove all patients under the age of 16 from adult psychiatric units in the hospital and to place them in units appropriate for adolescents.

9. The above-mentioned immediate observations were subsequently confirmed in a letter of 12 February 1999 from the President of the CPT. The Committee asked to be informed within three months of the steps taken in response to the observations.

By letters of 16 and 17 June 1999, the Latvian authorities informed the CPT of the measures taken. Those measures will be considered later in this report.

## II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

### A. Police establishments

#### 1. Preliminary remarks

10. A person suspected of a criminal offence in Latvia may be held by the police on their own authority for up to 24 hours. During that period, the police must undertake urgent operational and investigatory duties and establish a protocol of detention, which is transmitted to the prosecutor. The period of police custody can be extended by order of the prosecutor to up to 72 hours. The decision to release the suspect or to remand him in custody is then taken by a court (cf. Article 76 of the Code of Criminal Procedure). The latter may, in exceptional circumstances justified by the needs of the investigation, order the continued detention of the person concerned by the police for a maximum of 7 days; consequently, the maximum initial period of police custody of criminal suspects in Latvia is 10 days.

11. Persons remanded in custody are in principle held in remand prisons. However, persons accused of particularly serious offences (e.g. murder, extortion, large scale economic and/or organised crime) are often held for prolonged periods of time - i.e. in excess of one year - at the Pre-Trial Investigation Centre and Short-Term Detention Isolator in Rīga, the so-called "ISO". Moreover, persons placed in a remand prison may subsequently be returned to the custody of the police, if this is considered necessary for the preliminary investigation.

12. At the time of the visit, the detention of criminal suspects by the police in Latvia was governed by the 1961 Code of Criminal Procedure (CCP) and the Law on the Police. However, the CPT understands that a new Criminal Code (containing equally procedural provisions) recently entered into force and introduced various changes to the legal situation of persons suspected of a criminal offence. **The Committee would like to receive further details on this subject.**

13. Persons suspected of having committed administrative offences can be held by the police for up to 3 hours. If found guilty by the court, such persons can be placed in administrative detention, which may not exceed 15 days. The delegation observed that the persons concerned spent the period of administrative detention in police establishments (in particular, the Rīga General Police Board Detention Facility).

## **2. Torture and other forms of physical ill-treatment**

14. The delegation received a considerable number of recent allegations of physical ill-treatment of persons detained by members of the police forces in Latvia. These allegations related to both the time of apprehension and police interrogations. The ill-treatment alleged consisted essentially of punches and kicks, and of striking the persons concerned with truncheons or a gun butt.

In some cases, the ill-treatment alleged - severe beating, asphyxiation using a plastic bag or a gas mask, strangulation using a guitar wire, infliction of electric shocks, in the course of questioning - could be considered as amounting to torture.

15. Certain of the persons who made allegations of ill-treatment were found on examination by medical members of the delegation to display physical marks or conditions consistent with their allegations. By way of example, the following cases can be mentioned:

- i)* A man detained at the Rīga General Police Board Detention Facility alleged that, when previously arrested in December 1998, he had been questioned in the same establishment by non-uniformed police officers for more than 5 hours. During this period he had apparently been tied to a chair; on two occasions, a plastic bag was placed over his head and face, and he had lost consciousness. He alleged that he had then been strangled with a guitar wire. On examination by a medical member of the delegation, he was found to display clear horizontal, linear scar tissue on the anterior aspect of his neck compatible with the allegation of strangulation using a guitar wire.
- ii)* A patient in the Prison Hospital in Rīga described how, on 15 January 1999, he had been taken from the Central Prison (where he was detained on remand) to Gogola Street Police Station in Rīga for questioning. After having refused to sign a statement, he was allegedly hit with a truncheon on the head and body. A further interrogation followed, after which he again refused to sign a document. Apparently, he was then beaten by a police officer and thrown violently against a wall, his head striking a radiator. According to an entry in his medical file, on his return to the Central Prison he bore "extensive bruising to his head and his thorax". He was admitted to the Prison Hospital and transferred for several days to City Clinic No. 7, where medical examinations revealed a brain haemorrhage.

On examination by one of the delegation's medical members, two weeks after the alleged incident, he was found to have three parallel linear lesions on the scalp (cranium), with 1.8 cm distance between each scar. During a visit to the above-mentioned police station, the delegation found in the room where the ill-treatment was alleged to have taken place, a radiator with horizontal grid bars separated by the same distance as the lesions on the scalp.

16. Furthermore, two independent and similar allegations were heard, relating to serious ill-treatment of juvenile girls in Saldus Central Police Station. One girl aged 14 alleged that a uniformed police officer had ordered her to undress in front of him, but that she had refused to comply with that order. Another girl, aged 12, described how in the same police station she had been forced to undress in front of two male uniformed police officers. **Such acts are clearly humiliating and degrading, particularly for adolescent girls.**

17. Later in this report, the CPT will recommend a certain number of measures designed to strengthen formal safeguards against the ill-treatment of persons detained by the police (cf. paragraphs 31 and following). However, it should be emphasised that, although important, legal and technical safeguards will never be sufficient; the best possible guarantee against ill-treatment is for its use to be unequivocally rejected by police officers. This implies strict selection criteria at the time of recruitment of police officers and the provision of adequate professional training. As regards the latter, the Latvian authorities should seek to integrate human rights concepts into practical professional training for high-risk situations, such as the apprehension and interrogation of suspects. This will prove more effective than separate courses on human rights.

Such 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: firstly, that all forms of ill-treatment are an affront to human dignity and, as such, are incompatible with the values enshrined in Article 95 of the Latvian Constitution as well as in many international instruments ratified by and binding upon Latvia; secondly, that resort to ill-treatment is a fundamentally-flawed method of obtaining reliable evidence for combating crime. More advanced interrogation and investigation techniques will lead to better results from the 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 officers to defuse situations which might otherwise become violent.

18. Consequently, **the CPT recommends:**

- **that a very high priority be given to professional training for police officers of all ranks and categories, taking into account the above remarks. Experts not belonging to the police should be involved in this 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.**

**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.**

19. As regards more specifically the allegations of ill-treatment at the time of apprehension, the CPT fully recognises that the apprehension of a suspect is often a hazardous task, in particular if the person concerned resists and/or the police have reason to believe that the person might be armed and dangerous. The circumstances of an apprehension may be such that injuries are sustained by the person concerned (and possibly also by police officers), without this being the result of an intention to inflict ill-treatment. However, no more force than is strictly necessary should be used when effecting an apprehension. 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 principles in an appropriate manner.**

20. It is axiomatic that one of the most effective means of preventing ill-treatment by the police lies in the diligent examination by the competent 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. Even in the absence of an express complaint, action should be taken if there are other indications (e.g. visible injuries; a person's general appearance or demeanour; the precise circumstances of a person's apprehension) that ill-treatment might have occurred.

In this connection, **the CPT would like the Latvian authorities to supply the following information in respect of 1998 and 1999:**

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

**The CPT would also like to receive detailed information on police complaints and disciplinary procedures, including the safeguards incorporated to ensure their objectivity.**

21. The CPT must also point out that some of the persons whom the delegation met and who alleged that they had been ill-treated stated that they had been afraid to mention this fact to the prosecutor, having been warned by the police officers that this would not be in their interest. Others claimed that they had complained about their treatment to the prosecutor, but that the latter had shown little interest in the matter.

In the interests of the prevention of ill-treatment, **the CPT recommends that whenever an apprehended person brought before a prosecutor or judge alleges ill-treatment by the police, the prosecutor/judge immediately request a forensic medical examination of the person concerned and take the necessary measures in order for the allegation to be duly investigated. This approach should be followed irrespective of whether the person concerned bears visible injuries.**



**Further, even in the absence of an express allegation of ill-treatment, the prosecutor/judge should request a forensic medical examination whenever there are grounds to believe that an apprehended person brought before him could have been the victim of ill-treatment.**

22. Finally, with reference to the power of police investigators to have remand prisoners returned to police custody (cf. paragraph 11), it should be noted that certain of the allegations received by the delegation of ill-treatment by the police related to such subsequent periods of police custody (cf. for example, paragraph 15). From the standpoint of the prevention of ill-treatment, it would be far preferable for further questioning of persons committed to a remand prison to take place in prison rather than on police premises. The return of prisoners to police custody, for whatever purpose, should only be sought and authorised when it is absolutely unavoidable. Consequently, **the CPT recommends that such a measure be subject to the express authorisation of a prosecutor or judge.**

### **3. Conditions of detention in police establishments**

#### a. introduction

23. All police cells should be clean, 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 (e.g. a fixed 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 allowed to comply, when necessary, with the needs of nature 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 (i.e. something more substantial than a sandwich) every day. Persons held for 24 hours or more should be provided with appropriate personal hygiene items and, as far as possible, be offered outdoor exercise every day.

#### b. situation in the establishments visited

24. The conditions of detention at Rīga General Police Board Detention Facility, as well as at Gogola and Matisa Street Police Stations, fell far short of the above-mentioned requirements. Mattresses were not available for overnight stays, cells enjoyed no - or hardly any - access to natural light, ventilation was poor, the standard of hygiene was not satisfactory, outdoor exercise was not provided, and the regular provision of food was not guaranteed.

25. At the end of its visit, the delegation requested the Latvian authorities to take a number of urgent measures in the above-mentioned establishments:

- to ensure that every person obliged to stay overnight in police custody receives a clean mattress and clean blankets;
- to ensure that every detained person is offered food at appropriate times;
- to ensure that cells measuring less than 4 m<sup>2</sup> (for example, cells N° 7 and 8 at the Rīga General Police Board Detention Facility) are not used for periods of detention lasting more than a few hours.

**The CPT would like to receive confirmation that the above-mentioned urgent measures have been taken.**

26. Rīga General Police Board Detention Facility (official capacity: 80 places) possessed 16 cells and was accommodating 39 criminal suspects and 11 persons serving a sentence in connection with an administrative offence at the time of the delegation's visit. The 12 largest cells, measuring approximately 11 m<sup>2</sup>, were accommodating three/four persons each; two smaller cells, measuring approximately 6 m<sup>2</sup>, were accommodating 2 persons each, and two cells (N° 7 and 8), measuring barely 2.4 m<sup>2</sup> each, were being used for individual occupancy. The delegation was told by persons detained as well as by police officers that, on occasion, cell occupancy levels were higher (up to eight in the larger cells).

Such occupancy rates are not acceptable. Cells measuring 11 m<sup>2</sup> should not accommodate more than three persons overnight, and those measuring 6 m<sup>2</sup> should, in principle, not accommodate more than one person overnight. As for cells N° 7 and 8, their size renders them unsuitable for use as overnight accommodation.

27. The equipment of the cells consisted merely of a wooden sleeping platform, a water holder and a sanitary bucket; persons detained had neither mattresses nor blankets. Moreover, none of the cells enjoyed access to natural light and the ventilation was insufficient. As for the artificial lighting - weak bulbs above the cell doors - it was on 24 hours a day. The communal toilets and the two washbasins (cold water) were in a dilapidated and unhygienic state; moreover, access to these facilities was only authorised twice a day. Detained persons were also having difficulties in maintaining a satisfactory level of hygiene, as hygiene products (soap, towels, toilet paper, etc.) were not provided.

Furthermore, despite stays of up to two weeks, no out-of-cell activities were provided for the persons detained, not even outdoor exercise.

28. Gogola Street Police Station in Rīga possessed three cells, measuring 4 to 5 m<sup>2</sup>. They were only equipped with a wooden bench, had no access to natural light and had weak artificial lighting. The ventilation in the cells was also poor, as was the general state of repair and cleanliness. In one of the cells, the delegation interviewed a person who had been detained there for 21 hours; he said that he had received water and been granted access to the toilet, but alleged that he had not been offered any food. The duty officer admitted that the person in question had not received any food and stated that the police would normally call the person's relatives to bring some food or arrange for the food themselves. However, he acknowledged that there existed no written instructions governing the provision of food to persons in police custody.

29. Matisa Street Police Station in Rīga possessed two cells. The first - a so-called "waiting cell" - measured about 3 m<sup>2</sup>. The second cell, used for detentions lasting more than a few hours (but, according to the police officers, never overnight), measured about 9 m<sup>2</sup>. The two cells were only equipped with a bench and did not benefit from access to natural light. Artificial lighting was satisfactory in the first cell, but mediocre in the second; further, the state of repair and cleanliness of both cells left much to be desired.

Examination of the custody registers revealed that the average length of detention in the establishment was six hours but could, on occasion, last up to 12 hours. Officers present explained to the delegation that any person who had to be kept in detention for a longer period would be transferred to the Rīga General Police Board Detention Facility (as they did not have the possibility to provide such persons with food).

30. The issue of the provision of mattresses to persons held overnight and of food at appropriate times have already been addressed in paragraph 25. **The CPT recommends that the other shortcomings identified in the afore-mentioned police establishments be remedied, in the light of the remarks made in paragraphs 24 to 29 and the general criteria set out in paragraph 23. Improvements to ventilation and lighting at the General Police Board Detention Facility in Rīga, as well as access to outdoor exercise (for those who remain in custody for longer than 24 hours), should be treated as a first priority.**

In addition, **the CPT recommends that steps be taken to ensure that conditions of detention in all other police establishments in Latvia meet the criteria set out in paragraph 23.**

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

##### a. introduction

31. 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 of access to a doctor.

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 the persons concerned are obliged to remain with the police). These rights should be enjoyed not only by criminal suspects, but also by all other categories of persons deprived of their liberty by the police (e.g. persons placed in administrative detention, persons detained under aliens' legislation, etc.).

Furthermore, in the view of the CPT, persons taken into police custody should be expressly informed, without delay and in a language they understand, of all their rights, including those referred to above.

##### b. notification of custody

32. The right of persons deprived of their liberty by the police to inform immediately a close relative of their situation is guaranteed by the Code of Criminal Procedure (Article 78). This was confirmed by police officers met by the delegation, who said that, at the detained person's request, they would notify the relatives before the first interrogation and the drawing up of the protocol of detention. However, many persons who were, or who had recently been, in police custody told the delegation that they had not been expressly informed of the possibility to inform a relative of their choice of their situation. Some of them alleged that they had made a request to that effect but that, to the best of their knowledge, no action had been taken upon that request. Certain persons, including a number of detainees of foreign nationality, claimed that their families had been unaware of their detention for weeks, even months.

**The CPT recommends that the Latvian authorities take the necessary measures to ensure that Article 78 of the Code of Criminal Procedure is fully complied with in practice (cf. also paragraph 39).**

**In this context, the CPT would like to be informed whether any exceptions/derogations to the above-mentioned right exist under Latvian legislation.**

c. access to a lawyer

33. Access to a lawyer, including the right to have him present during police interrogations, is guaranteed under the Code of Criminal Procedure (Article 96). However, this provision did not appear to be fully respected in practice. Many of the detained persons met by the delegation alleged that they had not benefited from the assistance of a lawyer, either because - despite having requested to see a lawyer - such access had been denied or delayed, or because they could not afford to pay for one. Although Latvian law provides for the possibility of granting *ex officio* legal assistance, the majority of persons interviewed stated that such legal aid was difficult to obtain and - if obtained - fairly ineffective in practice. It was also alleged that, on occasion, persons in police custody had come under pressure from police investigators to waive their right to legal assistance.

34. In this context, the CPT wishes to stress that, in its experience, it is during the period immediately following deprivation of liberty that the risk of intimidation and ill-treatment is greatest. Consequently, the possibility for persons taken into police custody to have access to a lawyer, as from the very outset of their detention, is a fundamental safeguard against ill-treatment. The existence of that possibility will have a dissuasive effect on those minded to ill-treat detained persons; moreover, a lawyer is well placed to take appropriate action if ill-treatment actually occurs.

The CPT recognises that in order to protect the interests of justice, it may exceptionally be necessary to delay for a certain period a detained person's access to a particular lawyer chosen by him. However, this should not result in the right of access to a lawyer being totally denied during the period in question. In such cases, access to another, independent, lawyer who can be trusted not to jeopardise the legitimate interests of the investigation should be arranged.

To be effective as a means of preventing ill-treatment, the right of access to a lawyer must include the right to talk to him in private. The person concerned should also be entitled to have a lawyer present during any questioning conducted by the police (whether this be during or after the initial period of custody). Naturally, the fact that a detained person has stated that he wishes to have access to a lawyer should not prevent the police from beginning to question him on urgent matters before the lawyer arrives.

35. In the light of these considerations, **the CPT recommends that steps be taken to ensure the full implementation, in practice, of Article 96 of the Code of Criminal Procedure. The CPT would also like to receive full details concerning the provision of *ex officio* legal assistance to persons in police custody.**

d. access to a doctor

36. As far as the CPT's delegation could ascertain, Latvian law contains no formal provisions governing access to a doctor for persons held in police custody. Nevertheless, police officers indicated that, in practice, they did not hesitate to summon a doctor if the detained person 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.

37. **The CPT recommends that specific provisions be adopted on the subject of the right of persons in police custody to have access to a doctor. Those provisions should stipulate *inter alia* that:**

- **a person taken into police custody has the right to be examined, if he so wishes, by a doctor of his own choice, in addition to any medical examination carried out by a doctor called by the police authorities;**
- **all medical examinations of persons in police custody are to take place out of the hearing and - unless the doctor concerned expressly requests otherwise in a given case - out of the sight of police officers;**
- **the results of every examination, as well as any relevant statements by the person in custody and the doctor's conclusions, are to be recorded in writing by the doctor and made available to the detained person and his lawyer.**

e. information on rights

38. Police officers met by the delegation stated that persons detained are informed of various rights - including the right to have access to a lawyer - orally upon apprehension and that, in addition, those rights are set out in the protocol of detention which the persons concerned are required to sign. However, the standard protocols of detention seen by the delegation did not expressly refer to any of the rights enumerated in paragraph 31. Further, many of the detained persons met by the delegation alleged that they had received no information about their rights, not even after the initial period of 24 hours of police custody.

39. The CPT has already indicated the importance it attaches to persons deprived of their liberty by the police being informed without delay of all their rights, including those referred to in paragraphs 32 to 37 above.

In order to ensure that persons deprived of their liberty by the police are duly informed of all their rights, **the CPT recommends that a form setting out those rights in a straightforward manner be systematically given to such persons at the very outset of their custody. The form should be available in an appropriate range of languages.**

f. conduct of interviews

40. Article 95 of the Latvian Constitution states that “Torture or other cruel or degrading treatment of human beings is prohibited. No one shall be subjected to inhuman or degrading punishment”. However, as far as the delegation could ascertain, Latvian law contains no detailed directives on how to actually carry out police interviews.

41. The art of questioning criminal suspects will always be based in large measure on experience. However, the CPT considers that formal guidelines should exist on a number of specific points; the existence of such guidelines will, *inter alia*, help to underpin the lessons taught during training.

Consequently, **the CPT recommends that a code of conduct for police interviews be drawn up.** In addition to reiterating the total prohibition of ill-treatment, the code should deal, *inter alia*, with the following: the systematic informing of the detained person of the identity (name and/or number) of those present at the interview; the permissible length of an interview; rest periods between interviews and breaks during an interview; places in which interviews may take place; whether the person detained 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. It should also be stipulated that a systematic record be kept of the times at which interviews start and end, the persons present during each interview and any request made by the detained person during the interview.

The position of specially vulnerable persons (for example, the young, those who are mentally disabled, the mentally ill, etc.) should be the subject of specific safeguards.

g. custody registers

42. The CPT’s delegation noted that in certain police establishments visited, the detention of a person was not always correctly recorded in the custody register and on occasion was not recorded at all. Such a situation obviously lends itself to abuse. Consequently, **the CPT recommends that steps be taken immediately to ensure that whenever a person is detained in a police establishment, for whatever reason or length of time, the fact of his detention is recorded without delay.**

Further, **the Committee considers that the fundamental safeguards offered to persons in police custody 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 arrest; time of arrival on police premises; when informed of rights; signs of injury, mental disorder, etc.; contact with and/or visits from a relative, lawyer, doctor or consular officer; when offered food; when interviewed; when brought before a prosecutor; when remanded in custody or released, etc.).**

h. independent inspections

43. The CPT considers that systems for the inspection of police detention facilities by an independent authority are capable of making an important contribution towards the prevention of ill-treatment of persons held by the police and, more generally, of ensuring satisfactory conditions of detention. To be fully effective, the visits by such an authority should be both regular and unannounced, and the authority concerned should be empowered to discuss in private with detained persons.

44. The relevant prosecuting/judicial authorities in Latvia are no doubt empowered to visit places where persons are detained by the police. However, the information gathered by the delegation indicated that such visits were not a common occurrence. The representative of the Latvian National Human Rights Office (which has inter alia an Ombudsman-type function) informed the delegation that the Office also had the right to visit police detention facilities, but that limited resources prevented it from making regular use of its powers in this area.

**The CPT recommends that the relevant prosecuting/judicial authorities throughout the country be encouraged to carry out regular and unannounced visits to places where persons are detained by the police. The Committee would also stress the desirability of prosecutors/judges being accompanied in the course of such visits by a forensic doctor.**



## 5. Pre-Trial Investigation Centre and Short-Term Detention Isolator (ISO), Rīga

45. Located on two floors of a building which also houses the police investigation services of the capital, the Rīga ISO has an official capacity of 32 places. It was accommodating 29 detainees at the time of the delegation's visit; the length of stay varied from a few days to 1½ years.

46. The ISO had 15 cells, designed to accommodate one to four persons each. The cells used for individual accommodation measured approximately 4 m<sup>2</sup> and those foreseen for multiple occupancy, 10 to 17 m<sup>2</sup>. All the cells were equipped with a single or bunk bed(s), with a thin mattress and bedding, a small table and a shelf, and a sanitary bucket. Toilets and showers, situated in the corridor on each of the two floors of the detention area, were in a reasonably good state of hygiene and repair. Detainees were allowed to go to the toilets twice a day; at other times they had to use the sanitary bucket in their cells for satisfying the needs of nature.

Access to natural light was poor in most of the cells and non-existent in two of them. By contrast, artificial lighting was adequate. As for the ventilation system, it appeared to be ineffective; the delegation observed that despite the system having been switched on, the air in some of the cells remained stale. It was also clear that some detained persons were having difficulties in maintaining a satisfactory level of personal hygiene; items such as soap and toilet paper had to be provided by a detainee's family and access to the shower facility was only guaranteed every ten days.

47. No out-of-cell activities were provided to persons held in the ISO, save one hour of daily outdoor exercise in one of two gloomy exercise yards (measuring 23 and 28 m<sup>2</sup>). As for in-cell activities, they consisted of reading newspapers or books left by a family member or provided by a member of staff, as well as - for those detainees who could afford to have them brought in - listening to the radio or watching the television. In principle, detained persons could receive visits from their family, subject to authorisation of the investigating authority; however, staff at the establishment indicated that such authorisations were rarely given. The same rules applied to correspondence.

48. The delegation observed that the food supplied by the establishment to persons detained at the ISO was very meagre. The daily diet, the cost of which amounted to a mere 50 *santims* per day, consisted of porridge (*kasha*) with tea and sugar for breakfast, a bowl of soup with 300 g of black bread and 150 g of white bread at noon, and again porridge (or peas) with tea for supper. Not surprisingly, several detainees indicated that they relied heavily on food brought in by family members.

49. The ISO had in-house health care staff, consisting of one full-time feldsher (present in the establishment from 8.00 a.m. till 5.00 p.m. every weekday). Unfortunately, the feldsher was not available to meet the delegation.

Most of the persons detained complained about the poor quality of care provided; in particular, the feldsher apparently did not physically examine inmates (but instead spoke to them through the cell door hatch) and had only a very limited selection of medicines at his disposal. Further, access to specialised (including dental) treatment appeared to be subject to long delays and, in many cases, persons detained had to agree to pay for such treatment in order to benefit from it.

The delegation noted that newly-arrived detainees might not always benefit from a prompt or thorough medical screening. Discussions with persons detained revealed that, in particular, no screening for tuberculosis was performed either on entry or during detention.

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50. To sum up, the conditions prevailing at the Pre-Trial Investigation Centre and Short-Term Detention Isolator in Rīga left much to be desired, in particular bearing in mind that the establishment was being used for lengthy periods of detention. Neither the material conditions nor the regime was appropriate; as regards the latter aspect, persons held for lengthy periods of time should be able to spend a reasonable part of the day (eight hours or more) outside their cells, engaged in purposeful activities of a varied nature. The medium-term objective must be to cease using the ISO in Rīga, as well as any other police establishments of a similar type, for prolonged periods of detention; they are totally unsuited for this purpose.

Nevertheless, a number of measures that would not require major financial outlay can and must be taken at once.

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

- **to ensure that all persons detained in the ISO in Rīga:**
  - . **have the necessary basic personal hygiene products (soap, toothbrush and paste, towel, sanitary towel/protection, etc.) at their disposal and have the opportunity to wash every day;**
  - . **are allowed to take a hot shower on arrival and at least once a week during their period of detention;**
  - . **receive the necessary materials to maintain their cells in a clean and hygienic state;**

- **to improve cell lighting (in particular, all cells should have access to natural light) and to verify that cell ventilation and heating are adequate;**
- **to ensure that the food provided to detained persons is of an appropriate quality and quantity, and that they have ready access to drinking water;**
- **to give custodial staff clear instructions that requests from persons detained to be allowed to leave their cells during the day for the purpose of using a toilet are to be accepted without delay, unless overriding security considerations require otherwise;**
- **to review the possibilities for detained persons to maintain contact with the outside world, in order to ensure that such contact is not being restricted unjustifiably.**

**The CPT also recommends that:**

- **cell N°10 (measuring only 3 m<sup>2</sup>) be withdrawn from service immediately as detainee accommodation;**
- **the health care provided be reviewed, taking into account the remarks in paragraph 49.**

51. Finally, reference should be made to the room located in the Centre's premises, which apparently could be used for interrogations. Equipped with a thickly-padded door and some furniture fixed to the floor, the room possessed a battery of five strong spotlights, each with a double bulb, directed towards one side of the table. Reddish-brown stains were observed on the wall between 10 and 40 cm from the floor. Facilities of this kind have no place in a modern police force. **The CPT recommends that the above-mentioned room be withdrawn from service.**

## 6. Preventive Care Centre for Minors, Rīga

### a. introduction

52. The Preventive Care Centre for Minors, located in a three-storey building, is a closed institution managed by the police, which has the function of providing temporary (up to two months) accommodation for minors placed either by the Orphans' Court or a prosecutor, while awaiting a court decision on long-term placement in a closed educational institution. The legal basis for its functioning is provided in three legal Acts: the Police Act, the Child Protection Act and the Act on the Orphans' Court. Minors from four to 16 years old could be admitted to the Centre, which had an official capacity of 50. Apart from dormitories, it had therapy rooms, classrooms, a games room, a small gymnasium, leisure rooms and a courtyard used for outdoor exercise.

53. On the day of the delegation's visit, the Centre was accommodating 37 minors (28 boys and 9 girls), aged from 8 to 16. Their average length of stay was two to three weeks. The Centre's inmate population was heterogeneous; it ranged from young offenders to victims of family ill-treatment, sexual abuse and serious educational neglect, as well as juveniles who represented a danger to themselves and alcohol and/or drug addicts.

### b. ill-treatment

54. From its observations during the visit, the delegation formed a generally positive impression of relations between staff and minors at the Centre. Most of the inmates evaluated their relations with treatment staff favourably, and considered that custodial staff treated them "fairly". Nonetheless, information gathered by the delegation would suggest that a sustained level of vigilance is necessary. In particular, allegations were heard to the effect that certain members of the custodial staff were still prone to strike (punches or kicks) juveniles who misbehaved in one way or another.

**The CPT recommends that the management of the Preventive Care Centre for Minors in Rīga deliver the clear message to custodial staff that the ill-treatment of inmates is not acceptable under any circumstances and will be dealt with severely. Inmates who misbehave should be dealt with only in accordance with the prescribed disciplinary procedures.**

c. material conditions

55. Material conditions on the second and third floor of the Centre, accommodating minors not suspected of having committed a criminal offence, could be described as satisfactory. Inmates were accommodated in dormitories measuring from 27 to 36 m<sup>2</sup>, containing from six to ten beds, which were in a good state of repair and decoration, well lit and ventilated. Further, the somewhat limited living space in the dormitories did not represent a major problem, as the minors spent the bulk of their day outside their dormitories, engaged in various educational and leisure activities (cf. paragraphs 57 and 58). Access to communal sanitary facilities appeared to be guaranteed at all times and, as was the case with the dormitories, the sanitary facilities were clean and in a good state of repair.

56. The situation was less favourable on the first floor of the Centre, accommodating juveniles suspected of having committed a criminal offence. Such juveniles could be placed in one of four rooms measuring from 10 to 12 m<sup>2</sup>. These rooms contained three to five beds but had no other furnishings. Although benefiting from good access to natural light and appropriate artificial lighting, heating and ventilation, the rooms were in need of some re-decoration and repair. Further, bearing in mind in particular that these inmates could spend the bulk of their day confined in their rooms (cf. paragraph 59), the occupancy rate of the rooms was too high; in the CPT's opinion, they should not accommodate more than two to three persons.

**The CPT recommends that the Latvian authorities review conditions of detention on the first floor of the Centre, in the light of the above remarks.**

d. treatment and activities programme

57. Following admission, the staff would normally meet an inmate several times in order to form a view about his/her medical, social, psychological and educational profile. Education in the establishment was provided by two teachers coming from the Rīga Education Board; daily classes in a variety of subjects took place in well-equipped and pleasantly decorated classrooms.

58. Further, the establishment offered a relatively varied leisure activities programme to the inmates (outdoor exercise for 1 hour 45 minutes a day, the possibility to read and listen to the radio/watch TV, as well as play games and associate in the leisure room). Other activities included organised outings, and outdoor and indoor (in the Centre's small gymnasium) sports.

The delegation also noted that one of the Centre's objectives was to maintain - as far as possible - contact with the outside world (families, social and family institutions, NGO's), particularly through family visits. Inmates benefited in principle from unlimited visits by members of their families. They could also send and receive letters (which were uncensored, except for juveniles suspected of having committed a criminal offence) and use the telephone. However, the delegation was concerned to observe that, in the absence of a separate room for visits, parents and other relatives of the minors were obliged to meet them in the hall of the building, in circumstances excluding any privacy. **The CPT invites the Latvian authorities to seek a way of remedying this shortcoming.**

59. To sum up, the treatment and activities programme offered to the majority of inmates at the Preventive Care Centre for Minors was of a satisfactory standard. However, this was not the case as regards juveniles suspected of having committed a criminal offence. Their regime was, in the CPT's opinion, unnecessarily harsh. In particular, they did not benefit from education or leisure activities (except reading and outdoor exercise). Their only opportunity for association with persons other than their room-mates was during meal times (albeit under strict supervision of the staff).

**The CPT recommends that the Latvian authorities take measures without delay in order to offer juveniles at the Centre who are suspected of having committed a criminal offence a full and varied regime of activities, including access to education and leisure activities.**

e. staff

60. The Centre employed 41 members of staff, of whom 27 worked in direct contact with the inmates. There was *inter alia* one psychologist, nine "specialists" (police officers who had undergone specialised training, and whose function was a combination of that of a psychologist and of a social worker), four "inspectors" (police officers, whose duty was to carry out enquiries into the legal antecedents and family, school, etc. situation of each newly-admitted minor) and 13 custodial staff (uniformed police officers). During each shift, nine to twelve staff members were present, including at night.

The non-custodial staff appeared to be highly qualified and motivated. The motivation of custodial staff could certainly also be described as high; unfortunately, this was not the case of their training. The establishment's director stated that members of custodial staff received some ongoing training and that she had allocated officers deemed more "suitable" to posts in direct contact with the inmates; however, there seemed to be no systematic training geared to enabling custodial officers to meet the specific challenges of working with young persons. **The CPT invites the Latvian authorities to remedy this lacuna.**

f. health care

61. The Centre possessed its own health care service, composed of four feldshers. Employed on a full-time basis, they assured a permanent presence. All newly arrived minors were medically examined on admission. Examination of the ambulatory and admission registers revealed that they were well kept. As concerns specialised treatment, arrangements had been made with the police polyclinic in Rīga; consequently, access to specialist medical care did not seem to pose a problem. Moreover, the Centre's psychiatric and psychological service appeared to be sufficiently developed, in conformity with the treatment function of the establishment.

62. However, the delegation was concerned to note that the Centre's internal regulations stipulated that requests for medical consultations had to be made orally to non-medical staff, who would then pass them on to the feldsher. **The CPT would like to stress that inmates should, if they so wish, be able to approach the Centre's health care service, including the psychiatric and psychological service, on a confidential basis, for example by means of a message in a sealed envelope.**

g. discipline

63. At the beginning of the delegation's visit to the Centre, the establishment's director stated that disciplinary punishments were rarely applied, and that their range was very limited (the director gave as examples an order to the inmate to stand in the corner of the room, facing the wall, or a ban on participating in organised outings). In particular, she insisted that isolation was never applied as a form of punishment. Indeed, it was not enumerated as a possible disciplinary sanction in the Centre's internal regulations, which only referred to one type of disciplinary sanction, i.e. the prohibition to watch TV.

However, information gathered by the delegation – and its own observations on the spot – indicated that, in fact, inmates were being punished by a range of informal disciplinary measures (imposed by the custodial staff and/or the establishment's director or deputy director), including confinement in their dormitories/rooms (by removing door handles), exclusion from some or all communal activities and disciplinary isolation.

64. Two examples can be mentioned in this context.

A girl interviewed elsewhere alleged that she had been confined for six hours in a small dark room, equipped with a wooden bench, located on the second floor of the Centre. In the course of its visit to the Centre, the delegation found such a room, the door handle of which had been removed and taken to a staff office located on the ground floor. In this regard, the CPT wishes to stress that the practice of confining juveniles in a dark room is unacceptable (cf. also Rule 37 of the European Prison Rules) **and recommends that it be discontinued. Furthermore, removing door handles from a room used for detention purposes is a dangerous practice.**

The delegation also found a “solitary confinement/disciplinary cell”, located on the first floor of the Centre, which bore a striking resemblance to the cells seen in ordinary police establishments. The cell measured approximately 13 m<sup>2</sup> and its only equipment was a sleeping platform. The director informed the delegation that this cell was used “very rarely” and only for “extremely serious offences”. However, there existed no register concerning the use of this cell (or of the imposition of any other disciplinary sanctions). Further, the information provided by several juveniles indicated that recourse to disciplinary isolation was far more frequent than it had been declared, and that placement in the above-mentioned cell could last for several days, during which time the juveniles concerned were not always provided with a mattress and were not allowed daily outdoor exercise.

65. At the end of the visit, the “solitary confinement/disciplinary cell” was the subject of an immediate observation under Article 8, paragraph 5 of the Convention, the delegation requesting that the cell be withdrawn from service immediately (cf. paragraph 8).

In their reply of 16 June 1999, the Latvian authorities informed the CPT that the use of the above-mentioned cell had been stopped by Decree N° 50 of the City of Rīga Chief Police Agency, of 15 February 1999.

66. More generally, the delegation gained the clear impression that an undeclared regime of punishment and confinement existed within the Centre, without any written code of rules. The absence of a written set of disciplinary rules and procedures opens the door to abuse. **The CPT recommends that such rules and procedures be drawn up without delay. As regards, more particularly, procedures, inmates should have the right to be heard in connection with any offence which they are alleged to have committed and be entitled to appeal to a higher body against any disciplinary sanctions imposed on them. Further, every instance of recourse to any form of disciplinary sanction should be duly recorded in a special register.**

h. complaints and inspection procedures

67. Effective complaints and inspection procedures are basic safeguards against ill-treatment in all places of deprivation of liberty, including establishments for minors. Minors should have avenues of complaint open to them, both within and outside an establishment's administrative system, and be entitled to confidential access to an appropriate authority. The CPT attaches particular importance to regular visits to all establishments for minors by an independent body (for example, a visiting committee or a judge) with authority to receive - and, if necessary, take action on - inmates' complaints and to inspect the accommodation and facilities.

68. The CPT's delegation noted that minors placed in the Centre could make complaints to the establishment's Director and, further, to the Children's Rights Inspector. However, it was not in a position to ascertain whether they were entitled to correspond with the above-mentioned Inspector on a confidential basis. Moreover, it was not clear whether any provision had been made for regular inspections of establishments for minors by an independent body with authority to receive complaints and inspect the premises. **The CPT would like to receive information from the Latvian authorities on the above-mentioned points.**



**7. The Illegal Immigrant and other Unidentified Persons Accommodation Centre, Rīga**

a. introduction

69. Article 48 (5) of the Act on the Entry and Residence of Foreign Citizens and Stateless Persons in the Republic of Latvia of 9 June 1992 provides for the detention of illegal aliens by the police for up to 72 hours, prior to the issue of an order of forcible expulsion. Upon notification to the competent prosecutor, this detention may be prolonged by the police to a maximum period of 10 days. However, there is no time limit for the detention of persons with respect to whom an expulsion order has been issued. Article 48 (6) of the same Act merely specifies that such persons “shall be taken into custody until the expulsion order has been executed”. Indeed, most of the persons detained at the Illegal Immigrant and other Unidentified Persons Accommodation Centre in Rīga had spent periods of two to five months in detention, and the delegation was told that detention periods of up to 8 months were not rare.

70. The above-mentioned Centre in Rīga was located in an old warehouse, adjacent to the city market. The accommodation - 15 dormitories on three floors - had remained virtually unchanged since the Soviet period, when the Centre was used as a detention centre for vagrants.

The delegation was informed that the Centre had an official capacity of 60 persons (according to a norm of 5 m<sup>2</sup> of dormitory space per person). On the day of the delegation’s visit, 34 persons (including three women) were accommodated in the Centre, their length of stay varying between two days and five-and-a-half months. According to the Centre’s director, juveniles and families were never detained in the establishment; instead, they were sent to an establishment for illegal aliens situated in Olaine.

71. The delegation heard no allegations of deliberate physical ill-treatment of illegal aliens by staff at the Centre. However, conditions of detention were totally unsatisfactory.

b. conditions of detention

72. The Centre’s dormitories, equipped with wooden sleeping platforms and partially screened sanitary annexes, measured from 12 to 35 m<sup>2</sup>, each accommodating from three to six persons. Such an occupancy rate is acceptable; however, this was the only positive point that can be recorded. Detained persons were not provided with mattresses and the two blankets which they did receive (one thick, serving as a mattress, and one thin, with which persons were supposed to cover themselves at night), were dirty and stained. Moreover, there was no access to natural light, artificial lighting was mediocre and ventilation was both noisy and totally inefficient. The state of cleanliness and decoration of dormitories and sanitary installations also left much to be desired. As no hygiene/cleaning items (except one bar of soap per dormitory every ten days) were distributed, and access to a shower was only offered every ten days, the detainees had great difficulties in maintaining an adequate level of hygiene, both personal and within the dormitory. It should be added that the dormitories were infested with bugs and lice.

Meal arrangements were also unsatisfactory. The first meal of the day was only distributed at 1.30 p.m. and the second (and last) at 6.30 p.m. Further, neither the quantity nor the quality of food (consisting chiefly of bread, tea and pasta or porridge) appeared sufficient, a state of affairs which is scarcely surprising given the derisory daily budget for food per detainee (40 santims).

It is also a matter of grave concern to the CPT that the detainees were never allowed into the open air. Nor were they allowed outside of their dormitories, with the exception of a 1½ hour to 2 hour daily walk in the establishment's damp and dark corridors. Activities inside the dormitories consisted essentially of reading. Consequently, detainees spent the bulk of their day in almost total idleness, a situation which could last for months.

73. As already indicated, (cf. paragraph 8) the intolerable conditions at the Centre were the subject of an immediate observation under Article 8, paragraph 5, of the Convention; the delegation requested the immediate transfer of the detainees to another - suitable - establishment. In their reply of 16 June 1999, the Latvian authorities informed the CPT that additional funds (Ls 500 000) had been requested from the Ministry of Finance, under the 1999 budget, in order to repair an unused building of the Rīga Institute for Civil Aviation Engineers, with a view to replacing the existing premises of the Centre.

The CPT takes note of this information **and recommends the Latvian authorities to implement without delay the above-mentioned immediate observation. The CPT would like to be informed about the further action taken by the Latvian authorities to this effect.**

74. In this context, the CPT wishes to stress that, in cases where it is deemed necessary to deprive persons of their liberty for an extended period under aliens' legislation, such persons should be accommodated in centres specifically designed for that purpose, offering material conditions and a regime adapted to their legal status and staffed by suitably qualified personnel. Obviously, such centres should provide accommodation which is adequately-furnished, clean and in a good state of repair, and which offers sufficient living space for the numbers involved. Further, care should be taken in the design and layout of the premises to avoid as far as possible any impression of a carceral environment. As regards regime activities, they should include outdoor exercise, access to a day room and to radio/television and newspapers/magazines, as well as other appropriate means of recreation (e.g. board games, table tennis). The longer the period for which persons are detained, the more developed should be the activities which are offered to them.

c. staff

75. The staff of holding centres for aliens have a particularly onerous task. Firstly, there will inevitably be communication difficulties caused by language barriers. Secondly, many detained persons will find the fact that they have been deprived of their liberty when they are not suspected of any criminal offence difficult to accept. Thirdly, there is a risk of tension between detainees of different nationalities or ethnic groups. Consequently, the CPT places a premium upon the supervisory staff in such centres being carefully selected and receiving appropriate training. As well as possessing well-developed qualities in the field of interpersonal communication, the staff concerned should be familiarised with the different cultures of the detainees and at least some of them should have relevant language skills. Further, they should be taught how to recognise possible symptoms of stress reactions displayed by detained persons (whether post-traumatic or induced by socio-cultural changes) and to take appropriate action.

As far as the delegation could ascertain, the staff employed at the Illegal Immigrant and Other Unidentified Persons Accommodation Centre in Rīga was composed of police officers who had not undergone any specific training for their duties at the Centre. **The CPT recommends that the Latvian authorities take steps to remedy this lacuna, in the light of the above remarks.**

d. health care

76. The health care service in the Centre consisted of a team of four feldshers, who assured a continuous presence in the establishment, and of a “disinfecting” specialist. However, the delegation heard numerous complaints from persons detained about the quality of care provided. In particular, complaints were made about long waiting periods for consultations, the summary and superficial character of those consultations (apparently, most of them took place without direct physical contact with the person concerned, through the small hatch in dormitory doors), and the lack of medication. Further, no medical screening of new arrivals was carried out, save a very superficial check for the presence of problems such as lice. There were no proper medical files - only summary notes in the daily logbooks, to which non-medical staff had access.

77. Another issue of serious concern to the delegation was the treatment reserved to seven detainees who were on hunger strike (for periods varying from three days to two weeks). These persons were accommodated separately from the others, and the establishment’s management clearly lacked a vision of how to cope with the problem; nor was there a defined strategy and/or monitoring by the Centre’s health care service. The Centre’s director said that, if the hunger strikes were to last, the option of forcible feeding would be considered.

78. To sum up, the organisation and functioning of the Centre’s health care service left much to be desired and should be completely reviewed. **The CPT trusts that the above-mentioned deficiencies will be remedied in the process of transferring the Illegal Immigrant and Other Unidentified Persons Accommodation Centre to its new premises (cf. paragraph 73). In addition, regular supervision of the feldshers’ work by a medical doctor should be guaranteed.**

Moreover, **the CPT recommends that the Latvian authorities draft a policy document on the treatment of hunger strikers, having regard to the relevant international standards and rules on the subject.**

e. safeguards against the ill-treatment of persons detained under aliens legislation

79. In the same way as other categories of persons deprived of their liberty, persons detained under aliens' legislation should be entitled, from the outset of their detention, to inform a person of their choice of their situation and to have access to a lawyer and a doctor. They should also be expressly informed, without delay and in a language they understand, of all their rights and of the procedure applicable to them.

In this context, the CPT noted that the Act of 9 June 1992 on the Entry and Residence of Foreign Citizens and Stateless Persons lays down certain rights and safeguards: access to a lawyer and to the services of an interpreter; notification of decisions in writing; avenues of appeal against such decisions. However, unlike criminal suspects, persons detained under the Act of 9 June 1992 do not benefit from *ex officio* legal assistance; **the CPT recommends that the system of *ex officio* legal assistance be extended to persons detained under the 1992 Act.**

80. The delegation found that steps had been taken to ensure that persons detained in the Centre were informed, on arrival, of the internal regulations and of their rights (notices in the corridor and oral explanations). Nevertheless, it would be helpful if detained persons were to receive a leaflet setting out in a straightforward manner their legal situation and the procedure applicable to them. This could *inter alia* contribute to easing the anxiety and tension among persons detained. **The CPT invites the Latvian authorities to take steps to ensure that persons detained under the 1992 Act receive such a leaflet on their arrival in an accommodation centre.**

81. The prohibition of torture and inhuman or degrading treatment or punishment englobes the obligation not to send a person to a country where there are substantial grounds for believing that he would run a real risk of being subjected to torture or ill-treatment. In this context, the CPT noted that Article 22 (2) of the Act on Asylum Seekers and Refugees stipulates that “a refugee may not be deported or extradited to a country where the threat of persecution [...] exists”. **The CPT wishes to know whether this safeguard is considered as applying also to persons detained under the provisions of the 1992 Act on the Entry and Residence of Foreign Citizens and Stateless Persons.**

**Further, the CPT would like to receive a detailed account of the precise measures taken in practice by the Latvian authorities in order to ensure that the above-mentioned safeguard is respected.**

82. Finally, the CPT wishes to refer to the issue of resort to means of coercion in the context of expulsion procedures. In the course of its visit to the Illegal Immigrant and Other Unidentified Persons Accommodation Centre in Rīga, the delegation was informed by members of the Centre’s staff that the means of coercion employed in the course of forcible expulsions are the same as those authorised by Article 13 of the Police Act when carrying out ordinary police duties. In practice, the most frequently used means of coercion were handcuffs and, on more rare occasions, leather straps and/or strait-jackets. However, the delegation was told that, on one occasion involving a Georgian citizen approximately a year ago, a mouthtape had been used, albeit only for a short period.

The CPT recognises that it will often be a difficult task to enforce an expulsion order in respect of a foreign national who is determined to stay on a State's territory. Law enforcement officials may on occasion have to use force in order to effect such a removal. However, the force used should be no more than is strictly necessary. Further, the Committee must emphasise that to gag a person is a highly dangerous measure.

**Consequently, it recommends that the use of mouthtape or other means of stopping up a person's mouth be prohibited.**

## **8. Rīga Police Sobering-up Centre**

83. The delegation also visited the Rīga Police Sobering-up Centre. This Centre had a capacity of 30 places and, on the day of the delegation's visit, was holding two persons.

84. Admission to the Centre is regulated by Article 171 of the Administrative Code, which authorises the holding of intoxicated persons for up to 12 hours. In addition, there were clearly established criteria for admission, which appeared to be strictly adhered to: persons suffering from a physical handicap, epilepsy, mental illness, as well as drug users and minors below the age of 16 were not admitted.

85. Upon admission, the Centre's feldsher carried out a standardised examination, duly recorded in a protocol. In particular, important clinical parameters such as pulse, blood pressure, pupil size and reaction, level of consciousness, signs of trauma, language, behaviour, etc. were systematically recorded. Further, regular observations were made during the period of detention and upon release, which were also recorded. Following the initial medical examination, the police staff attempted to contact close relatives of the persons concerned. Persons were only released once the staff considered that they were "sober", i.e. oriented in time and space, able to speak clearly and walk without difficulty, and not aggressive.

86. Intoxicated persons who became violent would be placed separately from other persons and, in exceptional cases, restrained with handcuffs and/or a strait-jacket. The decision to apply physical restraint was taken by the Centre's feldsher, who had to specify the reasons for the measure in the individual protocol and the daily log of the Centre. Anyone subjected to physical restraint was placed under close supervision, and the delegation was told that physical restraint was usually applied for a maximum of 1-2 hours. Examination of the daily log confirmed these declarations: handcuffs had been applied only once since the beginning of the year, for less than an hour.

87. The Centre was housed in an old and dilapidated building - a former warehouse. There were six rooms: five larger ones (measuring approximately 22 m<sup>2</sup> each), foreseen for 4 to 7 persons, and one smaller room (measuring approximately 10 m<sup>2</sup>), for female detainees. The larger rooms were equipped with light metal and cloth-covered beds and sanitary buckets. There was no access to natural light, but artificial lighting and ventilation appeared satisfactory. Further, although the rooms showed signs of wear and tear, the overall standard of cleanliness was high. The same conditions prevailed in the smaller room, equipped with a bed and a bench. One communal toilet, in a poor state of hygiene but in working order, was available to the intoxicated persons; however, the staff indicated that the absence of showers and equipment allowing to wash the persons' clothes constituted a problem from the hygienic point of view.

The Centre appeared to be adequately staffed; in particular, there was an appropriate level of supervision. The feldsher on duty and the police staff provided on-going surveillance of the intoxicated persons.

88. To sum up, the CPT gained an overall favourable impression of the Rīga Police Sobering-up Centre. However, in order to improve the functioning of this establishment, **the CPT recommends that the Latvian authorities take the following measures:**

- **provide the Centre with an ethylometer (breathalyser) in order to confirm the presence and measure the degree of alcohol intoxication;**
- **organise regular and ongoing specialised training in the care of intoxicated persons and in the recognition of conditions which could be mistaken for a state of intoxication;**
- **provide written instructions on the use of physical restraint towards violent intoxicated persons;**
- **seek to improve material conditions in the Centre (with particular reference to the sanitary and shower facilities).**

**Further, it would be desirable for a medical doctor to visit the Centre at regular intervals (e.g., every three months) in order to review protocols and check on medical standards and equipment.**

## **B. Prisons**

### **1. Preliminary remarks**

89. During its first periodic visit to Latvia, the delegation examined in some depth the situation at the Central Prison and Iļģuciema Prison.

**The Central Prison**, located in Rīga, was built at the beginning of the century and serves as the main male remand prison for Latvia. It is composed of five detention units (Blocks 1 to 5) and a prison hospital with a nationwide function. The delegation was informed that its official capacity was 1650 places (including 314 hospital beds). On the first day of the visit, the establishment was holding slightly more than 2000 prisoners (including 266 in-patients at the hospital): 1715 held under a remand detention regime, 310 prisoners in transit, and 131 sentenced prisoners assigned to work in the establishment. Four prisoners sentenced to death were being held in a special section of the prison, located on the second floor of Block 4.

**Iļģuciema Prison** is situated in the outskirts of Rīga. Originally constructed for use as industrial stables and a slaughterhouse, it became a prison after the Second World War. Since the restoration of Latvia's independence, it has served as the only female prison in the country, accommodating both remand and sentenced prisoners. The establishment comprises four detention blocks as well as various other facilities (an extensive workshop area, sports and theatre halls, a mother-and-child unit, a kindergarten, and a unit for juveniles). With an official capacity of 350 places, the establishment was holding 400 prisoners (164 under a remand detention regime and 236 sentenced prisoners).

90. At the time of the visit (January-February 1999), prison establishments were still under the authority of the Ministry of the Interior. However, the CPT was informed by the Latvian authorities that the transfer of responsibility for the prison system to the Ministry of Justice was under preparation, the date foreseen for this transfer being 1 January 2000. The CPT welcomes this decision; **it would like to receive detailed information on the implementation of the transfer and the future structure of the Prison Administration under the authority of the Ministry of Justice.**

91. At the outset of the visit, the Minister of the Interior and senior officials from the Prison Department highlighted serious problems facing the Latvian prison system: a rising prison population, which had led to overcrowding and hence a deterioration in conditions of detention; lack of work, education and leisure opportunities for prisoners; shortage of staff; and a dramatic spread of tuberculosis amongst the prison population.

An extensive renovation and refurbishment programme had been undertaken, which had started to bear fruit: some 40% of the total prison population lived already in smaller renovated cells (the old soviet dormitory system had been abandoned and proper sanitary annexes installed in the cells). However, the difficult budgetary situation and the high costs of the renovation work was considerably hampering progress in this area.

92. At the time of the visit there were 10.000 prisoners in Latvia, 40% of whom on remand, detained in 15 prisons (i.e., a rate of some 400 prisoners per 100.000 inhabitants). Even on the basis of the very modest standards of living space per prisoner applied in Latvia (2 m<sup>2</sup> for male sentenced prisoners; 2.5 m<sup>2</sup> for prisoners on remand and juveniles; 3 m<sup>2</sup> for female sentenced prisoners), the prison system was overcrowded.

Unless the problem of overcrowding which currently afflicts the prison system is tackled effectively, attempts to improve conditions of detention will inevitably founder. In this context, the CPT notes that the current incarceration rate in Latvia is significantly higher than that observed in most other European countries. This would suggest that the solution to the problem of overcrowding is to be found not so much in developing the prison estate but rather in reconsidering current law and practice in relation to custody pending trial as well as sentencing policies.

In this context, reference should be made inter alia to Recommendation N° R (80) 11 of the Committee of Ministers of the Council of Europe, concerning custody pending trial. The general principles set out in that recommendation deserve to be quoted:

"1. Being presumed innocent until proved guilty, no person charged with an offence shall be placed in custody pending trial unless the circumstances make it strictly necessary. Custody pending trial shall therefore be regarded as an exceptional measure and it shall never be compulsory nor be used for punitive reasons."

If the relevant authorities in Latvia were to be guided by the general and specific principles set out in Recommendation N° R (80) 11, this could significantly reduce the current pressures on pre-trial establishments.

Reference should also be made to Committee of Ministers' Recommendation N° R (92) 17 concerning consistency in sentencing, and more particularly to recommendation B 5(a), according to which "custodial sentences should be regarded as a sanction of a last resort, and should therefore be imposed only in cases where, taking due account of other relevant circumstances, the seriousness of the offence would make any other sentence clearly inadequate".

**The CPT recommends that the Latvian authorities implement the principles set out in the above-mentioned Recommendations of the Committee of Ministers.**

93. As regards the present standards of living space per prisoner, the CPT wishes to stress that they do not provide a satisfactory amount of living space. The Committee is aware that any improvements in this area are dependent upon overcrowding being reduced. Nevertheless, **the CPT recommends that the standard on living space be increased as soon as possible to at least 4m<sup>2</sup> per prisoner. Further, any cells measuring less than 6m<sup>2</sup> should be taken out of service as prisoner accommodation.**



94. Concerning the poor employment situation of inmates, the CPT wishes to stress that the provision of appropriate work to sentenced prisoners is a fundamental part of the rehabilitation process. Moreover, in the interest of their psychological well-being, remand prisoners should as far as possible also be offered work. It follows that the employment situation within the prison system should not be dictated exclusively by market forces. **The CPT recommends that special measures be introduced with a view to providing more work places for prisoners.**

95. The delegation was also informed by representatives of the Prison Department that only 6 out of the 15 prisons in Latvia were fully staffed by prison staff; in the remaining 9 prisons, custodial duties were performed by unqualified military conscripts. The representatives of the Prison Department, as well as the Director of the Central Prison, stated that this was a very unfavourable state of affairs.

It is axiomatic that the cornerstone of a humane prison system will always be properly recruited and trained prison officers. Consequently, **the CPT recommends that appropriate steps be taken to fill all posts currently occupied by military conscripts with professional prison staff.**

## 2. Ill-treatment

96. The delegation heard hardly any allegations of deliberate physical ill-treatment of prisoners by staff in the prisons visited. However, allegations were heard in the Central Prison that prisoners were obliged to remain in an uncomfortable knee-bent position for considerable periods of time, while their cells were being searched; **the CPT recommends that steps be taken to eliminate this practice.**

97. Unfortunately, in any prison system cases will occur from time to time of prison staff abusing their authority by ill-treating inmates. When such cases arise, it is essential that the authorities take rapidly the necessary measures. In this connection, and in order to obtain a nationwide view of the situation, **the CPT would like to receive the following information for 1998 and 1999:**

- **the number of complaints of ill-treatment lodged against staff working in establishments under the authority of the Department of Prisons;**
- **an account of disciplinary and/or criminal sanctions imposed following such complaints.**

98. The duty of care which is owed by the prison authorities to prisoners in their charge includes the responsibility to protect them from other prisoners who might wish to cause them harm. In this connection, the delegation was concerned to observe that, in particular at the Central Prison, an informal prisoner-power structure clearly existed, one of the consequences of which was the large number of prisoners held voluntarily in solitary confinement. The control exercised by staff in order to guarantee safe detention for all prisoners was obviously insufficient, due partly to the poor quality of staff-prisoner relations (cf. paragraph 171), but also to the shortage of qualified staff (cf. paragraph 172).

**The CPT recommends that the Latvian authorities take urgent measures in order to increase staffing levels in detention areas at the Central Prison in Riga. Furthermore, it would like to receive information on strategies developed with a view to addressing the problem of inter-prisoner violence in the prison system.**

99. Finally, the CPT must emphasise already at this stage that a large number of prisoners at the Central Prison were subject to a combination of negative factors - overcrowding, very poor material and hygiene conditions, impoverished activity programmes - which could easily be described as inhuman and degrading treatment. Female prisoners held on remand in the "ISO" at Iļģuciema Prison were subject to similar conditions.

### 3. Central Prison, Rīga

#### a. the remand population

100. Material conditions for the vast majority of prisoners in Blocks 1, 2, 4 and 5 were intolerable, a situation which was openly admitted by the prison director.

First of all, the prisoners were being held in grossly overcrowded conditions. By way of example: 30 m<sup>2</sup> cells were accommodating 20 or more prisoners, 16 m<sup>2</sup> cells were accommodating 14 prisoners, 11 m<sup>2</sup> cells were accommodating 14 prisoners, 9 m<sup>2</sup> cells were accommodating 12 prisoners, and 6 m<sup>2</sup> cells were accommodating up to four prisoners.

In many cells, there was little room for any furniture apart from bunk beds; at best, there was a table and stools. Indeed, living space was at such a premium that, in some cells, there were more inmates than beds; consequently, inmates had to take turns to sleep. All of the cells were equipped with a lavatory and a washbasin. However, the lavatory was not partitioned off and prisoners had to resort to makeshift curtain arrangements to provide a modicum of privacy; further, these in-cell sanitary facilities were frequently in a very poor state of repair and cleanliness.

Most cells had only limited access to natural light - often because cell windows were small and/or had been screened or covered - and ventilation was poor. Further, some cells in Blocks 2 and 4 did not have a window at all; consequently, they had no access to natural light and no evident means of ventilation. Further, allegations were heard that the prison's heating system was not a match for Latvian winters.

101. The state of repair and level of cleanliness in the vast majority of cells also gave grounds for serious concern: the walls and ceilings were crumbling and were being eaten away by mildew, the rudimentary furniture was generally in a poor state of repair, and the surrounding filth on occasion beggared belief. Many cells were infested with cockroaches, fleas and other vermin. The prisoners and staff also confirmed that there were rodents in some cells.

102. Particular reference should be made to the "quarantine/transit" cells in the basement of Block 2, cells N° 501 and 502 in the basement of Block 5, the punishment cells in the basement of Block 4, as well as cell N° 417A. Conditions in these cells were so appalling as to render them unfit for human accommodation. At the end of its visit, the delegation requested the Latvian authorities to either renovate the cells concerned, as a matter of priority, or to withdraw them from service. **The CPT would like to be informed of the measures taken upon that request.**

103. On certain floors of Blocks 1 and 4, renovation work had been carried out; however, the better material conditions offered to prisoners were undermined by the persistent overcrowding. Furthermore, the prison director pointed out that the date initially scheduled for the completion of the renovation programme - 1 January 2000 - already seemed unrealistic.

104. The CPT was also concerned to note that many remand prisoners throughout the prison had difficulty maintaining an acceptable level of personal hygiene. Two factors contributed to this situation: the prisoners were themselves often destitute, and they received virtually no assistance from the prison establishment.

One bar of soap per cell was made available every ten days, for the shower period, as well as - in some cells - small quantities of washing powder. Prisoners without money or help from their families had to rely on the generosity of fellow inmates to obtain items such as lavatory paper, shavers and toothpaste. Further, no assistance was provided to prisoners who did not have proper clothing at their disposal.

105. The deplorable material conditions described above were compounded by the absence of anything that remotely resembled a regime. The principal - practically the only - out-of-cell activity consisted of one hour of outdoor exercise every day. Further, some categories of prisoners were offered only 15 to 30 minutes outdoor exercise (i.e., "vulnerable prisoners", such as sex offenders), or no outdoor exercise at all (i.e., prisoners in punishment cells). Inmates took their exercise in small groups, in facilities which were not large enough to enable them to exert themselves physically. Furthermore, the exercise yards were generally not sheltered against inclement weather. The only other regular out-of-cell activity was the shower session every ten days.

As regards in-cell activities, they were limited to reading newspapers and books (from a poorly furnished library). In short, remand prisoners held at the Central Prison led a monotonous and purposeless existence, a situation which could last for months and, on occasion, for years.

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106. The CPT is fully aware of the magnitude of the task facing the Latvian authorities in bringing the conditions in prison establishments up to European standards, and of the work already done or planned. That being said, the intolerable situation observed at the Central Prison in Rīga only serves to highlight the importance of the recommendations already made in paragraphs 92 to 94.

It is clear that eradicating overcrowding in the Central Prison - as well as in other prison establishments - will take time. Nonetheless, immediate efforts must be made to palliate the most critical problems observed at the Central Prison.

107. With regard to material conditions of detention, **the CPT recommends that the Latvian authorities:**

- **ensure that every prisoner has his own bed, equipped with a clean mattress and clean bedclothes, and that prisoners are able to take a hot shower at least once a week;**
- **ensure that all prisoners have adequate quantities of essential personal hygiene products as well as cleaning products for their cells;**
- **supply indigent prisoners with proper clothing, taking weather conditions into account;**
- **ensure that there is access to natural light and adequate ventilation in all prisoner accommodation;**
- **attach the highest priority to the speedy completion of the renovation of the Central Prison in Rīga.**

108. With regard to activities, **the CPT recommends that all prisoners be offered at least one hour of outdoor exercise every day, in conditions allowing them to exert themselves physically.**

**It goes without saying that as overcrowding is reduced, fuller programmes of activities must be introduced. The aim should be to ensure that all remand prisoners are able to spend a reasonable part of the day (i.e., eight hours or more) outside their cells, engaged in purposeful activities of a varied nature (recreation/association; work, preferably with vocational value; education; sport).**

b. prisoners detained in the “special section”

109. The “special section” was accommodating four prisoners sentenced to death<sup>1</sup>, in respect of whom all legal procedures had not yet been completed, and seven other prisoners considered by the prison management to constitute a particular risk (attempted escape, gravity of their offence or their behaviour inside the prison). At the outset, the CPT must express serious concern about the conditions under which these prisoners were being held and the regime applied to them.

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<sup>1</sup> At the time of the visit, the death penalty was still officially provided for under the Criminal Code. However, as from 1996, death sentences had systematically been commuted to life imprisonment by the President of Latvia, amounting to a *de facto* moratorium. Latvia signed Protocol No. 6 of the European Convention on Human Rights on 22 June 1998, and the death penalty was officially abolished on 7 May 1999.

110. Prisoners sentenced to death were accommodated in Block 4 (second floor), alone in cells measuring 8 to 10 m<sup>2</sup>. The other prisoners were accommodated alone or in two's, in cells of the same dimension.

Cell equipment was spartan: a metal bed (equipped with a thin mattress, sheets of dubious cleanliness and a blanket which was manifestly insufficient to keep out the cold) and a shelf. Moreover, the toilets in the cells were not partitioned, a situation which is particularly unsatisfactory in cells accommodating more than one person. The cells had no access whatsoever to natural light, the windows being completely covered by metal plates; furthermore, artificial lighting - which was permanently on - was not always sufficient, with the result that some cells were dim. Ventilation in the cells was also very poor, prisoners having to rely on holes drilled in the metal plates covering the windows to get a bit of fresh air, and the cells were damp and cold. As regards the provision of personal hygiene products, the prisoners were in a similar situation to that of other inmates: such items were rarities.

**The recommendations set out in paragraph 107 apply equally to prisoners detained in the special section. Further, the CPT recommends that the sanitary facilities in all cells used to accommodate more than one person be fitted with a partition.**

111. As was the case for remand prisoners, prisoners in the special section enjoyed no form of activity outside their cells, save one hour of outdoor exercise per day (taken alone or, for those sharing cells, with their cell-mate) and a shower every 10 days. In-cell activities consisted - at best - of reading newspapers/books or listening/watching radio/TV (for those who could afford one). Human contact was essentially limited to the occasional visit by a priest or a member of the health-care staff (the contact was, however, limited to a discussion through the cell door hatch) and, for certain prisoners, visits from their family.

Moreover, all movements of special section prisoners outside their cells had to take place with handcuffs applied to the prisoner and under the escort of three prison guards, who were not allowed to talk to the prisoner concerned. The delegation was also told by the prisoners that, during cell searches, they would normally be handcuffed to the cell bars.

112. In short, prisoners accommodated in the special section were subject to a very impoverished regime and were offered very little human contact. Indeed, for certain prisoners, their conditions of detention amounted to solitary confinement. Moreover, they had been kept in such deleterious conditions for considerable periods of time (up to three years). The establishment's head doctor himself stressed that the conditions under which prisoners in the special section were being held had led to numerous somatic and psychological ailments.

Such a situation may be consistent with the legal provisions currently in force in Latvia; however, this does not alter the fact that it is totally unacceptable to the CPT.

113. Any regime which denies appropriate mental and physical stimulation to prisoners is likely to have a detrimental effect on the health of the person concerned and, in particular, can lead to a gradual deterioration of mental faculties and social abilities. Consequently, regardless of the gravity of the offences for which prisoners have been convicted, efforts must be made to provide them with appropriate stimulation and, in particular, with human contact.

Further, long term imprisonment is widely considered to have a number of desocialising effects upon prisoners. In addition to becoming “institutionalised”, such prisoners may experience a range of psychological problems (including loss of self-esteem and impairment of social skills) and have a tendency to become increasingly detached from the world into which they will most probably return at some stage. In the view of the CPT, the regimes which are offered to prisoners serving long sentences should seek to compensate for these effects in a positive and proactive way.

Prisoners serving lengthy sentences should have access to a wide range of purposeful activities of a varied nature (work, preferably with vocational value; education; sport; recreation/association). Moreover, they should be able to exercise a degree of choice over the manner in which their time is spent, thus fostering a sense of autonomy and personal responsibility. Additional steps should be taken to lend meaning to their period of imprisonment; in particular, the provision of individualised custody plans and appropriate psycho-social support are important elements in assisting such prisoners to come to terms with their period of incarceration and, in due course, to prepare for release. Further, the negative effects of institutionalisation upon such prisoners will be less pronounced, and they will be better equipped for release, if they are able effectively to maintain contact with the outside world.

Clearly, the regimes which are currently being applied to prisoners in the special section at the Central Prison fall far short of meeting the criteria set out above.

**114. The CPT recommends that the Latvian authorities take urgent steps to develop the regimes offered to prisoners accommodated in the special section at the Central Prison in Rīga, taking due account of the remarks made in paragraph 113. If necessary, the relevant legislation should be amended.**

**Further, the CPT invites the Latvian authorities to review the current practice of routine handcuffing of prisoners when taken out of their cells, in the light of the 1987 European Prison Rules (cf. in particular Rules 39 and 40).**

c. sentenced prisoners

115. The material conditions of detention offered to the 131 sentenced prisoners assigned to work in the prison were quite satisfactory. These prisoners were accommodated in large dormitories, which were well lit and ventilated. Further, toilets were accessible at all times and prisoners could take a shower every working day. The prisoners also had access to a leisure room equipped with a television and games, and to a refectory. All the facilities were in a satisfactory state of repair and cleanliness.

116. As already indicated, all of the prisoners had work. They mostly carried out maintenance and renovation work in the prison, worked in the kitchen, or were employed in various workshops (ironwork, joinery, car repairs, etc.). These prisoners were also allowed to play football and basketball, in a relatively well-equipped gym shared with the prison staff. Furthermore, educational activities were offered, such as Latvian (72 persons) and English (10 persons) courses, as well as some professional training (e.g. plumbing; operating industrial elevators, etc.).

To sum up, the conditions of detention of the sentenced prisoners assigned to work at the Central Prison in Rīga were acceptable.

#### 4. Iğuciema Prison

##### a. introduction

117. At the outset, the director of the women's prison pointed out that conditions of detention in the establishment were not satisfactory, partly due to the fact that the premises were not adapted to their present function. The level of overcrowding was particularly problematic in the remand blocks, where it proved impossible to meet the very modest standards of living space per prisoner (cf. paragraph 92 above). As in the Central Prison, the establishment was undergoing gradual refurbishment and modernisation; in particular, the new premises of the health care service were to enter into operation in March 1999. However, it was clear that the resources available fell short of the needs in terms of renovation work, although the prison's management did its best to alleviate the negative consequences of this state of affairs.

In this context, the CPT recalls its recommendations of a general nature made in paragraphs 92 and 93 above.

##### b. the remand population

118. Material conditions of detention in the "ISO" Block - accommodating the 95 prisoners in respect of whom the investigation procedure was not yet completed - were in principle capable of being quite satisfactory. The cells were reasonably well equipped (bunk beds with bedding, table and chair, partly screened sanitary annexe, call system) and enjoyed good access to natural light, satisfactory artificial lighting and ventilation, and were in a relatively good state of hygiene and decoration. However, these positive features were undermined by overcrowding. For example, cell N° 108, measuring 12 m<sup>2</sup>, held six prisoners, and cell N° 206, measuring 11 m<sup>2</sup>, held five. Many cells measuring approximately 10 m<sup>2</sup> accommodated from four to six prisoners.

Moreover, as was the case for male remand prisoners in the Central Prison (cf. paragraph 104), prisoners experienced real difficulties maintaining their personal hygiene (lack of hygiene items, a shower every ten days, etc). Furthermore, some of the remand prisoners complained that sanitary towels were either not available (obliging the women to manufacture such items from paper or old sheets) or - if provided - were of a very poor quality.

119. Material conditions were better for the 65 remand prisoners in respect of whom the investigation procedure had come to an end and who were accommodated in a separate block. The equipment of the 10 to 20 m<sup>2</sup> dormitories consisted of bunk beds with bedding, wardrobes, shelves, tables and stools. Access to natural light and artificial lighting in the dormitories were satisfactory, as was the ventilation and heating. Further, access to outside sanitary facilities, which were in a good state of hygiene and repair, seemed not to pose any problem. Certainly, occupancy rates in this block were also too high (for example, a dormitory of 18 m<sup>2</sup> was accommodating ten prisoners); however, this failing was offset by generous out-of-cell time (cf. paragraph 120).



120. Prisoners of the ISO Block were subject to the same kind of impoverished regime as that of their male counterparts in the Central Prison. There were no out-of-cell activities save outdoor exercise for one hour per day, and in-cell activities were essentially limited to reading and listening to/watching the radio/television.

The situation was much better for those in the post-investigation stage. Such prisoners could move freely within their building from 6.00 a.m. till 10.00 p.m.; they had access to some sports activities as well as to a large leisure/TV room, where they could associate. Further, they could participate in some of the courses offered to sentenced prisoners (cf. paragraph 123 below), and at least a few of them had paid work.

121. To sum up, prisoners accommodated in the ISO Block were locked up for almost the whole of the day in overcrowded cells, without any regime of activities worthy of the name. **Obviously, the occupancy levels should be reduced at the earliest opportunity, in pursuance of the general recommendation made in paragraph 93. The CPT also recommends that the Latvian authorities take steps to increase the range of out-of-cell activities available to remand prisoners in respect of whom the investigation procedure is not yet completed. The aim should be to ensure that prisoners are able to spend a reasonable part of the day (i.e., eight hours or more) outside their cells, engaged in purposeful activities of a varied nature (recreation/association; work, preferably with vocational value; education; sport).**

The conditions of detention for remand prisoners in the post-investigation stage could on the whole be considered as acceptable, if overcrowding were reduced. In this context, the CPT welcomes the initiatives taken by the prison management with a view to improving the situation of such prisoners and, in particular, providing them with activities.

**Further, the CPT recommends that all remand prisoners in the establishment be provided with adequate quantities of essential hygiene products, including proper sanitary products for monthly needs, and be able to take a hot shower at least once a week.**

c. sentenced prisoners

122. The material conditions of sentenced prisoners, who were located in Blocks 1 and 2, could be considered as globally acceptable. The prisoners were accommodated in well-equipped dormitories measuring from 24 to 40 m<sup>2</sup>, holding from 4 to 12 persons each. Access to natural light, artificial lighting, ventilation and heating were adequate. Moreover, as a rule, the dormitories were in a satisfactory state of repair and cleanliness.

Prisoners had easy access to outside toilets and showers, and had at their disposal a small kitchenette where they could prepare their own meals. Although of a relatively outdated design and presenting some signs of wear-and-tear, the detention units gave a pleasant - even homely - impression, with many plants and colourful decorations.

123. The regime of activities varied slightly according to the category to which the prisoners concerned belonged (based on the length of the sentence). Differences consisted essentially in the degree of freedom of movement and access to privileges, such as extended visiting time. However, all prisoners benefited from a wide range of activities - sport in the well-equipped gym, education (tailors' vocational school programme, Latvian and English courses, and a computer class), games, TV room, library.

Approximately 60% of the sentenced prisoners had work in the prison's large workshops (industrial laundry, designing and sewing clothes, towels, bedding and blankets, packaging, assembling carton boxes), in the kitchen or on maintenance/cleaning duties. In this context, the delegation was told by the director that, in the past, there had been many more work opportunities, and that the impressive industrial estate of the establishment was now to a large extent unused, due to the lack of orders from outside contractors.

**The CPT invites the Latvian authorities to examine the possibility of increasing the work opportunities for prisoners at Iļģuciema Prison** (cf. also paragraph 94).

d. prisoners sentenced to life imprisonment

124. During its visit, the delegation met the establishment's only (at that time) prisoner sentenced to life imprisonment. The delegation was very concerned by her conditions of detention. Despite her sentence having been confirmed, she was still being held - alone in her cell - in the ISO Block, under a regime which could easily be described as solitary confinement. The prison's director informed the delegation that the regulations in force require that part of a life sentence be spent in solitary confinement.

As already indicated (cf. paragraph 113), prisoners serving long sentences should be offered a wide range of activities and a degree of choice to compensate the likely negative effects of their detention. **The recommendation made in paragraph 114 applies with equal force to female prisoners subject to long-term imprisonment.**

## 5. Health care services

### a. introduction

125. At the time of the visit, prison health care services were placed under the responsibility of the Ministry of the Interior. Talks held by the delegation with senior officials of the Prison Department and of the Ministry of Welfare revealed that there was no direct link between these two bodies; prison health care services merely applied general health guidelines issued by the Welfare Ministry.

A similar situation is to be found in many countries in Europe; however, the view is increasingly being held that the role of Ministries of Health - or Welfare - should be strengthened in such matters as hygiene control, epidemiological surveillance, assessment of health care and organisation of health-care services in prisons. This approach is clearly reflected in Recommendation N° R (98) 7 of the Committee of Ministers of the Council of Europe concerning the ethical and organisational aspects of health care in prison.

The CPT is convinced that a greater involvement of the Ministry of Welfare in this area will help to ensure optimum health care for prisoners, as well as implementation of the general principle of the equivalence of health care in prison with that in the outside community. Furthermore, whatever institutional arrangements are made for the provision of health care in prisons, the CPT considers it essential for prison doctors' clinical decisions to be governed only by medical criteria and for the quality and effectiveness of their work to be assessed by a qualified medical authority. **The CPT would like to receive the observations of the Latvian authorities on these issues.**

126. As already indicated (cf. paragraph 90), prison establishments will be placed under the responsibility of the Ministry of Justice as from 1 January 2000. **The CPT would like to be informed whether this transfer will also affect prison health care services.**

### b. staff and facilities

127. The health care team at the Central Prison comprised eight doctors (including a head doctor, an internist, a dermatologist/venerologist and a dentist), eight "feldshers" (some of them holding full medical qualifications), four nurses and four auxiliaries, all working on a full-time basis. However, between 4 p.m. and 8 p.m., the medical presence was reduced to one duty doctor and, between 8 p.m. to 8 a.m., no member of the medical team was present, the staff of the Prison Hospital (cf. paragraph 156) being on call. This latter arrangement did not seem to pose any problem in practice; however, the delegation was informed that access to prisoners' medical records was not guaranteed to medical staff from the Hospital. **The CPT recommends that measures be taken to ensure such access, when necessary.**

Specialist care was provided at the Prison Hospital or, exceptionally, by transferring the prisoners concerned to State hospitals.

128. The number of medical practitioners can, on the whole, be considered as sufficient. However, numerous prisoners complained about long delays before receiving dental treatment. **The CPT recommends that the Latvian authorities review the adequacy of dental care resources at the Central Prison.**

129. The complement of nursing staff was inadequate. The delegation itself witnessed the detrimental effects of this situation on the quality of care, despite the nursing staff's efforts and goodwill. In this context, the head doctor informed the delegation that, on occasion, prisoners could be employed as auxiliaries in the prison health care service. There is no doubt that employing prisoners as auxiliaries can provide the inmates concerned with a useful job. However, in the CPT's opinion, such a measure should be seen as a last resort; it is by far preferable for auxiliaries to be recruited from members of the prison staff. Further, prisoners should never be involved in the distribution of medicines.

**The CPT recommends that the complement of qualified nursing staff in the Central Prison be significantly increased. Moreover, the situation of prisoners working as auxiliaries in health care services in the Latvian prison system should be reviewed, in the light of the above remarks.**

130. The health care service facilities at the Central Prison left much to be desired. The main health-care unit comprised a number of offices for doctors, as well as a small laboratory, all of a good standard. By contrast, medical consultations/examinations took place in each detention block, in rather small (+/-10 m<sup>2</sup>) and modestly-equipped rooms. The general level of hygiene in those rooms was satisfactory, but their equipment tended to be timeworn.

Prisoners with a diagnosed condition requiring hospitalisation were, in principle, immediately transferred to the adjoining Prison Hospital. However, at the time of the visit, its capacity was already insufficient to provide appropriate accommodation to all prisoners concerned. Therefore, a large number of prisoners suffering from various disorders (sexually transmitted diseases, hepatitis or tuberculosis) had been accommodated in ordinary cells scattered throughout the prison. Conditions in these cells were generally very poor and in some cases - for the prisoners suffering from tuberculosis - they could only be described as appalling. In addition, the fact that these cells were scattered around the establishment had adverse effects on the administration and supervision of health care, including the provision of medication.

**The CPT recommends that the Latvian authorities review the facilities and resources made available to the health care service at the Central Prison, in order to ensure rational management of health care for patients as well as acceptable hygiene standards and material conditions for sick prisoners who are not transferred to the Prison Hospital. The medium-term objective should be to provide accommodation in the Prison Hospital for all prisoners whose condition requires it.**

131. The health care team at Iļģuciema Prison included an internist, a psychiatrist, an X-ray specialist, two feldshers and three nurses, all working on a full-time basis, as well as two part-time specialists - a gynaecologist and a dentist. In addition, seven health-care staff - a full-time paediatrician and six full-time nurses - were employed in the prison's kindergarten and the mother-and-child unit. Seven social workers and a psychologist completed the health care team.

During the week, outside normal working hours, the nurse on duty in the kindergarten was equally on call for the rest of the establishment. At weekends, a nurse (every Saturday) or a doctor (every Sunday) was on duty. Any prisoner in need of urgent hospitalisation would be transferred by ambulance to the nearest public hospital. In other cases requiring specialised treatment and/or hospitalisation, prisoners were transferred to the Prison Hospital.

The staffing levels in the health care service at Iļģuciema Prison appeared on the whole to be satisfactory. However, the delegation heard numerous complaints concerning access for remand prisoners to dental care; it appeared that free dental care was not guaranteed, except for emergency interventions (mainly extractions). **The CPT recommends that the Latvian authorities take steps to provide appropriate dental care - including conservative dentistry - to all prisoners; this treatment should be free of charge for those prisoners not in a position to pay for it.**

132. The delegation was not in a position to fully evaluate the standard of the health care facilities at Iļģuciema Prison, as they were undergoing extensive renovation and refurbishment at the time of the visit. However, from the examination of the relevant plans, the delegation concluded that the facilities would be of a high standard.

133. The CPT is very concerned about the supply of appropriate medicines in both prisons visited. The delegation was repeatedly told by members of the prisons' health care services that insufficient stocks of medication - with the exception of tuberculosis drugs - was the main problem facing them. In this regard, it emerged that prisoners were largely dependent on families and friends.

The CPT recognises that in time of grave economic difficulties sacrifices have to be made; however, certain basic necessities of life must always be guaranteed in establishments where the State has persons under its care or custody. These necessities include appropriate medication for such persons. **The CPT recommends that the Latvian authorities take measures without delay to ensure the supply of appropriate medicines to the Central Prison and Iļģuciema Prison.**

134. Finally, in the light of some complaints received from prisoners in both prisons visited, **the CPT wishes to underline that prisoners should be able to communicate with the health care service of their establishment on a confidential basis, for example by means of a message in a sealed envelope.**

c. psychiatric care

135. In any prison system there will be many prisoners who, whilst not requiring admission to a psychiatric institution, would benefit from appropriate psychiatric or psychological care. The possibility to refer patients to a psychiatric hospital or unit, whether for admission or outpatient consultation, does not respond to the needs of all prisoners.

In this connection, health care staff interviewed at both prisons visited indicated that a considerable number of prisoners displayed psychiatric symptoms, but did not require admission to hospital. This was borne out by the delegation's own on-site observations. However, the degree to which such prisoners could benefit from appropriate psychiatric and/or psychological care varied between the Central Prison and Ilģuciema Prison.

136. At the Central Prison, psychiatric care was provided by a full-time psychiatrist, who devoted approximately 50% of his working time to examining newly-arrived prisoners, the remaining time being spent on consultations for the rest of the inmates. Despite making serious efforts to respond to the needs of the prison population, the psychiatrist was clearly not able to provide adequate assistance to all prisoners concerned - a fact that he himself admitted. Many prisoners interviewed by the delegation complained about delays in obtaining psychiatric consultations and their relatively summary character. It is also noteworthy that the establishment's health care team did not comprise a psychologist.

**The CPT recommends that the Latvian authorities strengthen psychiatric/psychological care resources at the Central Prison, in light of the above remarks.**

137. Reference should also be made in this context to the situation encountered by the delegation in Block 1 of the prison. At the time of the visit, a prisoner who, according to health care staff themselves, suffered from serious mental problems was being held in isolation in a disciplinary cell (N° 22), located in the basement of the block. This measure had apparently been applied for a period of months. Medical members of the delegation were of the opinion that this prisoner was in need of urgent psychiatric assistance, and that the environment in which he was being kept was aggravating his state of health. Moreover, the delegation found that the prison's psychiatrist had not seen the prisoner in question for at least six months.

At the end of its visit, the delegation requested the director of the Central Prison to take immediate action to put an end to the above-mentioned situation. **The CPT would like to receive information on the steps taken pursuant to the delegation's request.**

138. The situation was markedly better at Ilģuciema Prison, where a psychologist and a team of seven social workers assisted the full-time psychiatrist. The prisoners met by the delegation were generally satisfied with the psychiatric and/or psychological care provided.

d. medical screening on admission

139. The importance of medical screening of new arrivals - especially at establishments which, like the Central Prison and Iļģuciema Prison, represent points of entry into the prison system - cannot be over-emphasised. Such screening is indispensable, in particular in the interests of preventing suicides and the spread of transmissible diseases, and ensuring the timely recording of injuries.

At both prisons visited, the procedure for medical screening on admission could be described as adequate. All newly-arrived prisoners were immediately seen by a nurse and - within 24 hours - by a feldsher or doctor<sup>2</sup>, who carried out a thorough medical examination (including checking for any injuries, skin diseases and/or infectious diseases, together with a targeted examination based on the patient's medical history). Prisoners were also given an X-ray and various other routine tests (syphilis screening, stool tests to detect parasites, hepatitis test if suspected symptoms of the illness had been observed). At Iļģuciema Prison, newly-arrived female prisoners also received a gynaecological examination.

However, the delegation was concerned to find that screening for HIV was performed automatically, without securing the prisoner's consent and without providing any information about the nature of the test carried out. Given the current state of scientific knowledge, both the World Health Organisation and the Council of Europe consider that the compulsory screening of prisoners for HIV infection should be proscribed since it is ineffective and discriminatory, and therefore unethical. **The CPT would welcome the comments of the Latvian authorities on this subject.**

140. The situation as regards the recording of injuries observed on arrival was not entirely satisfactory. When injuries were observed, health care staff were meant to record them in the prisoner's medical file, in principle with any allegations made or information given by the prisoner. The delegation was informed that the doctor had to inform the prison management of such cases, so that it could take the appropriate measures. However, it emerged that attention was paid only to serious injuries. Moreover, the data recorded in such cases (both in the medical file and in the special medical register for admissions) was only of a summary nature, and neither allegations were recorded nor medical conclusions drawn.

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<sup>2</sup> At the Central Prison, all newly-arrived prisoners were seen by a "concilium" of three doctors (an internist, a dermatologist and a psychiatrist).

141. Prison health care services can make a significant contribution to the prevention of ill-treatment by the police, through the systematic recording of injuries observed on newly-arrived prisoners and, if appropriate, the provision of information to the relevant authorities. In this regard, it is important that the medical record made includes:

- a full account of statements made by the person concerned which are relevant to the medical examination (including the description of his/her state of health and any allegations of ill-treatment);
- a full account of objective medical findings based on a thorough examination;
- the doctor's conclusions in the light of i) and ii). In his conclusions, the doctor should indicate the degree of consistency between allegations made and the objective medical findings; this will enable the relevant authorities and, in particular prosecutors, to properly assess the information set out in the record.

The same approach should be followed whenever a prisoner is medically examined following a violent episode in prison. In addition, if the prisoner so requests, the doctor should provide him/her with a certificate describing the injuries.

**The CPT recommends that the Latvian authorities take steps to ensure that the practice in all prison establishments is brought into line with the above-mentioned requirements. Further, the CPT recommends that existing procedures be reviewed in order to ensure that whenever injuries are recorded by a doctor which are consistent with allegations of ill-treatment made by a prisoner, the record is systematically brought to the attention of the relevant prosecutor.**

142. Finally, it is desirable that written information be provided to prisoners on their arrival, making them aware of the existence and operation of the health care service and reminding them of basic hygiene measures (cf. also paragraph 143).

- e. transmissible diseases

143. The risks of disease transmission are enhanced in a closed institution - such as a prison - in particular when general hygiene and environmental conditions are poor. Consequently, prison health care services should adopt a proactive approach, with a view to minimising the risk of the spread of certain infections. A first and foremost measure should be to ensure that information about transmissible diseases (in particular hepatitis, AIDS, tuberculosis, dermatological infections) is regularly provided - including in writing - to both prisoners and prison staff. At the time of the visit, information on modes of transmission and means of prevention was not being systematically provided to prisoners in the Central Prison, whether on admission or at a later stage. **The CPT recommends that this deficiency be remedied.**



144. Tuberculosis was identified as a major problem by both the representatives of the Prison Department and the health care teams at the prisons visited. They stressed that in recent years, there had been a significant increase in the number of tuberculosis cases, attributed primarily to prison overcrowding and to the shortage of appropriate sanitary means to control the disease. It was also stated that the tuberculostatic medicines currently available on the market were costly, while the range available was decreasing. Also, the number of cases of resistance to tuberculostatic medicines in Latvia's prisons was said to be rising (at the time of the visit, approximately 22% of all prisoners suffering from tuberculosis were resistant to at least two of the first-line tuberculostatic medicines).

The CPT fully shares the concerns voiced by the above-mentioned persons. Unless adequately treated, tuberculosis is a life-threatening disease. The prison authorities therefore have a clear obligation to ensure adequate methods of prevention and detection, and to provide appropriate treatment.

145. As regards the procedure for medical screening of newly-arrived prisoners, an X-ray examination was performed, which was repeated annually. If the results were positive, patients were separated from the rest of the prison population and, as long as their illness was in its infectious phase, transferred for treatment to the Prison Hospital.

It is currently widely acknowledged in international medical circles (cf. the guidelines for the control of tuberculosis in prisons drawn up by the WHO and the ICRC in 1998) that in populations with a high tuberculosis prevalence, an X-ray examination cannot constitute in itself a satisfactory initial method for detecting infectious pulmonary tuberculosis cases. In such situations, it is first of all essential to assess the clinical symptoms of the disease during the initial medical screening – for example, persistent cough, sputum production and weight loss – and then to proceed to sputum smear microscopy for pulmonary tuberculosis suspects (regardless of whether they have undergone an X-ray examination) in order to detect the infectious cases. If necessary, this first stage could be followed by another diagnostic test.

In addition, in view of the high risk of transmission during pre-trial custody in an ISO (where conditions are very conducive to airborne infection), it would be highly desirable to have the tuberculosis screening process carried out already at this stage of a person's deprivation of liberty.

**The CPT recommends that the Latvian authorities review the manner in which detained persons are screened for tuberculosis, taking due account of the above remarks and of the international standards in the field of control of tuberculosis, as defined by the WHO and ICRC<sup>3</sup>.**

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<sup>3</sup> Cf. "Guidelines for the Control of Tuberculosis in Prisons", document WHO/TB/98.250.

146. The CPT is also seriously concerned about the care provided at the Central Prison to prisoners suffering from tuberculosis.

Firstly, the delegation noted that there was a lack of monitoring of the treatment, which resulted in a high rate of non-compliance by prisoners who were complaining of the side effects of medicines (e.g. pains in the liver). Health-care staff acknowledged that, given the current circumstances (scattering of patients throughout the prison, nursing staff shortages, and pressure by fellow inmates), it was difficult to supervise the taking of medicines.

Secondly, the conditions of detention of tuberculosis patients were inadequate, especially in terms of material conditions and possibilities for maintaining personal hygiene. Patients were crammed together in unhygienic cells, which had inadequate ventilation and poor access to natural light - in other words, in conditions favouring the spread of the disease.

Finally, the delegation noted that prisoners suffering from tuberculosis who were placed in a disciplinary cell ("kartzers") had their tuberculostatic treatment interrupted during the period of disciplinary isolation.

These different factors result in an unacceptable situation, not only from a humanitarian standpoint, but also because of the risk of contagion and of creation of resistant forms of the disease it indisputably entails.

**147. The CPT recommends that the Latvian authorities take the necessary measures at the Central Prison in order to ensure:**

- **appropriate distribution and monitoring of the taking of tuberculostatic medicines;**
- **material conditions in the cells/dormitories for tuberculous patients that are conducive to the improvement of their health. In particular, urgent measures are needed to substantially reduce the occupancy levels in those cells/dormitories and to improve access to natural light and ventilation. Care should also be taken to ensure that such prisoners are able to maintain a standard of personal hygiene consistent with the requirements of their state of health;**
- **continuation of the treatment of tuberculous prisoners while they are serving the punishment of placement in a disciplinary cell.**

148. During its visit to the Central Prison, the delegation was informed that there were some 20 known HIV+ prisoners in the establishment, accommodated separately from the other prisoners. Their conditions of detention were similar to those offered to remand prisoners in Block 1, though they were offered two hours of daily outdoor exercise instead of one. As to the treatment provided, the delegation was informed that they were supposed to visit Rīga Infectious Diseases Institute every three months; however, in practice, due to delays in arranging for transport, many HIV+ prisoners had to wait much longer (up to six months) for such visits. Furthermore, they suffered increased delays in access to dental care, as they had to be brought to a special centre in Rīga to undergo dental treatment (the prison dentist not possessing appropriate sterilisation equipment).

149. At the time of the visit, some five HIV+ women prisoners were detained at Iļģuciema Prison. Their cell was satisfactorily equipped and well lit (although access to natural light could be improved) and ventilated. However, their regime was extremely poor; their only out-of-cell activity was two-hours of outdoor exercise per day, taken in a small yard of oppressive design. As in the case of HIV+ male prisoners, they benefited, in principle, from a visit to the Rīga Infectious Diseases Institute every three months.

150. The CPT recognises the problems of integration of HIV+ prisoners with the rest of the prison population, arising from lack of experience, insufficient information and fear on the part of other prisoners and staff; however, the CPT must emphasise that there is no medical justification for the segregation of a prisoner solely on the ground that he/she is HIV+. **The CPT recommends that the Latvian authorities devise a policy aimed at putting an end to the practice of ostracising HIV+ prisoners. That policy should provide inter alia for a programme of education and information for both prison staff and prisoners about methods of transmission, means of protection, etc.**

f. health promotion

151. Finally, the CPT would like to stress that the task of prison health care services should not be limited to treating sick patients. It also lies with such services - as appropriate acting in conjunction with the competent authorities - to supervise catering arrangements (quantity, quality, preparation and distribution of food) and conditions of hygiene (cleanliness of clothing and bedding, access to running water, sanitary installations), as well as the heating, lighting and ventilation of cells. Work and outdoor exercise arrangements should also be taken in consideration. Prison medical services should also be concerned with mental hygiene, i.e. with preventing the harmful psychological effects of certain aspects of detention.

Insalubrity, overcrowding, prolonged isolation and inactivity may necessitate either medical assistance for an individual prisoner or general medical action vis-à-vis the responsible authority.

152. In this respect, the delegation noted that although health care staff in both prisons visited readily recognised the existence of a correlation between conditions of detention and many of the complaints for which treatment was frequently provided, they did not always consider it incumbent upon them to address the causes of those complaints. Further, health care staff did not seem aware of the adverse psychological effects of detention under certain circumstances (overcrowding, lack of activities, etc).

**The CPT recommends that prison health care services assume a more active role in monitoring living conditions in Latvian prisons and, if necessary, advocate appropriate measures with a view to promoting the health of prisoners.**

## 6. Prison Hospital, Rīga

### a. introduction

153. The Prison Hospital is located within the perimeter of the Central Prison in Rīga. It has a nationwide vocation, providing somatic and psychiatric in-patient care for sentenced and remand prisoners from all prisons in Latvia. The hospital building, comprising four floors and a basement, dates back to 1902 and, at the time of the visit, was in an advanced state of dilapidation.

The hospital comprised five operational units, accommodating mainly male patients: psychoneurology (including narcology); dermatology/venerology; surgery; internal medicine and tuberculosis. Women and juvenile patients, as well as HIV+ prisoners who were ill, were accommodated separately. Albeit in principle positive, this approach led, in the case of women and juvenile patients, to the undesirable situation of persons with very different medical conditions (transmissible diseases, mental illness) being accommodated together. **The CPT wishes to stress that to accommodate in the same room(s) patients with such different health conditions is a dangerous practice from the medical point of view.**

The hospital's official capacity was 314 beds; at the time of the visit, it was accommodating 266 patients (including 14 women and 8 juveniles). The average length of stay in the hospital was about three weeks, save for psychiatric patients, who often remained for months, if not years.

154. The head doctor enjoyed a wide degree of autonomy as regards the provision of health care to hospitalised prisoners, including appointment of medical staff and allocation of beds and staff to different wards. Doctors were independent in their medical decisions and medical confidentiality within the hospital was respected. Matters of security within and on the perimeter of the hospital were under the responsibility of the Central Prison's director, who had under his command the custodial staff working within the hospital's premises.

155. The above-described system seemed to function generally well. However, the delegation received information from various sources that custodial staff could, on occasion, assume a role that was not fully compatible with the therapeutic function of the hospital. In particular, health care staff had little or no influence on disciplinary decisions (which could involve extracting patients from the hospital to place them in disciplinary cells in the Central Prison) taken vis-à-vis patients by custodial staff; at best, their intervention could postpone the execution of the disciplinary measure. There had been 25 such cases in 1998, including TB patients - whose anti-tuberculous treatment had been interrupted during their placement in disciplinary cells (cf. paragraph 146) - and psychiatric patients.

**The CPT recommends that the Latvian authorities modify the existing procedures so as to put an end to the practice of placing patients at the hospital in disciplinary cells in the Central Prison. Hospitalised prisoners should never be placed in an environment where medical and nursing supervision is not possible and where ongoing treatment is not ensured.**

b. staff and facilities

156. The medical staffing level - the equivalent of 17,5 full-time doctors (six and half surgeons, five TB specialists, three psychiatrists, two specialists in internal medicine and one dermatologist/venerologist) - cannot be considered adequate, bearing in mind the variety and the nature of the diseases dealt with and the high turnover of patients<sup>4</sup>. The delegation saw clear indications of excessive workload pressure on the medical staff. **The CPT recommends the Latvian authorities to review medical staffing levels at the hospital, with a view to increasing the number of doctor's posts.**

The nursing staff comprised 47 nurses (the equivalent of 38 full-time posts). As for the doctors, their number was insufficient considering the hospital's capacity, and they could not devote enough time to individual patient care. **The CPT recommends that the number of nursing staff at the hospital be increased.**

The nurses were in general adequately qualified; however, none of the six nurses working in the psychoneurology unit had received specialised training in psychiatric nursing. **The CPT invites the Latvian authorities to provide the nurses working in the psychoneurology unit with training reflecting the specificity of their work.**

However, the presence of health care staff outside normal working hours and during weekends could be considered as satisfactory. The night and weekend duty staff comprised one doctor and at least four nurses (one per floor).

157. There appeared to be no difficulties in arranging access to specialist treatment for patients, when necessary. They could either benefit from consultations by specialists coming to the Prison Hospital or be transferred to outside hospitals for complicated interventions. There was also access to a community TB hospital and all cases of childbirth were transferred to an outside obstetric hospital service.

158. The standard of the hospital's equipment and other facilities varied between units but, in general, could be considered as sufficient. In particular, the medical and technical facilities - laboratories (biochemical, haematological and bacteriological), radiology room, two operating theatres, gynaecology room, dental surgery room, etc. - were mostly well maintained and in a good state of hygiene.

However, conditions for patients in post-operative care were extremely poor. Despite the existence of a recovery room (which offered satisfactory conditions), such patients were, at the time of the visit, accommodated in ordinary rooms together with other patients, in conditions which represented a direct threat to their health (cf. paragraph 159). The recovery room was being used to accommodate a violent and disruptive patient who did not need post-operative care, but had to be kept away from other patients on security grounds. **The CPT recommends that the Latvian authorities take immediate measures to return the recovery room to its proper use.**

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<sup>4</sup> Between 2000 and 2300 patients are admitted and 550-560 surgical operations are performed in the Prison Hospital each year.

As for the hospital's freshly renovated kitchen, it was of an appropriate size and suitably equipped, and provided special diets as necessary (i.e., for patients suffering from tuberculosis). A member of the medical team regularly checked the patients' meals.

c. patients' living conditions

159. The material conditions offered to patients in the hospital were directly harmful to their health and wholly unacceptable for those suffering from serious diseases. The patient's rooms were overcrowded (from 3,8 m<sup>2</sup> per patient, on average, in the internal medicine unit to barely 1,7 m<sup>2</sup> in the psychoneurology and dermatology units). In this context, reference should be made to room N° 314, accommodating female patients, where overcrowding and lack of privacy were particularly striking (14 patients in a 23 m<sup>2</sup> room).

Access to natural light in the rooms was almost non-existent (the windows being screened with metal plates), artificial lighting was poor, and the absence of efficient ventilation rendered the atmosphere stifling (the ambient smell being of dirty bodies, faeces and drying clothes). The narrow bunk beds and the bedding, as well as patients' clothes, were in a poor condition and often dirty. Most of the remaining furniture - three to four cupboards and a small table per room - was also in a sorry state of repair, and humidity pervaded the vast majority of the rooms. As a result, cleaning and disinfecting the patients' rooms to hospital standards was a very difficult task.

Patients suffering from tuberculosis (including some very complicated cases, suffering from severe lung bleeding - haemoptysis; pneumothorax; miliary TB and TB meningitis) were also subject to these unacceptable material conditions.

160. Standards of maintenance and hygiene in the sanitary facilities - in-room lavatories and washbasins, communal showers - were well below the minimum to be expected of a hospital and could sometimes be described as appalling. Further, the frequency of showers - every 10 days - did not allow the prisoners to wash themselves properly. It goes without saying that such conditions are not acceptable, not only on humanitarian grounds, but also because of the risks of infection.

161. **The CPT recommends that the Latvian authorities take immediate measures to ensure that:**

- **the rate of occupancy of the patients' rooms is reduced; in this respect, urgent steps must be taken to improve accommodation for female patients;**
- **the deficiencies as regards lighting and ventilation are remedied;**
- **beds, bedding and other equipment are kept in a good state of repair and cleanliness;**
- **the sanitary facilities, including toilets and showers, are kept in a satisfactory state of repair and hygiene;**
- **all patients can take at least one hot shower per week (and more frequently, when necessary for medical reasons).**

**The CPT also recommends that the Latvian authorities elaborate and implement without delay a plan of extensive renovation and refurbishment of all the hospital premises, with particular attention being paid to the patients' accommodation.**

162. Their state of health permitting, patients could take one hour of daily outdoor exercise (two hours for patients suffering from tuberculosis) in one of the yards of the Central Prison (cf. paragraph 105). In-room activities were limited to reading and access to a radio/television, for those patients who could afford such an item. Juveniles among the patients had no access to activities adapted to their age and needs.

**The CPT recommends that a wider range of activities be offered to long-term patients in the Prison Hospital. Special attention should be paid to juveniles among the patients; in particular, any patient of school age who stays for a prolonged period at the hospital should be provided with educational activities.**

d. treatment of patients

163. As far as the delegation could ascertain, the health care staff were suitably trained and appeared committed to providing the best possible care to patients under the prevailing adverse conditions. In particular, surgical interventions were carried out with skill and other diagnostic and therapeutic activities were performed conscientiously. Nevertheless, the morale of health care staff was affected by their heavy workload (cf. paragraph 156).

It should also be noted that the medical files of patients in the Prison Hospital were very well kept, with a systematic record of the medical examination on admission and numerous and thorough notes on medical progress.

164. The supply of medicines was adequate at the time of the visit, chiefly thanks to humanitarian aid. In particular, all standard anti-tuberculosis drugs were received regularly. Similarly, there was a sufficient stock of perfusions. Nevertheless, **the CPT recommends that the Latvian authorities ensure the continuous supply of anti-tuberculosis medication.**

165. Tuberculosis among prisoners has been recognised by the national authorities as a major public health problem (cf. paragraph 144 above). The delegation noted that more beds had been provided at the Prison Hospital for TB patients and standard first-line medication, as well as some second-line drugs, were available.

However, the CPT fears that the problem will become even more serious, with grave consequences for the health of the population, both inside and outside prison, for the following reasons:

- the severe overcrowding and poor ventilation in the hospital rooms for TB patients (the same can be said for the cells providing “overflow” accommodation for TB patients in Block 4 of the Central Prison);
- the failure to segregate patients with resistant forms of TB;
- the mixing of TB patients with other patients in the rooms for women and juveniles;
- indications that follow-up treatment is inadequately supervised after discharge from the Prison Hospital.

The recommendations already made in paragraphs 147 and 161 address the first of these issues. **The CPT recommends that steps be taken without delay in order to address the other issues identified above.**

166. The CPT is also seriously concerned about the situation of psychiatric patients at the Prison Hospital, which can only be described as anti-therapeutic. They spent the day locked in their rooms in the mediocre conditions described in paragraph 159, and were treated essentially by medication; they benefited from very few other forms of therapy and were offered hardly any activities.

**The CPT recommends that the Latvian authorities review the level of care offered to prisoners undergoing in-patient psychiatric treatment at the Prison Hospital; particular efforts should be made to develop psycho-social therapeutic activities and to adapt them to the individual needs of patients.**



167. At the time of the visit, the Prison Hospital was accommodating 14 psychiatric patients who had been declared criminally irresponsible by the courts, some of them having been held at the hospital for more than five years. The head doctor informed the delegation that those patients could not be transferred to an ordinary psychiatric hospital for security reasons and that, in the absence of an appropriate establishment in Latvia<sup>5</sup>, they had to be accommodated in the Prison Hospital.

However, the delegation was informed that a new secure forensic psychiatric establishment, specifically designed for patients declared criminally irresponsible, was to enter into service in April 1999 (cf. also paragraph 197). **The CPT would like to receive confirmation that all the above-mentioned patients have been transferred to the new forensic psychiatric establishment.**

168. The delegation was informed that more than 20 patients had died in the Prison Hospital in 1998. They had all remained in the overcrowded cells already described, without benefiting from personal privacy or a special regime, and virtually no palliative care (pain relief or psychological support). Moreover, there was no possibility for visits from close relatives, and the burden of suffering and psychological support was born principally by fellow prisoners. Facing death under such conditions could easily be considered a form of inhuman and degrading treatment.

At least three patients were seriously ill, with a short-term fatal prognosis, at the time of the visit. The delegation was informed that procedures for compassionate release of prisoners in the terminal stage of their disease existed, both for sentenced and remand prisoners, but that, in general, such procedures had proved to be inefficient, the patient concerned dying before the release was granted.

**169. The CPT recommends that the Latvian authorities immediately review the existing procedures for compassionate release of sick prisoners in the terminal stage of their disease, in the light of the above remarks.**

Moreover, **such prisoners who cannot be released should, as far as possible, be accommodated in single rooms and be allowed regular visits from their close relatives. Palliative care should also be made available to them.**

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<sup>5</sup> Prior to the restoration of Latvia's independence, such patients were transferred to secure psychiatric units in Kaliningrad (for men) or Leningrad (for women).

## 7. Other issues of relevance to the CPT's mandate

### a. staff

170. The CPT wishes to emphasise the great importance it attaches to the adequate recruitment and training of prison staff. There is no better safeguard against ill-treatment than properly recruited and trained prison staff who know how to adopt the appropriate attitude in their relations with prisoners. In this regard, developed inter-personal communication skills are an essential part of the make-up of prison staff. Such skills will often enable them to diffuse situations which could otherwise turn into violence. More generally, they will help to reduce tensions and improve the quality of life in the prison concerned, to the benefit of all concerned. Developing good relations between prison staff and prisoners will not only reduce the risk of ill-treatment, but also enhance control and security in prisons.

171. It emerged from the delegation's interviews with prisoners that over the past few years, the general behaviour of staff towards prisoners has evolved in a positive direction. However, the delegation's on the spot observations - in particular, in the Central Prison - suggested that there was still room for improvement in this area. The delegation noted that relations between custodial staff and prisoners in that establishment were of a formal and distant nature and that, in particular, prison staff adopted a militaristic attitude towards prisoners and regarded verbal communication with them as being a somewhat marginal aspect of their work.

Reference should specifically be made in this context to two practices witnessed by the delegation. Firstly, prisoners were obliged to face the wall when staff or visitors passed by, or when waiting for an instruction to move from staff. Such a practice could well be considered as humiliating for the prisoners concerned and serves no real security purpose. Secondly, dialogue between staff and prisoners had to a large extent been substituted by a system under which the "duty" prisoner appointed for each cell reported any problems to staff. As a result, the staff's job was largely limited to opening and closing cell doors and monitoring the movement of prisoners; only the staff in charge of sentenced prisoners attempted to establish more personal contact with inmates.

172. This situation can to a large extent be explained by the severe staff shortages observed at the Central Prison. Indeed, at the time of the visit, some 30 staff posts were vacant (out of a total of 247). Furthermore, even the staffing levels foreseen by the establishment's staff chart were clearly insufficient for the custody and care needs of some 2000 prisoners. As an example, three prison officers (in theory, six) were called upon to control the movements of 550 prisoners in Block 1, and two (in theory, five) were given the same task in Block 2, which accommodated 285 prisoners. Some prison staff members indicated to the delegation that they felt, on occasion, that their own security was compromised and doubted whether they were always in a position effectively to protect inmates from other prisoners who might wish to cause them harm.

173. The CPT has already indicated its concerns in this regard and highlighted the need for the Latvian authorities to increase levels of qualified staff at the Central Prison, as well as in other parts of the Latvian prison system, where necessary (cf. paragraphs 95 and 98).

In addition, **the CPT recommends that the Latvian authorities:**

- **put an end to the practice of obliging prisoners to face the wall when staff or visitors are passing by or when waiting for an instruction to move;**
- **take effective measures to promote positive and constructive relations between staff and prisoners. In particular, a more proactive role for prison staff should be encouraged, not limited to purely security and control tasks. In this connection, the practice of employing a “duty prisoner” in cells should be reviewed;**
- **give a high priority to developing both initial and in-service training of prison staff at all levels. 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.**

b. discipline

174. The Rules of conduct for remand and sentenced prisoners in remand prisons (section 19, Appendix III) foresee a number of disciplinary punishments for prisoners who violate a remand prison's internal regulations. Such punishments include a reprimand, extra cell-cleaning duty and - for a maximum of three months - the following bans: on extra food purchases, on receiving food parcels from the family, on visits, on the use of the prison's library, and on watching television. The most severe disciplinary punishment is placement in a disciplinary cell (“kartzers”), for up to 15 days for healthy adult men and up to 10 days for sick adult men, women and minors.

The sanction of placement in a disciplinary cell appeared to be frequently resorted to at the Central Prison. The director informed the delegation that there were on average 60 such placements each month, and 40 prisoners were being held in disciplinary cells at the time of the visit. As for Iļģuciema Prison, examination of the relevant register revealed that 62 prisoners had been placed in disciplinary cells in 1998.

175. The prison director decides upon disciplinary sanctions, after the prisoner concerned has had an opportunity to state his/her point of view in writing. However, the directors of the prisons visited indicated that in the event of a very serious disciplinary offence, they interviewed the prisoners concerned. Prisoners are notified of the sanction.

The CPT considers that the disciplinary procedure should ensure that the prisoner concerned is always heard in person by the deciding authority on the subject of the offence he/she is alleged to have committed, before the sanction is imposed. **The CPT recommends that the Latvian authorities ensure that there is such an oral hearing in all disciplinary cases; if necessary, the relevant regulations should be amended accordingly.**

**The CPT would also like to know whether prisoners have the right to appeal to a higher authority against disciplinary sanctions.**

176. Conditions of detention in the disciplinary cells at the Central Prison were not acceptable. The cells were very small (on average, approximately 4 m<sup>2</sup>), had no access to daylight, and were inadequately ventilated and in an extremely poor state of repair and cleanliness. Material conditions in the disciplinary cell (N° 301) located in the basement of the Prison Hospital were perhaps the poorest of all. Moreover, prisoners placed in disciplinary cells received neither a mattress nor blankets at night, and were not allowed outdoor exercise.

At Iļģuciema Prison, material conditions in the disciplinary unit were somewhat better. The cells measured some 9 m<sup>2</sup> and had good access to natural light as well as adequate artificial lighting and ventilation, and prisoners were offered daily outdoor exercise in a small yard. However, the heating appeared not to function properly (the temperature at noon on the day of the visit was 12,5°C) and the delegation was told that adult prisoners did not receive mattresses for the night.

**177. The CPT recommends that the Latvian authorities take immediate measures to ensure that all prisoners placed in disciplinary cells are given a mattress and blankets at night, and are offered one hour of outdoor exercise per day. It also recommends that steps be taken to ensure that all such prisoners have access to reading material.**

Further, **the CPT recommends that the Latvian authorities take measures to enlarge disciplinary cells at the Central Prison and to provide them with access to natural light; if such improvements are not feasible, the cells should be withdrawn from service. Further, cell N° 301 at the Prison Hospital should be withdrawn from service immediately.**

Finally, **the CPT recommends that the heating of disciplinary cells at Iļģuciema Prison be improved.**

c. contact with the outside world

178. It is very important for prisoners to be able to maintain good contact with the outside world. Above all, they must be given the opportunity to safeguard their relations with their family and close friends and especially with their spouse or partner and their children. The continuation of such relationships can be of crucial importance for all concerned, particularly in the context of prisoners' social rehabilitation. The guiding principle should be to promote contact with the outside world; any restrictions on such contacts should be based exclusively on security concerns of an appreciable nature or considerations linked to available resources. That is the spirit underlying several recommendations in the 1987 European Prison Rules, especially Rule 43 (paragraph 1) and Rule 65 (point c).

179. According to the Law on detention on remand and the Rules of conduct for remand and sentenced prisoners in remand prisons, visits to remand prisoners are subject to express authorisation by the competent authority (investigating authority or court with jurisdiction in the case). Where authorised, visits amounted to one or two hours per month. Prisoner's correspondence was submitted to the same rules. In this context, many remand prisoners met by the delegation indicated that they had spent long periods of time without being allowed to receive visits from their relatives and friends, or being entitled to correspond.

180. The CPT recognises that, on occasion, it may be necessary, in the interests of justice, to impose certain restrictions on visits for particular remand prisoners. However, any such restrictions should be strictly limited to the requirements of a given case and applied for as short a time as possible. Under no circumstances should visits between a remand prisoner and his/her family be prohibited for a prolonged period. If it is considered that there is an ongoing risk of collusion, visits should rather be authorised, but under strict supervision. This approach should also cover correspondence with relatives.

**The CPT recommends that the Latvian authorities review arrangements concerning visits and correspondence vis-à-vis remand prisoners, in the light of the above comments.**

181. The delegation was informed that sentenced prisoners are entitled to an annual quota of prolonged family visits. At the Central Prison, they could receive from 6 to 12 such visits per year, lasting each from 6 to 36 hours, depending on the behaviour of the prisoner concerned. The system applied at Iļģuciema Prison was more complex and depended on the regime category to which the sentenced prisoners belonged (from 4 visits per year of up to 24 hours each to 8 visits per year each lasting up to 48 hours, with 6 additional visits in case of good behaviour). Further, prisoner's correspondence was not subject to restrictions.

182. In the Central Prison, visits to remand prisoners took place in a visiting room equipped with glass screens and telephones. Visits to remand prisoners under investigation at Iļģuciema Prison also took place in conditions preventing any direct physical contact. The CPT fully understands that closed visiting arrangements may be necessary in some cases; however, this should not constitute the rule. **As far as possible, remand prisoners should be able to receive visits under reasonably open conditions.**

The conditions under which sentenced prisoners in both establishments (and remand prisoners in the post-investigation stage at Iļģuciema Prison) received visits were satisfactory.

183. Lawyers' visits to prisoners could take place at any time in the establishments visited, with no limits of duration. However, the delegation was concerned to learn that letters from remand prisoners to their lawyers were handed in unsealed envelopes to the prison staff. **The CPT recommends that steps be taken to ensure the confidentiality of correspondence between remand prisoners and their lawyers.**

d. juveniles

184. The situation of the seven sentenced juveniles at Iļģuciema Prison was on the whole satisfactory. They were accommodated in a separate section of the establishment, in cells measuring 9 m<sup>2</sup>, which were well lit and ventilated. Moreover, the equipment (bunk beds, bedding, table, stools, cupboard, and wardrobes) was in a good state of repair and the cells were pleasantly decorated.

The juveniles could circulate freely within their unit during the day and benefited from unlimited association in a special room (equipped with television, radio, some games and books), as well as access to a spacious yard entirely at their disposal. In addition, an educator organised various leisure activities (music, games, sports, etc.) and the juveniles concerned had access to classes taught by outside teachers, providing a full secondary school programme.

185. Juveniles on remand were accommodated in the ISO block of Iļģuciema Prison, in conditions identical to those of adult remand prisoners (cf. paragraphs 118 and 120). Moreover, some juveniles were accommodated in cells together with adult inmates (apparently in order to “calm them down”), in flagrant contradiction with the information first provided by prison staff.

The CPT wishes to stress that whilst contacts between juveniles and adult prisoners may, under certain circumstances, be of some value, it is generally recognised that these two categories of prisoners should be held in separate accommodation. To place juveniles and adult prisoners together in the same cell/dormitory accommodation inevitably brings with it the possibility of domination and exploitation. Consequently, **the CPT recommends that juveniles be held separately from adult prisoners.**

186. The CPT also wishes to stress that juveniles deprived of their liberty - even on remand - should benefit from a regime that takes into account their particular needs. They should be offered a full regime of purposeful activities, in particular educational and recreational activities, and physical education should form a significant part of the programme. Further, these activities should be implemented by staff trained in dealing with the young.

**The CPT recommends that the Latvian authorities take the necessary measures in order to offer such a regime to juveniles on remand at Iļģuciema Prison.**

e. complaints and inspection procedures

187. Effective complaints and inspection procedures are fundamental 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/prosecutor with responsibility for carrying out inspections) with authority to receive - and, if necessary, take action on - prisoners' complaints and to visit the premises. During such visits, the persons concerned should make themselves "visible" to both the prison authorities and staff and the prisoners. They should not limit their activities to seeing prisoners who have expressly requested to meet them, but should take the initiative by visiting the establishments' detention areas and entering into contact with inmates.

188. According to the information gathered by the delegation, prisons are inspected on a regular basis by prosecutors, who are entitled to visit the detention areas (in order to inspect conditions of detention) and to control compliance with legislation and regulations (including disciplinary measures). However, members of staff in both prisons visited informed the delegation that the relevant prosecutors would normally limit their inspections to examining the legal and administrative documents of prisoners.

**189. The CPT recommends that the Latvian authorities take steps to ensure that prosecutors in charge of inspecting prison establishments regularly visit detention areas and enter into direct contact with prisoners.**

**190. Moreover, the CPT invites the Latvian authorities to add the President of the CPT to the list of authorities with whom prisoners can communicate on a confidential basis.**

f. "waiting cubicles"

191. Finally, it should be noted that the Central Prison was littered with "waiting cubicles". They were very small (approximately 1 m<sup>2</sup>), generally devoid of any access to natural light and poorly ventilated. From conversations with both staff and prisoners, it emerged that prisoners might be kept in these cubicles for several hours.

Such cubicles are, by virtue of their size alone, not suitable to hold a person for any length of time whatsoever. Consequently, **the CPT recommends that they be immediately withdrawn from service as holding facilities.**

## C. Rīga Neuropsychiatric Hospital

### 1. Preliminary remarks

192. Rīga Neuropsychiatric Hospital (RNH) is located in the suburbs of Rīga, in pleasant open grounds. Surrounded by an ordinary wall, the establishment did not give the impression of a place of confinement. Formally established in its function of psychiatric hospital in 1945, the RNH serves also as the research and teaching base for the psychiatric department of the Latvian Medical Academy. It covers the needs in psychiatric care of approximately one third of the Latvian population (including the capital).

The official capacity of the RNH is 1000 beds; at the time of the visit, it was accommodating 760 patients, placed in eighteen different wards.

The delegation heard no allegations of ill-treatment - and gathered no other evidence of such treatment - of patients by staff at the RNH or in other psychiatric institutions in Latvia.

193. The patients at the RNH were accommodated following different diagnostic categories: ten acute admission wards, spread over an old and a more recent building, received 491 male and female patients for short term care, while seven other wards accommodated 254 male and female chronic patients (psycho-geriatric ward, chronic mental disorder ward, etc.). One special ward (N° 10), with enhanced security, received forensic patients sent by the judicial authorities for psychiatric assessment. At the time of the visit, there were 7 such patients.

The RNH admitted some 6000 patients a year (i.e., on average 16 a day). During the past four years, the average duration of stay at the RNH had fallen progressively to reach 40 days in 1998.

194. The RNH had a total of 827 staff members, employed full-time. In particular, there were 80 doctors (of whom 60 psychiatrists), 8 psychologists and 256 nurses. Other medical specialists were also present (e.g., three neurologists, a dentist, a radiologist, a cardiologist, a gynaecologist). However, the RNH had no occupational therapist at its disposal (cf. paragraph 200).

The professional level of the medical and nursing staff seemed highly satisfactory, as judged by the quality of patients' individual files, the knowledge of principles of community psychiatric care, pharmacotherapy and diagnostic principles, and the general level of satisfaction of the various patients interviewed. Moreover, the delegation observed that medical and nursing staff were motivated and conscientious and kept direct contact with the patients. This situation was also reflected in the positive therapeutic image of the hospital prevailing in the general community.

More generally, the CPT was favourably impressed by the organisation of mental health care in Latvia and, in particular, by the close linkage prevailing between out-patient and in-patient care, which enabled the continuity of care and had facilitated the progressive fall in the average length of hospitalisation. The vast majority of patients interviewed by the delegation in acute admission wards accepted their hospitalisation as an integral part of ongoing treatment.



## 2. Patients' living conditions and treatment

195. The patients' living conditions at the RNH could be considered as globally satisfactory, even if living space in patients' rooms was on occasion rather limited, particularly in the old building. This drawback was alleviated by the fact that the vast majority of the patients could move freely out of their rooms during the day.

196. However, the CPT is concerned with the conditions observed in the "observation rooms" of the acute admission wards. These rooms were used to accommodate newly arrived patients and/or patients in the acute phase of their illness, sometimes for prolonged periods (up to two months). Patients were placed in such an observation room by decision of the head doctor of the relevant ward. Whilst placed there, they were never allowed to leave the room, not even to get some fresh air (as regards access to toilets/washing facilities, the rooms were equipped with a sanitary annexe). It should also be noted that these observation rooms were rather overcrowded (e.g., 6 to 7 beds in 22m<sup>2</sup>). Such conditions do not facilitate an individualised approach and, more generally, do not represent a positive therapeutic environment.

**The CPT recommends that the Latvian authorities review the conditions offered to patients placed in the "observation rooms" at the RNH, in the light of the above comments. In particular, patients placed in those rooms should be offered - their medical condition permitting - at least one hour of outdoor exercise per day. Further, efforts should be made to reduce occupancy levels in the rooms.**

Finally, as placement in an "observation room" represents a significant restriction of movement for the patient concerned, **the CPT considers that such a decision should be reviewed on a regular basis (if possible, with the participation of medical staff not belonging to the relevant ward) and that an appeal procedure should be offered to the patient.**

197. The situation observed in Ward N°10 - the forensic ward - is also a matter of concern to the CPT. All patients' beds (with the exception of that of the only female patient) were placed in the ward's corridor rather than in its rooms, ostensibly for observation/security reasons. Such a state of affairs is not compatible with the norms of modern psychiatry.

In this context, the delegation was informed that a new forensic ward was under construction, scheduled to enter into service on 1 April 1999, and that patients would be transferred there in the near future. **The CPT would like to receive confirmation that this transfer has taken place. Moreover, it would like to receive detailed information on the new forensic ward (living conditions, arrangements for the distribution of patients in different groups and for their supervision, envisaged programmes of therapeutic activities, staffing levels, etc.).**

198. At the time of the delegation's visit, outdoor activities and exercise were understandably limited by the climatic conditions (-15 °C and snow). The delegation was informed that - weather conditions permitting - patients who do not require special supervision or who are not placed in observation rooms were allowed to have a daily walk in the hospital gardens. **The CPT wishes to emphasise that every patient in the hospital should be offered - weather conditions permitting - at least one hour of outdoor exercise per day, unless there are medical contraindications.**

199. The CPT would also like to stress that the practice observed in some wards of continuously dressing patients in pyjamas is not conducive to strengthening personal identity and self-esteem; **individualisation of clothing should form part of the therapeutic process.**

200. Treatment at the hospital was mainly based on pharmacotherapy and modern psychotropic drugs were available. In this context, it should be noted that very few cases of heavy medication or uncontrolled side effects were observed. The selection of appropriate medication was based on thorough individual clinical observation and patients were seen individually by the psychiatrist once or twice a week. Most of the patients had a reasonable idea of their diagnosis and of the nature of their treatment. However, only very few patients had access to other therapeutic approaches (occupational therapy, art/music therapy) and, as already indicated, no occupational therapist was available (cf. paragraph 194).

In this regard, the CPT would like to stress that psychiatric treatment should involve a wide range of rehabilitative and therapeutic activities, including access to occupational therapy, group therapy, individual psychotherapy, art, drama, music and sports. Patients should have regular access to suitably-equipped recreation rooms and it is also desirable for them to be offered education and suitable work.

**The CPT recommends that the Latvian authorities increase the possibilities for rehabilitative and therapeutic activities at the hospital, in the light of the above comments.**

201. The hospital director informed the delegation that electroconvulsive therapy (ECT) had last been used, in its modified form, "three years ago" in the management of a catatonic patient. However, ECT equipment was found by the delegation in a locked cupboard in Ward N° 9 (a ward for acute admission) and the nurse on duty in the Intensive Care Unit attached to Ward N° 9 indicated that "it could happen that ECT was administered in the ICU". Although ECT seemed to be rarely used at the RNH, the CPT notes that no formal written policy existed at the hospital on this subject.

ECT is a recognised form of treatment for psychiatric patients suffering from some particular disorders. However, care should be taken that ECT fits into the patient's treatment plan, and its administration must be accompanied by appropriate safeguards. **The CPT recommends that a clear written policy be elaborated at the RNH on the subject of ECT and that this treatment be administered only by staff who have been specifically trained to provide it. Further, the Committee recommends that every recourse to ECT be recorded in detail in a specific register.**

### 3. Juveniles

202. The delegation was informed at the outset of the visit that juveniles (14 to 18-year olds) could occasionally be placed in the RNH; however, it was stated that only juveniles who "were unusually mature and strong and functioned like adults" were admitted.

In the course of the visit, two 15 year old boys were met in Ward N° 9. One of them was mentally retarded and had been admitted one week previously; he was described as "impossible to handle" and was damaging property at home. His presence in an acute admission ward for adult psychiatric patients seemed totally inappropriate to the delegation. The other boy was the subject of a psychiatric assessment and had been held in the observation room of Ward N° 9 for more than 2 months; he had been physically restrained to his bed on three occasions. Far from being mature and developed, he was described in his medical file as "immature and easily influenced". He was suffering from an organic psychiatric disorder after an episode of meningitis and presented symptoms of hyperactivity and impulsive behaviour.

The delegation was subsequently informed that a total of 7 adolescents, both girls and boys aged from 15 to 17 years, were accommodated in the RNH at the time of its visit.

203. The CPT considers that, in view of their vulnerability and special needs, juveniles requiring psychiatric care should be accommodated separately from adult patients. In this connection, the delegation made an immediate observation, pursuant to Article 8, paragraph 5, of the Convention, requesting that steps be taken to remove all patients under the age of 16 from adult psychiatric wards and to place them in units appropriate for adolescents (cf. paragraph 8).

By letter of 17 June 1999, the Latvian authorities informed the CPT that a special, separated room for juvenile patients had been put into service. The CPT welcomes this measure and recommends **the Latvian authorities to ensure that juveniles requiring psychiatric care are accommodated separately from adult patients in all psychiatric establishments in Latvia.**

### 4. Means of restraint

204. Many patients at the RNH described episodes of the use of instruments of physical restraint. In particular, in Wards N° 1 and N° 9, all patients interviewed could recall recent incidents of the use of such means in the wards' observation rooms. Staff stated that when a patient became agitated or violent, the nurse on duty could apply cloth strips to the four limbs and the trunk of the person concerned; in almost all cases described, fellow patients had assisted the nurse to hold the patient and to tie him by means of those strips to his bed. Such means of physical restraint were usually applied for a few hours. However, in one recent case, it was alleged by several sources that the means of restraint had been applied for more than 2 days; the Committee must emphasise that such a state of affairs cannot have any therapeutic justification and amounts, in its view, to ill-treatment.

Staff stated that recourse to means of restraint was recorded in the patient's file (a statement that proved to be not entirely correct), but that there was no specific register recording all such cases.

205. The CPT recognises that the restraint of agitated and/or violent patients may on occasion be necessary. However, it is essential that the restraint of patients be the subject of a defined policy. That policy should make clear that initial attempts to restrain agitated or violent patients 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.

Staff in psychiatric establishments should receive training in both non-physical and manual control techniques vis-à-vis agitated or violent patients. The possession of such skills will enable them to choose the most appropriate response when confronted by difficult situations, thereby significantly reducing the risk of injuries to patients and staff.

Resort to instruments of physical restraint (straps, strait-jackets, etc.) shall only very rarely be justified and must always be either expressly ordered by a doctor or immediately brought to the attention of a doctor with a view to seeking his approval. If, exceptionally, recourse is had to instruments of physical restraint, they should be removed at the earliest opportunity; they should never be applied, or their application prolonged, as a punishment.

Further, every instance of the physical restraint of a patient (manual control, use of instruments of physical restraint, seclusion) should be recorded in a specific register established for this purpose (as well as in the patient's file). 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, the name of the doctor who ordered or approved it, and an account of any injuries sustained by patients or staff. This will greatly facilitate both the management of such incidents and the oversight of the extent of their occurrence.

**206. The CPT recommends that the Latvian authorities establish a clear written policy at the RNH (and, as appropriate, at other psychiatric establishments in Latvia) as regards the use of means of restraint, taking into account the remarks made in paragraph 205.**

## **5. Safeguards in the context of involuntary placement**

207. At the time of the visit, only a small minority of patients at the RNH were deprived of their liberty under formal legal procedures: the patients undergoing forensic examination as part of a criminal procedure, those held under forced treatment provisions of the criminal law, and those subject to emergency hospitalisation under the Law on medical treatment.

The vast majority of patients had been admitted to the hospital without any formal procedure (and, therefore, any specific safeguard). Undoubtedly, many of the patients met by the delegation at the hospital were there on a voluntary basis; however, their individual files did not contain any trace of their written consent to hospitalisation. Other patients (e.g., suffering from depression or withdrawn schizophrenia) accepted hospitalisation passively (“non-protesting”) without explicitly giving their informed consent; staff informed the delegation that such patients would not have been allowed to leave the hospital, should they have expressed the wish. Finally, one out of five patients interviewed by the delegation in acute admission wards (and not subject to court orders) clearly stated that they wished to leave the RNH, but that they were not authorised to do so.

208. On account of their vulnerability, the mentally ill and mentally handicapped warrant much attention in order to prevent any form of conduct - or avoid any omission - contrary to their well-being. It follows that involuntary placement in a psychiatric establishment should always be surrounded by appropriate safeguards; in particular, the procedure by which involuntary placement is decided should offer guarantees of independence and impartiality as well as of objective medical expertise. As far as the delegation could ascertain, the decision-making procedure concerning the involuntary placement of many patients at the RNH had not offered such guarantees.

209. The CPT understands that new mental health legislation is currently being examined by the Latvian Parliament. **The CPT recommends that, in the context of that examination, the Latvian authorities pay particular attention to the issue of safeguards concerning involuntary placement in psychiatric establishments. In this context, reference might usefully be made to paragraphs 51 to 57 of the CPT's 8th General Report (CPT/Inf (98) 12).**

**In the meantime, the CPT recommends that immediate measures be taken:**

- **to clearly identify voluntary patients at the hospital and to complete their individual files with their written consent for hospitalisation;**
- **to review the cases of other "civil" patients at the RNH, in the light of the Law on medical treatment.**

## **D. Naukseni Educational and Correctional Institution for Girls**

### **1. Preliminary remarks**

210. Naukseni Educational and Correctional Institution for Girls entered into service on 1 September 1998. Situated in a remote, sparsely populated area of Latvia near the Estonian border, this closed institution for girl offenders is placed under the responsibility of the Ministry of Education. It provides accommodation and treatment for girls, aged from 11 to 16, placed by decision of the Juvenile Court for periods varying between one to three years. The institution's official capacity is 60 places; however, due to the very recent opening date, it was only accommodating eight girls at the time of the visit. The premises of the establishment, which were still undergoing extensive refurbishment, possess - apart from the girls' rooms - classrooms, a computer room, a workshop, a leisure room, a library, a canteen and a courtyard suitable for sporting activities.

The CPT's delegation heard no allegations of ill-treatment - and gathered no other evidence of such treatment - during its visit to Naukseni Educational and Correctional Institution for Girls.

211. The institution's staff consisted of a director, two deputy directors, three correctional teachers ("pedagogues"), a vocational teacher and auxiliary staff (as regards health-care staff, cf. paragraphs 217 and 218). All of them appeared to be highly qualified and motivated.

This staffing level can be considered as adequate at the present stage of the institution's development. However, given the establishment's foreseen capacity (60 places), **staff levels should be increased as the institution's inmate population grows.**

### **2. Material conditions and activities**

212. Material conditions in the institution were satisfactory. The girls were accommodated in spacious rooms, all of them well equipped (with two to four beds, bedding, a cupboard, one or two desks and chairs), lit and ventilated; **however, the decoration was rather spartan for girls of this age.** Access to communal sanitary facilities was guaranteed at all times, since room doors were unlocked even at night. Moreover, all the rooms and the sanitary facilities were clean and in a good state of repair.

However, the establishment's central heating system was not functioning properly at the time of the visit (January-February 1999); the temperature in the girls' rooms at noon was barely 16°C. **The CPT recommends that steps be taken to ensure that the premises of Naukseni Educational and Correctional Institution for Girls - and, in particular, the girls' rooms - are properly heated.**

213. The treatment and activities programme offered to girls placed in the institution was also globally satisfactory.

Each girl was met upon arrival by the deputy director, the psychologist and at least one of the “pedagogues“. They explained to the resident her legal situation, as well as the internal rules of the institution and the purpose of her stay. The girls were then asked to confirm with their signature that they had been informed of the above. In the period immediately following admission, the Institution’s staff drew up a medical, social, psychological and educational profile of each girl, together with an individual educational and psychosocial plan, based on behavioural therapy principles.

214. The behaviour of each girl concerned, including such elements as progress in education and work, respecting the internal regulations, attitude towards staff and other girls, etc., was monitored on a continuous basis by the “pedagogues“ and discussed at regular staff meetings. All girls were required to attend classes and individual meetings with the psychologist, as well as to help with various household tasks, such as preparing meals and cleaning the rooms and communal areas. There existed a system of punishments and incentives (rewards), good behaviour being rewarded by a reduction in the length of stay (more precisely, an application by the director to the relevant court to this effect).

215. Teachers coming from local secondary schools provided education in the institution. Daily classes were taught in several subjects during weekdays. The programme also included elements of vocational training (knitting and sewing), which took place in the establishment’s well-equipped workshop. There were also plans to open a cooking workshop in the near future.

In addition, the establishment offered a varied leisure activity programme to the girls, although the degree of their participation in those activities depended on the evaluation of their behaviour/attitude by the staff. The “minimum” programme consisted of daily outdoor exercise in the establishment’s courtyard, and the possibility to read and listen to the radio/watch TV. However, the majority of girls could benefit from a wider range of leisure opportunities: organised excursions and trips, outdoor and indoor sports, association and games in the communal room, etc.

216. Finally, the delegation noted that one of the institution's objectives was to maintain, as far as possible, contact with the outside world, in particular the girls’ families. In this context, the initiative to build special rooms for visiting families - in the course of implementation at the time of the delegation's visit - merits particular mention.

However, the remote location of the institution seemed to create some serious difficulties, both for visitors to come to the establishment and for girls to go on leave. Further, although they had unrestricted access to the public card-phone installed in the institution’s hall, many of the girls were not in a position to take full advantage of this possibility due to lack of financial resources. They were also allowed to send one letter per week, all letters - on arrival or departure - being censored by the staff. Here again, some girls complained about the difficulty for them to buy stamps, being devoid of any resources.

**The CPT invites the Latvian authorities to strive to overcome the above-mentioned difficulties.**

### 3. Health-care service

217. The institution's health-care service consisted of a part-time general practitioner, present in the establishment one day per week, a full-time feldsher, and a nurse who worked at the institution three days per week and was on call during the other four days. Further, suitable arrangements had been made with the nearby community hospital, so that access to general and specialist medical care did not pose a problem.

The medical facilities, comprising the doctor's and the feldsher's/nurse's offices and two rooms for patients, were satisfactory.

218. However, the psychiatric and psychological service was under-developed. The institution was not visited by a psychiatrist and the time of presence of the visiting psychologist was not sufficient to meet the needs of the residents, a large proportion of whom were suffering from feelings of loneliness, loss and guilt. Many of them displayed symptoms of clinical depression.

**The CPT recommends that the time of presence of psychologists be increased at Naukseni Educational and Correctional Institution for Girls to reach, in due course, at least the equivalent of one full-time post. Regular visits by a child/adolescent psychiatrist should also be envisaged.**

219. The delegation was positively impressed by with the systematic and thorough character of medical examinations of new arrivals. Each newly-arrived girl was seen without delay by the doctor (or feldsher) and the psychologist, and the conclusions of such examinations were duly recorded in the medical files, which were properly kept in a manner respecting medical confidentiality.

### 4. Discipline

220. Depending on the circumstances and seriousness of the case, breaches of the institution's internal regulations and acts of disobedience or indiscipline were punishable by a range of disciplinary measures, including withdrawal of some or all previously-granted privileges and exclusion from some or all communal activities. However, the sanction of disciplinary solitary confinement was not resorted to - at most, girls could be locked in their rooms for a period not exceeding 30 minutes. They could also be "confined to their rooms" for 2-3 days; during this period, they participated in classes, work activities and common meals, but were obliged to stay in their rooms while other girls played games or watched television.

221. The director imposed the disciplinary measures. The girl concerned had an opportunity to state her point of view and was informed, orally, of the measure and its reasons. However, the girls had no avenue of appeal to a higher body against the disciplinary measure imposed. Further, disciplinary measures were only recorded in the personal file of the girl concerned; there was no special disciplinary register.



**The CPT recommends that the disciplinary procedure at Naukseni Educational and Correctional Institution for Girls be reviewed in the light of the above remarks. Girls concerned should be informed, in writing, of the disciplinary measure imposed and of its reasons, as well as of the possibility to appeal against the measure to a higher authority. Further, every disciplinary measure should be duly recorded in a register established for this purpose.**

## **5. Complaints and inspection procedures**

222. The CPT has already emphasised the importance of effective complaints and inspection procedures; they are basic safeguards against ill-treatment in juvenile establishments. In this connection, the CPT's delegation was not in a position to verify whether girls placed in Naukseni Educational and Correctional Institution could make written complaints on a confidential basis to the establishment's director and/or to another relevant body (e.g. the Children's Rights Inspector). Moreover, it was not clear whether any provision had been made for regular inspections of the institution by an independent body with authority to receive girls' complaints and inspect the premises. **The CPT would like to receive clarifications from the Latvian authorities on the above-mentioned points.**

**E. Rīga Garrison Detention Facility**

223. Rīga Garrison Detention Facility is located in an old and dilapidated building in the centre of the city. Used for the detention of military conscripts who have committed disciplinary violations, it has a capacity of 48 places and was accommodating 13 soldiers on the day of the visit. The maximum stay in the facility would normally not exceed 20 days.

The staff, except the officer in charge and his deputy, was composed of untrained military conscripts. **The CPT invites the Latvian authorities to staff the Riga Garrison Detention Facility with specifically trained military personnel.**

224. The CPT's delegation heard no allegations of ill treatment - and gathered no other evidence of such treatment - of military conscripts undergoing disciplinary punishment by custodial staff in the detention facility. However, one detained soldier complained that he had been obliged to work outdoors - removing snow from the establishment's courtyard - without gloves, as a result of which he suffered extensive chilblains to the hands (the presence of which was observed by the delegation's medical doctor). The detainee also alleged that when he complained about this fact to the officer on duty, he had been sentenced to three more days of disciplinary isolation.

Such practices are unacceptable; **the CPT recommends that all detainees working outdoors be provided with protective clothing as appropriate. Moreover, they should have immediate access to medical assistance when necessary.**

225. The cells' only equipment consisted of fold-up wooden bunks - which were only unfolded at night (i.e., between 10.00 p.m. and 6 a.m.). The two small concrete bases supporting the wooden bunk were the only means of rest available during the day (save sitting on the concrete floor). No mattress or blanket was provided during the day, and the detainees received only one thin blanket for the night. Moreover, the cells did not benefit from adequate access to natural light, and both artificial lighting and ventilation were mediocre. The cells were also in a poor state of repair, even if they were kept in a satisfactory level of cleanliness. As for the communal sanitary facilities, they were very dilapidated and there was no hot water available for the shower.

Finally, the delegation was particularly concerned to note that the detainees were not allowed to change their clothes during their period of detention (i.e. for up to 20 days) and that the establishment's heating system was totally inefficient. On the day of the visit, at noon, the temperature in the cells varied between 10 to 12°C.

226. **The CPT recommends that the Latvian authorities take immediate steps at the Rīga Garrison Detention Facility to ensure that:**

- **all detainees are provided with a mattress and extra blankets at night, and are able to maintain their personal hygiene;**
- **cell heating is significantly improved;**
- **the cells are fitted with a table and chair (if necessary, fixed to the floor).**

Furthermore, **the CPT recommends that a renovation programme be implemented without delay in order to substantially improve material conditions of detention as a whole at the facility (e.g., access to natural light; artificial lighting; ventilation; sanitary facilities).**

227. All detainees had the right to take one hour of outdoor exercise every day, in a yard measuring approximately 60 m<sup>2</sup>. As regards in-cell activities, there were limited to reading the Bible or the military rules. **The CPT invites the Latvian authorities to broaden the range of reading material made available to the detainees.**

228. Finally, the delegation was informed that the officer in charge was empowered to impose an extension of the disciplinary punishment (up to a maximum period of 10 extra days) or to modify the regime of detention if the soldier concerned did not follow the internal rules. **The CPT would like to receive more information about the sanctions available to the officer in charge and the procedure applicable whenever he has recourse to them (including the right to appeal against such sanctions to a higher authority).**

Further, **the CPT would like to be informed whether Rīga Garrison Detention Facility is visited on a regular basis by an outside inspection body (such as a military prosecutor).**

### III. RECAPITULATION AND CONCLUSIONS

#### A. Police establishments

229. The CPT's delegation received a considerable number of recent allegations of physical ill-treatment of persons detained by members of the police forces in Latvia. These allegations related to both the time of apprehension and police interrogations. In some cases, the ill-treatment alleged could be considered as amounting to torture. Certain of the persons who made allegations of ill-treatment were found on examination by medical members of the delegation to display physical marks or conditions consistent with their allegations.

230. The best possible guarantee against ill-treatment is for its use to be unequivocally rejected by police officers themselves. The CPT has stressed that this implies strict selection criteria at the time of recruitment of police officers and the provision of adequate professional training, integrating human rights principles.

Further, the CPT has 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 specifically the allegations of ill-treatment at the time of apprehension, the CPT has recommended that police officers be reminded that no more force than is strictly necessary should be used when effecting an apprehension and that once apprehended persons have been brought under control, there can never be any justification for their being struck.

231. Another effective means of preventing ill-treatment by the police lies in the diligent examination of all cases in which there are express complaints of ill-treatment or other indications that such treatment might have occurred and, when appropriate, the imposition of a suitable penalty. This will have a very strong dissuasive effect. The CPT has made detailed recommendations on this subject.

232. As regards formal safeguards against the ill-treatment of detained persons, the CPT attaches particular importance to three rights for persons deprived of their liberty by the police: the right to inform a close relative or another third party of one's custody, the right of access to a lawyer and the right of access to a doctor. The 1999 Code of Criminal Procedure expressly provides for the first two of those rights; however, the CPT has made recommendations designed to ensure that the rights in question are fully complied with in practice. Further, the Committee has recommended that specific provisions be adopted on the subject of the right of persons in police custody to have access to a doctor.

Moreover, it is of fundamental importance that persons taken into police custody be informed in an effective and timely manner of all their rights. Consequently, the CPT has recommended that a specific form setting out those rights in straightforward terms be systematically given to such persons at the very outset of their deprivation of liberty. The form should be available in an appropriate range of languages.

233. The CPT has also recommended that a code of conduct for police interviews be drawn up. Of course, the art of questioning criminal suspects will always be based in large measure on experience. However, formal guidelines should exist on a number of specific points; this will, in particular, help to underpin lessons taught during police training.

234. Conditions of detention at the General Police Board Detention Facility in Rīga, as well as at Gogola and Matisa Street Police Stations, were far from satisfactory. Mattresses were not available for overnight stays, cells enjoyed no - or hardly any - access to natural light, ventilation was poor, the standard of hygiene was not satisfactory, outdoor exercise was not provided, and the regular provision of food was not guaranteed. The CPT has made recommendations designed to remedy these shortcomings and to ensure that conditions of detention in all police establishments in Latvia meet the general criteria established by the Committee in this area.

235. Persons remanded in custody are in principle held in remand prisons. However, persons accused of particularly serious offences are often held for prolonged periods of time – i.e., in excess of one year – at the Pre-Trial Investigation Centre and Short-Term Detention Isolator (ISO) in Rīga. The conditions prevailing at the Centre left much to be desired. Neither the material conditions nor the regime was appropriate.

The CPT has recommended that immediate steps be taken to palliate the most conspicuous shortcomings (e.g., all persons detained to have access to the necessary basic personal hygiene products and the opportunity to wash every day, and to receive the necessary materials to maintain their cells in a clean and hygienic state; improvements to be made to cell lighting, ventilation and heating; food to be of an appropriate quality and quantity, and detained persons to have ready access to drinking water). However, the Committee has also stressed that the medium-term objective must be to cease using the ISO in Rīga (as well as any other existing police establishments of a similar type) for prolonged periods of detention; they are totally unsuited for this purpose. In particular, persons held for lengthy periods of time should not be locked up in their cells for 23 hours a day, as is presently the case at the Rīga ISO; they should be able to spend a reasonable part of the day (eight hours or more) outside their cells, engaged in purposeful activities of a varied nature.

236. Conditions of detention at the Illegal Immigrant and Other Unidentified Persons Accommodation Centre in Rīga - where persons could be detained for months on end - were unacceptable, a state of affairs which was made quite clear to the Latvian authorities by the CPT's delegation at the end of the visit. The CPT has sought further and better particulars about plans to replace the existing premises of the Centre, and made recommendations concerning staff training and the organisation and functioning of the Centre's health care service.

The CPT has also stressed that the prohibition of torture and inhuman or degrading treatment or punishment englobes the obligation not to send a person to a country where there are substantial grounds for believing that he would run a real risk of being subjected to ill-treatment. It has requested a detailed account of the precise measures taken in practice by the Latvian authorities in order to ensure that such a situation does not occur.

237. The CPT's delegation gained an overall favourable impression of the Rīga Police Sobering-up Centre and the Preventive Care Centre for Minors in the capital. However, as regards the latter establishment, the CPT has made recommendations designed to improve the conditions of detention of juveniles who are suspected of having committed a criminal offence. Further, the information gathered during the visit indicated that certain members of the custodial staff were still prone to strike juveniles who misbehaved. The CPT has stressed that this is not acceptable; inmates who misbehave should be dealt with only in accordance with the prescribed disciplinary procedures.

## **B. Prisons**

238. The delegation heard hardly any allegations of deliberate physical ill-treatment of prisoners by staff in the prisons visited. However, there were clear indications of a problem of inter-prisoner violence at the Central Prison. In this regard, the CPT has recommended that urgent measures be taken in order to increase staffing levels in detention areas at the Central Prison.

The CPT has also emphasised that a large number of prisoners at the Central Prison were subject to a combination of negative factors - overcrowding, very poor material and hygiene conditions, impoverished activity programmes - which could easily be described as inhuman and degrading treatment. Female prisoners held on remand in the "ISO" at Iļģuciema Prison were subject to similar conditions.

239. At the time of the visit, the Latvian prison system as a whole was overcrowded. In order to attack the roots of this problem, the CPT has recommended that the Latvian authorities implement the principles set out in two recommendations of the Committee of Ministers of the Council of Europe: Recommendation N° R (80) 11, on custody pending trial, and Recommendation N° R (92) 17, on consistency in sentencing. The CPT has also recommended that the standard of living space per prisoner in Latvia be increased as soon as possible to at least 4m<sup>2</sup> per prisoner, and that any cells measuring less than 6m<sup>2</sup> be taken out of service as prisoner accommodation.

Further, the CPT has stressed that the provision of appropriate work to sentenced prisoners is a fundamental part of the rehabilitation process, and that, in the interest of their psychological well-being, remand prisoners should as far as possible also be offered work. It follows that the employment situation within the prison system should not be dictated exclusively by market forces. The Committee has therefore recommended that special measures be introduced with a view to providing more work places for prisoners.

Moreover, the CPT was concerned to learn that in many prisons in Latvia, custodial duties were performed by unqualified military conscripts. The Committee has recommended that appropriate steps be taken to fill all posts currently occupied by military conscripts with professional prison staff.

240. With the notable exception of sentenced prisoners assigned to work at the establishment, the conditions of detention for prisoners at the Central Prison were intolerable. Extremely poor material conditions were compounded by the absence of anything that remotely resembled a regime.

Admittedly, renovation work had been carried out in certain parts of the prison. However, the better material conditions offered to prisoners in those areas were undermined by the persistent overcrowding. In this connection, the CPT has stressed that unless the problem of overcrowding which currently affects the Latvian prison system is tackled effectively, attempts to improve conditions of detention will inevitably founder.

Eradicating overcrowding in the Central Prison - as well as in other prison establishments - will take time. Nonetheless, immediate efforts must be made to palliate the most critical problems observed at the Central Prison. The CPT has recommended in particular that the Latvian authorities ensure that every prisoner has his own bed, that there is access to natural light and adequate ventilation in all prisoner accommodation, and that all prisoners without exception are offered at least one hour of outdoor exercise every day. Further, specific recommendations have been made designed to improve the material conditions of detention and regime of prisoners accommodated in the establishment's "special section" (i.e., prisoners sentenced to death and other prisoners considered to constitute a particular risk).

241. As regards Iļģuciema Prison, the country's only establishment for female prisoners, conditions of detention for sentenced prisoners as well as for remand prisoners in the post-investigation stage were found to be globally acceptable. However, the material conditions of detention and the regime of female remand prisoners in respect of whom the investigation procedure was not yet completed were comparable to those of male remand prisoners at the Central Prison. The CPT has made recommendations designed to improve their situation.

242. The CPT has addressed a number of specific issues concerning health care services at the Central Prison and Iļģuciema Prison (staff and facilities, psychiatric care, medical screening on admission, transmissible diseases, etc.).

Tuberculosis was identified as a major problem by both representatives of the Prison Department and the health care teams in the prisons visited. There had been a significant increase in the number of tuberculosis cases in recent years, attributed primarily to prison overcrowding and to the shortage of appropriate sanitary means to control the disease. The CPT has proposed concrete measures designed to improve the manner in which prisoners are screened for tuberculosis, and to ensure the provision of appropriate care to prisoners suffering from the disease.

The CPT has also recommended that the Latvian authorities devise a policy to put an end to the current practice of ostracising HIV+ prisoners. There is no medical justification for the segregation of a prisoner solely on the ground that he is HIV positive.

243. Health care staff at the Prison Hospital in Rīga were suitably trained and appeared committed to providing the best possible care to patients. Nonetheless, the staff's morale was affected by their heavy workload. In this connection, the CPT has recommended that both medical and nursing staff resources be reinforced.

The hospital's medical and technical facilities were found to be mostly well maintained and in a good state of hygiene. However, the patients' living conditions were directly harmful to their health and wholly unacceptable for those suffering from serious diseases. Their rooms were overcrowded, inadequately lit and ventilated, and in a poor state of repair. Further, standards of maintenance and hygiene in the sanitary facilities for patients were well below the minimum to be expected in a hospital. The CPT has made recommendations designed to address these and other shortcomings and, more generally, has recommended that the Latvian authorities elaborate and implement without delay a plan of extensive renovation and refurbishment of the hospital's premises.

The CPT has also recommended that in-patient psychiatric treatment at the hospital be reviewed and that, in particular, efforts be made to develop psycho-social therapeutic activities. Further, the Committee has called for improvements to the manner in which patients at the hospital with a short-term fatal prognosis are cared for.

244. The CPT has made a number of comments about a variety of other issues of relevance to its mandate (prison staff, discipline, contact with the outside world, juveniles, complaints and inspection procedures, etc.). The Committee has in particular emphasised that there is no better safeguard against ill-treatment than properly recruited and trained prison staff who know how to adopt the appropriate attitude in their relations with prisoners.

Particular mention should be made of the CPT's recommendation that the "waiting cubicles" found throughout the Central Prison be immediately withdrawn from service as holding facilities. By virtue of their size alone (approximately 1 m<sup>2</sup>), they are not suitable to hold a person for any length of time whatsoever.

### **C. Other establishments visited**

245. The professional level of the medical and nursing staff at Riga Neuropsychiatric Hospital (RNH) was highly satisfactory and the delegation observed that staff members were motivated and conscientious. Further, patients' living conditions could be considered as globally satisfactory. However, the CPT has recommended that the conditions offered to patients placed in the hospital's "observation rooms" be reviewed. In particular, efforts should be made to reduce occupancy levels in the rooms and patients placed in them should be offered – their medical condition permitting – at least one hour of outdoor exercise per day.

Treatment at the hospital was mainly based on pharmacotherapy and modern psychotropic drugs were available. However, the CPT has stressed that psychiatric treatment should also involve a wide range of rehabilitative and therapeutic activities (occupational therapy, group therapy, individual psychotherapy, etc.).



Other issues addressed by the CPT include the importance of juveniles requiring psychiatric care being accommodated separately from adult patients and the need for a clearly-defined policy as regards the use of means of restraint. The Committee has also emphasised that the procedure by which involuntary placement in a psychiatric establishment is decided must offer guarantees of independence and impartiality, as well as of objective medical expertise.

246. The CPT's delegation gathered no evidence of ill-treatment during its visit to Naukseni Educational and Correctional Institution for Girls. Further, material conditions in the establishment and the treatment and activities programme offered to the girls placed there were on the whole satisfactory.

However, the Committee has indicated that, in view of the remote location of the institution, special measures will have to be taken in order to meet the declared objective of maintaining the girls' contact with the outside world. The CPT has also recommended that the institution's psychiatric and psychological service be gradually reinforced.

247. No allegations of ill-treatment were heard at the Riga Garrison Detention Facility. However, in the light of information gathered during the visit, the CPT has recommended that all persons detained at the facility be provided with protective clothing, as appropriate, when working outdoors.

As for conditions of detention at the facility, they left a great deal to be desired. The CPT has recommended that immediate steps be taken to ensure that all detainees are provided with a mattress and extra blankets at night, and that cell heating is significantly improved. The Committee has also recommended that a renovation programme be implemented without delay in order to substantially improve material conditions of detention as a whole at the facility (e.g. access to natural light; artificial lighting; ventilation; sanitary facilities).

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

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

249. As regards more particularly the CPT's recommendations, having regard to Article 10 of the Convention, the CPT requests the Latvian 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 Latvian 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 establishments**

**1. Preliminary remarks**

requests for information

- changes to the legal situation of persons suspected of a criminal offence introduced by the new Criminal Code (paragraph 12).

**2. Torture and other forms of physical ill-treatment**

recommendations

- a very high priority to be given to professional training for police officers of all ranks and categories, taking into account the remarks in paragraph 17. Experts not belonging to the police should be involved in this training (paragraph 18);
- 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 communication skills (paragraph 18);
- 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 18);
- police officers to be reminded in an appropriate manner that no more force than is strictly necessary should be used when effecting an apprehension, and that once apprehended persons have been brought under control, there can never be any justification for their being struck (paragraph 19);
- whenever an apprehended person brought before a prosecutor or judge alleges ill-treatment by the police, the prosecutor/judge to immediately request a forensic medical examination of the person concerned and to take the necessary measures in order for the allegation to be duly investigated. This approach to be followed irrespective of whether the person concerned bears visible injuries. Further, even in the absence of an express allegation of ill-treatment, the prosecutor/judge should request a forensic medical examination whenever there are grounds to believe that an apprehended person brought before him could have been the victim of ill-treatment (paragraph 21);

- the return of prisoners to police custody, for whatever purpose, to require the express authorisation of a prosecutor or judge (paragraph 22).

comments

- to force 12 and 14 years old adolescent girls to undress in front of male uniformed police officers is clearly humiliating and degrading (paragraph 16).

requests for information

- in respect of 1998 and 1999
  - the number of complaints of ill-treatment made against police officers and the number of criminal/disciplinary proceedings which were instituted as a result;
  - an account of criminal/disciplinary sanctions imposed following complaints of police ill-treatment (paragraph 20);
- detailed information on police complaints and disciplinary procedures, including the safeguards incorporated to ensure their objectivity (paragraph 20).

### **3. Conditions of detention in police establishments**

recommendations

- the shortcomings identified in the police establishments visited to be remedied, in the light of the remarks made in paragraphs 24 to 29 and the general criteria set out in paragraph 23. Improvements to ventilation and lighting at the General Police Board Detention Facility in Rīga, as well as access to outdoor exercise (for those who remain longer than 24 hours), to be seen as a first priority (paragraph 30);
- steps to be taken to ensure that conditions of detention in all other police establishments in Latvia meet the criteria set out in paragraph 23 (paragraph 30).

requests for information

- confirmation that the urgent measures mentioned in paragraph 25 have been taken (paragraph 25).

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

##### recommendations

- the necessary measures to be taken to ensure that Article 78 of the Code of Criminal Procedure is fully complied with in practice (paragraph 32);
- steps to be taken to ensure the full implementation, in practice, of Article 96 of the Code of Criminal Procedure (paragraph 35);
- specific provisions to be adopted on the subject of the right of persons in police custody to have access to a doctor. Those provisions to stipulate *inter alia* that:
  - a person taken into police custody has the right to be examined, if he so wishes, by a doctor of his own choice, in addition to any medical examination carried out by a doctor called by the police authorities;
  - all medical examinations of persons in police custody are to take place out of the hearing and - unless the doctor concerned expressly requests otherwise in a given case - out of the sight of police officers;
  - the results of every examination, as well as any relevant statements by the person in custody and the doctor's conclusions, are to be recorded in writing by the doctor and made available to the detained person and his lawyer (paragraph 37);
- a form setting out in a straightforward manner 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 should be available in an appropriate range of languages (paragraph 39);
- a code of conduct for police interviews to be drawn up (paragraph 41);
- steps to be taken immediately to ensure that whenever a person is detained in a police establishment, for whatever reason or length of time, the fact of his detention is recorded without delay (paragraph 42);
- the relevant prosecuting/judicial authorities throughout the country to be encouraged to carry out regular and unannounced visits to places where persons are detained by the police (paragraph 44).

##### comments

- the fundamental safeguards offered to persons in police custody 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 arrest; time of arrival on police premises; when informed of rights; signs of injury, mental disorder, etc.; contact with and/or visits by a relative, lawyer, doctor or consular officer; when offered food; when interviewed; when brought before a prosecutor; when remanded in custody or released, etc.) (paragraph 42);

- it would be desirable for prosecutors/judges to be accompanied by a forensic doctor when carrying out visits to places where persons are detained by the police (paragraph 44).

requests for information

- whether there are any exceptions/derogations to the right of persons deprived of their liberty by the police to inform immediately a close relative of their situation (paragraph 32);
- full details concerning the provision of *ex officio* legal assistance to persons in police custody (paragraph 35).

**5. Pre-Trial Investigation Centre and Short-Term Detention Isolator (ISO), Rīga**

recommendations

- immediate steps to be taken to ensure that all persons detained in the ISO in Rīga:
  - have the necessary basic personal hygiene products (soap, toothbrush and paste, towel, sanitary towel/protection, etc.) at their disposal and have the opportunity to wash every day;
  - are allowed to take a hot shower on arrival and at least once a week during their period of detention;
  - receive the necessary materials to maintain their cells in a clean and hygienic state (paragraph 50);
- immediate steps to be taken vis-à-vis the ISO in Rīga:
  - to improve cell lighting (in particular, all cells should have access to natural light) and to verify that cell ventilation and heating are adequate;
  - to ensure that the food provided to detained persons is of an appropriate quality and quantity, and that such persons have ready access to drinking water;
  - to give custodial staff clear instructions that requests from persons detained to be allowed to leave their cells during the day for the purpose of using a toilet are to be accepted without delay, unless overriding security considerations require otherwise;
  - to review the possibilities for detained persons to maintain contact with the outside world, in order to ensure that such contact is not being restricted unjustifiably (paragraph 50);
- cell N°10 (measuring only 3 m<sup>2</sup>) at the ISO in Rīga to be withdrawn from service immediately as detainee accommodation (paragraph 50);

- the health care provided at the ISO in Rīga to be reviewed, taking into account the remarks in paragraph 49 (paragraph 50);
- the room located in the ISO's premises used for interrogations to be withdrawn from service (paragraph 51).

## **6. Preventive Care Centre for Minors in Rīga**

### recommendations

- the management of the Preventive Care Centre for Minors in Rīga to deliver the clear message to custodial staff that the ill-treatment of inmates is not acceptable under any circumstances and will be dealt with severely. Inmates who misbehave should be dealt with only in accordance with the prescribed disciplinary procedures (paragraph 54);
- the conditions of detention on the first floor of the Centre (for juveniles suspected of having committed a criminal offence) to be reviewed, in the light of the remarks made in paragraph 56 (paragraph 56);
- measures to be taken without delay in order to offer juveniles at the Centre who are suspected of having committed a criminal offence a full and varied regime of activities, including access to education and leisure activities (paragraph 59);
- the practice of confining juveniles in a dark room to be discontinued (paragraph 64);
- a written set of disciplinary rules and procedures be drawn up without delay. As regards procedures, inmates should have the right to be heard in connection with any offence which they are alleged to have committed and be entitled to appeal to a higher body against any disciplinary sanctions imposed on them. Further, every instance of recourse to any form of disciplinary sanction should be duly recorded in a special register (paragraph 66).

### comments

- the Latvian authorities are invited to seek to improve the conditions under which inmates at the Centre meet their visitors (paragraph 58);
- the Latvian authorities are invited to provide custodial staff at the Centre with training geared to enabling them to meet the specific challenges of working with young persons (paragraph 60);
- inmates should, if they so wish, be able to approach the Centre's health care service, including the psychiatric and psychological service, on a confidential basis, for example by means of a message in a sealed envelope (paragraph 62);
- removing door handles from a room used for detention purposes is a dangerous practice (paragraph 64).

requests for information

- are minors placed in the Centre able to correspond with the Children's Rights Inspector on a confidential basis? (paragraph 68);
- has provision been made for regular inspections of establishments for minors by an independent body with authority to receive complaints and inspect the premises? (paragraph 68).

**7. The Illegal Immigrant and other Unidentified Persons Accommodation Centre in Rīga**

recommendations

- the Latvian authorities to implement without delay the immediate observation made by the CPT's delegation concerning the transfer of persons detained in the Illegal Immigrant and other Unidentified Persons Accommodation Centre in Rīga to another - suitable - establishment (paragraph 73);
- steps to be taken to provide specific training to staff at the Centre (paragraph 75);
- a policy document to be drafted on the treatment of hunger strikers, having regard to the relevant international standards and rules on the subject (paragraph 78);
- the system of *ex officio* legal assistance to be extended to persons detained under the provisions of the Act of 9 June 1992 on the Entry and Residence of Foreign Citizens and Stateless Persons in the Republic of Latvia (paragraph 79);
- the use of mouthtape or other means of stopping up a person's mouth to be prohibited (paragraph 82).

comments

- the CPT trusts that the deficiencies in the Centre's health care service described in paragraphs 76 and 77 will be remedied in the process of transferring the Centre to its new premises. In addition, regular supervision of the feldshers' work by a medical doctor should be guaranteed (paragraph 78);
- the Latvian authorities are invited to take steps to ensure that persons detained under the 1992 Act receive, on their arrival in an accommodation centre, a leaflet setting out in a straightforward manner their legal situation and the procedure applicable to them (paragraph 80).

requests for information

- further action taken by the Latvian authorities in order to implement the immediate transfer of the detainees to another-suitable-establishment (paragraph 73);
- whether the safeguard that a refugee may not be deported or extradited to a country where the threat of persecution exists is considered as applying also to persons detained under the provisions of the 1992 Act (paragraph 81);
- a detailed account of the precise measures taken in practice by the Latvian authorities in order to ensure that the above-mentioned safeguard is respected (paragraph 81).

**8. Rīga Police Sobering-up Centre**

recommendations

- the following measures to be taken:
  - provide the Centre with an ethylometer (breathalyser) in order to confirm the presence and measure the degree of alcohol intoxication;
  - organise regular and ongoing specialised training in the care of intoxicated persons and in the recognition of conditions which could be mistaken for a state of intoxication;
  - provide written instructions on the use of physical restraint towards violent intoxicated persons;
  - seek to improve material conditions in the Centre (with particular reference to the sanitary and shower facilities) (paragraph 88).

comments

- it would be desirable for a medical doctor to visit the Centre at regular intervals (e.g. every three months) in order to review protocols and check on medical standards and equipment (paragraph 88).



## **B. Prisons**

### **1. Preliminary remarks**

#### recommendations

- the Latvian authorities to implement the principles set out in Recommendations N° R(80)11 and N° R(92)17 of the Committee of Ministers (paragraph 92);
- the standard on living space per prisoner to be increased as soon as possible to at least 4m<sup>2</sup> per prisoner. Any cells measuring less than 6m<sup>2</sup> to be taken out of service as prisoner accommodation (paragraph 93);
- special measures to be introduced with a view to providing more work places for prisoners (paragraph 94);
- appropriate steps to be taken to fill all posts currently occupied by military conscripts with professional prison staff (paragraph 95).

#### requests for information

- detailed information on the implementation of the transfer of responsibility for the prison system to the Ministry of Justice and on the future structure of the Prison Administration under the authority of that Ministry (paragraph 90).

### **2. Ill-treatment**

#### recommendations

- steps to be taken to eliminate the practice of obliging prisoners to remain in a knee-bent position while their cells are being searched (paragraph 96);
- urgent measures to be taken in order to increase staffing levels in detention areas at the Central Prison in Rīga (paragraph 98).

#### requests for information

- the following information for 1998 and 1999:
  - the number of complaints of ill-treatment lodged against staff working in establishments under the authority of the Department of Prisons;
  - an account of disciplinary and/or criminal sanctions imposed following such complaints (paragraph 97);

- information on strategies developed with a view to addressing the problem of inter-prisoner violence in the prison system (paragraph 98).

### **3. Central Prison, Rīga**

#### recommendations

- ensure that every prisoner has his own bed, equipped with a clean mattress and clean bedclothes, and that prisoners are able to take a hot shower at least once a week (paragraph 107);
- ensure that all prisoners have adequate quantities of essential personal hygiene products as well as cleaning products for their cells (paragraph 107);
- supply indigent prisoners with proper clothing, taking weather conditions into account (paragraph 107);
- ensure that there is access to natural light and adequate ventilation in all prisoner accommodation (paragraph 107);
- attach the highest priority to the speedy completion of the renovation programme of the Central Prison (paragraph 107);
- all prisoners to be offered at least one hour of outdoor exercise every day, in conditions allowing them to exert themselves physically (paragraph 108);
- the recommendations set out in paragraph 107 to apply equally to prisoners detained in the establishment's "special section" (paragraph 110);
- sanitary facilities in all cells used to accommodate more than one person to be fitted with a partition (paragraph 110);
- urgent steps to be taken to develop the regimes offered to prisoners accommodated in the special section, taking due account of the remarks made in paragraph 113. If necessary, the relevant legislation should be amended (paragraph 114).

#### comments

- as overcrowding is reduced, fuller programmes of activities must be introduced. The aim should be to ensure that all remand prisoners are able to spend a reasonable part of the day (i.e. eight hours or more) outside their cells, engaged in purposeful activities of a varied nature (recreation/association; work, preferably with vocational value; education; sport) (paragraph 108);
- the Latvian authorities are invited to review the current practice of routine handcuffing of prisoners in the special section when taken out of their cells, in the light of the 1987 European Prison Rules (cf. in particular Rules 39 and 40) (paragraph 114).

requests for information

- information on the measures taken upon the CPT delegation's request concerning the renovation or withdrawal from service of the "quarantine/transit" cells in the basement of Block 2, cells N° 501 and 502 in the basement of Block 5, the punishment cells in the basement of Block 4, as well as cell N° 417 A (paragraph 102).

**4. Iļģuciema Prison**

recommendations

- steps to be taken to increase the range of out-of-cell activities available to remand prisoners in respect of whom the investigation procedure is not yet completed. The aim should be to ensure that prisoners are able to spend a reasonable part of the day (i.e. eight hours or more) outside their cells, engaged in purposeful activities of a varied nature (recreation/association; work, preferably with vocational value; education; sport) (paragraph 121);
- all remand prisoners in the establishment to be provided with adequate quantities of essential hygiene products, including proper sanitary products for monthly needs, and to be able to take a hot shower at least once a week (paragraph 121).

comments

- occupancy levels in the ISO Block should be reduced at the earliest opportunity, in pursuance of the general recommendation made in paragraph 93 (paragraph 121);
- the Latvian authorities are invited to examine the possibility of increasing the work opportunities for prisoners in Iļģuciema Prison (paragraph 123);
- the recommendation made in paragraph 114 applies with equal force to female prisoners subject to long-term imprisonment (paragraph 124).

**5. Health care services**

recommendations

- measures to be taken to ensure that health care staff from the Prison Hospital have access to the medical records of prisoners in the Central Prison, when necessary (paragraph 127);
- the adequacy of dental care resources at the Central Prison to be reviewed (paragraph 128);
- the complement of qualified nursing staff in the Central Prison to be significantly increased (paragraph 129);

- the facilities and resources made available to the health care service at the Central Prison to be reviewed, in order to ensure rational management of health care for patients as well as acceptable hygiene standards and material conditions for sick prisoners who are not transferred to the Prison Hospital. The medium-term objective should be to provide accommodation in the Prison Hospital for all prisoners whose condition requires it (paragraph 130);
- steps to be taken to provide appropriate dental care - including conservative dentistry - to all prisoners; this treatment should be free of charge for those prisoners not in a position to pay for it (paragraph 131);
- measures to be taken without delay to ensure the supply of appropriate medicines to the Central Prison and Ilğuciema Prison (paragraph 133);
- the psychiatric/ psychological care resources at the Central Prison to be strengthened, in the light of the remarks made in paragraph 136 (paragraph 136);
- steps to be taken to ensure that the practice in all prison establishments concerning medical examinations of prisoners is brought into line with the requirements set out in paragraph 141 (paragraph 141);
- existing procedures to be reviewed in order to ensure that whenever injuries are recorded by a doctor which are consistent with allegations of ill-treatment made by a prisoner, the record is systematically brought to the attention of the relevant prosecutor (paragraph 141);
- prisoners to be systematically provided with information on transmissible diseases (modes of transmission and means of prevention) (paragraph 143);
- the manner in which detained persons are screened for tuberculosis to be reviewed, taking due account of the remarks made in paragraph 145 and of the international standards in the field of control of tuberculosis, as defined by the WHO and ICRC (paragraph 145);
- the necessary measures to be taken at the Central Prison in order to ensure:
  - appropriate distribution and monitoring of the taking of tuberculostatic medicines;
  - material conditions in the cells/dormitories for tuberculous patients that are conducive to the improvement of their health. In particular, urgent measures are needed to substantially reduce the occupancy levels in those cells/dormitories and to improve access to natural light and ventilation. Care should also be taken to ensure that such prisoners are able to maintain a standard of personal hygiene consistent with the requirements of their state of health;
  - continuation of the treatment of tuberculous prisoners while they are serving the punishment of placement in a disciplinary cell (paragraph 147);
- a policy aimed at putting an end to the practice of ostracising HIV+ prisoners to be devised. That policy should provide inter alia for a programme of education and information for both prison staff and prisoners about methods of transmission, means of protection, etc. (paragraph 150);

- prison health care services to assume a more active role in monitoring living conditions in Latvian prisons and, if necessary, to advocate appropriate measures with a view to promoting the health of prisoners (paragraph 152).

#### comments

- the situation of prisoners working as auxiliaries in health care services in the Latvian prison system should be reviewed, in the light of the remarks made in paragraph 129 (paragraph 129);
- prisoners should be able to communicate with the health care service of their establishment on a confidential basis, for example by means of a message in a sealed envelope (paragraph 134);
- it is desirable that written information be provided to prisoners on their arrival, making them aware of the existence and operation of the health care service and reminding them of basic hygiene measures (paragraph 142).

#### requests for information

- observations of the Latvian authorities on the issues raised in paragraph 125 (paragraph 125);
- whether the transfer of responsibility for prison establishments to the Ministry of Justice will also affect prison health care services (paragraph 126);
- information on the steps taken pursuant to the delegation's request that immediate action be taken vis-à-vis a prisoner in need of psychiatric assistance who was held in isolation in a disciplinary cell (paragraph 137);
- the comments of the Latvian authorities on the subject of compulsory screening of prisoners for HIV infection (paragraph 139).

## **6. Prison Hospital, Rīga**

#### recommendations

- existing procedures to be modified so as to put an end to the practice of placing patients at the hospital in disciplinary cells in the Central Prison. Hospitalised prisoners should never be placed in an environment where medical and nursing supervision is not possible and where ongoing treatment is not ensured (paragraph 155);
- medical staffing levels at the hospital to be reviewed, with a view of increasing the number of doctor's posts (paragraph 156);
- the number of nursing staff at the hospital to be increased (paragraph 156);
- immediate measures to be taken to return the hospital's recovery room to its proper use (paragraph 158);

- immediate measures to be taken to ensure that:
  - the rate of occupancy of the patients' rooms is reduced; in this respect, urgent steps must be taken to improve accommodation for female patients;
  - the deficiencies as regards lighting and ventilation are remedied;
  - beds, bedding and other equipment are kept in a good state of repair and cleanliness;
  - the sanitary facilities, including toilets and showers, are kept in a satisfactory state of repair and hygiene;
  - all patients can take at least one hot shower per week, (and more frequently, when necessary for medical reasons) (paragraph 161);
- the Latvian authorities to elaborate and implement without delay a plan of extensive renovation and refurbishment of all the hospital premises, with particular attention being paid to the patients' accommodation (paragraph 161);
- a wider range of activities to be offered to long-term patients in the hospital. Special attention should be paid to juveniles among the patients; in particular, any patient of school age who stays for a prolonged period at the hospital should be provided with educational activities (paragraph 162);
- the continuous supply of anti-tuberculosis medication to be ensured (paragraph 164);
- steps to be taken without delay to address the issues concerning TB patients set out in paragraph 165 (paragraph 165);
- the level of care offered to prisoners undergoing in-patient psychiatric treatment at the hospital to be reviewed; particular efforts should be made to develop psycho-social therapeutic activities and to adapt them to the individual needs of patients (paragraph 166);
- existing procedures for compassionate release of sick prisoners in the terminal stage of their disease to be reviewed immediately, in the light of the remarks made in paragraph 168. Such prisoners who cannot be released to be accommodated as far as possible in single rooms and to be allowed regular visits from their close relatives. Palliative care should also be made available to them (paragraph 169).

#### comments

- to accommodate in the same room(s) patients with very different health conditions is a dangerous practice from the medical point of view (paragraph 153);
- the Latvian authorities are invited to provide the nurses working in the psychoneurology unit at the hospital with training reflecting the specificity of their work (paragraph 156).

#### requests for information

- confirmation that all the patients referred to in paragraph 167 have been transferred to the new forensic psychiatric establishment (paragraph 167).

## **7. Other issues of relevance to the CPT's mandate**

### recommendations

- the Latvian authorities:
  - to put an end to the practice of obliging prisoners to face the wall when staff or visitors are passing by or when waiting for an instruction to move;
  - to take effective measures to promote positive and constructive relations between staff and prisoners. In particular, a more proactive role for prison staff should be encouraged, not limited to purely security and control tasks. In this connection, the practice of employing a “duty prisoner” in cells should be reviewed;
  - to give a high priority to developing both initial and in-service vocational training of prison staff at all levels. 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 (paragraph 173);
- prisoners to be heard in person by the deciding authority in all disciplinary cases; if necessary, the relevant regulations should be amended accordingly (paragraph 175);
- immediate measures to be taken to ensure that all prisoners placed in disciplinary cells are given a mattress and blankets at night, and are offered one hour of outdoor exercise per day. Steps also to be taken to ensure that all such prisoners have access to reading material (paragraph 177);
- measures to be taken to enlarge disciplinary cells at the Central Prison and to provide them with access to natural light; if such improvements are not feasible, the cells should be withdrawn from service. Further, cell N° 301 at the Prison Hospital should be withdrawn from service immediately (paragraph 177);
- the heating of disciplinary cells at Iļģuciema Prison to be improved (paragraph 177);
- the arrangements concerning visits and correspondence vis-à-vis remand prisoners to be reviewed, in the light of the comments made in paragraph 180 (paragraph 180);
- steps to be taken to ensure the confidentiality of correspondence between remand prisoners and their lawyers (paragraph 183);
- juveniles to be held separately from adult prisoners (paragraph 185);
- the necessary measures to be taken in order to offer to juveniles on remand at Iļģuciema Prison a regime that takes into account their particular needs (paragraph 186);

- steps to be taken to ensure that prosecutors in charge of inspecting prison establishments regularly visit detention areas and enter into direct contact with prisoners (paragraph 189);
- the “waiting cubicles” at the Central Prison to be immediately withdrawn from service as holding facilities (paragraph 191).

comments

- as far as possible, remand prisoners should be able to receive visits under reasonably open conditions (paragraph 182);
- the Latvian authorities are invited to add the President of the CPT to the list of authorities with whom prisoners can communicate on a confidential basis (paragraph 190).

requests for information

- whether prisoners have the right to appeal to a higher authority against disciplinary sanctions (paragraph 175).

**C. Rīga Neuropsychiatric Hospital (RNH)**

recommendations

- conditions offered to patients placed in the “observation rooms” at the RNH to be reviewed, in the light of the comments made in paragraph 196. In particular, patients placed in those rooms should be offered - their medical condition permitting - at least one hour of outdoor exercise per day. Further, efforts should be made to reduce occupancy levels in the rooms (paragraph 196);
- the possibilities for rehabilitative and therapeutic activities at the hospital to be increased, in the light of the comments made in paragraph 200 (paragraph 200);
- a clear written policy to be elaborated at the RNH on the subject of electroconvulsive therapy (ECT), and ECT to be administered only by staff who have been specifically trained to provide this treatment. Further, every recourse to ECT to be recorded in detail in a specific register (paragraph 201);
- the Latvian authorities to ensure that juveniles requiring psychiatric care are accommodated separately from adult patients in all psychiatric establishments in Latvia (paragraph 203);
- a clear written policy to be established at the RNH (and, as appropriate, at other psychiatric establishments in Latvia) as regards the use of means of restraint, taking into account the remarks made in paragraph 205 (paragraph 206);
- in the context of the examination of new mental health legislation, the Latvian authorities to pay particular attention to the issue of safeguards concerning involuntary placement in psychiatric establishments. In this context, reference might usefully be made to paragraphs 51 to 57 of the CPT's 8th General Report (CPT/Inf (98) 12) (paragraph 209);



- immediate measures to be taken to:
  - clearly identify voluntary patients at the hospital and to complete their individual files with their written consent for hospitalisation;
  - review the cases of other "civil" patients at the RNH, in the light of the Law on medical treatment (paragraph 209).

#### comments

- placement in an "observation rooms" should be reviewed on a regular basis (if possible, with the participation of medical staff not belonging to the relevant ward) and an appeal procedure should be offered to the patient (paragraph 196);
- every patient in the hospital should be offered - weather conditions permitting - at least one hour of outdoor exercise per day, unless there are clear medical contra-indications (paragraph 198);
- individualisation of clothing should form part of the therapeutic process (paragraph 199).

#### requests for information

- confirmation that forensic patients have been transferred to a new forensic ward (paragraph 197);
- detailed information on the new forensic ward (living conditions, arrangements for the distribution of patients in different groups and for their supervision, envisaged programmes of therapeutic activities, staffing levels, etc.) (paragraph 197).

### **D. Naukseni Educational and Correctional Institution for Girls**

#### recommendations

- steps to be taken to ensure that the premises of the institution - and, in particular, the girls' rooms - are properly heated (paragraph 212).
- the time of presence of psychologists to be increased at the institution to reach, in due course, at least the equivalent of one full-time post. Regular visits by a child/adolescent psychiatrist should also be envisaged (paragraph 218);
- the disciplinary procedure at the institution to be reviewed, in the light of the remarks made in paragraph 221. Girls concerned should be informed, in writing, of the disciplinary measure imposed and of its reasons, as well as of the possibility to appeal against the measure to a higher authority. Further, every disciplinary measure should be duly recorded in a register established for this purpose (paragraph 221).

comments

- staff levels should be increased as the institution's inmate population grows (paragraph 211);
- the decoration of the inmates' rooms was rather spartan for girls of this age (paragraph 212);
- the Latvian authorities are invited to strive to overcome the difficulties mentioned in paragraph 216 concerning contact with the outside world (paragraph 216).

requests for information

- clarifications from the Latvian authorities on the points raised in paragraph 222 concerning complaints and inspection procedures (paragraph 222).

**E. Riga Garrison Detention Facility**

recommendations

- all detainees working outdoors to be provided with protective clothing as appropriate. Moreover, they should have immediate access to medical assistance when necessary (paragraph 224);
- immediate steps to be taken to ensure that:
  - all detainees are provided with a mattress and extra blankets at night, and are able to maintain their personal hygiene;
  - cell heating is significantly improved;
  - the cells are fitted with a table and chair (if necessary, fixed to the floor) (paragraph 226);
- a renovation programme to be implemented without delay in order to substantially improve the material conditions of detention as a whole (e.g. access to natural light; artificial lighting; ventilation; sanitary facilities) (paragraph 226).

comments

- the Latvian authorities are invited to staff the detention facility with specifically trained military personnel (paragraph 223);
- the Latvian authorities are invited to broaden the range of reading material made available to the detainees (paragraph 227).

requests for information

- the sanctions available to the officer in charge and the procedure applicable whenever he has recourse to them (including the right to appeal against such sanctions to a higher authority) (paragraph 228);
- whether the detention facility is visited on a regular basis by an outside inspection body (such as a military prosecutor) (paragraph 228).

**APPENDIX II**

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

**National authorities**

Ministry of the Interior

- Mr Roberts JURDŽS Minister of the Interior
- Mr R. BLUĶIS Deputy Secretary of State

*Police Department*

- Mr Ivars STŪRAINIS Deputy Head of the Police Department
- Mrs Tanja ANTONOVA Head of the International Relations Section
- Mr Nikolajs KONEVEGA Head of the Public Order Section
- Mr Jānis ZEPS Deputy Head of the Immigration Police
- Mr Igors SILANTJEVS Deputy Head of the Riga Main Police Board  
Head of the Immigration Police Department

*Border Guards*

- Mr G. DABOLIŅŠ Head of the Border Guards
- Mr Andris BALCERS Officer, Ports and Airports Section  
General Directorate of the Border Guards

*Prison Department*

- Mr Aleksandrs TOČELOVSKIS Deputy Head of the Prison Department
- Lt. Col. Regina FEDOSEJEVA Head of Medical Services

*International Relations Department*

- Mr J. DZENIS Deputy Head of the International Relations Department
- Mrs Ināra LEIMANE Chief Inspector  
International Relations Department

Ministry of Education and Science

- Mrs G. ARĀJA Head of the International Relations Section  
Educational Strategy Department
- Mrs A. POLAKOVSKA Chief Specialist  
General Education Department

Ministry of Justice

- Mrs Ingrida LABUCKA Minister of Justice

Ministry of Welfare

- Mr I. REZEBERGS Deputy Secretary of State
- Mr Oskars VELMERS Director of the Department of Medical Treatment

Ministry of Defence

- Mrs U. KUPLE Deputy Secretary of State
- Mr Jānis BAŠKERS Inspector General
- Mr Voldemārs POZNAKS Chief Officer, Operational Direction  
of the National Army Headquarters

Latvian National Human Rights Office

- Mrs Inga REINE Lawyer, Analysis and Information Department

**Non-governmental organisations**

Latvian Centre for Human Rights and Ethnic Studies

Latvian Human Rights Committee

Prison Reform Institute