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Contact: John Darcy
Tel: 03 88 41 31 56

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Meeting: 1362nd meeting (December 2019) (DH)

Communication from a NGO (Hellenic Action for Human Rights "Pleiades") (23/09/2019) in the MARTZAKLIS AND OTHERS group of cases v. Greece (Application No. 20378/13)

Information made available under Rule 9.2 of the Rules of the Committee of Ministers for the supervision of the execution of judgments and of the terms of friendly settlements.

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Réunion : 1362^e réunion (décembre 2019) (DH)

Communication d'une ONG (Hellenic Action for Human Rights "Pleiades") (23/09/2019) dans le groupe d'affaires MARTZAKLIS ET AUTRES c. Grèce (requête n° 20378/13) (**anglais uniquement**).

Informations mises à disposition en vertu de la Règle 9.2 des Règles du Comité des Ministres pour la surveillance de l'exécution des arrêts et des termes des règlements amiables.

The President of the Committee of Ministers

Department for the Execution of Judgments of the European Court of Human

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France

DGI-execution@coe.int

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23 SEP. 2019

SERVICE DE L'EXECUTION
DES ARRETS DE LA CEDH

20 September 2019

By E-mail Only

Execution of *Martzaklis and Others v. Greece (Application No. 20378/13)*

Mr President

Under Rules 9 (1) and 9(2) of the Rules of the **Committee of Ministers** for the supervision of the execution of **ECtHR** judgments we submit the attached communication on the execution of *Martzaklis and Others v. Greece (Application No. 20378/13)*, and request that it is also uploaded at your special website for the *1355th DH meeting (23-25 September 2019)*.

With the utmost respect,

Electra-Leda Koutra

Lawyer in Athens

In her capacity as

- a) Applicants' representative in the Martzaklis and Others ECHR application
- b) Spokesperson for the Hellenic Action for Human Rights "Pleiades"

**Communication on the execution of *Martzaklis and Others v. Greece* (Application
No. 20378/13)**

21 September 2019,
Athens

The case concerns the conditions of detention and the segregation of 13 HIV positive detainees in the psychiatric wing of Korydallos prison hospital during 2011-2012.

At the 1318th meeting (5-7 June 2018 - DH), the Committee of Ministers decided, to “3. (...) *terminate the supervision of the measures required in respect of the violation of Article 3 in conjunction with Article 14 concerning the segregation of HIV-positive detainees in Korydallos prison.*” It then “4. *encouraged the authorities to accelerate the process of establishing a global health system which would ensure that all HIV-positive prisoners are treated in decent conditions and inform the Committee thereof;*” and “5. *invited the authorities to expedite the procedure of establishing an effective remedy which would ensure that allegations of substandard conditions of detention or inadequate administration of health care are examined on the merits and, if well founded, afford redress to the complainant.*”¹”

The Committee’s decision was based on the information and its ensuing analysis on the implementation of the judgements on the field of individual and general measures, as detailed in its notes on the agenda² for its 1318th meeting³. The notes detailed the following points of interest:

- a. “*According to information received on 3 April 2018 (DH-DD(2018)368), all of the applicants have been released [...] In the light of the information provided, no further individual measures are necessary*”.
- b. “*In April 2018 the authorities provided updated information on the improvements in material conditions, on the administration of medical treatment and on medical supervision in Korydallos prison. This information should be noted with satisfaction. However, it appears that the*

¹ CM/Del/Dec(2017)1294/H46-13

² CM/Notes/1318/H46-9

³ 1318th meeting, 5-7 June 2018

elaboration of a global plan for the health care system for prisoners has not been finalized. The authorities should increase their efforts towards establishing a health care system to ensure that all HIV-positive prisoners are adequately treated and provided with the necessary care in Article 3-compliant conditions”.

- c. *“The establishment of a remedy allowing detainees to complain about the conditions of their detention and to claim compensation is being examined [...] The authorities should be encouraged to expedite the process of establishing an effective remedy which would ensure that allegations of substandard conditions of detention are examined and, if well-founded, redress the complainant’s situation”.*

Following these points of interest raised in the Committee’s previous meeting and in light of the upcoming 1355th Meeting of September 23-25, the Government provided the following information in its submission⁴ of July 2nd, of which we single out the following declarations:

- a. *“At the time when the parties submitted their observations, only applicants nos 9, 10, 17 and 18 (Ioannis Machos, Andreas Martzaklis, Emmanouil Toufektsis and Chrisovalantis Tsiriklos) were still detained. Today, only two applicants, namely Mr Ioannis Machos and Mr Dimitrios Samlidis are still detained. **However, in view of the general measures regarding the Korydallos Prison Hospital and its decongestion, their detention takes place in conditions significantly improved which can no longer be considered to constitute neither inhuman nor degrading treatment”.***
- b. *“[...] the hospital of Korydallos Prison now forms part of the National Health System (NHS) and has changed its name to “Special Center of Health of Prisoners of Korydallos”. Further, it has acquired dual form: i) decentralized health unit of the 2nd Regional Health Administration of the Ministry of Health and ii) Detention Facility of the Ministry of Justice, Transparency and Human Rights. As health unit it is interfacing from a scientific angle with the General Hospital of Nikaia - Piraeus "Saint Panteleimon". It provides primary health care services, short hospitalization as well as monitoring and support*

⁴ Action report, doc. No. DH-DD(2019)741

for the chronically ill, thus meeting the needs of the patient population prisoners” At this point, legislation is invoked, namely presidential decree 100/2018 (Official Gazette A 193/20-11-2018), decision 29824/21-5-2019 and Joined Ministerial Decision 44051/2019 (Official Gazette B 2246/10-6- 2019).

- c. *“As regards the issue of the establishment of an effective legal remedy through which a prisoner can file a complaint about his/her detention conditions, including inadequate health care, and those concerning his/her legal protection from acts of the administration, we would like to note that the Special Committee established for this reason has already delivered to the Minister of Justice, Transparency and Human Rights a draft legislative provision. In any case, the above issue continues to be supervised in the context of the NISIOTIS group of cases”.*

Finally, one more communication⁵ was submitted to the Committee’s President by the Ambassador of the Greek Delegation to the CoE, dated July 2nd. This communication was sent in support of the Greek Action Report and urges the Committee to terminate supervision of the Martzaklis and Zabelos cases *“au fait que ces requérants ont, déjà lors de l'examen de leur requête par la Cour, admis que leurs conditions de détention s'étaient améliorées à compter de juin 2016 et que le personnel médical avait augmenté de façon que leurs conditions de détention ne constituent plus une violation de l'article 3 (§ 27)”*. The communication then reiterates the analysis and previous information provided by both the Greek Government as well as the Committee, to conclude that *“Force est de constater que les mesures générales prises par les autorités se sont avérées efficaces et ont porté leurs fruits »*.

Finally, the communication supports that *«L'intégration de l'hôpital de la prison de Korydallos au Système National de Santé garantit aux détenus séropositifs l'administration de leurs traitements dans des conditions décentes. Il s'agit d'une mesure qui répond aux recommandations du CPT [...] Ceci dit, étant donné que ce projet ne porte pas spécifiquement sur les détenus séropositifs mais concerne en général l'administration des soins de santé dans les prisons et que cette question est surveillée par le CM dans le cadre du groupe d'affaires Serifis, cette communication ne constitue sans doute pas le cadre adéquat pour analyser plus avant ce projet, qui*

⁵ DH-DD(2019)749, originally No de Réf. : 6702 / 722

est mentionné à titre purement informatif. Par ailleurs, le CM suit les mesures visant à offrir aux détenus des services médicaux conformes à la Convention et aux recommandations du CPT dans le cadre du groupe d'affaires Nisiotis [...] Enfin, les conditions de détention dans les prisons en Grèce et la question du recours permettant aux détenus de contester leurs conditions de détention (violation de l'article 13 combiné avec l'article 3) font l'objet d'une surveillance par le CM dans le cadre du groupe d'affaires «.Nisiotis ». 16. Il s'ensuit qu'une partie des violations constatées par la Cour dans les affaires Martzaklis et Zabelos se chevauchent avec des questions surveillées dans le cadre d'autres groupes d'affaires et qu'il ne reste plus de questions propres au groupe d'affaire Martzaklis qui pourraient justifier le maintien de ce groupe distinct ».

Therefore, all the communications submitted so far on the part of the Greek authorities call for the termination of the supervision of this group of cases on grounds that firstly, **all or almost all of the applicants have been released**, that **upgrades in the facilities and equipment have taken place**, thus raising the standards of the detention conditions in the prison hospital, and that **the generalized medical treatment conditions are being reached** since the Prison Hospital was added to the National Health System; in any case, it is supported that **the global healthcare plan is also being examined in other case group** and should not be reason enough for the continuation of the supervision. Lastly, **the establishment of an effective remedy is under review in the form of draft legislation** and (consequently) should not be reason enough for the continuation of the supervision.

The Counsel has several additional information to contribute to the Committee as regards all the above. Moreover, she is authorized to transfer this information to the Committee on behalf of NGO “Hellenic Action for Human Rights” – “Pleiades”, which she is president and spokesperson for.

A. INDIVIDUAL MEASURES

1. On almost all the applicants from the Martzaklis and Zabelos cases having exited victim status by having been released under conditions

While the *Martzaklis* case was under enhanced supervision the Government provided inaccurate information regarding the state of the applicants. More

specifically, the State was claiming that all applicants had been released, many of them were in detention, again reaching the Court, including with complaints under art.34, 41 and 46 ECHR, among others. Notably, one of them died, shortly before his release, while the authorities announced it was a "suicide".

The 1st applicant seized the Court anew in the *Zabelos and others v. Greece*⁶ application and subsequently in the *Kormanos and others v. Greece*⁷ application. The 5th applicant also seized the Court on the *Kormanos* application, while the 6th is deceased. The 7th was an applicant in the *Petrenitis and others v. Greece* application⁸ as well as, subsequently, in the *Ampatzis and others v. Greece*⁹. The 8th applied to the Court anew via the *Chatzikos and others* application¹⁰, and the 12th was again an applicant in the case of *Kantaria Mamuka and others v. Greece*¹¹. In their new applications, the HIV+ applicants decried their detention conditions, the continuing ECHR violations against them, and also complained about a violation of art.34 (in relation to art.41) ECHR. Complaints from all the applicants and many more prisoners across the country continue reporting human rights violations relating to detention conditions and inadequate medical treatment, not only as 2 separate violations of their rights under art.3 ECHR but, also, sometimes as a violation of their rights under art.2 and 14 ECHR too. This is factual evidence illustrating that no substantial solution to the issues under supervision have been taken, and that the information submitted by the Government to the Committee is to a large degree not accurate.

B. GENERAL MEASURES

1. *On the integration of the Korydallos Prison Hospital to the National Health System*

State authorities claim that pursuant to presidential decree 100/2018 (Official Gazette A 193/20-11-2018), decision 29824/21-5-2019 and Joined Ministerial Decision 44051/2019 (Official Gazette B 2246/10-6- 2019, the integration of the Korydallos Prison Hospital to the National Health System, a structural change that

⁶ App. No. 1167/15, decision of 17/05/2018

⁷ App. No. 39719/17, pending communication

⁸ App. No. 47393/17, pending communication

⁹ App. No. 560/18, pending communication

¹⁰ App. No. 51958/17, pending communication

¹¹ App. No. 47991/17, pending communication

had been decided since 2009, a full decade ago, has taken place. The Presidential Decree is titled “Renaming of the Korydallos Prison Hospital and Integration in the National Health System”. Rightly so, the Korydallos Prison Hospital was renamed, **because there no longer is a hospital in the Prison.**

At the “preamble” of Presidential Decree 100/2018, a number of laws are invoked as the components of the reasoning and provisions taken into consideration during the drafting of the Decree. The first one is Law 4486/2017, “Reform of Primary Healthcare, emergency provisions for the competency of the Ministry for Health and other provisions”. According to par. 1, 2 and 3 of art.1 of Law No 4486/2017, titled "General Principles of Primary Healthcare", it is stipulated that: "*1. Primary Health Care" means **all integrated services inside the national health system, aimed at the observation, maintenance and improvement of human health. Services include health promotion, disease prevention, diagnosis, treatment, integrated care and follow-up. The State is responsible for the provision of quality services of primary healthcare to the population as a whole, respecting their rights and needs.***

*2. Primary Healthcare Services consist of: (a) health services for the provision of which the **person is not required to be hospitalized**, (b) assessing the health needs of citizens, designing and implementing measures and programs for the prevention of diseases, the universal implementation of a national screening program for pre-symptomatic control for selected diseases and the promotion of health, (c) the regular monitoring and management of patients with chronic diseases, (d) family planning and maternity - child services, e) **referral, monitoring and case management of cases in Secondary and Tertiary Care**, (f) the provision of urgent prehospital care, (g) the implementation of vaccination programs,(h) rehabilitation services, (i) providing relief and palliative care, (j) the provision of Primary Mental Health services and interconnection with mental health services and facing of addiction, (k) Primary Dental and Orthodontic Care, with emphasis on the prevention, (l) interconnection with social care services. (m) Services of hygiene and security at work, in cooperation with the competent authorities, (n) provision of nursing home care.*

3. Primary Healthcare Services are organized and operated on the basis of the principles of free universal health coverage of the pop-ulation, equal access to health services, the special care for the excluded and vulnerable social groups, the assurance of quality and safety of the services provided, the continuity of health care, the

responsibility and accountability of healthcare providers, medical, nursing or other professional ethics, the proximity of services at the place of residence or work, liaison with other health services ,of rational referral to other units or services of the NHS or contracted providers for diagnosis, treatment, hospitalization or further care, cross-sectoral co-operation with local, social and scientific bodies as well as community health education and its active participation in meeting its health needs.

According to par.3 of the 2nd art. of the same Law, the primary healthcare unit is defined as follows: "*Local Health Unit: Primary Health Care Public Primary Unit, **which is the introductory level in the National Health System** and operates on the basis of a registered reference population for the provision of family medicine and organized health prevention and health education at the Primary Healthcare and is staffed by a (1) Health Team of Case 1.*" Furthermore, the Presidential Decree stipulates that the Special Health Center for Korydallos Prisoners is under the supervision of the Ministries of Health and Human Rights and Transparency¹² (ar. 1 para. 1), and the needs of patients **may** be covered pursuant to a decision of the Coordinator for the center following a petition of the Administrator for the 2nd regional Health Prefecture (ar. 1 para 3).

Via this legislation the Greek Government recognized that **there is "no Hospital" (and there is no plan in creating one for inmates) in Korydallos**, a fact proving that such characterization was rather intending to disorient from the violations of human rights the inmates with compromised health detained there were suffering. In order to make it a primary healthcare unit (which is not a hospital), the State now "exiles" HIV+ inmates from a space where they can be shortly expected to be hosted in humane conditions, and exposes them again to unacceptable, utterly humiliating conditions that further endanger their dignity, their health and their very life, by scattering them in prisons across the country, where healthcare is severely compromised and where the conditions are utterly incompatible with their state of health.

¹² It should also be noted as a reason for concern that the competencies of the ministries have changed under the new Government which won the July 2019 elections; the entirety of the correctional system has been transferred under the competency of the Ministry for Citizen Protection, an issue which has already cause a multitude of controversies and reactions from the part of humanitarian organizations across Greece.

Notably, both the Korydallos primary healthcare detention premises (previously called “Korydallos Hospital” and also the “Korydallos Psychiatry”) are only destined to host male inmates, thus exiling the female inmate population from healthcare in the context of the prison system. Several recent applications of women inmates, awaiting communication by the ECtHR, are elaborating on this issue, given that during the past year the situation regarding lack of healthcare in prison and its serious consequences, including dozens of recent deaths, has literally terrorized the inmates’ population¹³.

Nowhere does the Penitentiary Code predict the funding and establishment of a hospital and psychiatric institution specifically for female inmates, so as to correspond to their unique needs. It is a given that gender and healthcare, physical or mental, intersect. The social background for many of the female detainees is very different than that of men. Standard operational practice can threaten women’s well-being through “gender-neutral” policies, because it neglects several aspects of the lived experiences of female prisoners, thus depriving them of the full protection of the law.

A prime example of this negligence is the case of Nistazou and others v. Greece¹⁴. The 1st applicant, HIV positive and severely mentally ill, complains about being disciplinarily accused of attempting suicide, that is equivalent to her being accused of her state of health. The application also contains information about the last deaths of the applicants’ co-inmates, and an arbitrary change in her medication, which may have aggravated her state of health to the degree that she cut her arm and throat. Upon her complaints for not being transferred to a hospital, she has been disciplinarily accused of “self-harming in order to obtain benefits”.

The situation is also evident in the case Dikaïou and Others v. Greece¹⁵, in which a number of women HIV+ inmates seized the Court complaining about violations of their ECHR protected rights while segregated in the “normal” prison (in lack of institutional provision for female inmates with compromised health in the Greek penitentiary landscape). Needless to say, when speaking of “global healthcare”, both the terms “global” and “healthcare” separate as well as combined ought to cover

¹³ Several, but not all of them, are the applications of: Rigatou v. Greece (app.no. 34890/19), Peponi and others v. Greece (app.no. 35161/19), Vamvakopoulou and others v. Greece (introduced to the Court on 12/09/2019, pending responses), Braculla and others v. Greece (app. No. 82358/17), Miaris and others v. Greece (app. No. 82402/17), Serdenis v. Greece (app. No. 36294/19), Sarri and others v. Greece (12280/18)

¹⁴ Application No. 26589/18, pending communication

¹⁵ Application No 77457/13, communicated in April 2017, pending judgment for the past 2 years

the totality of the demographics ailing in physical as well as mental health. The standards of the CPT and the European Prison Rules, but also the Greek Penitentiary Code too, laid down the principle of equivalence of care, under which prisoners were entitled to medical treatment in conditions comparable to those enjoyed by patients in the outside community. Elements such as sex, gender, sexual orientation, age, nature of affliction (toxicomania, for example, is a physical affliction necessitating healthcare) and others are not, and ought not to be reasons for individuals not to enjoy a quality of medical healthcare similarly to the rest of the population.

In another application¹⁶ pending communication, for example, most applicants are toxicomaniacs who, in lack of access to adequate treatment, are having "psychotropic drugs' cocktails". This brings up again the issue of drug prescription and distribution coming not as a response to the psychiatric condition of the inmate, but as a means to ease the stress of lack of access to substitution and/or adequate psychological support of toxicomaniacs, also, beyond this art.3 argument, it brings up the non-regularity of such detention as a systemic issue.

HIV prisoners, have throughout the years proceeded to a series of complaints, hunger strikes, press releases, reports to Prosecutors, Prison Hospital authority, Ministry of Justice, the Government, the Public", that there is an acute danger for their lives in such a situation. There was never any response and no independent and impartial investigation into these allegations ever took place. When the medical personnel provided for in recent legislation is hired and ready to take up duties, and when the place is renovated and sanitized, the said space may actually become a "Health Center". Now it still is not.

In a study published in 2013 (Nikolaos K. Koulouris, William Aloskofis, *"Prison conditions in Greece"*, European Prison Observatory, *"Detention conditions in the European Union"*), the following observations were made regarding Greek prisons: "Implementing the law, the prison service transfers many prisoners to the General Hospital for Prisoners in Korydallos and to external, public hospitals for examinations, surgical operations and medical treatment. The legal procedure for programmed transfers for health reasons is time consuming and inflexible, adding further problems to the already downgraded health care for inmates as the prison administration has to wait up to twenty days for the approval of the proposed transfer

¹⁶ Vlachos and others v. Greece, app. No. 55998/18

and more until the approved transfer takes place. As the Ombudsman concludes, prisoners who are disabled have no access to special facilities and in serious cases they are repeatedly transferred to the Korydallos General Hospital for Prisoners or rely on other inmates' care"¹⁷.

The new legal framework under which the Korydallos Special Health Center is now functioning, when read closely, does not seem to present much of a difference to the preexisting situation; it simply establishes a health center with the bare necessities for people in need of medical assistance, while following the dispersal policy of strewing prisoners in actual hospitals across the country, while the issues around general detention conditions and prisoner transfers persist (see field no. 2 for more information). In reality, it now serves as a "referral center" of ill prisoners to hospitals. The upcoming amelioration in the conditions reigning there (for the past months it has been in a phase of restoration, floor by floor) will not be enjoyed by, inter alia, HIV+ inmates, who have either already been or have been announced that they will be led to other prison facilities right upon the ongoing renovation.

2. On the general improvements of material conditions and medical treatment

To begin with, we must make mention of the CPT findings published in its report on Greek prisons for 2015¹⁸: *"79. In its previous reports, the CPT has urged the Greek authorities to re-examine the general state of health-care services in prison establishments given the widespread deficiencies regarding access to health care, medical screening upon admission, medical confidentiality and health-care policy regarding drug abuse. These problematic issues are compounded by the severe shortage of health-care staff in the prisons and the complete lack of integrated management of health-care services. The situation found in 2015 clearly demonstrated that there had been no improvement since the previous visits in 2011 and 2013, and that in certain establishments the situation was worse. The CPT considers that the Ministries of Justice and Health need to carry out jointly a thorough audit of health-care services in prisons within six months to determine what is required in terms of staff resources and facilities. Further, they should put in place*

¹⁷ Pp. 32-34

¹⁸ CPT/Inf (2016) 4

a proper management structure and clear care protocols as well as a rigorous inspection system. Moreover, the CPT considers that greater involvement of the Ministry of Health in the provision of prison health-care services and in promoting proper through-care is essential [...]

80. [...] *The situation at Korydallos Men's Prison remained dire, with little improvement since the 2013 visit¹⁹. There was no full-time general practitioner; instead, three trainee doctors each attended the prison five days a month from 15h00 to 23h00 and some 12 medical doctors of different specialisations visited the prison twice a week. There were three full-time nurses and seven prison officers assigned to the medical unit, only two of whom had basic health care qualifications. For an establishment of 2,000 inmates this is totally insufficient. Dental (five hours a week) and psychiatric consultations (equivalent to one day a week) also need to be increased significantly [...]*

82. *There remains a lack of coordination and consultation among the various medical staff working in prisons. It was particularly evident that visiting psychiatrists were not engaging with the wider primary health care team. The smooth operation of a health care service presupposes that doctors and nursing staff are able to meet regularly and to form a working team under the authority of a senior doctor/nurse manager in charge of the service [...]*

86. *The treatment of HIV-positive prisoners in Greece has been raised in previous reports. In its 2013 visit report, the CPT made it clear that there is no public health justification for segregating prisoners solely because of their HIV status. Nevertheless, given the situation in Greek prisons in 2013, with severe overcrowding, poor material and hygienic conditions, lack of medical confidentiality and high levels of prejudice against people living with HIV, the CPT stated at the time that it might be tolerable for HIV-positive prisoners to be accommodated separately, as long as this accommodation offers conditions conducive to their health and well-being. The Greek authorities responded that their intention was to use one of the wings in Korydallos Women's Remand Prison for HIV-positive prisoners [...]* ***The CPT recommends that steps be taken to provide HIV-positive prisoners located in Korydallos Women's Prison with a wide range of purposeful activities.***

¹⁹ See CPT/Inf (2014) 46, paragraph 116

89. *The conditions in Korydallos Prison Hospital have been the subject of several media reports, and images depicting the appalling state of affairs in the establishment have been posted online. However, at the time of the CPT's visit, urgent action had still not been taken to remedy the situation which was so drastic that the place could be compared to a dumping ground for sick prisoners who are subsequently neglected and not provided with the care required. Such an appalling state of affairs cannot be permitted to continue. The hospital has an official capacity of 80 beds and on the day of the visit was accommodating 141 prisoners, not including the 47 HIV positive prisoners in Korydallos Women Prison who were under the responsibility of the hospital.*

This is certainly an improvement from the period prior to November 2014, when some 220 patients were held in the hospital, but the hospital remains severely overcrowded. For example, in the smaller rooms, five patients were held in 17m² while the larger rooms of 43m² were accommodating 10 or 11 patients with beds crammed together; in a hospital setting, Greek law fixes a standard of 6m² of living space per person.⁵⁸ In addition to the cramped conditions, the rooms were filthy and cluttered and hygiene was extremely poor.

90. *Moreover, the current drastic understaffing makes it impossible to provide all patients with the proper care they require. The four resident doctors (a general practitioner, a surgeon and two microbiologists) worked Mondays to Fridays from 7h00 to 14h30, and a separate duty resident doctor rota of eight doctors covered the hours of 14h30 to 7h00 and weekends. Approval has apparently been obtained to recruit five additional physicians, which is sorely required. Further, after an absence of two years, a dentist now visits the hospital twice a week. In addition, a number of specialists visit the hospital (psychiatrists, dermatologists, ophthalmologist, cardiologist and an ear, nose and throat surgeon).*

However, there is a lack of formal process in exchanging information on patients between the specialists and the treating doctors, and much depends on the individual relationships between doctors. As regards the nursing complement, 11 of the 14 posts were filled at the time of the visit. Typically, this resulted in four nurses on duty during weekday mornings and two in the afternoons, and at weekends one in the mornings and two in the afternoons. At night, there is only ever one nurse on duty who, in addition to the hospital, has to provide cover for Korydallos Men's and

Women's Prisons as well as for the psychiatric hospital (i.e. more than 2,500 prisoners).

As a result of the lack of nurses, a number of prisoners were employed as auxiliaries, not only to undertake janitorial duties, but also to provide care to patients such as assistance with feeding and personal hygiene. The delegation received detailed accounts inter alia of how fellow patients had provided care for a cancer patient in the period prior to his death in the hospital in February 2015, and how he was not provided with pain relieving medication until just before his death. It also came across patients who had been neglected and not provided the follow-up care required, such as a prisoner with a post-surgery lax anal sphincter causing him faecal incontinence; once his case was brought to the attention of the doctor, steps were taken to address his problem. Otherwise, nursing staff only had time to distribute medication (including at Korydallos Women's Prison) and undertake complex dressings.

*91. At the end of the visit, the CPT's delegation requested that the Greek authorities, as a matter of urgency, undertake a full review of the prison hospital and put in place a plan to resurrect it as a place of care, where prisoners are treated for their illnesses and provided the necessary care in decent conditions. **If this review has not yet been conducted, given the very serious right to life issues under Article 2 ECHR as well as the serious ill-treatment concerns under Article 3 ECHR, the CPT recommends that immediate steps are taken to carry out this review. Further, the Committee wishes to be informed of the outcome of the review and the follow-up steps planned to remedy the current situation**.*

The CPT performed its most recent visit to Greece this spring, in its periodic visit of 28/03/2019 - 09/04/2019. Though the full report remains incomplete and unpublished, Counsel remains skeptical as to what the delegations findings will be, given the persisting situation of inadequate healthcare in Korydallos Prison, the (former) Korydallos Prison Hospital, and prisons across the country, as well as the inaccurate information provided by the authorities to different supranational organs.

After the decision of *Martzaklis v. Greece* was issued, the country, instead of conforming to the obligations arising from that Decision, proceeded to simply paint the cells and plant some flowers to embellish the yards. HIV+ prisoners were further

restricted, as, inter alia, their yarding²⁰ time was diminished significantly. Some effort to “decongest” the space led HIV+ inmates to continuous transfers from prison to prison, where they were almost without exception situated in isolation cells, until being “kicked off” to another prison which would drive them away²¹, in its turn, because of their health condition, or keep them isolated, considering them “a threat” for others.

This policy has been recently enhanced, becoming more intense, pursuant to the Presidential Decree 100/2018, according to which the Korydallos Prison Hospital is included in the National Health System (ΕΣΥ). In the effort of “regularization” of the SDHCK as a health structure, the HIV+ inmates are now excluded from the requisite healthcare in blatant infringement of their right to health and life. They are no longer considered as “in need for special assistance”, neither able to remain in the SDHCK's premises, upon its scheduled renovation and humanization, and are either transferred to the “Annex”, functioning in the Korydallos Womens' Prison, or in several prisons across the country, where they are not “desirable”.

Upon reaching the new prison, they are held in a disciplinary cell, without actually entering the prison, while the prison managers request the MoJ for a new transfer of theirs to another prison. The same happens in the new prison, and, as a result, the HIV+'s sentence is served in disciplinary cells of different prisons across the country, upon them becoming a “ping pong ball” among penitentiary centers, on grounds of them being declared undesirable because of their state of health. This is an issue which the Court had the chance to examine in the context of the application *Kalandia Dato v. Greece*²², finding violations in several detention spaces and

²⁰ Yarding time is segregated for HIV+ prisoners, and thus extremely limited, to an intolerable degree. Yarding in the “HIV hours” is able to disclose sensitive medical information about the person making use of the yarding time. It equates an “announcement” that someone is HIV+. Furthermore, yarding time largely coincides with visiting time (for lawyers and relatives) twice a week, so they often have to give up yarding, in order to have visitors. Having to choose between exercising a human right or another, should only be met in democratic societies if it is absolutely necessary. There appears no reason for this restriction other than reference to the (unpublished) “prison regulation”, besides repeated complaints.

²¹ See inter alia the ECtHR's Judgement in the case *Kalandia Dato v. Greece* (another HIV+ inmate), who upon the Judgement kept being detained until now in humiliating conditions, transferred often from prison to prison.

²² App. No. 48684/15, decision of 06-10-2016, First Section

transfers under Greek jurisdiction. It has also been put before it in other applications, i.e. in the application *Chatzikos and Others v. Greece*²³ (pending communication).

Problems with the administration of vital antiretroic medication arise in a context of continuous transfers, a fact which entails the danger to "burn" the medication scheme and directly expose HIV+ inmates to further detriment of health and even danger of their disease proceeding to the final stage. Areas lacking a specialist in infections should be considered completely contraindicated for detention of HIV+ inmates. Moreover, the Greek State had (for years) failed to buy reactors for measuring their viral load in a timely manner, a fact which seriously compromised the HIV+ inmates' access to the requisite healthcare. This issue has been repeatedly decried by the most active NGO dealing with HIV+ persons' rights ("Positive Voice"), which seized the competent Ministry and the Ombudsman with relevant complaints. In this new context, the changes provoked by mobilization of HIV+ prisoners (including by reaching the ECtHR in *Martzaklis and Others* and *Zabelos and Others v. Greece* applications) to ameliorate their detention conditions in the Prison Hospital, seem to be leading, at last, to an upgrading of the premises, which will nevertheless have as a consequence, when the renovation proceeds, the... exclusion of HIV+ inmates from being detained in a context of increased medical attention and decent hygiene standards.

For the past year, even visits to (actual) Hospitals and doctors are (in vast majority) not possible to inmates, because of lack of personnel in the transfers directorate. Questions regarding the malfunction of the Transfers Department of the Greek Police have been submitted to the Greek Parliament since as early as 2010. Parliamentary questions were repeated circa 2016, and again, a year ago, in 2018. Yet the problem seems to have remained unaddressed, and left to fester, affecting not only thousands of incarcerated people in the Greek Prisons but the rest of society as well.

Deaths that would have been avoided should medical assistance of inmates was a reality (i.e. death of a young inmate in detention because of no timely attention to "a rotten tooth" which caused generalized sepsis). Lack of official statistics on this issue, as well as leading persons to hospitals, for the latter to verify the death (registering the death as "death in the hospital" and not in prison) further obscure an accurate picture. The truth remains that inmates' life is in danger while imprisoned in

²³ App. No. 51968/17

Greece, even in the Prison Hospital. **The CPT concurred with this claim: In the course of the 2015 visit, the delegation examined a number of deaths in prison and found that in several cases the deaths might have been avoided if proper medical care and management processes were in place²⁴.**

The problem consists in the fact that **the transfers meant to facilitate ailing and pregnant prisoners are not taking place**. The actual transfers are meant to be taking place by police transfer directorates, which has a shortage in personnel. In this way, neither transfers (and guarding) for reasons of health are approved, nor urgent leaves (i.e. for someone to go to the funeral of their family member).

The festering issue remained at the edges of Greek public opinion until a recent publication that was widely circulated and repeated from various news sources and media outlets. The publication, circulating since March 23rd 2019, merely three months ago, centered around an open letter written and published as a press release issued by the women of the 1st level of Korydallos Prison (53 women). This letter was also lodged as a complaint, simultaneously addressed to the Ministry of Justice: “*PRESS RELEASE FOR WOMEN OF KORYDALLOS DETENTION CENTER (GROUND FLOOR), Korydallos, 29-3-2019.*

In the last year prisoners of Korydallos prison have no access to a hospital, scheduled examinations, surgeries, treatments are canceled, since the prisoners never reach hospitals because of the constant denial of the Transfers [Directorate] to transfer them. Sick women find it impossible to cross the few kilometers separating them from their doctor because they are ... detained. Among the scheduled medical appointments to hospitals, there is one out of 10 [taking place]. And this is a lenient approach. As a result of this tactic, serious health incidents are not treated or treated late after months and after repeated postponements. Non-reversible damage to the health of prisoners is caused by this condition and the life of sick women is directly threatened. Women with cancer are not operated, do not get the necessary treatments, women with serious health problems do not know whether they will make it alive to the hospital and face the illness in a timely manner. There are women who are afraid they will not [make it to] get out of jail alive.

Many of these sick women are transferred from the prisons of Elaionas - Thebes [to Korydallos], to be transferred to hospitals they never reach. They are re-

²⁴ CPT Greece 2016 report p. 48-59

transferred to Thebes to schedule a new appointment, they are re-transferred to Korydallos just to face the same discomfort over and over again.

This tactic that is followed but the Transfers [Directorate] with the tolerance and approval of the two competent ministries ("of Justice and of Citizens' Protection") is criminal.

*No justification can legitimize this treatment that every day during the last year endangers the lives of hundreds of women who find themselves in prison. **And of course, those responsible cannot hide behind the justification of "lack of power," as the Transfers [Directorate] constantly invokes. That is, even if we accept that this is true, we must accept that human life has no meaning in the face of "adequate" security measures, whatever these measures are?** Should we accept that the lives of detainees are worthless, because they are detained?*

*This position explicitly states that human life is losing its value. **With this condition every right of the prisoners is violated, the right to health, to healthcare, is violated and the primary right of all the right to life itself is being crushed.***

*This situation can no longer continue. **We do not want to suffer permanent damage to our health because, as prisoners, we cannot have access to hospitals and doctors. We do not want deaths in prisons. We do not want prison to threaten our own lives everyday. The irreversible damages to the health of prisoners created by this situation, which has now acquired a character of permanence, and the immediate threat, on an everyday basis, to the life of all of us, has those responsible for it [meaning: has perpetrators]. It is the Transfers [Directorate] and primarily the competent Ministries of "Justice" and "Citizens' Protection".** We will not wait until we have one of our co-detainees dead. Because then it will be late. Stop the crime-murderous tactic of the Transfers [Directorate] now. Direct access of all prisoners to the hospitals. Right to health, to life for everyone."*

Even those who are not transferred (in vain) from Thives prison, meaning the regular inmates of Korydallos, are usually called in the morning, when their doctors' appointment is dated, to get ready for their transfer. They prepare themselves, go upfront and wait until noon, while no-one comes. At some point, after hours of waiting to get transferred, they are notified that the prison will book a new appointment for them, since the transfers' directorate did not show up. The problem with shortage of staff in such directorates is not confined in Korydallos. The issue of co-operation between the two ministries on transfers complicates the prisoners' lives

in several ways. It also makes procedural transfers last for months, and keeps the transferee in a prison that considers itself as bearing no responsibility for the inmate.

In response to the press release, the media representative of Penitentiary Officers, Mr. Antonios Aravantinos commented to journalists the following²⁵:

"I consider the complaints of the female inmates to be entirely justified, and there is indeed a serious difficulty regarding their needs being met, since the appointments are not carried out as they should, in terms of neither quality nor punctuality. I should, however, add that there are three different ways for an inmate to get a medical examination; the first pertains only to situations of emergency, and the department of transfers is not involved, much less an exterior guard. Only an ambulance is used, if an inmate is ill to that degree of seriousness. Following that, there are scheduled appointments, where the transferring department is mobilized – if they cannot perform their duty, an external guard is used. For the past eight months, give or take, a trend has emerged in the form of an absolute inability to realize the sum of the scheduled appointments by both the transferring department and the external guard, with the result of too many appointments, most of them of high severity, apparently, to remain unperformed. And that is indeed the largest issue for the female inmates coming there from Elaionas, to get the examination they need and cannot enjoy in the facilities where they are held, mainly those of Thives and Livadeias, and they come here – it is not a matter of specialty but equipment – we bring them here and yet they never get them, so they have to be brought back and do this back and forth. In short, I consider the reactions of the inmates to be entirely justified, and something needs to be done without a doubt, relating to both the transfers department and the external guard. Thankfully, at least the possibility exists for those facing an immediate health issue who may call for the immediate assistance of 166 [equivalent to 911]. But being proactive is the most important aspect of health maintenance, because it is mathematically certain that if all those appointments are not dealt with rapidly they will pile up in this way. Another issue, which I do not know if it is mentioned in their protests, is that the inmate hospital does not have sufficient space to cover their stay even for the short duration needed until either the transfers department or the external guard or the

²⁵ Text was transcribed by the recording of the original statement by Mr. Aravantinos and might contain more information in comparison to the annexed media articles

ambulance arrive to transfer them to the appropriate hospital. It is a matter that should preoccupy the central administration, and I have mentioned these concerns to unionized syndicalist groups, but these people deal in other matters apparently. Most personnel posts remain vacant; there is a severe shortage of staff. I do not know exactly how many people are employed in the transfers department or were employed there and enjoy vacation time or were employed there and were later transferred in other departments, but I am certain they did not do it on purpose, because obviously there is a certain degree of hierarchical control. The level of administration in the transfers department is equivalent to the position of a Major – General. And no oral reply is given to us; “you know, we can’t really send anyone” – an official document is sent to us. And sometimes, an official document is sent ordering the residing physician to evaluate only a couple out of ten appointments in essence, those of the biggest importance, and a dilemma is then presented to the doctors who mostly don’t respond to the order, since they naturally evaluate all their appointments in full seriousness. Or, they believe that if they insist, on a basis of the objective facts of the situation, that all of them are that serious, they might be allowed to perform their examination. Because it’s extremely hard for a doctor to have to “pick and choose”, as you understand. And it’s a vicious cycle, truly. The Department of Transfers is aware of the situation, the Headquarters of the Ministry of Citizen Protection is aware, that there is an issue of staff shortage in the transfers department, [...] we here at the prison are aware of the issue because, of course, a large number of the scheduled examinations are not performed. As the saying goes, the mere will is not enough; one must also have the means.”

Several points may be made while deconstructing the above statement. Mr. Aravantinos has had years of experience with the complaints of penitentiary personnel and prisoners alike, due to the fact that he has been an integral part of that system since at least 1982. It becomes clear from his statement that a lack of communication and coordination is prevalent amongst the competent authorities, mainly, the Ministry of Justice, the Ministry of Citizen Protection, and the Greek Police, to which the Directorate of Transfers and the External Guard belong. Inevitably, the penitentiary personnel within the detention centers across Greece are also aware of the issues.

Moreover, the situation at hand has begun to pave the way for problematic and dangerous lines of thought regarding “prioritization” (like, who is the one assuming responsibility for choosing who among the sick inmates go to the doctor and who

doesn't?) and classification of inmates. For example, the phrase "**severe conditions go by ambulance**", implies at least two different types of underlying thought. Firstly, that only non-serious conditions, where the lives of people are not in immediate threat, are left untreated. Serious and urgent condition is a "playful" difference. A condition may be serious, but warranting steady appointments -especially chemotherapy. For instance, a recent application²⁶ of a cancer patient, Ms. Riggatou, was found with breast cancer after she seized the ECtHR, complaining inter alia about inadequate healthcare. Upon delays that were dangerous for her life, she seized the Court again 2 months ago, with an interim measure request. She was claiming that lack of proper follow up and degrading detention conditions were endangering her health, as an operated cancer patient. Her interim measure request was not granted and she was invited to lodge a new application. She has now been found, again, with a new tumor. The issue of detrimental delays in the treatment of cancer patients has been found by the ECtHR as being in contrast with art.3 and 13 ECHR in the application "Tsokas and Others v. Greece" (Judgement of 28 May 2014). The 1st applicant, Katratzopoulos-Katratzis, was found with an easily curable form of cancer in the mouth. The next medical act upon this diagnosis took place 17 months later, where, of course, the cancer had spread so much that only palliative care was considered, rendering him a terminally ill patient (notably, the Court had granted an interim measure urging the Government to bend on the issue of the applicant's immediate release "in order to die free"). As the Court noted back then, all the requests of inmates for medical help (or meeting the director of the prison or the supervising prosecutor) are not formally registered; inmates throw "papers in a box" that do not receive a protocol number, neither are saved in any archive. Therefore the authorities can deny they ever received any call for help, and also may give "priority" to issues of some inmates in a manner that cannot be subjected to external control. This is "the system" in all Greek prisons.

The overall organization of healthcare in the prison context is problematic, especially because a) appointments for serious conditions are missed, which are not considered immediately, as of this minute, life-threatening and b) the police escort is also needed when a person goes by ambulance. So,

²⁶ No. 34890/19

even in an immediately life-threatening condition, arrangements have to be made that narrow the possibility that the inmate will reach hospital alive or in time for the requisite medical interventions to take place. Secondly, the impression is created that a human being is deemed as deserving of medical healthcare only when they are “at Death’s door”.

This line of thinking is not sufficient, and the possibility that the competent ministries might see the situation in this light is **extremely alarming**. The aforementioned impressions are already being instilled in thousands of detainees across the country; the severity of their condition is irrelevant when talking in terms of the fundamental right to proper aid and healthcare. Inmates are put in the degrading position of being prioritized in terms of the value of their life, depending on how close to death they are.

The phenomenon, then, of “grades” and “categories” of prisoners is manifested. The “healthier” (=not detrimentally ill) inmates are neglected since their situations are not “important” enough, and are denied their examinations or medication and general healthcare, whether in the form of immediate or proactive treatment. It is only when their condition is left to worsen that they are being paid attention to. Subsequently, the door is unlatched for the gradual sickening of detained patients. The sicker one is, the likelier they are to get help. The only natural consequence to this grotesque practice is the tiptoeing between the line of life and death on the part of the inmates, until one –or more- of them falls on the other side, where no amount of medical healthcare may avail them.

This issue became clear when the death of a young inmate (successively detained in Malandrino and Larissa Prisons) died in prison, because a dental problem of his remained untreated for long.

This constant climate of belittlement of the inmates’ inherent human value and the negation of their rights has already created a climate of serious mental strain and of fearful uncertainty; **everyday, hundreds of human beings are being transported across the country, back and forth, much like parcels in the mail, only to receive the slap of public incompetence and systemic indifference, repeatedly, for days that have stretched on to become weeks, months, and, in some cases, even years.** One may only wonder at the real percentage of inmates who lost their lives to this cruel “battle of authorities” between Ministries and Public Services.

And deaths have, indeed, occurred due to this systemic pathology. Only in recent months, yet another scandal of negligent healthcare provision toward detainees landed in the press with significant (but not enough, it seems) aplomb. Namely, on May 9th 2019, an article was published describing the inhuman treatment of two cancer-stricken detainees in the Korydallos penitentiary facility:

*“The intervention of the Supreme Court Prosecutor was caused by the incidents of the **two cancer patients who, despite the rapid deterioration of their health, were still detained in Korydallos Prison without the necessary medical care while their demands for release had been rejected** [...] According to information, a disciplinary preliminary investigation has already been ordered to seek out any disciplinary responsibility for rejecting the request for the release of the elderly (91year) cancer patient who, although in the final stage of his illness, was deemed not to be released. **The second, however, prisoner who suffered from lung cancer, had now died, helpless, in prison, a few days after the video he was filmed directing a cry for help towards anyone who would listen**”.*

In the last 8 months, 26 deaths were publicized as having occurred in Greek prisons. According to unofficially verified sources released by penitentiary officers via the press, only in the past three years, namely, the period spanning 2015 until 2018, a total of 146 individuals have lost their lives in Greek prisons, all of them inmates. No meaningful investigation has taken place for the cause, frequency, and magnitude of these deaths. It remains unclear whether these deaths were the result of uncontrollable violent incidents, “prison law retribution” (meaning, violence amongst inmates), health reasons, or suicide. Each of them is equally chilling, since the incidents mount to the impression that nowadays, in the year 2019, the most likely way for a detainee to leave a Greek prison is in a body bag.

After the original publication of the open letter written by the female inmates in Korydallos, yet another publication began circulating in different media platforms since May 29th, with more being recycled until at least the beginning of June (June 4th). This much is enough to indicate that, naturally, the inmate’s complaints as described in the original article of March 29th were not addressed by any of the competent authorities. The publication reads as follows²⁷:

“Anxious screams echoe through the women's prison of Korydallos

²⁷ Original articles in Greek included in the annexed documents

*Dozens of women prisoners suffering from incurable diseases, which are excluded from their legal access to the NHS structures **due to lack of police-escorts.** **As a result, they are losing their valuable medical appointments for treatment and remain stacked for months in the Korydallos Prison. The situation has been brought to the attention of the relevant officials of the Ministry of Justice, who have repeatedly requested with their letters to the Ministry of Defense the immediate resolution of the problem.***

*The police's reply, however, is that the officers of the Transit Directorate are not enough. An excuse that sounds like a condemnation to the ears of sick prisoners. [...] **Illegal transport: And what about emergency situations? The justice ministry officials themselves reveal that the prison guard's outside guardians make the transfers of sick prisoners to hospitals! "Our permanent fear is, of course, not to have a prisoner die," confesses a senior executive at the Justice Ministry official, adding: "For our part, we can do nothing but send letters and call for forces."*** Where can the forces be found when thousands of police officers protect the “well-bred” or are used to police the mobilizations of the people?

*One year after her transfer from Thebes prison to Korydallos Prison, Ms Stamatia Sinanis, suffering from a serious autoimmune disease, still waits to go through the KEPA to certify her disability. "My health is in bad luck. I'm afraid. They sent me to (the hospital of) Asklepoeio Voula without a folder. The doctors did not know what to do to me. I had to be examined again from the beginning, while I had already prepared my dossier from public hospitals in Thessaloniki. To do more tests in conjunction with treatment I had to be inducted. But they did not have the power to guard me (while I convalesced). They asked the manager to write a diagnosis with a half-hour visit. If such a thing is even possible. After that, they sent me back to prison. **My whole body and I still have no diagnosis. They give me medicines without knowing what my autoimmune condition is,**" says Mrs Sinanis.*

Last Thursday, she said, once again they canceled the scheduled medical appointment closed by the head of the prison ward at the Evangelismos hospital." I expected finally to see a doctor and take my medication. In vain. They once again told me: "We lost your appointment again, Mr. Sinanis. The car from the Directorate of Transfers did not arrive. "I've been here since last June," she notes and recounts an incident as she reports the situation. "Last November I did a colonoscopy - gastroscopy with a referral obstetrician! The surgeon who saw me did not believe it.

*He told me that he had never seen anything like this in his 35 years of profession," the prisoner explains. The incidents have no end. Hara Iatropoulou, guarded in Korydallos, tells her own story. She has been waiting to see her foreman for six months. "When I was jailed, I was 210 pounds. Today I'm 180 pounds. I cannot go to bed to sleep and I expect from 7 November 2018 a forensic judge to rate my disability rates because the obesity disease is considered to be autoimmune. At the same time, of course I have other health problems," says Mrs. Iatropoulou. **"As long as I am here, I see cancer patients losing radiation therapy and chemotherapy and 'rot' in jail. Even pregnant women do not go for examinations. Even the prison staff is in despair.** At last we are people, do not they understand it?"*

The publications quoted above reached the press during the span of the past two to three months, namely **March to May of 2019, with the underlying discourse continuing since January 2019 and the previous years.**

A lot of precious information can be gleaned from the quoted statements, as well. The medical neglect of ill prisoners (severely so or not) still remains a vexing problem a month later with no end in sight. It seems that to combat the issue of severe staff shortage, as numerous sources have reported in conjunction with the relevant press articles and publications, little more has been done than the bureaucratic back-and forth of official letters, mandates, instructions and other miscellaneous documents.

The most concerning detail in the situation is the fact that all competent authorities and ministries seem to do little more, through this bureaucratic dialogue, than simply "order" each other to "fix it", without doing much in the way of drafting relevant policies or legislation to combat the root causes of this issue. Leaving aside the fundamental necessity of nurturing new ways of thinking and perceiving the situation of incarcerated persons so as to alleviate them of the social stigma commonly attributed to people who have found themselves on the "other" side of the law (and thus have gained a status of the alienated "Other" themselves), there is significant lack of initiative at the leadership level.

This is best illustrated when one examines the other purported root cause of the lack of executed medical appointments and transfers of prisoners: the severe lack of personnel. Penitentiary employee unions have for years been complaining and pleading with the Greek government to solve the issue of their staff shortage, while

several reports have been issued by organizations stating harsh conditions in police stations and directorates alike.

3. *On the examination of the same subject in other cases under supervision*

Regarding the lack of need for continued supervision of the *Martzaklis* group of cases, due to the same issues being examined in the context of other case groups, such as the *Serifis* or *Nisiotis* case groups, the Counsel opposes the suggestion. It holds the stance that this suggestion is an effort to derail the discourse that opened via the *Martzaklis* and *Zabelos* Judgements. The fact that the general medical treatment and detention conditions are being examined in other cases as well should not be a deterrent, but an additional motivation to the Committee to continue its vital supervision.

This is made all the more vital given that this group of cases examines the additional vulnerability group of HIV prisoners, that is, inmates with chronic illness, and that the State party and Applicants' representative have provided directly conflicting versions of the facts concerning the execution of the judgements (i.e. while the Government assured the Committee that the applicants had been released and that the conditions had significantly ameliorated, the applicants were seizing, again, the ECtHR, right from detention, submitting their detention certificates and complaining about new violations of their human rights in the context of detention).

Elsewise, the matter is at risk of being forgotten, or tossed as complementary from one group of cases under supervision to the next, since there seems to be no immediate end to the underlying structural problems. The ECHR's findings of violations concerning Greece and detention conditions have definitely not decreased after the *Martzaklis* judgement, but have rather intensified. The goal is not for the same pathologies and malpractices to manifest under the guise of different cases through the years, but for adequate scrutiny to be exercised in each singular case, until the systemic pathologies cease.

The new Government does not seem to move in this direction. In the first 3 days upon its election, after the 1st week of July 2019, it adopted legislation **moving the whole penitentiary system's services** (prisons, Directorate for Penitentiary policy etc., including the supervising social services for released juvenile offenders) **from the Ministry of Justice to the Ministry of Public Order** ("Citizens' Protection"). This political-legislative move was escorted by a rhetoric of an

upcoming hardening of criminal sanctions, deterring from measures that are alternative to detention, like community service, and restoring older provisions that did not provide for conditional release (i.e. for sick persons, mothers with babies in prison, terminally ill or elder inmates). The semantics of this move has not only been detrimental, but also indicative of the direction that is to be followed.

Respectfully,

On behalf of the NGO Hellenic Action for Human Rights “Pleiades”
and of the applicants who have survived

Electra Leda Koutra
Lawyer in Athens