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CPT/Inf (2004) 25

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

from 6 to 17 October 2002

The Armenian Government has requested the publication of this report and of its interim and follow-up responses. The Government's responses are set out in documents CPT/Inf (2004) 26 and 27.

Strasbourg, 28 July 2004

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Copy of the letter transmitting the CPT's report

Strasbourg, 28 April 2003

Dear Ambassador,

In pursuance of Article 10, paragraph 1, of the European Convention for the prevention of torture and inhuman or degrading treatment or punishment, I enclose herewith the report to the Government of Armenia drawn up by the European Committee for the prevention of torture and inhuman or degrading treatment or punishment (CPT) after its visit to Armenia from 6 to 17 October 2002. The report was adopted by the CPT at its 50th meeting, held from 4 to 7 March 2003.

I would like to draw your attention in particular to paragraph 232 of the report, in which the CPT requests the Armenian authorities to provide an interim and a follow-up response on the action taken upon its report. The Committee would be grateful if it were possible, in the event of the responses forwarded being in Armenian, for them to be accompanied by an English or French translation. It would also be most helpful if the Armenian authorities could provide a copy of the responses in a computer-readable form.

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

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

Yours faithfully,

Silvia CASALE
President of the European Committee for
the prevention of torture and inhuman
or degrading treatment or punishment

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Preface

The European Committee for the prevention of torture and inhuman or degrading treatment or punishment has deemed it appropriate to begin the first of its reports to each State 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 *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 visited Armenia from 6 to 17 October 2002. This visit was the first to be carried out by the CPT to Armenia and formed part of the Committee's programme of periodic visits for 2002.

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

- Petros MICHAELIDES, Head of the delegation
- Emilia DRUMEVA
- Zdeněk HÁJEK
- Andres LEHTMETS
- FlorinSTĂNESCU.

They were assisted by:

- Andrew COYLE (Director of the International Centre for Prison Studies, London, United Kingdom), expert
- Marianne KASTRUP (Psychiatrist, Centre for Transcultural Psychiatry, Copenhagen, Denmark), expert
- Khachatur ADUMYAN (interpreter)
- Sergei ASATRYAN (interpreter)
- Artashes DARBINYAN (interpreter)
- Artashes EMIN (interpreter)
- Astrig KATCHIKIAN (interpreter)
- Levon SHAHZADEYAN (interpreter)

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

- Wolfgang RAU, 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 Internal Affairs

- Akhurian Department of Internal Affairs, Temporary detention centre and police station
- Fourth District Division of Internal Affairs, Gyumri
- Hrazdan Department of Internal Affairs, Temporary detention centre and police station
- Maralik Department of Internal Affairs, Temporary detention centre and police station
- Sevan Department of Internal Affairs, Temporary detention centre and police station

Yerevan
- Temporary detention centre of the City Department of Internal Affairs
- Arabkir District Division of Internal Affairs
- Kentron District Division of Internal Affairs
- Shengavit District Division of Internal Affairs
- Zeitun-Kanaker District Division of Internal Affairs

Establishments under the authority of the Ministry of National Security

- Isolator of the Ministry of National Security, Yerevan

Establishments under the authority of the Ministry of Justice

- Gyumri Prison
- Sevan Prison

Yerevan
- Erebuni Prison
- Nubarashen Prison
- Hospital for Prisoners

Establishments under the authority of the Ministry for Public Health

- Nubarashen Republican Psychiatric Hospital, Yerevan

Establishments under the authority of the Ministry of Defence

- Shirak Military Police Division, Gyumri

Yerevan
- Central Detention Centre of the Military Police
- Garrison Detention House
- Military Police Division.

C. Consultations held by the delegation and co-operation encountered

4. In addition to meeting local officials at the establishments visited, the delegation held talks with the competent national authorities and with representatives of several non-governmental organisations active in areas of concern to the CPT. A list of the national authorities and organisations consulted during the visit is set out in Appendix II to this report.

5. The delegation's meetings with the national authorities - both at the start and the end of the visit - took place in a spirit of close co-operation. The CPT is grateful for the time devoted to its delegation by Davit HARUTYUNYAN, Minister of Justice, Ararat MKRTCHYAN, Minister for Public Health, Ararat MAHTESYAN, First Deputy Minister of Internal Affairs, and Vladimir SARGSYAN, Head of Investigation Department at the Ministry of National Security, as well as by other senior officials from these Ministries. Discussions were also held with Haykaram STEPANYAN, First Deputy Director of Military Police, Vahgarshak VARDANYAN, Head of the Department for Supervision of Implementation of Criminal Punishments of the General Prosecutor's Office, and Hovhannes ASRYAN, President of the Presidential Committee for Human Rights.

The delegation appreciated the efficient assistance provided to it before, during and after the visit by Samvel HOVHANNISYAN, Head of the Criminal Executive Department at the Ministry of Justice, as well as by the liaison officers designated by the national authorities: Nikolay ARUSTAMYAN, Head of the Department of Structural Reforms, and Hayk KHEMCHYAN, Head of the Division for Legal and International Relations of the Criminal Executive Department, both of the Ministry of Justice.

6. The co-operation provided to the delegation by staff at the places of detention visited was - with two exceptions - of a high standard. The delegation was generally given ready access to the places it wished to visit and could move inside them without restriction and speak in private with persons deprived of their liberty.

7. The two exceptions to the overall favourable situation described above concerned delays in gaining access to the Temporary Detention Centre in Akhurian and to the Isolator of the Ministry of National Security. In both cases, the delegation had to wait for some 30 minutes until the officers on duty received clearance from their superiors.

The CPT trusts that such situations will not be encountered during future visits.

D. Context of the visit

8. Since its independence in 1991, Armenia has been confronted with a series of grave political, economic and social problems, many of which were related to the conflict concerning Nagorno-Karabakh. At the outset of the visit, the Armenian authorities made it clear to the CPT's delegation that, although the overall situation had been improving over the last few years, the problems referred to above inevitably had negative repercussions in areas covered by the Committee's mandate. This has been borne in mind by the CPT, especially when considering material conditions of detention and activities offered to detained persons. However, as was stressed at the final talks with the Armenian authorities, armed conflict and economic and social problems can never justify deliberate ill-treatment.

9. The CPT's first visit to Armenia took place at a time of structural and legal change. Responsibility for the country's prison system had been transferred from the Ministry of Internal Affairs to the Ministry of Justice only about a year before, and the implications of that change had not yet been fully absorbed. Several legal texts of direct relevance to issues falling within the CPT's mandate had recently been adopted (e.g. Law on the Police, Law on the Treatment of Arrestees and Detainees), while others (such as the new Criminal Code, the Law on the Enforcement of Sentences and the Mental Health Law) were still at various stages of the drafting process. Further, the Armenian authorities and representatives of several NGOs met by the CPT's delegation expressed the hope that the setting up of the office of an Ombudsman - expected to occur during 2003 - would help reinforce existing mechanisms for the protection of human rights of persons deprived of their liberty, and in particular strengthen the effectiveness of the Presidential Committee for Human Rights.

10. In the light of the facts found during the visit, the CPT makes a number of recommendations in this report. Some of them will not have important financial implications and could be implemented without delay. However, the implementation of others may require considerable budgetary expenditure which is most probably beyond the current financial capacity of the Armenian authorities. The CPT is aware that certain initiatives have already been undertaken by various States on a bilateral basis, as well as within the framework of international organisations, with a view to assisting Armenia; it trusts that these efforts will be continued and intensified. The CPT hopes that the recommendations and other remarks set out in this report will make it possible to distinguish priorities in the areas falling within the Committee's competence.

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

11. At the end of its visit, the CPT's delegation held talks at the Criminal Executive Department of the Ministry of Justice with representatives of the various Ministries and agencies concerned, in order to acquaint them with the main facts found during the visit. On this occasion, the delegation made immediate observations, in pursuance of Article 8, paragraph 5, of the Convention, on two particularly urgent matters.

The first immediate observation concerned the disciplinary sections (referred to as "Kartzer" or "ShIZO") in the prisons visited i.e. Erebuni and Nubarashen Prisons in Yerevan, as well as Gyumri and Sevan Prisons. Prisoners placed in these sections had no access to outdoor exercise. The delegation made it clear that this was not acceptable. Daily outdoor exercise of at least one hour per day is a fundamental requirement for all prisoners, including those undergoing disciplinary confinement. The delegation urged the Armenian authorities to take steps rapidly to ensure that this requirement is met.

The second immediate observation related to the unit for forensic psychiatric assessment at Nubarashen Republican Psychiatric Hospital in Yerevan. Living conditions in that unit were totally unacceptable; the delegation requested the Armenian authorities to take immediate measures to remedy this situation.

12. The above-mentioned immediate observations were subsequently confirmed in a letter of 14 November 2002 from the President of the CPT. The Committee requested the Armenian authorities to submit, within three months, a report on the action taken in response to those observations.

The delegation also asked to receive confirmation, within three months, that:

- measures had been taken to improve the sanitary conditions in the communal toilet facilities at Erebuni and Sevan Prisons;

- the vacant doctor's post at Gyumri Prison had been filled;

- all persons undergoing assessment and patients under compulsory treatment at Nubarashen Republican Psychiatric Hospital whose medical condition so permitted were offered at least one hour of outdoor exercise every day.

13. By letter of 28 February 2003, the Armenian authorities informed the CPT of the measures taken. Those measures will be considered later in the report.

II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

A. Establishments under the authority of the Ministry of Internal Affairs

1. Preliminary remarks

14. The detention of persons suspected of criminal offences is governed by the Code of Criminal Procedure (CCP), in force since January 1999 (with a number of subsequent amendments).

A criminal suspect may be detained by the police on their own authority for a maximum of 72 hours.[1] Within this time limit, the "body of inquiry" (i.e. an operational police officer) and/or an investigator must interrogate the suspect, perform any other necessary investigative acts and decide whether or not to bring criminal charges. If charges are brought, it is up to a judge to decide whether the person concerned is to be subjected to a procedural preventive measure (e.g. remand in custody, house arrest, bail, etc.) or released.[2] In principle, persons remanded in custody are transferred to pre-trial establishments under the Ministry of Justice.

15. However, the above-mentioned 72-hour time limit applies only as from the moment when the "body of inquiry" initiates criminal proceedings and draws up a resolution formally declaring the person concerned a suspect (as well as a protocol of detention); some considerable time may elapse before this stage is reached. The delegation heard numerous allegations from persons who were - or had recently been - in police custody that they had spent prolonged periods (up to a few days) in police establishments prior to the drawing up of a protocol of detention. During that period the persons concerned were apparently interrogated by operative officers and/or investigators, and were not free to leave the police establishment. In the course of the visit, several senior prosecutors, investigators and police officers confirmed that it could occur that persons summoned or brought to police establishments as witnesses[3] were declared suspects, after the "body of inquiry" or investigator reached such a conclusion in the course of interrogation. There was apparently no specific time limit for such interrogations. This clearly leaves the door wide open to abuse.

Furthermore, on a number of occasions, senior police officers made statements to the effect that the period of 72 hours of police custody could be prolonged in certain circumstances. For example, at the Temporary detention centre of the City Department of Internal Affairs in Yerevan, the delegation was informed that, if the court took a decision to remand a person in custody during a weekend, such a person would only be transferred to a remand establishment on the following Monday. At the Maralik Department of Internal Affairs, the delegation learned that a transfer of a person remanded in custody to a pre-trial establishment could be delayed by up to 48 hours. At the Hrazdan Department of Internal Affairs and Temporary Detention Centre, the delegation was informed that, pursuant to a decree of the Ministry of Justice, police custody could be extended by up to 3 days by the prosecutor, in order to organise the transfer of a suspect to a remand facility.

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1 Cf. sections 11 (3), 62 (3) as well as 129 (2), 130 (2) and 131 (2) of the CCP.
2 Cf. sections 134 (2), 135 (2) and 136 (2) of the CCP.
3 Cf. sections 205 - 209, as well as section 153, of the CCP.

At the latter establishment, the delegation also saw copies of several court decisions extending the period of custody on police premises "until the end of the investigation" (i.e. without mentioning any deadline) or "until the judge has decided on pre-trial detention". As a consequence, criminal suspects had been held at the establishment, on occasion, for up to 16 days. Moreover, the examination of custody records in some of the other temporary detention centres visited revealed that persons had frequently been held there for periods of 7 to 8 days. Throughout the visit, the delegation received numerous allegations from persons who had recently been detained by the police that they had been held on police premises for extended periods of time (as long as a few weeks).

At least certain of the practices described above would appear to be at variance with the relevant provisions of the Code of Criminal Procedure, and all of them entail a heightened risk of ill-treatment. **The CPT would like to receive the comments of the Armenian authorities on this matter.**

16. Persons suspected of having committed administrative violations can be held by the police for up to 3 hours, or, in case of certain infringements of public order (e.g. insulting a public official, hooliganism, minor traffic violations, etc.), until the person concerned is taken to court. If found guilty, such persons can be placed under administrative arrest for up to 15 days, a period which is served in temporary detention centres.

In the course of the visit, the delegation gathered information suggesting that the three-hour period was often used in order to detain and question persons who were in fact suspected of criminal offences. The delegation also heard allegations that, on occasion, administrative arrest was exploited by the police in order to hold and question for days persons who in reality were suspected of crimes.

The CPT recommends that appropriate steps be taken to stamp out the above-mentioned practices.

2. Torture and other forms of physical ill-treatment

17. The CPT's delegation received numerous and consistent allegations of physical ill-treatment of persons detained by the police in Armenia. Almost all of these allegations were made during individual interviews with remand prisoners at the two pre-trial establishments visited[4].

The ill-treatment alleged consisted essentially of punches and kicks, and of striking the persons concerned with truncheons and/or other hard objects, such as chair legs, thick metal cables or gun butts. In virtually all cases, it was said to have been inflicted in the context of police interrogation (mostly by operative police officers) and with a view to extracting confessions or information. In some cases, the ill-treatment alleged - very severe beating by several police officers, including on the soles of the feet, or the squeezing of fingers with pliers - could be considered as amounting to torture.

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4 Throughout the whole visit, the delegation met only one criminal suspect who was actually in police custody.

Some of the persons interviewed gave accounts of psychological pressure put on them, in the form of threats to use physical force, including sexual violence, in order to make them confess to a crime.

Allegations such as those described above were also received from other sources, including members of the Presidential Human Rights Committee of Armenia[5]. In contrast, hardly any allegations were received of physical ill-treatment by staff working in temporary detention centres.

18. Most of the allegations related to periods some time before the CPT's visit; consequently, any injuries which might have been caused by the ill-treatment alleged would almost certainly have healed in the meantime. However, in a few cases, the delegation's doctors found, in the records of the medical examination of the persons concerned upon their arrival at pre-trial establishments, entries which mentioned injuries consistent with allegations made. By way of illustration, reference might be made to the following examples:

A person interviewed at one of the remand prisons stated that, six weeks previously, while in the custody of the police, he had been kicked repeatedly by police officers in the back and legs, and received punches and truncheon blows on various parts of his body. Upon admission to prison, he was found to display in the region of the left kidney a red-green bruise of 5 x 20 cm and several smaller bruises on the left arm and both legs. Many of the bruises found on the legs were covered with excoriations.

Another person met at the same establishment alleged that, five months previously, he had been punched in his face and hit with a baton on his head and back while in police custody. The records of the medical examination upon his arrival in prison showed that he bore multiple bruises on his face, head and on the upper left part of the back.

19. In the light of all the information gathered during the visit, the CPT can only conclude that persons deprived of their liberty by the police in Armenia run a significant risk of being ill-treated. Vigorous action is required to combat ill-treatment by the police.

20. 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 such staff and the provision of adequate professional training. As regards the latter, the Armenian authorities should seek to integrate human rights concepts into practical professional training for handling high-risk situations, such as the interrogation of criminal suspects. This will prove more effective than separate courses on human rights. 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 the human dignity of both the victim and the perpetrator and, as such, are incompatible with the values enshrined in the Armenian Constitution as well as in international instruments ratified by and binding upon Armenia; 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 a security standpoint.

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[5] In this context, it should be noted that the Annual Report of the Presidential Human Rights Committee of Armenia for 2000 (issued in 2001) states: "Already in its 1998 report, the Committee drew attention to cases of torture occurring in law enforcement agencies, and to the absence of appropriate measures to stop them. *In this area, the situation remains of the highest concern* (emphasis added)." (ibid., p.1).

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

Consequently, the CPT recommends:

- **that a very high priority be given to professional training for police officers of all ranks and categories, including in modern investigation techniques. Experts not belonging to the police force 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.

21. Another effective means of preventing ill-treatment by police officers 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.

In this connection, the Ministry of Internal Affairs informed the CPT that, during the nine months preceding the 2002 visit, it had not received any complaints concerning "torture or violence inflicted on citizens" by its personnel. Further, a mere 8 complaints about "a crude and disrespectful attitude" of such personnel or other "infringements of professional ethical norms" (including in respect of persons detained by the police) were recorded. In the CPT's opinion, no comfort is to be taken from the above figures; they are undoubtedly a reflection of the inadequacy of (and lack of trust in) the existing complaints procedures, not of the absence of ill-treatment.

In this context, it should be noted that persons in Armenia can spend lengthy periods of time with the police, without access to an authority which is independent from the police (e.g. a judge). More particularly, the information gathered during the visit indicated that criminal suspects were frequently not physically brought before the judge who decided on the preventive measure of remand in custody. Such a situation deprives persons, who have been ill-treated by the police, of a timely opportunity to lodge a complaint with an independent authority. In the interests of the prevention of ill-treatment, **the CPT therefore recommends that all criminal suspects taken into police custody be physically brought before the judge who must decide on the application of a preventive measure.**

The CPT also recommends that whenever a judge receives an allegation of ill-treatment by the police, he should immediately request a medical examination of the person concerned and take the necessary steps to ensure that the allegation is properly investigated. Such an approach should be followed whether or not the person concerned bears visible external injuries.

Further, even in the absence of an express complaint, the judge should request a medical examination whenever there are other grounds (e.g. visible injuries, a person's general appearance or demeanour) to believe that ill-treatment may have occurred.

22. Prison health-care services can also make a significant contribution to the prevention of ill-treatment by the police, through the systematic recording of injuries borne by newly-arrived prisoners and, when appropriate, the provision of information to the relevant authorities.

The observations made by the CPT's delegation suggest that the procedure as regards the recording of injuries observed upon arrival in prison could be improved considerably. The records seen by the delegation usually contained only succinct descriptions of injuries as well as an occasional summary account by the prisoner concerned as to how the injuries had been sustained. In this regard, at the two remand facilities visited, the medical examination took place in the presence of the police officer(s) who delivered the person to prison as well as non-medical prison staff; such a practice is a flagrant violation of the principle of medical confidentiality and could clearly inhibit the persons concerned from making a truthful statement about what had happened to them.

The CPT recommends that the record drawn up by prison doctors following a medical examination of a newly-arrived prisoner contain: (i) a full account of statements made by the person concerned which are relevant to the medical examination (including his description of his state of health and any allegations of ill-treatment), (ii) a full account of objective medical findings based on a thorough examination, and (iii) the doctor's conclusions in the light of (i) and (ii), indicating the degree of consistency between any allegations made and the objective medical findings. Whenever injuries are recorded which are consistent with allegations of ill-treatment made, the record should be systematically brought to the attention of the relevant authority. Further, the results of every examination, including the above-mentioned statements and the doctor's conclusions, should be made available to the detained person and his lawyer.

In addition, **the CPT recommends that all medical examinations be conducted out of the hearing and – unless the doctor concerned expressly requests otherwise in a particular case – out of the sight of law enforcement officials and other non-medical staff**.

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

a. introduction

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

- the right of those concerned to have the fact of their detention notified to a close relative or third party of their choice,
- 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 their deprivation of liberty (i.e. 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 (e.g. persons placed in administrative detention, persons detained under Aliens' legislation, etc.).

Furthermore, persons detained by the police should be expressly informed, without delay and in a language they understand, of all their rights, including those referred to above.

24. From the outset, the CPT wishes to highlight two important deficiencies that emerged from the delegation's conversations with senior officials, prosecutors, investigators and police officers, and from perusal of the relevant legal provisions. First, it appears that the above-mentioned rights are applicable only after a person has been formally declared a "suspect", a status which may well be acquired some time after a person's deprivation of liberty. Second, persons in administrative detention do not enjoy these rights at all and, in particular, have no access to a lawyer.

This state of affairs is all the more of concern in the light of the information referred to in paragraphs 15 to 17.

b. notification of deprivation of liberty

25. Under section 63 (2) (9) of the CCP[6], a person detained on suspicion of having committed a criminal offence has the right to notify his close relatives of the place of his detention, through the body conducting the criminal proceedings. However, the notification of deprivation of liberty may be delayed by up to 12 hours.

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6 Cf. also section 5 (3) of the Law on the Police.

Most persons interviewed by the delegation indicated that they had been able to inform their family of their situation shortly after having been taken into police custody. However, in a few cases, the delegation heard allegations that notification had been delayed by several days or even refused altogether by operative police officers and/or investigators.

26. The majority of prosecutors, investigators and police officers with whom the delegation spoke stated that only persons who had the official status of a "suspect" could benefit from this right. It was not extended to persons brought to a police station to verify an initial suspicion of a criminal offence or in order to be interrogated as "witnesses".

The CPT recommends that all persons deprived of their liberty by the police in Armenia – for whatever reason – be granted the right to inform a close relative or a third party of their choice of their situation, as from the very outset of their deprivation of liberty (i.e. from the moment when they are obliged to remain with the police).

Of course, the CPT fully accepts that the exercise by a person in police custody of the right to have the fact of his custody notified to a relative or other third party may have to be made subject to certain exceptions designed to protect the legitimate interests of the investigation. However, any such exceptions should be clearly defined and applied for as short a time as possible.

The CPT recommends that any possibility exceptionally to delay the exercise of the right to have the fact of one's custody notified to a relative or a third party be clearly circumscribed in law, be made subject to appropriate safeguards (e.g. any delay to be recorded in writing with the reasons therefor and to require the approval of a senior police officer unconnected with the case at hand or of a prosecutor) and be applied for as short a time as possible.

c. access to a lawyer

27. Section 63 (2) (4) of the CCP stipulates that a "suspect" has the right to have a lawyer as from the moment of the drawing up of a detention protocol. The bodies conducting the criminal proceedings (including the police) have the obligation to provide the suspect with a possibility to effectively implement this right[7].

As regards the actual content of the right of access to a lawyer, it includes the right to have the lawyer present during interrogations; to meet with him in private, out of the hearing of police officers and without restrictions; and to have the lawyer consult the investigation file. It should also be noted that under section 69 of the CCP, the participation of a lawyer is obligatory in the case of certain categories of detained persons: minors, mentally disturbed or disabled persons, persons unable to speak Armenian, persons who have been drafted for military service, etc.

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7 Cf. sections 10 (2), 19 (3) and 63 (1) of the CCP, as well as section 5 (3) of the Law on the Police.

28. The majority of the persons interviewed by the delegation stated that they had been informed of their right of access to a lawyer - albeit only at the time when the detention protocol was drawn up - and confirmed that operational police officers and/or investigators had told them that they would arrange for a lawyer to come if they so wished. However, several persons who had recently been in police custody claimed that operative officers or investigators had persuaded them to waive their right to a lawyer, apparently by using the argument that calling for one would unnecessarily complicate or prolong the proceedings. In fact, the findings made by the delegation in the course of the visit suggest that the presence of lawyers at the stage of police custody is very rare in practice.

It should also be noted that, under current legislation, persons summoned to appear in a police establishment as witnesses and persons in administrative detention do not enjoy the right of access to a lawyer.

29. 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. This is amply borne out by the information gathered during the visit to Armenia. Consequently, the possibility for persons to have effective access to a lawyer from the very outset of their custody by the police (i.e. from the moment they are obliged to remain with the police) is a fundamental safeguard against ill-treatment. The existence of this 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 person concerned should also be entitled to have a lawyer present during any questioning, whether it takes place before he is officially deemed a suspect or after, and whether it is conducted by bodies of the inquiry, investigating officers or prosecutors. 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.

In the light of these considerations, **the CPT recommends that the Armenian authorities take steps to ensure that the right of access to a lawyer for persons in police custody applies as from the very outset of their deprivation of liberty (and not only when the person is formally declared a suspect). The right of access to a lawyer must also be enjoyed by anyone who is under a legal obligation to attend – and stay at - a police establishment (e.g. as a "witness") as well as by persons in administrative detention.**

30. Finally, if the right of access to a lawyer is to be fully effective in practice, there must be a system of legal assistance for detained persons. Section 10 (5) of the CCP stipulates that "the body conducting the criminal proceedings is entitled to provide the suspect or the accused with free legal counselling based on the financial situation of the latter".

The delegation met a number of detained persons who had been assisted by ex officio lawyers in the course of their detention by the police. However, many of these persons expressed dissatisfaction with the manner in which these lawyers had performed their functions, it being advanced that they tended to take the side of the police.

The CPT would like to receive the comments of the Armenian authorities on this subject. Further, **the CPT would like to receive details of the system of legal assistance for detained persons, in particular the procedure for appointment of ex officio lawyers, their remuneration, etc.**

d. access to a doctor

31. Armenian legislation contains a number of provisions on health care for persons detained by the police. For example, pursuant to section 5 (3) of the Law on the Police, the latter "shall take measures to render medical or other assistance to [persons detained] as well as to eliminate any danger threatening the life [and] health [...] of a person [...] associated with the detention or arrest". Section 13 of the Law on the Treatment of Arrestees and Detainees stipulates that persons in police custody have the right to protect their health, including to receive urgent medical aid. Further, section 21 of the same law sets out a series of requirements that have to be met in police establishments as regards health care (e.g. respect of sanitary and anti-epidemic norms; availability of specialised medical aid; recording and follow-up of bodily injuries; procedure in case of serious illness, etc.). However, as matters stand, detained persons do not appear to have a formal right to request an examination by a doctor. It is left very much at the discretion of police staff in charge of a place of detention to determine whether the intervention of a doctor is necessary.

Police officers indicated that, in practice, they would not hesitate to summon a doctor if the person detained so requested. However, a number of persons interviewed by the delegation claimed that they had asked to see a doctor, but their request had not been granted.

32. **The CPT recommends that the right of persons detained by the police to be examined by a doctor be expressly guaranteed. This right should exist as from the very outset of deprivation of liberty (i.e. not only after the person has been formally declared a suspect) and should include the right to be examined, if the person concerned so wishes, by a doctor of his own choice, in addition to any medical examination carried out by a doctor called by the police** (it being understood that an examination by a doctor of the detained person's own choice may be carried out at his own expense).

The relevant provisions should also stipulate that:

- **all medical examinations should be conducted 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 detained person and the doctor's conclusions, should be formally recorded by the doctor and made available to the detainee and his lawyer.**

e. information on rights

33. Section 19 (2) of the CCP stipulates that "the body conducting the criminal proceedings is obliged to explain to the suspect and to the accused their rights". According to section 63 (2) (2) of the CCP, the information on rights has to be provided in writing "immediately upon detention"[8].

This was generally understood by most of the police officers and investigators interviewed by the delegation as applying only from the moment a person had officially been declared a suspect. In this regard, many detained persons met by the delegation complained that they had been informed of their rights only after a certain period - up to several days - spent in police custody. In some cases, it had apparently happened following the person's confession to the offence of which he/she was suspected. Further, a few complaints were heard about the completeness of the information provided (e.g. some of the persons concerned had not been told about the possibility of having an ex officio lawyer).

34. At some of the police establishments visited, the delegation noted the presence of a form setting out the rights of persons suspected of having committed criminal offences as well as their obligations[9]. The form makes reference inter alia to the rights to have a lawyer, to meet with him/her in private without limitation of the number and length of the conversations, to be interrogated in the presence of the lawyer, and to notify one's family of the place of detention within 12 hours. The form does not provide information on the issue of access to a doctor. According to operative police officers and investigators, the form in question would normally be handed to the suspect at the moment of drafting the detention protocol; he would be asked to sign it in two copies, of which one would be given to him and the other filed in the case record.

The CPT welcomes the introduction of such a form. However, not all the police establishments visited appeared to have copies of it. Further, only a small number of detained persons met by the delegation stated that they had received the form.

35. In order to ensure that persons in police custody are duly informed of all their rights, **the CPT recommends that the form setting out those rights be given systematically to such persons as from the very outset of their deprivation of liberty (and not only when they are formally declared suspects). The contents of this form should reflect the recommendations made in paragraphs 26, 29 and 32. The form should be available in an appropriate range of languages. Further, the persons concerned should be systematically asked to sign a statement attesting that they have been informed of their rights.**

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8 Cf. also section 5 (2) of the Law on the Police, according to which "in each case of restriction of the rights and freedoms of a citizen, the Police employees shall be obliged to present immediately the grounds for restriction to him/her and explain to him/her his/her rights and duties". Section 13 (1) of the Law on the Treatment of Arrestees and Detainees mentions as one of the rights of persons in police custody the right "to receive information in his/her mother tongue or other language he/she is fluent in about his/her rights, freedoms and responsibilities".

9 The form in question contained a quotation of section 63 of the CCP.

f. conduct of police interviews

36. Article 19 of the Armenian Constitution stipulates that "no one may be subjected to torture and to treatment and punishment that are cruel or degrading to the individual's dignity". This provision is repeated and developed in section 11 (7) of the CCP, which states that "it shall be prohibited to use force, threats, fraud, violation of rights and other unlawful methods when trying to obtain testimony from the suspect, the accused, [...] the witness and other persons participating in criminal proceedings". Chapter 28 of the CCP contains a number of procedural provisions concerning the interrogation of suspects, accused persons and witnesses (e.g. the rule that interrogations should take place during day time, except in urgent cases; conduct of interrogations of minors, of disabled and sick persons; keeping a protocol of the interrogation, etc.).

37. 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 police training.

Consequently, **the CPT recommends that the Armenian authorities supplement the provisions already existing in the Code of Criminal Procedure by drawing up a comprehensive code of conduct for police interviews**. 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. Further, the position of specially vulnerable persons (for example, the young, those who are mentally disabled or mentally ill) should be the subject of specific safeguards.

g. custody records

38. No legal safeguard against ill-treatment is more fundamental than the requirement that the fact of a person's deprivation of liberty be recorded without delay. The delegation's examination of police custody records revealed that there is clearly room for improvement in this area. At several police establishments - especially the divisions of Internal Affairs - custody records contained errors (e.g. the same date and time being recorded for both the arrival and release of a given person), omissions (including missing dates and times of arrival and release/transfer) and corrections (often related to times of arrival).

The CPT recommends that steps be taken immediately to ensure that police custody records are properly maintained.

The CPT also considers that the fundamental safeguards offered to persons in police custody would be reinforced if a standard, single and comprehensive custody record were to be kept for all persons brought to a police station. This register should record all aspects of the custody and all the action taken in connection with it (including time of and reason(s) for the arrival at the police station; time of issuing the order of detention; 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 questioned; when released, etc.).

The CPT invites the Armenian authorities to explore the possibility of introducing such a custody record.

39. During visits to the divisions of Internal Affairs, it appeared that the trigger for making an entry in the custody record is the fact of placing someone in a cell. However, a person may be deprived of his liberty for several hours in a police establishment before being placed in a cell. This initial period of detention - during which a person would usually be interviewed by an operative police officer or an investigator - would often appear to go unrecorded; and if the person is subsequently released without being placed in a cell, no record whatsoever might have been made of the fact that he has been deprived of his liberty by the police. Further, the custody records examined by the delegation did not contain references to periods during which persons detained had been removed from their cells (and the purpose of such removals).

The CPT recommends that steps be taken immediately to ensure that whenever a person is deprived of his liberty by the police, for whatever reason, this fact is formally recorded without delay. Further, once a person detained has been placed in a cell, all instances when he is subsequently removed from the cell should be recorded in the custody record; that record should state the date and time when the detained person is removed from the cell, the location to which he is taken and the officers responsible for taking him, the purpose for which he has been taken, and the time and date of his return.

h. independent inspections

40. 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 and, more generally, of ensuring satisfactory conditions of detention.

Pursuant to section 42 of the Law on the Police and Section 46 of the Law on the Treatment of Arrestees and Detainees, the oversight of police activity, and in particular of the observance of laws in places of police detention, is exercised by the Prosecutor General and his subordinate prosecutors. They are under an obligation to visit all police detention facilities on a regular basis and to verify the legality of detention of persons in custody. Furthermore, they are entitled to consider any complaints lodged by detained persons.

The existence of this system of visits is to be welcomed. However, the delegation was informed during the meeting with senior prosecutors at the General Prosecutor's Office that the above-mentioned system does not extend to persons under administrative arrest. **The CPT recommends that measures be taken to remedy this lacuna.**

41. Inspections of police detention facilities are also performed by the Presidential Committee for Human Rights. **The CPT would like to receive copies of reports drawn up by this body following visits to police establishments in 2001 and 2002.**

Further, the delegation learned about plans to set up (under the auspices of the Ministry of Justice) a monitoring group of representatives of civil society, pursuant to Section 47 of the Law on the Treatment of Arrestees and Detainees. The group's main task would involve visits to places of detention, including police facilities and penitentiary establishments. **The CPT would like to receive further information about this group (composition, powers, working methods, etc.), as well as a copy of the relevant rules and regulations pertaining to it, once they have been issued**.

42. The CPT wishes to emphasise that authorities with powers of inspection must examine all issues related to the treatment of persons in custody; those issues concern not only material conditions of detention but also questions such as the recording of detention, information on rights and the actual exercise of those rights (in particular the rights of access to a lawyer and to notify a relative of one's custody), and compliance with the rules governing the medical examination of persons in police custody. To explore these different issues in an effective manner will involve inter alia interviewing in private persons detained and/or summoned to appear at a police facility for questioning. Further, the above-mentioned authorities should exercise their powers of inspection frequently and without prior notification.

The CPT recommends that the Armenian authorities bring these considerations to the attention of all prosecutors and other bodies responsible for carrying out visits to places of detention. **Naturally, these considerations should also be taken into account when defining the remit and the powers of the monitoring group referred to in paragraph 41.**

4. Conditions of detention

a. introduction

43. At the outset, the CPT wishes to highlight the criteria which it applies when assessing police detention facilities.

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 (for example, a chair or bench) and persons obliged to stay overnight in custody should be provided with a clean mattress and clean blankets.

Persons in custody should be able to satisfy the needs of nature when necessary, in clean and decent conditions, and be offered adequate washing facilities. They should have ready access to drinking water and be given food at appropriate times, including at least one full meal (that is, something more substantial than a sandwich) every day. Persons held in custody for 24 hours or more should, as far as possible, be offered one hour of outdoor exercise every day.

b. temporary detention centres

44. During the visit, the CPT's delegation visited temporary detention centres in Yerevan, Akhurian, Hrazdan, Maralik and Sevan. Establishments of this type are used to hold two categories of detainees: criminal suspects and persons under administrative arrest.

Conditions of detention in the temporary detention centres visited varied from acceptable (at the Hrazdan Department of Internal Affairs) to poor (e.g. at the Akhurian and Sevan Departments of Internal Affairs).

45. As regards occupancy levels, a consultation of registers and the number of sleeping places per cell suggested that the minimum standard of 2.5 m² of living space per person, as stipulated by the Law on the Treatment of Arrestees and Detainees, was respected as concerns criminal suspects. However, the CPT must add that this minimum standard is too low. As concerns the cells for administrative detainees, the information gathered during the visit indicated that conditions could become extremely cramped, e.g. up to 6 detainees in a cell of 9 m² in Hrazdan and Sevan.

All the centres visited presented deficiencies concerning the in-cell lighting and ventilation. With the exception of the Hrazdan centre, access to natural light was poor (small windows, sometimes - as in Yerevan - covered by metal shutters) or inexistent (e.g. in Akhurian). Artificial lighting was invariably dim, with some cells (e.g. in Yerevan, Akhurian and Maralik) submerged in near darkness. As to ventilation, it left something to be desired at Yerevan and Sevan.

As to the state of repair and hygiene of the detention areas, it ranged from quite acceptable at the Hrazdan Department of Internal Affairs to poor at the Sevan establishment. Cells at the Temporary detention centre in Yerevan were in a reasonably good state of repair; however, their level of cleanliness left something to be desired. Detention areas in Akhurian and Maralik were dilapidated but clean.

46. Cells were furnished with beds or wooden sleeping platforms. The delegation noted that mattresses, sheets, pillows and blankets were available for criminal suspects at all the temporary detention centres visited; however, this was not the case for administrative detainees.

The delegation did not hear any complaints from persons who were - or had recently been - detained at the centres visited as regards access to a toilet. However, with the notable exception of the Hrazdan Department of Internal Affairs, the communal toilet and washing facilities were dilapidated and dirty.

The centres in Yerevan and Hrazdan possessed shower facilities, which could apparently be used by newly-arrived detainees (upon recommendation of a feldsher/doctor) and by those administrative detainees who stayed in the respective establishments for longer than a week. In both centres, the shower facilities were in an acceptable state of repair and cleanliness, and hot water was available. However, the only personal hygiene item that was distributed to detainees was a small piece of soap.

47. According to information provided by police officers in the majority of the temporary detention centres visited, detainees were offered food three times per day, including one hot meal. However, this was not the case at the Sevan Department of Internal Affairs, where food was only delivered once per day, reportedly due to the limited budget set aside for this purpose (320 AMD - i.e. some 50 euro cents - per detainee per day). In this situation, the provision of food was to a large extent ensured by detainees' families. Detained persons without family contacts had to rely on the generosity of other detainees or individual police officers for food.

48. All the temporary detention centres visited possessed outdoor exercise areas, where detainees were apparently allowed to take exercise for one hour per day (in the case of women and juveniles - for two hours per day). However, at the Temporary Detention Centre of the City Department of Internal Affairs in Yerevan, the delegation was informed that detainees could be deprived of outdoor exercise as a form of punishment for violation of the centre's internal regulations.

49. **The CPT recommends that the Armenian authorities take steps at temporary detention centres to:**

- **ensure that all detainees are offered adequate living space; the objective should be at least 4 m² per person;**

- **provide adequate in-cell lighting (including access to natural light) and ventilation;**

- **maintain the cells and common sanitary facilities in a satisfactory state of repair and hygiene;**

- **ensure that all detainees (including those held for administrative violations) are offered a mattress and blankets at night;**

- **ensure that administrative detainees are able to take a hot shower at least once a week during their period of detention;**

- **ensure that all detainees are offered food - sufficient in quantity and quality - at normal meal times;**

- **put an end to deprivation of outdoor exercise as a disciplinary punishment.**

c. holding cells/cubicles for administrative detention

50. In addition to temporary detention centres, the Departments of Internal Affairs visited in Akhurian, Hrazdan, Maralik and Sevan each possessed from two to four holding cells/cubicles (usually referred to as "aquarium") intended, in principle, to accommodate persons suspected of having committed administrative violations (cf. paragraph 16) for short periods of time. Such cells/cubicles were also found in the District Divisions of Internal Affairs in Yerevan and Gyumri.

With a few exceptions, the facilities in question consisted of small cubicles which were devoid of any furniture other than, at best, a bench. By virtue of their size alone, which could be as little as 0.65 m², most of them were not suitable for custody purposes, no matter how short the duration.

Furthermore, the vast majority of the holding cells/cubicles in question - with the notable exception of those at the Hrazdan Division of Internal Affairs - were dark, poorly ventilated and dirty; in this respect, the worst conditions were observed at the Kentron District Division of Internal Affairs (Yerevan) and at the 4th District Division of Internal Affairs in Gyumri.

51. Among all the holding cells/cubicles for persons suspected of administrative violations inspected by the delegation, only those measuring between 2 and 3 m² - seen at the Arabkir, Shengavit and Zeitun-Kanaker District Divisions of Internal Affairs in Yerevan, as well as at the Hrazdan Department of Internal Affairs - could be considered as acceptable for detention periods not exceeding a few hours. Clearly, none of them was suitable for overnight stays. Nevertheless, in the course of its visit, the delegation met many persons who alleged that they had spent lengthy periods of time - even several days - in such facilities. In some cases, the delegation found evidence in custody registers that persons were occasionally held overnight in holding cells/cubicles, i.e. considerably longer than the period of 3 hours envisaged in the Administrative Violations Code. Further, it was clear that persons who spent the night in these facilities were not provided with mattresses or blankets. Moreover, there was no provision for supplying such detainees with food, and no possibility for outdoor exercise.

52. In the light of the above remarks and the general criteria set out in paragraph 43**, the CPT recommends that the Armenian Ministry of Internal Affairs remind all establishments falling under its responsibility that holding cells/cubicles for persons suspected of administrative violations should not be used for accommodating detainees for longer than 3 hours.**

Further, **the Committee recommends that all holding cells/cubicles measuring less than 2 m² be withdrawn from service.**

Finally, **the CPT recommends that measures be taken to ensure that all holding cells/cubicles which remain in service have adequate lighting and ventilation, and are maintained in a good state of repair and cleanliness.**

B. Establishments under the authority of the Ministry of National Security

53. The CPT's delegation visited the Isolator of the Ministry of National Security in Yerevan[10]. The facility accommodates persons suspected - or accused of - offences subjected to investigation by the Ministry's competent services (e.g. crimes against the State, terrorism, serious organised and economic crime, violations of border regime, etc.). It holds persons in the custody of the investigation bodies of the Ministry (for up to 72 hours), persons under administrative arrest, essentially "violators of border regime" (for up to 15 days), and persons in pre-trial detention (for periods of months, if not years).

Located in the building of the Ministry, the Isolator had an official capacity of 50 places[11]. At the time of the visit, 25 persons were held in the Isolator, of whom 21 were in pre-trial detention and the remainder were violators of border regime. Two of the detainees were women. The average length of stay was between 1 and 1.5 years; however, one of the detainees had been held there for more than 3 years.

54. The delegation did not hear any allegations of ill-treatment of persons detained at the Isolator of the Ministry of National Security by staff working at the establishment, and did not find any other evidence of such treatment.

55. In general, the conditions of detention at the Isolator could be considered as acceptable for the custody of criminal suspects and administrative detainees. However, conditions were not suitable for lengthy periods of detention, such as those endured by pre-trial detainees.

As regards *material conditions*, detained persons were accommodated in two kinds of cells. The larger cells measured between 15 and 20 m² and contained four to five beds each. As to the smaller cells, intended for double occupancy, they measured 6 m²; as such, they provided only cramped accommodation. All cells were adequately lit and ventilated. However, the state of repair and cleanliness of most of the cells left something to be desired.

The cell furnishings consisted of beds with full bedding, tables with benches (in larger cells), lockers and shelves. Cells were also equipped with a partially screened toilet and a washbasin.

Detainees could take a hot shower once per week, in a dilapidated facility located in the basement of the establishment; for a number of them, this was also an opportunity to wash their clothes and bed sheets. Detainees without financial resources were provided with basic hygiene items: soap, towels and toilet paper.

The delegation did not hear any complaints from inmates about food, which was served three times per day (including one hot meal at noon). Detainees were also allowed to receive up to 10 kg of additional food per week from their families.

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[10] The establishment was transferred under the responsibility of the Ministry of Justice as from 1 January 2003.

[11] In the basement of the establishment the delegation saw another detention zone with 15 cells (i.e. the same number as in the operational part of the Isolator). The Head of the establishment told the delegation that these cells had been withdrawn from service several years ago; indeed, the cells in question did not appear to have been used in the recent past. However, most of them were in a quite good state of repair and were equipped for use.

56. All detainees had the possibility to take one hour of daily *outdoor exercise*. The exercise yards, which were situated on the roof of the building, measured between 40 and 90 m² and were equipped with a bench. However, they were of an oppressive design (high walls topped with wire netting, with a view only of the sky) and offered no protection from inclement weather.

57. As regards *activities*, the situation observed at the Isolator was totally unacceptable for lengthy periods of detention. Except for daily outdoor exercise and periods of interrogation, detainees spent the entire day locked up in their cells with virtually nothing to occupy themselves. Radio and television sets were not authorised; the only distractions consisted of playing board games or reading books and newspapers.

58. The delegation did not hear any complaints from detainees about the provision of health care. The health-care service was staffed by a full-time feldsher (present in the establishment every working day from 9.00 am to 6.00 pm, and on call at night and during weekends). The post of general practitioner had been vacant for 2 years; thus, it was the feldsher who decided on the need to call a general practitioner, a specialist or a dentist from the nearby polyclinic of the Ministry of National Security. It also appeared that the feldsher enjoyed a high level of discretion as regards the prescription and administration of medication.

The health-care service premises were modestly equipped but very clean. There was also a small pharmacy, although most of the medication apparently came directly from the pharmacy of the Ministry or - in the case of more expensive medicines - from inmates' families. There was no register or daily scheme of administered medication.

The feldsher informed the delegation that consultations would normally take place in the presence of a custodial officer, except in the case of female detainees.

All inmates underwent a medical screening, performed by the feldsher at the latest on the day following their arrival. However, the register of medical examinations on arrival contained only succinct notes about injuries or health complaints of newly arrived inmates, and no mention was made of any relevant statements of the inmate and of the feldsher's conclusions.

59. The CPT has serious concerns as regards the possibilities for detainees held in the Isolator to maintain contacts with the outside world. According to the information provided by the Head of the establishment, family visits had to be expressly authorised by the investigator, prosecutor or court, and detainees had no access to a telephone. With respect to correspondence, the delegation received conflicting information from management and inmates. While the former stated that, in principle, there were no restrictions on sending and receiving letters, the vast majority of the inmates claimed that correspondence was prohibited.

60. The delegation was not in a position to obtain a clear picture of the situation as concerns the possibilities for persons detained at the Isolator to send confidential complaints to outside bodies. According to the information provided by the Head of the establishment, all complaints would first have to be passed on to him. He would summarise them in a special register and send them on to the addressee, with prior approval of the investigator. However, detainees would in principle be allowed to send complaints to the competent prosecutor, which would be forwarded without censorship, in a sealed envelope. In addition, inmates would have the opportunity to complain to the supervising prosecutor during his inspection visits. It is noteworthy, nevertheless, that the inmates interviewed by the delegation appeared unaware of these possibilities.

61. **The CPT recommends that measures be taken as a matter of priority at the Isolator of the Ministry of National Security in Yerevan in order to:**

- **substantially improve activities for persons in pre-trial detention held at the establishment. They should be allowed to have radio and television sets in their cells. Further, an appropriate range of out-of-cell activities should be offered to them; the basement area might usefully be exploited for this purpose;**

- **ensure that persons detained in the establishment have the possibility to maintain adequate contact with the outside world. The relevant provisions of the Law on the Treatment of Arrestees and Detainees should be applied fully.**

Further, in the light of the remarks made in paragraphs 55, 56 and 58, measures should be taken in order to ensure that:

- **all the cells, as well as the shower facility, are maintained in a satisfactory state of repair and cleanliness;**

- **improvements are made to the establishment's exercise yards;**

- **the vacant doctor's post is filled;**

- **the health-care service is adequately equipped and provided with necessary materials;**

- **medical confidentiality is respected;**

- **the procedure of medical screening on arrival meets the requirements set out in the recommendation made in paragraph 22.**

The CPT would also like to receive confirmation that persons detained in this establishment have the possibility to send confidential complaints to an appropriate outside authority, and that steps are now being taken to inform them of that possibility.

C. Prison establishments

1. Preliminary remarks

62. The CPT's delegation carried out visits to five penitentiary establishments in Armenia: two pre-trial facilities, Nubarashen and Gyumri Prisons, two colony-type establishments for the serving of sentences, Erebuni and Sevan Prisons, and the Hospital for Prisoners in Yerevan, the principal penitentiary health-care institution in Armenia. The latter will be dealt with separately under the section "Health-care services".

63. In the course of the visit, the delegation heard much praise from both inmates and prison staff about positive changes which had reportedly occurred after the transfer (in October 2001) of responsibility for the prison system from the Ministry of Internal Affairs to the Ministry of Justice. Among the changes referred to in particular by inmates, were improvements in prison officers' attitudes towards them and overall enhanced possibilities for maintaining contact with the outside world. Some of the staff interviewed by the delegation emphasised that the transfer had provided more stability to prisons' internal operations and had led to an overall reduction of incidents. Notwithstanding this, there was widespread recognition of the need for further urgent action to improve conditions of detention.

At the time of the visit, the perimeter of 4 penitentiary establishments in Armenia (including the Hospital for Prisoners and Erebuni and Sevan Prisons) was still guarded by staff of the Ministry of Internal Affairs. The delegation was informed that this function would be assumed by Ministry of Justice personnel in due course (as was already the case in the remaining Armenian prisons). **The CPT would like to receive the timetable for the implementation of this measure.**

64. The Committee welcomes the openness with which the Armenian Minister of Justice, during the talks held with the delegation at the outset of the visit, addressed some of the key problems currently facing the Armenian prison system. In particular, he mentioned the absence of systematic and ongoing renovation of the prison estate (despite some positive initiatives in this regard), the lack of work opportunities for prisoners and the "lamentable" situation as regards health care for inmates. This overall assessment was subsequently confirmed by the delegation's own observations.

65. Since the transfer of responsibility for the prison system, noticeable efforts have been made (and continue to be made) to bring the relevant regulatory framework up to international standards. These efforts have led inter alia to a new Law on the Treatment of Arrestees and Detainees (March 2002) and, more recently, to detailed draft internal regulations for pre-trial detention facilities and draft standards for the medical treatment of prisoners. However, only limited progress appears to have been achieved in respect of the draft Law on the Enforcement of Sentences (cf. paragraph 9) and, as a consequence, the Corrective Labour Code and related instructions continue to be applied.

The CPT invites the Armenian authorities to vigorously pursue the legislative programme pertaining to the prison system. It would like to be kept abreast of ongoing developments.

In this context, the CPT also recommends that the standard of living space per prisoner be increased to at least 4 m².

66. The CPT is aware of the serious economic difficulties experienced by Armenia and the ensuing budgetary constraints under which the Armenian prison service operates. The Committee also recognises that it will not be possible to transform the current situation radically overnight. Nevertheless, it must be kept in mind that the decision to deprive someone of their liberty entails a correlative duty upon the State to provide decent conditions of detention.

2. Ill-treatment

67. The delegation did not receive any allegations – and did not find any other evidence - of ill-treatment of inmates by staff in the prison establishments visited. A number of inmates met by the CPT's delegation stressed that relations between staff and prisoners had improved in recent years (cf. paragraph 63 above). It is also noteworthy in this regard that prisoners sentenced to death[12] (who were held at Nubarashen Prison) spoke favourably of the manner in which they were now treated by prison officers.

Nevertheless, in order to obtain a nationwide view, **the CPT would like to receive the following information in respect of 2001 and 2002:**

- **the number of complaints lodged concerning ill-treatment by prison officers and the number of disciplinary and/or criminal proceedings initiated as a result of those complaints;**

- **an account of the outcome of the above-mentioned proceedings (verdict, sentence/sanction imposed).**

68. Despite the positive finding referred to above, it should be said that, at Erebuni and Gyumri Prisons, staff-inmate relations appeared to be of a rather formal and distant nature, with staff adopting a regimented attitude towards prisoners and limiting their interaction with them to the strict minimum.

In this connection, the CPT wishes to stress that constructive staff-prisoner relations and – more specifically – a proactive approach of staff towards prisoners will not only reduce the risk of ill-treatment but also enhance control and security. In turn, it will render the work of prison staff far more rewarding and lead to a raising of the quality of life in the institution, to the benefit of all concerned.

Consequently, **the Committee recommends that the requisite aptitude for interpersonal communication be a major factor in the process of recruiting prison officers and that, during their induction and in-service training, considerable emphasis be placed on acquiring and developing interpersonal communication skills. Building constructive relations with prisoners should be recognised as a fundamental requirement for effective performance of the prison officer's role**.

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[12] A moratorium on executions was put in place in 1991. At the time of the visit, the death penalty was still officially provided for under the Criminal Code.

3. Conditions of detention

a. pre-trial facilities - Nubarashen and Gyumri Prisons

i. material conditions

69. Nubarashen Prison, the largest pre-trial facility in Armenia, was brought into service in 1980. It is located on the outskirts of Yerevan. The establishment, designated as having a maximum capacity of 1250[13], had 665 adult male inmates at the time of the visit. Of those present, 424 were on remand; the prison was also holding 149 inmates awaiting confirmation of their sentence or allocation/transfer to other establishments, 42 prisoners sentenced to death, and 52 sentenced inmates assigned to work in the prison's general services.

Approximately 85 % of the inmate population were housed in a circular six-storey block. The remainder, including the sentenced working prisoners, were accommodated in a two-storey adjacent building.

70. Most of the establishment's premises were in a poor state of repair and decoration, and some areas had been left to deteriorate to such an extent that they were in urgent need of refurbishment. On the positive side, there were discernible efforts to keep the establishment in a reasonable state of cleanliness.

71. The prison was operating well below its official capacity and the available living space per inmate was generally just about adequate. A standard cell in the main accommodation block measured some 28 m², and usually held up to 7 inmates. Nevertheless, the number of beds present in most of the cells (up to 12) indicated that conditions would be very cramped if they were used at their maximum designated capacity.

72. In most parts of the establishment, access to natural light and ventilation were quite satisfactory, a consequence of the recent removal of the majority of metal blinds previously fixed to cell-windows - a commendable positive development. However, the windows were frequently devoid of panes. In addition to bunk-beds, cell furniture usually comprised a large table with benches, some storage space (small lockers/shelves) and, in a number of cases, a (privately owned) TV set.

Cells were fitted with a well-partitioned sanitary annexe (Asian toilet and wash basin with cold water); however, these facilities were frequently in a poor state of cleanliness.

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[13] As regards the capacity of the five penitentiary establishments visited, reference is made in this report to the figures contained in the "List of the criminal-executive institutions" provided by the Armenian authorities. The information received at local level frequently deviated from these figures.

73. The best conditions of detention were observed in the building housing the sentenced working prisoners (as well as some 50 remand prisoners). Most of the cells offered good living space (e.g., 2 prisoners in a cell of 18 m²; 4 in a cell of 36 m²) and were relatively light and airy; several of them had apparently been redecorated recently.

74. The poorest conditions of detention were found on the ground-floor of the main accommodation block, which contained the disciplinary unit (cf. paragraph 156), the "quarantine" section (for newly-arrived prisoners), two cells for homosexuals, a cell occupied by a hunger-striker (cf. paragraph 129) and the accommodation for prisoners "under psychiatric observation" (cf. paragraph 111). Most of the cells were in an extremely poor state of repair, had inadequate access to natural light and fresh air, and were generally dirty.

In this regard, **the CPT wishes to stress that prisoners who are in a situation of vulnerability** (as was the case for several of the prisoners mentioned above) **should never be accommodated under material conditions which are inferior to those prevailing on normal location.**

75. Prisoners were allowed one shower per week and the central shower facility was, overall, of an acceptable standard. In contrast, the establishment's laundry facilities were clearly inadequate for the needs of the inmate population. As a consequence, prisoners had to rely on improvised arrangements to clean - and dry - their clothes and bed linen in their cells.

76. Gyumri Prison was brought into service in 1944. It is situated in the centre of town and has a maximum capacity of 220. At the time of the visit, the establishment was holding 81 inmates (49 on remand, 24 prisoners awaiting confirmation of their sentence or allocation/transfer to an establishment for serving sentences, and 8 sentenced workers).

77. Prisoner accommodation was provided in three single-storey detention blocks of various ages (two of them dating back to the beginning of the century). After the 1988 earthquake, which severely damaged the prison, some refurbishment had been carried out, and at the time of the visit, renovation work was in progress. A considerable amount of work will be necessary to restore the establishment's premises to an acceptable condition

78. The prison had 24 cells of differing sizes, mostly designed for 4 to 14 inmates. Cell occupancy was generally below the official capacity, thus allowing for a living space of 4 to 6 m² per person; that said, in some of the cells, prisoners were being held under rather cramped conditions (e.g. 3 inmates in a cell of 10 m²).

In most of the refurbished cells, access to natural light and ventilation was quite acceptable. By contrast, the state of cleanliness of a number of cells left a lot to be desired. The cells were furnished with bunk beds, tables and benches; most of them also had some individual storage space (shelves; small lockers), and a few were equipped with a TV.

Cells had a sanitary annexe (floor toilet and sink) which was partially partitioned by a wall of 1.5 m. In general, these facilities were in a rather unhygienic state, and some of them were very dirty.

It should also be noted that the delegation was told by both staff and prisoners that the central heating system was insufficient in winter.

79. Several cells in the unrenovated parts of the establishment were in such a state of dilapidation (in addition to being poorly lit and ventilated) that they were totally unfit for holding prisoners for any length of time. The cells concerned were unoccupied at the time of the visit, and the delegation was told that they were only rarely used.

80. As was the case at Nubarashen Prison, newly-arrived prisoners were held in totally unacceptable conditions. They spent one or two days in a very dilapidated, dirty and humid "quarantine" cell. Further, it would appear that inmates admitted in the late afternoon were not provided with mattresses for the night.

81. Prisoners could use the central bathroom once a week, which was also an occasion for them to wash their clothes and bed linen (the establishment's laundry was not working). However, the bathroom was in a poor state of repair and filthy.

82. At both prisons, the delegation heard few complaints from prisoners about the quality and quantity of food provided by the establishments. That said, it was clear that prisoners counted greatly on food parcels from their families.

83. **The CPT recommends that the Armenian authorities take steps**

at Nubarashen and Gyumri Prisons:

- **to ensure a living space of at least 4 m² per prisoner;**

- **to gradually improve the state of repair and decoration of the premises, having regard to the remarks made in paragraphs 70 to 81; in this context, a high priority should be given to the upgrading of prisoner accommodation on the ground level of the main building of Nubarashen Prison and, as regards Gyumri Prison, of the cells referred to in paragraphs 79 and 80 as well as the establishment's central bathroom**;

- **to ensure that the in-cell toilets are kept reasonably clean;**

at Nubarashen Prison:

- **to remove the remaining devices blocking windows of prisoner accommodation;**

at Gyumri Prison:

- **to improve the central heating system;**

- **to review the partitioning of the in-cell toilets, in order to ensure adequate privacy;**

- **to ensure that prisoners accommodated in the establishment's "quarantine" cell are always provided with a mattress at night.**

ii. activities

84. As already indicated, at Nubarashen and Gyumri Prisons, a small number of sentenced inmates were assigned to work on the establishments' premises. None of the remaining inmates were offered any form of organised activities. The only regular out-of-cell activity was outdoor exercise of one to two hours per day. Further, at Nubarashen Prison, such exercise was not guaranteed during weekends.

At both establishments, the outdoor exercise facilities consisted of high-walled, bare areas, which were topped with grills/wire netting. By virtue of their configuration and limited size, these facilities did not facilitate proper physical exertion.

85. The CPT recognises that the provision of organised activities in pre-trial establishments such as Nubarashen and Gyumri Prisons, where there is a high turnover of inmates, poses particular challenges. However, it is not acceptable to leave prisoners to their own devices for months at a time. The aim should be to ensure that all prisoners (including those on remand) spend a reasonable part of the day outside their cells/dormitories engaged in purposeful activities of a varied nature: work, preferably with vocational value; education; sport; recreation/association. As a first step, remand prisoners, who are currently confined to their cells for most of the day, should be allowed to participate in association periods outside their cells (naturally, subject to an assessment of the security risk individual inmates may represent and to the interests of the investigation).

The CPT recommends that the Armenian authorities make determined efforts to develop activities for prisoners at Nubarashen and Gyumri Prisons, in the light of the above remarks.

Further, steps should be taken to:

- **ensure that inmates at Nubarashen Prison are offered the possibility to take at least one hour of outdoor exercise every day (including during weekends);**

- **upgrade the outdoor exercise facilities at Gyumri and Nubarashen Prisons, in order to allow prisoners to physically exert themselves.**

b. strict-regime colonies - Erebuni and Sevan Prisons

i. material conditions

86. Erebuni Prison is located in a large compound in the vicinity of Nubarashen Prison. The establishment was brought into service some 20 years ago and has been subject to major repair work after the 1988 earthquake. With a maximum capacity of 750 inmates, at the time of the visit, the establishment was holding 582 sentenced male prisoners, three quarters of whom had two or more convictions. The prison also accommodated 15 prisoners considered as being especially dangerous recidivists; they were dispersed throughout the establishment.

Previously, the official capacity stood at 1000 prisoners; however, according to the Director, the establishment was not suitable for holding more than 300 to 400 inmates. This assessment was confirmed by the delegation's own observations.

87. Prisoners were accommodated in three buildings, divided into 7 units, each of which comprised one or more dormitories. The vast majority of the dormitories were very overcrowded (e.g., 16 prisoners in a dormitory of 33 m²; 53 prisoners in a dormitory of 94 m²) and in a poor state of repair (peeling paint, crumbling plaster, windows without panes). At the time of the visit, some of the dormitories were undergoing refurbishment; as a consequence, a number of prisoners had been moved temporarily into the "club" rooms, were conditions were even more cramped than on normal location (e.g. 20 prisoners in a room of 30 m²).

With the exception of the aforementioned temporary accommodation, dormitories generally enjoyed good access to natural light and ventilation. As for the state of cleanliness, it varied from acceptable (and sometimes even good) to mediocre. The equipment consisted of double bunk beds, small lockers, and occasionally tables and chairs. The presence in many of the dormitories of small sitting areas, carpets, curtains, TV sets, bed covers and plants contributed to a personalised environment and thus somewhat counterbalanced the limited living space. In this context, it is noteworthy that in a few dormitories, the furnishings and decoration were of a standard which was distinctly better than elsewhere in the establishment.

88. Sevan Prison, built in 1962, is located close to the towns of Sevan and Hrazdan, some 60 km from Yerevan. The establishment, designated as having a maximum capacity of 950, was holding 764 sentenced adult male inmates on the first day of the visit. Of these, some 85 % had two or more convictions. The delegation was told that, over the last 5 years, the establishment's inmate population had decreased by roughly 50%; however, this was still insufficient to ensure acceptable living space for the vast majority of the inmates.

89. Prisoner accommodation was provided in three two-level blocks and a smaller one-level building. A large separate building housed the kitchen, the establishment's health care unit, and an extensive "club" room. Further, one of the two-level blocks had three dormitories for prisoners suffering from tuberculosis (cf. paragraph 124).

90. Conditions in most of the dormitories were cramped (e.g. 40 prisoners in a dormitory of some 80 m²; 82 prisoners in a dormitory of 190 m²). Several dormitories had been refurbished to an acceptable standard or were subject to on-going renovation work. However, many of them were in a rather poor state of repair (displaying the same pattern of deficiencies already observed at Erebuni Prison), and the level of cleanliness in some of them was unsatisfactory. On a more positive note, all dormitories enjoyed good access to natural light and fresh air.

The equipment of the dormitories was very similar to that seen at Erebuni Prison, and in a number of cases, prisoners had created an almost homely environment with some greenery, curtains, pictures on the walls etc. Again, the CPT's delegation came across accommodation which was of an exceptionally high standard.

91. At Erebuni Prison, newly-arrived prisoners were held in a bleak room, containing little else than beds, the entrance to which was located in the ShIZO/PKT unit (cf. paragraph 156). At Sevan Prison, such inmates were accommodated in ShIZO/PKT cells (cf. paragraph 156). **In the CPT's opinion, newly-arrived prisoners should not be located alongside inmates subject to segregation for infringements of discipline. Alternative, better facilities should be found**.

92. Inmates at Erebuni Prison were allowed a shower once every 5 to 6 days, at Sevan every 8-10 days, which they took in dilapidated central bathrooms. The state of repair and, even more, the cleanliness of the collective toilet facilities (to which prisoners had access around the clock) left an enormous amount to be desired. Admittedly, an irregular water supply (which also concerned the community at large) made it difficult to keep these facilities clean at all times; however, this does not justify the appalling conditions observed. At the end of the visit, the delegation requested confirmation, within three months, that measures had been taken to improve the sanitary facilities at Erebuni and Sevan Prisons. In their letter of 28 February 2003, the Armenian authorities informed the CPT that the facilities concerned would be subject to "reconstruction works", which would start in the spring of 2003. **The CPT wishes to receive confirmation that these works have been completed.**

93. At both establishments, the situation as regards food was comparable to that in the two pre-trial facilities (cf. paragraph 82).

94. **The CPT recommends that steps be taken at Erebuni and Sevan Prisons:**

- **to reduce occupancy levels in the dormitories; the aim should be to provide in due course a minimum living space of 4 m² per prisoner;**

- **to complete the refurbishment of prisoner accommodation areas;**

- **to ensure an appropriate level of cleanliness in all dormitories.**

The CPT also recommends that ways be found to allow inmates at Sevan Prison at least one hot shower per week.

ii. activities

95. As regards activities, the situation of the vast majority of inmates at Erebuni and Sevan Prisons hardly differed from that of inmates in the pre-trial facilities visited.

Barely 10 % of the inmates were employed (the jobs concerned were in the domestic workforce, handicrafts and, at Sevan Prison, agricultural work). Both establishments had large, obsolete production sites outside their perimeter, which formerly provided employment for considerable numbers of inmates. As regards the existing communal facilities, such as "club" rooms or outdoor areas, they also appeared to be underused.

At Sevan Prison, the delegation was informed of plans to set up a woodwork shop which would, in due course, provide employment for some 100 prisoners. **The CPT would like to receive information on the timetable for implementation of these plans.**

96. Admittedly, inmates were allowed throughout the day to move freely within the establishments' perimeter; however, this is not a substitute for a proper programme of activities. Sentenced prisoners are entitled to expect a full program of work, educational and sports activities and, as far as possible, individual custody plans should be drawn up. In this respect, the CPT wishes to stress that the provision of appropriate work for sentenced prisoners is a fundamental part of the rehabilitation process.

97. In the light of the above remarks, **the CPT recommends that the Armenian authorities undertake a thorough examination of the means of providing appropriate activity programmes at Erebuni and Sevan Prisons, for example by making better use of the available facilities (production sites, "club rooms"; outdoor areas etc.).**

98. Finally, the delegation was shown draft regulations aimed at redefining and strengthening the role of the "social rehabilitation sections" in Armenian prisons. According to these regulations, the aforementioned sections were to be complemented by external consulting groups (consisting of social workers, psychologists and lawyers) and thus to form "social-psychological rehabilitation services". The services remit includes the delivery of induction courses for newly-arrived prisoners, the provision of organised programmes of activities as well as individual pre-release preparation. **The CPT would like to receive a copy of the above regulations once they have been issued.**

c. prisoners sentenced to death

99. As mentioned above (cf. paragraph 69), at the time of the visit, Nubarashen Prison held 42 inmates sentenced to death (i.e. the totality of such prisoners in Armenia). The inmates concerned were accommodated in 15 standard-sized cells (i.e. 28 m²) on the top floor of the establishment's main building. Given the relatively low occupancy level (2 to 4 inmates per cell), the prisoners concerned enjoyed more generous living space than the bulk of the inmate population. Most of the cells were in a rather poor state of repair, decoration and - on occasion - cleanliness; others had recently been refurbished to a good standard and were very clean. In all cells, ventilation and access to natural light were acceptable, and in a number of them, personal belongings such as TV sets, books, electric fans, fridges, hot plates etc. were in evidence.

100. Inmates generally stressed that conditions of detention and the regime had considerably improved over the last two years. They referred in particular to the absence of physical ill-treatment, a significant reduction in cell occupancy rates, an increased range of items allowed in cells, and enhanced possibilities for contact with the outside world (e.g. one family visit of 50 minutes every 4 months; access to the phone - 20 minutes every 3 months or 5 minutes every month).

The CPT welcomes these positive developments. Nevertheless, it remains the case that the possibilities for contacts with the outside world for prisoners sentenced to death are distinctly inferior to those enjoyed by other sentenced prisoners (cf. paragraph 148). **The CPT invites the Armenian authorities to improve further the possibilities for prisoners sentenced to death to receive visits from relatives. The visiting entitlement for the prisoners concerned should be aligned with that of other sentenced inmates.**

101. As was the case for the vast majority of the establishment's inmate population, death-sentenced prisoners were not offered any form of organised activities apart from outdoor exercise, which itself was inadequate (50 minutes per day, excluding weekends). On this latter point, **the recommendation made in paragraph 85 applies equally here.**

102. The CPT has already highlighted the importance of sentenced prisoners being offered appropriate activities (cf. paragraph 96). This is all the more important for those who can expect to remain in prison for many years, which was clearly the case for prisoners sentenced to death held at Nubarashen Prison.

Long-term imprisonment can have a number of desocialising effects upon inmates. In addition to becoming institutionalised, long-term 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 society, to which almost all of them will eventually return. 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.

The prisoners concerned 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, when the time comes, to prepare for release. Moreover, the provision of such a regime to prisoners serving long sentences enhances the development of constructive staff/inmate relations and hence reinforces the security within the prison.

It is clear that the regime applied to prisoners sentenced to death at Nubarashen Prison falls far short of the above criteria. **The CPT calls upon the Armenian authorities to fundamentally revise the regime applicable to the prisoners concerned, in the light of the above remarks.**

103. Prisoners sentenced to death were handcuffed during all periods spent outside their cells, including during outdoor exercise and apparently even when receiving visits. The application of such security measures may exceptionally be necessary, for a certain period of time, vis-à-vis a given prisoner. However, there can be no justification for routinely handcuffing all prisoners sentenced to death when they are outside their cells, all the more so when the measure is applied in an already secure environment. Further, to be handcuffed when receiving a visit could certainly be considered as degrading for both the prisoner concerned and his visitor. The present arrangements in this regard can only be seen as disproportionate and punitive.

The CPT recommends that the Armenian authorities review the current practice of routine handcuffing of prisoners sentenced to death when taken out of their cells, in the light of the above remarks.

4. Health-care services

a. introduction

104. At the time of the visit, prison health care services were placed under the responsibility of the Ministry of Justice. Talks held by the delegation with the Minister of Justice and the Minister of Public Health indicated that there were tangible efforts to step up cooperation between the two Ministries. This cooperation had apparently led to the provision of in-service training to prison health care staff by the Ministry of Public Health, and the drawing up of detailed draft standards for the medical treatment of prisoners and, more specifically, of a new programme of psychiatric care in prison. This is a welcome development. **The CPT would like to receive copies of the aforementioned standards, once they have been finalised, and of the programme of psychiatric care.**

105. The CPT considers that a greater involvement of the Ministry of Public Health in this area, in particular as regards the organisation and assessment of prison health care services, would be highly beneficial. This approach is clearly reflected in Recommendation No. R (98) 7 of the Committee of Ministers of the Council of Europe concerning the ethical and organisational aspects of health care in prison. Such involvement would help to ensure optimum health care for prisoners, as well as observance of the general principle of the equivalence of care in prison with that in the outside community.

The CPT would like to receive the comments of the Armenian authorities on this issue.

b. health care services in the prisons visited

i. staff and facilities

106. At **Nubarashen Prison**, the full-time health care team consisted of 7 doctors (head doctor, internist, surgeon, stomatologist, dermato-venerologist, radiologist, psychiatrist), 5 feldshers, a laboratory assistant, an X-ray technician and a dental technician. Assistance was provided by several prisoner orderlies.

The provision of health care at **Gyumri Prison** relied almost exclusively on a feldsher, who performed the same range of duties as a doctor (the doctor's post had been vacant for some 7-8 years). There was also a dentist who attended the establishment once per week.

The health-care service at **Erebuni Prison** was staffed by a head doctor, an internist, and a dentist, all working full-time; they were assisted by an orderly.

At the time of the visit, three of the four doctors' posts at **Sevan Prison** were vacant. Consequently, the establishment's health-care service had only one full-time doctor (the head doctor, a general practitioner). He was assisted by a feldsher and two prisoner orderlies, and a dental technician visited the establishment 3 times per week (mainly to perform extractions).

At Nubarashen Prison, the presence of a feldsher was ensured on a 24-hour basis. However, in none of the other prisons was someone with a health care qualification present during much of the afternoon, at night and during weekends.

107. As regards the complement in terms of doctors, the situation at Nubarashen and Erebuni Prisons can be considered satisfactory. By contrast, the number of doctors actually working at Sevan Prison was clearly insufficient, having regard to the size of the inmate population, and the absence of a doctor at Gyumri Prison is totally unacceptable.

The CPT recommends that, at Sevan Prison, at least one of the vacant doctors' posts be filled as a matter of urgency.

Concerning Gyumri Prison, at the end of the visit, the CPT's delegation requested the Armenian authorities to confirm, within three months, that the vacant doctor's post had been filled. In their letter of 28 February 2003, the Armenian authorities informed the Committee that this has now been done. The CPT welcomes this positive development.

108. The CPT is particularly concerned about the low number of qualified feldshers and the total lack of qualified nurses at the four establishments. Given the size and structure of the respective inmate populations (with rapid inmate turnover at the two pre-trial facilities and noticeable proportions of older prisoners at the two colonies), **the CPT recommends that the nursing staff resources (i.e. feldshers and nurses) at the four establishments be increased.**

The CPT also wishes to stress that a person competent to provide first aid, preferably with a recognised nursing qualification, should always be present on prison premises, including at night and weekends.

109. In the CPT's view, the employment of inmates as orderlies should be seen as a last resort, and prisoners should under no circumstances be involved in the distribution of medicines. Further, such persons should not be given access to medical files, nor should they be present during medical examinations. **The Committee recommends that the position of the prisoners working as orderlies at Nubarashen and Sevan Prisons (as well as other penal establishments in Armenia) be reviewed, in the light of these considerations**.

110. The delegation heard very few complaints about access to the doctor (or, as in Gyumri, to the feldsher). However, at the four prisons, inmates complained about the standard of treatment and care, in particular as regards the range of medication prescribed and the quality of dental care (which appeared to be limited to extractions). At each of the establishments, the transfer of inmates to the Hospital for Prisoners in Yerevan, when required by their state of health, was said to be unproblematic. By contrast, ensuring external specialist consultations at Gyumri and Sevan Prisons was very much dependent on improvised arrangements with local doctors and local hospitals/dispensaries, and was not always satisfactory. **The CPT would like to receive the comments of the Armenian authorities on this latter issue.**

111. The CPT is concerned about the provision of psychiatric and psychological care at the prisons visited. In addition to the lack of psychiatric medication, only Nubarashen Prison employed a psychiatrist, and none of the establishments had a psychologist. Each of the prisons accommodated a certain number of inmates who, while not requiring admission to a psychiatric facility, could benefit from ambulatory psychiatric care; consequently, **the CPT recommends a strengthening of psychiatric/psychological care resources at the four establishments.**

In this connection, the CPT has serious misgivings about the deleterious conditions under which 19 so-called "prisoners under psychiatric observation" were held at Nubarashen Prison; in virtually all respects, these conditions were inferior to those observed elsewhere in the establishment (cf. paragraph 74). The fact that half of the prisoners concerned had spent between 4 and 15 months in these premises renders this state of affairs all the more objectionable. **The CPT recommends that the situation of the prisoners under psychiatric observation at Nubarashen Prison be reviewed as a matter of urgency.**

112. The health-care facilities of the establishments visited generally displayed similar material shortcomings to those observed elsewhere in other sections of the prisons concerned. In this regard, it is noteworthy that the health-care unit of Sevan Prison (one of the most dilapidated areas of the establishment) was undergoing refurbishment at the time of the visit. At the four prisons, most of the medical equipment seen (e.g. X-ray machines; dental instruments) was obsolete and often badly maintained; it was highly unlikely that reliable diagnoses and treatment could be performed with it.

The CPT recommends that efforts be made to remedy the aforementioned shortcomings.

113. The supply of basic medication and related materials was grossly insufficient at each of the establishments. This was hardly surprising, given the very limited budget for acquiring such items. In this regard, the health-care services concerned depended to a considerable extent on donations and inmates' own resources.

Reference has already been made to the State's duty of care vis-à-vis persons deprived of their liberty, even in periods of serious economic difficulties (cf. paragraph 66). **The CPT recommends that the Armenian authorities take measures without delay to ensure the supply of appropriate medicines and related materials to the prisons visited and, if necessary, to other penitentiary establishments in Armenia**.

ii. medical screening on admission

114. The importance of medical screening of newly arrived prisoners, especially at establishments which represent points of entry into the prison system, cannot be over-emphasised. Such screening is indispensable, in particular in the interests of preventing the spread of transmissible diseases, suicide prevention and the timely recording of injuries.

Every newly-arrived prisoner should be properly interviewed and physically examined by a medical doctor, or by another member of the health care service reporting to the doctor, as soon as possible after his/her arrival. Save for in exceptional circumstances that interview/examination should be carried out on the day of admission, especially in so far as pre-trial establishments are concerned.

115. With the exception of Gyumri Prison (where the initial examination was performed by the officer on duty, backed up - if necessary - by the feldsher), in each of the other establishments, newly-admitted inmates were examined by a member of the prison's health care service. No significant delays in that procedure were observed; however, the thoroughness of the examination, including the recording of injuries borne by newly-arrived prisoners, left much to be desired.

As regards this latter point, **the CPT wishes to recall the recommendation made in paragraph 22 concerning the record to be drawn up following the medical examination of a newly-arrived prisoner. The same approach should be followed whenever a prisoner is medically examined following a violent episode in prison**.

iii. medical records and confidentiality

116. At the four prison establishments visited, each prisoner had a personal medical file. This is a most welcome situation. Nevertheless, the thoroughness with which the files were maintained and updated was not fully satisfactory. Further, the CPT has misgivings about certain practices observed, such as entrusting prisoner orderlies with handling medical files (Sevan Prison), or - in the case of prisoner transfers - forwarding such files unsealed to the receiving establishment, as appeared to be the case at the four prisons.

Personal medical files should contain diagnostic information as well as an ongoing record of the prisoner's state of health and of his treatment, including special examinations he has undergone. The prisoner should be able to consult his medical file, unless this is unadvisable from a medical standpoint, and to request that the information it contains be made available to his family or lawyer. Further, all medical data concerning prisoners should be handled in such a way as to ensure the strict confidentiality of that data.

The CPT recommends that the manner in which personal medical files are handled in Armenian penitentiary establishments be reviewed, in the light of the above remarks.

iv. tuberculosis

117. Tuberculosis represents a major problem in the Armenian prison system. According to estimates of the Ministry of Justice, some 400 prisoners (i.e. about 10 % of the Armenian prison population) were suffering from TB as of 1 October 2002. Further, the number of new cases per year was said to be in the range of 100. Given the overall lack of diagnostic means, the aforementioned figures might understate the gravity of the situation.

118. Tuberculosis control in penal establishments in Armenia is seriously hampered by poor material conditions and budgetary difficulties. For several years, the ICRC has played an important role in assisting the Armenian authorities to combat tuberculosis, through a variety of measures, including the setting up of a referral laboratory (which is reportedly being used by the prison system and the community) and the construction of a new TB-ward within the premises of the Hospital for prisoners in Yerevan (cf. paragraph 140).

119. The CPT was pleased to learn that, in principle, the DOTS strategy ("Directly observed treatment - Short Course") was acknowledged by the Armenian authorities as the key tool for tuberculosis control. However, the effective implementation of DOTS in the prison context was rendered difficult by the above deficiencies and the lack of appropriate training of prison doctors.

120. Each of the four prisons visited, as well as the Hospital for Prisoners (cf. paragraph 131), accommodated prisoners suffering from tuberculosis. The approach followed as regards the procedure for TB screening and treatment left a lot to be desired.

121. As regards the procedure for medical screening for tuberculosis, the delegation was told at Nubarashen Prison that newly-admitted inmates underwent an X-ray examination of the thorax, which was subsequently repeated twice per year. However, at Gyumri Prison, only group examinations were available (taking place in April and October of each year); consequently, newly-arrived prisoners were, on occasion, screened for TB with a delay of several months. This is a totally unacceptable state of affairs, given that Gyumri Prison is an entry-point into the prison system. The procedure followed at the two establishments for sentenced prisoners corresponded, overall, to that applied at Gyumri.

It is currently widely acknowledged in international medical circles (cf. guidelines for the control of tuberculosis in prisons drawn up by the WHO and the ICRC) 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 infectious cases.

The information gathered by the CPT's delegation clearly indicated that the screening procedure for TB at the four prisons did not meet the above requirements. More particularly, there appeared to be no institutionalised arrangements for the collection and subsequent examination of sputum samples (which also precluded adequate monitoring of patients' response to treatment).

122. Turning to treatment, anti-tuberculosis medication and vitamins were in short supply at each of the establishments, which cannot but favour the spread of the disease and the emergence of resistance to anti-tuberculosis medication. In this latter respect, the CPT was concerned to learn that second-line anti-tuberculosis drugs were virtually unavailable throughout the Armenian prison system, despite a not insignificant number of confirmed cases of multi-resistant TB.

123. The above situation was compounded by the fact that proper monitoring of the taking of tuberculosis medicines by prisoners was not guaranteed. This was unsurprising, given the low levels of nursing staff resources at the four establishments (which, at Gyumri Prison, led to medication being administered by custodial staff), and the periods during which no (or hardly any) health care staff were present (cf. paragraph 106). Moreover, doctors had received little training in DOTS.

124. Overall, the material conditions under which prisoners with TB were held at Nubarashen, Gyumri and Erebuni Prisons reflected the shortcomings observed elsewhere in the establishments. By contrast, at Sevan Prison, inmates suffering from TB were accommodated in dormitories where conditions were slightly better than in other parts of the establishment: for example, the living space per prisoner was in the range of 3.5 to 5 m², and the dormitories contained almost exclusively single beds, which created a somewhat more welcoming environment than in other locations. At each of the establishments, inmates with TB encountered difficulties in maintaining an adequate level of personal hygiene; moreover, their specific dietary needs were not being catered for in a satisfactory manner.

125. In the light of the above remarks, **the CPT recommends that the Armenian authorities strengthen tuberculosis control in all prison establishments, especially through adequate screening of the inmate population, regular supply of anti-tuberculosis medication and related materials in sufficient quantities, and appropriate monitoring of the distribution and taking of such medication**. **In this latter respect, the number of paramedical staff responsible for this task should be increased in the four prisons visited.**

The CPT also recommends that steps be taken to ensure that, in all prisons in Armenia, material conditions for inmates with tuberculosis are conducive to the improvement of their health. In this connection, the Committee wishes to stress in particular that, in addition to natural light and good ventilation, there must be an absence of overcrowding. Care should also be taken to ensure that the inmates concerned are able to maintain a standard of personal hygiene consistent with the requirements of their state of health. Further, prisoners with tuberculosis should be provided with an adequate diet.

More generally, **the CPT recommends that tuberculosis control be effected in a consistent manner across the prison system, and in accordance with international standards as defined by the WHO and ICRC. In this connection, prison doctors should receive appropriate training and be provided with written instructions concerning new approaches to tuberculosis control**.

126. Finally, **the Committee wishes to stress that tackling effectively the problem of tuberculosis will require a combined effort by all relevant Ministries.** Tuberculosis in prisons represents an important threat to public health in society at large. It is therefore imperative to introduce adequate methods of detection and prevention, to provide appropriate treatment, and to ensure that treatment begun in prison continues after release.

v. HIV

127. At the time of the visit, an HIV+ inmate was held in the health-care unit of Nubarashen Prison. He was accommodated in one of the worst cells of the unit, which was among other things entirely deprived of natural light (due to metal blinds fixed to the window). The inmate concerned was strictly separated from other prisoners and had to take outdoor exercise on his own.

The delegation was informed that a similar approach would be followed at the other three prisons (at the time of the visit, they did not hold any HIV+ inmates). For example, at Erebuni and Sevan Prisons, such inmates would be accommodated in the ShIZO/PKT unit.

128. 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 Committee must emphasise that there is no medical justification for the segregation of a prisoner solely on the grounds that he/she is HIV+. **The CPT recommends that the Armenian 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.**

When, exceptionally, temporary segregation of HIV+ prisoners is necessary (e.g. for their own protection or pending transfer to a hospital facility), the inmates concerned should always be held under appropriate conditions.

vi. hunger strikes

129. At each of the prisons visited, the delegation was informed that hunger-strikes of inmates did occasionally occur, mainly in protest against the processing of their cases, applications and complaints by the competent investigative/judicial authorities. The CPT's delegation met two persons on hunger-strike (at Nubarashen and Erebuni Prisons). They were kept respectively on the ground-floor of the main accommodation block of Nubarashen Prison (cf. paragraph 74) and in the ShIZO/PKT unit of Erebuni Prison (cf. paragraph 156); naturally, the CPT's remark concerning the accommodation of vulnerable prisoners (cf. paragraph 74) applies equally in this context. Consequently, **the CPT recommends that the situation of prisoners on hunger-strike be reviewed at Nubarashen and Erebuni Prisons (as well as at other prison establishments in Armenia).**

130. The delegation was told that - in the event of prolonged hunger strikes - the option of forced feeding was provided for by law. **The CPT would like to receive a copy of all rules and regulations dealing with the subject of the management of inmates on hunger-strike.**

c. Hospital for Prisoners, Yerevan

131. The Hospital for Prisoners is located close to the centre of Yerevan. It is the only such establishment in the prison system, receiving male sentenced prisoners (and, in exceptionally complex cases, remand prisoners) from all over Armenia[14]. The two main hospital buildings in operation at the time of the visit dated back to 1888 and 1960, respectively. These premises had originally been used as a pre-trial establishment and were transformed into a prison hospital in 1980. The hospital had an official capacity of 250 beds, distributed between six wards: therapeutic (internal diseases), surgery, psychiatry, tuberculosis, narcology and infectious diseases (located in a small separate building). At the time of the visit, it was accommodating 255 prisoners, of whom some 200 were patients[15]. The average length of hospitalisation was 55 days, with average stays of some three months in the tuberculosis and narcology wards, and of approximately two months in the psychiatric ward; the longest stay in the hospital was 15 months. The youngest patient was 18 years old, the oldest, 75.

132. At the outset of the visit, the hospital's Head Doctor drew the delegation's attention to the difficult situation which his establishment was facing due to the very low level of financing[16], the annual budget apparently only being sufficient to cover the necessary expenses during one quarter of the year. Consequently, the hospital had to rely on humanitarian assistance and patients' families to satisfy a large part of its requirements in medication and food.

133. In these circumstances, it was hardly surprising that the material environment at the establishment was grossly deficient. The main hospital buildings, as well as the premises of the infectious diseases ward, were in a state of advanced dilapidation.

In most of the patients' rooms, living space per person was adequate (2 to 15 beds in rooms from 10 to 60 m²). However, conditions were cramped in some rooms (e.g. seven patients in a room measuring 20 m², four patients in a room of 14 m²). The worst overcrowding was observed in the psychiatric ward, where several rooms of 10 to 12 m², intended in principle for double occupancy, accommodated up to five patients each.

The majority of the rooms benefited from a good access to natural light and were well ventilated; however, this was not the case in a small number of rooms where windows were obstructed by metal shutters. As to the artificial lighting, it was poor in all rooms.

The establishment did not possess a central heating system. The delegation observed that, despite efforts to heat the rooms with small electric heaters, most of the patient accommodation was cold. This was particularly the case in a few rooms seen in the psychiatric ward, in which window panes were missing.

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14 Sick female and juvenile prisoners are treated in their respective establishments or - if it is necessary to hospitalise them - in general hospitals.

15 Some 50 sentenced prisoners, employed on various maintenance duties on the establishment's premises, were also held in the hospital.

16 For example, in 2001, the hospital spent approximately 845 AMD (i.e. some 1.34 EUR) per patient per day. This amount included expenses for medication and food.

The standard equipment of patients' rooms consisted of beds or bunk beds with bedding (generally clean), a few lockers and, occasionally, a table and stools. This was supplemented by some personal items. Although on the whole in a good state of cleanliness, the vast majority of the rooms were dilapidated, some of them (e.g. room 21 in the psychiatric ward) to an advanced degree (mildew, peeling paint, etc). At the same time, a small number of rooms offered strikingly better material conditions: fresh paint, attractive furnishings (e.g. own furniture, fridge, TV set) and decoration.

The delegation did not hear any complaints from patients about access to the toilet. However, the toilets located in the psychiatric, narcology, TB and - in particular - infectious diseases wards were dilapidated and dirty. Furthermore, patients from the above-mentioned wards told the delegation - and staff confirmed - that their access to the hospital's recently refurbished bath and washing facility was subject to restrictions. The CPT is very concerned about this situation, further aggravated by the fact that washing facilities in the psychiatric, narcology, TB and infectious diseases wards were totally inadequate. Taking additionally into account that the hospital's laundry was not operational and that patients had to wash their clothes and bed sheets themselves, sanitary conditions in the wards concerned could only be described as unacceptable.

134. Despite the very low food budget (cf. paragraph 132), the delegation was told that the relevant dietary norms (3100 - 3300 kcal per patient per day) were respected. However, the hospital was not in a position to provide special diets required for certain medical conditions. Patients generally did not complain about the food, although many of them stated that the diet was monotonous. In practice, they relied to a great extent on food parcels brought by their families.

135. The hospital's medical equipment was generally outdated and some of it, e.g. the operating table, was in a poor state of repair. The X-ray apparatus used at the time of the visit was approximately 30 years' old, as was the ECG machine. Further, the dental surgery's equipment was obsolete. On a more positive note, the equipment for anaesthesia and sterilisation had apparently been replaced recently, and the establishment also possessed a clinical and a bacteriological laboratory, which could carry out basic blood and urine tests.

As regards medication, the supplies were sufficient to cover the absolute minimum needs of the hospital. Cases of interruption of supply apparently did not occur, largely thanks to the humanitarian aid, arrangements with some suppliers (allowing the purchase of medication on credit) and help from patients' families. The situation was analogous concerning other materials, such as sterile gloves, bandages, syringes, etc.

136. As regards health-care staff, at the time of the visit, there were 24 full-time and 6 part-time doctors, representing a wide variety of specialisations; further, each ward was regularly attended on a contract basis by an outside consultant specialist. An additional 7 doctors' posts (including 4 for TB specialists, as well as those for a dentist and an X-ray specialist) were vacant. The hospital's medical staff complement can therefore be considered as adequate, although obviously it would be desirable to fill the vacant posts as soon as possible.

The situation was less favourable as regards other health-care staff. 23 feldshers or nurses and 6 junior health-care personnel ("sanitar") worked in the establishment, and 4 other health-care staff posts were vacant. Such a nursing staff complement is not sufficient for a 250-bed hospital.

After 4.00 pm on weekdays, as well as during weekends, there was one duty doctor for the whole hospital. As regards the feldshers, nurses and junior health-care staff, they worked on the basis of a 24-hour shift. In principle, at least one feldsher or nurse was present in each ward at any given time.

137. The establishment's outside secure perimeter was guarded by some 65 staff employed by the Ministry of Internal Affairs. According to the Head Doctor, the staff concerned were not authorised to enter the premises of the hospital. He also informed the delegation that it was planned to replace the above-mentioned staff by personnel employed by the Ministry of Justice.

As regards the maintenance of order and security within the patients' living areas, it was the task of 31 custodial officers (for 40 available posts), employed by the Ministry of Justice. The Head Doctor stated that custodial staff acted exclusively upon instructions given by members of the health-care staff. It is noteworthy that the delegation did not find any evidence to the contrary and that no complaints were heard from patients about the manner in which they were being treated by custodial officers.

138. Despite the severe lack of funds to purchase new medical equipment and medication, the treatment offered to patients appeared to be on the whole adequate. The delegation heard hardly any complaints from patients about the attitude of health-care staff, who seemed to be striving to make the best possible use of the few available resources. Further, in cases requiring specialist treatments unavailable at the hospital, there was a possibility to invite outside specialists or to transfer a patient to a civil hospital; it appeared that these arrangements functioned well in practice

Patients' individual medical files and other medical documentation contained frequent entries and were generally well kept. However, the confidentiality of medical data did not seem to be fully guaranteed; as the delegation was told, investigators, prosecutors and authorised staff of the Criminal Executive Department could have access to this data under certain circumstances.

Notwithstanding the above-mentioned generally positive evaluation, the CPT has concerns about the treatment provided to two categories of patients.

139. The treatment of *psychiatric patients* consisted almost exclusively of pharmacotherapy; other forms of therapy were limited to occasional individual psychotherapy. Basic psycho-pharmacological drugs were apparently available without interruption, and the delegation did not find signs of overmedication of patients. However, the combined effect of poor material conditions and underdeveloped activities (cf. also paragraph 142) could be described as anti-therapeutic.

The delegation was told that physical restraints (which consisted of attaching the patient to a bed frame with the help of bed sheets) were rarely used in the ward. As for seclusion, a specific room was set aside for this purpose. Although of a reasonable size and appropriately furnished (a bed, with bedding, and a small table fixed to the floor; in-cell floor toilet), it was dark - due to the presence of shutters fixed to the window - and very cold.

According to staff, restraints and/or seclusion were ordered by or subject to the approval of the treating psychiatrist (or, in his absence, of another doctor), and were normally only applied for short periods of time, usually 15 to 20 minutes. However, cases of application of up to 2 -3 days could also occur; in the Committee's opinion, **the application of physical restraints for a period of days cannot have any therapeutic justification**. A reference to the use of physical restraints and/or seclusion was made in the patient's file; however, there was no register for the systematic recording of such events.

140. With regard to the patients suffering from *tuberculosis*, the treatment being provided at the time of the visit was clearly substandard. The supply of anti-tuberculosis medicines was extremely modest, second-line antibiotics were not available and the DOTS method for tuberculosis control was not in operation.

However, there were prospects for radical improvement of this situation in the near future. The delegation visited a building, constructed and equipped with the support of the ICRC, which was to accommodate the new tuberculosis ward with a capacity of up to 250 beds[17]. The new building had the potential to offer good living conditions for patients. As regards treatment, it was planned to follow the DOTS method. In cooperation with the ICRC, doctors from the hospital had undergone appropriate training and were in the process of screening inmates in all prison establishments in Armenia for transfer to the new TB ward.

It is noteworthy that, in addition to the fundamental importance for the patients suffering from tuberculosis, the opening of the new ward was to have positive repercussions for the hospital as a whole; in fact, it was anticipated that its opening would provide the opportunity to begin a gradual refurbishment of all other wards.

141. At the time of the visit, there were four HIV+ patients, accommodated in the infectious diseases ward. According to staff, prisoners with a detected HIV+ status could be transferred to the Hospital for Prisoners, *irrespective of whether they had developed AIDS or not*. The Committee has already emphasised (cf. paragraph 128) that there is no medical justification for the segregation of a prisoner solely on the grounds that he is HIV+; similarly, **there is no medical justification for placing a prisoner in an infectious diseases ward solely on the grounds that he is HIV+**.

142. As regards the regime at the hospital, all patients benefited from unrestricted access to the outdoor exercise areas, which were decorated with plants and equipped with a means of protection against inclement weather. However, other than watching TV, listening to the radio, playing board games and reading books from the establishment's modest library, patients had few means of distraction at their disposal: there were no purposeful activities, a state of affairs which was particularly detrimental for the psychiatric patients.

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[17] The new ward was also expected to accommodate patients from the existing infectious diseases ward. On 28 February 2003, the Armenian authorities confirmed that the ward had entered into service in the course of November 2002.

143. **The CPT recommends that serious efforts be made at the Hospital for Prisoners in Yerevan in order to:**

- **improve material conditions for patients, taking due account of the remarks made in paragraph 133; in particular, urgent steps must be taken to ensure that all rooms enjoy adequate access to natural light (by removing the shutters obstructing windows), are protected from the cold (through the fitting of window panes and the installation of an efficient heating system) and are maintained in a good state of repair;**

- **ensure that all patients have ready access to adequate and clean toilet and washing facilities; measures should also be taken to provide all patients with the possibility to take a hot shower - in decent and hygienic conditions - at least once per week;**

- **upgrade the hospital's medical equipment and ensure a regular supply of appropriate medication and materials;**

- **reinforce the hospital's nursing staff resources;**

- **improve the treatment of patients in the psychiatric ward; the aim should be to offer a range of therapeutic and rehabilitative activities, including access to occupational therapy, group and individual psychotherapy. It is also desirable to offer these patients some educational activities and suitable work;**

- **remedy the shortcomings observed in the seclusion room for psychiatric patients;**

- **ensure that every instance of physical restraint and/or seclusion of a patient is recorded in a specific register established for that purpose (in addition to 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;**

- **ensure full confidentiality of medical data.**

Further, **the CPT invites the Armenian authorities to:**

- **provide more varied food to patients, including special medical diets;**

- **make efforts to fill the vacant doctors' posts;**

- **explore the possibility of developing the range of activities available to patients in general.**

Finally, **the CPT would like to receive confirmation that, following the entry into service of the new TB ward, the DOTS strategy for tuberculosis control has been introduced at the hospital.**

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

a. staff

144. The cornerstone of a humane prison system will always be properly recruited and trained prison officers, who know how to adopt the appropriate attitude in their relations with prisoners. As already indicated (cf. paragraph 68), developed inter-personal communication skills are an essential part of the makeup of such staff.

The information gathered by the delegation suggests that, since the transfer of responsibility for the prison system to the Ministry of Justice, efforts have been made to improve in-service staff training. The teaching of international human rights standards and the updating of staff on new domestic rules and regulations appear to be given particular attention in this context. These are welcome initiatives. **The CPT encourages the Armenian authorities to vigorously pursue their efforts in the area of prison staff training, including at the induction stage.**

The CPT also understands that a draft law on the selection and training of prison staff is currently being prepared; **it would like to receive more information on this subject (content, expected date of entry into force, etc.)**.

b. contact with the outside world

145. It is very important for prisoners to be able to maintain reasonably good contact with the outside world. Above all, prisoners must be given the means of safeguarding their relationships with their families and close friends. The continuation of such relationships is of crucial importance for all those 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).

146. The CPT welcomes recent changes in the Armenian legislation intended to enhance remand prisoners' contacts with their families through visits, correspondence and access to the phone

According to Section 15 of the 2002 Law on the Treatment of Arrestees and Detainees, remand prisoners are entitled to at least two supervised visits from relatives per month (lasting up to 3 hours each). Visits can only exceptionally be prohibited by decision of the "body conducting the criminal proceedings".

However, in practice, the situation remained unsatisfactory; hardly any remand prisoners at Nubarashen and Gyumri received visits from their relatives, despite the fact that only a very small number of them was subject to restrictions on visits[18]. Inmates were apparently still under the impression that they were only allowed visits after completion of the investigation, and staff were apparently doing very little to dispel this misconception.

The CPT recommends that the Armenian authorities take immediate steps to ensure that the right of remand prisoners to visits by relatives is rendered fully effective in practice. These steps must include duly informing inmates about their right to visits.

147. The visiting facilities at Nubarashen and Gyumri Prisons comprised small booth-type rooms, where inmates and visitors were separated by a plexy-glas partition; in addition, at Nubarashen, there was a room with tables and chairs for open visits (for use by sentenced prisoners and their visitors). The capacity of the visiting facilities was clearly insufficient for the number of inmates likely to benefit from the new visit entitlement, an assessment shared by senior staff at the two establishments.

Consequently, **the CPT recommends that steps be taken to increase the capacity of the visiting facilities at Nubarashen and Gyumri Prisons, and that the possibility be explored of moving to more open visiting arrangements for remand prisoners**. As regards the latter point, booth-type facilities, such as those presently used at Nubarashen and Gyumri Prisons, do not facilitate the maintenance of positive relations between prisoners and members of their families. The CPT fully understands that closed visiting arrangements may be necessary in some cases; however, this approach should constitute the exception, not the rule.

148. Sentenced inmates at Erebuni and Sevan Prisons had good possibilities for maintaining contact with the outside world. In particular, they could receive one short (2 hours) and one long visit (72 hours) from their relatives per month.

The CPT would like to put on record its appreciation of the efforts undertaken at both establishments to create a welcoming environment on the premises for long visits; most of these premises had been refurbished to a high standard.

149. At Nubarashen and Erebuni Prisons, inmates had access to a telephone. At Gyumri Prison a payphone had been installed a few days before the CPT's visit, and the delegation was told that such a facility would also be made available at Sevan Prison in the near future.

The CPT welcomes this situation and **would like to receive information on the precise regulations governing access to a telephone for prisoners.**

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[18] E.g. some 4 to 5 at Nubarashen Prison.

150. Prisoners (including those on remand) may receive and send an unlimited amount of correspondence. At each of the establishments, the delegation was told that such correspondence was not subject to censorship (unless the competent court decided otherwise in a given case[19]). However, the information gathered by the delegation suggests that, in practice, many inmates submitted their correspondence unsealed to the management for despatch to the final addressee. In this connection, some of the prisoners interviewed by the delegation asserted that no envelopes were available or that their correspondence (whether incoming or outgoing) would be read by staff anyway. In addition, at Sevan Prison, several inmates claimed that incoming letters were often received several weeks after they had arrived at the establishment. **The CPT would like to receive the comments of the Armenian authorities on these matters.**

c. discipline and segregation

151. Punishments for infractions of prison discipline include simple warnings, written reprimands, withdrawal of privileges and, in more serious cases, placement in a disciplinary (ShIZO) cell for up to 10 days for remand prisoners and up to 15 days for sentenced prisoners.

152. Disciplinary sanctions are imposed by the prison director on the basis of a case file prepared by his staff (including a written statement by the inmate concerned). The directors of the prisons visited indicated that it was standing practice to interview the inmates concerned on the subject of the offence they are alleged to have committed.

However, the CPT noted that a formal right of prisoners facing disciplinary charges to be heard in person did not appear to be laid down in the existing rules and regulations (nor in the specific draft internal regulations for pre-trial facilities). **The CPT recommends that steps be taken to formally guarantee such a right. The Committee would also like to receive confirmation that prisoners have the right to appeal to a higher authority against any sanctions imposed.**

153. The delegation was concerned to learn at Sevan Prison that proposals for disciplinary punishments could be discussed with duty prisoners, who were apparently involved in the maintenance of good order and control. Such a partial abrogation of the responsibility for order and security - which properly falls within the ambit of custodial staff - is unacceptable. It exposes weaker prisoners to the risk of being exploited by their fellow inmates. It is also contrary to the European Prison Rules, according to which no prisoner should be employed, in the service of the institution, in any disciplinary capacity. **The CPT recommends that the Armenian authorities take steps to ensure that no prisoner is put in a position to exercise power over other prisoners.**

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19 Cf. Section 17 of the Law on the Treatment of Arrestees and Detainees.

154. Sentenced prisoners can also be segregated for up to six months in accommodation (PKT) which resembles a ShIZO cell (mostly for serious and repetitive infringements of prison discipline). The delegation was told at Sevan Prison that - in anticipation of forthcoming new legislation - segregation for more than 2 months must be confirmed by the supervising prosecutor, following a hearing in which the prisoner concerned can be legally assisted. **The CPT would like to receive more information on the procedure by which placement in a PKT cell is decided.**

155. At the four prisons visited, the delegation gathered no evidence of excessive resort to disciplinary punishments or segregation. Where recourse was had to disciplinary confinement, its duration rarely exceeded 3 to 5 days. As to placement in a PKT cell (which was only applied at Erebuni and Sevan Prisons), the imposition of the authorised maximum of 6 months was a very exceptional measure.

156. Overall, material conditions in the ShIZO and PKT cells in the four prisons mirrored those found elsewhere in the establishments.

Nubarashen Prison had 10 disciplinary cells of some 10 m², intended for single occupancy. The cells were in a very poor state of repair and poorly ventilated. The small windows were covered by metal devices, and only a meagre amount of artificial light came from the corridor through a small aperture in the door.

The 3 disciplinary cells at **Gyumri Prison** had recently been repainted and had quite acceptable access to natural light and fresh air. However, they were very small (some 4.5 m² for up to two persons) and damp.

The ShIZO/PKT unit at **Erebuni Prison** comprised 8 cells of various sizes (e.g. a cell of 10 m² for 4 prisoners; cells of 5.6 m² and 7.4 m² for 2 prisoners each). Lighting and ventilation were generally poor, due to metal devices obstructing the windows. However, some of the PKT cells had been upgraded to a rather good - in one case even very good - standard.

At **Sevan Prison**, the ShIZO/PKT unit was located in a separate building. The 8 cells of the unit varied in area between 5.7 m² and 18 m² (for 2 to 8 prisoners). Most of them had good lighting and ventilation. However, some of the cells (nos. 3, 4, 5) were in a very bad state of repair and unfit for holding prisoners for any length of time.

The CPT recommends that the situation in the disciplinary/segregation units in the four prisons be reviewed, in the light of the above remarks. In particular, a minimum living space of 4 m² per prisoner should always be ensured, as well as access to natural light and adequate artificial lighting and ventilation.

157. The regime applied varied, depending on the nature of the placement. Unlike inmates placed in a PKT cell, those undergoing disciplinary confinement could not lie down during the day, and were not allowed to smoke, read or walk in the open air. In this latter respect, the CPT must stress that daily outdoor exercise is a fundamental requirement for all prisoners, including those undergoing disciplinary confinement. As already noted (cf. paragraph 11), at the end of the visit, the delegation made an immediate observation, requesting the Armenian authorities to take steps rapidly to ensure that the entitlement of one hour of outdoor exercise every day is respected. In their letter of 28 February 2003, the Armenian authorities stated that the directors of penitentiary establishments had been instructed by the Minister of Justice to provide all prisoners undergoing disciplinary confinement with an opportunity to benefit from at least one hour of daily outdoor exercise. The CPT welcomes this.

d. complaints and inspection procedures

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

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

159. The prisoners interviewed by the CPT's delegation were generally aware of the avenues of complaint open to them. In addition to their lawyers and authorities or officials within the national criminal justice system (prison directors, "bodies supervising places of detention" etc.), prisoners could address communications to the Presidential Human Rights Committee and "international human rights organisations".

Inmates usually handed their communications (i.e. proposals, applications or complaints) over to staff, who then passed them on to the prison director; the latter was responsible for transmitting them to the relevant external addressee. Prior to transmission, the main content of such communications was recorded in a special register and/or prisoners' individual files. In the CPT's opinion, such a practice is almost certainly not conducive to prisoners developing a sense of trust in complaints procedures.

In the light of the above, **the Committee recommends that the Armenian authorities review the complaints procedures, with a view to ensuring that prisoners can make complaints to appropriate authorities within and outside the prison system on a truly confidential basis. If necessary, the relevant rules and regulations should be changed**.

160. As regards inspection procedures, the delegation was informed that penitentiary establishments in Armenia were visited by a variety of bodies; these included representatives of the Department for the Supervision of Implementation of Criminal Punishments of the General Prosecutor's Office, the Presidential Human Rights Committee, various non-governmental bodies, and international organisations such as the Council of Europe and the OSCE.

There were also plans to set up a monitoring group of representatives of civil society. The CPT considers that this is a particularly interesting initiative, and looks forward to receiving the information already requested on this subject (cf. paragraph 41).

D. Psychiatric establishments (Nubarashen Republican Psychiatric Hospital)

1. Preliminary remarks

161. The CPT's delegation visited a psychiatric establishment under the authority of the Ministry of Public Health: the Nubarashen Republican Psychiatric Hospital in Yerevan. It is one of the largest in-patient psychiatric facilities in Armenia. Built in 1979, it occupies extensive grounds in the suburbs of the capital and has an official capacity of 350 beds (reduced a few years ago from the initial capacity of 500 beds), including 80 for women, 140 for men in ordinary "civil" wards, 40 for conscripts (undergoing psychiatric assessment to determine whether they are fit for military service), 80 for male patients who have been declared criminally irresponsible and are undergoing compulsory treatment by court order[20], and 10 for persons undergoing in-patient forensic psychiatric assessment.

At the time of the visit, the hospital was accommodating 287 patients: 51 women (including four admitted for compulsory treatment), 127 men hospitalised in "civil" wards, 25 conscripts, 75 men admitted for compulsory treatment, and 18 persons undergoing forensic psychiatric assessment[21]. According to the management, the main diagnosis was schizophrenia, followed by oligophrenia, organic disorders, epilepsy and reactive psychosis. The length of hospitalisation of "civil" patients depended on whether a patient was in an acute condition (the stay of such patients could not exceed 24 days, as the hospital would not receive necessary financing from the Ministry of Public Health for longer hospitalisation periods) or in a chronic stage of the disease - those patients could remain at the establishment for several years. As regards patients undergoing compulsory treatment, their average stay was of approximately two years, but one of them had been in the hospital for over 6 years.

162. Accommodation was provided in 9 wards: six ordinary ("civil") and three "forensic" wards (Ward 5 for men undergoing compulsory treatment under intensive supervision; Ward 7 for men on compulsory treatment under strict supervision; and Ward 6 for persons undergoing forensic psychiatric assessment). The ordinary wards were located in five large blocks; as to the three "forensic" wards, they were situated in a separate building surrounded by a secure perimeter wall and guarded by Ministry of Internal Affairs personnel. During the visit, the delegation focused its attention on the conditions in the latter wards.

2. Ill-treatment

163. The delegation did not hear any allegations, and found no other evidence, of ill-treatment of patients by staff at the Nubarashen Republican Psychiatric Hospital. On the contrary, most of the patients interviewed by the delegation spoke highly of the doctors and other health-care staff. The CPT wishes to place on record the dedication to patient care demonstrated by health-care staff, which is all the more commendable given the paucity of resources at the staff's disposal and the difficulties arising from the low nursing and orderly staff complement (cf. also paragraph 165).

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20 Female patients declared criminally irresponsible are placed in ordinary "civil" wards for women.

21 Among those undergoing psychiatric assessment, nine persons - who had committed a punishable act of minor gravity - were accommodated in an ordinary "civil" ward for male patients.

164. Nor were any allegations heard about deliberate ill-treatment by the Ministry of Internal Affairs staff responsible for the security of the "forensic" wards. However, the presence – within the perimeter of the building housing the "forensic" wards - of uniformed and armed security guards, accompanied by a guard dog, clearly had an intimidating effect on patients and could hardly contribute to diminishing tensions and mistrust among them. In this context, several members of health-care personnel confirmed that occasional verbal conflicts did occur between patients and security staff. Further, the hospital's Head Doctor expressed concern about the potential negative impact which this situation could have on the medical condition of the patients concerned.

In their letter of 28 February 2003, the Armenian authorities informed the CPT that a camera surveillance system was currently being installed in the "forensic" wards; this measure would replace recourse to guard dogs. The CPT welcomes this development; nevertheless, **the Committee invites the Armenian authorities to explore ways of ensuring perimeter security of the building housing the "forensic" wards, without exposing patients from those wards to the view of armed guards.**

3. Staff

165. The hospital's medical team at the time of the visit comprised the following full-time doctors: the Head Doctor (a psychiatrist, who was occasionally involved in patients' treatment), the Deputy Head Doctor in charge of treatment, 16 psychiatrists, a general practitioner and a doctor in charge of the clinical laboratory. There were also several part-time specialists: a surgeon, an anatomo-pathologist, a neurologist, a radiologist and a dentist (present in the establishment 2-3 times per week). Further, in case of need, other specialists could be invited from Yerevan hospitals. In addition, the establishment employed a pharmacist and a few technicians (laboratory, X-ray, etc).

The nursing staff comprised 11 full-time senior nurses, 39 full-time nurses, one nurse-dietetician and two part-time nurses, in charge respectively of physiotherapy and of social assistance matters. None of the nurses had received specialised training in psychiatry (a fact deplored by the Head Doctor, who stressed that the nurses were not in a position to contribute actively to the treatment process), and very little in-service training was apparently provided to them. Further, the nurses were assisted by 77 orderlies who had only received some basic initial on-the-job training.

Wards 5 and 7 (each with a capacity of 40 beds) were each staffed by two psychiatrists, a senior nurse, four nurses and eight orderlies. As to Ward 6 (capacity: 10), the staffing was identical except that there was only one psychiatrist.

The doctors and senior nurses worked from 9 am to 4 pm during the week; after this hour and on weekends, one doctor was on duty for the whole hospital. As regards the other nurses and orderlies, they worked on 24-hour shifts i.e., at any given time, there was one nurse and two orderlies in each ward.

166. At the time of the visit, the hospital employed a part-time psychologist and an occupational therapist. However, with the exception of the above-mentioned nurse responsible for social assistance matters, there was no other staff qualified to provide therapeutic activities e.g. psychotherapists and social workers.

167. The psychiatrist/patient ratio at the time of the visit was 1:17 (1:19 on Wards 5 and 7), which can be considered as adequate. However, the very limited staff resources as regards psychologists and occupational therapists, as well as the lack of psychotherapists and social workers, clearly precluded the emergence of a therapeutic milieu based on a multidisciplinary approach. As regards the nurses and orderlies, the current resources - both in terms of numbers and level of training - are insufficient for meeting the needs of the hospital.

In the light of the above, **the CPT recommends that the Armenian authorities take steps at the Nubarashen Republican Psychiatric Hospital to:**

- **reinforce substantially the team of specialists qualified to provide therapeutic and rehabilitation activities, by increasing the number of psychologists and occupational therapists, and employing psychotherapists and social workers;**

- **increase the number of nurses and orderlies employed at the hospital;**

- **provide nursing staff with specialised (initial and ongoing) training in psychiatry;**

- **ensure that orderlies receive adequate training before being assigned to ward duties.**

168. As already mentioned (cf. paragraph 164), the "forensic" wards of the hospital (i.e. Wards 5, 6 and 7) were guarded by seven security officers employed by the Ministry of Internal Affairs. Their primary task was to ensure perimeter security. However, according to the medical staff, they could occasionally be asked by the doctors to come inside the wards in order to be present during a medical consultation or help the health-care staff restrain an agitated and/or aggressive patient (cf. paragraph 187). Further, some of the health-care personnel with whom the delegation spoke stated that security guards would enter patient accommodation areas every day, when escorting patients to the outdoor exercise yard and in order to search the patients' rooms. Apparently, whenever inside the ward, security staff would be unarmed and act exclusively upon instructions given by health-care personnel.

Bearing in mind the challenging nature of their work, it is of crucial importance that security staff in a psychiatric hospital be carefully selected and that they receive appropriate training before taking up their duties, as well as in-service courses. In this context, the delegation was informed by the hospital's management that security guards working in Wards 5 to 7 were in fact police officers who had not received any special training before or while being assigned to this work.

In the light of the above, as well as of the remarks made in paragraph 164, **the CPT recommends that steps be taken to review the procedures for the selection of security staff employed at the Nubarashen Republican Psychiatric Hospital and their initial and ongoing training. Detailed regulations concerning the duties of security staff working in psychiatric hospitals should be adopted. In this connection, the Armenian authorities should consider the possibility of security staff working inside psychiatric establishments being recruited and trained by the Ministry of Public Health.**

4. Patients' living conditions

169. At the outset of the visit, the Head Doctor informed the delegation that the hospital was entitled to receive from the Ministry of Public Health 3500 AMD per day (i.e. approximately 5.5 EUR) for every "acute" patient, 3000 AMD per day (i.e. some 4.75 EUR) for every patient on compulsory treatment, and 2200 AMD per day (i.e. approximately 3.5 EUR) for each "chronic" patient. These amounts were meant to cover expenses for staff salaries, medication and food. Although the establishment was slightly under-funded as compared with these norms, the Head Doctor stressed that the financial resources available were sufficient to ensure an adequate supply of basic medication and food, as well as some of the necessary repair work[22]. Unfortunately, there was no possibility of carrying out any major refurbishment, and even the replacement of broken window panes apparently posed a problem.

In fact, the hospital wards were all in a more or less dilapidated condition. The compulsory treatment Wards 5 and 7 - and even more so Ward 6 - were in urgent need of repair. The following remarks apply essentially to Wards 5 and 7, Ward 6 being dealt with separately (cf. paragraphs 180 to 185).

170. The compulsory treatment wards were not overcrowded at the time of the visit. Most of the patients were accommodated in rooms measuring 30 - 40 m² and containing up to 6 beds; there were also a few larger dormitories (60 m², for ten patients each) and a number of smaller rooms (15 - 20 m², for one to three patients). Further, all rooms benefited from good access to natural light and ventilation; artificial lighting and central heating also appeared to be adequate.

However, both wards gave a prison-like, austere and depersonalised impression, reinforced by the fact that patients' rooms were fitted with barred doors. Most of the rooms and equipment were in a state of advanced dilapidation (crumbling and peeling walls, exposed electrical wiring, broken glass in windows and broken furniture, threadbare blankets and sheets). In addition, the level of cleanliness in many of the rooms left a great deal to be desired.

171. The delegation heard no complaints from patients about access to the communal toilets and showers. Patients could shower once a week (and more often on request), which was also an opportunity for some of them to wash their clothes. Hot water was apparently available without interruption; however, both the toilet and shower facilities were in a poor state of repair.

The hospital provided patients with only a limited range of personal hygiene products, i.e. a small quantity of soap and towels. As regards bedding, the delegation was informed that it was washed once a week. However, the bedding in many patients' rooms appeared to be in a poor state of cleanliness.

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22 For example, at the time of the visit, urgent repairs of the roof of the building accommodating the "forensic" wards had just been completed, and work was beginning on the plumbing and electricity systems.

172. The Head Doctor informed the delegation that the supply of food was secured thanks to arrangements with some of the staff members (i.e. those living in rural areas), who could provide various food items at attractive prices and with deferred payment. Most of the patients stated that they were satisfied with the food offered at the establishment, although a few complained that it was insufficient in quantity.

The hospital's central kitchen, the small kitchens in the wards and the areas where patients took their meals were very basic and dilapidated, but clean.

173. In the light of the remarks made in paragraphs 169 to 172 above, **the CPT recommends that steps be taken to refurbish thoroughly all patient accommodation areas - including the toilets, showers, kitchens and canteens - at the Nubarashen Republican Psychiatric Hospital, and especially in Wards 5 and 7. The overriding objective should be to provide a positive, therapeutic environment. This involves, inter alia, offering the patients more congenial and personalised surroundings.**

More particularly, **the CPT recommends that steps be taken at the Nubarashen Republican Psychiatric Hospital in order to:**

- **maintain all accommodation areas in a clean and hygienic condition;**
- **provide patients with lockable space for their personal belongings;**
- **provide patients with an adequate range of basic personal hygiene items;**
- **ensure that patients' bedding and clothes are cleaned at regular intervals.**

5. Treatment and regime

174. Psychiatric treatment in the hospital as a whole - and in particular in the compulsory treatment wards - relied almost exclusively on pharmacotherapy. At the time of the visit, the supply of basic psychiatric medication appeared to be adequate.

175. Every morning, the psychiatrists made rounds in the wards and asked the patients how they felt; this was also an occasion for patients to request individual consultations. In addition, during the first 10 days following admission to the wards, all patients were seen by the psychiatrists individually on a daily basis; subsequently, such meetings were more rare (every 15 -20 days), unless a change occurred in the patient's condition. In this context, the delegation was told by both the doctors and patients that individual consultations usually took place in the presence of orderlies and, if the doctor so requested, security guards.

The observations made by the psychiatrists during consultations were recorded in patients' medical files, which were well kept.

176. The offer of psycho-social rehabilitative activities at the hospital was generally extremely limited, which is hardly surprising given the shortage of qualified staff capable of conducting such activities (cf. paragraph 166). Apparently, the psychologist organised group psychotherapy sessions for a few patients from the "civil" wards; further, the psychiatrists occasionally provided individual psychotherapy, and a small number of patients participated in art therapy (painting and sculpture). The delegation was informed by the Head Doctor that, following the decision of the Ministry of Public Health to remove the adjacent former workshop complex from the hospital's remit - and to close it down - the establishment had ceased offering organised work therapy.

The situation of patients in the compulsory treatment wards was clearly even worse than that of the rest of the hospital population. With the exception of a few patients involved in simple cleaning and maintenance tasks, patients from Wards 5 and 7 usually only left their rooms for the purpose of going to the toilet, taking outdoor exercise and having their meals. Admittedly, at certain times of the day, patients were also allowed to watch television in the wards' corridors; however, the TV set in Ward 7 had been out of order for over a month. As regards in-room activities, they consisted of board games, reading books from the hospital's library and newspapers brought by families, and - for the patients who could afford one - listening to the radio.

177. In contrast with the "civil" wards, where most patients could walk freely around the hospital grounds during the day, patients from Wards 5 and 7 were only allowed to take outdoor exercise for 45 - 50 minutes per day; however, the vast majority of the patients with whom the delegation spoke claimed that outdoor exercise periods were in fact even shorter (some 30 minutes). Further, outdoor exercise was not available during weekends. At the end of the visit, the delegation requested the Armenian authorities to confirm within 3 months that all patients whose medical condition so permits are offered at least one hour of outdoor exercise every day. In their letter of 28 February 2003, the Armenian authorities informed the CPT that patients undergoing compulsory treatment are now allowed to have at least one hour of outdoor exercise per day. The CPT welcomes this.

The conditions in which outdoor exercise took place were hardly acceptable: up to 20 patients at a time in a small yard (some 30 m²) surrounded by a fence and equipped with a bench. Clearly, such a facility does not allow patients to exert themselves physically.

178. In the Committee's view, in addition to pharmacotherapy, psychiatric treatment should involve a wide range of therapeutic and rehabilitative activities, including access to occupational therapy, group and individual psychotherapy, relapse prevention, art, music and sports. It is also desirable to offer patients education and suitable work. The CPT is aware that a significant improvement in the range of therapeutic and other activities offered at the hospital will have to await more favourable economic circumstances. Nevertheless, **the CPT recommends that the Armenian authorities strive to develop the possibilities for therapeutic and psycho-social rehabilitation activities at the Nubarashen Republican Psychiatric Hospital, in particular as regards patients from Wards 5 and 7. The CPT also recommends that the conditions under which patients from these wards take outdoor exercise be improved.**

179. The delegation also examined the somatic treatment provided to patients at the hospital. All patients underwent a medical examination on admission, which included an X-ray examination and blood and urine tests. However, the delegation was concerned to learn that there was no systematic and ongoing screening for tuberculosis; this was all the more of concern as the last TB screening, carried out in 2001, apparently resulted in several cases of tuberculosis being detected among patients.

The CPT recommends that a systematic screening for tuberculosis of all newly-arrived patients be introduced at the Nubarashen Republican Psychiatric Hospital.

Specialist somatic care was provided either by doctors employed in the hospital (cf. paragraph 165) or by visiting consultants; if necessary, consultations and treatments could be arranged in hospitals in Yerevan. As regards dental care, the delegation was told that it included conservative treatment, and not only extractions.

6. Ward 6 for persons undergoing forensic psychiatric assessment

180. Ward 6 of the Nubarashen Republican Psychiatric Hospital is located in the same building as Wards 5 and 7 (cf. paragraph 162). Its function is to carry out forensic psychiatric assessment of detained persons referred to it by an investigator, prosecutor or court with a view to establishing their criminal responsibility[23]. Such persons are committed to the ward for a period of up to 24 days. The ward's capacity is 10 beds; on the day of the visit, 9 men undergoing assessment were present.

181. The accommodation area consisted of three rooms with barred doors: two larger ones (some 60 m²) and one smaller (some 20 m²). The rooms had hardly any access to natural light (their windows being covered with metal shutters and additionally made much smaller with extra bricks), and artificial lighting and ventilation were very poor. The equipment in the larger rooms consisted of nothing but four beds with bedding. The smaller room had somewhat better furnishings (two beds with bedding, a table with chairs and a small cupboard); however, just as was the case with the two other rooms, it was very dilapidated - with severely deteriorated walls and ceiling - and dirty.

Persons undergoing forensic psychiatric assessment were allowed to use the communal toilet and washing facility three times per day, and more often on request. They could also take a shower at least once a week. No complaints were heard from the persons concerned about access to these facilities, which were in an acceptable state of repair and cleanliness. However, it is noteworthy that the only hygiene items provided to the persons held in Ward 6 were small pieces of soap and towels.

At the end of the visit (cf. paragraph 11), the delegation stated that living conditions at the ward for forensic psychiatric assessment of the Nubarashen Republican Psychiatric Hospital were totally unacceptable; the delegation invoked Article 8, paragraph 5, of the Convention and requested the Armenian authorities to submit, within 3 months, a report on the action taken to remedy this situation. The letter of the Armenian authorities of 28 February 2003 contains no specific reply to this point. **The CPT would like to be informed without further delay of the steps taken in response to the immediate observation concerning the living conditions at the ward for forensic psychiatric assessment of the Nubarashen Republican Psychiatric Hospital.**

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[23] The ward also occasionally accommodates sentenced prisoners who develop a mental disorder while in prison and have been referred by a court for evaluation whether they are fit to continue serving their sentence.

182. The forensic psychiatric assessment of persons admitted to the ward was performed by a panel of three psychiatrists (appointed by the Minister of Public Health), each of whom examined the person concerned. The joint opinion of the panel was submitted to the investigator, the prosecutor or the court who had requested the assessment.

Persons undergoing assessment received psycho-pharmacological medication only in case of emergency and were not offered any therapeutic activities. Apart from 15 minutes of outdoor exercise (on working days only), the time spent on various medical examinations and interviews, and the meals taken together in the corridor, persons referred to the ward remained locked in their rooms with hardly anything to occupy themselves. The only available activities consisted of watching TV from behind the barred doors (the TV set being placed in the corridor) and reading books from the hospital's library.

At the end of the visit, the delegation requested the Armenian authorities to confirm, within 3 months, that all persons undergoing psychiatric forensic assessment at the Nubarashen Republican Psychiatric Hospital whose medical condition so permits are offered at least one hour of outdoor exercise every day. The Armenian authorities did not address this point in their letter of 28 February 2003. **The CPT would like to be informed without further delay of the steps taken in response to this immediate observation.**

183. As regards contact with the outside world, visits by relatives, as well as any correspondence and food parcels, were subject to the authorisation of the relevant investigator. Furthermore, it was prohibited for persons placed in Ward 6 to make telephone calls.

184. The situation described above is of considerable concern to the CPT. Persons referred to Ward 6 for forensic psychiatric assessment were being denied certain of the basic safeguards which should be guaranteed to all persons deprived of their liberty (in particular, daily outdoor exercise of at least one hour and contact with the outside world). It should be added that the environment in the ward is not conducive to the accurate psychiatric assessment of persons referred to the facility. Such an assessment can only be properly conducted if there is a good level of interaction between skilled staff and the patients, and the latter are relatively stress-free; the existing living conditions and regime in the ward do not enable these requirements to be met. In this connection, it should be stressed that the provision of therapeutic activities to persons undergoing observation and the possibility for them to receive visits would not interfere with the assessment process; on the contrary, they could facilitate the gathering of valuable information for that purpose.

185. **The CPT recommends that steps be taken at Ward 6 of the Nubarashen Republican Psychiatric Hospital to:**

- **improve living conditions in the rooms, in the first place by removing the shutters and bricks obstructing the windows;**

- **provide a more congenial and personalised environment for persons held on the ward, in particular by allowing them a reasonable number of personal belongings;**

- **ensure a regular supply of an appropriate range of personal hygiene products (soap, toothbrush, toothpaste, toilet paper, etc.);**

- **develop psycho-social activities for persons held on the ward;**

- **ensure that the possibilities for persons held on the ward to maintain contact with the outside world are not unduly restricted.**

7. Means of restraint

186. In any psychiatric facility, the restraint of agitated and/or violent patients may on occasion be necessary. This is a subject of particular concern to the CPT, given the potential for abuse and ill-treatment.

187. The delegation was informed that seclusion was not practised at the Nubarashen Republican Psychiatric Hospital. As regards physical restraint (which involved the tying of the patient to a bed frame with the help of strips of linen cloth), it was apparently rarely used. The restraint was ordered by or subject to the approval of the treating psychiatrist (or, in his absence, of the duty doctor), and was normally only applied for as long as it took for chemical restraint (i.e. sedating medication) to start producing its effect. A reference to the use of physical restraint was made in the patient's file and the nurses' journal; however, there was no register for the systematic recording of such events.

The delegation was told that in the case of particularly violent patients, security staff might be asked to help restrain the patient (cf. paragraph 168). Health-care staff assured the delegation that in such cases, security staff always acted upon their instructions.

188. **The CPT recommends that detailed instructions on the use of means of restraint be drawn up. Such instructions should make clear that initial attempts to restrain aggressive behaviour should, as far as possible, be non-physical (e.g. verbal instruction) and that where physical restraint is necessary, it should in principle be limited to manual control. Instruments of restraint should only be used as a last resort, and removed at the earliest opportunity; they should never be applied, or their application prolonged, as a punishment.**

The CPT also wishes to stress that health-care staff must have the main responsibility for the restraint of agitated and/or violent patients. Any assistance by security staff in such cases should only be provided at the request of health-care staff and must conform to the instructions given by such staff.

Further, **the CPT recommends that every instance of the physical restraint of a patient be recorded in a specific register established for that purpose (in addition to 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 oversight into the extent of their occurrence.

8. Safeguards in the context of involuntary hospitalisation

189. Mentally ill and mentally handicapped persons are particularly vulnerable, and hence should benefit from safeguards in order to prevent any form of conduct - or avoid any omission - contrary to their well-being. It follows that involuntary admission/placement in a psychiatric facility should always be surrounded by appropriate safeguards, and that the need for such a placement should be reviewed at regular intervals. Other safeguards should deal with such matters as effective complaints procedures, the maintenance of contact with the outside world, and external supervision of psychiatric establishments.

As already mentioned (cf. paragraph 162), during its visit to the Nubarashen Republican Psychiatric Hospital, the delegation focused its attention on the situation of persons undergoing forensic psychiatric assessment and patients placed for compulsory treatment.

190. The Code of Criminal Procedure (CCP) contains the legal grounds and procedure for compulsory medical measures in respect of persons found to be criminally irresponsible for their acts or who develop a mental illness after committing a punishable act. Sections 464 (1) and 471 of the CCP provide that the placement of such persons in a psychiatric establishment is decided by a court on the basis of a forensic psychiatric assessment[24].

Regular court reviews (i.e. within 6 months following the placement and, subsequently, not more than once every 3 months and not less than every 6 months) of such decisions are performed in the light of unanimous recommendations by a medical commission. The review concerns the necessity to continue the placement of a patient for compulsory treatment in general, as well as his continued placement in a ward of a given security regime (i.e. strict supervision; intensive supervision; general regime). Members of the medical commission may be invited to attend the court hearing, and the presence in court of the patient's lawyer and legal representatives (i.e. his close relatives or a representative of the psychiatric establishment in which he is placed) is obligatory[25]. Further, the patient has the right to participate in the hearing, and the court's decision can be appealed by the patient, his lawyer or legal representative[26].

191. At the Nubarashen Hospital, the delegation gained the impression that the above-mentioned procedure for compulsory treatment was generally respected. The medical commission, composed of the Deputy Head Doctor in charge of treatment, the Heads of compulsory treatment wards and the patient's treating doctor, met at least every 6 months. Patients were familiar with the procedure and confirmed that they were invited to attend the commission's meetings and had the opportunity to express themselves before it; they also confirmed that they had been informed of the outcome of the commission's deliberations. As regards the regular court reviews, they were carried out by the local Nubarashen district court, and there seemed to be no significant delays in this stage of the procedure.

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24 In addition, pursuant to sections 459 and 469 of the CCP, the court (and, with respect to a remand prisoner, the investigator, with subsequent approval by the court) may apply the preventive measure of placing a person in a psychiatric establishment prior to the definitive decision as to his/her criminal irresponsibility.

25 Cf. sections 454, 455, 466 (2) and 467 of the CCP.

26 Cf. sections 456, 465, 466 and 472 of the CCP.

However, it appeared that - in practice - most of the patients concerned did not have access to legal advice and therefore it is hardly surprising that challenges to the court decisions as regards compulsory treatment were extremely rare. **The CPT recommends that the Armenian authorities take steps to guarantee that, in the course of compulsory admission and treatment, patients are effectively in a position to have access to legal advice.**

192. Specific arrangements enabling patients to lodge formal complaints with a clearly-designated body and to communicate on a confidential basis with an appropriate authority outside the establishment are essential safeguards.

The delegation was informed that patients at the Nubarashen Hospital could complain to the supervising prosecutor. However, it appeared that the confidentiality of patients' complaints was not always fully guaranteed. The CPT is very concerned about the occasional filtering by doctors of patients' complaints to the prosecutor. **The CPT recommends that the Armenian authorities take the necessary measures to guarantee that all patients at the Nubarashen Republican Psychiatric Hospital have unrestricted possibilities to lodge confidential complaints with the supervising prosecutor and other appropriate outside bodies. Further, patients should be systematically informed about the possibility of making a confidential complaint.**

More generally, **the CPT recommends that an introductory brochure setting forth the hospital routine and patients' rights be devised and issued to each patient on admission, as well as to their families. Patients unable to understand this brochure should receive appropriate assistance.**

193. The maintenance of patients' contact with the outside world is essential, not only for the prevention of ill-treatment but also from a therapeutic standpoint. Patients should be able to send and receive correspondence, to have access to the telephone, and to receive visits from their family and friends. Confidential access to a lawyer should also be guaranteed.

Patients from Wards 5 and 7 of the Nubarashen Hospital could receive visits until 4.00 pm on every working day; however, despite the management's efforts to encourage families to come to the hospital, few patients received visits. Patients were also allowed to receive parcels from their families, in principle without restrictions (unless the treating doctor decided otherwise for medical reasons). As regards correspondence, the delegation was told by staff that it was not subjected to any limitations, although letters could be controlled (but not read) by security staff. However, some of the patients with whom the delegation spoke claimed that they were not allowed to send and receive letters. Finally, patients did not have free access to a telephone; in exceptional cases, doctors could authorise patients to use a telephone installed in one of the administration's offices.

The CPT invites the Armenian authorities to examine the possibilities for improving patients' contact with the outside world, including correspondence and access to a telephone.

194. Finally, the CPT attaches considerable importance to psychiatric establishments being visited on a regular basis by an independent outside body, responsible for the inspection of patients' care.

The delegation was told that Wards 5 and 7 of the Nubarashen Hospital received a monthly visit by the supervising prosecutor, who would verify the respect of legal safeguards, examine the treatment and living conditions of patients, and consider any complaints from patients. **The CPT would like to receive copies of the supervising prosecutor's inspection reports drawn up in 2001 and 2002 in respect of the Nubarashen Republican Psychiatric Hospital.**

Psychiatric establishments in Armenia may also be visited by members of the Presidential Human Rights Committee. **The CPT would like to receive copies of any reports concerning visits carried out by the above-mentioned Committee to the Nubarashen Republican Psychiatric Hospital.**

E. Military detention facilities

195. The CPT's delegation visited four Ministry of Defence detention facilities: the Central Detention Centre of the Military Police in Yerevan, the Detention House of Yerevan Garrison, and two Divisions of the Military Police, in Yerevan and Gyumri (Shirak region).

196. The delegation received a few allegations of ill-treatment of persons who had recently been held in military detention facilities. These allegations concerned, in the main, random blows, humiliation and verbal abuse. No such complaints were heard from servicemen actually being held in the military facilities visited[27].

The CPT recommends that the relevant authorities deliver to military personnel in charge of detained persons the clear message that all forms of ill-treatment, including humiliation and verbal abuse, are not acceptable.

197. The Central Detention Centre in Yerevan operated primarily as temporary detention facility of the Military Police (where servicemen suspected of having committed a criminal offence could be held for up to 72 hours) and as a remand establishment. Servicemen remanded in custody could spend, in principle, up to four months (including extensions) at the centre, pursuant to a court order.

The Detention House of Yerevan Garrison was used exclusively for the disciplinary confinement of military personnel (including officers). The maximum term of confinement varied, depending on the rank of the serviceman concerned: between 5 days for officers and 10 days for ordinary soldiers. Nevertheless, in case of serious violations of internal regulations, an additional term of up to 10 days could be imposed by the establishment's commander.

Yerevan Military Police Division was reserved for servicemen arrested for having committed disciplinary violations (e.g. unauthorised absence from the garrison), prior to being returned to their units (or to a disciplinary facility), or suspected of criminal offences, pending their release or transfer to the Central Detention Centre. The maximum duration of stay in this facility was said to be only a few hours.

The Military Police Division in Gyumri performed a dual function: it was used for the temporary detention of army personnel suspected of having committed criminal offences (prior to release or transfer to the Central Detention Centre or a civil pre-trial establishment) and as a disciplinary unit (the remarks made above as regards the maximum term of confinement apply equally here). In principle, criminal suspects could be held for 72 hours at the facility. However, if detained pursuant to an arrest warrant, longer periods (up to 5 weeks) could occasionally occur, reportedly due to problems of transport to civil pre-trial establishments.

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27 Throughout the whole visit, the delegation met only a small number of detainees held by the military (i.e. a total of 10 persons). As regards the Central Detention Centre of the Military Police in Yerevan, the custody records indicated that a drop in the number of persons held had occurred immediately before the CPT's visit. On 12 October 2002 (i.e. the day of the delegation's visit to the facility) only 4 detainees were present (in contrast to the 12 to 25 persons usually present on any given day).

198. As regards material conditions, the cells seen in the four establishments were generally in an adequate state of repair and cleanliness, and no evidence of overcrowding at any time was found in the custody records. However, the cells did display a number of other important shortcomings.

The Central Detention Centre had 8 cells of sizes varying between 6 m² (for up to two persons) and 19 m² (for up to four persons); there was also a large holding room of some 60 m², which was reportedly used very rarely. Cells had no or very little access to natural light (due to metal shutters fixed to the windows), poor artificial lighting and inefficient ventilation. The cell equipment was extremely spartan, consisting only of beds (with bedding), and occasional tables. The rest of the premises included a small room for visits by family members and investigators/lawyers, an area for taking meals and a relatively well-furnished and impeccably clean medical unit.

The Detention House of Yerevan Garrison comprised 14 cells of some 8 to 21 m² for an intended maximum capacity of 2 to 6 detainees each. The majority of cells were dimly lit and poorly ventilated; their small windows were covered with metal devices, and the artificial lighting was very weak. The in-cell equipment of soldiers' and sergeants' cells comprised tables and stools as well as retractable wooden sleeping benches, which where folded during the day. Unlike officers and ensigns (whose cells had beds with full bedding), ordinary soldiers and sergeants were not provided with mattresses and blankets at night and had to sleep in their uniforms.

The Division of the Military Police in Gyumri had 17 cells for a designated capacity of some 25 detainees. Military personnel suspected of having committed a criminal offence were usually accommodated in single cells of 6.3 m². The cells used for disciplinary confinement generally offered a living space of 13 m² for a maximum of 3 detainees. Again, light (both natural and artificial) and ventilation generally left a lot to be desired. Cell furnishings corresponded to those seen at the Central Detention Centre (for criminal suspects) and Yerevan Detention House (for servicemen undergoing disciplinary confinement). The establishment also had two rooms for visits by investigators/lawyers, a dining room, a small library, and a sparsely equipped medical unit.

Yerevan Military Police Division had one windowless and unventilated cell of some 16 m², which was furnished with two benches; as mentioned above, it was only used for stays not exceeding a few hours.

199. The common toilet facilities seen in the four establishments were, overall, in an acceptable state of repair and cleanliness, and access to these facilities did not appear to be problematic. However, the toilets at the Military Police Division in Gyumri were devoid of any partitioning.

Of the four establishments, only the Central Detention Centre had communal showers (which detainees could use once per week). At the Detention House of Yerevan Garrison and the Military Police Division in Gyumri, the delegation was told that one of the conditions for admitting a soldier for disciplinary confinement was a confirmation that he had had a shower shortly before his arrival at the facility, as it was not possible for him to shower throughout the period of detention.

200. The regime of detention depended on the nature of the placement.

Military personnel undergoing disciplinary confinement spent some 8 to 10 hours per day outside their cells involved in drills and/or other activities (e.g. lessons, physical education, cleaning duties).

Servicemen held on 72-hour detention or remanded in custody were offered some 50 minutes of daily outdoor exercise. However, it would appear that no other forms of organised out-of-cell activities were provided for servicemen remanded in custody (save for some cleaning duties on the facilities' premises). On the positive side, detainees on remand had access to the phone and were allowed visits from their family, pursuant to the Law on Holding Arrestees and Detainees (i.e. two 3-hour visits per month).

The CPT recommends to:

- **review access to natural light, artificial lighting and ventilation in the cells of the four establishments;**

- **restrict the 6 m² cells at the Central Detention Centre in Yerevan to single occupancy;**

- **provide all detainees undergoing disciplinary confinement with mattresses and blankets at night; if necessary, the relevant statutory rules should be amended;**

- **equip the common toilet facilities at the Military Police Division in Gyumri with suitable partitioning/screening in order to ensure adequate privacy;**

- **enable detained servicemen to have a hot shower at least once a week;**

- **extend the daily outdoor exercise period for servicemen held on 72-hour detention or remanded in custody to at least one hour. More generally, the CPT would like to stress that anyone held for a prolonged period of time should be offered appropriate activities (work, sport, etc.).**

201. The records kept at the Detention House of Yerevan Garrison and the Military Police Division in Gyumri do not call for particular comments. However, at the Central Detention Centre and the Yerevan Division of the Military Police, periods spent in custody were not always properly documented (e.g. missing entries concerning the date and/or time of release/transfer). **The CPT recommends that the keeping of custody records at the latter two establishments be reviewed.**

202. Military personnel placed at the Central Detention Centre, the Detention House of Yerevan Garrison and the Military Police Division in Gyumri were examined by a feldsher upon admission. Further, in case of need, the persons concerned could have access to the feldsher or - upon referral from the feldsher - to a doctor during detention.

203. The information provided to the delegation did not allow it to gain a clear picture of the safeguards concerning disciplinary proceedings. **The CPT would like to receive details about the procedural safeguards applicable (for example, are the persons concerned informed of the charges brought? Are they allowed to question the evidence against them and to present their case? Can they contest the disciplinary sanction before another authority, including of a judicial nature?)**.

204. The delegation was informed that military detention facilities in Armenia are regularly visited by a military prosecutor. Further, the CPT was pleased to learn there were also visits by representatives of civil society, such as the Presidential Human Rights Commission and the Soldiers' Mothers' Committee.

III. RECAPITULATION AND CONCLUSIONS

205. Since its independence, Armenia has been confronted with a series of grave political, economic and social problems. The Armenian authorities made clear that, although the overall situation had been improving over the last few years, these problems inevitably had negative repercussions in areas covered by the CPT's mandate. This has been borne in mind by the Committee, especially when considering material conditions of detention and activities offered to detained persons. However, political, economic and social problems can never justify deliberate ill-treatment.

A. Establishments under the authority of the Ministry of Internal Affairs

206. In the course of individual interviews with prisoners, the CPT's delegation received numerous and consistent allegations of physical ill-treatment of persons detained by the police in Armenia. The ill-treatment alleged consisted essentially of punches and kicks, and of striking the persons concerned with truncheons and/or other hard objects. In virtually all cases, it was said to have been inflicted in the context of police interrogation (mostly by operative police officers) and with a view to extracting confessions or information. In some cases, the ill-treatment alleged was of such a severity that it could be considered as amounting to torture. In a few cases, the records of the medical examination of the persons concerned upon their arrival at pre-trial establishments contained entries which mentioned injuries consistent with allegations made. In contrast, hardly any allegations were received of physical ill-treatment by staff working in temporary detention centres.

Similar allegations of ill-treatment by the police were also received from other sources, including members of the Presidential Human Rights Commission.

In the light of all the information gathered during the visit, the CPT has been led to conclude that persons deprived of their liberty by the police in Armenia run a significant risk of being ill-treated. Vigorous action is required to combat this problem.

207. 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 such staff and the provision of adequate professional training. As regards the latter, the Armenian authorities should seek to integrate human rights concepts into practical professional training for handling high-risk situations, such as the interrogation of criminal suspects. 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.

208. Another effective means of preventing ill-treatment by police officers 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.

In this connection, the CPT has recommended that all criminal suspects taken into police custody be physically brought before the judge who must decide on the application of a preventive measure. This will provide a timely opportunity for a person who has been ill-treated to lodge a complaint. Further, even in the absence of an express complaint, the fact of having the person concerned brought before the judge will enable the latter to take action in good time whenever there are other grounds (e.g. visible injuries, a person's general appearance or demeanour) to believe that ill-treatment may have occurred.

209. The CPT has stressed the need to strengthen safeguards against ill-treatment of persons deprived of their liberty by the police. The Committee has recommended among other things that the rights to notify a relative of one's custody and to have access to a lawyer be applicable as from the very outset of deprivation of liberty by the police (and not only, as at present, when a person has been formally declared a "suspect"). As regards more particularly the right of access to a lawyer, it must be enjoyed by anyone who is under a legal obligation to attend - and stay at - a police establishment (e.g. as a "witness").

Other recommendations made concern access to a doctor, the drawing up of a code of conduct for police interviews, the keeping of custody records and the carrying out of independent inspections of police detention facilities.

210. Conditions of detention in the *temporary detention centres* visited varied from acceptable (at the Hrazdan Department of Internal Affairs) to poor. All the centres presented deficiencies concerning in-cell lighting and ventilation. Moreover, persons under administrative arrest (who could be held for up to 15 days) were not provided with bedding at night, and the communal toilet and washing facilities were generally dilapidated and dirty. Recommendations aimed at remedying these shortcomings have been made. The CPT has also stressed that the living space per detained person should be at least 4 m².

Regarding the *holding cells/cubicles* of the Departments of Internal Affairs visited, most of them were too small for even short periods of custody. The Committee has recommended that facilities measuring less than 2 m² be withdrawn from service. As for those cells/cubicles which remain in service, measures must be taken to ensure that they have adequate lighting and ventilation and are maintained in a good state of repair and cleanliness.

B. Establishments under the authority of the Ministry of National Security

211. The delegation did not hear any allegations of ill-treatment of persons detained at the Isolator of the Ministry of National Security by staff working at the establishment, and did not find any other evidence of such treatment.

212. In general, conditions of detention could be considered as acceptable for criminal suspects and administrative detainees. However, the Isolator also accommodated persons in pre-trial detention, who were held there for periods of months, if not years. Conditions in the establishment were not suitable for such lengthy periods of detention. In particular, the situation as regards activities was totally unacceptable; except for daily outdoor exercise and periods of interrogation, the persons concerned spent the entire day locked up in their cells. The CPT has made specific recommendations designed to remedy this problem.

Measures are also required to ensure that persons detained in the establishment have the

possibility to maintain adequate contact with the outside world.

C. Prison establishments

213. The CPT's delegation heard much praise from both inmates and prison staff about positive changes which had reportedly occurred after the transfer (in October 2001) of responsibility for the prison system from the Ministry of Internal Affairs to the Ministry of Justice. Among the changes referred to in particular by inmates were improvements in prison officers' attitudes towards them. The delegation did not receive any allegations – and did not find any other evidence - of ill-treatment of inmates by staff in the penitentiary establishments visited.

Nevertheless, there was widespread recognition among prison staff of the need for further urgent action to improve conditions of detention.

214. Material conditions of detention at the two *pre-trial facilities visited - Nubarashen and Gyumri Prisons* - were deficient in many respects. At Nubarashen, most of the premises were in a poor state of repair and decoration, and some areas had been left to deteriorate to such an extent that they were in urgent need of refurbishment. On the positive side, the CPT has noted the recent removal of the majority of metal blinds previously fixed to cell-windows, which has considerably improved access to natural light and ventilation. Further, there were discernible efforts to keep the establishment in a reasonable state of cleanliness.

At Gyumri Prison, some refurbishment had been carried out after the 1988 earthquake and, at the time of the visit, renovation work was in progress. However, a considerable amount of work will be necessary to restore the establishment's premises to an acceptable condition. Several cells in the unrenovated parts of the prison were in such a state of dilapidation (in addition to being poorly lit and ventilated) that they were totally unfit for holding inmates for any length of time; they were unoccupied at the time of the visit.

At both Nubarashen and Gyumri, conditions in the "quarantine" cells for newly-arrived prisoners were totally unacceptable.

In the context of its recommendations designed to improve material conditions of detention at Nubarashen and Gyumri Prisons, the CPT has stressed that there should be living space of at least 4 m² per prisoner.

215. As regards activities, the only regular out-of-cell activity for the vast majority of prisoners at both pre-trial establishments was outdoor exercise (and at Nubarashen Prison, even that was not guaranteed during weekends). No form of organised activities was available. The CPT recognises that the provision of organised activities in pre-trial establishments such as Nubarashen and Gyumri Prisons, where there is a high turnover of inmates, poses particular challenges. However, it is not acceptable to leave prisoners to their own devices for months at a time.

The aim should be to ensure that all prisoners (including those on remand) spend a reasonable part of the day outside their cells/dormitories engaged in purposeful activities of a varied nature: work, preferably with vocational value; education; sport; recreation/association. Determined efforts in this direction are required.

216. Material conditions of detention in the *strict-regime colonies visited - Erebuni and Sevan Prisons* - left a lot to be desired in terms of occupancy rates, state of repair and, on occasion, cleanliness. Nevertheless, prisoner accommodation generally enjoyed good access to natural light and ventilation, and at both establishments some renovation work was in progress. Various recommendations addressing the deficiencies observed have been made.

The CPT has once again expressed concern about the conditions of detention of newly-arrived prisoners; they should not be located alongside inmates subject to segregation for infringements of discipline.

217. Turning to the activities available at Erebuni and Sevan Prisons, the situation of the vast majority of inmates hardly differed from that of inmates in the pre-trial facilities visited; in particular, barely 10% of them were employed. Inmates were allowed throughout the day to move freely within the establishments' perimeter; however, this is not a substitute for a proper programme of activities. The CPT has stressed that sentenced prisoners are entitled to expect a full program of work, educational and sports activities and that, as far as possible, individual custody plans should be drawn up.

218. Nubarashen Prison held 42 inmates sentenced to death and subject to the 1991 moratorium on executions. The prisoners concerned generally stressed that conditions of detention and the regime had considerably improved over the last two years. Nevertheless, the CPT found that possibilities for contacts with the outside world for such prisoners remained distinctly inferior to those enjoyed by other sentenced prisoners. Further, the inmates concerned were not offered any form of organised activities apart from outdoor exercise, which itself was inadequate (50 minutes per day, excluding weekends). The CPT has emphasised that the provision of appropriate activities is all the more important for inmates who can expect to remain in prison for many years. The regime applicable to the above-mentioned prisoners must be fundamentally revised.

219. The CPT has addressed a number of specific issues relating to prison health care services (staff and facilities; medical screening on admission; medical records and confidentiality; HIV; hunger strikes). In this context, the Committee has stressed that a greater involvement of the Ministry of Public Health in prison health care services would help to ensure optimum health care for prisoners, as well as observance of the general principle of the equivalence of care in prison with that in the outside community.

220. Tuberculosis represents a major problem in the Armenian prison system. Unfortunately, control of the disease is seriously hampered by poor material conditions and budgetary difficulties. The CPT has made various recommendations aimed at strengthening tuberculosis control. In particular, the Committee has recommended that it be effected in a consistent manner across the prison system and in accordance with international standards, as defined by the WHO and ICRC. The Committee has also stressed that tackling effectively the problem of tuberculosis will require a combined effort by all relevant Ministries.

There were prospects for radical improvement of the situation via a new 250-bed tuberculosis ward at the Hospital for Prisoners in Yerevan, which reportedly entered into service in November 2002. The CPT has sought further and better particulars concerning the operation of this facility.

221. The Hospital for Prisoners in Yerevan was facing a difficult situation due to the very low level of financing. In these circumstances, it was hardly surprising that the material environment at the establishment was grossly deficient. Similarly, the hospital's medical equipment was generally outdated and some of it was in a poor state of repair. As regards medication, the supplies were sufficient to cover the absolute minimum needs of the hospital. The complement of doctors could be considered as adequate; the situation was less favourable as regards nursing staff resources.

Despite the severe lack of funds, the treatment offered to patients appeared to be on the whole adequate. However, the treatment of psychiatric patients consisted almost exclusively of pharmacotherapy, and the combined effect of poor material conditions and underdeveloped activities could be described as anti-therapeutic. Further, the treatment provided to tuberculosis patients was clearly sub-standard; hopefully the entry into service of the new TB ward will remedy this state of affairs.

The CPT has made detailed recommendations in the light of its delegation's findings at the Hospital.

222. The CPT has also made a number of recommendations and comments about a variety of other issues of relevance to its mandate (staff; contact with the outside world; discipline and segregation; complaints and inspection procedures). In particular, the Committee has welcomed steps recently taken to ensure that prisoners undergoing disciplinary confinement are offered daily outdoor exercise.

D. **Psychiatric establishments** (Nubarashen Republican Psychiatric Hospital)

223. The delegation did not hear any allegations, and found no other evidence, of ill-treatment of patients by staff at the Nubarashen Republican Psychiatric Hospital in Yerevan. On the contrary, most of the patients interviewed by the delegation spoke highly of the doctors and other health-care staff. Nor were any allegations heard about deliberate ill-treatment by the Ministry of Internal Affairs staff responsible for the security of the "forensic" wards of the hospital, on which the CPT's delegation focused its attention. However, the CPT has stressed that the presence – within the perimeter of the building housing these wards - of uniformed and armed security guards clearly had an intimidating effect on patients and could hardly contribute to diminishing tensions and mistrust among them.

224. Staffing levels could be considered as adequate as regards psychiatrists. However, there was a clear need to reinforce substantially the team of specialists qualified to provide therapeutic and rehabilitative activities (i.e. psychologists, occupational therapists, psychotherapists and social workers), and to increase the number of nurses and orderlies. The Committee has also invited the Armenian authorities to consider the possibility of security staff working inside psychiatric establishments being recruited and trained by the Ministry of Public Health.

225. Patients' living conditions reflected the fact that the financial resources available to the hospital did not permit the carrying out of any major refurbishment. The wards were all in a more or less dilapidated condition, with the "forensic" wards being in urgent need of repair. Recommendations aimed at remedying the shortcomings observed have been made; the overriding objective should be to provide a positive, therapeutic environment for patients.

226. Living conditions in the ward for forensic psychiatric assessment were totally unacceptable, and were the subject of an immediate observation under Article 8, paragraph 5 of the Convention. The persons concerned were being denied certain of the basic safeguards which should be guaranteed to all persons deprived of their liberty (in particular, daily outdoor exercise of at least one hour and contact with the outside world). Further, the environment in the ward was not conducive to accurate psychiatric assessment. The CPT has made several recommendations on these matters.

227. Psychiatric treatment in the hospital as a whole - and in particular in the compulsory treatment wards - relied almost exclusively on pharmacotherapy. The supply of basic psychiatric medication appeared to be adequate. In this context, the CPT has recommended that the Armenian authorities strive to develop the possibilities for therapeutic and psycho-social activities.

228. As regards formal safeguards in the context of involuntary hospitalisation, in the light of the information gathered the Committee has recommended the taking of steps to guarantee that, in the course of compulsory admission and treatment, patients are effectively in a position to have access to legal advice. Further, all patients should have unrestricted possibilities to lodge confidential complaints to appropriate outside bodies.

E. Military detention facilities

229. The delegation received a few allegations of ill-treatment of persons who had recently been held in military detention facilities. These allegations concerned, in the main, random blows, humiliation and verbal abuse. The CPT has recommended that the relevant authorities deliver to military personnel in charge of detained persons the clear message that all forms of ill-treatment, including humiliation and verbal abuse, are not acceptable.

230. As regards conditions of detention, cells in the four establishments visited were generally in an adequate state of repair and cleanliness, and no evidence of overcrowding at any time was found. However, they displayed a number of other important shortcomings, which have been the subject of specific recommendations by the Committee. In particular, lighting and ventilation in the cells must be improved. Further, all detainees undergoing disciplinary confinement should be provided with mattresses and blankets at night.

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

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

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

i. to provide within **six months** an interim response giving details of how it is intended to implement the CPT's recommendations and, as the case may be, containing 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 response providing a full account of action taken to implement the CPT's recommendations.

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

APPENDIX I

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

A. Establishments under the authority of the Ministry of Internal Affairs

Preliminary remarks

recommendations

- appropriate steps to be taken to stamp out the practices referred to in paragraph 16.

requests for information

- comments of the Armenian authorities on the fact that at least certain of the practices described in paragraph 15 of the report, appear to be at variance with the relevant provisions of the Code of Criminal Procedure and all of which entail a heightened risk of ill-treatment (paragraph 15).

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, including in modern investigation techniques. Experts not belonging to the police force should be involved in this training (paragraph 20);

- 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 20);

- 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 20);

- all criminal suspects taken into police custody to be physically brought before the judge who must decide on the application of a preventive measure (paragraph 21);

- whenever a judge receives an allegation of ill-treatment by the police, he should immediately request a medical examination of the person concerned and take the necessary steps to ensure that the allegation is properly investigated. Such an approach should be followed whether or not the person concerned bears visible external injuries. Further, even in the absence of an express complaint, the judge should request a medical examination whenever there are other grounds (e.g. visible injuries, a person's general appearance or demeanour) to believe that ill-treatment may have occurred (paragraph 21);

- the record drawn up by prison doctors following a medical examination of a newly-arrived prisoner to contain: (i) a full account of statements made by the person concerned which are relevant to the medical examination (including his description of his state of health and any allegations of ill-treatment), (ii) a full account of objective medical findings based on a thorough examination, and (iii) the doctor's conclusions in the light of (i) and (ii), indicating the degree of consistency between any allegations made and the objective medical findings. Whenever injuries are recorded which are consistent with allegations of ill-treatment made, the record should be systematically brought to the attention of the relevant authority. Further, the results of every examination, including the above-mentioned statements and the doctor's conclusions, should be made available to the detained person and his lawyer (paragraphs 22 and 115);

- all medical examinations to be conducted out of the hearing and – unless the doctor concerned expressly requests otherwise in a particular case – out of the sight of law enforcement officials and other non-medical staff (paragraph 22).

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

<u>recommendations</u>

- all persons deprived of their liberty by the police in Armenia – for whatever reason – to be granted the right to inform a close relative or a third party of their choice of their situation, as from the very outset of their deprivation of liberty (i.e. from the moment when they are obliged to remain with the police) (paragraph 26);

- any possibility exceptionally to delay the exercise of the right to have the fact of one's custody notified to a relative or a third party to be clearly circumscribed in law, made subject to appropriate safeguards (e.g. any delay to be recorded in writing with the reasons therefor and to require the approval of a senior police officer unconnected with the case at hand or of a prosecutor) and applied for as short a time as possible (paragraph 26);

- the Armenian authorities to take steps to ensure that the right of access to a lawyer for persons in police custody applies as from the very outset of their deprivation of liberty (and not only when the person is formally declared a suspect). The right of access to a lawyer must also be enjoyed by anyone who is under a legal obligation to attend – and stay at - a police establishment (e.g. as a "witness"), as well as by persons in administrative detention (paragraph 29);

- the right of persons detained by the police to be examined by a doctor to be expressly guaranteed. This right should exist as from the very outset of deprivation of liberty (i.e. not

only after the person has been formally declared a suspect) and should include the right to be examined, if the person concerned so wishes, by a doctor of his own choice, in addition to any medical examination carried out by a doctor called by the police (paragraph 32).

- the provisions on access to a doctor should also stipulate that:

  - all medical examinations should be conducted 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 detained person and the doctor's conclusions, should be formally recorded by the doctor and made available to the detainee and his lawyer

  (paragraph 32);

- the form setting out the rights of persons in police custody to be given systematically to such persons as from the very outset of their deprivation of liberty (and not only when they are formally declared suspects). The contents of this form should reflect the recommendations made in paragraphs 26, 29 and 32 of the report. The form should be available in an appropriate range of languages. Further, the persons concerned should be systematically asked to sign a statement attesting that they have been informed of their rights (paragraph 35);

- the Armenian authorities to supplement the provisions already existing in the Code of Criminal Procedure by drawing up a comprehensive code of conduct for police interviews (paragraph 37);

- steps to be taken immediately to ensure that police custody records are properly maintained (paragraph 38);

- steps to be taken immediately to ensure that whenever a person is deprived of his liberty by the police, for whatever reason, this fact is formally recorded without delay. Further, once a person detained has been placed in a cell, all instances when he is subsequently removed from the cell should be recorded in the custody record; that record should state the date and time when the detained person is removed from the cell, the location to which he is taken and the officers responsible for taking him, the purpose for which he has been taken, and the time and date of his return (paragraph 39);

- measures to be taken to extend the system of visits by the Prosecutor General and his subordinate prosecutors so as to cover persons under administrative arrest (paragraph 40);

- the Armenian authorities to bring the considerations set out in paragraph 42 of the report to the attention of all prosecutors and other bodies responsible for carrying out visits to places of detention. These considerations should also be taken into account when defining the remit and the powers of the monitoring group referred to in paragraph 41 of the report (paragraph 42).

comments

- the Armenian authorities are invited to explore the possibility of introducing a standard, single and comprehensive custody record (paragraph 38).

requests for information

- comments of the Armenian authorities on the fact that many detained persons met by the delegation expressed dissatisfaction with the manner in which ex officio lawyers had performed their functions (paragraph 30);

- details of the system of legal assistance for detained persons, in particular the procedure for appointment of ex officio lawyers, their remuneration, etc. (paragraph 30);

- copies of reports drawn up by the Presidential Committee for Human Rights following visits to police establishments in 2001 and 2002 (paragraph 41);

- further information about the monitoring group of representatives of civil society, to be set up pursuant to Section 47 of the Law on the Treatment of Arrestees and Detainees (composition, powers, working methods, etc.), as well as a copy of the relevant rules and regulations pertaining to it, once they have been issued (paragraph 41).

Conditions of detention

recommendations

- the Armenian authorities to take steps at temporary detention centres to:

  - ensure that all detainees are offered adequate living space; the objective should be at least 4 m² per person;

  - provide adequate in-cell lighting (including access to natural light) and ventilation;

  - maintain the cells and common sanitary facilities in a satisfactory state of repair and hygiene;

  - ensure that all detainees (including those held for administrative violations) are offered a mattress and blankets at night;

  - ensure that administrative detainees are able to take a hot shower on arrival and at least once a week during their period of detention;

  - ensure that all detainees are offered food - sufficient in quantity and quality - at normal meal times;

  - put an end to deprivation of outdoor exercise as a disciplinary punishment.

(paragraph 49);

- the Armenian Ministry of Internal Affairs to remind all establishments falling under its responsibility that holding cells/cubicles for persons suspected of administrative violations

should not be used for accommodating detainees for longer than 3 hours (paragraph 52);

- all holding cells/cubicles measuring less than 2 m² to be withdrawn from service (paragraph 52);

- measures to be taken to ensure that all holding cells/cubicles which may remain in service have adequate lighting and ventilation, and are maintained in a good state of repair and cleanliness (paragraph 52).

B. Establishments under the authority of the Ministry of National Security

recommendations

- measures to be taken as a matter of priority at the Isolator of the Ministry of National Security in Yerevan in order to:

  - substantially improve activities for persons in pre-trial detention held at the establishment. They should be allowed to have radio and television sets in their cells. Further, an appropriate range of out-of-cell activities should be offered to them; the basement area might usefully be exploited for this purpose;

  - ensure that persons detained in the establishment have the possibility to maintain adequate contact with the outside world. The relevant provisions of the Law on the Treatment of Arrestees and Detainees should be applied fully (paragraph 61);

- in the light of the remarks made in paragraphs 55, 56 and 58 of the report, measures to be taken in order to ensure that:

  - all the cells, as well as the shower facility, are maintained in a satisfactory state of repair and cleanliness;

  - improvements are made to the establishment's exercise yards;

  - the vacant doctor's post is filled;

  - the health-care service is adequately equipped and provided with necessary materials;

  - medical confidentiality is respected;

- the procedure of medical screening on arrival meets the requirements set out in the recommendation made in paragraph 22 of the report.

(paragraph 61).

requests for information

- confirmation that persons detained at the Isolator of the Ministry of National Security in Yerevan have the possibility to send confidential complaints to an appropriate outside authority, and that steps are now being taken to inform them of that possibility (paragraph 61).

C. Prison establishments

Preliminary remarks

recommendations

- the standard of living space per prisoner to be increased to at least 4 m² (paragraph 65).

comments

- the Armenian authorities are invited to vigorously pursue the legislative programme pertaining to the prison system (paragraph 65).

requests for information

- the timetable for the replacement of perimeter staff of the Ministry of Internal Affairs with Ministry of Justice personnel in the remaining 4 penitentiary establishments in Armenia (including the Hospital for Prisoners and Erebuni and Sevan Prisons) (paragraph 63);

- the CPT would like to be kept abreast of ongoing developments as regards the legislative programme pertaining to the prison system (paragraph 65).

Ill-treatment

recommendations

- the requisite aptitude for interpersonal communication to be a major factor in the process of recruiting prison officers and, during their induction and in-service training, considerable emphasis to be placed on acquiring and developing interpersonal communication skills. Building constructive relations with prisoners should be recognised as a fundamental requirement for effective performance of the prison officer's role
(paragraph 68).

requests for information

- the following information in respect of 2001 and 2002:

- the number of complaints lodged concerning ill-treatment by prison officers and the number of disciplinary and/or criminal proceedings initiated as a result of those complaints;

- an account of the outcome of the above-mentioned proceedings (verdict, sentence/sanction imposed).

(paragraph 67).

Conditions of detention

recommendations

- the Armenian authorities to take steps

at Nubarashen and Gyumri Prisons:

- to ensure a living space of at least 4 m² per prisoner;

- to gradually improve the state of repair and decoration of the premises, having regard to the remarks made in paragraphs 70 to 81 of the report; in this context, a high priority should be given to the upgrading of prisoner accommodation on the ground level of the main building of Nubarashen Prison and, as regards Gyumri Prison, of the cells referred to in paragraphs 79 and 80 of the report as well as the establishment's central bathroom;

- to ensure that the in-cell toilets are kept reasonably clean;

at Nubarashen Prison:

- to remove the remaining devices blocking windows of prisoner accommodation;

at Gyumri Prison:

- to improve the central heating system;

- to review the partitioning of the in-cell toilets, in order to ensure adequate privacy;

- to ensure that prisoners accommodated in the establishment's "quarantine" cell are always provided with a mattress at night

(paragraph 83);

- the Armenian authorities to make determined efforts to develop activities for prisoners at Nubarashen and Gyumri Prisons, in the light of the remarks set out in paragraph 85 of the report (paragraph 85);

- steps to be taken to:

  - ensure that inmates at Nubarashen Prison are offered the possibility to take at least one hour of outdoor exercise every day (including during weekends);

  - upgrade the outdoor exercise facilities at Gyumri and Nubarashen Prisons, in order to allow prisoners to physically exert themselves

  (paragraphs 85 and 101);

- steps to be taken at Erebuni and Sevan Prisons:

  - to reduce occupancy levels in the dormitories; the aim should be to provide in due course a minimum living space of 4 m² per prisoner;

  - to complete the refurbishment of prisoner accommodation areas;

  - to ensure an appropriate level of cleanliness in all dormitories

  (paragraph 94);

- ways to be found to allow inmates at Sevan Prison at least one hot shower per week (paragraph 94);

- the Armenian authorities to undertake a thorough examination of the means of providing appropriate activity programmes at Erebuni and Sevan Prisons, for example by making better use of the available facilities (production sites, "club rooms"; outdoor areas etc.) (paragraph 97);

- the Armenian authorities to fundamentally revise the regime applicable to prisoners sentenced to death, in the light of the remarks set out in paragraph 102 of the report (paragraph 102);

- the Armenian authorities to review the current practice of routine handcuffing of prisoners sentenced to death when taken out of their cells, in the light of the remarks set out in paragraph 103 of the report (paragraph 103).

<u>comments</u>

- prisoners who are in a situation of vulnerability should never be accommodated under material conditions which are inferior to those prevailing on normal location (paragraph 74);

- newly-arrived prisoners should not be located alongside inmates subject to segregation for infringements of discipline. Alternative, better facilities should be found (paragraph 91);

- the Armenian authorities are invited to improve further the possibilities for prisoners sentenced to death to receive visits from relatives. The visiting entitlement for the prisoners concerned should be aligned with that of other sentenced inmates (paragraph 100);

<u>requests for information</u>

- confirmation that the "reconstruction works" concerning the sanitary facilities at Erebuni

and Sevan Prisons have been completed (paragraph 92);

- timetable for implementation of the plans to set up a woodwork shop at Sevan Prison (paragraph 95);

- a copy of the regulations redefining and strengthening the role of the "social rehabilitation sections" in Armenian prisons, once they have been issued (paragraph 98).

Health-care services

recommendations

- at Sevan Prison, at least one of the vacant doctors' posts to be filled as a matter of urgency (paragraph 107);

- the nursing staff resources (i.e. feldshers and nurses) at the four prison establishments visited to be increased (paragraph 108);

- the position of the prisoners working as orderlies at Nubarashen and Sevan Prisons (as well as other penal establishments in Armenia) to be reviewed, in the light of the considerations set out in paragraph 109 of the report (paragraph 109);

- the psychiatric/psychological care resources at the four prison establishments visited to be strengthened (paragraph 111);

- the situation of prisoners under psychiatric observation at Nubarashen Prison to be reviewed as a matter of urgency (paragraph 111);

- efforts to be made to remedy the material shortcomings observed in the health-care facilities of the establishments visited (paragraph 112);

- the Armenian authorities to take measures without delay to ensure the supply of appropriate medicines and related materials to the prisons visited and, if necessary, to other penitentiary establishments in Armenia (paragraph 113);

- the procedure recommended in paragraph 22 also to be followed whenever a prisoner is medically examined following a violent episode in prison (paragraph 115);

- the manner in which personal medical files are handled in Armenian penitentiary establishments to be reviewed, in the light of the remarks set out in paragraph 116 of the report (paragraph 116);

- the Armenian authorities to strengthen tuberculosis control in all prison establishments, especially through adequate screening of the inmate population, regular supply of anti-tuberculosis medication and related materials in sufficient quantities, and appropriate monitoring of the distribution and taking of such medication. In this latter respect, the number of paramedical staff responsible for this task should be increased in the four prisons visited (paragraph 125);

- steps to be taken to ensure that in all penal establishments throughout Armenia, material conditions for inmates with tuberculosis are conducive to the improvement of their health. In particular, in addition to natural light and good ventilation, there must be an absence of overcrowding. Care should also be taken to ensure that the inmates concerned are able to maintain a standard of personal hygiene consistent with the requirements of their state of health. Further, prisoners with tuberculosis should be provided with an adequate diet (paragraph 125);

- tuberculosis control to be effected in a consistent manner across the prison system, and in accordance with international standards, as defined by the WHO and ICRC. In this connection, prison doctors should receive appropriate training and be provided with written instructions concerning new approaches to tuberculosis control (paragraph 125);

- the Armenian authorities to 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. When, exceptionally, temporary segregation of HIV+ prisoners is necessary (e.g. for their own protection or pending transfer to a hospital facility), the inmates concerned should always be held under appropriate conditions (paragraph 128);

- the situation of prisoners on hunger-strike to be reviewed at Nubarashen and Erebuni Prisons (as well as at other prison establishments in Armenia) (paragraph 129);

- serious efforts to be made at the Hospital for Prisoners in Yerevan in order to:

  - improve material conditions for patients, taking due account of the remarks made in paragraph 133 of the report; in particular, urgent steps must be taken to ensure that all rooms enjoy adequate access to natural light (by removing the shutters obstructing windows), are protected from the cold (through the fitting of window panes and the installation of an efficient heating system) and are maintained in a good state of repair;

  - ensure that all patients have ready access to adequate and clean toilet and washing facilities; measures should also be taken to provide all patients with the possibility to take a hot shower - in decent and hygienic conditions - at least once per week;

  - upgrade the hospital's medical equipment and ensure a regular supply of appropriate medication and materials;

  - reinforce the hospital's nursing staff resources;

- improve the treatment of patients in the psychiatric ward; the aim should be to offer a range of therapeutic and rehabilitative activities, including access to occupational therapy, group and individual psychotherapy. It is also desirable to offer these patients some educational activities and suitable work;

- remedy the shortcomings observed in the seclusion room for psychiatric patients;

- ensure that every instance of physical restraint and/or seclusion of a patient is recorded in a specific register established for that purpose (in addition to 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;

- ensure full confidentiality of medical data

(paragraph 143).

<u>comments</u>

- a person competent to provide first aid, preferably with a recognised nursing qualification, should always be present on prison premises, including at night and weekends (paragraph 108);

- tackling effectively the problem of tuberculosis will require a combined effort by all relevant Ministries (paragraph 126);

- the application of physical restraints for a period of days cannot have any therapeutic justification (paragraph 139);

- there is no medical justification for placing a prisoner in an infectious diseases ward solely on the grounds that he is HIV+ (paragraph 141);

- with respect to the Hospital for Prisoners in Yerevan, the Armenian authorities are invited to:

  - provide more varied food to patients, including special medical diets;

  - make efforts to fill the vacant doctors' posts;

  - explore the possibility of developing the range of activities available to patients in general

(paragraph 143).

<u>requests for information</u>

- copies of the draft standards for the medical treatment of prisoners, once they have been finalised, and of the new programme of psychiatric care in prison (paragraph 104);

- comments of the Armenian authorities on a greater involvement of the Ministry of Public Health in the area of prison health care services, in particular as regards their organisation and assessment (paragraph 105);

- comments of the Armenian authorities on existing arrangements for ensuring external specialist consultations at Gyumri and Sevan Prisons (paragraph 110);

- a copy of all rules and regulations dealing with the subject of the management of inmates on hunger-strike (paragraph 130);

- confirmation that, following the entry into service of the new TB ward at the Hospital for Prisoners in Yerevan, the DOTS strategy for tuberculosis control has been introduced at the hospital (paragraph 143).

Other issues of relevance to the CPT's mandate

recommendations

- the Armenian authorities to take immediate steps to ensure that the right of remand prisoners to visits by relatives is rendered fully effective in practice. These steps must include duly informing inmates about their right to visits (paragraph 146);

- steps to be taken to increase the capacity of the visiting facilities at Nubarashen and Gyumri Prisons, and the possibility of moving to more open visiting arrangements for remand prisoners to be explored (paragraph 147);

- steps to be taken to formally guarantee the right of prisoners facing disciplinary charges to be heard in person (paragraph 152);

- the Armenian authorities to take steps to ensure that no prisoner is put in a position to exercise power over other prisoners (paragraph 153);

- the situation in the disciplinary/segregation units in the four prisons visited to be reviewed, in the light of the remarks set out in paragraph 156 of the report. In particular, a minimum living space of 4 m² per prisoner should always be ensured, as well as access to natural light and adequate artificial lighting and ventilation (paragraph 156);

- the Armenian authorities to review the complaints procedures, with a view to ensuring that prisoners can make complaints to appropriate authorities within and outside the prison system on a truly confidential basis. If necessary, the relevant rules and regulations should be changed (paragraph 159).

comments

- the Armenian authorities are encouraged to vigorously pursue their efforts in the area of prison staff training, including at the induction stage (paragraph 144).

requests for information

- more information on the draft law on the selection and training of prison staff (content, expected date of entry into force, etc.) (paragraph 144);

- the precise regulations governing access to a telephone for prisoners (paragraph 149);

- comments of the Armenian authorities on the matters raised in paragraph 150 of the report concerning prisoners' correspondence (paragraph 150);

- confirmation that prisoners have the right to appeal to a higher authority against any disciplinary sanctions imposed (paragraph 152);

- more information on the procedure by which placement in a PKT cell is decided (paragraph 154).

D. Psychiatric establishments (Nubarashen Republican Psychiatric Hospital)

Ill-treatment

comments

- the Armenian authorities are invited to explore ways of ensuring perimeter security of the building housing the "forensic" wards at the Nubarashen Republican Psychiatric Hospital, without exposing patients from those wards to the view of armed guards (paragraph 164).

Staff

recommendations

- the Armenian authorities to take steps at the Nubarashen Republican Psychiatric Hospital to:

  - reinforce substantially the team of specialists qualified to provide therapeutic and rehabilitation activities, by increasing the number of psychologists and occupational therapists, and employing psychotherapists and social workers;

  - increase the number of nurses and orderlies employed at the hospital;

  - provide nursing staff with specialised (initial and ongoing) training in psychiatry;

  - ensure that orderlies receive adequate training before being assigned to ward duties (paragraph 167);

- steps to be taken to review the procedures for the selection of security staff employed at the Nubarashen Republican Psychiatric Hospital and their initial and ongoing training. Detailed regulations concerning the duties of security staff working in psychiatric hospitals should be adopted (paragraph 168).

comments

- the Armenian authorities should consider the possibility of security staff working inside psychiatric establishments being recruited and trained by the Ministry of Public Health (paragraph 168).

Patients' living conditions

recommendations

- steps to be taken to refurbish thoroughly all patient accommodation areas - including the toilets, showers, kitchens and canteens - at the Nubarashen Republican Psychiatric Hospital, and especially in Wards 5 and 7. The overriding objective should be to provide a positive, therapeutic environment. This involves, inter alia, offering the patients more congenial and personalised surroundings (paragraph 173);

- steps to be taken at the Nubarashen Republican Psychiatric Hospital in order to:

  - maintain all accommodation areas in a clean and hygienic condition;
  - provide patients with lockable space for their personal belongings;
  - provide patients with an adequate range of basic personal hygiene items;
  - ensure that patients' bedding and clothes are cleaned at regular intervals.

  (paragraph 173).

Treatment and regime

recommendations

- the Armenian authorities to strive to develop the possibilities for therapeutic and psycho-social rehabilitation activities at the Nubarashen Republican Psychiatric Hospital, in particular as regards patients from Wards 5 and 7 (paragraph 178);

- the conditions under which patients from Wards 5 and 7 of the Nubarashen Republican Psychiatric Hospital take outdoor exercise to be improved (paragraph 178);

- systematic screening for tuberculosis of all newly-arrived patients to be introduced at the Nubarashen Republican Psychiatric Hospital (paragraph 179).

Ward 6 for persons undergoing forensic psychiatric assessment

recommendations

- steps to be taken at Ward 6 of the Nubarashen Republican Psychiatric Hospital to:

  - improve living conditions in the rooms, in the first place by removing the shutters and bricks obstructing the windows;

  - provide a more congenial and personalised environment for persons held on the ward, in particular by allowing them a reasonable number of personal belongings;

  - ensure a regular supply of an appropriate range of personal hygiene products (soap, toothbrush, toothpaste, toilet paper, etc.);

  - develop psycho-social activities for persons held on the ward;

  - ensure that the possibilities for persons held on the ward to maintain contact with the outside world are not being unduly restricted

  (paragraph 185).

requests for information

- without further delay, information on the steps taken in response to the immediate observation made by the CPT's delegation concerning the living conditions at the ward for forensic psychiatric assessment of the Nubarashen Republican Psychiatric Hospital (paragraph 181);

- without further delay, information about the steps taken in response to the immediate observation concerning daily outdoor exercise of at least one hour for all persons undergoing psychiatric forensic assessment at the Nubarashen Republican Psychiatric Hospital whose medical condition so permits (paragraph 182).

Means of restraint

recommendations

- detailed instructions on the use of means of restraint to be drawn up. Such instructions should make clear that initial attempts to restrain aggressive behaviour should, as far as possible, be non-physical (e.g. verbal instruction) and that where physical restraint is necessary, it should in principle be limited to manual control. Instruments of restraint should only be used as a last resort, and removed at the earliest opportunity; they should never be applied, or their application prolonged, as a punishment (paragraph 188);

- every instance of the physical restraint of a patient to be recorded in a specific register established for that purpose (in addition to 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 (paragraph 188).

comments

- health-care staff must have the main responsibility for the restraint of agitated and/or violent patients. Any assistance by security staff in such cases should only be provided at the request of health-care staff and must conform to the instructions given by such staff (paragraph 188).

Safeguards in the context of involuntary hospitalisation

recommendations

- the Armenian authorities to take steps to guarantee that, in the course of compulsory admission and treatment, patients are effectively in a position to have access to legal advice (paragraph 191);

- the Armenian authorities to take the necessary measures to guarantee that all patients at the Nubarashen Republican Psychiatric Hospital have unrestricted possibilities to lodge confidential complaints with the supervising prosecutor and other appropriate outside bodies. Further, patients should be systematically informed about the possibility of making a confidential complaint (paragraph 192);

- an introductory brochure setting forth the hospital routine and patients' rights to be devised and issued to each patient on admission, as well as to their families. Patients unable to understand this brochure should receive appropriate assistance (paragraph 192).

comments

- the Armenian authorities are invited to examine the possibilities for improving patients' contact with the outside world, including correspondence and access to a telephone (paragraph 193).

requests for information

- copies of the supervising prosecutor's inspection reports drawn up in 2001 and 2002 in respect of the Nubarashen Republican Psychiatric Hospital (paragraph 194);

- copies of any reports concerning visits carried out by the Presidential Human Rights Committee to the Nubarashen Republican Psychiatric Hospital (paragraph 194).

E. Military detention facilities

recommendations

- the relevant authorities to deliver to military personnel in charge of detained persons the clear message that all forms of ill-treatment, including humiliation and verbal abuse, are not acceptable (paragraph 196);

- the Armenian authorities to:

  - review access to natural light, artificial lighting and ventilation in the cells of the four military detention establishments visited;

  - restrict the 6 m² cells at the Central Detention Centre in Yerevan to single occupancy;

  - provide all detainees undergoing disciplinary confinement with mattresses and blankets at night; if necessary, the relevant statutory rules should be amended;

  - equip the common toilet facilities at the Military Police Division in Gyumri with suitable partitioning/screening in order to ensure adequate privacy;

  - enable detained servicemen to have a hot shower at least once a week;

  - extend the daily outdoor exercise period for servicemen held on 72-hour detention or remanded in custody to at least one hour

  (paragraph 200);

- the keeping of custody records at the Central Detention Centre and at the Yerevan Division of Military Police to be reviewed (paragraph 201).

requests for information

- details about the procedural safeguards applicable to disciplinary proceedings in a military context (for example, are the persons concerned informed of the charges brought? Are they allowed to question the evidence against them and to present their case? Can they contest the disciplinary sanction before another authority, including of a judicial nature?) (paragraph 203).

comments

- anyone held for a prolonged period of time should be offered appropriate activities (work, sport, etc.) (paragraph 200).

APPENDIX II

LIST OF THE NATIONAL AUTHORITIES AND NON-GOVERNMENTAL AND INTERNATIONAL ORGANISATONS WITH WHICH THE DELEGATION HELD CONSULTATIONS

A. National authorities

Ministry of Justice

Mr Davit HARUTYUNYAN	Minister
Mr Ashot ABOVYAN	Deputy Minister
Mr Nikolay ARUSTAMYAN	Head of Directorate for Judicial Reforms
Mr Samvel HOVHANNISYAN	Head of Criminal Executive Department
Mr Varujhan MELKONYAN	Deputy Head of Criminal Executive Department
Mr Hovhannes HOVHANNISYAN	Deputy Head of Division for Medical Services of Criminal Executive Department
Mr Hayk KHEMCHYAN	Head of Division for Penitentiary Reforms of Directorate for Judicial Reforms

Ministry of Public Health

Mr Ararat MKRTCHYAN	Minister
Mr Hayk DARBINYAN	First Deputy Minister
Mr Tatul HAKOBYAN	Deputy Minister
Mr Vahan POGHOSYAN	Head of Department for Organisation of Medical Aid
Mr Hayk GRIGORYAN	Head of Division for International Relations

Ministry of Internal Affairs

Mr Ararat MAHTESYAN	First Deputy Director of Police
Mr Armen YERITSYAN	Deputy Director of Police
Mr Eduard GHAZARYAN	Chief of Staff
Mr Hovhannes VARYAN	Deputy Director of Police
Mr Gagik HAMBARDZUMYAN	Head of General Investigation Department
Mr Valeri KHUBLARYAN	Head of Public Order Department
Mr Artak VARDAZARYAN	Head of Information Department

Ministry of National Security

Mr Vladimir SARGSYAN	Head of Investigation Department
Mr Armen ALOYAN	Director of Service for Foreign Relations
Mr Vahagn VARDUMYAN	Officer of Service for Foreign Relations

Ministry of Defence

Mr Haykaram STEPANYAN	First Deputy Director of Military Police
Mr Samvel GHUKASYAN	Deputy Director of Military Police

Prosecutor General's Office

Mr Vahgarshak VARDANYAN	Head of Department for Supervision of Implementation of Criminal Punishments and Other Measures of Compulsion
Mr Tatul KHANJYAN	Deputy Head of Department for Supervision of Implementation of Criminal Punishments and Other Measures of Compulsion
Mr Albert MKRTCHYAN	Senior Prosecutor of Department for Supervision of Implementation of Criminal Punishments and Other Measures of Compulsion

Presidential Committee for Human Rights

Mr Hovhannes ASRYAN	President of the Committee
Mrs Silva MARKOSYAN	Coordinator of Current Works
Mr Hayk ALUMYAN	Deputy President of the Committee. Lawyer
Mr Varujhan ANTONYAN	Expert
Mr Sergey HAYRIYAN	Expert

B. Non-governmental organisations

Armenian Helsinki Association
Civil Society Development Union
Soldiers' Mothers' Committee
"Word and Right"

C. International organisations

Delegation of the ICRC in Yerevan
OSCE Office in Yerevan