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**EUROPEAN COMMITTEE OF SOCIAL RIGHTS
COMITÉ EUROPÉEN DES DROITS SOCIAUX**

24 February 2021

Case Document No. 5

Validity Foundation v. Czech Republic
Complaint No. 188/2019

**FURTHER RESPONSE BY THE GOVERNMENT
ON THE MERITS**

Registered at the Secretariat on 18 February 2021



THE CZECH REPUBLIC

ADDITIONAL OBSERVATIONS OF THE GOVERNMENT
ON THE MERITS
OF THE COLLECTIVE COMPLAINT

VALIDITY FOUNDATION v. the CZECH REPUBLIC
(no. 188/2019)

PRAGUE

18 FEBRUARY 2021

1. Further to the letter of 12 January 2021 regarding the above mentioned collective complaint lodged with the European Committee for Social Rights (“the Committee”) by Validity Foundation (“the complainant”), in which the Committee transmitted to the Government of the Czech Republic the complainant’s response to the Government’s observations (“complainant’s response”), the Government, while fully maintaining their position expressed in their initial observations of 16 November 2020 (“initial observations”), wish to submit the following additional comments.

2. The Government recall that the complainant alleges a violation of the right to protection of health under Article 11 § 1 of the European Social Charter (“the Charter”) and of the right of elderly persons to social protection under Article 4 § 3 of the 1998 Additional Protocol (“the Protocol”).

ON THE MERITS

I. THE FACTS

A) *FACTUAL BACKGROUND*

3. In § 4 of its response, the complainant alleged that the statistical data provided by the Government proved the existence and use of net-beds in some psychiatric facilities and as such

“clearly contradict[s] the Government’s arguments that it is in favour of the abolition of the net-beds in practice, or of any significant progress in that sense. The enumeration of these measures demonstrates the lack of genuine willingness on the part of the Government to put an end to these abuses.”

4. Firstly, the Government disagree with the classification of the use of restraints, namely of net-beds, as an abuse. As stated in their initial observations (see § 63 of the initial observations), the use of restraints under set conditions is allowed and accepted under international human rights law. In this regard the Government refer to §§ 63–72 of their initial observations.

5. Secondly, regarding the alleged reluctance to abolish net-beds, the adopted statutory and non-statutory amendments (see §§ 73–83 of the initial observations) and planned reforms (see §§ 117–119 of the initial observations) inevitably demonstrate exactly the opposite, i.e. the willingness of the Government to reflect and address the evolution of interpretation of soft law on international and regional levels.

6. Thirdly, the practice of more than third quarters of the psychiatric facilities which do not use net-beds also illustrate the existence of such willingness. What

is even more significant is that out of 16 facilities which used net-beds in 2017¹ only 11 used them still in 2019, i.e. there is more than 30% drop out in this period of two years (for further details see §§ 101–111 of the initial observations).

7. In § 5 of the complainant’s response, the complainant criticised the statutory regulation of judicial safeguards suggesting an indication of

“acknowledgement by the Government of a clear lack of accountability when resorting to restriction of a person’s liberty in a psychiatric institution.”

8. Referring to §§ 84–92 of their initial observations, the Government disagree with the complainant’s statement and firmly believe that there are sufficient safeguards in place. The affected patients are not forced to give their consent with the use of net-beds *ex post* and they can lodge a complaint or use a judicial remedy in a form of action for the protection of their personal rights. Furthermore, regional authorities supervise health care providers and a national preventive mechanism embodied in the ombudsperson is also in place.

B) RELEVANT INTERNATIONAL HUMAN RIGHTS LAW

(i) International Covenant on Economic, Social and Cultural Rights

9. When addressing mental health issues, the Committee on Economic, Social and Cultural Rights (“the CESCR”) in its concluding observations on the third periodic report of Slovakia of 14 November 2019 (UN Doc. E/C.12/SVK/CO/3) stated that:

“39. While noting assurances by the State party that ending the practice of using cage beds as a form of restraint is a priority, the Committee is concerned by reports that they still are used within mental health-care institutions, including among children. It is also concerned that the broad exceptions to the prohibition of such practices in the Social Services Act of 2009 meant that patients in such institutions were left vulnerable to the risk of violations of their right to the highest attainable standard of health care (art. 12).

40. The Committee recommends that the State party take all necessary steps to effectively implement its commitment to finding alternatives to the use of cage beds in mental health-care institutions. The State party should revise the Social Services Act of 2009 with a view to eliminating the exceptions to the prohibition.”

(ii) International Covenant on Civil and Political Rights

10. In its concluding observations on the third periodic report of the Czech Republic of 22 August 2013 (UN Doc CCPR/C/CZE/CO/3), the Human Rights Committee (“the HRC”) stated:

¹ Six psychiatric facilities did not provide data for 2017, however, from the data provided for later monitoring period, it is assumed that they used net-beds also in 2017.

“14. While noting that the use of enclosed restraint beds (cages/net-beds) on psychiatric patients is now regulated under the Health Care Services Act, the Committee is concerned at reports of excessive and unsupervised use of these and other restraints in psychiatric institutions and the poor monitoring of control mechanisms. The Committee recalls that this practice constitutes inhuman and degrading treatment (arts. 7 and 10 of the Covenant).

The State party should take immediate measures to abolish the use of enclosed restraint beds in psychiatric and related institutions. The State party should also ensure that any decision to use restraints or involuntary seclusion should be made after a thorough and professional medical assessment to determine the restraint strictly necessary to be applied to a patient and for the time strictly required. Furthermore, the State party should establish an independent monitoring and reporting system, and ensure that abuses are effectively investigated and prosecuted and that redress is provided to the victims and their families.”

11. In 2019, the HRC commented on restraints used in psychiatric institutions within its concluding observations on the fourth periodic report of Czechia (UN Doc CCPR/C/CZE/CO/4). In this regard it stated:

“26. The Committee acknowledges the significant efforts to improve the psychiatric health-care system, including the methodological guidelines on the use of restraint in medical facilities published in April 2018 and the related safeguards provided for under the amended Health Services Act. Nonetheless, the Committee remains concerned that enclosed restraint beds (so-called ‘net-beds’) are still in use, and that no independent monitoring and reporting system on the use of restraints has been established. The Committee notes, however, the efforts to phase out the use of enclosed restraint beds through a draft prepared by the Ministry of Health (arts. 7 and 10).

27. The Committee reiterates its recommendations [cited above] that the State party take immediate measures to abolish the use of enclosed restraint beds in psychiatric and related institutions, establish an independent monitoring and reporting system, and ensure that abuses are effectively investigated, prosecuted and sanctioned and that redress is provided to the victims and their families.”

12. In relation to Slovakia, the HRC commented on the situation of persons with disabilities (Concluding observations on the fourth report of Slovakia of 22 November 2016, UN Doc CCPR/C/SVK/CO/4) when stated that:

“20. The Committee is concerned that many persons with disabilities continue to live in large institutions separated from the rest of the society and that the practice of physical and mechanical restraints, in netted cage beds, continues (arts. 7, 10 and 26).

21. The State party should take measures to: (...) (b) abolish the use of netted cage beds and other forms of restraint in psychiatric and related institutions.”

13. In 2012, the Committee against Torture (“the CAT”) addressed situation in psychiatric facilities including use of net-beds in relation to the Czech Republic

in its concluding observations of 13 July 2012 (UN Doc CAT/C/CZE/CO/4-5) while stating that:

“21. Notwithstanding the changes in legislation announced by the delegation of the State party, the Committee is concerned about (...) the continued use of cage-beds, despite the prohibition in law, and of net-beds (...) often in unhygienic conditions and with physical neglect. (...).

The Committee recommends that the State party:

(...)

(c) Take all necessary measures to ensure, in practice, the prohibition of the use of cage-beds, in conformity with the prohibition enshrined in the Act on Medical Services (Act No. 372/2011). In addition, the Committee recommends that the Act be amended to include the prohibition of the use of net-beds since their effects are similar to those of cage-beds; (...).”

14. In its following concluding observations on the sixth periodic report of Czechia of 6 June 2018 (UN Doc CAT/C/CZE/CO/6) the CAT stated:

“32. While noting the reform of psychiatric care under way, and the recently issued methodological guidelines on the use of restraints, the Committee remains concerned at the continued use of net-beds in psychiatric institutions. (...).

33. The State party should:

(...)

(c) Prohibit, in practice, the use of cage beds in all psychiatric institutions and social institutions in which children with mental disabilities are held; amend the Health-Care Services Act (No. 372/2011) to include the prohibition of net-beds in all psychiatric facilities; (...).”

15. In relation to Slovakia, the CAT addressed use of net-beds in its concluding observations of 17 December 2009 (UN Doc CAT/C/SVK/CO/2) when stated that:

“20. The Committee is concerned about the ill-treatment of psychiatric patients, including the use of net-beds, as well as at the lack of independent monitoring of such places of deprivation of liberty (arts. 11 and 16).

The State party should improve the living conditions for patients in psychiatric institutions and ensure that all places where mental-health patients are held for involuntary treatment are regularly visited by independent monitoring bodies to guarantee the proper implementation of the safeguards laid down to secure their rights, and that alternative forms of treatment are developed.”

16. In relation to Austria, the CAT stated in its concluding observations of 20 May 2010 (UN Doc CAT/C/AUT/CO/4-5) that:

“25. Notwithstanding the explanation offered by the delegation, the Committee is concerned at the continuing use of net-beds as a measure of restraint in psychiatric and social welfare establishments (art. 16).

The State party should immediately cease the use of net-beds as it constitutes a violation of article 16 of the Convention.”

17. Former Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Juan E. Méndez, in his report of 1 February 2013 (UN Doc A/HRC/22/53) stated:

“63. The mandate has previously declared that there can be no therapeutic justification for the use of solitary confinement and prolonged restraint of persons with disabilities in psychiatric institutions; both prolonged seclusion and restraint may constitute torture and ill-treatment (A/63/175, paras. 55–56). The Special Rapporteur has addressed the issue of solitary confinement and stated that its imposition, of any duration, on persons with mental disabilities is cruel, inhuman or degrading treatment (A/66/268, paras. 67–68, 78). Moreover, any restraint on people with mental disabilities for even a short period of time may constitute torture and ill-treatment.^[78] It is essential that an absolute ban on all coercive and non-consensual measures, including restraint and solitary confinement of people with psychological or intellectual disabilities, should apply in all places of deprivation of liberty, including in psychiatric and social care institutions. The environment of patient powerlessness and abusive treatment of persons with disabilities in which restraint and seclusion is used can lead to other non-consensual treatment, such as forced medication and electroshock procedures.”

Footnote [78] reads as follows:

“See CAT/C/CAN/CO/6, para. 19 (d); ECHR, *Bures v. Czech Republic*, Application No. 37679/08 (2012), para. 132.”

18. Former Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Manfred Nowak, in his report of 28 July 2008 (UN Doc A/63/175) stated:

“55. Poor conditions in institutions are often coupled with severe forms of restraint and seclusion. Children and adults with disabilities may be tied to their beds, cribs or chairs for prolonged periods, including with chains and handcuffs; they may be locked in ‘cage’ or ‘net-beds’ and may be overmedicated as a form of chemical restraint. It is important to note that ‘prolonged use of restraint can lead to muscle atrophy, life-threatening deformities and even organ failure’, and exacerbates psychological damage. The Special Rapporteur notes that there can be no therapeutic justification for the prolonged use of restraints, which may amount to torture or ill-treatment.”

II. THE LAW

19. The backbone of the complainant’s argumentation in its response is that net-beds are a form of ill-treatment and as such are absolutely prohibited. Ill-treatment is considered to be a core obligation of both, the right to health under Articles 11 § 1 of the Charter and the right of elderly persons to social protection under Article 4 § 3 of the Protocol.

A) *AS TO THE CLASSIFICATION OF NET-BEDS AS A FORM OF ILL-TREATMENT*

20. The Government disagree with the complainant's qualification of the use of net-beds under all circumstances as a form of ill-treatment under the Charter and its Protocol as well as under other international and regional human rights instruments and in support of their viewpoint to the following considerations.

(i) The European Committee of Social Rights

21. As stated in § 69 of their initial observations, the Government emphasise that even though the Committee has not yet addressed the use of net-beds in its decision-making practice, it has had the opportunity to tackle this issue within its periodic review. The Committee must have known the development of soft law on international and regional level and could have challenged their use. However, it has decided not to do so, and opted for this approach not only in the case of the Czech Republic, but also with respect of Slovakia, Austria and Hungary.

22. Therefore, the Government are convinced that if the Committee is to keep a consistent approach, it will not consider the use of net-beds as a form of ill-treatment, contradictory as such and under all circumstances with Article 11 § 1 of the Charter or Article 4 § 3 of the Protocol.

(ii) The European Court of Human Rights

23. The Government summarised the general principles stemming from the European Court of Human Rights' ("the Court") case law in detail in §§ 47–51 of their initial observations. In this regard, they wish to reiterate that restraints used as a therapeutic method, i.e. as a medical necessity, are not considered as a form of ill-treatment. The medical necessity must nevertheless be convincingly shown to exist (see § 49 of the initial observations; and *Herczegfalvy v. Austria*, no. 10533/83, judgment of 24 September 1992, § 82).

24. When used as a medical necessity, further restrictions and safeguards apply. Physical restraints can be used only exceptionally, as a matter of last resort and when their application is the only means available to prevent immediate or imminent harm to the patient or others and must be proportionate to such an aim (see § 48 of the initial observations; and *Bureš v. the Czech Republic*, no. 37679/08, judgment of 18 October 2012, §§ 95–96). When meeting these criteria, the use of physical restraints including net-beds does not constitute ill-treatment.

(iii) The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment

25. The Government take note of the statement made by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment ("the CPT") that the use of net-beds should be prohibited.² In its last report on the visit to the Czech Republic the CPT urged the Czech authorities to take the

² CPT revised standards of 21 March 2017, Means of restraint in psychiatric establishments for adults, CPT/Inf (2017) 6, § 3.4.

necessary steps to withdraw from service all net-beds in psychiatric hospitals without further delay. It added that staffing levels in facilities providing psychiatric care may need to be increased and staff may need to be provided with additional specialised training in de-escalation techniques and methods of safe manual control.³

26. The Government observe that the CPT did not explicitly consider the use of net-beds as a form of ill-treatment (see §§ 52–55 of their initial observations). In this regard, they recall that the responsibility of the CPT does not entail pronouncing on whether a certain situation as such amounts to inhuman or degrading treatment or punishment within the meaning of Article 3 of the European Convention on Human Rights. The CPT standards aim at future prevention of ill-treatment (see *Muršić v. Croatia*, no. 7334/13, judgment [GC] of 20 October 2016, §§ 111–113).

27. Thus, by the very nature of the CPT’s role, its recommendation to phase-out the use of net-beds cannot be interpreted as meaning that every restraint in a net-bed amounts to ill-treatment. The recommendation should be understood as saying that given the fact the use of net-beds may in practice result in ill-treatment (and in fact it sometimes does) and there are alternative ways to achieve the aim pursued, the States should refrain from using them and develop the alternatives.

28. The Czech Republic follows the recommendation (see §§ 73–100 and 115–119 of the initial observations). As accepted also by the CPT, the phasing-out of net-beds require adopting accompanying measures, which necessarily takes some time.

(iv) United Nations Treaty Bodies

29. The Government are aware of the criticism of net-beds voiced by some of the UN Treaty Bodies. However, the approach towards the use of net-beds is neither firm nor united across all the UN Treaty Bodies as claimed by the complainant, and seems to be rather of an emerging and soft nature.

30. During its periodic review, the CESCR has never addressed the issue of net-beds in relation to the Czech Republic. Nor has the issue been addressed in relation to Austria before their abolishment. In its concluding observations with respect to Slovakia (see § 9), it tackled only cage-beds and not net-beds. Furthermore, even in this regard it did neither call for an immediate abolition nor classify cage-beds as a form of ill-treatment *per se*, and instead recommended that Slovakia adopt all necessary steps “*to effectively implement its commitment to finding alternatives to the use of cage beds in mental health-care institutions*” and suggested revision of the relevant domestic law “*with a view to eliminating the exceptions to the prohibition*”. In the Government’s view, the wording used by the CESCR rather suggests progressive nature of the obligation than an obligation of an immediate effect.

31. Contrary to the CESCR, net-beds were addressed by the HRC, but only in relation to Slovakia (see § 12) and the Czech Republic (see §§ 10–11). Only in

³ Report of the CPT of 4 July 2019 on the visit to the Czech Republic from 2 to 11 October 2018, COT/Inf (2019) 23, § 106.

one of its concluding observations, namely on the third periodic report of the Czech Republic, the HRC explicitly stated that “*this practice constitutes inhuman and degrading treatment*” (see § 10). However, in the Government’s view, the HRC was rather referring to “*excessive and unsupervised use of these*” than to general use of net-beds.

Furthermore, these concluding observations were adopted in 2013, i.e. prior to the adoption of many legal safeguards such as the amendments to the Healthcare Service Act (see § 19 of the initial observations), the new methodological recommendation on the use of restraints (see § 30 of the initial observations) and the methodology for inspections of the use of restraints (see § 31 of the initial observations).

This conclusion is supported by the fact that the HRC did not reiterate the same conclusions, i.e. that the use of net-beds constitute a form of ill-treatment, in its following concluding observations of 2019 (see § 11), even though it remained concerned about their use.

Nor did it classify the use of net-beds *per se* as a form of ill-treatment in its concluding observations on the Slovak Republic’s (see § 12) or Austria’s reports, countries which used or still use net-beds as a form of restraint.

In the case of Czechia, the HRC called for immediate abolishment, but this approach was not adopted towards Slovakia (see § 12) or Austria.

32. The CAT has called for immediate prohibition of net-beds only in 2010 in relation to Austria, when it also concluded that the use of net-beds constitutes an ill-treatment (see § 16). However, in later concluding observations in relation to other countries, the CAT did neither qualify the use of net-beds as a form of ill-treatment nor called for adoption of immediate measures. In the case of the Czech Republic, it recommended their prohibition (see §§ 13–14) while in the case of Slovakia it advised a general improvement of living conditions for patients in psychiatric facilities (see § 15).

33. As demonstrated above, there seems to be rather an emerging unified approach among some of the UN Treaty Bodies towards the prohibition of net-beds.

34. In any event, the same cannot be warranted with regard to their classification as ill-treatment *per se*. Even though the CAT and the HRC have associated the use of net-beds with ill-treatment, this was rather connected with situations when they were used excessively without proper supervision than in relation to their use in general.

35. This conclusion is supported by the fact that the respective committees did not adopt the same classification in their later assessments and in relation to other countries using net-beds as form of restraint. Moreover, the CAT has never declared the use of net-beds as a form of ill-treatment in relation to the Czech Republic, even though it could have. Furthermore, the CESCR has never even addressed net-beds in any of its concluding observations, even though it has had an opportunity to do so in its latest concluding observations and was presumably aware of the conclusions reached by other UN Treaty Bodies.

36. As to the report by the former Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment Manfred Nowak, it refers to prolonged use of restraint which may lead to ill-treatment, and not to their use in general (see § 18) while his predecessor Juan E. Méndez extended this conclusion to all restraints used on mentally disabled people for even a short period of time (see § 17). Nevertheless, as footnote 78 (also cited in § 17 above) reveals, in reaching this conclusion he relied on sources targeting solely restraining belts⁴ and solitary confinement.⁵

37. As to the Committee on the Rights of Persons with Disabilities (“the CRPD”), it rejects the use of restraints in psychiatric institutions on persons with psychosocial disabilities in general (e.g. CRPD, Concluding observations on the initial report of the Czech Republic, 15 May 2015, UN Doc CRPD/C/CZE/CO/1, § 32). However, for the reasons set out in detail below (see §§ 39–42), the Government do not consider its position decisive on its own.

38. Even though civil and political rights and economic, social and cultural rights are interdependent and interrelated,⁶ and UN Treaty Bodies frequently and regularly refer to each other’s conclusions, it does not mean that they are automatically bound by each other’s views and observations. The approach towards the use of net-beds can serve as an example which shows that there is a lack of consensus on their classification as a form of ill-treatment and towards their immediate prohibition.

B) AS TO THE IMPACT OF CRPD’S INTERPRETATION

39. As demonstrated in §§ 29–38, the CRPD provides a unique approach among the UN Treaty Bodies to the use of restraints in psychiatric facilities since it calls for their general prohibition. In this regard, the Government would highlight that despite the fact that the UN Treaty Bodies inspire each other, it does not automatically mean that they are limited in their interpretation by the CRPD.

40. Even though, the former Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health Dainius Pūras has stated in his report that the right to health protected under the International Convention on Economic, Social and Cultural Rights “*is now understood within the framework of the Convention on the Rights of Persons with Disabilities*”,⁷ the CESCR has not addressed the use of net-beds in its periodic review.

⁴ *Bureš v. the Czech Republic* (no. 37679/02, judgment of 31 March 2009).

⁵ Concluding observations of CAT in relation to Canada, 25 June 2012, UN Doc CAN-CAT/C/CAN/CO/6, § 19(c).

⁶ Vienna Declaration and Programme of Action adopted by the World Conference on Human Rights in Vienna on 25 June 1993, § 5.

⁷ Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, 28 March 2017, UN Doc A/HRC/35/21, § 65.

41. Furthermore, in relation to a compulsory confinement or a prohibition of detention on the basis of impairment, the Court has explicitly refused to interpret the Convention for the Protection of Human Rights and Fundamental Freedoms in accordance with the interpretation of the Convention on the Rights of Persons with Disabilities as provided by the CRPD (see *Rooman v. Belgium*, no. 18052/11, judgment [GC] of 31 January 2019, § 205). This conclusion could be applied by analogy to the situation of net-beds in psychiatric hospitals.

42. As to the complainant's reference to the case of *FIDH v. Belgium* (complaint no. 75/2011, decision on the merits of 18 March 2012, § 112), the Government note that the referenced statement of the Committee cannot be interpreted that the Committee is bound by the CRPD's interpretation. *Firstly*, the case is not related to the use of restraints in psychiatric facilities but to the shortage of accommodation for disabled persons. *Secondly*, the Committee's conclusion that the high number of CRPD ratifications "*reflects existing trends in comparative European law in the sphere of disability policies*" is not applicable to the CRPD's approach towards the use of restraints for therapeutic purposes in psychiatric facilities. On the contrary, the CRPD's approach in this regard is rather rare and unique and certainly not reflecting a common approach or a unified trend on international, regional or national level.

C) *AS TO WHETHER A PROHIBITION OF NET-BEDS CONSTITUTES
A CORE OBLIGATION OF THE RIGHT TO HEALTH AND RIGHT
OF ELDERLY PEOPLE TO SOCIAL PROTECTION*

43. The Government note that no relevant international or regional body has considered the use of net-beds as part of the core obligations. The Committee has never addressed the use of net-beds in psychiatric hospitals during its periodic review even though it could have. Hence, the Government are of a view that it is not considered to be a part of the core obligations associated with the right to health and the right of elderly people to social protection.

44. Similar approach was adopted by the CESCR, the treaty body responsible for interpretation of the right to health under the International Covenant on Economic, Social and Cultural Rights, which addressed solely cage-beds. In any event, it has not considered the use of net-beds to be a part of the core obligations under the International Covenant on Economic, Social and Cultural Rights.

D) *CONCLUSION*

45. The Government conclude on the one hand that:

- under the conditions provided for by international human rights law the use of restraints including net-beds for therapeutic purposes and as a medical necessity in psychiatric facilities does not constitute ill-treatment as currently interpreted by international human rights bodies;

- the abolishment of net-beds does not seem to be a part of core obligations under the right to health and the right of elderly people to social protection.

46. On the other hand, there is an emerging trend in international human rights law towards the prohibition of net beds. However, the calls for their immediate prohibition remain rather isolated and are not broadly accepted.

47. Therefore, the Government are convinced that under Article 16 of the Charter and Article 4 § 3 of the Protocol the phasing-out of net-beds can be realised progressively when accomplished in a reasonable time frame and complemented by appropriate legal safeguards and other accompanying measures. In §§ 73–100 and 115–119 of their initial observations the Government documented in detail that this has been the case in the Czech Republic.

GENERAL CONCLUSION

48. As to the merits of the complaint at hand, the Government refer to their initial observations of 16 November 2020.

Vít A. Schorm
Agent of the Government
(*signed electronically*)