



Universal Periodic Review of Russia

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Healthcare in Russian penitentiary institutions. The problem of torture and ill-treatment

1. This report is submitted to the UN Human Rights Council (UNHRC) Working Group on the Universal Periodic Review by the Public Verdict Foundation (PVF)¹ pursuant to the invitation from the UNHRC to submit information for the 44th session as part of the 4th cycle of the UPR of the Russian Federation. This report focuses on the issue of inadequate medical care provided to prisoners in Russian colonies, which constitutes a form of ill-treatment.
2. The PVF is one of the oldest human rights organizations in Russia which challenges the practices of torture and ill-treatment by the law enforcement agencies. PVF was founded in 2004 and aims to achieve zero tolerance towards any forms of illegal violence and to establish effective civil oversight as a key tool. To this end, PVF offers legal defense to survivors of torture and civic activists, as well as assistance with psychological rehabilitation and reintegration. PVF conducts professional research and analytical work to inform proposals for reforms and systemic changes.
3. All cases included in this report are in the public domain, based on explicit informed consent from the victims or their family members.
4. Healthcare services in closed institutions such as prisons are of fundamental importance not only as providers of medical assistance to prisoners and a key instrument of documenting torture, but also as an institutional mechanism for preventing ill-treatment and torture. For healthcare workers to perform these functions successfully, they must not be subordinate to the prison authorities and be fully independent.
5. After 2014 reform of medical service in prison physicians practicing in places of detention are not considered official employees of the respective correctional colonies or remand prisons and thus are not formally required to obey the administration of these institutions. It should be noted that the 2014 reform represents a significant step towards achieving autonomy in healthcare provision within prisons.
6. However, healthcare workers are still considered prison medics and law-enforcement officials, although they are part of a separate chain of command within the Penitentiary Service of Russia (the FSIN) and theoretically not subordinate to the administration of a particular colony. The purpose of the reform was to eliminate direct subordination of medical personnel to the heads of penitentiary institutions, but in practice, this did not result in better quality of care, nor did it make healthcare more accessible to prisoners.
7. In the summer of 2019, the FSIN envisioned consultations to consider the possibility of transferring the prison medical service under the authority of the Russian Ministry of Health.² We are unaware of any progress made during these consultations and the status of plans to transfer prison healthcare to the Ministry of Health.

¹ The Public Verdict Foundation has been included by the Russian Ministry of Justice in the register of NGOs acting as foreign agents.

² Tass.ru, “ФСИН рассматривает вариант передачи медицинского ухода за заключенными в ведение Минздрава” (Federal Penitentiary Service considers the option of transferring medical care for prisoners to the Ministry of Health), 26 August 2019, available at: <https://tass.ru/obschestvo/6800619>

The transfer of the prison medical service under the authority of the Ministry of Health has been discontinued.

8. In practice, prisoners often cannot access timely and appropriate medical care. Pursuant to the so-called “exhaustion of internal means” principle, priority is given to providing medical assistance within the penitentiary system. Involving civilian healthcare providers in medical assessment or treatment of prisoners is only possible if the required care cannot be obtained at medical facilities within the penitentiary.

A vicious circle ensues, in which the involvement of a civilian specialist is only allowed if it can be proven that no such specialist is available in a prison hospital. However, proving this requires a correct diagnosis, which cannot be made in prison due to the lack of specialists. As a result, prisoners’ condition can not be diagnosed correctly and promptly. The disease advances, and only at its later stages will the prison healthcare system acknowledge the need to seek assistance from an external medical specialist. The system is structured in such a way that prisoners are unable to demonstrate the unavailability of necessary medical care in remand prisons or correctional colonies until they have already developed serious complications.

9. The decision to involve an external specialist is at the discretion of the prison administration, despite the fact that the prison medical staff is not directly under their authority. The recommendation of a prison physician to involve a specialist from a civilian medical organisation must be approved by the head of a colony who will then send a request to the civilian medical organisation within one working day. Consequently, current regulations prohibit physicians who practice in medical units of penitentiary facilities (while not formally being subordinate to the prison administration) from making a direct request for consultation with a civilian specialist as they deem necessary.

The medical documentation is still under the control of the colony administration, allowing them to exert pressure on prisoners through this means.

10. A prisoner can request to be seen by a medical specialist of their choice at their own expense. But whether or not an external medical specialist is actually invited is at the discretion of the colony head, and the current regulations do not explicitly oblige them to comply with such requests from prisoners.

11. Accessing a civilian specialist of their choice is often challenging and, in many cases, beyond the ability of a prisoner, as they must undertake a significant number of steps on their own. Even when relatives take it upon themselves to facilitate a prisoner’s medical treatment, the prison system creates obstacles that can effectively prevent access to care, potentially resulting in irreversible consequences.

A client of the Public Verdict Foundation, **Artur Romanov**, aged 28, while serving a sentence at Correctional Colony no. 10 in Chusovoy, Perm Region, did not receive timely and appropriate medical treatment and died in a prison hospital.

In November 2022, Romanov began experiencing symptoms, but the colony administration failed to take necessary measures to diagnose and treat his illness. A few days after the onset of the first symptoms, he was admitted to the prison hospital after he lost consciousness due to what appeared to be an epileptic seizure. Romanov was initially admitted to a civilian hospital but on 19 November he was transferred to Prison Hospital no. 2 at IK-9 in the city of Solikamsk. Still capable of moving independently on 19 November, he lost consciousness on the next day. The prison hospital refused to accept medicines brought by the relatives or to allow access to an ambulance crew called by the prisoner’s mother. On 23 November, Romanov’s mother reached out to the Emercom, and after evaluating the patient’s condition, they

agreed to transport Romanov to the Intensive Care Unit of a civilian hospital in Berezniki, Perm Region, where Romanov died on 28 November, without regaining consciousness. During Romanov's entire stay at the prison hospital, he did not receive the treatment he needed. The Public Verdict Foundation succeeded in having a criminal case instituted into his death. The case was opened on charges of "causing death by negligence." The investigation is currently ongoing. PVF is now seeking another case to be instituted against the prison medics for malpractice.

12. Most prisoners cannot access timely medical assistance, and the first symptoms of their illness are usually ignored. Assistance is only provided when the disease has reached an advanced stage or when a prisoner's condition is near critical.

13. Being transferred to a prison hospital does not necessarily guarantee prompt and adequate medical care and often results in the patient's death.

The Public Verdict Foundation has been working on multiple cases from a single Prison Hospital no. 2 of the FSIN Medical Unit no. 59 at Correctional Colony no. 9 in the Perm Region. This fact reflects a pattern of violations associated with healthcare provision in the penitentiary.

Yuri Zaikov, aged 47, a man with the 1st degree disability (severe), was serving a sentence in Colony no. 9, Perm Region. From 20 October 2022 and thereafter, the prisoner complained of acute abdominal pain and high fever and sought assistance from the medical unit. According to his wife, his requests were ignored, and assistance was denied. Other prisoners then informed Zaikov's wife that he had been hospitalised on 1 November 2022 in a critical condition for emergency surgery to be performed at a branch of Prison Hospital no. 2 in Perm Region. However, the patient was transferred to an unknown place immediately after the surgery. Following a long search, Zaikov's wife found him at another hospital, whose staff informed her that surgeons at the hospital in Colony no. 9 had "simply cut him up and stitched him back together without the actual medical intervention," so that his condition became even worse after the surgery. Zaikov underwent emergent surgery at the other hospital but went into a coma and died without regaining consciousness on 18 November 2022.

Nikolay Gulyaev, a person with the 2nd degree disability, is serving a sentence in Colony no. 9 in Perm Region. In 2017, while at the colony, he sustained an injury to his cervical vertebrae, resulting in multiple diagnoses, including four hernias, a fracture, and a curvature of the cervical vertebrae, among others. Gulyaev has been continuously suffering from neck and back pain. However, a corset was not prescribed to him until two years later, in 2019. As of today, he is unable to function without a corset, as his neck is unable to support his head and he has trouble breathing. He also suffers from leg weakness, high blood pressure, inability to use the toilet, and constant headaches, for which painkillers provide no relief. Gulyaev is not receiving proper medical care. In 2021, an orthopedic surgeon recommended that a neurosurgeon be consulted regarding the patient's treatment. As of this writing, no consultation with a neurosurgeon has been arranged, and the patient is not receiving treatment.

On 13 September 2022, the Perm Regional Court found unlawful the failure of the prison medical unit (FSIN MU-59) to arrange a consultation with a neurosurgeon for Gulyaev. But the prison medical unit has not complied with the court's order, and the required consultation has never been arranged.

14. When a prisoner is transferred to a hospital, the general procedures of prisoner transportation apply. This means that someone in need of an urgent medical intervention could spend a long time being transported around the region. Furthermore, a civilian hospital may decline to admit a prisoner if their condition is approaching critical.

Vazha Bochorishvili, a Georgian national, prisoner at IK-1 in Yaroslavl

Bochorishvili was severely tortured at the colony, resulting in serious injuries and subsequent death on 9 May 2017. In May 2016, he was transferred from Colony no. 3 in Yaroslavl to a strict high-security isolation cell (EPKT) in Colony no. 1 in Yaroslavl. In April 2017, Bochorishvili was severely beaten by the prison staff in the presence of a prison physician. The prisoner's chronic diseases worsened after the beating, but he was placed in a disciplinary cell and held in solitary confinement to hide his condition. He was provided only with basic medical care and denied a proper and timely assessment. As his health severely deteriorated, Bochorishvili was transferred to a hospital for the first time. In the nine days between the onset of his illness and his death, Bochorishvili was transported four times between different hospitals.

A video recording of the beating, recorded by a CCTV, was preserved and used as evidence in the subsequent criminal proceedings, instituted only after a lawyer of the Public Verdict Foundation handed the recording to the media and it was made public.³ The Investigating Department of the Investigative Committee for Yaroslavl Region conducted an inquiry into the case in 2017, but no criminal case was instituted.

The beating was preceded by a humiliating strip search, during which the prison staff instructed Bochorishvili to squat in the presence of a female medic for an examination of his bodily cavities.

Bochorishvili needed a liver transplant, but could not expect to access this complex surgery, as a foreign national. On 9 May 2017, less than a month after being tortured at IK-1, Bochorishvili died in hospital. When his body was handed over to family, he was missing internal organs.

The colony employees who beat Bochorishvili – Sergey Gusarin, Vyacheslav Shashkin and Sergey Kuzmin – were sentenced to prison terms ranging from three to three and a half years.

We have no knowledge of the current status of the criminal investigation against the prison physicians, including any progress made in the case, details regarding the charges and person who were charged (if any), and whether the case has been discontinued.

Background on the Reform of Healthcare service in Russian prisons

15. There has been a long-standing discussion about the need to reform the healthcare service in Russian prisons due to frequent criticism of prison medicine. An experiment was announced in 2010

³ *Novaya Gazeta*, “Тут, конечно, крыть уже нечем” (There are no more justifications), 23 February 2021, available at: <https://novayagazeta.ru/articles/2021/02/23/89336-tut-konechno-kryt-uzhe-nechem>

to establish centralised medical units that would report directly to the federal authority and have their own dedicated centralised funding. Since 2011, the experiment has been implemented in a pilot mode: medical units were established in selected regions and removed from the chain of command of regional prison administrations.

16. In the same year 2011, article 117 of the Penitentiary Code was amended. One important safeguard introduced by the amendment was the requirement for a medical examination to be carried out before confining a prisoner to a disciplinary cell. This amendment requires that prisoners undergo a medical examination and receive a medical opinion concerning their health condition and potential medical implications of placing them in strict isolation in a disciplinary cell prior to confinement. While the practical implementation of this safeguard has come under valid criticism, the mere existence of such a provision in the law holds significant importance.

17. Since 2014, the initially pilot project has been expanded and a large-scale reform has been implemented within the FSIN. In particular, medical units have been established at the FSIN's regional offices, which have incorporated the existing penitentiary healthcare infrastructure, such as hospitals and paramedic stations, in the respective regions. These units have been given the responsibility of centralised procurement of medicines and have developed regulations for interacting with civilian healthcare. Furthermore, they have been made subordinate to the Medical Department within the FSIN. Most importantly, these medical units are no longer subordinate to the administration of their respective facilities, such as prison colonies, whereas previously, each of them operated as a structural unit of a colony or a pre-trial detention center, and the healthcare workers were subordinate to the prison administration.

18. Following the 2014 reform, ensuring the actual independence of physicians from the prison authorities still remains an issue to be resolved, and there is a need to make the Ministry of Health's standards mandatory for prison healthcare.

19. In 2017, regulations were issued providing for safeguards to ensure that prison healthcare provision adhered to the standards set by the Ministry of Health (Ministry of Justice Order no. 285 of 28 December 2017 "On approval of the Procedure for providing healthcare to persons held in custody or imprisoned"). The new regulations explicitly mandate the penitentiary system to adhere to the standards of care established for the civilian healthcare system (paragraph 1 of the Regulations). However, the issue of ensuring complete independence of prison medics has yet to be fully addressed.

20. The documented cases of inadequate and delayed medical care, as described above, lead us to the conclusion that prisoners' access to healthcare is dependent on poorly coordinated administrative decisions at various levels. Moreover, since the medical service is still part of the penitentiary system, its healthcare objectives are subordinated to those of law enforcement, which takes priority. This causes prison medics to turn a blind eye on incidents of ill-treatment and torture.

21. Further reform is of great importance to end the situation when prisoners die only because of untimely provided care or services incompatible with modern medical standards (protocols).

Recommendations:

1. Transfer the authority for prison healthcare entirely from the FSIN to the Ministry of Health and ensure the prison medical staff independence from prison administration and staff.
2. Simplify the process for prisoners to access medical care to ensure that it is promptly provided in accordance with treatment protocols.
3. Abandon the principle of "exhaustion of internal means" and allow prisoners to choose healthcare providers and medical specialists as needed for consultation.