

## **Information from the Bulgarian Helsinki Committee about the measures taken by the Ministry of Justice under *Neshkov* case implementation**

In the summer of 2016 the Bulgarian Helsinki Committee (BHC) visited the prisons in the cities of Burgas, Varna, Lovech, Sofia, Stara Zagora and Pleven, as well as the prison dormitories in the towns of Troyan and Cherna Gora. The main focus of the observations/visits was to establish what actions have been taken to document and investigate incidents of violence between inmates and of violence committed against inmates by prison staff; to document the physical living conditions (living area, access to food and water, hygiene and sanitation) and access to medical services; to monitor the conditions of the solitary confinement cells where inmates serve out their punishments. The researchers reviewed documentation, observed the various quarters in the prison facilities, and carried out interviews with the administrative staff, as well as with inmates.

### **1. Action Taken to Register and Investigate Acts of Ill-Treatment among Fellow Inmates and Ill Treatment of Inmates by Prison Staff**

In 2016 the Bulgarian Ministry of Justice, on behalf of the Bulgarian Government, notified the Committee of Ministers of the Council of Europe that the Deputy Minister of Justice had issued an ordinance requiring that all prison facilities should introduce registers to document the use of force and restraining devices, as well as registers to document injuries suffered by inmates. This ordinance (which was issued under number *ЛС-04-1416/13.10.2015* and is henceforth mentioned as *the Ordinance*), was not made available to the general public, however, the BHC was able to secure access to it by means of submitting a written request for access to public information to the Ministry of Justice. In its reply the Ministry of Justice stated that the Ordinance had been sent out to all prison facilities via regular and electronic mail.<sup>1</sup>

According to the Ministry a register for documenting injuries suffered by inmates has been introduced in all prison facilities along with a register for documenting the use of force and restraining devices. Among other things, the Ordinance requires that by no later than the 5th day of each month all prison wardens shall submit a detailed report to the Director of the Execution of Punishments Department (EPD) at the Ministry of Justice containing information about all the cases of ill-treatment recorded for the previous month. The information contained in these reports shall be analyzed by the Director of the Execution of Punishments Department once every three months and the summarized data shall be submitted to the Deputy Minister of Justice. Over the period of **13 October 2015 – 13 January 2016** the Ministry of Justice received information about **22 incidents of the use of force and restraining devices by prison officers in response to inmate-on-inmate assaults or to inmate assaults on prison staff**. During the same period, the reviewed **registers for traumatic injuries suffered by inmates** contain records of **34 incidents, 24 of which were incidents of inmate-on-inmate assault and 10 were incidents of self-inflicted injuries**. All of these incidents have been reported to the regional prosecutors' offices.

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<sup>1</sup> Bulgaria, Ministry of Justice, Letter 66-00-85/21 June 2016.  
България, Министерство на правосъдието, Писмо 66-00-85/21 юни 2016.

The findings from the monitoring carried out by the BHC in six prisons and two prison dormitories were different from the information provided by the Ministry.

### 1.1. Registers for traumatic injuries suffered by inmates

Registers for injuries suffered by inmates do actually exist in seven out of the eight prison facilities that were visited by the BHC researchers. However, the monitoring revealed a lack of coherence in the format of these registers from place to place, as well as a failure to adhere to a strict procedure on part of the medical personnel when entering data into the registers. Reviews of the registers showed a number of deviations from the correct protocol: not all medical staff utilize a body chart for visual representation of the inmates' injuries; the medical examination is not carried out in confidence between the physician and the patient; the physicians' conclusions are usually too brief and lacking in information, and physicians fail to denote whether or not there is a discrepancy between their findings and the patient's complaints; it is only in rare cases that patients are informed of the physician's findings. In addition, there was no record of whether or not inmates are officially informed of or have access to the ordinance that regulates the procedure for recording traumatic injuries by medical staff in prison.

The incidents of trauma received by inmates as a result of the use of force and restraining devices by prison staff are not always marked in the designated register and in the rare occasion when they do get recorded into the register, they often lack details about the incident.

The data on the traumatic injuries suffered by inmates, as well as on the use of force and restraining devices that was provided by the Ministry of Justice is markedly different from the data collected as a result of the BHC monitoring: there is a stark discrepancy between these figures, especially considering the fact that the BHC research only covered a partial period and these figures were collected from only 6 prisons and 2 prison dormitories.

Another problematic step in the procedure for documenting injuries suffered by inmates is the access of injured inmates to independent medical examination, because this type of examination requires that the patient pay a fee which most inmates find unaffordable. Not a single one of the 8 institutions visited by the BHC researchers were able to provide records showing that the prison medical staff had ever notified the prosecutor's office of any of the instances of violence perpetrated by prison staff.

Also, there was no evidence that prison wardens had ever met with the director of the EPD to specifically discuss the issue of violence committed against inmates by prison staff; moreover, the prison staff interviewed at most of the prisons was not familiar with the details surrounding the case of *Neshkov and Others vs. Bulgaria*.

The prisons in Burgas and Sofia show a reduction in the number of instances of violence perpetrated by prison staff as a result of replacing the prison wardens of these two institutions. However, in the Varna prison, the change of prison management has not yielded a noticeable decrease in the instances of staff violence judging by the number of documented cases.

*Item 1 of the Ordinance issued by the Deputy Minister of Justice on 13 October 2015 provides the following: “in cases of filed allegations for physical violence, when there are visible signs of violence and in cases of the use of physical force and restraining devices in accordance with Chapter 9, part 3 of the Execution of Punishment and Detention Act (EPDA), prison officials shall facilitate the inmates’ immediate access to the medical specialist who is responsible for providing medical services at the given prison facility”. According to Art. 5 of the same Ordinance, “in all cases under Art. 1 a detailed medical examination shall be performed and all the findings shall be recorded into a designated form (Addendum 1) and shall be noted on a ‘Body Chart for the Marking of Injuries’ (Addendum 2)”. According to item 7 of the Ordinance the medical staff at the prison facilities shall keep a “Register for Traumatic Injuries Received by Inmates and Detainees” and shall use it to document all incoming allegations of suffered assaults, as well as all the findings of traumatic injuries when present. The Register should consist of a sequential number of the patient, full name of the patient, patient’s description of the incident, physician’s diagnosis of the injury (when applicable), and prescribed treatment (when applicable).*

The BHC found that the prisons in **Burgas, Lovech, Sofia, Stara Zagora, Pleven, Troyan, as well as the prison dormitory in Cherna Gora, do, indeed, maintain a register such as the one required by the Ordinance.** This register is usually kept in the form of a notebook which is clearly marked to note that this document is to be utilized for the recording of traumatic injuries sustained by inmates. Neither the physician, nor the physician assistant at the Burgas prison had any knowledge of the existence of a register for the recording of traumatic injuries, but after receiving instructions over the telephone from the nurse (who had been on medical leave for a few months) the physician was able to successfully locate the register. The physician explained that she keeps entries of all medical information, including information about traumatic injuries, in the outpatient logbook; however, there was only one entry noted in the book at the time of the visit of the BHC researchers and this one entry had never been investigated due to the heavy workload of the medical staff. One of the physicians at the **Lovech** prison shared that keeping a separate register for traumatic injuries was redundant in his opinion as it is, in essence, a duplicate of other forms for registering traumatic injuries that already exist in accordance with the law (i.e. outpatient logbook and the reports submitted to the prison warden) and that this document is of no legal importance in cases of a possible criminal investigation.

The Varna prison does not keep a general register for injuries with a unified numbering system: all traumatic injuries are recorded in a designated form, “Addendum 1”, which is kept in a clear sheet protector. “Addendum 2” is a body chart containing markings of the injuries, colour photos and other pertinent medical information received from the Centre for Urgent Medical Care or the Multifunctional Outpatient Hospital in those cases when an inmate has received medical care at an external medical establishment. The two addendums are kept together in one folder.

In one of the prison facilities (**Troyan**) the physician was out on the day of the visit of the BHC researchers; in another facility (**Burgas**) the physician had been working there for a year, but had not made any entries into the register. The physicians in another three (**Varna, Lovech, Pleven**) of the eight total visited facilities stated that they make entries into the register only when there is a recorded complaint and after examining the patient in person when the inmate is brought to the medical office

either by fellow inmates or by the prison officer on duty (the physician in the **Lovech** prison makes entries into the register most often when visited by a patient whose trauma was a result of battery, and the physician assistant in the **Pleven** prison makes entries when the patient states that the trauma was caused by an accident). The physician at the medical office in **Sofia** prison believes that the inmates have no access to the Ordinance governing the procedure for documenting traumatic injuries – the inmates do not receive knowledge of the Ordinance as part of their admittance procedure, nor is there a copy of the Ordinance posted anywhere in the facility, so inmates mostly hear about the existence of this Ordinance from their fellow inmates. This fact explains why both the medical examination of inmates and the register entries rarely are a direct result of an inmate’s complaint, and why usually patients are brought to the medical office to receive medical attention at the initiative of a prison officer. The prison staff at the **Stara Zagora** prison and the **Cherna Gora** prison dormitory have been trained in the procedure in cases of altercations between inmates; therefore, most often they are the ones who take the prisoners to the medical office for medical attention.

The incidents of ill treatment and traumatic injuries, as well as the incidents of use of force and restraining devices by prison staff registered from October 2015 to June 2016 are summarized in the table below:

<b>Prison/ Prison Dormitory</b>	<b>Number of registered incidents of ill treatment and traumatic injuries</b>	<b>Number of registered incidents of ill treatment as a result of the <u>use of force and restraining devices by prison staff</u></b>	<b>Notes</b>
<b>Burgas</b>	<b>26</b>  (for the period of 10 October 2015- 27 May 2016)	<b>2</b>	There is a video recording of one of the two incidents of violence perpetrated by a prison staff member. The circumstances surrounding the second incidence of ill treatment by staff are unclear. <sup>2</sup>
<b>Varna</b>	<b>22</b>  (for the period of November 2015 – 31 May 2016)	<b>6</b>	-
<b>Lovech</b>	<b>44</b>  (for the period of 14 October 2015 – 10 May 2016)	<b>2</b>	The records of both incidents in the register fail to provide information on who used force and restraining devices on the victims and what the circumstances were (the report

<sup>2</sup> In the first incident (which was broadly discussed in the media), G., an inmate who was suffering from a psychiatric disorder and undergoing drug withdrawal, attempted to physically assault a staff member (he punched prison officer S. a few times) and, as a result, was **hit with a rubber baton**. The video recording of the incident has been reviewed on numerous occasions including by prosecutors. The recording of the second incident involving the inmate R. A. H. stated the following: “Around 16 o’clock during the open-air exercise time – there is information about **blows administered to an inmate’s back with a rubber baton**. The inmate was knocked down to the ground and locked up on the first floor.”

			submitted to the EPD, however, does contain clarification on these points).
<b>Pleven</b>	<b>4</b>  (for the period of 19 February 2016 – 16 March 2016)	<b>1</b>	The current physician assistant has been working at the medical office since February and all the information in the register starts from that time. The staff failed to locate an old register from the previous physician and it is not clear whether there was such a register at all prior to February of 2016. The entry of ill treatment perpetrated by a prison staff member lacks any details (the report submitted to the EPD, however, does contain clarification on these points).
<b>Sofia</b>	<b>93 or 136 *</b>  The 93 incidents that are documented in the register were entered during the period of 25 November 2015 – 12 July 2016. The first entry in the register starts at number 43 and it is from 25 November 2015 – the current physician explained this fact by saying that the first register ran out of pages. Therefore, if the registers have been maintained since the Ordinance was issued by Minister Yankulov, the total number of incidents of ill treatment is actually 136.	<b>1-2</b> – this is what the physician said. However, this figure probably accounts for only those incidents when traumatic injuries were found which were a result of the use of force; the report submitted to the EPD by the chief prison officer shows that the incidents of the use of force and restraining devices by prison staff are by no means a rarity: the very first three entries mentioned in the last report fall into this category, even though the use of force in these instances did not result in visible marks and injuries.	In addition, the researchers reviewed the Register for the Use of Physical Force, Restraining Devices and Weapons which dates from 2014 and is kept in the room of the officers on duty. That register is divided into three parts. There are no entries in any of the three parts for the year 2016 despite the fact that the report of the chief prison officer to the EPD dating from June 2016 contains information about three instances of the use of force and restraining devices which were not marked in the register; the register has data on only 3 instances of the use of physical force and 1 instance of the use of restraining devices, all of which date back from 2015.
<b>Stara Zagora</b>	<b>10</b>	<b>0</b>	-
<b>Troyan</b>	<b>4</b> (all recorded instances occurred from the period between 2 and 20 November 2015. The register does not contain any entries after 20 November for unknown reasons.)	<b>0</b>	A review of all of the instances revealed that <b>all</b> injuries resulted from <b>assaults and battery inflicted by other inmates</b> .
<b>Ch. Gora</b>	<b>15</b>	<b>5</b>	-
<b>The total number of documented instances of ill treatment and traumatic injuries in the 8 institutions visited by the researchers was 218 (* or 261, depending on the interpretation of the data from the Sofia prison); the data provided by the prison administration indicates that in 18 of these instances the perpetrators were prison staff who used force and restraining devices.</b>			

The Bulgarian Helsinki Committee visited 8 prison institutions (Burgas, Varna, Lovech, Pleven, Sofia, Stara Zagora, Cherna Gora and Troyan) in the period of June – July 2016. The Prison administration supplied the researchers with some of the **reports** on the use of force and restraining devices and the instances of traumatic injuries that were submitted to the EPD. One fact that becomes immediately obvious is that the reports do not follow a uniform format – some are very detailed (containing details on dates, names, particularities about the situation, circumstances necessitating the use of force, violence and restraining devices – as is the case with the reports from the prisons in Lovech, Pleven, Burgas and Sofia), while others contain only a mere mention of the inmates’ names, the date and hour of the incident and a statement of the fact that the inmates were victims of ill treatment by other inmates – as is the case with the Varna prison’s report. The second noticeable fact is that **not all prisons submit these reports each and every month** (for example, Varna presented a report written on 8 June 2016, which covered the period of December 2015 – May 2016, whereas the reports that other prisons submitted covered shorter periods such as one or two months at a time). The third issue that stood out is that **the content of the information included in the reports varied from prison to prison**. Some prisons reported only on the incidents of injuries sustained by inmates as a result of inmate-on-inmate conflict, others contained information only on the use of force and restraining devices, and yet others contained information about both kinds of instances.

**It is not clear why the Ministry of Justice supplied the BHC with data only for the period of October 2015 – January 2016, provided that the Deputy Minister receives reports every three months. The starkly noticeable fact when comparing the information received from the Ministry to that gathered from the BHC researchers (which was provided from only 6 prisons and 2 prison dormitories and only for portions of the overall period, at that) was that the information presented to the researchers by the prisons’ administration themselves revealed a much greater number of instances of injuries sustained by inmates (44 total, 35 of which resulted from inmate-on-inmate assaults and 8 of which were suffered at the hands of prison staff), and the highest number of instances occurred in the prisons in Sofia and Varna.**

The prison in **Lovech** noted on 30 May 2016 that handcuffs were employed **on two instances** in May 2016 – one was on a newly arrived inmate who had long hair, a long beard and resisted shaving and the second instance involved an inmate who notified a prison officer that he was intending to commit suicide by hanging himself on a bed sheet from the window bars. In an effort to prevent his suicide attempt the prison staff put handcuffs on the inmate long enough for him to calm down. In the prison of **Burgas** in April of 2016 there were **four instances** of injuries sustained by inmates involved in an altercation – two of them were examined by physicians in the local external hospital and were diagnosed with broken noses, while the other two who had engaged in a physical altercation with each other, were examined at the medical office in prison and were found to have not sustained any serious injuries.

A report from the prison in **Pleven** from April 2016 contains information about the months of February and March of 2016. The report states that three inmates who were punished with doing time in an isolation cell engaged in unauthorized exchanges with other inmates during their outdoor exercise. The inmates were warned to discontinue that behaviour to which they responded by becoming verbally aggressive, and later hit a prison staff member and requested to speak to his superior and ended up

being **hit with rubber batons**. All three inmates received a second punishment of 7-14 more days in an isolation cell. The district's prosecutor's office was notified of this case. The punishment was appealed in court but the court's decision upheld it. Three other inmates also sustained injuries during the same period of time (one of them had been involved in the previous instance, as well): they all suffered battery from other inmates. Their injuries were treated at the medical office in prison.

Between December 2015 and June 2016 in the **Varna** prison there were **16 recorded instances of physical altercations** among inmates. The report mentions only the names, the dates and the hours of the altercations. The report was written by the physician who works at the prison's medical office and does not contain any specifics on the causes of the altercation, the action taken or the treatment of the patients.

The latest report from the prison in **Stara Zagora** is from June 2016 and contains information about **one instance** of the use of restraining devices: three inmates in the prison dormitory in **Cherna Gora had a verbal** altercation which became physical. They were warned to cease and desist, but two of them did not obey which prompted the prison officers to deploy **rubber batons and handcuffs**. Later, the offenders were examined by the physician and one of them had sustained some abrasions.

The latest report from the prison in **Sofia** is from June 2016 and lists **15 instances** of traumatic injuries sustained by prisoners (a total of 34 inmates were affected) – 11 of these instances were detected by the prison staff and involved altercations among inmates. In these cases the injured inmates and the offenders were examined by a physician. There were injuries in 6 of the 11 instances and in one instance an inmate had to be hospitalized. In three of the other cases prison officers used force and restraining devices: in one of the cases a prisoner was handcuffed because he refused to be escorted, in the second instance a prisoner was handcuffed for refusing to obey a command given by a prison officer, and in the third case both physical force and handcuffs had to be employed in order to make a prisoner spit out an object that he had swallowed (the object turned out to be an 8 GB flashcard). In one instance an inmate received medical attention after sustaining an injury by hitting his arm on a fallen bunk bed while cleaning. All instances listed in the report contain a detailed description of the circumstances (date, hour, names of prison officers and their response, names of the inmates and reasons for the altercations, action taken after the altercations); all of the instances were followed by a medical examination and the prison staff took action by sending the prisoners to separate cells after the physical altercations. The report claims that all of the instances will be followed up by disciplinary punishment. The prosecutor's office was notified of all the instances of the use of force and handcuffs by prison officers.

It is clear that all prisons interpret and enforce (or fail to enforce) in their own way the Ordinance issued by the Deputy Minister which explains the drastic and incremental discrepancies between the data that the prisons collect and potentially submit to the Ministry and the data that the Ministry actually receives and disseminates. The researchers found that **the prison staff failed to realize that each and every instance of traumatic injury must be documented and noted in the register and that each and every instance of the use of force and restraining devices by officers must also be noted in a separate register designated for this purpose**. A comparison of the data from the two registers is helpful in establishing whether or not and under what circumstances the use of force and restraining devices have resulted in an injury and whether certain injuries were caused by inaction on the part of the prison officers or if they were the result of abuses on the part of officers or inmates.

## 1.2. Photographing Injuries

*Item 2 of the Ordinance issued by the Deputy Minister states that “the medical specialist conducting the medical examination shall photograph the traumatic injuries provided the injured person has given his explicit consent”.*

The researchers were able to find photographs of injuries at four (**Varna, Sofia, Stara Zagora and Cherna Gora**) of the 8 visited institutions. The staff at the medical office in the **Varna** prison does not have a camera at their disposal so they call a member of the security team to take the pictures which are of very good quality. In the few cases when the medical records do not contain pictures it was because there were either no visible traces of the injury or because the prisoner did not give his consent to be photographed. In the **Sofia** prison there are photographs of the injuries in 10 of the documented cases – both the camera and the pictures are kept at the prison staff office (and separate from the rest of the forms from the medical examination). In **Stara Zagora**, in four out of the ten cases, and in **Cherna Gora**, in 2 out of the 15 cases, there were photographs of the injuries that were taken with the explicit request of the victims. In these two institutions the injuries are photographed by the prison’s mail carrier who has a camera assigned to him. The pictures taken are close-ups and are usually pictures of the face or parts of the body; they show mostly the bruises. None of the other institutions (**Burgas, Lovech, Pleven, Troyan**) takes pictures of the injuries (in **Lovech** the physician does have a camera, but will not use it because he has not been “ordered to do it”).

## 1.3. Documenting the Findings of the Medical Examination

*Item 7 of the Ordinance requires the medical specialists in prison facilities to write down the names of the patients, the patient’s description of the incident, a diagnosis of the injury (when applicable), and the recommended treatment (when applicable).*

The findings of the medical examination are summarized under different headings whose number and content vary from one institution to the next. The minimum information that was found in all of the registers reviewed by the researchers contained data about the name of the patient, the date of the examination, a brief description of the incident, the diagnosis and prescribed treatment. In some places (**Cherna Gora**) the physician writes down the outpatient number (the number under which a description of the case is listed in the outpatient logbook). In four (**Burgas, Lovech, Pleven, Troyan**) of the visited 8 institutions the entries in the register are as brief as possible (and – in **Pleven** - hardly legible), and the physicians **do not utilize the body chart for visual representation of the injuries** as part of the examination (even in those cases when physicians actually have a body chart available at their office, as is the case with the physician in **Lovech**, for example). The register entries in the **Sofia** prison are informative, but not very detailed. The medical examination forms (containing scant information) and the body chart (that have markings on the areas where injuries were found) are kept in a folder which is separate from the register. These are not numbered to correspond to the register entries.

The addendums/notebooks at the other three institutions (**Varna, Stara Zagora, Cherna Gora**) contain detailed notes on the findings of the medical examination (the notes in the notebook at the **Cherna Gora** medical office date back only to 21 January 2016). In **Stara Zagora** and **Cherna Gora** each case is accompanied by a designated case protection sheet which holds the filled out form, a body chart, photographs in some of the cases, as well as medical information on additional medical tests when necessary.

#### 1.4. Confidentiality of the Medical Examination

*According to item 5, sentence 2 of the Ordinance “the medical examination shall take place in a confidential environment; deviations from this policy shall be permitted only under exceptional circumstances and then only with the explicit agreement of the medical specialist and these special circumstances shall be noted in the medical examination form”.*

No one from the medical personnel in any of the visited institutions (**Burgas, Varna, Lovech, Pleven, Sofia, Stara Zagora, Troyan, Cherna Gora**) ever makes notations in the register about whether or not the medical examination has been carried out in a confidential environment. Addendum 1, *Documentation of Traumatic Injuries Form*, lacks any verbiage that could indicate whether the examination is carried out in a confidential environment or if it is carried out in the presence of a prison officer. The physician assistant of the **Cherna Gora** prison dormitory and the physician of the **Lovech** prison claim that, as a rule, all medical examinations are carried out in private, i.e. prison officers are not present. However, for the physician of the **Sofia** prison the standard practice is to carry out all medical examinations in the presence of prison staff. Only in rare cases and only at the request of the inmate does the Sofia prison physician ask the prison staff to leave the room.

#### 1.5. Notation on the Cause of Injury

*The Ordinance does not require physicians to make a note of any discrepancies between their findings and the patient’s description of the cause of injury.*

The register in four of the visited 8 institutions contained a brief (**Burgas, Troyan**) or a slightly more detailed (**Varna, Sofia**) notation of the patient’s description of the cause of injury. The notations in **Stara Zagora** and **Cherna Gora** are very detailed. Also, in four (**Burgas, Lovech, Pleven, Troyan**) of the visited eight institutions the physician’s conclusion/diagnosis is noted but only with a few words and fails to elucidate whether there were any discrepancies between the patient’s explanation of the cause of injury and the physician’s own observations. For example, the physician of the **Sofia** prison does not include in his conclusion a notation on any found discrepancies between his observations and the patient’s explanation, although in the course of the interview he explicitly mentions that he has had such instances in his practice. The physician of the **Varna** prison, on the other hand, does make a note of these discrepancies: he writes down both his observations and the patient’s explanations (in his words, “*We write down what they tell us, but that’s often not the truth of what happened*”).

### 1.6. Notation on the Need for Additional Testing and on the Recommended Treatment

*Item 4 of the Ordinance mandates that additional examination by an independent medical expert shall be immediately carried out at an external medical facility in those instances when the injured person requests it or when there is a prosecutor's order. Item 7 requires that any recommended treatment shall be properly noted on the medical examination form.*

The registers at most institutions do not contain any notations on recommended additional testing. An exception in this respect are physicians at the **Burgas** prison (where there is a notation of an instance of when a patient explicitly refused a medical examination by a forensic physician), the **Varna** prison (where all additional medical testing and treatment are noted on yellow forms, filled out at the Centre for Urgent Medical Care), and the **Stara Zagora** prison and **Cherna Gora** prison dormitory (where all of the paperwork pertaining to the medical examination of inmates is filed in a separate clear sheet protector, which is then kept with the rest of the paperwork that goes with that medical case). Only one of the medical centres – in **Troyan** – does not have a designated heading for prescribed treatment on the medical examination form. Everywhere else the recommended therapy field contains recommendations such as “treatment” or “wound care”, which in most cases consists of cleaning the wound and applying some type of a dressing, but sometimes may require surgical intervention or stitching (**Burgas**). Usually there are no recommendations for any drug therapy, except for one instance (**Pleven** – analgesics).

### 1.7. Notifying the Patient of the Findings from the Medical Examination

*Item 5, sentence 3 of the Ordinance requires that “all inmates/detainees shall be informed of the findings noted on the medical examination form and shall be asked to sign the form”.*

In four (**Burgas, Lovech, Pleven, Troyan**) of the eight visited institutions there is no indication that the patients are ever informed of the findings noted on the medical examination form by the physician, nor that the patients are afforded the opportunity to review these findings and sign the form. The researchers observed that the Addendum 1 medical examination form (*Documentation of Traumatic Injuries Form*) does not get filled out in these institutions. However, at the other four visited institutions, this form does contain the signature of the examined inmates. For example, the physician at the **Varna** prison tells his patients about the notes he makes on the form and most of the forms contain the patient's signature (except in those cases when patients refuse to sign the form). The second page of the medical examination form at the **Stara Zagora** and **Cherna Gora** facilities contains patients' signatures and a statement from them about whether or not they gave their consent to have their injuries photographed and/or to have an additional examination performed by an external medical expert. In the **Sofia** facility, too, there are only a few forms that have not been signed by the patients.

### 1.8. Notifying the Prosecutor's Office of Inmate Injuries

*Item 3 of the Ordinance reads that “in accordance with Art. 205, para. 2 of the Criminal Procedure Code, medical specialists shall take immediate action to notify the local prosecutor’s office of any findings of traumatic injuries of inmates and to forward all related paperwork and photographs”.*

None of the registers in any of the eight visited prison facilities contained information showing that the prosecutor’s office has been notified of inmate injuries. At six of the facilities (**Burgas, Varna, Lovech, Pleven, Stara Zagora, Cherna Gora**) the current protocol is to submit a report to the prison warden, who, in turn, sends this information to the EPD and/or the prosecutor’s office (according to the physician at the **Varna** prison, the district prosecutor’s office is always notified of any incidents of the use of force by prison staff, whereas in cases of incidents of inmate-on-inmate violence, this information is sent to the prosecutor’s office most likely if there is evidence of physical injuries as a result of the confrontation or if the victim would like to file a lawsuit against the perpetrator). The only institution that does not follow this practice out of the eight ones visited is the **Troyan** prison dormitory where there is no evidence that the information about inmate injuries gets communicated to anyone at all, not even the prison warden. The physician at the **Sofia** prison said that he has never notified the prosecutor’s office of inmate injuries because “*there has never been an instance of corporal injury to an inmate that was so serious as to call for notifying the prosecutor’s office*”. All in all, about four or five of all instances of inmate injuries turned out to be serious enough to send the victims to get x-rayed at the Pirogov hospital (the inmates are sent to the Pirogov hospital for x-rays if their injuries occur after 2 pm because the x-ray laboratory at the prison hospital is closed after 2 pm). The report that was sent by the **Sofia** prison warden to the EPD for the month of June 2016 contained information about at least three instances of the use of force and restraining devices by prison staff, which the prosecutor’s office has been notified of.

### **1.9. Requesting a Medical Examination by an Independent Forensic Physician**

*Item 4 of the Ordinance specifies that additional examination by an independent medical expert shall be immediately carried out at an external medical facility in those instances when the injured person requests it or when there is a prosecutor’s order.*

The eight visited prison facilities follow different practices on this issue. For example, in **Burgas** injured inmates were sent to a forensic physician in four of the documented cases; in **Varna** there have been only a few instances when the injured inmates requested to be further examined by a forensic physician; for the **Troyan** prison dormitory there is no evidence that this has ever happened; the physician assistant in **Pleven** said that it is possible in theory to send an inmate to a forensic physician for additional examination, provided the inmate specifically requests it, but in practice this never happens. In **Sofia** prison there has been only one case when an inmate requested to be examined by an independent forensic physician, but when he found out that he had to pay the fee of BGN 60 (EUR 30) for the examination out of his own pocket, he decided not to go through with it (the prisoner said that the fee may be waved only if there is a prosecutor’s order). A similar practice is followed in **Lovech** where the patient can be advised to visit a forensic physician for a fee, which, combined with the fact that the only forensic physician in town is not always likely to issue a forensic certificate, could explain

why in **Lovech** inmates do not pursue this route. The records at the **Cherna Gora** prison dormitory show that there was only one patient who asked to have his injuries certified by a forensic physician; in his case he was transported to the Medical Centre at the **Stara Zagora** prison. At **Stara Zagora** there is also only one case when a patient was transported to a diagnostic consultative centre for a forensic examination and there he received a certificate of his injuries (in this case the injury was a perforation of the ear drum).

#### **1.10. Submitting Monthly Reports to the Director of the EPD on Traumatic Injuries Received by Inmates as a Result of Ill-treatment.**

*Item 9 of the Ordinance requires all prison wardens to submit to the Director of the EPD a detailed report of all registered instances of physical injury in accordance with items 7 and 8 that occurred in the previous month. The Director of the EPD reviews the data contained in these reports every three months and submits the information to the Deputy Minister of Justice.*

In the **Burgas** prison the prison warden submitted the report for the month of May together with a report from the prison physician. The administration at the prisons of **Varna** and **Lovech** claim that they send a report for the previous month at the beginning of each month, but the evidence shows that this does not happen. In **Pleven** the researchers saw a report that contained information about two months in one. The July report in **Stara Zagora** covered the month of June (**Cherna Gora** was not mentioned in the researchers' notes), and the practice that the staff at the **Troyan** prison dormitory apparently observes is to send a report to the EPD at the beginning of each month regardless of whether or not any instances of violence were registered for the previous month. At **Sofia** prison the BHC researchers received a copy of the June 2016 report (see p. 6-7 for more details).

#### **1.11. Meetings of Prison Wardens and other High Level Prison Officials, the Director of the EPD and the Deputy Minister of Justice for the Purpose of Discussing Instances of Ill-treatment of Inmates/Detainees.**

The staff at three (**Pleven, Troyan, Cherna Gora**) of the eight facilities visited by the BHC researchers was not able to provide any evidence that any meetings devoted to this issue have taken place. In three of the other visited institutions (**Burgas, Varna, Lovech**) there is evidence that this subject, albeit not the single focus of a meeting, has been discussed along with other topical issues during meetings between the EPD and prison staff. The deputy prison warden at **Stara Zagora** prison claims that although violence against inmates has never been the designated subject of a meeting, the prison staff have received written instructions on how to maintain paperwork related to violence against inmates. The **Sofia** prison has been personally visited by the Deputy Minister of Justice, Krasimira Philipova. During her visit, the Deputy Minister spoke with the prison warden, visited the Medical Centre and asked to review the register and other medical documentation.

#### **1.12. Awareness of the Prison Staff of the Judgment of the European Court of Human Rights on the Case of *Neshkov and Others vs. Bulgaria***

It is not clear whether the prison staff at the facilities visited by the BHC researchers were informed of details about this case by any entity other than the Bulgarian Helsinki Committee. The higher-level officials at 6 of the visited prisons who knew more or less about this case quoted mostly the trainings that were organised by the BHC as the source of this information.<sup>3</sup> There is no information about the level of awareness of this case on the part of the rest of the staff in these 6 prisons, as well as any of the prison staff at the other 2 visited prisons.

### **1.13. Evidence of Taking Precautionary Measures to De-escalate Tensions between Prison Staff and Inmates (some measures may be transferring a prison staff member to another position that excludes direct contact between the prison staff member and inmates, or transferring a prison staff member from one prison ward to another or from one prison/detention facility to another)**

In four (**Burgas, Lovech, Pleven, Sofia**) of the eight facilities visited by the BHC researchers there was data indicating that prison staff members had been transferred to different posts so as to minimize the contact, and hence – the tension – between them and inmates. For example, one of the prison officers at the **Sofia** prison who was responsible for inciting and perpetrating the torture and battery of inmates (according to the information received by an interviewed inmate) was transferred to the Kremikovtsi prison dormitory. The **Lovech** prison follows a different procedure – there inmates get transferred to secure prison dormitories, while in **Troyan** there was an incident where an inmate (who, according to the SWPA officer, suffered from psychological disorders for which he was not treated) used to initiate altercations for which he would be punished by doing time in the isolation cell. The response of the chief prison officer at the **Varna** prison does not make it clear whether they have had to transfer a prison officer to another post, but it is clear that, at least in theory, such an action is a possibility. There has never been an incident at the **Varna** prison that necessitated the transfer of a prison guard to another prison facility. The overall atmosphere at the **Stara Zagora** prison is calm and there have not been any incidents for years, but before that the established procedure was to move inmates around.

### **1.14. Effect of the Change of Prison Wardens at the Sofia, Varna and Burgas Prisons on the Level of Violence at these Prison Facilities**

**Burgas** – the new prison warden issued a written order requiring that all prison guards should report any use of force and restraining devices at the end of their shift, and that all incidents should be

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<sup>3</sup> **Burgas** – yes, as a result of a training by the BHC. **Varna** – the prison warden – yes, but the chief prison officer and a fellow prison staff member - no. **Lovech** – yes (as a result of a training by the BHC). **Pleven** – yes, as a result of a training by the BHC. **Sofia** – staff claims that yes, they are aware, but most likely they are not aware, judging by comments made in the course of their conversation with the BHC researchers. **Stara Zagora** – the deputy prison warden and the chief prison officer who was on duty had heard of the case, but knew no details because they had not attended the BHC training. **Troyan** – the SWCA officer who was interviewed by the researchers and his fellow prison staff members had heard of the case, but could not recall any details. **Cherna Gora** – neither the prison staff nor the SWCA officer knew of the case.

documented. The prison staff has undergone training on this issue and the curtain from the foyer where inmates were abused in the past was removed.

**Varna** – the BHC researchers were not able to interview the new prison warden (who was the former prison warden of the Razdelna minimum-security prison dormitory); the chief prison officer of the ward who was interviewed instead preferred to abstain from any comments on this issue. However, judging by the number of documented cases of injuries sustained by inmates, it seems that there is no significant change in the level of abuse experienced by inmates housed in the Varna prison.

**Sofia** – the change of prison wardens has led to a noticeable decrease in the instances of violence and for the year 2016 up to the month of June when the BHC visit took place there were no documented instances of the unlawful use of force, restraining orders and weapons. According to the interviewed inmate there are a few factors contributing to this change: the two areas by post 3 which was the infamous spot where inmates used to be beaten in the past were equipped with cameras; cameras were also installed on the ward housing the foreign inmates; the prison officer who was the major perpetrator of acts of violence against prisoners was moved to Kremikovtzi; following reports from the BHC and the Ombudsman a pretrial proceeding has been initiated for the battery of two inmates by prison guards; the new prison warden is more open to dialogue and is willing to consider the inmates' point of view, as well; the prison has instituted incentives for a lower number of incidents of violence among inmates which are in the form of extended visitations and home leave.

## 2. Personal and Legal Correspondence

The right to confidentiality of the personal correspondence of inmates is observed in all prison establishments that were visited by the BHC researchers. The staff everywhere seems to follow the policy which requires that the prison staff only check the contents of the envelope for illegal items, but refrain from reading the letters themselves. However, one area that is still lacking is that not all staff observe the rule that inmates may personally open/seal their letters. At one of the prisons a concerning issue is that currently incoming mail from institutions which is addressed to inmates does not get delivered to the inmates themselves, but goes directly to the prison warden, instead, which means that not only do the prison staff become aware of the contents of those letters, but also that the inmates themselves do not get a chance to read their own incoming mail from the institutions they are corresponding with. Instead, they get verbally informed of the content of the letter, but are not allowed to read it themselves nor are they given a copy of it.

The established practice at the prison/prison dormitory facilities at **Burgas, Varna, Lovech, Pleven, Sofia, Stara Zagora, Troyan and Cherna Gora** is to check the contents of the letter (the prison staff at the **Lovech** prison also check the weight of the paper as heavier-than-usual sheets of paper may be an indicator that the letter has been soaked in methadone and then dried) while being careful not to read the contents of the letters. The staff in **Burgas** and **Troyan** accepts correspondence addressed to the EPDA-approved institutions in sealed envelopes. In some establishments (**Burgas, Varna, Pleven,**

**Troyan**) the SWPA officer (or the courier on staff, as is the case in Varna) have been instructed to witness the opening/sealing of letters which is done by the inmates themselves. In **Varna** all the inmates' outgoing requests and complaints addressed to institutions are entered into the outgoing correspondence diary and the inmates receive a reference number to keep for their record and to use for follow-up. According to the deputy Order and Security Superintendent of the **Pleven** prison the prison management has not received any ordinance specifically addressing the handling of correspondence or the use of special surveillance devices. The policy in **Sofia** is that the personal correspondence of inmates may not be read – the prison staff checks the envelopes only for illegal items and seals the envelopes in the presence of the inmates. The main complaint of the inmates of the **Sofia** prison is related to the fact that they may no longer send their complaints and complaints for free via the prison's business mail service and are now required to purchase stamps for their legal correspondence, as well. In addition, in order to receive a reference number for their outgoing legal mail inmates are required to first submit a written request. One concerning issue at the **Sofia** prison is that currently incoming legal mail which is addressed to inmates does not get delivered to the inmates themselves, but goes to the prison warden, instead. This means that not only do the prison staff become aware of the contents of those letters (which may be the response to a complaint, an appeal, etc.), but also that the inmates themselves do not get a chance to read their own incoming mail from the institutions they are corresponding with; they get verbally informed of the content of the letter and are asked to sign a paper that they have been notified, but inmates do not receive a copy of the letter.

The deputy prison warden of the **Stara Zagora** prison claims that his staff follows the policy outlined in the EPDA and that the prison's mailman has been trained in the proper procedure regarding the collection and delivery of mail from and to inmates. However, this statement is at odds with the direct observation of the BHC researcher who noticed that during outdoor exercise time one of the inmates handed a letter and an open empty envelope to one of the SWPA staff members who promised that he would mail the letter on behalf of the inmate, but left the exercise area with the loose letter and the empty envelope in hand without making sure he sealed the letter in front of the inmate first.

The established policy in most of the prison facilities requires that all complaints received by the Social Work and Prison Activities Officer (SWPAO) get submitted to the head of the Social Work and Prison Activities (SWPA) unit. Three of the visited prisons subscribe to a different procedure (**Troyan, Stara Zagora, Cherna Gora**) which requires that all inmate complaints get recorded in the general register for inmate requests and complaints. In seven (**Varna, Lovech, Pleven, Sofia, Stara Zagora, Troyan, Cherna Gora**) of the eight visited establishments there have been no complaints of improper handling of inmate correspondence. In the **Burgas** prison there was one filed complaint by an inmate who complained that mail was being collected by another inmate and the concern was that this practice could open the door to the planting of an illegal item in the envelope. In response to this complaint all inmate correspondence has been collected personally by the SWPA officers.

The procedure in case of a complaint by an inmate regarding mishandling of correspondence is that the prison warden orders an investigation of the case to verify if the allegations are substantiated; in some

establishments (**Burgas**), as part of the procedure the grievant receives a written response containing the findings of the review.

### **3. Physical Conditions**

Overcrowding of prisons is a serious and very evident problem which is additionally aggravated by the fact that in some cases there are discrepancies between the official data and the actual situation. The fact that some establishments still use three-tiered bunk beds and lack sufficient space in the cell for free movement continue to be issues of great concern. In half of the visited establishments the beds and bedding are in poor condition and the cells lack adequate natural lighting. In terms of sanitation the issues are mostly related to pests and the number and design of toilet fixtures: many of the establishments are infested with pests and vermin, and in many places the cells are either not equipped with toilet fixtures at all (which necessitates that inmates use buckets for their needs at night) or the bathroom stalls are separated with partial walls only. Personal hygiene items are insufficient, the showers do not always have a constant supply of running warm water and the shower stalls are not equipped with privacy walls (and in some places the shower area is used by 40-50 prisoners at once).

The biggest issue found in the isolation cells in most of the establishments is that they are inadequately lit and there is not enough ventilation; in addition, prisoners doing time in isolation cells often have no access to running water (that is suitable for drinking) at all times. The duration of the punishment may exceed 14 days and a large number of the interviewed inmates expressed skepticism about the efficacy of the process of appealing the punishment which explains their reluctance to exercise their right to appeal.

In the course of the research, the BHC researchers aimed to gather information from both the prison administration and the inmates regarding possible solutions to the issue of overcrowding and the difficult physical conditions in prisons and detention centers. The following were some of the proposed solutions:

1. Construction of new prisons;
2. Renovation of the existing prisons;
3. Legislative changes or more diligence in enforcing the parole mechanism (which requires that clearer rules be set on the subjective considerations for granting early release);
4. Introducing a provision in the legislation that extends the opportunity for probation to encompass a broader range of offences (or, alternatively, improving the courts' practices regarding using probation as a sentence);
5. Securing employment opportunities for as many prisoners as possible;
6. Instituting restorative justice for a wider range of offences;
7. Increasing the number and enhancing the qualifications of the prison staff responsible for assisting prisoners in their rehabilitation through working on their relationship with the outside world, overcoming trauma and the acquisition of new skills;
8. Other.

The table below presents the summarized responses of the interviewed staff and inmates. Most of the solutions they suggest gravitate towards **the need to build new premises/renovation of the existing ones** and **the need for changes in the enforcement of parole**:

Prison/ Prison Dormitory	New prison facilities	Renovation of the current prison facilities	Reform in the regulations regarding parole	Pr o b a t i o n	Empl oyme nt	Rest orati ve justi ce	Staff	Other
<b>Burgas</b>	Opening of a new secure prison dormitory at the end of July 2016	-	-	-	<b>Yes</b>	-	-	Increasing the number of paroled inmates (however, this solution does not affect the prisoners who are serving shorter sentences)
<b>Varna</b>	There are plans for the complete renovation of the central building, but in order to accomplish this the premises need to be vacated by transferring the whole body of prisoners to the completely renovated Razdelna prison dormitory (it was officially opened in February 2016). There is a motion to change the status of Razdelna to a secure prison dormitory (or in addition to Razdelna to open another secure prison dormitory); however, no one from the administration could tell the researchers why there has been a delay in reaching a decision on this motion.		-	-	-	-	There are 4 open vacancies for prison staff, but the compensation is very low (BGN 500 ) which accounts for a high turnover in staff.	On the day of the researchers' visit there were 115 inmates housed in the main building who were first-time offenders serving sentences of up to five years, yet they were sentenced to do their time in a secure prison dormitory. In the opinion of the chief prison officer those people did not belong in the main building and they should have been housed separately from the repeat offenders.
<b>Lovech</b>	-	-	-	-	-	-	-	Broadening the scope of the parole mechanism and of the use of non-secure prison dormitories. Shorter (3-6 months) sentences whenever possible. These measures could alleviate the overcrowding problem experienced in the prison's main building.

<b>Pleven</b>	-	Yes	-	-	-	-	-	The prison administration solved the overcrowding problem by changing the status of the non-secure prison dormitory to a secure prison dormitory which allowed for 80 inmates to be moved from the main building to the prison dormitory. Another possible solution could be offered by extending the scope of the parole mechanism.
<b>Sofia</b>	Yes (according to the prison warden)	Yes (according to both the prison warden and the inmates who believe that the hallway in the attic could be redesigned to serve as a housing unit as was the case with the other hallway which now houses the inmates from group VII)	Yes (according to the prisoners)	Yes (according to the prisoners)	-	-	-	-
<b>Stara Zagora</b>	The number of prisoners currently housed in this establishment exceeds its capacity.	-	The deputy warden believes that the planned amendments and additions to the Execution of Punishment and Detention Act will have a considerable negative impact on the execution of punishments.	-	-	-	-	-
<b>Troyan</b>	-	Yes (in the summer of 2015 the prison officially opened for use the renovated and modernized (on a half-million dollar budget)	-	-	-	-	-	The solution to overcrowding can be found by more diligently observing the practice of assigning prisoners to facilities that are closer to their residences.

		kitchen, cafeteria and shower facilities. There was also a new central heating system installed in the prison dormitory)						
<b>Cherna Gora</b>	Yes (according to the interviewed SWPA officer; the most appropriate action is to invest in the building of a new prison)	There is nothing planned for improving the conditions in the dormitory which currently exceeds its capacity.	-	-	-	-	-	-

### 3.1 Prison Cells

In five of the visited establishments (**Burgas, Varna, Sofia – in groups 2, 7 and 23, Lovech and Cherna Gora**) the recommended living space standard of 4 square meters per inmate is not being met. This standard is not being met in another two establishments (**Pleven and Lovech**), but at the time of the visit they were not running at full capacity, so there was no overcrowding issue. The administration of the **Stara Zagora** prison noted that there is a 13% rate of overcrowding, but the standard of 4 square meters per inmate has been met, nevertheless. The table below shows the real data which the BHC researchers collected during their visits on the size of the living space in the prison cells in the eight visited establishments.

<b>Prison/Prison Dormitory</b>	<b>Has the standard of 4 sq.m. per inmate been met ACCORDING TO THE ADMINISTRATION</b>	<b>Has the living-space standard been met according to the real measurements taken by the researcher in random cells</b>
<b>Burgas</b>	<b>No</b> , except for the two high-security zones. Inmates in the various groups occupy an area measuring between 1.59 – 2.09 sq.m./inmate	<b>No</b> . Inmates occupy an area which measures between 1.26* – 1.5 square meters (*e.g. in cell №211 there are 19 inmates occupying an area of 24 sq. m.; some of the beds are triple bunk beds)
<b>Varna</b>	<b>No</b> . There are a total of 402 inmates. According to the data on the actual number of inmates and the capacity of the facility, group II has a capacity of 48 people, but is housing 52, and group VIII	<b>No</b> . The inmates in group VIII occupy an area measuring between 2.2 - 2.6 sq. m./inmate

	has a capacity of 52 and houses 53 inmates.	
<b>Lovech</b>	<b>Yes</b> – each inmate occupies an area measuring more than 4 square meters.	<b>No.</b> The inmates occupy an area measuring between 3.11 – 3.66 sq. m./inmate, although the prison was not operating at full capacity on the day of the visit
<b>Pleven</b>	<b>Yes</b> - each inmate occupies an area measuring over 4 square meters. However, the official data from the <b>EPD's</b> site quote an area of 3.45 square meters per inmate.	<b>No.</b> Inmates occupy an area measuring 3.12 – 4.25 square meters in the different units. Although the facility was not operating at full capacity on the day of the visit, the standard of 4 sq. m. per person was not met in most of the visited cells.
<b>Sofia</b>	<b>Not in all units</b> – the data provided by the administration showed that there was overcrowding in three of the units (groups II, VII and XII).	<b>Group II</b> – about 1.6 sq.m./person; <b>Group VII</b> – about 2 sq.m./person.
<b>Stara Zagora</b>	<b>No</b> – the official data shows an overcrowding rate of 13% (there were 435 inmates and the capacity is 385)	<b>Yes.</b> The inmates living in the larger cells in the front part of the hallway occupy an area of 4-4.36 sq.m./person, and the living area in the smaller cells measured between 4-4.8 sq.m./person
<b>Troyan</b>	<b>Yes</b>	<b>Yes</b> - 3.94 – 4.26 sq.m. per person. On the day of the visit there were 207 inmates and the capacity is 235 people. This figure is expected to go down even more when the students start attending the school at the Lovech prison in the fall. The number of employed inmates has also gone up – there are 67 total, which is about one third of the total number of inmates housed in the prison dormitory.
<b>Cherna Gora</b>	<b>No.</b> The overcrowding rate is 15% (this figure includes both the main building in the Stara Zagora prison and the Cherna	<b>No</b> – the inmates in groups I and II occupy an area of about 2.13- 2.56 sq.m. per person. The cells in Group III

	Gora dormitory). The two facilities house a total of 760 inmates and the combined capacity is 633 people.	are larger, but do not meet the standard, nevertheless.
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### 3.1.1. Triple Bunk Beds in the Cells

Currently there are still triple bunk beds left in groups II, VII and XII in the **Sofia** prison and there are no plans for their removal. In the **Burgas** prison triple bunk beds can still be found in the cells measuring 23 -24 sq.m., but these cannot be currently removed. None of the other 6 establishments visited by the researchers (**Varna, Lovech, Pleven, Stara Zagora, Troyan and Cherna Gora**) have triple bunk beds in the cells. Half of the beds in the **Stara Zagora** prison are double bunk beds.

### 3.1.2. Unobstructed Space in The Cells

There is enough unobstructed space in the cells allowing for free movement in four (**Lovech, Pleven, Stara Zagora, Troyan**) of the eight visited establishments. However, there is not enough space allowing for free movement in the prisons in **Burgas, Cherna Gora (groups I and II), and Sofia (groups II and VII)**. The cells in the **Varna** prison technically have enough space, but they are obstructed by the different types of fabric that the inmates have hung between the beds to serve as improvised privacy curtains.

### 3.1.3. Physical Condition of Beds and Bedding

In four of the prisons (**Burgas, Varna, Lovech, Sofia**) the bedding is in very bad condition, and in the prisons/prison dormitories in **Troyan, Cherna Gora and Stara Zagora** their condition is average. In six of the visited prison facilities the bedding is more or less supplied by the inmates themselves (**Varna, Lovech, Pleven, Sofia, Troyan, Cherna Gora**). The bedding is washed at least once every 14 days.

Prison/Prison Dormitory	Condition of bed, mattress, bedding	Frequency of doing laundry	Source of bedding/clothing
<b>Burgas</b>	Bad condition	Once a week	Only a few of the inmates have their own bedding
<b>Varna</b>	Quite worn out	Bedding is washed by hand in the common sink area (frequency unknown)	Most inmates use their own bedding
<b>Lovech</b>	Bad condition	Once a week	Most inmates use their own bedding

<b>Pleven</b>	Good condition	Once every two weeks	About ¼ of the inmates use their own bedding
<b>Sofia</b>	The beds have metal frames and are very old. Some of the inmates complained that their mattresses are too thin and have holes in them	Once a week on schedule. The bedding is washed in the prison laundry room	All inmates have a bed, a mattress and bedding. Those inmates who do not get visitations use bedding provided by the prison; all of the rest use their own bedding which their relatives provide
<b>Stara Zagora</b>	The bedding is in better condition than what is available in the associated Cherna Gora prison dormitory	Inmates use the prison washing machines which are brand new	
<b>Troyan</b>	Comparatively good condition	Once a week	About 1/3 of the inmates use their own bedding
<b>Cherna Gora</b>	Sufficiently good condition	A new washing machine and drier have been purchased and they are soon to be installed	Most of the inmates are local and use their own bedding

#### 3.1.4. Illumination of Prison Cells

In five (**Lovech, Pleven, Stara Zagora, Troyan, Cherna Gora**) of the eight visited establishments there is enough sunlight entering the cells through regular-size windows. The **Burgas** prison is an exception in this respect as the windows there are inadequate in size and are poorly situated within the cell; **Varna** is another exception (there the sunlight is obstructed by the massive window bars); in **Sofia** the sunlight is also not sufficient as most of the cells are lit through one window measuring 80x80 cm, which is obstructed with a few screens. The nighttime lighting permits reading in some places (**Pleven, Troyan**), whereas in other places it is inadequate (**Burgas, Varna – group VIII, Lovech, Sofia**). The artificial lighting in the various establishments consists of: one electric bulb per room (in the **Cherna Gora** prison dormitory), fluorescent lamps (in the **Stara Zagora** prison), or either one or the other as is in the **Sofia** prison.

#### 3.1.5. Ventilation of Prison Cells

There is only natural ventilation in all of the visited establishments (**Burgas, Varna, Lovech, Sofia, Stara Zagora, Pleven, Troyan, Cherna Gora**): it is provided by opening the windows. There are some inmates in the **Sofia** prison who can afford to secure additional ventilation by means of electric fans.

All facilities are heated with central heating in the winter. The window frames have recently been replaced in the **Troyan, Pleven and Lovech prisons**, and there were new furnaces installed in **Stara Zagora and Cherna Gora**. The window frames in the **Sofia** prison are old (and inefficient), and the walls are poorly insulated, which is why the heat provided by the radiators is not enough to adequately heat the cells.

### **3.1.6. Sanitation and Vermin and Pest Control**

In **Burgas, Varna, Stara Zagora, Cherna Gora and Troyan** vermin and pest control is done by contracted companies, but in many of the establishments vermin and pests are a serious problem: for example, in **Burgas** there is a bed bug infestation and the treatment has been ineffective so far; there is a cockroach infestation in **Varna and Troyan**, and, in addition, the prison in **Varna** has rats in the kitchen and cafeteria areas and mice in the hallways and in the cells. Daily sanitation in the prisons in **Lovech and Pleven** is carried out by the inmates assigned to housekeeping duties and the pest control is carried out by a contracted company. Cockroach control in the **Sofia** prison is carried out by the prison, but bed bugs pose a serious problem, especially in groups II, VII, and XIII - accused and convicted, but not sentenced foreign nationals – the inmates' mattresses in these units display numerous traces of blood resulting from bed-bug bites.

### **3.2. Physical Condition of the Prison Exercise Yard/Open-Air Recreational Area**

The outdoor recreational areas in 6 (**Burgas, Lovech, Pleven, Stara Zagora, Troyan, Cherna Gora**) out of the 8 visited establishments were found to be adequate in size and exercise equipment (with the only exception of the prison in **Varna** where there is only one exercise yard which measures 20x40 meters in area; the researchers' notes do not contain specific information on the size of the exercise yard at the Sofia prison). Out of the eight visited locations only **Burgas** and **Varna** prisons were found to be lacking in exercise equipment: the inmates in **Burgas** have filed complaints in regards to having inadequate equipment). In addition to the exercise yard, some facilities offer additional recreational areas: the **Lovech and Pleven** prisons are equipped with a stadium, there is an additional fitness room in the **Pleven** prison and **Troyan** dormitory, the **Lovech** prison has a second exercise yard and the **Troyan** facility has a basketball hoop and a volleyball court. The exercise yard in the **Sofia** prison is equipped with an awning for shade and protection from the rain and has a misting system for outdoor cooling. The only exercise facility which has a fence above it is the area with the fitness equipment at the **Troyan** prison dormitory. The fitness and exercise areas at the other seven visited establishments are not fenced from above (**Burgas, Varna, Lovech, Sofia, Stara Zagora, Pleven, Cherna Gora**).

### **3.3. Bathroom and Shower Areas**

#### **3.3.1. Bathrooms**

**The most overcrowded prisons do not provide a sufficient number of bathrooms, the bathrooms are not accessible 24 hours a day and the bathroom stall design often does not provide enough privacy.** In **Burgas**, for example, the bathrooms are located outside the cells and are insufficient in number (for example, in groups III and VI, 114 inmates use four group toilets which are located in the hallway and are separated from each other with 90-centimetre tall partitions). In the **Varna** prison the situation is as follows: the inmates from the three units in the middle of the hallway have bathroom stalls in their cells (albeit those are separated from the rest of the cell by only partial-length walls, measuring 1.40 m in height), and the inmates in the other six units (located on the right and left sides of the hallways) do not have bathrooms in their cells at all; there is an additional common restroom located at the other end of the hallway that houses four Asian toilet fixtures. Some of the toilets in the cells at the **Sofia** prison are separated from the rest of the cell via a partial wall, whereas in other cells the bathroom stalls are completely separated from the rest of the cell. The **Cherna Gora** facility does not have bathrooms in the prison cells (except for one cell). There are two common restrooms with three toilet fixtures in each and small doors, which measure 80 cm in height. Upon entering the restrooms there is a strong smell of urine and feces. The bathrooms in **Lovech, Pleven, Troyan and Stara Zagora** prison cells have floor-to-ceiling walls (except for the isolation cells). In **Troyan** in addition to the toilet fixtures in the prison cells there is an additional restroom located on each floor which has a sink and a few Asian style toilets. In **Lovech, Troyan, Stara Zagora and Cherna Gora** the area of the bathrooms is not calculated as part of the general living area in the cell, while in **Pleven** the toilet area is factored into the living area in the cells.

All of the prison cells in the prisons in **Lovech, Pleven, Sofia and Troyan** have bathrooms inside the cell. There are no bathrooms in the prison cells in **Burgas** (except for the two cells in the high security zone which houses the inmates serving life sentences) and in **Varna** where 2/3 of the cells have no bathrooms. In the **Cherna Gora** prison dormitory only one of the prison cells has a bathroom.

The prison facilities which have partial-wall bathrooms inside the prison cells are the **Burgas** prison (the two cells of the inmates serving life sentences), **Varna** (a total of 15 cells), **Lovech** (the isolation cells), **Pleven** (the isolation cells and the cells of the prisoners with life sentences), **Sofia** (the cells in the high security zone, group I - 36 in total). One of the isolation cells in **Troyan** has a bathroom which is separated by only partial walls; the other isolation cell does not have a bathroom inside but the staff assured the researchers that this cell does not get used at all any more. There is only one cell with a partial-wall bathroom in the **Cherna Gora** prison dormitory and it is used for the inmates with health issues.

In **Burgas** the ratio of inmates who use bathrooms with partial walls to inmates who do not have bathrooms in their cells at all is 2 to 548 (that is, the ratio is 2 inmates who can use bathrooms in their cells that are separated with partial walls to 548 inmates who do not have bathrooms in their cells at all).

In the **Varna** prison there is a 2:1 ratio of cells that have no bathrooms to cells that have partial-wall bathrooms (there is no specific information about the number of inmates who are housed in the different types of cells). In the **Sofia** prison about 40 inmates are housed in the high security zone cells that have partial-wall bathrooms to 600 inmates housed in cells with fully partitioned bathroom stalls. In the **Cherna Gora** prison dormitory there is a 8:160 ratio of inmates who have fully partitioned bathroom stalls in their cells to inmates who have no bathrooms at all in their cells. All of the prison cells in the **Stara Zagora** prison have bathrooms that are fully partitioned from the rest of the cell.

Using buckets as toilets at night continues to be an accepted practice in some of the prison facilities. In the **Burgas** prison there are 546 inmates who use buckets, in **Varna** - 250, in **Cherna Gora** – 160. The inmates housed in **Lovech, Pleven, Sofia, Stara Zagora and Troyan** do not have to revert to using buckets at night because all of the cells at these establishments are equipped with bathroom stalls.

The inmates assigned to housekeeping duties in all of the establishments (**Burgas, Varna, Lovech, Pleven, Stara Zagora, Troyan, Cherna Gora**) clean with some type of a disinfectant (chlorine, hydrochloric acid or some other detergent) twice a day – once in the morning and once in the evening. The inmates on cleaning duty in **Sofia** use some type of a disinfectant powder or another gel-like product that comes in an unmarked bulk container; they can purchase any additional disinfectants from the prison commissary.

### **3.3.2. Shower Stalls**

In the **Burgas and Pleven** prisons there are shower stalls on each floor, and in **Sofia** – on each hallway, which is in addition to the showers in the cells; in **Varna, Lovech, Troyan, Cherna Gora and Stara Zagora** the inmates can shower twice a week at their scheduled times for 15-20 minutes. In the **Sofia** prison the inmates who do not have showers in their cells are the ones serving life sentences, the prisoners serving time in an isolation cell and the ones isolated in accordance with Art. 120, item 248 of the EPDA: all of them shower twice a week in the common shower facility following a set schedule. The inmates who are housed in the main building of the **Stara Zagora** prison can use showers which have been newly renovated and equipped with terracotta tiles and are allowed access to the showers outside of the set schedule, provided no one else is vying for the hot water.

Except for **Troyan and Sofia** where hot water is available at all times, in all other establishments hot water is available only during the times when the inmates are scheduled to shower, which could be twice (**Burgas, Stara Zagora, Cherna Gora**) or three times a week (**Pleven**). The inmates in the **Sofia** prison who are housed on the upper floors complained that there is mostly hot water coming out of their faucets in the summer and there is not enough cold water.

The shower stalls in **Burgas, Varna, Stara Zagora, Cherna Gora**, as well as the common shower areas in **Sofia**, are heated with radiators (there is one radiator per shower area in **Burgas**, in **Varna** the showers are below ground level, and the main building at the **Stara Zagora** prison is equipped with new radiators). The shower areas in **Lovech and Troyan** are heated with radiators connected to the central heating system, but they cannot run separately from the radiators in the prison's main building. The shower areas in **Pleven** are unheated.

The number of inmates who use the shower area at one time is as follows: **Burgas** - 15-20, **Varna** – 50, **Lovech** - 20, **Pleven** - 10-11, **Sofia** – up to 10-12, **Stara Zagora** – up to 12, **Troyan** - 40, **Cherna Gora** - 17-18. At four of the establishments the showers have no shower heads, and their number is as follows: there are three showers plus one broken one in **Burgas**, there are six showers in **Varna**, in **Lovech** there are 11 showers total in the two shower areas, and in **Cherna Gora** – eight. There are shower units equipped with shower heads in 3 of the visited establishments and their number is as follows: **Pleven** – 5 showers, **Stara Zagora** – 8, **Troyan** – 29. The **Sofia** prison has a total of 33 shower areas and 50 showers (the researchers did not find information on how many of these work and how many are equipped with shower heads).

The duration of the shower time is 15-20 minutes in **Burgas, Lovech, Pleven, Sofia, Stara Zagora, Troyan, Cherna Gora** (in **Burgas** inmates wash their undergarments as part of their shower time). The time allotted to showering in the **Varna** prison is 40-50 minutes due to the large number of inmates who take a shower at the same time. The only establishment that has a few privacy walls between the shower stalls is **Troyan**; the shower areas in all other establishments lack any privacy (Burgas, Varna, Lovech, Sofia, Stara Zagora, Pleven, Cherna Gora).

In the **Burgas, Varna and Pleven** prisons there is an inmate assigned to cleaning duties who is responsible for cleaning the shower areas, and in **Lovech, Sofia, Stara Zagora, Troyan and Cherna Gora** there is a custodian on staff who cleans the showers. There is a wide range of products that are being used for the sanitation of the shower areas: these vary from detergent powder, dishwashing liquid, Bingo detergent, liquid soap, hydrochloric acid, effervescent detergent tablets, “something like Mr. Proper detergent” (**Troyan**), and “some gel-like substance” in an unmarked container (**Sofia**).

The prisons in **Burgas, Varna, Lovech, Cherna Gora** supply their inmates only with a bar of soap once a month (the inmates of the **Varna, Stara Zagora and Cherna Gora** prisons can use their personal funds to purchase additional personal hygiene products from the prison commissary). The **Pleven** prison provides bar soap and towels twice a month; the one in **Sofia** provides the inmates with bar soap on a regular basis, with laundry detergent only occasionally, but never with grooming products; the **Troyan** prison provides the inmates with bar soap, laundry detergent and other supplies once a month. The inmates who are housed in the main building of the **Stara Zagora** prison sometimes receive grooming supplies, too.

### 3.4. Isolation Cells

The condition of the isolation cells in terms of their living area and furnishing varies from one establishment to the other: the area measures between 4 and 8 square meters, and the furniture usually consists of a bed, a night stand, a sink and a toilet fixture. The detailed measurements are represented in the table below:

	Number of isolation cells	Total capacity of isolation cells	Size of the isolation cell	Total area	Furnishing
<b>Burgas</b>	4	8 people	2.80 x 1.80m	5.04 sq.m.	* 1 bunk bed, a metal locker, 2 buckets
<b>Varna</b>	2	5 people (3+2)	2.20 x 1.80m (5 beds: 3+2)	3.06 sq.m.	Beds and a radiator. There is a shelf in the buffer zone, but it is separated from the cell by the cell bars.
<b>Lovech</b>	5	10 people	** 2.60 x 1.80m	4.68 sq.m.	2 bunk beds, a metal locker; a sink and a toilet fixture separated from the cell by a partial wall that is 1.30m high.
<b>Pleven</b>	6	1 bed in the smaller cell (there is no information in the report about the larger one)	2.80 x 2m (in 5 of the cells)  2.80 x 1.50m (in 1 of the cells)	5.6 sq.m. and 4.2 sq.m.	1 bunk bed, a metal locker, a shelf for serving the food which is fastened to the bars. There is also a sink and a toilet fixture which is not separated from the rest of the room.
<b>Sofia</b>	4	8	-	6 sq.m.  (7 sq.m. including the toilet)	Two beds with thick mattresses, a metal chair, a metal table, a sink, a Turkish style toilet, a radiator, a window. The walls are only roughly plastered and are very dirty.
<b>Stara Zagora</b>	4	4	Three cells measure about 4 sq.m. and one cell measures about 6 sq.m.		A table, a clothes hanger, a sink with a toilet fixture under it (not separated from the room), a bed.
<b>Troyan</b>	2	2 people (in the larger cell)	2.60 x 3m  2.15 x 2m (this isolation cell is not in use)	7.8 sq.m.  and 4.30 sq.m.	2 beds, 2 metal lockers, a table
<b>Cherna Gora</b>	2	2	1.80 x 1.30m	2.23 sq.m.	The furnishing consists of only one bed per cell. There is nothing else in the cells.

\* Burgas: the inmates doing time in the isolation cell at the time of the researchers' visit complained about the lack of chairs which forces them to eat standing or sitting on their bed

\*\* Lovech: about 50 cm from the cell's door there is a heavy-duty bar gate which goes from floor to ceiling and from wall to wall and forms the so-called "buffer zone"; this buffer zone cuts away from the living area of the cell

#### **3.4.1. Access to Food and Water in the Isolation Cell**

In **Burgas, Varna, Lovech, Pleven, Stara Zagora, Troyan, Cherna Gora** meals are served three times a day in the isolation cell. In **Sofia** at meal times the meals are brought in from the kitchen, portioned out on the spot on each floor and are served to the inmates in their isolation cell who eat their meal under the supervision of the guards. Inmates doing time in isolation in the **Burgas** prison have access to water 5 times a day; in **Varna and Cherna Gora** inmates store water in bottles in the cells; the isolation cells in **Lovech, Pleven, Troyan and Stara Zagora** are equipped with sink fixtures so the inmates have constant access to cold running water from the sinks.

#### **3.4.2 Access to Toilet Fixtures in the Isolation Cell**

The isolation cells in **Lovech, Pleven, Sofia, Stara Zagora and Troyan** are equipped with toilet fixtures. In some of these establishments the toilet fixture is located immediately adjacent to the beds (**Lovech, Pleven**), and in other places (**Sofia**), it is separated by a short wall. The inmates doing time in an isolation cell in **Burgas, Varna and Cherna Gora** have access to the bathroom only during bathroom breaks when they are escorted out of their cell and to the lavatory area which happens 5 times a day in **Burgas**, and in **Varna and Cherna Gora** – three times a day, and upon request by the inmate and if a guard is available.

#### **3.4.3. Illumination in Isolation Cells**

**In at least 6 of the eight visited establishments the illumination in the isolation cells is insufficient.** For example, the isolation cell in the **Burgas** prison has only one small window, measuring 1m by 50 cm and the light coming through this window is insufficient for reading. The window in the isolation cell in the **Lovech** prison is equipped with both bars and a window screen which significantly cuts down on the amount of light coming into the room. The isolation cell in **Pleven** is not equipped with its own windows but is lit by the big windows located in the hallway. The isolation cells in **Varna, Troyan and Cherna Gora** all have one or two small windows which have bars and window screens that allow for almost no sunlight to enter the cells (in **Varna** there is one small window, in **Cherna Gora** there is also only one window measuring 35cm by 35cm, and in **Troyan** there are two windows measuring 40cm by 50cm in size). The isolation cells in the main building of the **Stara Zagora** prison have bigger windows which allow for sufficient illumination. The isolation cells in **Sofia** are lit by a fluorescent light in addition to the one big window (80cm by 80cm) with bars (one wing of the window can be opened).

#### **3.4.4. Ventilation in the Isolation Cells**

In seven (**Burgas, Varna, Lovech, Stara Zagora, Troyan, Cherna Gora**) of the eight visited establishments the only source of ventilation is the window/s of the cell. The only exception is the isolation cell in the **Pleven** prison which is ventilated through the windows located on the hallway across from the cell, which are usually kept open.

#### **3.4.5. Items Allowed in the Isolation Cell**

The items allowed in the isolation cells in the **Burgas, Varna, Lovech, Pleven, Sofia, Stara Zagora, Troyan and Cherna Gora** prisons/prison dormitories are the ones from the list of permitted items (according to Art. 96, para. 4 of the EPDA), which include clothing, bedding, grooming and hygiene items, and reading materials. The researchers noted in their observations that the mattresses in the isolation cell in **Lovech** were very thin (5cm) and in places were hanging through the **metal screens** of the bed. The interviewed inmates who were doing solitary time in **Lovech and Troyan** mentioned that they are prohibited from having cigarettes, from watching TV or listening to the radio during their time in the isolation cell. In **Sofia** (which is the only prison of the visited ones which allows the general population to use electric fans for ventilation) fans are not allowed in the isolation cells.

#### **3.4.6. Interactions of Inmates in Solitary Isolation with other Inmates**

Inmates doing solitary confinement at all eight of the visited establishments are allowed one hour of open-air exercise a day. This is the time when they are able to interact with other inmates. In **Burgas**, in addition to the one hour exercise time, the inmates in solitary isolation are allowed access to the second recreation area for an additional 45 minutes upon request. In **Lovech** the inmates doing solitary isolation are not permitted to interact with the general population. In **Pleven** inmates are allowed to talk with other inmates through the bars provided they do not disturb the peace, and in **Troyan** inmates doing solitary confinement are not permitted to interact with other inmates.

#### **3.4.7. Duration of Solitary Confinement**

In the prisons in **Burgas, Varna and Stara Zagora** the maximum duration of solitary confinement may be 14 days. In the **Cherna Gora** prison dormitory the allowed maximum is 5 days in theory, but during the researchers' visit one of the inmates was doing 14 days: this punishment had been ordered by the prison warden. In **Lovech** the duration may also be up to 14 days, but two of the inmates in isolation were doing two sets of 14 days that they had incurred for different infractions. The procedure in such cases is that the inmates do 20 days in a row, followed by a 3-day break and then do the remaining 8 days in a row. In **Pleven** the maximum duration of solitary confinement may be 14 days but the established practice requires that a lighter punishment should always be levied first. In **Sofia** the maximum is also 14 days; the standard punishment for the use/possession of alcohol is 10 days. In **Troyan** the maximum punishment upon an order from the prison warden is 5 days.

### 3.4.8. Right to Appeal

The inmates at all of the visited establishments were aware that they had the right to appeal the solitary confinement punishment before the local District Court. However, many of the interviewed inmates believe that there was no use in filing an appeal for various reasons: the inmates interviewed in **Burgas and Varna** shared that appealing a punishment does not thwart its execution, the ones interviewed in **Lovech** believed that the court usually confirms the punishment, and the inmates in **Pleven** do not appeal the levied punishments for fear that “it might get worse”. One of the inmates who was doing time in solitary confinement in **Troyan** shared that he had appealed the punishment, received a reference number for his appeal, but the appeal was never forwarded to the District Court, because according to the SWPA officer the appeal should have been addressed to the administrative body which had imposed the punishment - the prison warden. The two inmates, doing time in isolation in the **Sofia** prison said that they had filed appeals, but by the time of the visit (12 July 2016) they had not been summoned to court. In **Stara Zagora** one of the interviewed inmates who was in solitary confinement said that he did not know about the punishment and had he known, he would have filed an appeal, to which the guard who was present at the time of the conversation intervened that the inmate must have been aware, because he personally signed the order for the imposed punishment.

## 4. Access to Food and Water in Prison Facilities

Although in most of the visited establishments the kitchen and cafeteria areas had recently been renovated, there still exist prison facilities where the physical state of these premises ranges from *poor to very poor*. Although the meal plans allow for the daily caloric value of the meals to be between 2512 and 2860 kcal a day, it was not clear from the responses provided by the staff whether or not the inmates receive enough protein in their diet.

In five of the establishments (**Lovech, Pleven, Sofia, Stara Zagora and Troyan**) there is running cold water in all of the cells. In **Burgas, Varna and Cherna Gora** the inmates are allowed access to the sinks located in the lavatory area, and the rest of the time for drinking water they have to resort to the water stored in plastic bottles in their cells. The plumbing in **Sofia** is old and the inmates complained of developing kidney issues after continuous use of the sink water (they have the option of purchasing table water at the prison commissary). Another issue in the **Sofia** prison is that the cold water comes out in a very small stream on the upper floors, whereas the hot water stream comes out much stronger.

In seven (**Burgas, Varna, Lovech, Pleven, Stara Zagora, Troyan, Cherna Gora**) of the visited establishments the researchers' inquiry about the inmates' access to eggs, meat and dairy was not met with a direct account of the presence of these items in the inmates' daily menu. Instead, the staff members responded by explaining that the menu is designed and/or signed off on by a few staff members – usually the main cook, the accountant, the prison warden or a member of the SWPA staff and the doctor. All meal ingredients (including eggs, meat and dairy products) are delivered by companies which were selected on a competitive basis (**Lovech**) or which had a signed

contract with the Prisoners Affairs Fund. (**Burgas**). Only the staff in the **Sofia** prison gave an account of the presence of protein in the inmates' meals: they said that the meal plans include meat every day and fish once a week. Eggs are typically reserved mostly for the diabetic and fortifying diets, and the general menu in the week of the visit featured eggs only as part of the topping on the Friday meal. The inmates in Sofia complained that they do not have enough fresh fruits and vegetables in their diet.

Data on the **daily food allowance (which range between BGN 3.20 and 5.80 (appr. EUR 1.60 and 2,90 per inmate)**, the additional allowances for working inmates and convalescents, the planned daily caloric intake and the special types of diets that are being accommodated at the various establishments are summarized in the table below:

<b>Prison</b>	<b>Daily Food Allowance Cost</b>	<b>Additional allowances for working inmates/convalescent</b>	<b>Planned daily caloric intake</b>	<b>Accommodated special diets</b>
<b>Burgas *</b>	BGN 3.40	BGN 0.50	<b>No data in the report</b>	Muslim – 13, Diabetic -12, Vegetarian – 15
<b>Varna</b>	<b>No data in the report</b>	<b>No data in the report</b>	2600 – 2800 kcal	
<b>Lovech **</b>	between BGN 3.40 and 3.90	<b>No data in the report</b>	2680 kcal	Muslim – 1, Diabetic- 10
<b>Pleven</b>	between BGN 3.20 and 4.20	BGN 0.85	2512 – 2685 kcal (of these bread alone accounts for 900 – 1000 kcal on average)	N/A
<b>Sofia</b>	approximately BGN 3.75	<b>No data in the report</b>		Muslim – 71, Vegetarian - 27, Carbohydrate, Fortifying or Diabetic – 40, special diet for inmates with ulcer issues - 5
<b>Stara Zagora ***</b>	Between BGN 5 and 5.80 (according to the cook)	<b>No data in the report</b>	A minimum of 2860 kcal	Muslim – 13, Vegetarian – 5, Vegan – 1,
<b>Troyan</b>	BGN 3.20	2 eggs (at the time of the visit)	<b>No data in the report</b>	Muslim – 1, Diabetic – 4
<b>Cherna Gora</b>	<b>The researchers did not find any data on this item for the Cherna Gora prison dormitory.</b>			

\* **Burgas**: At the day of the visit the researchers observed how each place was being weighed on the kitchen scales to make sure that there was 70gr of chicken fillet in each portion.

\*\***Lovech** – Fish is being offered every Thursday.

\*\*\* **Stara Zagora** – The prison guards shared that the inmates’ portions are very quality and generous in quantity, that eggs, dairy and meat are being offered quite often and that the meat portions are quite large.

#### 4.1. Physical State of Prison Kitchens and Cafeterias

The kitchens and cafeterias in those establishments which are overcrowded (Varna, Burgas, Sofia) are in very poor condition.

Prison	Physical state of the kitchen	Physical state of the cafeteria	Duration of mealtimes	Number and type of kitchen staff
<b>Burgas*</b>	<b>Poor.</b> The floor was wet and greasy, the walls were dingy, the kitchen aspirator was very loud, there was no natural lighting as the kitchen is under ground level, the equipment is old and inefficient (the staff cooks on 4 gas plates which are placed directly on the floor).	Meals take place in small cafeterias located on each floor, all of which have very uncomfortable furniture. There is a budget for renovations along with a plan to relocate the cafeteria to an old machine shop behind the building which has been decommissioned.	<b>No data in the researchers’ report</b>	1 cook on staff and 14 inmates
<b>Varna</b>	<b>Very poor.</b> There is a smell of rancid oil and stale food in the air. There is almost no natural lighting (the kitchen is under ground level), the kitchen appliances are old and inefficient.	The furniture is old and during the visit the researcher saw a rat run across the room (there are metal lockers in the cafeteria where the inmates can keep their food).	25-30 minutes  (inmates eat their meals in shifts)	1 cook on staff and 14 inmates
<b>Lovech</b>	<b>The kitchen is very clean and the equipment is brand new,</b> but the kitchen is located far from the main building.	The cafeteria is in worse condition than the kitchen – it is located in the main building and is below ground level; the food is brought in from the kitchen in metal containers. The furniture is old.	25 minutes	1 contracted cook and 15 inmates
<b>Pleven</b>	<b>The cleanliness is satisfactory, but the equipment is old and inefficient.</b>	<b>No data in the researchers’ report</b>	35 minutes (inmates eat in 4 shifts)	1 cook on staff and 13 inmates
<b>Sofia</b>	The kitchen is under ground level and is in a relatively good physical state. <b>The two serious issues are the pests and the water leaks from the floor above</b> which houses the Vekilski detention center.	Although there is a cafeteria, the meals are served to the inmates on the prison floors.	<b>No data in the researchers’ report</b>	28 inmates work in 3 shifts
<b>Stara Zagora</b>	<b>The kitchen was newly renovated 5-6 years ago.</b> The equipment is in good condition.	There are two cafeterias which are under ground level; their walls have water damage. The building does not have good insulation or good drainage. The furniture is old.	No longer than 20 minutes	1 cook on staff and 14 inmates
<b>Troyan</b>	<b>The kitchen was very sanitary.</b> The equipment is new and the kitchen is adjacent to the cafeteria.	The cafeteria is very sanitary. It has been completely renovated and the furniture is brand new.	<b>No data in the researchers’ report</b>	1 contracted cook and 6 inmates

<b>Cherna Gora</b>	The kitchen is outside the walls of the prison dormitory premises.	<b>No data in the researchers' report</b>	<b>No data in the researchers' report</b>	1 cook and 4 inmates
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#### 4.2. Sanitation of the Kitchen and Cafeteria Premises

The sanitation of the kitchen and cafeteria premises in the **Burgas** prison is carried out by inmates who are assigned to cleaning duties together with a few janitors on staff. Although in **Varna** the sanitation is carried out by a contracted company in addition to the inmates who are assigned to kitchen and cafeteria cleaning duties, there is little to no effect – there are pests on the premises and upon entering one is greeted by a heavy smell of rancid oils and stale food. In **Lovech and Troyan** the cleaning is carried out by janitors who use mostly detergents for disinfection (in **Lovech** all utensils get regularly boiled). In **Pleven** the sanitation duties are performed by inmates and in **Stara Zagora and Cherna Gora** – by a company which fumigates for cockroach control. All three establishments had cleaning supplies available. There are special tablets designated for the sanitation of utensils and, in addition, all utensils get boiled every other day. In **Sofia** some of the working inmates are appointed to cleaning and dishwashing duties in the kitchen.

#### 5. Health Care Services

At most of the eight visited prison facilities the interviewed inmates expressed their dissatisfaction with the level of medical services, mostly due to the inadequate access to medical care. The medical personnel, in turn, also expressed their unhappiness with the difficult working conditions. There are vacancies in the medical personnel in all of the visited establishments, and, according to the interviewed medical staff members, this is not only due to the poor physical conditions and the challenging nature of their work at these establishments, but also due to the unequal legal status of the doctors working on staff at prison institutions.

In the **Burgas** prison the permanent positions for a doctor, a dentist and a physician assistant are all vacant. The physician assistant who was available at the time of the researchers' visit works on staff at the detention centre and stops by the prison very briefly only long enough to dispense medication to the inmates and is not versed in the type of paperwork that is required at the prison, nor the way the medical office there is supposed to operate (for example, he was not aware of the existence of a register for documenting traumatic injuries). The only permanent position that is currently occupied is that of the nurse, but she has been on a prolonged medical leave for a while. The prison in **Varna** has four permanent medical staff positions – a doctor/director of the Medical Centre, an attending physician, a physician assistant and a dentist, and the only position which is currently vacant is the dentist's position. In **Lovech** there is one doctor/director of the Medical Centre and two physician assistants; the prison uses the services of a contracted dentist. Since the end of January 2016 the prison in **Pleven** only has a physician assistant on staff; the positions for a

physician, a dentist and a psychiatrist are currently vacant due to a lack of applicants. There are two physicians servicing the prison in Sofia – one is on staff and the other one is contracted and he is about to retire. The physician at the **Troyan** prison has been working at a permanent position there for 17 years. When inmates need dental services, they get transported to the prison in **Lovech**. The **Stara Zagora** prison has one physician on staff and the **Cherna Gora** prison dormitory is serviced by one physician assistant who has been on staff for 11 years.

The **Burgas** prison has signed a contract with the National Health Insurance Fund (NHIF) which covers biweekly visits by a general practitioner, as well as the services of a contracted physician who, at the time of the visit, had not visited the prison for a few weeks. The **Varna** prison uses the services of a contracted dentist once a week. Since August 2015 there has been a permanent position open for an admitting physician, and another position open for a doctor at the Razdelna prison dormitory. The **Lovech** prison is serviced by two physician assistants and the prison can use the services of physicians working at the two prison hospitals as needed. The **Pleven** prison has signed a contract with the Diagnostic and Consultative Medical Centre (DCMC) in town, which provides three physician assistants, two doctors and two lab technicians. The contract requires that during week days there be at least three medical specialists available at the medical centre: a doctor, a physician assistant and a lab technician (this was, indeed, the case during the researchers' visit). The prison has a fully equipped dental office and the dental services are carried out by a contracted mobile dental team. The contract with the DCMC specifies that should the need arise for specialized medical services the medical specialist whose services are required (e.g. an orthopedist, a dermatologist, an ophthalmologist, etc.) will arrive on site. For testing that requires medical devices the inmates get sent to an external medical facility.

There are two nurses who work at the **Sofia** prison (one of them is on a permanent position, and the other one is contracted); in addition there are a dentist and a contracted psychiatrist who visits the prison once a month. In **Troyan**, except for the doctor on staff, there is no other medical personnel. In the **Stara Zagora** prison there is one doctor, two nurses and one physician assistant and there is one more vacant position for a physician assistant; the dentist is a contractor. There has not been a position for a psychiatrist for years and inmates get referred out for psychiatric care.

### **5.1. Access to Medical Care**

There is a schedule in the **Burgas** prison which coordinates the inmates' access to medical care. In cases of emergencies all inmates can see a medical specialist provided one is available; if not, then the prison staff calls for the personnel at DCMC. Access to medical care at the prisons in **Varna, Stara Zagora and Cherna Gora** is once a week and there is a set schedule; for emergencies help is available 24/7. The prisons in **Lovech, Pleven and Troyan** pass around a list for medical care requests and the inmates can receive medical services once (**Lovech**) or twice (**Pleven, Troyan**) a week. Emergencies get attended to 24/7 (**Lovech, Pleven**). The medical specialists in **Burgas and Lovech** may see up to 50-60 inmates in one day. The schedule in the **Sofia** prison allows for 2-3 groups to receive medical services a day as needed. There are about 60-70 walk-ins per day; there

are usually about 80-120 patients in line a day, but most of them use medical appointments as an opportunity to socialize.

## 5.2. Access to External Health Care Services

Any inmate in the visited establishments (**Burgas, Varna, Lovech, Pleven, Troyan, Stara Zagora, Cherna Gora**) who is medically insured and has a referral letter for specialist treatment outside the prison facility are granted access to external health care services (such as in cases when an inmate needs to have a psychiatric evaluation as was one of the cases in **Pleven**). Under the Hippocrates Programme, the medical personnel in the **Varna** prison can write a referral letter to a medical specialist for lab work and for prescriptions of medication covered by the NHIF. There is a designated car at the prison (which is not an ambulance) which is used only to transport inmates to external medical facilities. The **Lovech** prison can use the services of doctors from the two prison hospital wings. In **Pleven** some of the medical specialists come to the prison in order to avoid escorting inmates outside of the prison. The doctor of the medical centre at the **Sofia** prison issues referrals at his own discretion. Not all hospitals are willing to work with inmates, therefore the prison works with various hospitals depending on the various specialists needed (urology, endocrinology, cardiology, etc.). The medical staff at the **Stara Zagora and Cherna Gora** establishments noted that they have no limitations on the number of referrals they can issue.

## 5.3. Prescribed Medication

In the prisons in **Varna, Lovech, Pleven, Sofia, Troyan, Stara Zagora and Cherna Gora** the prescribed medications are either covered by the NHIF (for example, in Varna up to 75-80% of the prescribed medication can be issued by the pharmacy at the hospital and can be substituted with generic drugs) or provided by relatives if the Fund does not cover a certain medication. Occasionally, (**Pleven, Sofia**) the prescribed medication can be purchased from a civil pharmacy with the inmate's personal funds and delivered to the prison. This option exists for the **Stara Zagora and Cherna Gora** establishments, as well, and the protocol in such instances is that a medical staff member must check the contents of the medication before it can be dispensed to the inmate. The prison in **Burgas** also has a budget designated to the purchase of the most commonly prescribed medications.

## 5.4. Informing Patients of the Findings of their Medical Examination

The inmates in the **Burgas** prison can personally keep their own discharge diagnoses or their copy of the work capability assessment reports issued by the Regional Medical Expert Board<sup>4</sup> in their cells and the doctor said that if an inmate seeks information related to his health status, he can have that information. The inmates in the **Varna** prison can have their original medical documents, but the

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<sup>4</sup> The Regional Medical Expert Board (or RMEB) is the name of the Bulgarian health assessment advisory service that issues recommendations on the work capability of injured or otherwise disabled citizens in view of their eligibility to receive disability benefits.

prison doctor noted that it is usually the case that they lose them or fail to properly store them. The medical staff at the **Stara Zagora and Cherna Gora** prisons issue duplicates of all referrals – the original is kept in the inmate’s medical file and the duplicate is submitted to the NHIF. The established practice at the **Lovech, Pleven, Troyan, Stara Zagora and Cherna Gora** establishments is for patients to be verbally informed of the contents of their medical paperwork but be issued a copy only upon submitting a request. The inmates at the **Sofia** prison may be granted access to a particular piece of their own medical file only upon submitting a written request to the prison warden and upon receiving the warden’s approval.

### **5.5. Evaluation of Doctors and other Medical Staff of the Working Conditions**

The medical staff at the **Burgas** prison evaluated their working conditions as very poor; the current doctor shared with the researcher that she was planning on discontinuing her work at the prison. The doctor at the **Varna** prison commented on the fact that the lack of air-conditioning has a very detrimental effect on the storage of medications at the pharmacy in the prison’s Medical Centre; also, he noted that the office equipment is quite outdated as it has mostly been donated. The doctor at the **Lovech** prison defined the working conditions there as “humiliating” in the sense that the physical conditions were dismal and the medical equipment was either lacking or outdated. He works at the prison under contract and that is the reason he has not left yet, but believes that the staff shortage issues can be solved when prison doctors are granted the same legislative status as general practitioners. The medical staff at the **Pleven** prison believe that the working conditions at the DCMD are considerably better. There was no medical staff at the **Troyan** prison dormitory at the time of the researchers’ visit. The medical staff at the **Sofia** prison described their working conditions as “horrible, unbearable”. The doctor who works there under contract was scheduled to retire a week after the BHC researcher’s visit, and the doctor on staff was also planning to quit in the near future. The nurse and the doctor at the **Stara Zagora** prison said that the working conditions were the way they were and that, in other words, they had resigned themselves to both the physical conditions and the particular nature of the work there, including the difficulties associated with the health status and the confrontational disposition of their patients. They said that they were some of the last remaining medical staff who were hired on under permanent positions at the medical centre and after they leave/retire there would hardly be any applicants willing to work in prison. Along with the low pay, another serious hindrance to finding medical staff willing to work in prison is that they are prohibited from having another practice outside of prison (for example, the prison doctor is prohibited from having their own private practice, as well).

### **5.5. The Prisoners’ Evaluation of the Quality of the Medical Services in Prison**

The inmates at the **Burgas** prison complained that they cannot get around to seeing a physician (groups III and VI) even though they present with very real medical conditions (post-surgery pain, insect bites, skin disorders). Two of the inmates who are prescribed neuroleptic drugs are not able to receive their medication on the days outside of the scheduled doctor’s visits to the prison. The inmates in the **Varna** prison expressed their satisfaction with the services provided by the physician

but complained about having access to the medical centre only once a week. The **Lovech** prison inmates qualified the quality of the medical services as “very poor”, again due to the fact that they could not get on the medical appointments list because the doctor does not have enough time to see everybody on the one day when he is scheduled to be at the prison. Two of the interviewed inmates in **Pleven** expressed their dissatisfaction with how superficial the medical examinations felt and they said that the most they could hope for was that the doctor would prescribe an aspirin, therefore it was pointless to see the doctor. One of the interviewed inmates in the **Sofia** prison shared that, no matter what the complaint, the doctor always prescribes either paracetamol or aspirin. In **Troyan** only one of the interviewed inmates complained that his medical needs were not adequately met, but everyone else responded that the doctor knows them well and they had no issues with the health care services. The researchers’ notes from the **Stara Zagora and Cherna Gora** establishments contain no comment on the part of the inmates in regards to the health care services.

**ABBREVIATIONS:**

- DCMC** – Diagnostic and Consultative Medical Centre
- EPDA** – Execution of Punishments and Detention Act
- EPD** - Execution of Punishments Department
- NHIF** – National Health Insurance Fund
- SWPA Officer** – Social Work and Prison Activity Officer