

**HEALTH CONDITIONS
IN HAITI'S PRISONS**

**A Report by
Physicians for Human Rights
July 1992**

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Physicians for Human Rights

Physicians for Human Rights (PHR) is an organization of physicians and other health professionals that brings the knowledge and skills of the medical sciences to the investigation and prevention of violations of international human rights and humanitarian law. H. Jack Geiger, M.D. is President; Carola Eisenberg, M.D. is Vice President; Eric Stover is Executive Director; Susannah Sirkin is Deputy Director; Gina VanderLoop is Development Director; Barbara Ayotte is Senior Program Associate; Shana Swiss, M.D. is Director of Women's Program; Jonathan Fine, M.D. is Senior Medical Consultant.

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- protect health professionals who are victims of human rights abuses, and
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PREFACE

On September 30, 1991, Haiti's first democratically elected President, Jean-Bertrand Aristide, was overthrown in a bloody military coup d'état and forced to leave the country. During and after the take over, which left over 200 dead, scores injured, and hospitals and morgues overwhelmed, the Haitian security forces committed extensive human rights violations, including indiscriminate shooting of civilians, extrajudicial executions, abductions, beatings and mass arrests without warrant. Once again, Haiti's overcrowded prisons had become sites of detention for the populace and its political leaders. Haitian prisons have long been a locus of human rights abuses (most notoriously during the Duvalier period, but continuing to the present day as well). Until recently, it has been virtually impossible to visit these facilities to investigate their conditions. In December 1989 and again in July 1990, delegations assembled by Physicians for Human Rights gained unprecedented access to 13 prisons in urban and rural Haiti. They found that detainees were often brutally beaten as a means of punishment; confined in severely overcrowded, unsanitary cells; and denied adequate food, water and medical care. Subsequent visits by Physicians for Human Rights, the National Coalition for Haitian Refugees and Amnesty International confirmed that conditions remained the same in May and November 1991.¹ This report describes conditions in Haiti's prisons and detention centers and offers practical suggestions for improvement.

At the time of writing, Haiti's future remains uncertain. Shortly after the 1991 coup, the National Assembly declared the President's office vacant and installed a new President, Joseph Nérette, and a new Prime Minister, Jean-Jacques Honorat. In June 1992 Marc Bazin was chosen to be the new Prime Minister in accordance with a recently enacted agreement ratified by the Haitian parliament in May 1992. Meanwhile, other Haitian and international figures have continued to negotiate for Aristide's return from exile and the restoration of his Presidency. During this period of coups d'état and diplomatic maneuvering, the prisoners who fill Haiti's jails remain among the most vulnerable of its citizens.

¹Interviews with Jocelyn McCalla, Director, National Coalition for Haitian Refugees, June 1991; Michael Levy, independent consultant, June 1991; Stephen Oliver, M.D., Physicians for Human Rights, November 1991.

INTRODUCTION

When self-proclaimed President-for-Life, Jean-Claude Duvalier, fled to exile in 1986 the world dared to hope that the vestiges of brutal dictatorship in Haiti would soon be undone. Jean-Claude and his father, François, had presided over three decades of repressive and violent rule during which their personal militia--the Tonton Macoutes--instilled fear in the population through arbitrary arrests, detention of political prisoners, torture and extra-judicial executions.² Prisons and other detention facilities were the sites of many of these human rights violations. After the fall of Duvalier, allegations of unacceptable prison conditions continued through the next four years of successive military governments and the 10-month interim civilian presidency of Ertha-Pascal Trouillot in 1990. While human rights organizations were able to interview former inmates and visit several facilities, access to most prisons continued to be difficult during the early post-Duvalier period.³

In December 1989 and July 1990, Physicians for Human Rights (PHR) visited 13 Haitian prisons and detention centers to investigate conditions of confinement, allegations of physical abuse and the health status of prisoners. The first visit took place during the last months of the violent military government of General Prosper Avril who relinquished his 18-month rule in March 1990. During this visit in December 1989, PHR's Associate Director, Susannah Sirkin, visited the National Penitentiary in Port-au-Prince and the prison in nearby Pétionville. While in the National Penitentiary she met with prisoners Evans Paul, Etienne Marineau, Jean Auguste Mesyeux and Patrick Beauchard, popular leaders who had been abducted in November and December 1989 and severely beaten by Avril's security forces. Shortly after their arrests, the government had displayed their bruised and beaten bodies on television in an attempt to intimidate the population. They were denied adequate medical treatment during their imprisonment, and, in March 1990, PHR and Amnesty International brought them to Cambridge Hospital, in Cambridge, MA, for medical care.

In late June and early July of 1990, during the interim civilian government of President Trouillot, a PHR team returned to Haiti and visited 11 additional prisons. The four-member team included Curtis Prout, M.D., Senior Physician, Brigham and Women's Hospital, Lecturer in Medicine, Harvard Medical School, and a prison health specialist; JudyAnn Bigby, M.D., Department of Medicine, Brigham and Women's Hospital; Instructor, Harvard Medical School; Michael Levy, consultant on Haiti and human rights; and Nancy D. Arnison, Program Officer,

Physicians for Human Rights. While conditions varied from facility to facility, the team found evidence of severe overcrowding, grossly unsanitary conditions, beatings and inadequate food, wa

²Americas Watch. Reports on Haiti. New York, 1983-1990; Amnesty International. Reports on Haiti. New York, 1972-1990.

³Americas Watch, et al, *Reverting to Despotism: Human Rights in Haiti* (New York, 1990); Amnesty International, *Haiti: Deaths in Detention, Torture and Inhumane Prison Conditions* (New York, 1987); Organization of American States, *Report on the Situation of Human Rights in Haiti* (Washington, DC, 1988) pp 133-4.

and medical care.

Before leaving Haiti, the team presented its preliminary findings to President Trouillot and other government officials. The President denied that any detainees had been beaten in the 3 1/2 months since she had taken office. She and other government officials acknowledged other deficiencies in the prison system and blamed them on inadequate resources. PHR's investigation found, however, that many of the problems in Haiti's prisons were not resource based and that relatively inexpensive improvements would bring Haiti a long way toward providing the minimally acceptable level of care required under both international standards and Haitian law.

PHR subsequently sent its written findings and recommendations to President Trouillot and the ministers of defense, justice, and interior. The organization also offered assistance in locating prison health consultants who might assist in formulating and carrying out reforms (see letter Appendix A). Although government officials stated that they wished to pursue such a consultancy, they took no action to implement it.

Shortly after President Jean-Bertrand Aristide took office on February 7, 1991, he placed prison reform on his government's crowded agenda. However, the beatings in detention continued and prison conditions did not improve during his 7 1/2 month tenure as president.⁴

This report sets forth the methods used and obstacles encountered in conducting PHR's investigation; outlines sources of international and domestic standards relevant in evaluating prison conditions; describes prison conditions and recommends practical, low cost steps that can be taken immediately to improve conditions.

⁴Jocelyn McCalla, "Aristide Confronts Stubborn Problems" *Haiti Insight* (New York: National Coalition for Haitian Refugees, May 1991) p.2. See also the interviews cited in footnote 1.

BACKGROUND

Human rights in Haiti

Haiti, the first nation established by formerly enslaved people of African origin, gained its independence from France in 1804. Since then, assassinations and violent coups have characterized political life and brought most of Haiti's 38 rulers in and out of power.⁵ The past three decades of Haiti's history were dominated by François "Papa Doc" Duvalier and his son, Jean-Claude "Baby Doc" Duvalier who ruled from 1957-1986. The Duvaliers maintained a corrupt and violent private militia that terrorized the Haitian citizens through extortion, abduction, torture and executions.⁶

Popular demonstrations, international pressure, and a weakening political core forced Jean-Claude Duvalier to flee Haiti on February 7, 1986.⁷ The resulting political vacuum swept Haiti into a tumultuous four-year period characterized by coups d'état, a succession of military rulers, and 10 months under a civilian interim president. The structure of the Duvalierist state--rule by force remained intact as elements of these governments detained, tortured and killed political leaders, opened fire on voters, and manipulated elections.⁸

Democratic elections were finally held on December 16, 1991 under the supervision of United Nations observers, and on February 7, 1991, a Catholic priest, Jean-Bertrand Aristide, was inaugurated as President.⁹ Aristide inherited a set of daunting economic and administrative problems exacerbated by years of corruption and neglect. Haiti was the poorest country in the Western hemisphere, with a high infant mortality rate (116 per 1,000 live births), a low literacy rate (38%) and a life expectancy of 55 years.¹⁰ Seventy-five percent of the population was without

⁵See Lyonel Paquin, "The Haitians: Class and Color Politics" Brooklyn, NY, Multi Type 1983 pp. 270-1; Mme Odette Roy Fombrun, *Histoire d'Haiti de l'Indépendance a nos jours*, Editions l'Action Sociale, 1981, p. 194; Danner, M., "Beyond the Mountains," *The New Yorker*, November 27, 1989, p. 58.

⁶E. Abbott, *Haiti: The Duvaliers and Their Legacy* (New York: Simon & Schuster, 1988).

⁷Ibid.

⁸Organization of American States, *Report on the Situation of Human Rights in Haiti* (Washington, DC, 1988) pp.105, 163-4; Americas Watch, et al, *Reverting to Despotism: Human Rights in Haiti* (New York, 1990).

⁹Texier P., Report on the human rights situation in Haiti. E/CN.4/1991/33/Add.1. Geneva: United Nations Commission on Human Rights, Feb. 8, 1991.

¹⁰UNICEF. *The state of the world's children: 1990* (London: Oxford University Press, 1990).

access to safe drinking water and medical facilities were tragically overcrowded and undersupplied.¹¹ Although Aristide had pledged in his presidential campaign to improve Haiti's standard of living, his reforms had barely begun when he was ousted by the military.

International and Domestic Standards for Prison Conditions

All governments--no matter how rich or poor--are obligated to provide prisoners and detainees with a minimum level of care. Standards for care are set forth in the United Nations Standard Minimum Rules for the Treatment of Prisoners (hereinafter "Standard Minimum Rules"), which apply to persons who have been charged and are waiting trial¹² as well as to those arrested or imprisoned without charge.¹³ While not a binding treaty, the Standard Minimum Rules provide guidelines for governments in the care and housing of prisoners and detainees. The Rules stipulate that the prison administration must provide prisoners with adequate food, drinking water, exercise, and access to appropriate bathing and toilet facilities.¹⁴ Sleeping and living accommodations must be clean, with adequate floor space, lighting, and ventilation.¹⁵ Every institution must have available the services of a medical officer to care for the sick, examine new prisoners, inspect the facility and oversee any punishments that may prejudice the prisoners' physical or mental health.¹⁶

The Haitian Constitution and international human rights instruments prohibit torture and cruel, inhuman or degrading treatment.¹⁷ Unlike the U.N. Standard Minimum Rules, these are absolute prohibitions. In addition, the Haitian Code of Criminal Procedure requires the public

¹¹The general hospital in Port-au-Prince, which serves the majority of the capital's one million people, operates with a budget equivalent to \$100,000 per year. PHR visit to State University Hospital on July 2, 1990 and personal communication with Yvon Avin, Administrator.

¹²United Nations Standard Minimum Rules for the Treatment of Prisoners adopted by the First United Nations Congress on the Prevention of Crime and the Treatment of Offenders, held at Geneva in 1955, and approved by the Economic and Social Council by its resolution 663 C (XXIV) of 31 July 1957.

¹³Rule 95 extends to persons arrested or imprisoned without charge the same rights guaranteed to prisoners charged but waiting trial. Resolution 2076 (LXII) of 13 May 1977 of the Economic and Social Council.

¹⁴U.N. Standard Minimum Rules 12, 13, 20 and 21.

¹⁵U.N. Standard Minimum Rules, Rules 10 and 14.

¹⁶U.N. Standard Minimum Rules 22-26 and 32.

¹⁷Constitution of the Republic of Haiti, Article 25 (1987); American Convention on Human Rights, Article 5 (ratified by Haiti 1977) OAS Doc. OEA/Ser.L/V/II.65,doc. 6 (1985), entered into force July 18, 1978; Universal Declaration on Human Rights, Article 5, adopted Dec. 10, 1948, GA res. 217A (III), UN Doc A/810 (1948); United Nations Code of Conduct for Law Enforcement Officials, Article 5, adopted Dec. 17, 1979.

prosecutor to examine prisons to ensure that the facilities are clean and the detainees in good health.¹⁸

¹⁸Lawyers Committee for Human Rights, *Paper Laws, Steel Payonets: Breakdown of the Rule of Law in Haiti* (New York, 1990).

THE PRISON SYSTEM

Haiti has a prison population of between 1,500 and 2,000. Prisoners typically are incarcerated in three types of facilities: prisons, detention centers in military barracks, and detention centers in police stations. All of these facilities are run by the military, even though only the detention centers located in military barracks are within the military's jurisdiction. Pursuant to the 1987 Haitian Constitution, police station "lock-ups" should be run by a police force that is independent from the military. Separation of the police from the military, however, has not taken place.

The prisons fall within the jurisdiction of the Ministry of Justice. Karl August, Minister of Justice under the Aristide government, announced plans in 1991 to create a civilian penal authority to run the prisons. At the time of the 1991 coup, however, only the National Penitentiary in Port-au-Prince had a civilian nominally at its helm, and, even there, the military still handled day to day administration.

Haiti's largest prison is the National Penitentiary. Built during the U.S. occupation (1915-1934) to accommodate 300 prisoners, it generally holds 500-1,000.¹⁹ The census at the time of our visit was stated to be 565.²⁰ Other prisons and detention units are much smaller and, at the time of our visits, held from two to 60 prisoners.

Scope and Conduct of the Investigation

During its two visits to Haiti, PHR examined prison conditions, allegations of abuse, and the health status of prisoners. While PHR did not focus on the well-documented violations of due process which include arbitrary arrests, detention without charge, incarceration in unauthorized locations, failure to acknowledge detention, and bribery of judges²¹, such violations exacerbate the problems of abusive treatment and unacceptable prison conditions reported herein. Haiti's prisons, are crowded with individuals who have not been charged, tried, convicted or sentenced. Unacknowledged detention, often in unauthorized locations, means that family and friends do not know where or whether their loved ones are incarcerated. They cannot come to their aid, bring food or seek their release. Access to legal counsel is denied while abuses are meted out in secrecy and with impunity.

¹⁹Interview with Jean-Jacques Honorat, Director, Haitian Center for Human Rights (CHADEL), June 26, 1990.

²⁰Interviews with Major Leopold Clerjeune, Commander in charge of the National Penitentiary and the Anti-Gang Service, June 27, 1990 and June 28, 1990.

²¹Lawyers Committee for Human Rights, *Paper Laws, Steel Bayonets: Breakdown of the Rule of Law in Haiti* (New York, 1990).

PHR teams visited 13 places of detention in Haiti. Some were officially-recognized prisons; others were military barracks; and still others were police station "lock-ups," some of which are not authorized to hold prisoners but do so anyway. Some police stations may legally detain people for a limited number of hours but, in practice, hold them longer. This report uses the term "prison" to refer to all such facilities. Similarly, the terms "prisoner" and "detainee" are used interchangeably to refer to all individuals who are confined or incarcerated by authorities in the facilities visited, regardless of the location or legality of their detention.

The PHR team members obtained permission to enter the facilities from then-Minister of Defense, General Herard Abraham, who issued a letter to all prison commanders instructing them to provide full access and cooperation to PHR. As required by the Ministry of Defense, PHR provided a list of the prisons the team intended to visit. Hoping to see the prisons in their normal state, PHR did not provide dates or times of the planned visits to specific facilities, although General Abraham knew which weeks the team would be in Haiti. In and near the capital, Port-au-Prince, team members visited prison and detention facilities at the Investigation and Anti-Gang Service, National Penitentiary, Lamentin, Cafeteria, Delmas 33 and Pétionville. Outside Port-au-Prince they traveled to prisons in Petit-Goâve, St. Marc, Petite Rivière de l'Artibonite, Gonaïves, Port de Paix, Arcahaie and Gros Morne.

The team inspected each facility and interviewed prisoners, prison administrators, guards, and medical personnel. Prisoner interviews were conducted individually and, when possible, out of the presence of guards. Most of the interviews took place with groups of prisoners in the presence of guards. During the visits we inspected sleeping and living areas, the water supply, the latrines and sanitary conditions. We also conducted limited medical examinations of prisoners and former prisoners and met with human rights workers, church leaders and government officials, including then-President Trouillot and future President Aristide.²² During our visits we interviewed Jean-Jacques Honorat, who was then the Director of the Haitian Center for Human Rights (CHADEL) and who became Prime Minister after the ouster of President Aristide.

The PHR team members traveled together to three prisons and later split up into two teams to visit other facilities. Two team members were fluent in French and one spoke Haitian Creole. The team also employed interpreters in both languages.

Obstacles to Investigation

Ease of access to the prisons and levels of cooperation by prison authorities varied from facility to facility. Authorities frequently impeded investigation by denying access to prisons or sections of prisons, concealing prisoners, harassing team members, and preventing private conversations with prisoners.

²²The PHR interview with Father Aristide took place in Boston June 1990. The other interviews took place in Haiti in December 1989 and June 25-July 3, 1990.

As team members, we introduced ourselves to the prison officials upon our arrival at each facility and presented a copy of General Abraham's letter. Authorities at the National Penitentiary and Petit Goâve granted immediate access to the grounds, but at other facilities we encountered resistance and delay. The delays often appeared to result from the officials' confusion as to how to deal with the delegation. In other instances the commander was absent, so other authority had to be obtained before entrance was allowed. Extensive discussion with prison officials invariably revealed that they had received General Abraham's letter and understood that they were to provide access and full cooperation. In most facilities we overheard officials discussing with each other and by two-way radio where we would be allowed to go, what we could see, and with whom we could speak. We were generally made to wait at least thirty minutes before entering the facility and up to an hour before visiting cell areas.

The delays both at the gate and in the administrative offices gave the guards time to remove and hide prisoners before we entered the cell areas. In the Anti-Gang Service, for example, detainees reported and bystanders confirmed that immediately prior to our arrival in the cell area more than twenty prisoners had been removed, leaving only four to interview. A large pile of shoes in the detention area added credence to these reports, as did the prison administrator's confusion about the number of prisoners held there. He told us that the facility was rarely used as a detention center and that they just happened to have two detainees on that day. He was quite embarrassed that there were four and immediately sent two of them off with a guard with instructions to see a judge.

Similarly, guards at the Lamentin military barracks insisted that they held no prisoners and that the facility was not used for any type of long or short term detention. We nonetheless insisted on touring the facility and going through all the buildings. In a small office building, we found a man hidden behind the door of an office with an armed guard standing over him. The guard explained that the man sitting at gunpoint behind the door was a visitor - a friend of one of the soldiers. When we tried to talk with the man he shook his head in silence, clearly uncomfortable speaking in the presence of the guard. The next day we encountered the same man locked up in the National Penitentiary where he confirmed that he had indeed been incarcerated at Lamentin.

At Delmas 33, one prisoner who was able to speak briefly with us while the guard was distracted said that the day before our arrival 35 prisoners had been released, leaving only 15 incarcerated. After we toured the facility, and had been assured that we had seen all detention areas and all current prisoners, we asked to see any prisoners who previously had been sent to the hospital. After considerable consternation, the officials produced a dangerously sick prisoner whom we had not previously seen, indicating that at least one other detention area had been concealed from us.

We were not able to obtain or view prison records or lists of prisoner's names. In a number of locations including Petit Goâve and St. Marc, a blackboard noted the number of prisoners in the following categories: men serving sentences, men awaiting trial/sentencing, women serving sentences, women awaiting trial/sentencing, hospitalized, and mentally ill prisoners. The total number of prisoners we observed was often close to, although never completely in line with, the number of prisoners posted.

Authorities at St. Marc also employed another method of record keeping. In one of the rooms was a thin metal skewer upon which were impaled hundreds of scraps of paper. All types of records pertaining to the prisoners appeared to be stored here. The paper on top, for example, was an order to take certain prisoners to the local court.

At other facilities, prisoner information was kept on a clipboard. While we waited in the offices at Cafeteria, for example, the prison authorities huddled over a clipboard in our presence, selecting which prisoners to remove before we entered the cell areas. Officials then guided us through the facility, assuring us that we had seen all the prisoners and detention areas. Insisting on going through every door and gate and into every closet, we found additional prisoners locked in several small rooms and a narrow hallway. It also appears that there may have been other rooms which we were unable to locate; as we drove away, policemen loaded approximately 20 additional men from somewhere inside the facility onto a flatbed truck. We did not recognize these as detainees we had seen inside the prison.

Captain Dennis, the officer in charge of Cafeteria insisted that detainees were not kept overnight at Cafeteria. In private conversations, prisoners consistently told us that they had been incarcerated overnight, with stays ranging from 2 to 8 days.

Prison authorities escorted us closely in most facilities, hampering confidential interviews with prisoners. Although we had prepared a questionnaire, few lengthy interviews proved possible, and even fewer could be conducted in private. To make it somewhat more difficult for guards to monitor our movements, we split up inside the cell areas. One of us would ask numerous questions of the guards while the other would move about the facility examining remote areas of the physical plant and speaking with prisoners. Another way in which we were able to speak privately with prisoners was to request privacy when examining those who had medical complaints. This often was granted and prisoners used this opportunity to provide information about conditions of detention.

On two occasions PHR was completely denied access to a prison. Both instances occurred in July 1990 when team members attempted to visit the prison in Pétienville, a suburb of Port-au-Prince. The guards harassed and threatened team members and said that the official who held the key to the prison was not present. Meanwhile the team observed numerous people entering and exiting the locked facility. A PHR representative had previously visited the facility in December 1989.

Despite these obstacles, we were able to learn a great deal about conditions in Haiti's prisons. This report should be read with the awareness that special cleaning and concealment clearly occurred and undoubtedly made conditions appear better than on an average day. Such measures, however, did not conceal the glaring deficiencies and abuses that we report.

Prison Conditions

Most prisons and detention units in Haiti are concrete buildings painted black and mustard yellow. They are attached to military or police stations where armed men in uniform mill about the entrances. Cells were usually dark, damp and filthy. In the detention area of the Anti-Gang Service, for example, lightbulbs and fixtures had been ripped out of the ceiling and the electric wires left dangling. A sliver of light filtered down through the barred cell window, barely illuminating a prisoner lying amidst the garbage at our feet. Paint was peeling off the walls. A courtyard abutted the cell area, but none of the prisoners had access to it even for a fraction of an hour a day.

Most prisoners did not have beds or cots. They slept on thin straw mats or directly on the concrete and packed dirt floors. There were no chairs to provide relief from the damp ground. There was not adequate bedding even in facilities that were not overcrowded. In Petite Rivière, for example, where there were only nine prisoners (five male and four female) the three cells were barren except for several filthy mats. The rest of the prisoners slept on the bare floor. This was typical of all the prisons.

Necessity led to unusual sleeping arrangements in a narrow cell in Cafeteria where five men took turns sitting and lying on a "bed" they had constructed from a narrow board (approximately 1 x 4 feet) propped on an old tire. The floor below had open holes through which water or sewage flowed.

In the National Penitentiary prisoners can rent mattresses for several dollars per day. A nurse there indicated that the filthy mattresses contribute to extensive skin diseases. In Petite Goâve over a dozen mattresses that appeared to be in good condition were locked in an empty cell while the prisoners slept on the ground or on straw mats. Upon inquiry, the guards made it clear that the mattresses were for the soldiers and even though not needed by the military, they would not be given to the prisoners.

In general, conditions at the National Penitentiary are better than at other facilities. There, all women and certain male prisoners (those privileged by virtue of status, ability to pay, or high profile) have beds or cots and live in sections with more amenities and less crowding. The women's section, for example, has a large shaded courtyard where female prisoners gather under a tree or do laundry in cement troughs of water. Six cells with open doors surrounded the courtyard. The toilet area was inadequate with one broken toilet for 26 women. A faucet coming out of the wall served as their shower. A pile of old sewing machines filled a small chapel in the courtyard. The machines had been donated for use by the prisoners, but apparently had never been set up. Here, as in other all other facilities visited, there were no female guards. Each of the approximately 10 women we spoke with said she had been arrested for fighting.

The National Penitentiary offered better living circumstances for women than did other facilities. In all of the other facilities where we saw women (Cafeteria, Delmas, Petit Goâve, St. Marc, Port-de-Paix and Petit Rivière) their conditions were comparable to or worse than those of

men. The lone woman incarcerated at Petit Goâve, for example, was isolated from the rest of the prison by a wall and watchtower. Although prison officials had told us there were no females at the facility, we found a young woman curled up on a thin mat in a 4 by 6 foot cell surrounded by overgrown weeds. She was sick, menstruating and had no personal supplies. Although she was periodically allowed to wash in the men's area, she had no immediate access to water or to toilet or bathing facilities. Her family was allowed to bring food. She had been arrested for throwing rocks: an act she said was in self-defense to ward off an attempted rape.

Children are incarcerated with adults in violation of Haitian law and Rule 8 of the U.N. Standard Minimum Rules which require separate detention of children. In July 1990 in the National Penitentiary, twelve boys aged 13 to 16 had been imprisoned from a few days to six months with adult men in the "Hall," a section of the facility where the most disadvantaged prisoners are kept in a large, collective cell. This area was filthier and more crowded than the other sections of the Penitentiary. The boys' heads had been shaved to stave off lice. Several boys described previously being incarcerated in a small, windowless room known as the "hot house" after being beaten across the back and buttocks with a wire or piece of wood. Others said they had not been beaten while in detention. In general they appeared in good health and at the time of the interview did not bear physical signs of abuse. Almost all of the youths were from La Famille C'est La Vie, an organization set up by Father Jean-Bertrand Aristide for homeless children. The youths said that they had been arrested for being homeless, throwing rocks, using drugs, and trying to leave Haiti by boat. None had seen a judge. We also interviewed youths who had previously been detained and they reported having been beaten while in detention.

Overcrowding

Rules 9 and 10 of the U.N. Standard Minimum Rules require that prisoners be kept in individual cells or dormitories meeting "all requirements of health" with specific regard to adequate living space and, in particular, sleeping accommodations. Throughout the Haitian prison system we found widespread overcrowding, which exacerbated sanitation problems. Overcrowding was especially apparent in sections of St. Marc, Petit Goâve, Delmas 33, Gonaïves, Pétionville and the National Penitentiary. Approximately 60 male prisoners in St. Marc sleep in two unventilated rooms measuring about 24 x 15 feet. In another facility, 17 men were huddled in an 8 by 9 foot cell. They explained that additional prisoners were detained in their cell at night and that they could not all lie down at once.

Some prisons, such as the National Penitentiary, appeared to be using most of the available space and were clearly over-capacity. In other institutions, some cells were densely packed with prisoners while other similarly sized cells were empty or held only one or two inmates (Petit Goâve Cafeteria, Delmas 33). In explaining the disparity, officials cited their duty to segregate convicted prisoners from those who have not yet been tried. Indeed, Rule 8 of the Standard Minimum Rule also requires that convicted prisoners be separated from pre-trial prisoners. Such a distinction loses its meaning, however, in a system where few prisoners are ever charged, much less brought to trial. Moreover, such explanations cannot justify the overcrowding when comparable cells in the same prison remain empty. In Delmas 33 and Petite Goâve, for example, a number of unused cells were

available, yet prisoners were forced to live in cramped conditions. The prison at Delmas 33 contained five cells, each measuring 7 x 8 feet, yet only three cells were in use. A woman occupied one, and 11 men and 13 men occupied the two others. In addition to being crowded, their cells were filthy and near pitch black when the building doors were closed.

In Petit Goâve, 24 prisoners occupied a dark cell approximately 12 by 20 feet, while an adjacent cell stood empty. The guard explained that these men had to be kept together because they "are all murderers." He acknowledged that most had not seen a judge or been brought to trial. Despite the severe crowding, these prisoners were prohibited from access to the adjacent locked courtyard. Ten other males in Petit Goâve had access to the courtyard and ample room in their cells. The remaining cells stood empty or were used to store beds and mattresses, none of which were available to the prisoners. At Gonaïves, it was difficult to evaluate with certainty the extent of crowding. In early 1990, human rights groups had published a report that 68 prisoners were held in a cell measuring 20 by 40 feet, while other prisoners were less crowded.²³ On the dates of our investigation in July 1990, however, the prisoners had been taken out of their cells and assembled in the courtyard in preparation for our visit. They sat in neat, orderly rows on folding chairs, wearing brand new civilian clothing--which one prisoner informed us had arrived the previous day. Fifty-five prisoners were present and several cells were in view. Other parts of the compound were locked and we were denied access. Privately, prisoners told us that that their cells were so crowded at night that they had to stand up or sleep on top of one another.

Approximately half of the prisons visited had secure courtyards with cement or packed dirt which could have been used for prisoner exercise, sunlight, and relief from crowded cells, yet many prisoners were denied access to the yards and remained locked in their cells 24 hours a day. This was particularly apparent at Anti-Gang, Petit Goâve, and Pétionville. In contrast, prisoners in St. Marc are at times locked in the courtyard throughout the day where they have little relief from the penetrating sun. The courtyard in the National Penitentiary is also packed with men. Upon entering that yard, we were immediately surrounded by prisoners gently but desperately shouting out their names, passing notes, pleading their cases, and begging for help.

Facilities for women were not crowded in any of the prisons observed. Women were separated from the men as required by Rule 8 of the Standard Minimum Rules; however, there were no female guards. The largest population of female prisoners, 26, was in the National Penitentiary. Each of the six cells contained six to eight beds and housed four to six detainees. The cell doors opened to a spacious center courtyard, separated from the rest of the prison, where the women were free to come and go.

Unsanitary Conditions

Rule 14 of the U.N. Standard Minimum Rules stipulates that "all parts of an institution regularly used by prisoners shall be properly maintained and kept scrupulously clean at all times."

²³Americas Watch, et al. *Reverting to Despotism: Human Rights in Haiti* (New York, 1990).

Grossly unsanitary conditions were apparent at Port de Paix, Anti-Gang Service, St. Marc, Pétionville and sections of Gonaïves. Refuse, dust, cigarette butts, rotting food and human and animal feces littered the floors of these facilities. The cleanest facilities were the men's areas at Petit Goâve and Arcahaie where the cell and courtyard areas appeared to have been regularly swept. Even at Arcahaie, however, some of the latrine areas were filthy and it appeared that prisoners were not let out of the cells at night to relieve themselves.

The widespread overcrowding exacerbated the near complete absence of sanitary measures at many sites. Lack of adequate, sanitary disposal of human waste was a common problem. Rule 12 states that "sanitary installations shall be adequate to enable every prisoner to comply with the needs of nature when necessary and in a clean and decent manner." Toilet facilities, where they existed, typically consisted of a bucket or a hole in the floor. St. Marc and Petite Rivière had pit latrines. Cafeteria had holes in the floor which appeared to be used for human waste. In one section of the National Penitentiary, a bucket served as a toilet for 40 prisoners. Cells in several prisons lacked even buckets, forcing prisoners to defecate and urinate on the floors on which they slept. These floors were not routinely swept or hosed down and cell areas reeked with the stench of human waste. Several facilities (Petit Goâve, Arcahaie and parts of the National Penitentiary) were relatively clean at the time of our visits, however, even at Arcahaie, the cleanest of all the prisons, the latrine area was filthy.

Showers or other adequate bathing facilities were not available to most prisoners. The U.N. Standard Minimum Rules require adequate bathing or shower installations to enable every prisoner to bathe as frequently as necessary and not less than once a week in temperate climates (Rule 13). We found that running water was present at only a few of the sites. At Petit Goâve, where general sanitation and bathing facilities were better than at most locations, one slim trickle of water from a pipe in the courtyard served as the washing facility. Guards there said that prisoners who did not usually have access to the courtyard were allowed to come out once a day to bathe. A large in-ground swimming pool stood behind the cells on the grounds of Petit Goâve; the pool was dry and empty except for a lone soldier showering under its water spout. The women's section at Petit Goâve had no immediate access to water.

St. Marc had the remnants of a shower which had long since stopped working. Rural prisons typically did not have running water. Officials at Gros Morne stated that it is difficult to obtain any water for the prison and acknowledged that prisoners must depend on their families to bring it in.

A shower spout at Petite Rivière appeared to be operational, although the team did not have an opportunity to verify this. Clearly water had not been used to clean the sleeping mats which were extremely unsanitary.

Soap, toothbrushes, supplies for menstruation, and other items for personal hygiene are unavailable through the prison system. Standard Minimum Rule 15 requires that prisoners "shall be required to keep their persons clean, and to this end they shall be provided with water and with such toilet articles as are necessary for health and cleanliness." Prisoners depend on family members for supplies, or pay other prisoners to obtain them. One woman had a business selling soap in the

women's section of the National Penitentiary.

Food

Rule 20 of the Standard Minimum Rules states that the prison administration must provide every prisoner "at the usual hours with food of nutritional value adequate for health and strength, of wholesome quality." None of the prisons we visited provided meals of adequate substance. Even at the National Penitentiary, where corn gruel with occasional meat or oats is served twice a day, prisoners and charitable organizations report that the quantity is not nearly enough to feed everyone.

The other prisons visited provide even less food, sometimes none. Officials at three facilities said that they lacked adequate funds to feed the inmates. One detainee in Cafeteria said that he had not received food in three days. A prisoner in the Anti-Gang Service reported that he had not been fed in the five days since his arrival.

Many prisoners rely on families or friends to bring meals. In the National Penitentiary, "free prisoners" are allowed outside the cell area to buy food for other prisoners to whom they charge a fee. Those without family or money survive off the charity of fellow inmates who share their food. Charitable organizations also provide occasional meals.

We did not observe evidence of starvation or acute malnutrition among the prisoners to which we had access. There were, however, serious vitamin deficiencies and prisoners consistently complained of hunger and weight loss and reported that fights broke out over food.

Rule 20 requires that "Drinking water shall be available to every prisoner whenever he needs it." Some facilities had their own water sources, while prisoners in other institutions had to rely on their families to bring it in. One of the few prisoners we were able to speak with in Gros Morne had had no water in the last 24 hours.

Physical Abuse

Torture and cruel and inhuman treatment are strictly forbidden by Article 25 of the Haitian Constitution as well as numerous international human rights instruments.²⁴ In addition, Rule 31 of the U.N. Standard Minimum Rules prohibits "corporal punishment" and "all cruel, inhuman or degrading punishments" for disciplinary offenses.

We investigated reports of severe beatings upon arrest and during detention. Medical histories and physical examination of prisoners and former prisoners revealed that prisoners had been physically abused at the Anti-Gang Service, National Penitentiary, Cafeteria, Delmas 33, Pétionville, Port de Paix and St. Marc. This was corroborated by consultations with medical personnel in the National Penitentiary and outside the prisons. There was evidence of

²⁴See footnote 17.

musculoskeletal and nerve injuries, ruptured eardrums, severe eye trauma, and skin lacerations with secondary infections, all resulting from beatings.

PHR team members witnessed a beating at the Pétionville prison. Armed officers abducted a young unarmed man as he stepped out of his car in front of the prison. The officers kicked him, punched him in the head and beat him with the butt of a rifle. They dragged him into the prison where he begged for an explanation and proclaimed his innocence. Guards from inside the prison rushed out, instructing the arrestee to be quiet and telling the officers to stop beating him in front of us. The presence of our delegation appeared to be a matter of major concern and the guards refused to let us into the facility.

At institutions where we were able to discreetly conduct limited physical examinations for signs consistent with reports of physical abuse (Anti-Gang Service, National Penitentiary, Delmas 33, and St. Marc) prisoners bore evidence of beating about the back and buttocks with linear scars over the back and buttocks, palpable subcutaneous hematomas, and tenderness and swelling in the buttocks.

One prisoner at the Anti-Gang Service who reported that he had been beaten during each of the preceding three nights before our interview, had a lacerated lip, a hematoma over one eye, and linear scars on the buttocks. He also had a fever and evidence of dehydration. Another prisoner had a coloboma, consistent with a reported direct trauma to the eye. Two prisoners had painful neuropathy of the sciatic nerve, possibly from beatings on the buttocks.

At Gonaïves, St. Marc, Petite Rivière, Delmas 33, Port de Paix and Gros Mornes we received reports of a method of physical abuse referred to in Creole as "kalot marasso," the simultaneous striking of both ears with cupped hands. The vast majority of the inmates examined at these prisons had perforated or thickened tympanic membranes and reported diminished hearing. We examined guards at several of these institutions and they did not show such signs and we consulted Haitian physicians who indicated that scarred eardrums are not common in the population at large.

At Petite Rivière authorities explicitly stated that there were no beatings and no medical problems, and they were especially reluctant to allow examination of a man who complained of dizziness and headaches. Both of his ears were infected and the right eardrum was possibly perforated. The left middle ear had suffered recent trauma and his dizziness could not be attributed to his infection.

At Delmas 33, a prisoner who spoke privately with us reported that on June 23 and June 24, 1990, several days prior to our visit, two prisoners had died of injuries sustained from beatings by officers. We were not able to obtain other confirmation of these deaths; however, physical examination of approximately 1/2 of the 15 current prisoners revealed scars consistent with reports of beatings about the back, buttocks, ears and eyes. In a particularly bad case, one man had lost his left eye which was recessed into his skull. A healed linear scar above his left parietal area was consistent with a blow to head. He also had scars on his back, some of which appeared to be

recently healed ulcerations.

Shortly before departing from Delmas 33 we found a man who apparently had previously been concealed from us. He appeared to be in a life-threatening condition. Guards told us that he had been seen the previous day at the State Hospital, however there was no evidence of treatment. He had been badly beaten and was likely suffering from internal bleeding. Guards stated that he had been beaten by "the people." We urged immediate medical care and arranged transport to the hospital through the prison commander.

We interviewed and examined two prisoners (Mr. N and Mr. P) who had been released from the prison at Port de Paix. They reported that upon arrest, they were taken to the small police outpost at Trois Rivières and were badly beaten. Mr. N described being whipped on the neck by a rope, beaten by a large branch or club, boxed around the ears and beaten on the buttocks. The police then placed a board on the heads of Mr. N and Mr. P and sat on it.

Our medical examination of Mr. N found that both sides of the sternomastoids were affected by the beating with the rope and that there was a scaliness present. His buttocks were not scarred but were swollen and painful, with damage centering around the left trochanteric bursa. He displayed tenderness in the stomach and kidneys, as well as damage to the sciatic nerve; his left and right ankle and knee jerk reflexes were absent. He complained of wind in one ear and no longer hears much from that ear; an examination revealed a healing scar with blood and a very thickened eardrum, with the inner ear most likely full of fluid. The other ear displayed similar but less severe damage, with fluid in the middle ear. Mr. N was generally glassy-eyed and distant, displaying possible depression, or neurological damage. Mr. N also reported terrifying nightmares although he was hesitant to discuss this with us.

Mr. P separately reported the same chronology and beatings as did Mr. N. He added that at Trois Rivières they were forced to fill their pockets with stones while doing strenuous exercise, occasionally being beaten by the nearby guards. They were then forced to walk from the Trois Rivières police station to the Port de Paix barracks - all the while they were bound in a hunched position. At Port de Paix they were beaten again, first in the barracks and then in the prison itself. Other prisoners were forced to beat Mr. N and Mr. P. The guards jeered that these men deserved this treatment because they were communists, and it was appropriate that the other prisoners beat them because they were communists too and communists always fight among themselves. The men spent the night in the prison without medical care and were returned to the barracks in the morning. Their mouths were filled with stones and their faces beaten. They both bear scars inside their mouths. They then report being interviewed by a District Commander who whipped them with a rope.

Another form of mistreatment reported to us was the use of batons (described as the size of baseball bats) to beat the back and soles of prisoners' feet.

Physicians who treated released prisoners confirmed that beatings are routine, especially at the time of arrest and during the initial period of detention. The back, buttocks and soles of the feet, where scars are not readily visible, are the most common sites of beatings. Physicians working

in several different hospitals where prisoners are treated reported that beating across the buttocks was common and that in some cases buttock injuries were so severe that skin grafting was required. Prisoners typically were brought in for treatment only after the injuries had become infected and sometimes gangrenous.

Several physicians confirmed specific prisoners' reports of injuries from beatings. Others were reluctant to be interviewed because they had personally experienced some form of intimidation by police or military authorities or were aware of other physicians who had been harassed by authorities for caring for prisoners.

Dr. Puzo, a physician who said that he had been employed at the National Penitentiary three days a week until approximately March 1990 when the Trouillot government came to power, acknowledged that he often saw prisoners who had been brutally beaten. He said that beatings were necessary, acceptable, and continue to be routinely administered. He added, "You need to beat them. They are dangerous criminals. They won't confess until you beat them. They have to be beaten or they won't tell the truth."²⁵ He said that he most often saw beating victims transferred to the National Penitentiary from Cafeteria, a few from Lamentin and Delmas and none from Anti-Gang. This physician stated that the Trouillot government had recently allotted a physician position to the National Penitentiary and that he would soon be resuming his employ there.

Reports of rape and assault against female prisoners are widespread. We were not able to document the incidence of rape and other abuses against women prisoners because we had little opportunity to conduct private interviews with female prisoners. The two female prisoners we interviewed in the National Penitentiary outside the presence of male guards said that they were not aware of women being raped in the prison. Similarly, we do not have first hand information about deaths in detention. A typical response when asked about provisions for deaths in prison was that the Commander at Gonaïves who simply stated "There are no deaths here." Further inquiry is necessary in both areas.

Medical Care and Health Status of Prisoners

Tuberculosis, infected wounds, skin diseases, AIDS, sexually transmitted diseases and trauma injuries are prevalent throughout the Haitian prison system. Skin lesions are extremely common, many arising from infected injuries. We also found evidence of urethritis, pulmonary infections, and hypertension.

Psychological as well as physical distress was apparent. Prisoners at the Anti-Gang Service Cafeteria and Delmas 33 lived in daily fear of being beaten. Some prisoners broke down in tears; they relayed their treatment and their fears. In one instance, when a guard turned his back to the cell, a prisoner cupped his hands in a silent plea of help to the PHR team. Many prisoners reported

²⁵Interview with Dr. Puzo at National Penitentiary, June 28, 1990.

nightmares, night terror, and suicidal ideation. Inadequate access to the judicial system, insufficient information about reasons for detention, and uncertainty regarding the length of confinement also contributed to psychological stress.

Despite the prevalence of medical problems, most prisoners in Haiti had little or no access to health care services. Standard Minimum Rules 22-26 set forth explicit provisions for health care. Every institution must have available the services of at least one qualified medical officer who should have some knowledge of psychiatry. The medical officer shall see and examine every prisoner as soon as possible after admission and thereafter as often as necessary. The medical officer shall have the care of the physical and mental health of the prisoners and should see on a daily basis all sick prisoners and all who complain of illness. The medical officer shall report to the director whenever he considers that a prisoner's physical or mental health has been or will be injuriously affected by continued imprisonment or by any condition of imprisonment.

According to Rule 22, where hospital facilities are provided in an institution, their equipment, furnishings and pharmaceutical supplies shall be proper for the medical care and treatment of sick prisoners and there shall be a staff of suitably trained officers.

Rule 26 stipulates that the medical officer shall regularly inspect the quantity and quality of food; the hygiene and cleanliness of the prisoners; the sanitation, lighting and ventilation of the institution; the suitability and cleanliness of prisoners' clothing and bedding; and the adequacy of exercise.

Article 6 of the U.N. Code of Conduct for Law Enforcement Officials also places upon prison officials responsibility for "the full protection of the health of the persons in their custody."

Despite the prevalence of medical problems, most prisoners have little or no access to medical care. We found no evidence of medical screening, medical records or regular sick call at any of the institutions. Only the National Penitentiary had any formal health care facilities. The infirmary at the National Penitentiary is a long freestanding building. Near the entrance are two 8 x 8 foot rooms. One contained an examining table and a cabinet with alcohol and a few bandages. No other supplies were visible. Medications consisted of outdated pharmaceutical samples--a carton of clonidine (an expensive medication for high blood pressure), antacids, an open tube of ointment, and a half-used unrefrigerated vial of penicillin. The other room near the entrance contained only a chair.

The largest room was long and rectangular in shape with gates at each end. Nine beds stood along each of the longer walls. The beds had blankets and pillows but no sheets. Twelve beds were occupied at the time of our visit. The infirmary was clean and had been recently painted.

In the back of the long room were two other rooms which we were not allowed to enter. From outside, we could see that in one room a man stood in his underwear repeatedly washing himself at a sink. The staff made fun of him, saying that he is crazy and thinks he is a doctor. In the other room, reserved for military prisoners, we glimpsed a single bed and a patient.

During both of our visits, medical staff at the National Penitentiary consisted of two male nurses for a prison population ranging from 500 to 1000 including 26 women. During our December 1989 visit, Dr. DuRoseau was the sole staff physician. He was not present and could not be reached during the two days the PHR representative was in the vicinity. There was no physician on staff during our visit in July 1990. We met with Dr. Puzo, who said that he had been the civilian physician at the Penitentiary until late March 1990. During his tenure, he visited the facility three times per week and was on call for emergencies. At the time of our visit, Dr. Puzo had not been replaced. He said that he was scheduled to return to the Penitentiary immediately, however the Minister of Social Affairs told us that she had authorized two physicians for the Penitentiary, that they should already have been in place and that Dr. Puzo was not one of them. Wealthier prisoners call in their own physicians.

The other 12 prisons we visited lacked adequate medical facilities and any regular health care providers. One prison, Lamentin, had a room labeled as an infirmary but we saw no supplies, equipment, medications or staff. Used hypodermic needles were strewn about the room and boxes of expired oral contraceptive pills littered a corner. In Petit Goáve we visited a room marked with a large red cross on the door. The only hint that this room had ever been used for health care was a dusty, half-empty intravenous bag hanging from the grate of a window. Neither of these facilities appeared to have been used in years. At the large prison in Gonaïves, authorities pointed to a locked door and told us that medical supplies were inside, but that we would not be allowed access.

The infirmary at Delmas 33 was equipped with a table, bunk bed, lamp, wardrobe and medicine cabinet. The medicine cabinet was in complete disarray and contained antacid, alcohol, mercurochrome, antiseptic, Bactrimycin, one small bottle of penicillin, several non-sterile bandages and pieces of gauze, two spoons and forceps. The room appeared to be seldom used as an infirmary, and then, only by soldiers. The only record was a sheet of paper showing dates of treatment of soldiers at a military hospital from 1988-1989.

Prison authorities at Petit Goáve, the National Penitentiary, and St. Marc told us that a doctor or medic was available on site at least once a week and that in cases of extreme illness, prisoners were taken to the nearest hospital. Yet, only two prisoners we spoke with had been seen by a physician while incarcerated; both of them were female prisoners in the National Penitentiary. The only prisoners who reported receiving medical care from nurses were women at the National Penitentiary and the male patients in the infirmary there. Concerned private physicians expressed reluctance to volunteer their time to care for prisoners due to the military's harassment of doctors who had provided such services in the past.

Conclusions and Recommendations

While few prisons in the world maintain an ideal environment for humane confinement, it is nonetheless imperative that at least a minimum level of care be provided. The Haitian prison system brutally mistreats those under its care, neglecting their basic rights to adequate accommodations, food, health care and safety from abuse.

During our visits to Haiti and in subsequent contacts, prison authorities and other government officials repeatedly expressed a desire to improve prison conditions, but stated that little could be done until additional resources became available and until full control of the prisons was transferred from the military to the Ministry of Justice.

Haiti is one of the world's most impoverished countries. Poverty, however, does not justify abusive prison conditions. When a state incarcerates its citizens and deprives them of any opportunity to provide for themselves, it is responsible for providing a minimum level of care. Both domestic and international guidelines require it. The horror of life in Haitian prisons is particularly tragic because many of the problems are not resource based. Important improvements can be made without an infusion of additional funds and can be accomplished regardless of whether the Ministry of Justice or the military runs the prisons.

- Haitian authorities at the highest level should issue immediately public orders to all prison, military, and police personnel to stop the beatings of prisoners and to warn them that those who beat or mistreat prisoners will be punished. The authorities should also offer all prison officials and guards continuing education programs about the rights guaranteed prisoners under national and international law.
- Sanitation in Haiti's prisons could be vastly improved at little cost. At a minimum, the Haitian authorities should immediately order that all prison and detention center officials are responsible for ensuring (1) that holding cells and all other areas used by prisoners are swept, washed and disinfected on a daily basis; (2) that prisoners are provided adequate containers for bodily excrement, and that the containers are emptied and cleaned on a regular basis; (3) that prisoners are held only in officially-recognized prisons and detention centers; (4) that prisoners be moved from overcrowded cells to empty ones and provided with adequate bedding; and (5) that prisoners be allowed to bathe daily and to exercise regularly in the prison courtyards. Adequate nutrition and potable water may be somewhat costlier to provide, but are no less essential. To ensure that prison officials adhere to these provisional requirements, the authorities should send inspection teams to prisons and detention centers on a regular basis and without prior notification.
- Another measure that should be implemented immediately is the provision of health screening and regular and emergency access to medical care for all prisoners. While it is the responsibility of the prison system to provide such care, in the near future it may be necessary to rely, at least in part, on volunteer physicians to fill some of the gaps. A number of private physicians indicated their willingness to volunteer these services but they

declined to do so out of fear of reprisal. The Haitian authorities should therefore devise a system whereby private physicians are given access to prisons and prisoners and are provided with protective custody where necessary.

- Any such changes must go hand in hand with eliminating the due process violations including arbitrary arrests, detention without charge, unacknowledged detention and incarceration in unauthorized locations, all of which exacerbate these unacceptable conditions by crowding the system with persons who are illegally detained and by allowing abuses to occur in secret and without recourse.

A dedicated effort to implement the initial simple steps noted above will by no means solve all of the problems with Haiti's prison system, but it would bring vast improvement and would begin to move Haiti toward compliance with its international and domestic obligations to provide safe custody, human dignity and adequate sustenance for those whom it imprisons.

PHYSICIANS FOR HUMAN RIGHTS

AN ORGANIZATION OF HEALTH PROFESSIONALS

September 18, 1990

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President Ertha Pascal-Trouillot
Palais National
Port-au-Prince, Haiti

VIA FAX: 011 509 1 32121

Dear President Trouillot:

I am writing on behalf of Physicians for Human Rights (PHR) whose delegation visited Haiti from June 25 to July 3, 1990 to learn about prison conditions and the treatment of detainees, including the state of medical care, environmental conditions and regard for individual rights in the prisons.

We would like to thank you and other members of the Haitian government for meeting with our delegation and providing access to prisons and detention facilities. Your expressions of concern for the care of prisoners were most welcome.

We indicated to you that we would analyze our findings and present recommendations to you and other senior officials of the Haitian government. In this letter, we present a summary of our conclusions. A detailed report will follow at a later date.

Our comments are intended to be constructive. We wish to be helpful, not primarily critical, and to acknowledge the important role that limited resources play in Haiti's ability to care for its population. We recognize that the Haitian economy is severely taxed. We therefore focus on those areas where we believe improvement can be achieved with little or no allocation of additional funds.

We hope that you will call upon us with any questions or comments about this letter or with any suggestions for future assistance we may provide.

I. PRISONS VISITED

General Abraham's office issued a letter to all prison commanders instructing them to provide access and cooperation to our team. (We use the term "prison" to refer both to prisons and detention facilities.) The team visited 13 prisons in Port-au-Prince and the

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Associate Director

countryside. We received access to the National Penitentiary, Service Anti-Gang, Lamentin, Cafeteria, Delmas 33, Petit Goâve, St. Marc, Petite Riviere de l'Artibonite, Gonaives, Port de Paix, Arcahaie and Gros Morne.

We were denied access to the prison at Pétionville even though we visited it twice. Each time the prison authorities told us that no one present had a key to the locked areas. Nonetheless, we do have some information about conditions in Pétionville prison in 1989, since a member of the PHR staff was given access to the facility last December.

II. SUMMARY OF FINDINGS

A. ACCESS AND POSSIBLE CONCEALMENT

Once inside the prisons, we encountered varying degrees of cooperation. Some prison authorities, such as those at Petit Goâve and the National Penitentiary, willingly showed us the grounds and cells, but on other occasions we believe prison authorities concealed prisoners and cell areas from us. For example:

(1) At Lamentin, the authorities told us there were no prisoners; however, we found an armed man guarding two males seated behind a door. The guard told us that they were visitors. The next day we found one of them incarcerated in the National Penitentiary.

(2) At Cafeteria, the guard assured us that we had seen all of the prisoners; however, when we found additional young men locked up in another area, he admitted that they were prisoners.

(3) The delegation also received reports that a number of prisoners had been moved out of Service Anti-Gang before we were allowed into the detention areas.

B. CONDITIONS

Although conditions in the prisons and detention centers varied from facility to facility, we have reached several conclusions in which we have a high degree of confidence.

Beatings. The team investigated reports of beatings upon arrest and detention. Examination of prisoners and former prisoners and consultation with medical personnel revealed medical evidence consistent with beatings in the months preceding, and up to, the time

of our visit. Serious medical consequences of beatings included musculoskeletal and nerve injuries, ruptured ear drums, a few cases of severe eye trauma and skin lacerations with secondary infections. Evidence of beatings were particularly noteworthy following detention at Service Anti-Gang, Cafeteria, Delmas 33, Port de Paix and St. Marc.

Overcrowding. There was widespread and, at times, unnecessary overcrowding in areas of several prisons. At the time of our visits, overcrowding was particularly evident at Petit Goâve, Delmas 33, Pétionville, and parts of the National Penitentiary. In Petit Goâve, for example, 24 prisoners were crowded in a cell approximately 4 X 7 meters, while adjacent cells were empty. The prisoners slept on the floor even though unused bunkbeds and mattresses were stored nearby. These prisoners were not allowed outside for sunlight or exercise even though there was a courtyard next to their cell.

Unsanitary conditions. Grossly unsanitary conditions were apparent at Port de Paix, Service Anti-Gang, Pétionville and sections of Gonaives. Common problems included floors on which prisoners slept, that were not swept or hosed down, and lack of adequate and sanitary disposal of human waste.

Poor nutrition. Even at the National Penitentiary which provided two meals a day, prisoners, former prisoners and charitable organizations reported that there was not enough to adequately feed everyone. The other prisons provided little or no food. Officials at three prisons stated that they did not have adequate funds to feed the prisoners. Some prisoners received meals from charitable organizations or their families, or purchased food brought in from the outside. Others reported worse circumstances: A prisoner in Service Anti-Gang told us that he had not had food in five days, and another in Cafeteria stated that he had not had food in three days.

Inadequate water. A number of prisons had no running water. At Gros Morne, which had no facilities on the premises for water, prisoners had to rely on water brought in, often by families. One Gros Morne prisoner, for example, stated that he had not had water in 24 hours. Prison authorities told us that it was difficult to get water for the prison.

Health problems. Reports from Haitian physicians and our own observations indicate that tuberculosis,

infected wounds, skin diseases and trauma injuries are prevalent. Unsanitary conditions, crowding and poor nutrition contribute to an unhealthy physical environment.

Inhumane treatment - and the reasonable fear of it - have resulted in unacceptable psychological abuse and stress. Some prisoners, particularly at Service Anti-Gang and Delmas 33, live in daily fear of being beaten. Inadequate access to the judicial system and insufficient information about reasons for detention and length of confinement also are contributing to unwarranted psychological stress.

Access to medical care. Despite the prevalence of medical problems, most prisoners had little or no access to medical care. We found no evidence of medical screening, medical records, or regular sick call, however at several facilities prison authorities reported that a doctor or medic was available on site once a week and that in cases of extreme illness, prisoners were taken to the nearest hospital. It appeared that three facilities had infirmaries: all were ill-equipped. Only the National Penitentiary had a staff of two nurses, although the prison authorities stated that they expected to have a staff physician soon. Concerned private physicians expressed reluctance to volunteer their time to the care of prisoners due to the military's harassment and intimidation of doctors who had provided such services in the past.

III. RECOMMENDATIONS

While few prisons throughout the world provide an ideal environment for confinement under humane conditions, it is nonetheless important that an appropriate minimum level of care be provided. Prison authorities and high government officials in Haiti repeatedly expressed a desire to improve prison conditions. They explained, however, that little could be done until a new prison administrative structure was set up and additional resources became available. While we agree that the Haitian prisons system would benefit from increased funding, we also conclude that a number of the problems can be addressed in other ways.

Among the initial steps that could bring significant improvement at little additional cost are the following:

- Stopping the beatings.

- Instituting regular cleaning and sanitation. Sweeping and hosing down the cells at regular and frequent intervals. The prisoners could do this.
- Relieving overcrowding by moving prisoners into the empty cells.
- Allowing prisoners to sleep on unused bunkbeds and mattresses.
- Allowing regular bathing, and providing adequate nutrition and potable water.
- Allowing prisoners regular time in the courtyards for exercise.
- Providing health screening and regular and emergency access to medical care, and instituting an adequate medical record system. We recognize that this will require additional funds, however volunteer physicians may provide a feasible means for mitigating these problems in the short-term.
- Ensuring that doctors who volunteer their services are not harassed or intimidated by government personnel.

Although much more needs to be done, these are initial simple steps which would demonstrate the concern for prisoners' rights which we all share. Most of these measures, with the exception of instituting an adequate medical care system, would entail minimal, if any, additional cost to the government.

Physicians for Human Rights is willing to assist your government on the design of an adequate prison health care system and on the amelioration of the other conditions about which we have commented.

We look forward to your comments on our findings. Please feel free to call on us.

Sincerely yours,



Jonathan Fine, M.D.
Executive Director

cc: Ambassador Raymond A. Joseph

STANDARD MINIMUM RULES FOR THE TREATMENT OF PRISONERS

Resolution adopted on 30 August 1955: The First United Nations Congress on the
Prevention of Crime and the Treatment of Offenders,

Having adopted *the Standard Minimum Rules for the Treatment of Offenders
annexed to the present Resolution,*

1. *Requests the Secretary-General, in accordance with paragraph (d) of the Annex to Resolution 415 (V) of the General Assembly of the United Nations, to submit these Rules to the Social Commission of the Economic and Social Council for approval,*
2. *Expresses the hope that these Rules be approved by the Economic and Social Council and, if deemed appropriate by the Council, by the General Assembly, and that they be transmitted to governments with the recommendation (a) that favourable consideration be given to their adoption and application in the administration of penal institutions, and (b) that the Secretary-General be informed every three years of the progress made with regard to their application,*
3. *Expresses the wish that in order to allow governments to keep themselves informed of the progress made in this respect, the Secretary-General be requested to publish in the International Review of Criminal Policy the information sent by governments in pursuance of paragraph 2, and that he be authorised to ask for supplementary information if necessary,*
4. *Expresses also the wish that the Secretary-General be requested to arrange that the widest possible publicity be given to these Rules.*

Annex:

Standard Minimum Rules for the Treatment of Prisoners

PRELIMINARY OBSERVATIONS

1. The following Rules are not intended to describe in detail a model system of penal institutions. They seek only, on the basis of the general consensus

of contemporary thought and the essential elements of the most adequate systems of today, to set out what is generally accepted as being good principle and practice in the treatment of prisoners and the management of institutions.

2. In view of the great variety of legal, social, economic and geographical conditions of the world, it is evident that not all of the Rules are capable of application in all places and at all times. They should, however, serve to stimulate a constant endeavour to overcome practical difficulties in the way of their application, in the knowledge that they represent, as a whole, the minimum conditions which are accepted as suitable by the United Nations.
3. On the other hand, the Rules cover a field in which thought is constantly developing. They are not intended to preclude experiment and practices, provided these are in harmony with the principles and seek to further the purposes which derive from the text of the Rules as a whole. It will always be justifiable for the central prison administration to authorize departures from the Rules in this spirit.
4. (1) Part I of the Rules covers the general management of Institutions, and is applicable to all categories of prisoners, criminal or civil, untried or convicted, including prisoners subject to security 'measures' or corrective measures ordered by the judge.
(2) Part II contains rules applicable only to the special categories dealt with in the different sections. Nevertheless, the rules under section A, applicable to prisoners under sentence, shall be equally applicable to categories of prisoners dealt with in sections B, C and D, provided they do not conflict with the rules governing those categories and are for their benefit.
5. (1) The Rules do not seek to regulate the management of institutions set aside for young persons such as Borstal institutions or correctional schools, but in general Part I would be equally applicable in such institutions.
(2) The category of young prisoners should include at least all young persons who come within the jurisdiction of juvenile courts. As a rule such young persons should not be sentenced to imprisonment.

PART I:

RULES OF GENERAL APPLICATION

Basic Principle

6. (1) The following rules shall be applied impartially. There shall be no discrimination on grounds of race, colour, sex, language, religion, political

or other opinion, national or social origin, property, birth or other status.

(2) On the other hand, it is necessary to respect the religious beliefs and moral precepts of the group to which a prisoner belongs.

Register

7. (1) In every place where persons are imprisoned there shall be kept a bound registration book with numbered pages in which shall be entered in respect of each prisoner received:
 - (a) information concerning his identity;
 - (b) the reasons for his commitment and the authority therefore;
 - (c) the day and hour of his admission and release.
- (2) No person shall be received in an institution without a valid commitment order of which the details shall have been previously entered in the register.

Separation of Categories

8. The different categories of prisoners shall be kept in separate institutions or parts of institutions taking account of their sex, age, criminal record, the legal reason for their detention and the necessities of their treatment. Thus,
 - (a) men and women shall so far as possible be detained in separate institutions; in an institution which receives both men and women the whole of the premises allocated to women shall be entirely separate;
 - (b) untried prisoners shall be kept separate from convicted prisoners;
 - (c) persons imprisoned for debt and other civil prisoners shall be kept separate from convicted prisoners;
 - (d) young prisoners shall be kept separate from adults.

Accommodation

9. (1) Where sleeping accommodation is in individual cells or rooms, each prisoner shall occupy by night a cell or room by himself. If for special reasons, such as temporary overcrowding, it becomes necessary for the central prison administration to make an exception to this rule, it is not desirable to have two prisoners in a cell or room.
 - (2) Where dormitories are used, they shall be occupied by prisoners carefully selected as being suitable to associate with one another in those conditions. There shall be regular supervision by night, in keeping with the nature of the institution.
10. All accommodation provided for the use of prisoners and in particular all sleeping accommodation shall meet all requirements of health, due

regard being paid to climatic conditions and particularly to cubic content of air, minimum floor space, lighting, heating and ventilation.

11. In all places where prisoners are required to live or work,
 - (a) the windows shall be large enough to enable the prisoners to read or work by natural light, and shall be so constructed that they can allow the entrance of fresh air whether or not there is artificial ventilation;
 - (b) artificial light shall be provided sufficient for the prisoners to read or work without injury to eyesight.
12. The sanitary installations shall be adequate to enable every prisoner to comply with the needs of nature when necessary and in a clean and decent manner.
13. Adequate bathing and shower installations shall be provided so that every prisoner may be enabled and required to have a bath or shower, at a temperature suitable to the climate, as frequently as necessary for general hygiene according to season and geographical region, but at least once a week in a temperate climate.
14. All parts of an institution regularly used by prisoners shall be properly maintained and kept scrupulously clean at all times.

Personal Hygiene

15. Prisoners shall be required to keep their persons clean, and to this end they shall be provided with water and with such toilet articles as are necessary for health and cleanliness.
16. In order that prisoners may maintain a good appearance compatible with their self-respect, facilities shall be provided for the proper care of the hair and of the beard and to enable men to shave regularly.

Clothing and Bedding

17. (1) Every prisoner who is not allowed to wear his own clothing shall be provided with an outfit of clothing suitable for the climate and adequate to keep him in good health. Such clothing shall in no manner be degrading or humiliating.
 - (2) All clothing shall be clean and kept in proper condition. Underclothing shall be changed and washed as often as necessary for the maintenance of hygiene.
 - (3) In exceptional circumstances, whenever a prisoner is removed outside the institution for an authorized purpose, he shall be allowed to wear his own clothing or other inconspicuous clothing.
18. If prisoners are allowed to wear their own clothing, arrangements shall be made on their admission to the institution to ensure that it shall be clean and fit for use.

19. Every prisoner shall, in accordance with local or national standards, be provided with a separate bed, and with separate and sufficient bedding which shall be clean when issued, kept in good order and changed often enough to ensure its cleanliness.

Food

20. (1) Every prisoner shall be provided by the administration at the usual hours with food of nutritional value adequate for health and strength, of wholesome quality and well prepared and served.
(2) Drinking water shall be available to every prisoner whenever he needs it.

Exercise and Sport

21. (1) Every prisoner who is not employed in out-door work shall have one hour of suitable exercise in the open air daily if the weather permits.
(2) Young prisoners, and others of suitable age and physique, shall receive physical and recreational training during the period of exercise. To this end space, installation and equipment should be provided.

Medical Services

22. (1) At every institution there shall be available the services of at least one qualified medical officer who should have some knowledge of psychiatry. The medical services should be organized in close relationship to the general health administration of the community or nation. They shall include a psychiatric service for the diagnosis and, in proper cases, the treatment of states of mental abnormality.
(2) Sick prisoners who require specialist treatment shall be transferred to specialized institutions or to civil hospitals. Where hospital facilities are provided in an institution, their equipment, furnishings and pharmaceutical supplies shall be proper for the medical care and treatment of sick prisoners, and there shall be a staff of suitably trained officers.
(3) The services of a qualified dental officer shall be available to every prisoner.
23. (1) In women's institutions there shall be special accommodation for all necessary pre-natal and post-natal care and treatment. Arrangements shall be made wherever practicable for children to be born in a hospital outside the institution. If a child is born in prison, this fact shall not be mentioned in the birth certificate.
(2) Where nursing infants are allowed to remain in the institution with their mothers, provision shall be made for a nursery, staffed by qualified persons, in which the infants shall be placed when they are not in the care of their mothers.

24. The medical officer shall see and examine every prisoner as soon as possible after his admission and thereafter as necessary, with a view particularly to the discovery of physical or mental illness and the taking of all necessary measures; the segregation of prisoners suspected of infectious or contagious conditions; the noting of physical or mental defects which might hamper rehabilitation, and the determination of the physical capacity of every prisoner for work.
25. (1) The medical officer shall have the care of the physical and mental health of the prisoners and should daily see all sick prisoners, all who complain of illness, and any prisoner to whom his attention is specially directed.
- (2) The medical officer shall report to the director whenever he considers that a prisoner's physical or mental health has been or will be injuriously affected by continued imprisonment or by any condition of imprisonment.
26. (1) The medical officer shall regularly inspect and advise the director upon:
- (a) the quantity, quality, preparation and service of food;
 - (b) the hygiene and cleanliness of the institution and the prisoners;
 - (c) the sanitation, heating, lighting and ventilation of the institution;
 - (d) the suitability and cleanliness of the prisoners' clothing and bedding;
 - (e) the observance of the rules concerning physical education and sports, in cases where there is no technical personnel in charge of these activities.
- (2) The director shall take into consideration the reports and advice that the medical officer submits according to rules 25 (2) and 26 and, in case he concurs with the recommendations made, shall take immediate steps to give effect to those recommendations; if they are not within his competence or if he does not concur with them, he shall immediately submit his own report and the advice of the medical officer to higher authority.

Discipline and Punishment

27. Discipline and order shall be maintained with firmness, but with no more restriction than is necessary for safe custody and well-ordered community life.
28. (1) No prisoner shall be employed, in the service of the institution, in any disciplinary capacity.
- (2) This rule shall not, however, impede the proper functioning of systems based on self-government, under which specified social, educational or sports activities or responsibilities are entrusted, under supervision, to prisoners who are formed into groups for the purposes of treatment.
29. The following shall always be determined by the law or by the regulation of the competent administrative authority:

- (a) conduct constituting a disciplinary offence;
 - (b) the types and duration of punishment which may be inflicted;
 - (c) the authority competent to impose such punishment.
30. (1) No prisoner shall be punished except in accordance with the terms of such law or regulation, and never twice for the same offence.
- (2) No prisoner shall be punished unless he has been informed of the offence alleged against him and given a proper opportunity of presenting his defence. The competent authority shall conduct a thorough examination of the case.
- (3) Where necessary and practicable the prisoner shall be allowed to make his defence through an interpreter.
31. Corporal punishment, punishment by placing in a dark cell, and all cruel, inhuman or degrading punishments shall be completely prohibited as punishments for disciplinary offences.
32. (1) Punishment by close confinement or reduction of diet shall never be inflicted unless the medical officer has examined the prisoner and certified in writing that he is fit to sustain it.
- (2) The same shall apply to any other punishment that may be prejudicial to the physical or mental health of a prisoner. In no case may such punishment be contrary to or depart from the principle stated in rule 31.
- (3) The medical officer shall visit daily prisoners undergoing such punishments and shall advise the director if he considers the termination or alteration of the punishment necessary on grounds of physical or mental health.

Instruments of Restraint

33. Instruments of restraint, such as handcuffs, chains, irons and straitjackets, shall never be applied as a punishment. Furthermore, chains or irons shall not be used as restraints. Other instruments of restraint shall not be used except in the following circumstances:
- (a) as a precaution against escape during a transfer, provided that they shall be removed when the prisoner appears before a judicial or administrative authority;
 - (b) on medical grounds by direction of the medical officer;
 - (c) by order of the director, if other methods of control fail, in order to prevent a prisoner from injuring himself or others or from damaging property; in such instances the director shall at once consult the medical officer and report to the higher administrative authority.
34. The patterns and manner of use of instruments of restraint shall be decided by the central prison administration. Such instruments must not be applied for any longer time than is strictly necessary.

Information to and Complaints by Prisoners

35. (1) Every prisoner on admission shall be provided with written information about the regulations governing the treatment of prisoners of his category, the disciplinary requirements of the institution, the authorized methods of seeking information and making complaints, and all such other matters as are necessary to enable him to understand both his rights and his obligations and to adapt himself to the life of the institution.
(2) If a prisoner is illiterate, the aforesaid information shall be conveyed to him orally.
36. (1) Every prisoner shall have the opportunity each week day of making requests or complaints to the director of the institution or the officer authorized to represent him.
(2) It shall be possible to make requests or complaints to the inspector of prisons during his inspection. The prisoner shall have the opportunity to talk to the inspector or to any other inspecting officer without the director or other members of the staff being present.
(3) Every prisoner shall be allowed to make a request or complaint, without censorship of the substance but in proper form, to the central prison administration, the judicial authority or other proper authorities, through approved channels.
(4) Unless it is evidently frivolous or groundless, every request or complaint shall be promptly dealt with and replied to without undue delay.

Contact with the Outside World

37. Prisoners shall be allowed under necessary supervision to communicate with their family and reputable friends at regular intervals, both by correspondence and by receiving visits.
38. (1) Prisoners who are foreign nationals shall be allowed reasonable facilities to communicate with the diplomatic and consular representatives of the State to which they belong.
(2) Prisoners who are nationals of States without diplomatic or consular representation in the country and refugees or stateless persons shall be allowed similar facilities to communicate with the diplomatic representative of the State which takes charge of their interests or any national or international authority whose task it is to protect such persons.
39. Prisoners shall be kept informed regularly of the more important items of news by the reading of newspapers, periodicals or special institutional publications, by hearing wireless transmissions, by lectures or by any similar means as authorized or controlled by the administration.

Books

40. Every institution shall have a library for the use of all categories of prisoners, adequately stocked with both recreational and instructional books, and prisoners shall be encouraged to make full use of it.
41. (1) If the institution contains a sufficient number of prisoners of the same religion, a qualified representative of that religion shall be appointed or approved. If the number of prisoners justifies it and conditions permit, the arrangement should be on a full-time basis.
 - (2) A qualified representative appointed or approved under paragraph (1) shall be allowed to hold regular services and to pay pastoral visits in private to prisoners of his religion at proper times.
 - (3) Access to a qualified representative of any religion shall not be refused to any prisoner. On the other hand, if any prisoner should object to a visit of any religious representative, his attitude should be fully respected.
42. So far as practicable, every prisoner shall be allowed to satisfy the needs of his religious life by attending the services provided in the institution and having in his possession the books of religious observance and instruction of his religious denomination.

Retention of Prisoners' Property

43. (1) All money, valuables, clothing and other effects belonging to a prisoner which under the regulations of the institution he is not allowed to retain shall on his admission to the institution be placed in safe custody. An inventory thereof shall be signed by the prisoner. Steps shall be taken to keep them in good condition.
 - (2) On the release of the prisoner all such articles and money shall be returned to him except in so far as he has been authorized to spend money or send any such property out of the institution, or it has been found necessary on hygienic grounds to destroy any article of clothing. The prisoner shall sign a receipt for the articles and money returned to him.
 - (3) Any money or effects received for a prisoner from outside shall be treated in the same way.
 - (4) If a prisoner brings in any drugs or medicine, the medical officer shall decide what use shall be made of them.

Notification of Death, Illness, Transfer, etc.

44. (1) Upon the death or serious illness of, or serious injury to a prisoner, or his removal to an institution for the treatment of mental affections, the director shall at once inform the spouse, if the prisoner is married, or the nearest relative and shall in any event inform any other person previously designated by the prisoner.

(2) A prisoner shall be informed at once of death or serious illness of any near relative. In case of dangerous illness of a near relative of a prisoner, he should be authorized, whenever circumstances allow it, to go to his bedside either under escort or alone.

(3) Every prisoner shall have the right to inform at once his family of his imprisonment or his transfer to another institution.

Removal of Prisoners

45. (1) When prisoners are being removed to or from an institution, they shall be exposed to public view as little as possible, and proper safeguards shall be adopted to protect them from insult, curiosity and publicity in any form.
- (2) The transport of prisoners in conveyances with inadequate ventilation or light, or in any way which would subject them to unnecessary physical hardship, shall be prohibited.
- (3) The transport of prisoners shall be carried out at the expense of the administration and equal conditions shall obtain for all of them.

Institutional Personnel

46. (1) The prison administration shall provide for the careful selection of every grade of the personnel, since it is on their integrity, humanity, professional capacity and personal suitability for the work that the proper administration of the institutions depends.
- (2) The prison administration shall constantly seek to awaken and maintain in the minds both of the personnel and of the public the conviction that this work is a social service of great importance, and to this end all appropriate means of informing the public should be used.
- (3) To secure the foregoing ends, personnel shall be appointed on a full-time basis as professional prison officers and have civil service status with security of tenure subject only to good conduct, efficiency, and physical fitness. Their salaries shall be adequate to attract and retain suitable men and women, and their conditions of service shall be favourable in view of the exacting nature of the work.
47. (1) The personnel shall possess an adequate standard of education and intelligence.
- (2) Before entering on duty, the personnel shall be given a course of training in their general and specific duties and be required to pass theoretical and practical tests.
- (3) After entering on duty and during their career, the personnel shall maintain and improve their knowledge and professional capacity by attending courses of in-service training to be organized at suitable intervals.

48. All members of the personnel shall at all times so conduct themselves and perform their duties as to influence the prisoners for good by their examples and to command their respect.
49. (1) So far as possible, the personnel shall include a sufficient number of specialists such as psychiatrists, psychologists, social workers, teachers and trade instructors.
(2) The services of social workers, teachers and trade instructors shall be secured on a permanent basis, without thereby excluding part-time or voluntary workers.
50. (1) The director of an institution should be adequately qualified for his task by character, administrative ability, suitable training, and experience.
(2) He shall devote his entire time to his official duties and shall not be appointed on a part-time basis.
(3) He shall reside on the premises of the institution or in its immediate vicinity.
(4) When two or more institutions are under the authority of one director, he shall visit each of them at frequent intervals. A responsible resident official shall be in charge of each of these institutions.
51. (1) The director, his deputy, and the majority of the other personnel of the institution shall be able to speak the language of the greatest number of prisoners, or a language understood by the greatest number of them.
(2) Whenever necessary, the services of an interpreter shall be used.
52. (1) In institutions which are large enough to require the services of one or more full-time medical officers, at least one of them shall reside on the premises of the institution or in its immediate vicinity.
(2) In other institutions the medical officer shall visit daily and shall reside near enough to be able to attend without delay in cases of urgency.
53. (1) In an institution for both men and women, the part of the institution set aside for women shall be under the authority of a responsible woman officer who shall have the custody of the keys of all that part of the institution.
(2) No male member of the staff shall enter the part of the institution set aside for women unless accompanied by a woman officer.
(3) Women prisoners shall be attended and supervised only by women officers. This does not, however, preclude male members of the staff, particularly doctors and teachers, from carrying out their professional duties in institutions or parts of institutions set aside for women.
54. (1) Officers of the institutions shall not, in their relations with the prisoners, use force except in self-defence or in cases of attempted escape, or active or passive physical resistance to an order based on law or regulations.

Officers who have recourse to force must use no more than is strictly necessary and must report the incident immediately to the director of the institution.

(2) Prison officers shall be given special physical training to enable them to restrain aggressive prisoners.

(3) Except in special circumstances, staff performing duties which bring them into direct contact with prisoners should not be armed. Staff should in no circumstances be provided with arms unless they have been trained in their use.

Inspection

55. There shall be a regular inspection of penal institutions and services by qualified and experienced inspectors appointed by a competent authority. Their task shall be in particular to ensure that these institutions are administered in accordance with existing laws and regulations and with a view to bringing about the objectives of correctional services.

PART II:

RULES APPLICABLE TO SPECIAL CATEGORIES

A. PRISONERS UNDER SENTENCE

Guiding Principles

56. The guiding principles hereafter are intended to show the spirit in which penal institutions should be administered and the purposes at which they should aim, in accordance with the declaration made under Preliminary Observation I of the present text.
57. Imprisonment and other measures which result in cutting off an offender from the outside world are afflictive by the very fact of taking from the person the right of self-determination by depriving him of his liberty. Therefore the prison system shall not, except as incidental to justifiable segregation or the maintenance of discipline, aggravate the suffering inherent in such a situation.
58. The purpose and justification of a sentence of imprisonment or a similar measure deprivative of liberty is ultimately to protect society against crime. This end can only be achieved if the period of imprisonment is used to ensure, so far as possible, that upon his return to society the offender is not only willing but able to lead a law-abiding and self-supporting life.
59. To this end, the institution should utilize all the remedial, educational, moral, spiritual and other forces and forms of assistance which are ap-

appropriate and available, and should seek to apply them according to the individual treatment needs of the prisoners.

60. (1) The régime of the institution should seek to minimize any differences between prison life and life at liberty which tend to lessen the responsibility of the prisoners or the respect due to their dignity as human beings.
(2) Before the completion of the sentence, it is desirable that the necessary steps be taken to ensure for the prisoner a gradual return to life in society. This aim may be achieved, depending on the case, by a pre-release régime organized in the same institution or in another appropriate institution, or by release on trial under some kind of supervision which must not be entrusted to the police and which should be combined with effective social aid.
61. The treatment of prisoners should emphasize not their exclusion from the community, but their continuing part in it. Community agencies should, therefore, be enlisted wherever possible to assist the staff of the institution in the task of social rehabilitation of the prisoners. There should be in connexion with every institution social workers charged with the duty of maintaining and improving all desirable relations of a prisoner with his family and with valuable social agencies. Steps should be taken to safeguard, to the maximum extent compatible with the law and the sentence, the rights relating to civil interests, social security rights and other social benefits of prisoners.
62. The medical services of the institution shall seek to detect and shall treat any physical or mental illnesses or defects which may hamper a prisoner's rehabilitation. All necessary medical, surgical and psychiatric services shall be provided to that end.
63. (1) The fulfilment of these principles requires individualization of treatment and for this purpose a flexible system of classifying prisoners in groups; it is therefore desirable that such groups should be distributed in separate institutions suitable for the treatment of each group.
(2) These institutions need not provide the same degree of security for every group. It is desirable to provide varying degrees of security according to the needs of different groups. Open institutions, by the very fact that they provide no physical security against escape but rely on the self-discipline of the inmates, provide the conditions most favourable to rehabilitation for carefully selected prisoners.
(3) It is desirable that the number of prisoners in closed institutions should not be so large that the individualization of treatment is hindered. In some countries it is considered that the population of such institutions should not exceed five hundred. In open institutions the population should be as small as possible.

- (4) On the other hand, it is undesirable to maintain prisons which are so small that proper facilities cannot be provided.
64. The duty of society does not end with a prisoner's release. There should, therefore, be governmental or private agencies capable of lending the released prisoner efficient after-care directed towards the lessening of prejudice against him and towards his social rehabilitation.

Treatment

65. The treatment of persons sentenced to imprisonment shall have as its purpose, so far as the length of the sentence permits, to establish in them the will to lead law-abiding and self-supporting lives after their release and to fit them to do so. The treatment shall be such as will encourage their self-respect and develop their sense of responsibility.
66. (1) To these ends, all appropriate means shall be used, including religious care in the countries where this is possible, education, vocational guidance and training, social casework, employment counselling, physical development and strengthening of moral character, in accordance with the individual needs of each prisoner, taking account of his social and criminal history, his physical and mental capacities and aptitudes, his personal temperament, the length of his sentence and his prospects after release.
- (2) For every prisoner with a sentence of suitable length, the director shall receive, as soon as possible after his admission, full reports on all the matters referred to in the foregoing paragraph, and such reports shall always include reports by a medical officer, wherever possible qualified in psychiatry, on the physical and mental condition of the prisoner.
- (3) The reports and other relevant documents shall be placed in an individual file. This file shall be kept up to date and classified in such a way that it can be consulted by the responsible personnel whenever the need arises.

Classification and Individualization

67. The purposes of classification shall be:
- (a) to separate from others those prisoners who, by reason of their criminal records or bad characters, are likely to exercise a bad influence;
 - (b) to divide the prisoners into classes in order to facilitate their treatment with a view to their social rehabilitation.
68. So far as possible separate institutions or separate sections of an institution shall be used for the treatment of the different classes of prisoners.
69. As soon as possible after admission and after a study of the personality of a prisoner with a sentence of suitable length, a programme of treatment

shall be prepared for him in the light of the knowledge obtained about his individual needs, his capacities and dispositions.

Privileges

70. Systems of privileges appropriate for the different classes of prisoners and the different methods of treatment shall be established at every institution, in order to encourage good conduct, develop a sense of responsibility and secure the interest and co-operation of the prisoners in their treatment.

Work

71. (1) Prison labour must not be afflictive.
(2) All prisoners under sentence shall be required to work, subject to their physical and mental fitness as determined by the medical officer.
(3) Sufficient work of a useful nature shall be provided to keep prisoners actively employed for a normal working day.
(4) So far as possible the work provided shall be such as will maintain or increase the prisoners' ability to earn an honest living after release.
(5) Vocational training in useful trades shall be provided for prisoners able to profit thereby and especially for young prisoners.
(6) Within the limits compatible with proper vocational selection and with the requirements of institutional administration and discipline, the prisoners shall be able to choose the type of work they wish to perform.
72. (1) The organization and methods of work in the institutions shall resemble as closely as possible those of similar work outside institutions, so as to prepare prisoners for the conditions of normal occupational life.
(2) The interests of the prisoners and of their vocational training, however, shall not be subordinated to the purpose of making a financial profit from an industry in the institution.
73. (1) Preferably institutional industries and farms should be operated directly by the administration and not by private contractors.
(2) Where prisoners are employed in work not controlled by the administration, they shall always be under the supervision of the institution's personnel. Unless the work is for other departments of the Government the full normal wages for such work shall be paid to the administration by the persons to whom the labour is supplied, account being taken of the output of the prisoners.
74. (1) The precautions laid down to protect the safety and health of free workmen shall be equally observed in institutions.
(2) Provision shall be made to indemnify prisoners against industrial injury, including occupational disease, on terms not less favourable than those extended by law to free workmen.

75. (1) The maximum daily and weekly working hours of the prisoners shall be fixed by law or by administrative regulation, taking into account local rules or custom in regard to the employment of free workmen.
(2) The hours so fixed shall leave one rest day a week and sufficient time for education and other activities required as part of the treatment and rehabilitation of the prisoners.
76. (1) There shall be a system of equitable remuneration for the work of prisoners.
(2) Under the system prisoners shall be allowed to spend at least a part of their earnings on approved articles for their own use and to send a part of their earnings to their family.
(3) The system should also provide that a part of the earnings should be set aside by the administration so as to constitute a savings fund to be handed over to the prisoner on his release.

Education and Recreation

77. (1) Provision shall be made for the further education of all prisoners capable of profiting thereby, including religious instruction in the countries where this is possible. The education of illiterates and young prisoners shall be compulsory and special attention shall be paid to it by the administration.
(2) So far as practicable, the education of prisoners shall be integrated with the educational system of the country so that after their release they may continue their education without difficulty.
78. Recreational and cultural activities shall be provided in all institutions for the benefit of the mental and physical health of prisoners.

Social Relations and After-Care

79. Special attention shall be paid to the maintenance and improvement of such relations between a prisoner and his family as are desirable in the best interests of both.
80. From the beginning of a prisoner's sentence consideration shall be given to his future after release and he shall be encouraged and assisted to maintain or establish such relations with persons or agencies outside the institution as may promote the best interests of his family and his own social rehabilitation.
81. (1) Services and agencies, governmental or otherwise, which assist released prisoners to re-establish themselves in society shall ensure, as far as is possible and necessary, that released prisoners be provided with appropriate documents and identification papers, have suitable homes and work to go to, are suitably and adequately clothed having regard to the climate and

season, and have sufficient means to reach their destinations and maintain themselves in the period immediately following their release.

(2) The approved representatives of such agencies shall have all necessary access to the institution and to prisoners and shall be taken into consultation as to the future of a prisoner from the beginning of his sentence.

(3) It is desirable that the activities of such agencies shall be centralized or co-ordinated as far as possible in order to secure the best use of their efforts.

B. INSANE AND MENTALLY ABNORMAL PRISONERS

82. (1) Persons who are found to be insane shall not be detained in prisons and arrangements shall be made to remove them to mental institutions as soon as possible.

(2) Prisoners who suffer from other mental diseases or abnormalities shall be observed and treated in specialized institutions under medical management.

(3) During this stay in prison, such prisoners shall be placed under the special supervision of a medical officer.

(4) The medical or psychiatric service of the penal institutions shall provide for the psychiatric treatment of all other prisoners who are in need of such treatment.

83. It is desirable that steps should be taken, by arrangement with the appropriate agencies, to ensure if necessary the continuation of psychiatric treatment after release and the provision of social-psychiatric after-care.

C. PRISONERS UNDER ARREST OR AWAITING TRIAL

84. (1) Persons arrested or imprisoned by reason of a criminal charge against them, who are detained either in police custody or in prison custody (jail) but have not yet been tried and sentenced, will be referred to as 'untried prisoners' hereinafter in these rules.

(2) Unconvicted prisoners are presumed to be innocent and shall be treated as such.

(3) Without prejudice to legal rules for the protection of individual liberty or prescribing the procedure to be observed in respect of untried prisoners, these prisoners shall benefit by a special régime which is described in the following rules in its essential requirements only.

85. (1) Untried prisoners shall be segregated from convicted prisoners.

- (2) Young untried prisoners shall be segregated from adults and shall in principle be detained in separate institutions.
86. Untried prisoners shall sleep singly in separate rooms, with the reservation of different local custom in respect of the climate.
87. Within the limits compatible with the good order of the institution, untried prisoners may, if they so desire, have their food procured at their own expense from the outside, either through the administration or through their family or friends. Otherwise, the administration shall provide their food.
88. (1) An untried prisoner shall be allowed to wear his own clothing if it is clean and suitable.
(2) If he wears prison dress, it shall be different from that supplied to convicted prisoners.
89. An untried prisoner shall always be offered opportunity to work, but shall not be required to work. If he chooses to work, he shall be paid for it.
90. An untried prisoner shall be allowed to procure at his own expense or at the expense of a third party such books, newspapers, writing materials and other means of occupation as are compatible with the interests of the administration of justice and the security and good order of the institution.
91. An untried prisoner shall be allowed to be visited and treated by his own doctor or dentist if there is reasonable ground for his application and he is able to pay any expenses incurred.
92. An untried prisoner shall be allowed to inform immediately his family of his detention and shall be given all reasonable facilities for communicating with his family and friends, and for receiving visits from them, subject only to such restrictions and supervision as are necessary in the interests of the administration of justice and of the security and good order of the institution.
93. For the purposes of his defence, an untried prisoner shall be allowed to apply for free legal aid where such aid is available, and to receive visits from his legal adviser and to prepare and hand to him confidential instructions. For these purposes, he shall if he so desires be supplied with writing material. Interviews between the prisoner and his legal adviser may be within sight but not within the hearing of a police or institution official.

D. CIVIL PRISONERS

94. In countries where the law permits imprisonment for debt or by order of a court under any other non-criminal process, persons so imprisoned shall

not be subjected to any greater restriction or severity than is necessary to ensure safe custody and good order. Their treatment shall be not less favourable than that of untried prisoners, with the reservation, however, that they may possibly be required to work.