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[**Sickness and Injustice in Russia's Prisons**](#)



According to a [report](#) by the Council of Europe, Russia outstripped all CoE member states in the number of inmate deaths in 2013. That year, there were 4,200 deaths in correctional facilities run by the Federal Penitentiary Service (FSIN). That is 6 deaths per 1,000 inmates in Russia, compared to an average of 2.8 in Europe.

Yury Chaika, Russia's Prosecutor General, [acknowledged](#) a high mortality rate in pre-trial detention centers and correctional facilities in 2015 (3,977 deaths). He admitted that death was the result of illnesses in 87% of cases due to "insufficient healthcare facilities and upgrading of equipment, as well as the unavailability of specialized medical treatment".

In 2015, the human rights organization "Zona Prava" [found out](#) that HIV-positive inmates in many regions had limited access to anti-retroviral treatments. It turned out that the Ministry of Health of Russia (responsible for the purchase of drugs for FSIN) had not executed public procurement orders. The FSIN had requested ARV drugs worth 2.3 billion rubles, while it had effectively received drugs worth 1.98 billion rubles. The situation with ARV-drug supplies for inmates improved following the intervention of the General Prosecutor's Office of the Russian Federation. In addition, thanks to the support of human rights activists, inmates in [the Tambov](#)

[Oblast](#) and [Kabardino-Balkaria](#) were paid damages in redress for the fact that they had had no access to treatment in penal colonies for months.

High Death Rates, Scarce Medical Treatment

[According](#) to deputy head of the FSIN Valery Maksimenko, inmate mortality as a result of illnesses decreased by 12% in 2016. The total number of deceased also dropped compared to the previous year (3,488 deaths). The data provided by the penitentiary service indicate that one third (32%) of deaths are HIV-related. This is followed by “other causes of death”, with cardiovascular diseases being the third most widespread cause.

Information about financing prevention and treatment facilities, as well as hospitals, within the correctional system has not been updated on the official FSIN [website](#) for 4 years. 2011–2013 statistical data indicate an extraordinary shortage of funding for medicine and medical equipment. We can only assume that the situation has deteriorated against the backdrop of the pending economic crisis in Russia, and its budget deficit.

FSIN management believes that the [lack of specialized physicians](#) is one of the main problems of prison healthcare. The average age of prison healthcare practitioners is over 60 in a number of regions. Work in a prison healthcare facility is not regarded as prestigious, nor well-paid, not to mention the particular group of patients one has to deal with. Given a choice, a healthcare practitioner will opt for work in a non-prison healthcare facility. The FSIN itself admits the existence of the problem of “the fluctuation of staff”. The penitentiary system suffers from the shortage of well-qualified employees, including specialists such as surgeons, dentists, infectious disease specialists, oncologists, and others.

According to the [Federal Law](#) “On Healthcare Provided to Citizens of the Russian Federation”, inmates are entitled to be diagnosed and treated in regular hospitals, should healthcare facilities in the penitentiary system be unable to provide healthcare to them. However, in practice, these patients are often deprived of such a possibility when there are no contracts between FSIN regional departments and non-prison healthcare facilities.

As of January 1, 2018, 602,176 people are currently [housed](#) in Russian prisons, penal colonies, penal settlements and pre-trial detention centers. And there are 295,967 correctional officers. In other words, there is half an FSIN officer per inmate. Thus, it would be extremely difficult to control an inmate during their treatment and stay in a regular hospital.

In 2015, a Perm businessman, Amazasp Abramyan, detained on suspicion of bribery was diagnosed with a number of life-threatening diseases, including dorsopathy of the cervical and dorsal spine (a condition in which cerebral blood flow is reduced due to artery stenosis). Physicians believed that the detainee required immediate surgery. The warden of pre-trial detention center No. 1 in Perm concluded that surgery in a correctional facility was impossible because of its complexity. A non-prison hospital was ready to admit the patient. However, the detention center administration was unable to ensure convoy for the period of treatment and post-surgery care to Abramyan. In 2016, the government of the Russian Federation had to admit violation of Article 3 of the Constitution, and settled the case (which is a rare case indeed). Abramyan was paid 15,000 euros in redress for damages.

Belated diagnosis is yet another serious problem when it comes to prisoners and detainees. This is true in particular of malignant neoplasms which might not cause pain until a later stage. Prison healthcare workers do not pay sufficient attention to prisoners’ complaints when there are no visible symptoms of a deteriorated state of health. When an illness reaches its terminal stage, physicians diagnose an “untreatable state” and offer only symptomatic treatment, basically by injecting pain-killers, which, please note, are not always in stock.

Thus, independent forensic medical examiners revealed an instance of untimely diagnosis of a malignant oral cavity neoplasm in the case of convict Sergey Kuznetsov, who was serving his sentence in a Sverdlovsk penal colony. The man died in 2015 before the court decision on his early release due to serious illness could be taken. The ECHR [communicated](#) the complaint lodged by human rights defenders as regards violation of Article 3 of the Convention.

Human Rights Violations and Belated Diagnosis

According to federal legislation, there is a [list](#) of diseases that prevent a convict from serving their sentence. Should an inmate be diagnosed with any of these illnesses, they can apply to the court for release. However, in practice, judges most often refuse requests for release on the grounds of serious illness. Human Rights Commissioner Tatyana Moskalkova expressed her criticism of the situation in May 2017. During her meeting with head of state, Vladimir Putin, the ombudswoman [suggested](#) amendments to the legislation which would make courts release prisoners “when a document proving serious illness can be produced”.

The [statistical data](#) of the Judicial Department at the Supreme Court of the Russian Federation indicate that 7,478 petitions for release due to illness were addressed by courts of first instance in 2016. The courts ruled in favor of the petitioner in 2,042 (27%) cases. A total of 3,803 similar cases were heard in court in the first half of 2017 and there were 1,190 (31%) decisions in favor. That is, at most, every third prisoner suffering from a serious illness can count on being released. Some are in a terminal state and simply do not live to see the judgement enter into force. In 2014, an HIV-positive citizen of Kazakhstan suffering from tuberculosis [died](#) in a penal colony in Nizhny Novgorod one day after the refusal to release him.

The role of other participants in the judiciary process is noteworthy – namely, that of the prosecutor and prison healthcare practitioner. The backbone of the medical commission (which examines inmates) is the FSIN employees who usually execute the will of the managerial staff of a correctional facility. Specialists unrelated to the penitentiary system are in the minority.

In the legal experience of “Zona prava,” prosecutor’s offices are inclined to appeal against the decision of the court to release a seriously ill prisoner. Instead of spending their last days with their loved ones, terminally ill prisoners have to waste their energy on lawsuits. Sometimes in vain. “Zona prava” (the only human rights organization operating in this field) has succeeded in securing the release of 33 seriously ill inmates in Tatarstan, the Sverdlovsk and Tambov Oblasts, Krasnoyarsk Krai, Saint Petersburg and other places in the course of the last three years.

After exhausting all the instances of the judiciary system within the country, the only remaining recourse is a complaint to the European Court of Human Rights. Due to the large number of complaints, the ECHR has paid special attention to the issue of providing nursing care to permanently disabled inmates in Russia. It has turned out that these prisoners are routinely taken care of by their fellow inmates, which has raised concerns at the ECHR.

In July 2017, FSIN Director Gennady Kornienko [acknowledged](#) the shortage of staff which makes nursing care in the case of disabled inmates impossible. Kornienko said, “We do not have enough people. The only thing we can do is buy wheelchairs or prosthetic devices. Some money is allocated for this purpose. Not in sufficient amounts but, nevertheless, there are some funds.”

The [position](#) of the European court is unequivocal: “A prison health care service should be able to provide medical treatment and nursing care, as well as appropriate diets, physiotherapy, rehabilitation or any other necessary special facility, in conditions comparable to those enjoyed by patients in the outside community.”

The ECHR [ruled](#) in the fall of last year that the government of the Russian Federation should pay compensation in the amount of 7,500 euros to former Mayor of Makhachkala, Said Amirov, a wheelchair user who was not provided with required assistance in a penal colony with a strict regime known as “Black Dolphin” («Черный дельфин») in the Orenburg Oblast.

As can be deduced from the [website](#) of the European court, the ECHR issued 56 decisions in cases related to the failure to provide proper healthcare within the penitentiary system of the Russian Federation from 2012 to 2017. Based on ECHR judgements, inmates or their relatives received compensation in the amount of 981,775 euros during this period. The compensation is paid from the federal budget. “Zona prava” [appealed](#) to Russia’s Prosecutor General to take legal recourse and recover tens of millions of rubles from FSIN officials who were at fault. The proposal was declined on grounds that the Russian courts have not established that the rights of prisoners were violated.

The Investigative Committee of Russia (ICR) began to actively investigate iatrogenic crimes in 2017. This tendency has also reached correctional facilities and lawsuits have since been brought against physicians. For

instance, the head of the branch of hospital No. 1 of the Department of Federal Penitentiary Service (UFSIN) in Saint-Petersburg and the Leningrad Oblast has been [accused](#) of negligence after the ECHR addressed the complaint of a cancer patient who died soon after her release. The case of three physicians employed in the same healthcare facility is [pending](#) before the court. These physicians are accused of causing the death of another prisoner as a result of incorrectly conducted surgery. There is every reason to believe that the ICR will pay increasing attention to prison doctors in 2018.

To conclude, let me underline that healthcare practitioners should be supervised by the Ministry of Health, not the FSIN, which would be an important step on the path to reforming the Federal Penitentiary Service. They should be working in correctional facilities based on contracts concluded with the FSIN. Only when a physician is guided by the interests of the patient and not concerns about keeping his or her job can we expect positive changes.

Back in 1992, the then Minister of Health of Russia, academic Andrey Vorobyov, [suggested](#) that the prison healthcare service should be run by the Ministry of Health instead of the Ministry of the Interior. The respective government regulation was drafted but the words have never been turned into deeds.

FSIN deputy head Anatoly Rudyi [stated](#) unequivocally in February 2014: "Please stop saying that prison healthcare should be outside the FSIN in Russia. This healthcare belongs to us."

In other words, there is no positive outlook for the immediate future.

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