

Summary of Report No. AJB-646/2019 on the OPCAT visit to the Chronic Aftercare Department, Unit III of the Szeged Strict and Medium Regime Prison

On June 13-14, 2018, the NPM paid a visit to the Chronic Aftercare Department (hereinafter: the “CAD”) of Unit III of the Szeged Strict and Medium Regime Prison (hereinafter: the “Institution”). The CAD provides the hospital care of in-patient detainees who suffer from chronic illnesses and who need rehabilitation. At the time of the visit, 64 detainees were accommodated in the CAD, which has a total capacity of 80 persons. Some of the wards on the first floor were separated by bars, in which 14 detainees were placed. Three of them had individual treatment orders because they posed a danger to the other detainees. According to the management of the Institution, the placement of detainees in this separated area, beyond the bars, is a preventive measure. The detainees considered this placement as a punishment, as they were restricted in several ways. They claimed that the staff members, who regularly kept the detainees waiting, could only be contacted by shouting or ringing the signal-bell.

Many detainees complained that it was hot in the transport vehicle, their hands were tightly handcuffed. During the summer transportations, only the detainees suffering from diabetes could carry water with them. The guards poured the already warm water from a can into dirty plastic glasses. The vehicles used for transporting the detainees were not equipped with seat belts.

4-6 beds were placed in the wards. When 6 patients were accommodated, the living space per capita did not reach 6 m². The CAD is barrier-free, elevators and ramps ensure free movement. The exercise yard is located approximately 150 meters from the CAD. Only a few detainees were in the exercise yard at the time of the visit. The pavement leading to the exercise yard was broken and covered with rough concrete blocks, so the handicapped detainees could access the exercise area with difficulties. According to a detainee, he could not go for a walk after his admission, only five months later because there were not enough staff members who could accompany him.

The number of showers was insufficient, the ventilation of toilets was inadequate and many toilets and toilet seats were damaged or missing. Bed sheets were changed more rarely than required in the regulation. Some detainees said that the tidiness was only the result of the visit of the NPM, otherwise the cleaning was not so thorough.

A detainee complained that he had no place to go after his release. He did not get any information on the possibilities of how to get admitted into a social institution. The patients did not meet the patients’ rights representative, although his contact details were available on the notice board. The patients’ rights representative holds the consulting hours outside the Institution, in the city of Szeged, so the detainees are not able to get there. The patients’ rights representative is only available on request in the CAD.

The water supply of the Institution is provided from an artesian well. Running water is not suitable for drinking because of its high arsenic content. The detainees get drinking water from water containers. In the prison canteen, the detainees can buy bottled water; but according to them, the permitted quantity does not last until the next shopping opportunity.

The detainees can participate in education and they can also work in the Institution. The detainees said that the entertainment area had been out of order for months, it was re-opened just before the NPM’s visit. The detainees added that the possibility of playing chess and cards, and drawing was provided only because of the NPM’s visit. They hoped that these were not only temporary options.

Smoking is the source of many conflicts. The aggressive detainees steal the cigarettes from the weaker ones, fights happened because of this. At the time of the NPM’s visit, a detainee was smoking in the toilet.

According to a staff member, 6-12 months prior to the NPM's visit, many detainees got sick because of unknown substances. In most cases, drugs are smuggled into the prison in soaked papers.

In the security isolation cell, the ventilation was not functioning and the padding was old, so the cell was out of order. The detainees who had to be isolated due to security reasons were transferred to Unit I, which is located on the other side of the town.

The detainees are not transported to the holding facility; the probable reason could be that the CAD and the holding facility are 150 meters away from each other.

The very poor condition of the road leading to the Institution makes the transportation of the patients more difficult and time-consuming. Many detainees complained that their relatives cannot get to the Institution, or can only do so with great difficulties because they have to walk a lot from the bus stop. The reception of family members and the family worship promote the detainees' resocialization, help restore the family relations and they have a crisis management function as well. When family members come to visit, the detainees can stay in the same premises with their relatives. It is allowed to hug each other and sit children on the lap. Those who are ranked among the first 10 in the Bible contest and their relatives can participate in the family worship.

Some of the detainees experienced that the staff members treated them with humanity, while others claimed that the guards speak with them in a degrading manner, they are impatient and they shout. Many detainees were afraid of the consequences of talking with the members of the visiting delegation.

It raises concerns that the staff members show the signs of the consequences of excessive workload. The fact that a detainee was able to go for a walk in the fresh air only after months of his admission because there was no guard to accompany him, reflects the inadequate number of staff members. The detainees' request forms were responded to with a delay. The possibility of continuous supervision should be provided for the overwhelmed staff members, which will contribute to the prevention of the ill-treatment of the detainees.

The interviewed staff members had only partial knowledge on the UN Convention Against Torture (UN CAT) and on the OPCAT.

The physical conditions of providing medical service were adequate. The development of the IT infrastructure would be justified in order to provide medical data forwarding. This measure could shorten the doctors' and the nurses' time spent with administration. A digital X-ray machine and data archiving would facilitate professional consultation.

The psychologists work under a heavy workload. Psychiatric treatment is inefficient; it is available in two hours every two weeks. A detainee stressed his suicide thoughts but, according to him, no one paid attention to him. Group therapy is not available because of the insufficient number of staff members; although the detainees would need this kind of medical service. The rise in the number of psychologists could provide regular psychological control for the endangered detainees. It would be advisable to establish a closer cooperation between the areas of psychology and psychiatry.

The detainees shared different opinions on food, some of them were satisfied, while some others found the food flavorless. The detainees were not given the needed amount of fresh fruits and vegetables; they were not educated on topics of nutrition.