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13.07.2022 nr 7-7/220796/2203796

Inspection visit to the detention centre of the law enforcement bureau of the North Prefecture

One of the duties of the Chancellor of Justice is to carry out regular supervision over places of detention (§ 1(7) and § 27 of the [Chancellor of Justice Act](#); Article 3 of the [Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment](#)). With that in mind, the Chancellor carries out inspection visits at a time agreed with an institution in advance as well as without prior notice.

The Chancellor's advisers inspected the detention centre of the law enforcement bureau of the North Prefecture of the Police and Border Guard Board (PBGB) (hereinafter 'the centre') announced on 13 May 2022. Another visit to the centre was carried out on 16 May 2022 together with a healthcare expert who is a general practitioner. The centre is not a penal institution but is used to detain foreigners under court authorisation who are due to be expelled from Estonia. The centre also accommodates applicants for international protection whose liberty it was deemed necessary to restrict while proceedings for international protection are pending (e.g. in order to ascertain facts relevant for processing an application for international protection).

I would like to thank the centre for its readiness to cooperate, smooth dealings and competent explanations provided by officials and staff at the centre both during and after the inspection visit.

The Chancellor's advisers spoke with people in the centre, interviewed officials and staff and carried out a tour of the grounds and rooms of the centre. A selection of documents was also examined. The Chancellor had last inspected the detention centre of the PBGB in [2019](#).

It is commendable that foreigners staying in the living quarters at the centre can go to the outdoor area of the centre during the day when it suits them, as well as visit the computer room and the training room, and make calls on the telephone at the centre. And every month the centre gives a telephone card to all residents (regardless of their financial situation) for making calls. In provision of meals, the centre takes better account than previously of people's dietary habits arising from their religion and worldview. The centre has a sufficient stock of hygiene products, clothes and footwear which are provided to those who need them. It is positive that when people are escorted

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outside the centre (e.g. for a doctor's appointment) generally no handcuffs are used. Handcuffs are only used if this is unavoidably necessary in respect of a particular person. Observation windows in sanitary corners in the rooms are kept locked.

Unfortunately, not everything at the detention centre complies with laws and international requirements. Several of the Chancellor's earlier recommendations have still not been taken into account (see e.g. the summary of the [2019](#) inspection visit to the PBGB detention centre and the recommendation of 10 February 2022 No [7-4/220005/2200876](#)).

Video surveillance is still used in some rooms in the living quarters without consideration or reasoning as to whether this is absolutely necessary in respect of the person living in the particular room. For a very long time, nothing has been done in order to offer foreigners up-to-date possibilities for contact with next of kin. Visiting rooms at the centre are still not particularly child-friendly. Nor has any attention been paid to the detention conditions of the only woman staying in the female section, which are essentially similar to solitary confinement. A problem still exists in that no assistance from a professional interpreter is used in provision of healthcare services where necessary. A general list of the books offered at the centre might be drawn up and the choice of literature expanded.

The inspection revealed that foreigners do not have enough information about everyday life in the centre. Since the position of activity supervisor at the centre has long been vacant, no guided recreational activities have taken place for a long time. Residents in the third and fourth accommodation sections of the centre should be able to use recreational and sporting facilities in the outdoor area of both sections. If the centre refuses to grant permission for a visit, the decision must be reasoned in writing. The centre might consider allowing residents to use their personal mobile phones.

Dense metal mesh should be removed from the windows of segregated locked rooms. It is excessive to prohibit persons on whom a disciplinary sanction has been imposed to use a mattress, pillow and bedding, and to restrict their choice of reading material. Staying in an isolated locked room during so-called isolation must be medically justified. People must be offered a daily opportunity to use the telephone while staying in an isolated locked room. Shortcomings identified in reports on the initial health examination are of concern. Nor do medical practitioners carefully monitor the health of people on hunger strike.

Since the problems identified are multi-faceted and some solutions presume amendment of legislation, the recommendations are intended both for the PBGB as well as the Ministry of the Interior.

1. Video surveillance

During the inspection, the Chancellor's advisers discovered that video surveillance was still being used in some rooms (e.g. Nos 212, 219, 220, 222, 223, 224) in the fourth accommodation section although no consideration had been given to whether this was absolutely necessary and justified in respect of the particular person living in the respective room. This kind of surveillance fails to respect people's privacy. The Chancellor had already drawn the attention of the PBGB to this in the summary of the [2019](#) inspection visit. The presence of cameras in a room may also cause unnecessary fear and negatively affect people's mental health.

I ask that people (whom there is no reason to monitor via video surveillance) not be placed in rooms with video surveillance or that video cameras be covered while not switched on.

2. Isolated locked room

2.1. Medical isolation

Interviews with people revealed that upon arrival at the centre they were held in an isolated locked room for ten days. PBGB officials explained that all foreigners must stay in medical isolation for ten days upon arrival. This was also written on the board in the officials' room, including a list with the starting and end date for isolation of people currently held in an isolated locked room.

Representatives of healthcare service provider OÜ Depoo were unable to clearly say why people arriving at the centre must stay in isolation for precisely ten days. The staff of OÜ Depoo explained that, as a rule, during isolation a person is taken to hospital to provide blood samples for detection of infectious diseases (hepatitis B and C, HIV, syphilis), and an X-ray is also taken at a hospital to exclude tuberculosis. In the course of the initial health examination, people are allegedly also asked about vaccination against the Covid-19 virus and the latest testing, but no test is carried out for arrivals at the centre.

The healthcare expert involved in the inspection visit emphasised that holding people in isolation should be avoided unless medical indication for this exists. The expert added that the [rules established by the Government of the Republic and the recommendations issued by the Scientific Advisory Board](#) must be observed in order to prevent the spread of and infection with the coronavirus. According to the rules applicable during the inspection visit, only people who had contracted corona had to quarantine for ten days. People who had been in close contact with a sick person were recommended to stay in isolation for at least five days. Therefore, the expert had misgivings about whether it is right to automatically place all arrivals at the centre in isolation for ten days. According to the expert's assessment, in view of the epidemiological situation of the coronavirus, testing arrivals at the centre by using professional rapid tests might be considered.

According to the expert, at the first opportunity a person arriving at the centre should be sent to undergo a chest X-ray in order to ascertain that the person does not have tuberculosis. At the same time, the expert found that blood analysis may also be carried out at the centre, so that a person does not need to be taken to a hospital for that purpose. This would reduce contacts between a potentially infectious person and others as well as the possible spread of infection in a large hospital. According to the expert, the centre has all the necessary conditions, equipment and staff to carry out a blood analysis.

I ask that the expert's opinion and recommendations be taken into account and that upon arrival people be placed in an isolated locked room only for as long as medically justified.

2.2. Conditions of detention

As a rule, people who had stayed in an isolated locked room spent 23 hours a day there, had no opportunity for meaningful everyday communication and did not participate in recreational activities (except a one-hour walk in the outdoor area). Based on these data, it may be said that staying in an isolated locked room has the characteristics of solitary confinement as defined in Rule 44 of the UN Standard Minimum Rules for the Treatment of Prisoners (the [Mandela Rules](#))

in para. 54 of the CPT [21st General Report](#), in para. 25 of the [report by the UN Special Rapporteur on Torture](#), and legal literature¹.

Several studies have concluded that people under conditions of solitary confinement run a higher risk of health problems than detainees in general and they are more prone to self-harm and suicide.² For this reason, it is important that a healthcare professional at the centre should regularly monitor the condition (both mental and physical) of people staying in isolated locked rooms. Regularity also means that a healthcare professional should daily examine a person held under conditions of solitary confinement (Rule 46.1 of the [Mandela Rules](#), the [opinion by the UN Special Rapporteur on Torture](#); para. 43.2 of the recommendation Rec(2006)2 of the Committee of Ministers of the Council of Europe on European Prison Rules ([EPR](#)), paras 62-63 of the CPT [21st General Report](#), CPT reports sent to Estonia in [2014](#) and [2019](#)). Meeting with a healthcare professional also offers a person in solitary confinement an additional opportunity for meaningful daily human contact.

The centre's healthcare professional should daily, on their own initiative, meet with people held in an isolated locked room and assess their condition.

2.3. Telephone calls

A possible harmful effect of conditions similar to solitary confinement can also be alleviated if a person is able to maintain daily contact with their next of kin. Communication with next of kin helps to alleviate the stress inherent in detention and prevent self-harming behaviour. This is also important for a person's next of kin (especially children) who wish to know under what conditions the person close to them is staying and whether they are alive and well.

During interviews people claimed that after arrival at the centre they were allowed to make one phone call to their next of kin. People asserted that they had been unable to use the telephone while staying in an isolated locked cell (i.e. for ten days). PBGB officials also explained that a phone card is given to a person after release from isolation. Officials explained that actually, even while staying in an isolated locked room, a person may call from the office at the expense of the centre if they express the wish to do so. However, a suspicion remained after the interviews that people were not aware of this possibility.

People should also be offered a possibility to call even while staying in an isolated locked room. For instance, in police detention centres and prisons it is customary that some telephone sets are available for phone calls by detainees staying in a locked cell that can be taken to the cell entrance. No reasonable justification exists for why this solution could also not be used at the detention centre. Among other things, this could help reduce movement by a potentially infectious person in the premises at the centre. Also, giving a phone card to a person should not be delayed until the

¹ See e.g. J. Lobel, P. Scharff Smith (eds), *Solitary Confinement: Effects, Practices, and Pathways Towards Reform*. Oxford University Press, 2020.

² See e.g. the [summary](#) of the Chancellor's 2020 inspection visit to Tartu Prison and the sources cited therein; WHO, [Preventing Suicide in Jails and Prisons](#), 2007; S. Zhong *et al.*, [Risk factors for suicide in prisons: a systematic review and meta-analysis](#), *The Lancet Public Health*, Vol 6, 2021; R Reeves, A. Tamburello, [Single Cells, Segregated Housing, and Suicide in the New Jersey Department of Corrections](#), *The Journal of the American Academy of Psychiatry and the Law*, 2014; S. Fazel *et al.*, [Suicide in Prisoners: A Systematic Review of Risk Factors](#), *Journal of Clinical Psychiatry*, 2008; N. Konrad *et al.*, [Preventing Suicide in Prisons, Part I: Recommendations from the International Association for Suicide Prevention Task Force on Suicide in Prisons](#), *The Journal of Crisis Intervention and Suicide Prevention*, 2007/28 (3); Kriminalvårdens Reprocentral, [Prison suicide in 12 countries. An ecological study of 861 suicides during 2003–2007](#), 2010; L. Favril *et al.*, [A 17-Year National Study of Prison Suicides in Belgium](#), *The Journal of Crisis Intervention and Suicide Prevention*, 2019/40 (1).

end of isolation but it should be given immediately so as to enable them to keep in contact with next of kin (see also para. 69 of the [house rules of the detention centre](#)).

Possibilities for use of a telephone by persons in an isolated locked room should be improved and it should be ensured that people can maintain daily contact with their next of kin.

2.4. Conditions of disciplinary punishment

From persons committed to an isolated locked room as a disciplinary punishment the mattress, pillow and bedding are removed immediately after the morning wake-up and are returned only for the night (para. 32 of the [house rules of the detention centre](#)). A person may only have one book in their room (para. 18 of the [house rules of the detention centre](#)).

The Chancellor has repeatedly told prisons that such conditions of disciplinary confinement are excessive (see e.g. the summaries of inspection visits of [2020](#) to Tartu Prison (para. 1.4.2) and [2021](#) to Viru Prison (para. 1.3)). According to the CPT's assessment (the [2020](#) report to Moldova, para. 100), beds in a disciplinary cell should not be folded up and attached to the wall during the daytime. The CPT has consistently informed Estonia (most recently in the report sent in [2019](#)) that reading possibilities should not be restricted for prisoners in a disciplinary cell. The European Court of Human Rights has also expressed an opinion in the case of [Csüllög v. Hungary](#), para. 34) that a restriction on the number of books allowed for a prisoner in a disciplinary cell under the solitary confinement regime cannot be reasonably justified. These opinions also apply to the conditions of enforcement of a disciplinary punishment in the detention centre.

The conditions for enforcement of the disciplinary punishment laid down in the [house rules of the detention centre](#) should be amended so that reading material available to persons in an isolated locked room is not restricted and they can also use bedding during the daytime.

2.5. Lighting

Rooms in the detention centre must comply with technical engineering, health protection and hygiene requirements. A room must have a window ensuring appropriate lighting (§ 26⁵(6) [Obligation to Leave and Prohibition on Entry Act](#)). Section 3(3) of the regulation on "[Requirements for dwellings](#)" lays down that a window must ensure sufficient natural light in a room. The regulation does not set out objective indicators (e.g. specific luminous intensity) as to the precise quality of natural lighting in a dwelling. Nevertheless, this can be assessed in terms of needs for everyday living.

While touring the premises, the Chancellor's advisers found that not enough natural light reached the rooms due to a dense metal mesh covering the windows in isolated locked rooms. Specialist literature proves that natural light reduces stress and anxiety and increases the ability to concentrate. It also has a direct effect on the human nervous system.³ The importance of natural light has also repeatedly been emphasised by the Chancellor (most recently, e.g., in the summaries of inspection visits to the short-term detention facilities of Viljandi police station of the PBGB in [2021](#) and to Viru Prison in [2021](#)).

³ See e.g. R. Wener, [The environmental psychology of prisons and jails: creating humane spaces in secure settings](#), Cambridge University Press, pp 203–240, (2012); L. Edwards, P. Torcellini, [A Literature Review of the Effects of Natural Light on Building Occupants. Technical report](#), (2002).

The CPT has also often drawn attention to the need for natural light (see e.g. the [2019](#) report to Estonia). In a [2022](#) recommendation to Romania (para. 39) the CPT asked that metal grilles from windows of the detention facility be removed. The CPT has also recommended removing metal bars from the windows of the detention centre with a view to reducing the carceral atmosphere (see e.g. CPT's recommendation to Croatia in [2021](#), para. 48).

In order to prevent a person with aggressive behaviour from breaking room furnishings (including windows), in some situations additional security measures need to be taken to protect windows. At the same time, alternative means (e.g. impact-resistant glass) are available which do not prevent natural light from reaching the living room to the same extent as metal mesh. Removal of the mesh also reduces the similarity of living conditions in the centre to living conditions in a prison.

Metal mesh from the windows of isolated locked rooms should be removed and security should be ensured by using other measures.

3. Access to information

During interviews, people conceded that they did not always have information about everyday life in the centre. Obtaining information is more complicated for foreigners who do not speak sufficient Russian or English, i.e. the languages in which officials at the centre are mostly able to provide explanations.

In one instance it was affirmed that the person did not know that it was possible to choose between several different menus at the centre (including a vegetarian menu). For this reason, for several weeks the person, who was a vegetarian, was provided with ordinary food and they only learned about the possibility of requesting vegetarian food from the Chancellor's advisers. On the same day, the person applied to the centre and soon began to receive vegetarian food.

Officials at the centre believed that explanations about provision of food were given and the menu determined by the healthcare provider during the initial health examination. The healthcare provider, in turn, found that a medical practitioner can indeed prescribe a special diet corresponding to a person's health condition but general information about meal options at the centre is provided by a PBGB official upon a person's arrival at the centre.

During an interview with the Chancellor's advisers, one person mentioned that they needed medical assistance. The person, who had been in the centre for several weeks, was not aware that healthcare services were provided at the centre. Nor did they know how to get an appointment with a doctor and a medical nurse. The Chancellor's advisers clarified that registration for a doctor's or nurse's appointment at the centre is organised on the basis of a list. On the board in the accommodation section, a sheet with a table was posted where those wishing an appointment must record their name. However, the foreigner did not understand the purpose of the table since it only contained an explanation in Estonian "Arsti ja/või õe vastuvõtule registreerimise leht" [sheet to register for a doctor's and/or nurse's appointment]. Thus it is quite plausible that the foreigner, who did not understand Estonian, was not aware how to get an appointment with a doctor or a nurse. With guidance from the Chancellor's advisers, the person recorded their name in the table.

During interviews with the Chancellor's advisers, several people heard for the first time that, among other things, it was also possible to buy a phone card through the centre's shop. Since the list of goods is only available in Estonian, it is not comprehensible to foreigners. Both residents as well as officials at the centre admitted that the list of goods does not change very often and changes

mostly concern the price but not the choice of goods. Thus, translating the list of goods (e.g. by using the Google Translate program) should not be overly burdensome for the centre. People noted that an illustrative photograph next to items on the list would also help to give a better overview of goods on sale.

While moving around at the centre, the Chancellor's advisers noticed that often other information (e.g. about the hairdresser's working hours, a sheet to register for vaccination, and the like) had also only been translated into English and Russian. At the same time, during the inspection visit the centre was also accommodating people who do not understand these languages. Much better understandable for people was, for example, information posted on the board about the forthcoming visit by the Estonian Human Rights Centre which the detention centre had also translated into languages that all the residents in the centre could understand.

The inspection also revealed that the [house rules of the detention centre](#) were not easily accessible to people. Several foreigners did not even know that this document exists. According to information available to the Chancellor, the house rules have been translated into Arabic, Farsi, Georgian, English, French, Russian and Vietnamese. An information leaflet is distributed to foreigners in the centre explaining their rights and duties, which has been translated into Arabic, Bambara, Dari, Farsi, Georgian, Chinese, Hindi, English, French, Pushtu, Russian, Vietnamese, Uzbek and Turkish.

Under § 26²(7) of the [Obligation to Leave and Prohibition on Entry Act](#), persons arriving at the detention centre must be advised of their rights and duties in a language which they understand. Under the [European Prison Rules](#), on admission, and as often as necessary afterwards, all prisoners must be informed of the regulations governing prison discipline and of their rights and duties in prison. The person will be informed of their rights and duties in writing and orally in a language they understand (Rule 30.1). The same has been stated in the [Mandela Rules](#) (Rules 54–55). These rules also apply to detention of foreigners. Inter alia, this is affirmed by the CPT's recommendations sent to Malta in [2021](#) (paras 51–52).

Foreigners in the centre can use computers with limited internet access. Through these computers, it would also be possible to make the house rules and other documents of the centre (e.g. a leaflet with the rights and duties, food menus, list of goods) as well as translations of these available to people. This would reduce the burden on officials and would help the centre save costs that need to be incurred by repeatedly issuing the necessary information on paper.

The PBGB should clearly determine who should ascertain the needs of people arriving at the centre and provide them with necessary explanations. No situation should occur where a person who has been in the centre for several weeks lacks information, for example, about provision of food and medical care. Where officials are unable to provide a person with information essential in terms of the person's rights in a language understood by the person (§ 26²(7) [Obligation to Leave and Prohibition on Entry Act](#)), the assistance of a professional interpreter must be used.

The [house rules of the detention centre](#) and other documents concerning the rights and everyday life of people in the centre should be easily accessible in a language they understood (e.g. through computers adjusted for foreigners).

4. Free time

The inspection revealed that the position of activity supervisor at the centre had been vacant for quite some time already, so that for a long period no guided recreational activities had taken place at the centre. People in the third accommodation section noted that their outdoor exercise area only contained a volleyball court and boxes with plants while in the outdoor area of the fourth accommodation section it was also possible to play basketball and football. However, people from the third section may not enter that area.

Neither the [Obligation to Leave and Prohibition on Entry Act](#) nor the [Act on Granting International Protection to Aliens](#) lay down an obligation to segregate persons in the detention centre between those to be expelled and applicants for international protection. Nor are people segregated according to status when being placed in accommodation sections at the centre. So no reasonable justification exists why all the residents of the centre cannot be allowed to use recreational and sporting facilities in the outdoor area of both sections. If necessary, the centre may assign specific time slots when people from the third accommodation section could also visit the outdoor area of the fourth section and vice versa. An activity supervisor could also organise regular guided activities (e.g. joint sports games) by using both outdoor areas. Should the centre deem it necessary, a guard may help to maintain order during periods of joint use of the outdoor areas.

People complained that very few books are available in the accommodation sections and no new books are brought in or books exchanged very often. The Chancellor had also already drawn attention to this in the summary of the [2019](#) inspection visit. Officials explained that not all books are kept in the accommodation sections and materials on the shelves are replaced every now and then.

The centre should ensure that residents have enough books and that the choice of literature is regularly updated (consideration could be given e.g. to cooperation with libraries, embassies and other institutions that may also have foreign-language books and magazines of which they have extra copies or which they plan to remove from their stocks). The centre could compile an overall list of books, so that people would also be able to borrow books not presently available on the shelves in their section.

The inspection also revealed that only one computer intended for use by foreigners was in the computer room of the third section, while the fourth accommodation section had five computers. More computers need to be provided in the third accommodation section. People need computers to seek information, as well as for recreational activities (e.g. watching films).

Residents in the third and fourth accommodation section of the centre should be able to use recreational and sporting facilities in the outdoor area of both sections. It should be ensured that the choice of literature in foreign languages is expanded and books at the centre should be made more accessible for people. More computers need to be provided in the third accommodation section of the centre.

5. Interaction

5.1. The internet

The Chancellor has repeatedly recommended (in [2016](#), [2019](#) and [2022](#)) that the PBGB should create modern communication options for foreigners to maintain contact with their next of kin.

The CPT has also consistently recommended simplification of maintaining contact between detained foreigners and their families (e.g. via Skype). In [2021](#) the CPT praised Sweden (para. 22) and in [2020](#) Finland (para. 29) for enabling foreigners to use computers with internet connection in detention centres in these countries.

It is regrettable that despite recommendations by the Chancellor of Justice no possibilities have been found to improve foreigners' options for contact with next of kin. However, video calls would help to alleviate stress and the accompanying lack of communication as a result of detention. Some people in the detention centre are very far from their homeland and loved ones and might not speak any other language besides their mother tongue. If detainees were able to have video calls with their next of kin, this would also reduce the burden on the staff at the centre to offer foreigners opportunities for meaningful contact. This is particularly important in a situation where such contact is difficult due to the language barrier or where a foreigner is forced to stay in solitary confinement due to circumstances (e.g. one woman in the female section). Maintaining contact with next of kin is also important for a person to be expelled to smoothly return to their home country or country of origin.

The PBGB should take immediate steps to upgrade the communication options for people in the detention centre. Where necessary, the Ministry of the Interior should prepare the required legislative amendments for this.

5.2. Mobile phones

The CPT has repeatedly recommended that detained foreigners should be allowed to use their personal mobile phones or that regular access to mobile phones be ensured for them (see e.g. the CPT's recommendations to Kosovo in [2021](#), para. 57; the CPT's recommendations to Malta in [2021](#), para. 56). In 2021, the CPT praised [Sweden](#) (para. 25) and [Finland](#) (para.32) because foreigners in a detention centre could make calls with their own mobile phones.

Under § 25 clause 11 of the Minister of the Interior Regulation on "[The internal rules of the detention centre](#)", a person in the detention centre is not allowed to use a mobile phone. This ban should be reviewed and brought into line with the CPT's recommendations. If necessary, legislation can also impose restrictions on use of a mobile phone in situations where this may endanger the life or health of a person themselves, or others in the centre, where this significantly endangers the inviolability of the private life of people in the centre or security in general.

The Ministry of the Interior should review the ban laid down by the [internal rules of the detention centre](#) and bring the relevant provision into line with recommendations by international organisations.

6. Visits

To date, the centre has failed to take into account the Chancellor's recommendations from [2019](#) to make the visiting rooms more family- and child-friendly.

Clause 75 of the [house rules of the detention centre](#), under which the head of the detention centre or an official assigned by them is not required to give reasons for refusing to grant an application for a visit, is not lawful. In essence, refusal to grant permission for a visit corresponds to the characteristics set out in § 51(1) of the [Administrative Procedure Act](#). For this reason, such a refusal decision should be considered an administrative act but not a measure. The Supreme Court

already pointed this out in the context of prison visits in its judgment of 19 November 2009 [No 3-3-1-62-09](#) (para. 10). An administrative act must be reasoned (§ 56 [Administrative Procedure Act](#)) and it must set out possibilities for contesting the decision (§ 57 [Administrative Procedure Act](#)).

Visiting room(s) at the detention centre should be made appropriate for visits with family and children. Clause 75 of the [house rules of the detention centre](#) must be brought into line with the requirements for an administrative act as laid down by the [Administrative Procedure Act](#).

7. Healthcare

Healthcare services at the centre are provided by two doctors and two nurses from OÜ Depoo. According to the expert, it is worth acknowledging that a nurse is present at the centre seven days a week and four hours a day. A doctor is present at the centre four times a week, three hours at a time. This ensures daily access to medical assistance.

According to the expert's assessment, the conditions for provision of healthcare are modern, the equipment and supplies appropriate, documents are filled out digitally, and people are ensured the necessary medication. The establishment has three interconnected rooms for provision of healthcare services: the doctor's/nurse's office (with a computer), a room for medical procedures including cupboards for medicines and documents, and a waiting room. As a rule, an official accompanying a patient remains in the entrance room but does not accompany the patient into the doctor's office.

The expert ascertained that among medical procedures the centre is able to carry out urine and blood analyses, injections and infusion treatment, and bandaging. According to the representative of OÜ Depoo, blood analyses are nevertheless not carried out on the spot even though the capacity and equipment to do so exists. For carrying out analyses, patients are referred to the West Tallinn Central Hospital. All the main equipment and supplies exist for provision of non-specialised medical care: a stethoscope, blood pressure monitor, height measuring device, scales, and an otoscope.

According to the expert's assessment, the centre stocks a sufficiently wide selection of medicines – all the most frequently used medicines are available. Medication that is not immediately available is ordered; for instance, a patient was enabled antiretroviral treatment. Proper records are kept in a journal about administration of psychotropic medication and leftover medication. People have also been enabled access to vitamins, skin care products, compression therapy products and nicotine replacement therapy. A small supply of over-the-counter medicines for most frequent health problems is available in the officials' room. Precise instructions have been drawn up as to what medication and in what quantity is to be given in the case of what indications.

7.1. Initial health examination

According to § 3(2) of the [internal rules of the detention centre](#), a foreigner's health is checked within 24 hours after their arrival at the detention centre.

The expert reviewed some reports on initial health examination which revealed that people were mostly examined within one to two days after arrival at the centre. However, fields in the reports concerning a person's height, weight, blood pressure, blood sugar level, skin condition, as well as information about chronic and previous diseases, previous operations, use of medication, allergies,

addictions, and vaccination, had often not been filled out. In only some documents had a person's height, weight, body temperature, blood pressure and pulse frequency been recorded. In occasional reports, a person's skin condition had been described as "clean". Only in isolated cases had the section in the reports on anamnesis been filled out. The reports checked did not indicate that people had been asked about their mental health.

The inspection revealed a conspicuous case where a report on a person's initial health examination (2 May 2022) contained an empty field concerning any objective finding on the skin, but during the inspection visit (17 May 2022) the person displayed visible physical injuries. The injuries were described by the person themselves and some of the injuries could also be seen in the photograph of the person taken upon arrival at the centre. Injuries were also confirmed by the expert who examined the person during the inspection visit.

According to the expert's description, during the inspection visit the person had objectively detectable resorbing purple haematomas on the forehead and on the right temple, a scabbed wound on the left elbow, abrasions probably caused by handcuffs on both wrists, haematomas and abrasions on both knees and scratches on the stretching area of the right humerus. These injuries had been even more visible when the person arrived at the centre, so that they could not have remained unnoticed by the medical practitioner. Since the medical practitioner had not documented them, there is reason for misgivings about the competence of the medical practitioner who carried out the initial health examination, as well as misgivings concerning the quality of examination.

Another indication of possible shortcomings in the initial health examination is information received during interviews with people asserting that a medical practitioner was carrying out the examination in the doorway of an isolated locked room or through its food hatch. This is not acceptable in terms of a doctor-patient relationship and raises doubts about the quality of health examination.

By analysing the information collected, misgivings arose that medical personnel were not using the assistance of a professional interpreter. For example, in a report of 26 April 2022, which had been left empty, a note had been inserted stating "doesn't speak the language, impossible to communicate". Thus, essentially the medical practitioner had not examined the person and failed to comply with the duty laid down by § 3(2) of the [internal rules of the detention centre](#).

The expert emphasised that a thorough and correct initial health examination is extremely important both from the point of view of a person themselves and the staff. This helps to prevent the spread of infectious diseases, detect physical injuries and ill-treatment both by the authorities and fellow detainees, as well as identify people with mental health problems at risk of self-harm. This has also been consistently underlined by the CPT (see e.g. the CPT information factsheet from [2017](#), para. 9; the CPT's [23rd General Report](#), paras 73–75; the CPT's recommendations to Sweden in [2021](#), paras 23, 44–45; the CPT's recommendations to Denmark in [2020](#), para. 131). The UN Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (the so-called [Istanbul Protocol](#)) also points out that medical staff play an important role in effective detection of instances of ill-treatment.

The expert emphasised that the initial health examination must be carried out by a competent medical practitioner. The examination must take place by meeting the patient without physical barriers (such as a food hatch in the door) and using protective devices for this if necessary. A summary of objective results, anamnesis and possible ill-treatment must be drawn up about the

examination. Particular attention must be paid to mental health problems and traumatic experiences; it is important to recognise these and respond adequately.

An examination cannot be thorough if due to the language barrier a medical practitioner cannot establish contact with the person. In that case, the assistance of a professional interpreter must be used in carrying out the examination. This has also been stated by the CPT (see e.g. the CPT information factsheet from [2017](#), para. 9; the CPT's recommendation to Albania in [2019](#), para. 43; the CPT's recommendations to Germany in [2017](#), para. 75).

If a person's physical injuries were not identified upon arrival at the place of detention and according to documents they are in good health, but injuries are later detected, a strong presumption arises that the person was subjected to ill-treatment at the place of detention. In that case, the PBGB must offer a plausible explanation as to how the injuries could have been sustained at the centre (see also the European Court of Human Rights judgment of 29 March 2021 in the case of [Trocin v. Moldova](#), para. 49; judgment of 26 April 2016 in the case of [Seagal v. Cyprus](#), para 118). The expert noted that it is recommended that medical practitioners be trained to improve their skills of adequate interpretation of physical injuries; in addition to a precise description, documentation also requires the use of a body model and photography.

I ask that the expert's opinion and recommendations be taken into account and the quality and documentation of the initial health examination be immediately improved.

7.2. Monitoring during a hunger strike

The expert ascertained that no specific rules or guidance material had been prepared for healthcare practitioners on how to act in the event of a person going on hunger strike. Dietary details of people in the centre are recorded on a separate sheet. This also includes a note as to whether the person did or did not eat, but no information about consumption of liquid is recorded.

The centre's report on health examination in the event of a hunger strike contains fields titled "Activity" and "Outcome". In one of the instances checked, a person began a hunger strike on 28 March 2022 and went to a nurse's appointment on days 23–25 of starvation. In the 'outcome' field, the report contains a note "came". No information is provided as to what procedures were carried out during the appointment or what the person's condition was, what subjective complaints they had or what their objective vital indicators were.

According to the expert's assessment, a healthcare practitioner must inform a hunger striker of the health effects and consequences of starvation. As early as at the start of a hunger strike it is important to find out whether the person wishes to continue treatment of their chronic diseases and whether, in the event of any health problems arising, the person agrees to start treatment (e.g. pain syndrome, infection). Since starvation harms a person's cognitive functions, it is absolutely necessary that the fact that a person was advised of the health-damaging effects of starvation and that they refused life-saving treatment would be documented right at the start of the strike when no health damage has yet occurred.

The expert underlined that at the start of a hunger strike the person's health must definitely be examined with their consent and the results must be documented: the person should be weighed as well as their blood sugar, blood pressure and heart rate measured. It is equally important to assess a person's mental condition and competence to understand the effect of starvation on health. A healthcare practitioner must meet the hunger striker every day and, among other things, interview

them about continuation of the strike and objectively measure their vital indicators. When the person stops starvation, then health risks arising from refeeding must be assessed and the latest evidence-based guidelines observed.

Guidelines on how to monitor a person on hunger strike are offered by the [Declaration of Malta on Hunger Strikers](#) prepared by the World Medical Association. The CPT, in turn, has emphasised that specific guidelines must exist for monitoring people on hunger strike (see e.g. the CPT's recommendations to North Macedonia in [2016](#), para. 127) .

I ask that the expert's opinion and recommendations be taken into account and that monitoring of people during a hunger strike be immediately improved.

8. Officials

During interviews, people said that several officials at the detention centre had been reluctant and impolite while communicating with them.

The Chancellor has limited possibilities to ascertain how exactly officials communicate with people on a daily basis. If people's assertions are true, then the situation is worrying. Officials and staff at the centre must be aware that people in the centre may be in an emotionally difficult situation. Being away from one's home country or country of origin and one's next of kin, as well as uncertainty about the future may cause stress in people, who may often be in a disturbed state and also behave defiantly. In this respect, officials and staff at the centre must always remain professional and resolve situations peacefully, helpfully and kindly.

I ask that attention be paid to assertions made about the conduct of officials at the centre and, if necessary, remind officials that treatment of people in the centre must be respectful in every situation, and communication must be polite and helpful.

I expect feedback on recommendations from the PBGB and the Ministry of the Interior by 30 December 2022.

Olari Koppel

Deputy-Chancellor of Justice adviser, Director of the Office of the Chancellor of Justice

With authorisation by the Chancellor or Justice