



EUROPEAN COURT OF HUMAN RIGHTS
COUR EUROPÉENNE DES DROITS DE L'HOMME

FIRST SECTION

Application no. 36028/07
Leonid Dmitriyevich BUYSKIKH against Russia
and 12 other applications
(see list appended)

STATEMENT OF FACTS

The applicants are Russian nationals.

The facts of the cases, as submitted by the applicants, may be summarised as follows.

1. Application no 36028/07 lodged on 17 July 2007 by Leonid Dmitriyevich BUYSKIKH who was born on 31 October 1953 and lived before his arrest in the town of Abakan, Khakasiya Republic. He was represented by Mr V. Lepekhin, a lawyer practicing in Abakan. On 17 January 2008 the applicant died in a medical detention facility in the town of Chernogorsk, Khakasiya Republic. His sister, Ms Yelizaveta Dmitriyevna Buyskhikh, informed the Court of the applicant's death, having expressed her wish to pursue the application originally introduced by her brother. Ms Y. Buyskhikh is also represented by Mr Lepekhin.

A. Facts

1. Applicant's arrest and criminal proceedings against him

The applicant was arrested on 26 May 2005 on suspicion of murder.

On 21 February 2007 the Supreme Court of the Khakasiya Republic, in the final instance, found the applicant guilty of murder and sentenced him to eight years of imprisonment to be served in a correctional colony on strict regime.

2. Applicant's state of health

As follows from the medical evidence submitted by the applicant, between 31 December 2004 and 5 May 2005 he underwent treatment in the Khakasiya Republican Tuberculosis Hospital in respect of his infiltrative tuberculosis of the upper lobe of the right lung in the disintegration and insemiation stages. The applicant was released from the hospital after he was no longer smear-positive and the disintegration cavity in the lung had closed. Medical certificates issued in the hospital also showed that in addition to tuberculosis the applicant suffered from second-degree diabetes. In 2005 the applicant was declared disabled.

It appears that the applicant suffered the reactivation of the tuberculosis in detention. On 13 December 2005 he was admitted to a tuberculosis prison hospital where he remained until 25 May 2006. After his release from the prison hospital the applicant was detained in a temporary detention facility which only employed an inmate nurse. The facility did not have specialists, equipment or medicines to adequately address the applicant's medical needs. He was readmitted to the hospital on 21 January 2007. Each year a medical expert commission confirmed the applicant's disability.

The applicant submitted that he did not receive adequate medical treatment in detention. He insisted that his condition continued deteriorating. In particular, he stressed that following his arrest he had been placed in a dark, damp and cold cell where he remained for six days having been stripped of warm clothes, having been given food once a day and having not been provided with insulin.

In October 2005, in a diabetic shock, he was taken from a temporary detention facility to the Abakan Town hospital where he was immediately placed under a drip.

Two and a half years after his arrest the applicant's condition progressed to fibrous cavernous tuberculosis of the upper lobe of the right lung, Type 1 diabetes in the subcompensation stage and severe phase, diffused diabetic encephalopathy in a moderately severe stage mostly affecting the lower extremities, moderately developed paresis of the both feet, first-degree myopia, diabetic retinopathy of the both eyes, chronic obstructive pulmonary illness in the moderately severe stage, and second-degree respiratory failure.

By a letter on 19 March 2007 the head of the Department for Execution of Sentences in the Khakasiya Republic informed the applicant's sister that the applicant's illness made him eligible for early release. The head of the Department also promised to file papers with a court seeking the applicant's release.

The applicant and his lawyer lodged a motion for early release before the Chernogorsk Town Court, having argued that the applicant was a seriously ill person who could not receive necessary medical attention in detention and whose condition deteriorated rapidly. Having cited the applicant's diagnosis, the Town Court dismissed the request. It held that the applicant had fallen ill prior to his arrest and that he could obtain adequate medical assistance in detention. Furthermore, the court did not agree that the applicant's illnesses made him eligible for an early release given that the medical documents showing his diagnosis had been issued in violation of the established procedure. The Town Court's findings were upheld on appeal on 15 August 2007 by the Supreme Court of the Khakasiya Republic.

It appears that sometime after the judgment the applicant was sent to medical detention facility no. 34. The head of the facility allegedly notified the applicant and his sister that the facility had not been equipped to maintain the applicant's health. On 17 January 2008 the applicant died in that facility. Death certificate no. 66 issued on the day following the applicant's death listed an acute heart and lung failure as well as tuberculosis as causes of his death.

B. Complaint(s)

The applicant complained, among other matters, under Article 3 of the Convention about a lack of proper medical assistance in detention.

2. Application no. 30575/08 lodged on 13 May 2008 by Nikolay Viktorovich IVKO who was born on 21 August 1973 and lived until his arrest in the town of Volzhskiy, Volgograd Region.

A. Facts

On 9 September 2008 the Volgograd Regional Court, in the final instance, upheld the applicant's conviction of attempted drug trafficking. He was sentenced to six years of imprisonment. Acting upon the applicant's supervisory-review request, on 13 January 2010 the Supreme Court of the Russian Federation decreased his sentence by six months.

On a number of occasions the applicant unsuccessfully attempted to institute criminal proceedings against police officers and prosecutors involved in the criminal case against him.

The applicant was sent to serve his sentence to correctional colony no. 9 in the Volgograd Region. He insisted that the colony was not a medical facility equipped to detain ill inmates, such as he was. The applicant suffered from tuberculosis and hepatitis C. He stressed that he had not received prophylactic treatment for his illnesses and had not been tested to assess the state of his health. In November 2012 the applicant informed the Court that following a drastic deterioration of his health when he had started coughing blood he had been transferred to medical detention facility no. 15. His tuberculosis reactivated with the applicant now being smear-positive. He was diagnosed with infiltrative tuberculosis of the both lungs.

B. Complaint(s)

The applicant complained, among other matters, under Article 3 of the Convention about a lack of proper medical assistance in detention.

3. Application no 42372/08 lodged on 11 June 2008 by Yuriy Leonidovich Yeremenko, who was born in 1963 and lived before his arrest in the village of Serebryaniye Prudy, Moscow Region. He is now serving the life sentence in a correctional colony in the Yamalo-Nenetskiy Autonomous Region.

A. Facts

1. Criminal proceedings against the applicant

On 17 July 2006 the Supreme Court of the Tatarstan Republic found that the applicant had organised and had led a stable armed criminal group within which he had committed numerous counts of aggravated murder. He was also found guilty of aggravated extortion, fraud and money laundering. The applicant was sentenced to the life imprisonment. The judgment became final on 12 December 2007 when it was upheld on appeal.

2. Applicant's state of health

It appears that in 2000 the applicant was diagnosed with encephalopathy in the decompensating stage against the background of the closed craniocerebral injury accompanied by a brain concussion, arterial hypertension, chronic hepatitis C with renal failure and liver cirrhosis of the first degree. The applicant underwent treatment in the Federal Centrosoyuz Hospital. In February 2001 a forensic medical social commission declared that the applicant had a third-degree disability. As follows from an extract from the applicant's medical record issued by a deputy head of temporary detention facility no. IZ-16/1 where the applicant was detained pending the investigation and trial, his state of health was considered stable.

On a number of occasions the applicant's lawyer asked the administration of the detention facility and the Service for the Execution of Sentences to authorise a forensic medical examination of the applicant, having argued that his health continued deteriorating. They also asked to adequately address the applicant's health problems. It appears that no response followed.

The applicant also submitted that following his transfer to a correctional colony, he sent a number of requests seeking his admission to a prison hospital for an in-depth examination and treatment. Following one of those requests, in July 2010 the acting head of the correctional colony sent the applicant's medical file to the head of the Yamalo-Nenetskiy Regional Service for Execution of Sentences, seeking authorisation for the applicant's admission to the hospital for proper diagnosing, complex testing and examinations by a specialist on infectious diseases. Following the absence of any response, a similar attempt was made by the head of the correctional colony in 2012. It appears that that request was also to no avail.

On 5 April 2012 the acting head of the Federal Service for Execution of Sentences sent a letter to the applicant's wife, having informed her that the applicant was under the dynamic supervision in the medical unit of the correctional colony, that his condition is satisfactory and that there was no necessity to urgently examine or treat the applicant. The applicant's wife was also notified that in February 2012 the applicant had been examined by a surgeon who had recommended a surgery. The latter was not urgent.

At the same time the applicant argued that, apart from a purely visual examination in the medical unit of the correctional colony, he had not been subjected to any medical procedures or tests.

B. Complaint(s)

The applicant complained, among other matters, under Article 3 of the Convention about the lack of adequate medical assistance in detention.

4. Application no 17790/11 lodged on 4 March 2011 by Oleg Igorevich KISTERNYI who was born on 30 January 1979 and lived before his arrest in the town of Orsk, Orenburg Region. He is now serving his sentence of imprisonment in a correctional colony in the Orenburg Region.

A. Facts

1. *Applicant's arrest and criminal proceedings against him*

On 29 March 2009 the applicant was arrested on suspicion of drug trafficking. Police officers allegedly used excessive force during the arrest. The applicant was taken to the Orsk town police station where, according to him, officers continued beating and ill-treating him. Two days later the Sovetskiy District Court of Orsk authorised his detention on remand. Following the court hearing, the applicant was taken to detention facility no. IZ-56/2. The applicant's requests for medical assistance went unanswered.

The applicant complained to a prosecutor's office about the police brutality. The most recent decision, finding no evidence of ill-treatment or unlawful behaviour by the police, was issued on 18 March 2010.

On 14 March 2010 the applicant was committed to stand trial before the Sovetskiy District Court of Orsk. According to him, at least on fifty occasions he was taken from the detention facility to the courthouse to take part in hearings. He submitted that the conditions of his transport to the courthouse and the conditions of his detention on the days of the hearings had been inhuman.

On 28 June 2010 the Sovetskiy District Court found the applicant guilty as charged and sentenced him to eleven years of imprisonment. The District Court found it established that, having been arrested on 29 March 2009 by the police, the applicant had been in possession of more than 600 grams of heroine which he had intended to sell. On 7 September 2010 the Orenburg Regional Court upheld the judgment on appeal.

2. *Conditions of detention*

From 31 March 2009 to at least until the end of May 2011 the applicant was kept in detention facility no. IZ-56/2 in Orsk. He alleged that he had been detained in cells nos. 43, 111, 108, 104, 103, 105, 124, 110, 42, 161, 118, 53, 57, 30 and 121. The cells, save for three, measured approximately 12 to 15 square metres, had four to eight sleeping places and housed 6 to 14 inmates. The three bigger cells were of approximately 38 square metres, had 16 sleeping places and accommodated 20 to 30 detainees. At all times he did not have an individual sleeping place. The cell did not have the artificial ventilation system. Inmates were allowed to smoke in the cell. It was extremely cold in winters and cold in summers. The cell was damp and dark, having only been lightened by a 40-watt bulb. A lavatory pan was separated by a small partition from the living area. Thus, inmates did not have any privacy. Bedding provided to the detainees was dirty and worn of. Sanitary conditions in the cell were unsatisfactory. The food was poor and scarce. Prison recreation yards were too small to house the prison population. The applicant was allowed to take a shower once a week for fifteen minutes when the entire prison population had to share three shower heads.

3. *Applicant's state of health*

The applicant has hepatitis C. He also suffers from effects of a closed craniocerebral injury, such as severe headaches, dizziness and nausea.

Relying on information by the Orsk Town prosecutor published in a local newspaper, the applicant argued that he had been unable to receive adequate medical assistance in detention as facility no. IZ-56/2 had lacked necessary medical specialists and resources. He argued that he had never been examined by a competent medical specialist in relation to his condition. No tests were performed and no treatment was provided. His complaints to various officials, including the prosecutor's office, went unanswered. In particular, on a number of occasions the applicant unsuccessfully asked authorities to perform a complex medical examination pertaining to his suffering from hepatitis C and to provide him with a consultation with an infectious diseases specialist.

4. Defamation proceedings

On 1 October 2009 a federal TV station broadcasted a programme in which Mr G., the director of detention facility no. IZ-56/2, described the circumstances of the applicant's arrest with a large quantity of heroine. According to the applicant, information provided by the facility director to the reporter pointed to the applicant as the perpetrator of the offence in question. The applicant stated that Mr G. had also stressed that the act of drug trafficking had been committed "by not even a petty or middle-hand criminal". Furthermore, the applicant submitted that Mr G. and the reporter disseminated his personal information, including his name, date of birth, his diagnosis and the state of his health. The reporter also informed the views that the applicant and his mother had lodged a number of false complaints about the lack of medical assistance in detention.

In 2010 the applicant lodged a defamation action against the TV station, the reporter and Mr G., seeking compensation for non-pecuniary damage.

Having considered that the programme had not contained any accusations against the applicant and that the remaining information disseminated by the reporter was no more than her personal views on the drug-trafficking problem, on 16 November 2010 the Leninskiy District Court of Orsk dismissed the applicant's action. While the respondents attended the hearings and made oral submissions, the applicant was not brought to the courthouse. The District Court cited the lack of a legal norm allowing the transfer of detainees to hearings in their civil cases. On 2 February 2011 the Orenburg Regional Court, in the applicant's absence, upheld the judgment on appeal. Having addressed the applicant's argument of his inability to attend hearings in his civil case, the Regional Court endorsed the District Court's explanation.

B. Complaint(s)

The applicant complained, among other matters, under Article 3 of the Convention about the lack of adequate medical assistance in detention and the conditions of his detention in a temporary detention facility. He further complained under Article 6 of the Convention that the authorities had failed to ensure his presence at the court hearings in the defamation proceedings.

5. Application no 39563/11 lodged on 1 June 2011 by Mikhail Georgiyevich SAAKOV who was born on 18 August 1977 and lived before

his arrest in the town of Volgograd. He is now serving his sentence in a correctional colony in the Mordoviya Republic.

A. Facts

1. Applicant's state of health

According to the applicant, after his arrest on 28 July 2008, on suspicion of several counts of aggravated robbery, he was severely beaten up by police officers.

As follows from a letter sent on 17 September 2009 by the head of the Volgograd Regional police department to a judge of the Volgograd Regional Court, on the applicant's admission to the police detention unit on 28 July 2008 a prison nurse had recorded the following injuries on the applicant's body: a bruise around his right eye and abrasions on his nose and lower lip. The applicant had complained to the nurse about a severe headache and dizziness. On the same day, as well as on 29 July and 1 August 2008 emergency teams had been called to assist the applicant who had been diagnosed with a craniocerebral injury, injuries of the soft tissues, "other injuries" and neurocirculatory dystonia. The applicant submitted that he had been again beaten up by police officers in his cell in the police detention unit on 30 July 2008.

On 1 August 2008 the applicant was taken to hospital no. 1 for an examination. He was diagnosed with a closed craniocerebral injury, brain concussion and bruises of the soft tissues. Although doctors recommended the applicant's admission to the hospital for inpatient treatment, on the same day the applicant was transferred to temporary detention facility no. 1. According to the applicant he was admitted to the surgical department of prison hospital no. 15 where he remained until 23 August 2008.

On 15 January 2009 a forensic medical expert issued a report on the applicant's state of health and the cause of his injuries. The relevant part of the report read as follows:

"1. Having studied the presented medical documents, [it was established] that [the applicant] had the following injuries:

- a closed craniocerebral injury in the form of a brain concussion, a fracture of nose bones with the bruise extending to eyelids of both eyes.

2. The abovementioned injuries were caused by blunt firm objects such as hands, legs, etc., it is impossible to identify the specific qualities of the objects by which the injuries were caused."

On 19 January 2009 the applicant complained to a prison dentist about suspicious "clicking" in his lower jaw. The dentist concluded that the applicant had a posttraumatic subluxation of the temporomandibular joint on the left side. He also noted that no urgent treatment was required and that after the conviction the applicant should be sent to a prison hospital to confirm the diagnosis and to determine the course of the treatment.

The applicant continued complaining about his lower jaw. His medical record shows that on 22 January 2010 he informed the prison dentist that he experienced severe pain in the lower jaw as a result of which he was unable to eat firm food. The dentist supported his conclusion made a year before,

recommended diet and the applicant's transfer to a prison hospital after his conviction.

The applicant repeated his complaints to prison medical staff until on 17 May 2010 a prison physician authorised his transfer to a prison hospital.

From 20 May to 1 June 2010 the applicant stayed in the surgical department of the prison hospital where he was diagnosed with posttraumatic arthritis of the temporomandibular joints on the left and right sides. Following the release from the hospital the applicant was recommended treatment with anti-inflammatory drugs and physiotherapeutic procedures.

The applicant continued complaining of a pain in the jaw and a drastic loss of weight given his inability to eat properly. The prison dentist recommended continuing treatment with anti-inflammatory drugs which, as confirmed by his medical record, the applicant received from his relatives.

On 7 September 2010 the applicant was examined by the head of the dentofacial surgical department of the Regional Clinical hospital, Mr G. Having connected the applicant's jaw problems to the traumas sustained in July 2008, professor G. confirmed the diagnosis of posttraumatic arthritis of the temporomandibular joints and noted that the applicant needed a complex treatment in a specialised dentofacial surgical facility. The treatment should include, among other things, X-ray examinations of temporomandibular joints, orthopaedic treatment and physiotherapeutic procedures.

In the following few days the head of the cardiology department of the Regional Clinical hospital, Mr B., also saw the applicant. He recorded the applicant's complaints of severe and frequent headaches, dizziness, nausea, heartaches and frequent episodes of high blood pressure which had necessitated urgent assistance by emergency medical teams. The cardiologist also noted that the applicant did not eat properly and that he weighed 62 kilograms and that he was 186 centimetres tall. His diagnosis was that the applicant suffered from arterial hypertension of the second degree, asthenic syndrome and dystrophy of the second degree. The doctor recommended the applicant's examination in the cardiology department of the hospital, including the ECG testing, clinical blood and urine tests, ultrasound scans of his liver and kidneys, and so on.

As follows from an extract of the applicant's medical record, in response to the recommendations made by doctors G. and B., a physician from the applicant's temporary detention facility authorised the applicant's transfer to prison hospital no. 15. At the same time, it appears that the hospital refused to accept the applicant. A deputy head of the prison hospital made the following note in the applicant's medical record:

“Dear colleagues! It is necessary to read [doctor B.'s] recommendations attentively. He recommends [the applicant's] examinations in the specialised cardiology department where [the applicant] can be subjected to ECG testing and liver and kidneys ultrasound scans. His transfer to the prison hospital was unsubstantiated. It is recommended to organise [the applicant's] examination in the specialised cardiology department.”

In the meantime, courts extended the applicant's detention on a number of occasions given the gravity of the charges against him and his liability to abscond, re-offend and obstruct justice. Each time the applicant and his lawyer complained to the courts about the applicant's poor health and his

inability to receive adequate treatment in detention. For instance, in the proceedings before the Supreme Court of the Russian Federation which examined the applicant's appeal against the detention order of 27 September 2010, he relied on letters from various penitentiary officials confirming the lack of medical personnel, facilities and equipment in the detention facilities to support the applicant's health. In particular, in a letter sent to the applicant's lawyer on 20 October 2010 the head of prison hospital no. 15 informed him that the hospital did not have either the cardiology or dental surgical departments. It also did not employ medical specialists who could have provided the applicant with required medical assistance. The head of the hospital also stated that the applicant could not undergo procedures and testing recommended by doctors B. and G. as the hospital did not have relevant equipment. A similar letter was received from a deputy head of the detention facility where the applicant stayed at the time.

The applicant also submitted copies of letters sent by the trial judge to the head of the detention facility. On a number of occasions the judge asked to postpone the applicant's transfer to the prison hospital for assessment and treatment as his participation in the hearings was required.

2. Conditions of detention

The applicant submitted that for several years he had been detained in a cell measuring approximately 12 square metres, equipped with four sleeping places and accommodating four inmates. A part of the cell was taken up by a lavatory pan and a basin installed in a 1.5-square-metre cubicle in a corner. He further argued that at least since the winter of 2009 he had stopped going on daily outdoor walks in the recreation yard as he had been too weak and exhausted. He had stayed on his bunk day and night.

B. Complaint(s)

The applicant complained, among other matters, under Article 3 of the Convention about the lack of adequate medical assistance in detention and the conditions of his detention in a temporary detention facility.

6. Application no 44214/11 lodged on 23 June 2011 by Yelena Pavlovna SUSLOVA who was born on 19 December 1981 and lived until her arrest in the town of Vladimir. She was represented by Mr F. Bagranskiy, Mr A. Mikhaylov and Mr M. Ovchinnikov, lawyers practising in Vladimir.

A. Facts

1. Applicant's arrest and detention

On 22 April 2010 the applicant was arrested on suspicion of an attempt to commit aggravated drug trafficking. On the following day the applicant's detention on remand was authorised. It was extended on a number of occasions until on 29 September 2010 the Frunzenskiy District Court of Vladimir changed the measure of restraint to house arrest.

2. Applicant's state of health

The applicant suffered from diabetes, obesity (she weighed more than 188 kilograms), essential hypertension and dysmetabolic myocardiodystrophy.

Having been admitted to detention facility no. IZ-33/3 in Vladimir, the applicant immediately informed the facility medical personnel of her diagnosis. The applicant's condition started deteriorating. Her face was covered by black spots. Her legs and face were swollen. She suffered from dizziness, extreme headaches and insomnia. The left side of her body was numb. She experienced a severe pain in the lumbar region and stomach.

The applicant complained to the prison medical personnel about her condition. A prison nurse informed her that a doctor was on leave and that, in the doctor's absence, the nurse could not prescribe any medicines or give any recommendations.

On 14 May 2010 the applicant's lawyer complained to the director of facility no. IZ-33/3 about the applicant's poor health and about the lack of the medical aid. He insisted on the applicant's examination by an endocrinologist, cardiologist and gastroenterologist and asked to authorise necessary testing of the applicant. The lawyer also pointed to the necessity to transfer the applicant to a prison hospital. The lawyer's complaint went unanswered.

A similar complaint followed on 3 June 2010 when the lawyer drew the facility director's attention to the fact that the prison doctor was on leave and that in his absence even a basic medical advice could not be given to the applicant.

Four days later the prison doctor examined the applicant having diagnosed her with moderately grave form of 2nd-type diabetes, diabetic polyneuropathy, 2nd-degree essential hypertension and 3rd-degree obesity. No treatment was recommended.

On 11 June 2010 the facility director informed the applicant's lawyer of the examination on 7 June 2010 and about the applicant's diagnosis. He also stated that treatment was prescribed and that on 16 June 2010 the applicant would be examined by a mobile medical team from correctional colony no. 3, comprising a physician, a surgeon and a neurologist.

However, on 16 June 2010 the applicant was transferred to detention facility no. IZ-33/1 in Vladimir and therefore she did not undergo a medical examination as promised.

A prison nurse noted the applicant's diagnosis on admission to facility no. IZ-33/1.

Several days later the applicant's lawyer complained to the director of facility no. IZ-33/1 about a serious deterioration of the applicant's health and sought her urgent transfer to a prison hospital. A similar request was sent to the head of the Vladimir Regional Service for Execution of Sentences.

On 26 June 2010 the applicant's lawyer received a letter from an acting head of the medical unit in facility no. IZ-33/1. The letter, in so far as relevant, read as follows:

“On 18 May 2010 [the applicant]... was examined by a physician in facility no. IZ-33/1 [and] was diagnosed with: acute respiratory illness of the rhinopharyngitis type. Treatment was prescribed, tests were performed (clinical blood and urine tests, an X-

ray exam of the lungs). [The applicant's] condition ameliorated in view of the treatment.

It is impossible to send [the applicant] to a prison hospital in correctional colony no. 3 as it does not have a department for female inmates.

The medical unit of facility no. IZ-33/1 does not employ the following medical specialists: an endocrinologist, a cardiologist, a nephrologist and a gastroenterologist.”

Following another request from the lawyers, on 8 July 2010 the applicant was examined by the head of the prison hospital in correctional colony no. 3 and the head of the medical department of the Regional Service for Execution of Sentences. The two officials confirmed the applicant's diagnosis as made in facility no. IZ-33/3 and recommended an examination by an endocrinologist and ECG testing. They also noted that the applicant received necessary treatment and that she would be examined by necessary specialists on 14 July 2010 to determine a further course of her treatment.

On 13 and 15 July 2010 the applicant's lawyers received letters from officials of detention facility no. IZ-33/1 informing them that the applicant was treated by a prison physician, that she received necessary medicaments, that her conditions was satisfactory and did not call for an urgent inpatient treatment in a prison hospital.

The lawyers continued complaining about the lack of adequate medical assistance and insisted on the applicant's admission to a hospital where she could receive specialised medical attention appropriate for her condition.

On 21 July 2010 the applicant was transferred back to facility no. IZ-33/3. Given that after the transfer the applicant had not been seen by a doctor and had not received any treatment, the lawyer informed the director of facility no. IZ-33/3 about an imminent risk to the applicant's life and limb. No response followed.

On 11 August 2010 the applicant was sent to facility no. IZ-33/1 only to be transferred back to facility no. IZ-33/3 on 1 September 2010. Another transfer to facility no. IZ-33/1 followed two weeks later.

On 6 September 2010 the lawyers applied to the Leninskiy District Court in Vladimir with a complaint about the authorities' failure to ensure adequate medical assistance to the applicant. In particular, the lawyers argued that despite a drastic deterioration of the applicant's health, she had been left without any medical attention until 7 June 2010. During the subsequent period she had been treated by a prison physician in the absence of any specific diagnostic procedures, testing or examinations required by her condition. The lawyers asked the District Court to authorise the applicant's treatment by medical specialists in a hospital.

On 13 October 2010 the Leninskiy District Court dismissed the complaint having considered it to be unfounded. The District Court noted that the lawyers had failed to support their claim of inadequate treatment and that, in any case, following the applicant's release from detention on 29 September 2010, the request for her examinations by specialists and her admission to the prison hospital lacked any legal basis. On 23 December 2010 the Vladimir Regional Court upheld the judgment on appeal, having fully endorsed the District Court's reasoning.

Following the applicant's release from detention, she applied to a civil hospital where she was diagnosed with 2nd-type diabetes, obesity, arterial hypertension, hemochromatosis, mutation of allochromosomes,

hepatomegaly, fatty hepatitis, diffusive changes of pancreas, metabolic syndrome, hypercorticalism, hypothalamic syndrome, and dysmetabolic changes in the kidneys.

B. Complaint

The applicant complained under Article 3 of the Convention about the lack of adequate medical assistance in detention.

7. Application no 52873/11 lodged on 7 July 2011 by Gleb Viktorovich PETROV who was born on 1 April 1973 and lived until his arrest in the town of Vyborg, Leningrad Region. He is serving his sentence of imprisonment in the village of Puksinka, Sverdlovsk Region.

A. Facts

1. Conviction

By the final judgment of 9 December 2010 the Leningrad Regional Court found the applicant guilty of an attempt to sell drugs and sentenced him to four years of imprisonment.

2. Conditions of detention and the applicant's state of health

The applicant suffers from the HIV infection in the 4A stage with the CD-4 cell count of 123 cells/mm (according to the test performed on 22 March 2011) and chronic viral hepatitis C in the latent form. Tests performed in February 2012 show a drastic decrease of the CD-4 cell count.

On 1 February 2011 the applicant was transferred to detention facility no. IZ-66/1 in Yekaterinburg where he stayed in cell no. 203 until 4 March 2011. The cell measured approximately 40 square metres, had 16 sleeping places and accommodated 30 to 50 inmates. The applicant did not have an individual sleeping place, having been forced to share a bunk or even a mattress on a floor with other inmates. He complained about the lack of personal space, lack of privacy, poor lighting and ventilation, extreme cold and inadequate sanitary conditions. The applicant also submitted that recreation yards had been too small to accommodate 10 to 25 inmates when they had been authorised to take an hour-long daily walk. The same lack of space he experienced in shower rooms where 20 to 50 inmates had to use four shower heads. They could only take a shower once in ten days.

The applicant's health started deteriorating rapidly. On 11 February 2011 he had experienced a sharp pain in the chest and had fever. Five days later the applicant was seen by a prison nurse, who prescribed him antibiotics and a cough medicament. Despite the applicant's and his inmates' persistent complaints that the applicant was very ill, the following visit by a medical specialist only occurred on 23 February 2011. Having noted that the applicant suffered from the progressing form of the HIV infection, the doctor again prescribed the applicant antibiotics and a cough medicine.

On 6 March 2011 the applicant was transferred to the medical unit and placed in cell no. 6. The cell measured 32 square metres, had 20 sleeping

places and accommodated 18 to 20 inmates. The applicant provided a similar description of the conditions of his detention in that cell as those given in respect of cell no. 203.

The applicant was diagnosed with double-sided pneumonia and sent the prison hospital in correctional colony no. 15 in the Sverdlovsk Region where he arrived on 16 March 2011. However, he was not subjected to any examinations or testing and two weeks later he was transferred to correctional colony no. 14 to serve his sentence. The applicant argued that despite the deterioration of his condition, including the rapidly progressing HIV infection, he was not provided with medical assistance, including the antiretroviral therapy.

B. Complaint(s)

The applicant complained, among other matters, under Article 3 of the Convention about the lack of adequate medical assistance in detention and the conditions of his detention in the temporary detention facility.

8. Application no 8720/12 lodged on 13 January 2012 by Tamara Aleksandrovna PARYGINA who was born on 2 February 1954 and lives in Berkshire, the United Kingdom. She was represented by Mr A. Kurskiy, a lawyer practicing in the town of Tolyati, Samara Region of the Russian Federation

A. Facts

1. Conviction

On 28 October 2011 the Zheleznodorozhniy District Court of Samara found the applicant guilty of several counts of aggravated fraud and sentenced her to three years of imprisonment to be served in a reservation colony. The applicant was, however, relieved from serving the sentence by an amnesty act and was immediately released. The judgment was upheld on appeal on 21 December 2011 by the Samara Regional Court.

2. Conditions of detention and state of health

From 27 April to 28 October 2011 the applicant was in custody. She stayed in detention facility no. 77/6 in Moscow between 27 April and 16 May 2011 when she was transported to detention facility no. 63/3 in the village of Kryazh, Samara Region where she was kept for the remaining period of her detention, save the periods when she was admitted to the prison hospital. The applicant provided a similar description of the conditions of her detention in the two facilities. She stressed that at all times she had had less than 1.5 square metre of personal space. The cells were dirty, damp and stuffy. The food was poor and scarce. She did not have privacy, having been at all times observed either by inmates or by warders. Inmates were allowed to take a shower once a week for no more than ten minutes. Certain cells did not have a lavatory pan, but a hole in the floor. An awful smell lingered in the cells. The applicant was not provided with

bedding or toiletries. Windows were covered with shutters that did not let in fresh air or lighting.

The applicant had a long history of hypertension. Her condition rapidly deteriorated in detention, with her having suffered a number of hypertonic crises. At the same time the detention facilities did not employ a medical specialist who could have dealt with the applicant's condition. The medical personnel of the facilities, only comprising medical assistants, refused to prescribe necessary treatment, having insisted that it was outside their professional expertise.

On 26 October 2010 an ambulance was called to the Zheleznodorozhniy District Court of Samara, following the applicant's complaints of a severe headache, breathlessness, elevated heart rate and dizziness. The emergency doctors assessed the applicant's conditions as moderately grave, having noticed that the applicant experienced particular problems in the right part of her body. She was taken to the prison hospital. An emergency doctor noted in the report that it had taken them over twenty-five minutes to admit the applicant to the hospital.

On 11 July 2011 the applicant was taken to the court house to take part in a hearing before the Samara Regional Court. In the courtroom the applicant suffered a hypertonic crisis. She lost consciousness, fell to the floor, hit her head and sustained a head trauma and cut her lip. Convoy officers called an ambulance. Having examined the applicant emergency doctors recommended her immediate admission to a hospital. However, that recommendation was dismissed by the presiding judge and the head of the convoy service. The applicant was taken back to the detention facility where no medical assistance was provided to her.

According to the applicant, on the following day the applicant again had a hypertonic crisis and was taken to the Samara Regional prison hospital. She insisted that in the absence of any medical assistance, her condition continued deteriorating and she suffered an ischemic stroke with the right-sided hemiparesis. The right side of the applicant's body was paralysed. She experienced serious difficulties with talking and understanding what others said. She also suffered tremor of the left side of her body. As follows from an extract from the applicant's medical record, an emergency team was called to the applicant on 18 and 19 July 2011 and the applicant was admitted to the hospital on 19 July 2011. She was diagnosed with a closed craniocerebral injury, brain concussion, acute impairment of the cerebral blood flow of the ischemic type and hypertension. The applicant was released from the hospital on 22 August 2011 when her condition was considered stable. She was released on a recommendation to continue with the treatment. The applicant submitted that the hospital did not have necessary medicaments as they were extremely expensive and her relatives could not afford them.

In the morning on 22 September 2011 the applicant, despite her complaints about poor health, was taken from the detention facility to the Zheleznodorozhniy District Court of Samara. She was transported in a prison van. The applicant alleged that the van driver had hit the brakes and, given her inability to support herself due to the partial paralysis, she had accidentally hit her head against a metal bar in the van and had lost consciousness. She supported her description of the events by reports from

the detention facility officials and medical certificates. An emergency team was called to attend on the applicant. Doctors issued the preliminary diagnosis: a closed craniocerebral injury and brain concussion. The emergency doctors insisted on the applicant's urgent hospitalisation, but instead she was taken back to the detention facility. Several hours later another emergency team was called to attend on the applicant in the detention facility. Having noted the deterioration of the applicant's condition, the emergency doctors again urged for the applicant's placement in a hospital for treatment. The applicant was urgently transported to the prison hospital. The applicant was admitted to the surgical department of the prison hospital where the diagnosis made by the emergency doctors was confirmed. She remained there for treatment until her release on 28 October 2011.

The applicant submitted a copy of a written statement issued by an emergency doctor, Ms S. The doctor stated that she had been called to the applicant who had been in the moderately grave condition. The applicant had very high blood pressure and suffered from complications of the stroke. The doctors decided to admit the applicant to a hospital. However, the head of the detention facility dismissed the request for hospitalisation. The doctors therefore decided to accompany the applicant to the prison hospital. The applicant, however, declared a hunger strike and refused medical assistance. The doctor also stated that she and other members of her team had been under pressure from the detention authorities and had not therefore been able to provide the applicant with necessary medical assistance. Ms S. insisted that she had informed the detention authorities about the risk to the applicant's health and that she had insisted on her urgent admission to the hospital.

A similar report was written by another member of the emergency medical team, Mr Sa., who had seen the applicant in the court house. Doctor Sa. noted that the warders had forbidden the applicant's placement to the hospital despite of the urgent necessity to do so.

On 20 October 2011 the head of the prison hospital sent a letter to the Zheleznodorozhniy District Court informing the presiding judge that the applicant was undergoing treatment and that she was not fit to take part in court hearings.

B. Complaint(s)

The applicant complained, among other matters, under Article 3 of the Convention about the lack of adequate medical assistance in detention and the conditions of her detention in the temporary detention facilities.

9. Application no 35782/12 lodged on 16 May 2012 by Konstantin Ivanovich PANTYUKHIN who was born on 23 November 1967 and lived until his arrest in the town of Mozhga, Udmurtiya Republic. He is now serving his sentence in the correctional colony in the village of Khokhryaki, Udmurtiya Republic.

A. Facts

1. Conviction

By the final judgment of 24 May 2011 the Supreme Court of the Udmurtiya Republic found the applicant guilty of several counts of aggravated extortion and sentenced him to five years and six months of imprisonment.

2. Conditions of detention and the applicant's state of health

In 1995 the applicant suffered a serious head injury as a result of which he started losing the eyesight. On a number of occasions the applicant underwent treatment in the Udmurtiya Republican ophthalmologic hospital. Despite the treatment his eyesight continued deteriorating. In April 2002 the applicant was declared permanently disabled with the degree of the disability having been assessed as that of the 2nd degree. In 2009, following a further progress of the illness, the applicant was declared as suffering from the 1st-degree disability. On 14 January 2011 the applicant was placed in a prison hospital where he remained until 3 May 2011 for treatment. The applicant's diagnosis was as follows: partial atrophy of the optic nerves, slight myopia of both eyes, consequences of a craniocerebral injury in 1995 in the form of cephalgia syndrome of the hypertension character, osteochondrosis of the lumbar region of the spine.

On 16 May 2011 a special medical commission examined the applicant to determine whether his state of health warranted his release. Having confirmed the diagnosis of partial atrophy of the optic nerves and slight myopia of both eyes and having established that the applicant's visual acuity of both eyes was 0.005 and could not be improved, the commission concluded that the applicant was, under the Russian law, eligible for being relieved from serving the sentence on medical grounds.

On 4 June 2011 the applicant was sent to serve his sentence to correctional colony no. 8 in the village of Khokhryaki.

Another medical examination performed on 18 October 2011, having once again confirmed the main diagnosis, noted that the applicant's visual acuity of both eyes was 0.001. The commission also confirmed the applicant's right to apply for early release on medical grounds.

In October 2011 the applicant asked the Zavyalovskiy District Court of the Urmurtiya Republic to authorise his early release in view of his medical condition.

On 22 December 2011 the District Court dismissed the request, having noted the applicant's continued disruptive behaviour in the colony, his failure to comply with the internal order regulations, absence of initiative and lack of honesty in private communications with representatives of the colony administration, and lack of plans for the future. At the same time the District Court also considered the state of the applicant's health, having stressed that there was no negative dynamic and that the applicant received necessary medical assistance. That decision was upheld on appeal by the Supreme Court of the Udmurtiya Republic on 17 April 2012.

A similar request from the applicant was disallowed by the District Court on 16 July 2012 without an examination on the merits. The District Court held that it had already issued the final decision on the subject.

The applicant submitted that he was detained in the overcrowded conditions of a correctional colony only suitable for detention of healthy inmates. He argued that he had less than 1.5 of square metres of personal space. Furthermore, a large number of bunks was installed in the dormitory room with the bunks being separated by no more than fifty centimetres from each other. That arrangement made it particularly difficult for the applicant to move around given his poor eyesight. Apart from a walking cane, the applicant is not provided with any equipment to assist him in his everyday life. On a number of occasions he unsuccessfully asked the colony administration to transfer him to a unit for ill inmates where the conditions of detention are more suitable for his state of health. For three months the applicant was kept in a dormitory room located on the third floor of the building which did not have a lift. The applicant had to use stairs every day either to use a lavatory or shower rooms, or to go outside for a walk. He also had to take the stairs to go to a medical unit. The use of stairs was particularly difficult as the applicant needed additional time, unable to freely move around due to his poor eyesight. The applicant was pushed and shoved by other inmates who used the stairs at the same time. The applicant frequently fell, having sustained bruises and abrasions which were recorded in his medical record. He could not freely use common premises, such as a shower room, as there was only one cabin suitable for the use of disabled inmates and even that cabin was taken over by health inmates.

The applicant also submitted that the colony medical unit only employed a physician, having had no other medical specialist. The unit was only opened for an hour a day when a large number of inmates came to consult the doctor. Having frequently spent the entire hour in line, the applicant did not get an appointment. The applicant was allowed to visit a prison hospital, but it was extremely difficult to summon permission for the visit. Moreover, the prison hospital did not employ an ophthalmologist. It also did not have necessary medicaments which could have, if not improve, maintain the applicant's eyesight. The applicant was not examined to determine whether the illness progressed. The applicant stressed that a very rapid deterioration of his condition between March 2011 and May 2012 was caused by the complete absence of any medical services.

B. Complaint(s)

The applicant complained, among other matters, under Article 3 of the Convention about the lack of adequate medical assistance in detention and the conditions of his detention in the correctional colony. He also complained under Article 13 of the Convention that he had no remedy to complain about the conditions of his detention, as well as about the quality of medical services.

10. Application no 62812/12 lodged on 6 September 2012 by Sergey Petrovich BULAVA who was born on 6 October 1965 and lived until his arrest in the village of Gornyy, Novosibirsk Region. He is serving his

sentence of imprisonment in a correctional colony in the Novosibirsk Region. The applicant was represented by Ms A. Zheltyakova.

On 7 November 2004 the applicant was sent to colony no. IK-21 in the Novosibirsk Region to serve his thirteen-year term of imprisonment. A doctor who examined the applicant on admission to the colony declared him healthy. Having once a year undergone a general medical check-up in the colony, the applicant continued to be considered healthy until on 21 January 2007 he applied to the colony medical unit with complaints about a severe pain in the lumbar region and neck. The applicant claimed that the pain resulted from his fall. He was diagnosed with osteochondrosis in the lumbar region and was prescribed treatment with anti-inflammatory drugs, anaesthetics and vitamins. From 21 January to 13 March 2007 the applicant remained in the colony hospital. Having been examined in the hospital on 6, 21 and 28 February 2007 he received additional treatment with anti-inflammatory medicines, vasodilators and resorbing drugs.

On 13 March 2007 the applicant was transferred to medical correctional colony no. 10 where he was examined by a neurologist. The neurologist concluded that the applicant suffered from dorsopathy of the spine lumbar region and vertebrogenous myelopathy accompanied by mild dysfunction of the lower extremities. The applicant was prescribed treatment with muscle relaxants.

Having been transferred back to correctional colony no. IK-21 on 20 April 2007 the applicant was placed in the medical unit of the colony where he remained until the beginning of September 2007 for inpatient treatment prescribed by doctors from the medical colony.

Given no effects from the treatment and a further deterioration of the applicant's condition, on 28 November 2007 a medical social commission examined the applicant and declared him disabled, with the disability belonging to the 3rd group.

Between 28 November 2007 and 4 February 2008 the applicant was again kept in the medical colony, where a neurologist, having assessed the applicant, diagnosed him as follows: an organic disorder of the unknown genesis affecting the central nervous system ([possibility of] disseminated sclerosis [or] myelopathy of the neck), spastic tetraparesis, dorsopathy at the level of the cervical, thoracic and lumbar spine. The doctor recommended an MRT of the spine.

The applicant submitted that given the neurosurgical nature of his condition he should have been sent to the Gaaza prison hospital in St. Petersburg for treatment, as that hospital was the only one within the Russian penitentiary system equipped to provide the medical services of the type required by his condition. Neither the medical unit of correctional colony no. IK-21 nor medical colony no. 10 had necessary medical specialists or medical equipment to address the applicant's needs. However, the applicant's numerous requests for a transfer to the Gaaza hospital were unsuccessful.

The applicant complained to the Novosibirsk Regional prosecutor about the colony officials' failure to ensure his adequate medical treatment. On 14 February 2008 he received a letter in which the prosecutor's office

informed him that he was to be sent to medical colony no. 10 for a medical assessment to identify the possibility for his transfer to the Gaaza hospital.

In the meantime, on 12 February 2008 the head of correctional colony no. IK-21 sent a request to the Director of the St. Petersburg Department for Execution of Sentences, seeking the applicant's transfer to the Gaaza hospital for specialised neurosurgical treatment.

A similar request was sent by the administration of medical colony no. 10 to the director of the Gaaza hospital on 3 April 2008.

On 30 April 2008 the director of the Gaaza hospital informed the head of the medical colony that the request for the applicant's admission to the hospital could not be complied with as the request was sent in violation of the established domestic procedure. Such a request should have first been approved by the Novosibirsk Regional penitentiary authorities.

From 14 February to 22 April 2008 the applicant stayed in the medical unit of the correctional colony where he was treated with nootropic and vascular drugs, as well as vitamins. The applicant was only seen by prison hospital physicians.

Another request for the applicant's transfer to the Gaaza hospital was sent to the hospital director on 1 August 2008. In the meantime, the applicant remained in the colony, having occasionally been consulted by doctors from its medical unit or seen for a short period by medical personnel from the medical colony. The applicant was prescribed medical gymnastics. He was also given a laxative and a vasodilator.

At the same time the applicant did not cease to complain to various authorities about the poor quality of his medical treatment. One of those complaints brought a response in the form of a letter of 25 May 2009 from the Novosibirsk Regional Medical Department. The applicant was informed that his condition required a thorough medical assessment, including an MRI testing of the central nervous system and of the brain. The applicant stressed that those tests were never performed.

On 3 October 2009 the applicant sent a letter to the medical colony informing the administration that his subsequent transfers to that facility were useless as the colony did not employ medical specialists who could have properly assessed his condition and did not have any equipment to test him. The medical colony specialised on treatment of inmates suffering from various pulmonary conditions. The applicant stressed that he needed an MRI testing which neither the medical colony nor correctional colony no. IK-21 could have performed. His condition continued deteriorating in the absence of the necessary medical assessment, he experienced a severe pain and treatment, but he refused to be transferred to the medical colony which could not provide him with effective medical services. The applicant again insisted on his admission to the Gaaza hospital.

In November 2009 the applicant was examined by physicians in the correctional colony. From 3 to 21 December 2009 he stayed in the medical colony for symptomatic treatment.

In December 2009 the applicant was able to collect necessary funds to pay for an MRI testing in the Novosibirsk Scientific Research Institute of Traumatology and Orthopaedics (hereinafter – the Institute). The MRI exam performed on 10 December 2009 revealed that the applicant had the following condition: disseminated spinal osteochondrosis, degenerative

stenosis of the spinal canal at the level C 4-5, C 5-6, L 3-4, L 5-S1, intervertebral disk protrusion Th 5-6, L 4-5, spondylarthrosis of the 2nd degree. Specific examinations of the applicant's spine with the use of the MRI scan revealed that he suffered from multiple degenerative changes in the lumbar spine, degenerative stenosis of the spinal canal at the L/4 and L4/5 level, posterior median hernia of the disk L3/4, left-sided preforaminal disc herniation L5/S1, which caused stenosis of the lateral horn of the spinal canal, circular protrusion of L4/5 disk; multiple degenerative changes in the intervertebral disks and bodies of the cervical and thoracic spine, polysegmented degenerative stenosis of the spinal canal of the cervical spine, myelopathy of the spondylogenic genesis at the level of the cervical spine, double-sided foraminal stenosis C4/5, C5/6 and C6/7, right-sided paramedian protrusion of disk Th5/6 and degenerative stenosis of the spine canal at the level of the disk Th5/6.

A medical expert assessment report issued on 18 December 2009 recommended the applicant's conservative treatment by neurologist with the use of vascular nootropics and active metabolites. The doctors also recommended considering a surgical treatment following individual consultations with specialists from the Novosibirsk Scientific Research Institute of Traumatology and Orthopaedics.

Having been sent back to correctional colony no. IK-21, the applicant received treatment recommended by the doctors from the Institute.

On 2 April 2010 the applicant was examined by a medical social expert commission which concluded that the progress of the applicant's illness resulted in his disability having passed from the third to the second group.

The applicant lodged a number of complaints with penitentiary and health authorities, having argued that the level of medical assistance provided in correctional colony no. IK-21 was insufficient to prevent a further deterioration of his condition. On 8 April 2010 he received a letter from the Federal Service of Health and Social Development in the Novosibirsk Region. The Service officials recommended the head of the correctional colony to send the applicant to a medical facility specialising in the neurosurgery field to determine whether the applicant was to undergo a surgery.

The applicant continued asking the colony administration for his transfer to the Gaaza hospital. Given a serious deterioration of the applicant's condition, his wife lodged a number of complaints with prosecution officials having argued that the applicant did not receive adequate medical assistance in detention. In a letter sent to her on 6 July 2010 the Leningrad Regional prosecutor noted that the director of the Gaaza hospital had twice refused to accept the applicant for treatment given that the penitentiary officials in the Novosibirsk Region had failed to properly follow the procedure to ensure the applicant's transfer, in particular having omitted to summon the consent of the Novosibirsk Regional Department for the Execution of Sentences. The prosecutor also noted that officials who had failed to comply with their duties had been dismissed from office as a result of the prosecutor's inquiry into the matter.

The applicant submitted that on the day following the receipt of the prosecutor's letter of 6 July 2010, the head of the correctional colony offered the applicant to be transferred to medical colony no. 10. Although

the medical colony did not have specialists or equipment to treat the applicant's condition, the placement in it was the sole option opened, as the Gaaza hospital did not respond to the colony's numerous requests for the applicant's admission to that hospital for treatment. The applicant cited dates and numbers of the colony's letters to the Gaaza hospital and stated that those letters went unanswered.

However, in response to the most recent request for the applicant's admission to the Gaaza hospital made in July 2010, on 15 October 2010 the director of the Gaaza hospital responded that the applicant's transfer to the hospital could not be authorised in the absence of another, more recent, MRI exam of the applicant's spine, as the results of the MRI testing performed in December 2009 were outdated.

The applicant was offered to pay for an MRI scan examination as such testing was not covered by the State.

On 16 July 2010 the administration of the applicant's correctional colony sent a request to the Novosibirsk Regional Health Ministry to consider a possibility to provide the applicant with the high-tech medical assistance, including microsurgical and endoscopic procedures in relation to intervertebral disk lesions of the cervical and thoracic spine, spondylolisthesis and spinal stenosis with the implantation of various systems stabilising the spine, and to cover the costs of those procedures.

In September 2010 the Ministry responded that the issue could not be determined, given the colony's repeated failure to submit a number of medical documents describing the applicant's condition. Having learned that the colony administration had failed to comply with the Ministry's request to provide the documents, the applicant complained to a prosecutor's office. The applicant stressed that the administration of the colony still did not prepare his medical file as requested by the Ministry. A similar fate awaited the issue of the applicant's transfer to the Gaaza hospital. According to the applicant, the colony officials did not transmit documents to the hospital to ensure his admission for inpatient treatment.

A letter of 28 December 2010 sent by the Novosibirsk Regional prosecutor in response to the applicant's complaints read, in so far as relevant, as follows:

“An inquiry performed by the Novosibirsk Prosecutor's office supervising penitentiary facilities... established that as a result of a failure of officials from colony no. IK-21... to properly carry out their duties, [the applicant's] medical documents were not prepared and were not timeously sent to the Novosibirsk Regional Health Ministry to be subsequently sent to [the Gaaza hospital]. A deputy Novosibirsk Regional Prosecutor... sent a report on the matter to the head of correctional colony no. IK-21; as a result of the examination of that report, [certain colony officials] were orally reprimanded [and] notified of the failure to comply with their official duties. The head of [the colony's] medical unit was recommended to prepare [the applicant's] medical file to be subsequently sent to the Ministry no later than 1 February 2011”.

On 24 February 2011 the applicant was examined by the chief traumatologist of the Novosibirsk Region who made the following observation in the applicant's medical record: “the patient needs a surgery in a specialised medical facility to be performed by a neurosurgeon... Until the present day [the applicant] did not receive a surgical treatment”.

On 8 July 2011 the applicant, represented by a lawyer, lodged a tort action with the Toguchinskiy District Court of the Novosibirsk Region,

having complained about the authorities' failure to provide him with effective medical assistance, including through their inability to duly and timeously prepare his medical file, to transfer him to a specialised medical facility for examinations and treatment and to perform MRI testing.

The Novosibirsk Regional Department for Execution of Sentences (hereinafter – the Department) and the colony administration, which the applicant listed as the respondents in the case, sent their statements of arguments in reply. In particular, they argued that the Novosibirsk Regional penitentiary system only included one medical facility – medical colony no. 10 which mostly treated inmates suffering from tuberculosis. The neurosurgical assistance could not be afforded in any of the penitentiary facilities in the Novosibirsk Region as they did not employ necessary medical specialists. As regards the MRI scan testing and other high-tech medical services, they were not provided by the State free of charge. Inmates had to bear costs of those medical procedures. The respondents further argued that the colony officials did not idle, having sent a number of requests for the applicant's admission to the Gaaza hospital. However, those requests either went unanswered or the issue needed further consideration by the penitentiary officials of St. Petersburg and Leningrad Region. They also cited the applicant's refusals of admissions to medical colony no. 10 and informed the Court that 10,000 Russian roubles had already been transferred by the Department to pay for the applicant's MRI test.

Upon the applicant's request, the Leningrad Regional prosecutor's office inquired the Gaaza hospital on the possibility of the applicant's admission to the hospital and the colony administration's role in that process. The hospital director responded that the sole request for the applicant's transfer received in April 2008 had not been granted as the colony officials had not summoned a preliminary consent from the Novosibirsk Regional penitentiary officials. The hospital did not receive any other request for the applicant's admission after April 2008.

On 9 September 2011 the applicant underwent a MRI scan examination. The costs of the examination were borne by the Department. On the basis of the scan the specialists diagnosed the applicant with cervical osteochondrosis, degenerative cervical spinal stenosis at the level of C5 disk and segments C4-C5, C5-C6; compressive ischaemic myelopathy with the forming focus of myeloischemia at the level of disk C5 and lower pyramidal paraparesis. The doctors recommended a decompressive stabilising surgery of the cervical spine. The MRI examination also revealed numerous degenerative changes in the thoracic and lumbar spine, left-sided paramedian protrusion of disks Th3-4 and Th5-6, spondyloarthrosis of the 1st degree, osteoarthrosis of the costovertebral articulations, left-sided paramedian herniation of disk L4-L5, causing deformation of disk L5, circular protrusion of disks L3-4 and L5-S1 (with the partial rupture of the fibrous ring), degenerative stenosis of the lumbar canal at the level of L4-L5, L3-L4 segments.

On 23 November 2011 the District Court dismissed the applicant's tort action, having concluded as follows:

“Having heard the parties, having studied the written evidence, the court finds as follows.

By virtue of Article 56 paragraph 1 of the Russian Code of Civil Procedure a party has to prove circumstances which it cites in support of its claims or counter-claims, if a federal law does not provide for other possibilities.

The plaintiff's representatives stated that the defendant, colony no. IK-21 idled which was demonstrated through its failure to submit documents necessary to provide [the applicant] with adequate medical assistance.

However, that circumstances has not been proven by the plaintiff.

By virtue of paragraph 14 of the Chapter 2 of joint decree no. 640/190 issued by the Russian Health Ministry and the Ministry of Justice on 17 October 2005, the main aim of the medical unit in a correctional colony is to guarantee provision of first aid to inmates.

As follows from the case file, [the applicant] is serving a sentence on the basis of the judgment of Zheleznodorozhniy District Court of Novosibirsk by which on 29 November 2001 [he had been convicted] of [aggravated robbery] and [sentenced] to thirteen years and ten months of imprisonment. He arrived at colony no. IK-21 on 27 November 2004.

On 21 January 2007 [the applicant], for the first time, applied to the colony's medical unit having complained about the pain in the lumbar spine. As a result of an examination by a doctor he was diagnosed with lumbar spine osteochondrosis and prescribed drug therapy. Since then [the applicant] periodically underwent in-patient treatment in [medical colony] no. 10 and correctional colony no. IK-21. On 28 November 2007 a medical social expert commission diagnosed [the applicant] with a third-degree disability. A further treatment of [the applicant] was continued in [medical colony] no. 10 and correctional colony no. IK-21. In 2008-2010 [the applicant] firmly rejected his treatment in [the medical colony] no. 10, which is meant to detain and treat inmates, [that fact] is reflected in medical documents.

On 10 December 2009 [the applicant] underwent an MRI scan examination in [the Institute]. On 18 December 2009 the Institute's medical commission amended the diagnosis and prescribed treatment at the place of [the applicant's] detention. On 2 April 2010 [the applicant] was declared as [suffering] from a second-degree disability.

[The applicant's] need for a high-tech medical treatment was not determined at that time. Despite that fact, correctional colony no. 21 started sending requests for [the applicant's] transfer. However, as it has been determined at the present time from the response of [the Gaaza hospital], that medical assistance can be afforded [to the applicant] in a specialised hospital of the Russian Health Ministry. That type of the assistance is not included in the programme of obligatory medical insurance and cannot be provided in [the Gaaza hospital]. In order to afford that type of treatment it is necessary to receive a quota from the Federal budget. Having applied to [the Gaaza hospital], correctional colony no. IK-21 at the same time asked to the Novosibirsk Regional Health Ministry to provide a quota for [the applicant's] treatment free of charge. This required an additional examination of [the applicant] with an MRI scan. Given the fact that the MRI examination and other high-tech medical assistance are not included in the programme of the mandatory medical insurance and are considered to be additional medical prophylactic services, under Article 99 paragraph 6 of the Russian Penitentiary Code the costs of those procedures should be borne by inmates and are provided upon their wish. Correctional colony no. IK-21 paid for [the applicant's] additional MRI examination. [The examination] was performed in September 2011. The doctors' report contains a recommendation for a surgery in [the Institute]. Therefore, the surgical treatment was only recommended to [the applicant] after 12 September 2011. That type of treatment is only possible after the receipt of a quota from the Novosibirsk Regional Health Ministry.

Having studied the abovementioned evidence in its complexity, the court concludes that the plaintiff did not prove [the colony's] failure to provide him with medical assistance. He receives necessary medical treatment. The surgical treatment in the Institute recommended to the applicant on 12 September 2011 on the basis of the

additional MRI scan examination is not included in the programme of the mandatory medical insurance and is only possible if the quota is provided by the Novosibirsk Regional Health Ministry. The necessary documents were sent to the Ministry.”

On 29 March 2012 the Novosibirsk Regional Court, in appellate proceedings, upheld the judgment, having fully endorsed the District Court’s reasoning. On 5 July 2012 the Novosibirsk Regional Court refused to institute cassation proceedings, having found no violations of material or procedural norms in the previous proceedings.

B. Complaint(s)

The applicant complained, among other matters, under Article 3 of the Convention about the lack of adequate medical assistance in detention. He also complained under Article 13 of the Convention that he had no remedy to complain about the quality of medical services.

11. Application no 68855/12 lodged on 1 October 2012 by Taras Aleksandrovich RADULOV who was born on 5 March 1980 and lived until his arrest in the town of Rostov-on-Don, Rostov Region. He is now serving his sentence in the correctional colony, in the village of Ishim, Tyumen Region.

By the judgment of 20 January 2012, issued on the basis of the jury verdict, the Rostov Regional Court sentenced the applicant to eleven years of imprisonment for participation in a large-scale drug-trafficking. The judgment became final on 2 August 2012 when the Supreme Court of the Russian Federation upheld it on appeal.

Following the applicant’s arrest and his placement to detention facility no. 1 in Rostov-on-Don, the applicant was tested for various infectious diseases. On 24 July 2009 he tested positive for hepatitis C. A test performed on 12 August 2009 showed that the applicant was HIV-infected. However, it was not until 25 November 2009 that the applicant’s diagnosis was noted in his medical record and he was transferred to the medical unit of the detention facility.

The applicant stressed that no medical assistance had been provided to him in the detention facility until the end of 2010 when his condition seriously deteriorated.

As follows from a certificate sent by a deputy head of the medical unit to the applicant’s lawyer, it was impossible to assess the applicant’s condition and to determine the stage of the HIV infection as the unit could not perform either the CD4 count testing or any other immunological examination. In a certificate sent on 14 May 2010 a prison doctor and the head of the medical unit noted that the applicant’s HIV infection was in the stage 2B. In another certificate, the head of the detention facility informed the lawyer on 11 October 2010 that the applicant was under supervision in the medical unit with his condition having been considered stable, although he had applied for medical aid on a number of occasions. The unit could not perform any immunological testing, it did not give the applicant the antiretroviral therapy and it could only provide emergency medical aid,

including to inmates suffering from the HIV infection. A similar certificate was sent to the applicant a month later.

The applicant and his lawyer sent a number of complaints to the Rostov Regional prosecutor's office and the Rostov Regional Court, complaining about the lack of proper medical assistance. They also sought the authorisation of the applicant's examination by a medical commission, having stressed that the applicant's condition continued deteriorating and that the detention facility had no means to assess the progress of his illness. The Regional Court sent the request for a medical examination to the director of the detention facility to be determined on the merits. In his turn, the facility director sent a request for the applicant's assessment in the State AIDS Centre which responded that given that the applicant had never applied to the Centre before his detention, his condition, as well as the stage of his illness, could not be assessed. Having received that response, the director of the facility dismissed the applicant's request for a medical examination. The prosecutor's office supported that decision, having noted that there was no evidence that the applicant suffered from an illness which could have prevented his detention.

On 12 January 2011 an emergency medical unit was called to the courthouse to assist the applicant. The hearing postponed to 14 January 2011 was again adjourned as the applicant did not feel well and an ambulance was again called to the courthouse. After the emergency doctors left, the applicant refused to take part in the hearing, having stated that he was too weak. The same events took place at the hearing on 9 February 2011.

The applicant's repeated request for an expert medical examination were dismissed by the presiding judge either in the course of the hearings in the trial proceedings or at the hearings in which the issue of the applicant's continued detention was determined.

In the meantime, the applicant's mother and his lawyer applied to the Rostov Regional Organisation Anti-AIDS with a request to assess the applicant's condition on the basis of the documents which the lawyer had been given by the medical unit of the detention facility. In a report issued on 31 January 2011 an epidemiologist from the Republican Centre For Fight Against AIDS and Infectious Diseases, Mr O., stressed that the applicant had most probably contracted the HIV infection in 2002, at the same time as the hepatitis as a result of his use of drugs, that his HIV infection should most probably be at the stages 3-4 by 2011, and that the assessment of the applicant's HIV infection as that at stage 2-B was incorrect and improbable as the medical unit did not employ any means of immunological testing. Doctor O. also noted that the applicant did not receive any medical assistance in detention, including the antiretroviral therapy, in violation of the legal requirements for every HIV-positive inmate to be tested no less than once every 12 weeks. The doctor stressed that the applicant was in need of inpatient treatment in a specialised medical facility equipped to deal with HIV and hepatitis-infected patients. He further stated that the combination of the chronic hepatitis C and the HIV infection was particularly serious and posed a specific risk to life and limb of the patient, as well as that it required a lengthy and costly treatment. The final conclusions of the doctor were as follows:

“When the HIV infection progresses to stage 4 (the pre- AIDS stage), the immune system is no longer capable to regulate the number of microorganisms and even simple infections have a tendency to pose a risk to [the patient’s] life and poorly respond to the specific therapy. The life prognosis for patients with the HIV infection in that stage, in the absence of a qualified modern treatment (antiretroviral therapy), care and assistance, even if [the patients] stay in satisfactory social living conditions, as a rule, does not exceed 3-5 years.

The fact that [the applicant] was diagnosed with the HIV infection in stage 2-B is a demonstration of the discrimination against inmates suffering from the HIV infection, [the discrimination] which exists at the level of the provision of medical assistance.

A short-term imprisonment not exceeding 5 years in the conditions of inadequate medical assistance may become a life-imprisonment for an HIV-positive inmate or may make him/her a disabled person. An HIV-positive inmate who had committed a crime should be punished but not to death.”

On 20 July 2011 the applicant was sent to prison tuberculosis hospital no. 19 for the assessment of his condition, and, if necessary, inpatient treatment. Hospital doctors confirmed that the applicant suffered from hepatitis C in the acute stage and HIV infection. The applicant was kept in the hospital for treatment. He, however, submitted that no treatment was provided. No medical certificates related to the applicant’s treatment in the hospital were submitted to the Court.

In the end of 2011 the applicant’s HIV infection progressed to stage 4-B.

On 11 January 2012 the applicant was against sent to the prison tuberculosis hospital, given a further deterioration of his health. He insisted that the assistance was still inadequate. It appears that the applicant was sent back to detention facility no. 1 and was then transferred to correctional colony no. 34 in the Tyumen Region. He maintained his complaint of inadequate medical assistance.

B. Complaint(s)

The applicant complained, among other matters, under Article 3 of the Convention about the lack of adequate medical assistance in detention.

12. Application no 73964/12 lodged on 11 October 2012 by Timur Mushegovich ISAYEV who was born on 16 July 1982 and lived until his arrest in Moscow. He is now serving his sentence in the correctional colony in the village of Potma, Mordoviya Republic.

In 2000 the applicant was diagnosed with HIV infection. He was registered as an HIV-positive patient in the Moscow AIDS Centre. The applicant’s illness is now at stage 4A, the stage of secondary illnesses.

On 17 November 2009 the applicant was sent to serve his sentence to correctional colony no. 6 in the Kirov Region. Given that the colony did not employ an infectious diseases doctor and did not have licence to provide medical assistance to HIV-positive inmates, the applicant was sent on a number of occasions to prison medical facility no. 12 for the immunological assessment. In particular, a test performed on 15 April 2010 showed that the applicant had CD4 cell count of 780 cells/mm³. A following test performed almost a year later, on 16 March 2011, showed a CD4 cell count dropping to 700 cells/mm³. It was confirmed that the applicant’s infection was at

clinical stage 4A. The applicant was not prescribed the antiretroviral therapy.

On 6 June 2011 the applicant was diagnosed with the open form infiltrative tuberculosis of the right lung in the disintegration phase. Four days later the applicant started receiving anti-tuberculosis chemotherapy.

An immunological testing carried out on 20 July 2011 showed a further drastic drop of the CD4 cell level to 520 cells/mm³. The applicant was scheduled for an examination by an infectious diseases specialist on 29 June 2011. However, the meeting did not take place. The doctor observed the applicant's medical record and made certain recommendations.

On 17 November 2011 the applicant was subjected to the viral load testing, with the test showing 100,000 copies of the virus present in the applicant's blood.

A further drop in CD4 cell counts to 500 cells/mm³ was recorded by the test on 12 January 2012. The antiretroviral therapy was not prescribed. The applicant wrote to the Kirov Aids Centre asking for the antiretroviral therapy. The Centre re-addressed the applicant's request to the Kirov Regional Service for Execution of Sentences.

Given a further deterioration of his condition with the appearance or activation of a number of secondary illnesses such as the leukoplakia of the oral cavity, candidiasis of the esophagus, feet and arms mycosis, psoriasis, hepatitis B and C, the applicant lodged an action with the Leninskiy District Court of Kirov complaining about the failure to provide him with the medical assistance and seeking the provision of the antiretroviral therapy.

In the meantime, the applicant was transferred from the Kirov Region to medical detention facility no. 19 in the Mordoviya Republic. The transfer was performed despite the fact that the applicant did not receive a seasonal anti-tuberculosis treatment scheduled to prevent the reactivation of the illness.

On 6 August 2012 the Leninskiy District Court dismissed the applicant's action, having considered it unsubstantiated. The hearings took place in the applicant's absence as the Russian Code of Civil Procedure does not provide a possibility to ensure inmates' transfer to court hearing in civil cases. Having received a copy of the District Court's judgment on 31 August 2012, the applicant lodged an appeal on 10 September 2012. On 22 October 2012 the Leninskiy District Court refused to open the appellate proceedings, having noted that the applicant had missed the time-limit to bring an appellate claim. The time-limit had expired on 8 August 2012, but the applicant only brought an appeal on 10 September 2012. That decision was amenable to appeal. It was also open to the applicant to ask for the restoration of the time-limit. He, however, decided not to make use of any avenue.

In September 2012 the applicant was sent to medical facility no. 21 in the Mordoviya Republic where, on the basis of the applicant's medical record and his previous CD4 cell count tests, the doctors immediately initiated the antiretroviral therapy, comprising two drugs: stokrin and kombivir.

B. Complaint(s)

The applicant complained, among other matters, under Article 3 of the Convention about the lack of adequate medical assistance in detention. He also complained under Article 13 of the Convention that he had no remedy to complain about the quality of medical services.

13. Application no 11745/13 lodged on 15 January 2013 by Artur Elbrusovich YELKANOV who was born on 13 January 1980 and lived until his arrest in the town of Nalchik, Kabardino-Balkariya Republic. He is now detained in facility no. 1 in Nalchik.

On 15 August 2012 the applicant was arrested on suspicion of having severely injured an opponent in a fight. He was placed in detention facility no. 1 in Nalchik. His detention was extended on a number of occasions in view of the gravity of the charges, the applicant's criminal record, including his previous conviction for a similar offence, and therefore his liability to re-offend, and the risk of his tampering with witnesses. The most recent decision extending the applicant's detention was issued on 18 March 2013. Each time the applicant asked the courts to consider his poor state of health as a circumstance preventing his detention, but the courts found no evidence in support of that argument.

As appears from medical documents submitted by the applicant, on 6 September 2012, following his complaints of a severe pain during the urination, pain in the lumbar region, general fatigue and a headache, he was transferred to the prison hospital of correctional colony no. 12 in the Kabardino-Balkariya Republic where he was diagnosed with chronic double-sided pyelonephritis in the remission stage and myopia of both eyes. The applicant remained in the hospital for inpatient treatment and was released on 27 September 2012 with his condition having been considered satisfactory. The applicant was released under the supervision by a prison physician and with a recommendation to put him on a diet and to provide him with a vitamin therapy.

On 9 November 2012 a senior investigator of the Republican Investigative Department of the Ministry of Internal Affairs authorised an expert examination of the applicant by a forensic medical commission. The commission comprising a number of medical specialists, including the head of the surgery department and an urologist, was to determine whether the applicant suffers from an illness which precludes his serving a sentence of imprisonment and whether he is in need of inpatient medical treatment in a specialised facility. In report no. 272 the expert commission confirmed that the applicant suffered from a very serious condition of chronic double-sided pyelonephritis, urine acid diathesis and duplication of the pyelocaliceal complex of both kidneys which is included in the list of illnesses, as adopted by joint decree no. 211/242 of the Ministry of Justice and the Health Ministry, which can prevent the applicant's serving a sentence of imprisonment. The commission noted that that condition substantially impaired the vital functions and required a lengthy treatment in the conditions of a specialised medical facility. The doctors also stressed that

“the lack of professional medical supervision and failure to treat [the applicant] in a medical facility would cause an impairment of vital functions and would lead to a substantial limitation of vital activities”. The commission concluded that should the applicant be left without medical supervision and inpatient treatment he would develop the renal failure.

The applicant’s requests to the administration of the detention facility to provide him with a special food regimen and to alleviate his regime in the facility, in particular to relieve him of a duty to go to daily outdoor walks to recreation yards in winter, were dismissed as his state of health did not warrant it.

In December 2012 the applicant also asked the director of the detention facility to authorise his medical examination to determine whether he was fit to continue being detained in the conditions of an ordinary detention facility. By a decision of 25 December 2012, the facility director dismissed the request having noted that the applicant’s condition was stable and that there was no evidence of the deterioration of his health. He also stressed that the applicant did not suffer from any kidney and urinal illness which could lead to a substantial impairment of his vital activity and required a lengthy treatment in a specialised medical facility. The director concluded that the applicant’s health condition was not included in the list of illnesses warranting the applicant’s release.

The applicant alleges that the detention conditions in the facility are particularly hard on him. He does not receive dietary food and vitamin therapy required to support his health. Furthermore, the daily walks when he has to take stairs and go outside irrespective of weather conditions amount to inhuman treatment. One of such walks led to his fall from the stairs when he lost consciousness from pain and fatigue. A medical certificate issued on 15 March 2013 recorded haematomas and injuries on the applicant’s forehead, shoulders and back. The applicant further alleges that he does not receive any medical assistance, including painkillers, although he experiences a severe pain in the back.

According to the applicant, the administration of the detention facility opens the Court’s letters. He also alleges that certain letters from the Court were not passed on to him.

B. Complaint(s)

The applicant complained, among other matters, under Article 3 of the Convention about the lack of adequate medical assistance in detention. He also complained, without any reference to a Convention provision, about the facility administration intercepting and interfering with his correspondence with the Court.

COMMON QUESTIONS

1. The Government are requested to produce a typed copy of the applicant's complete medical record drawn up after his/her arrest, and, if available, copies of expert reports and secondary opinions from civil medical specialists assessing the applicant's health, the quality of the treatment afforded to him/her during the detention and laying down medical procedures which should have been or should be performed to maintain the applicant's health.

2. The parties are asked to provide a detailed response, if possible supported by documentary evidence, to the following questions:

(a) what is the procedure to determine inmate's medical needs on his admission to a detention facility? In particular,

- when and how is the first examination performed;
- what medical specialist conducts such an examination;
- what type of medical tests/procedures are performed on admission;
- does the detention facility summon, from civil medical institutions,

medical record of an inmate if informed by him/her of his/her medical history?

(b) what kind of and how many medical specialists were employed by each of the detention facilities where the applicant was detained? In particular,

- were medical specialists competent to provide expertise relevant to the applicant's specific medical needs;

- is there a correlation between the number of inmates in the facility and the number of medical specialists employed by it, as well as a link between the specific health needs of inmates and the type of medical specialists available in the facility; the Government are asked to indicate the size of the prison population and a ratio of inmates to medical staff members in each of the facilities?

(c) how were medical services organised in each of the detention facilities where the applicant was kept? In particular,

- describe premises where inmates were seen by doctors;
- indicate working hours of the facility medical personnel and state

whether the facility had a medical specialist on duty at night or on a weekend;

- what medical equipment was installed in the facility;
- how often could the applicant consult a prison doctor/inmate nurse;
- how were the applicant's needs for specific medicaments (for instance and where relevant, antiretroviral therapy) ensured;

- how were the detention facilities supplied by medicaments (for instance, was there a list of medicaments received by each of the facilities; if so, how and by whom that list was compiled and whether, by whom and how often it could be amended; the Government are also asked to produce a copy of the list for the relevant period for each of the facilities);

- when does an inmate/his/her family have to purchase medicaments? The Government are asked to indicate specific reasons for each case where the applicant argued that he/she had to bear costs of the drug therapy;

- how was the applicant's access to his/her medical record ensured?

(d) if the facility only employed general medical practitioners, how could a consultation with an expert specialist, for instance and where relevant an infectious disease specialist, a neurologist, etc., or a specific medical testing/examination be summoned? In particular,

- who is competent to request such an examination;

- who bears costs of such a consultation/an examination;

- how often can it be performed;

- are those specialist work for civil medical institutions or are they employed by medical penitentiary facilities?

(e) describe, in detail, the procedure to follow to admit an inmate to a prison hospital for inpatient treatment? In particular,

- who is competent to take a decision on the inmate's transfer from the detention facility to a prison hospital;

- is a special authorisation needed from the local department for the Execution of Services for the inmate's transfer to the prison hospital;

- if so, is the authorisation given/denied in the form of a procedural decision; is the decision served on an inmate and is it amenable to appeal;

- how is the prison hospital where an inmate is to be transferred chosen (for instance, territorial principle; medical specialisation; number of places available, etc.);

- are female and male inmates treated in separate prison hospitals;

- does the administration of a prison hospital have a right to refuse the inmate's admission? If so, in which circumstances;

- what steps do the authorities take if an inmate cannot be admitted to the prison hospital in view of the lack of places in it or, for instance, given the lack of a department for female inmates;

- for the cases where the applicant needed inpatient treatment in specialised medical facilities (for instance, cardiologic, dental, neurosurgical and so on), did such medical facilities exist in the Russian penitentiary system and could the applicant's admission to those facilities be ensured?

(f) what is the procedure to follow if the necessary medical specialist or specific testing/examination is not available within the Russian penitentiary system? In particular,

- is it possible to consult a civil medical specialist or to obtain examination and treatment of an inmate in a civil hospital;

- who bears costs of such an examination/treatment;

- who takes a decision to summon a civil medical specialist or to admit an inmate to a civil medical institution?

(g) can an inmate request a consultation, an examination, a testing or a secondary opinion from a civil medical expert or civil medical institution? If so,

- what is the procedure to follow;

- how is the examination/consultation/testing organised;

- who bears the costs;

- is the medical opinion/recommendation by such an expert mandatory for penitentiary authorities and medical personnel of the detention facility?

(h) in cases of emergency, how is a visit to an inmate by an emergency medical team (*[скорая помощь]*) organised? In particular,

- who is competent to take a decision to call an ambulance;
- is a recommendation given by emergency doctors, including an inmate's urgent admission to a medical facility, mandatory for penitentiary officials;

- does the head of the detention facility have a right to act upon the emergency doctors' recommendation to urgently admit the applicant to a civil hospital? If so, is a special authorisation from any other authority required?

- for the cases where relevant, the parties are asked to indicate specific reasons invoked by the authorities for their refusal to follow the emergency team's recommendations.

- (i) is there a difference in a number and type of medical procedures which are available free of charge to the Russian general population and Russian inmate population?

- (j) how is a medical expert examination of an inmate organised to determine whether he/she is fit to remain in a pre-trial detention facility or to serve his sentence of imprisonment? In particular,

- who can request such an expert examination and what is the procedure to follow;

- is there a list of medical institutions which are authorised to perform such an examination? If so, do they belong to the Russian penitentiary system;

- can an inmate choose an institution or specialists to carry out such a medical examination;

- is the medical expert report, confirming that an inmate suffers from a medical condition precluding his further detention or his serving the sentence, mandatory for a court determining whether to release an inmate?

3. Taking into account the applicant's medical history, have the Government met their obligation to ensure that that applicant's health and well-being are being adequately secured by, among other things, providing him/her with the requisite medical assistance (see *McGlinchey and Others v. the United Kingdom*, no. 50390/99, § 46, ECHR 2003-V), as required by Article 3 of the Convention, in the present case.

4. Did the applicant dispose of effective domestic remedies – as required by Article 13 of the Convention – for his/her complaint about the lack of effective medical care?

CASE SPECIFIC QUESTIONS

Applications nos. 17790/11, 39563/11, 52873/11 and 8720/12

1. Did the conditions of the applicant's detention in a temporary detention facility amount to the treatment prohibited by Article 3 of the Convention?

2. Did the applicant dispose of effective domestic remedies – as required by Article 13 of the Convention – for his/her complaint about the inhuman and degrading conditions of detention?

Application no. 17790/11

Having regard to the fact that the applicant was not brought to the first-instance and appeal hearings in civil proceedings, do the circumstances of the case disclose an infringement of his right to a fair hearing as guaranteed by Article 6 § 1 of the Convention? In particular, was the applicant afforded an opportunity to attend the above mentioned hearings? Having regard to the fact that the applicant's adversaries were present at the above mentioned hearings and made submissions to the courts, has there been an infringement of the applicant's right to equality of arms enshrined in Article 6 § 1 of the Convention?

Application no. 35782/12

1. The parties are requested to answer the following questions concerning the correctional colony in which the applicant was held:

(a) What was the floor surface of the barracks/sleeping premises (in square metres)? How many bunk beds and/or sleeping places were available in the barracks/sleeping premises? How many persons were/are detained simultaneously with the applicant? Indicate the maximum number of detainees, *not* the average. What is the overall number of inmates detained in the respective facility and what is the designed capacity of the facility? The Government are requested to provide extracts from registration logs to support their submissions.

(b) What are the dimensions of the windows? Do the windows allow entrance of fresh air?

(c) Is there a functioning artificial ventilation system in barracks/sleeping facilities?

(d) What is the inmates' daily routine? How long do they spend in the sleeping premises? Indicate the frequency of outdoor exercise, the surface of the exercise yard (in square metres).

(e) Describe the sanitary conditions. How frequently are the barracks/sleeping premises cleaned and disinfected? Who ensures the cleaning/sanitation of the premises?

(f) What is the applicant's daily food ration?

(g) Were any special arrangements made in the correctional colony to accommodate the applicant suffering from a severe eyesight impairment?

(h) Were the conditions of the applicant's detention compatible with Article 3 of the Convention?

2. Did the applicant dispose of effective domestic remedies – as required by Article 13 of the Convention – for his complaint about the inhuman and degrading conditions of detention?

Application no. 11745/13

Given the applicant's complaint about the interference with his correspondence by the administration of the detention facility, has there been any hindrance by the State in the present case with the effective exercise of the applicant's right of application, ensured by Article 34 of the Convention?

APPENDIX

No.	Application no.	Lodged on	Applicant name date of birth
1.	36028/07	17/07/2007	Leonid Dmitriyevich BUYSKIKH 31/10/1953
2.	30575/08	13/05/2008	Nikolay Viktorovich IVKO 21/08/1973
3.	42372/08	11/06/2008	Yuriy Leonidovich YEREMENKO 01/07/1963
4.	17790/11	04/03/2011	Oleg Igorevich KISTERNYI 30/01/1979
5.	39563/11	01/06/2011	Mikhail Georgiyevich SAAKOV 18/08/1977
6.	44214/11	23/06/2011	Yelena Pavlovna SUSLOVA 19/12/1981
7.	52873/11	07/07/2011	Gleb Viktorovich PETROV 01/04/1973
8.	8720/12	13/01/2012	Tamara Aleksandrovna PARYGINA 02/02/1954
9.	35782/12	16/05/2012	Konstantin Ivanovich PANTYUKHIN 23/11/1967
10.	62812/12	06/09/2012	Sergey Petrovich BULAVA 06/10/1965
11.	68855/12	01/10/2012	Taras Aleksandrovich RADULOV 05/03/1980
12.	73964/12	11/10/2012	Timur Mushegovich ISAYEV 16/07/1982
13.	11745/13	15/01/2013	Artur Elbrusovich YELKANOV 13/01/1980