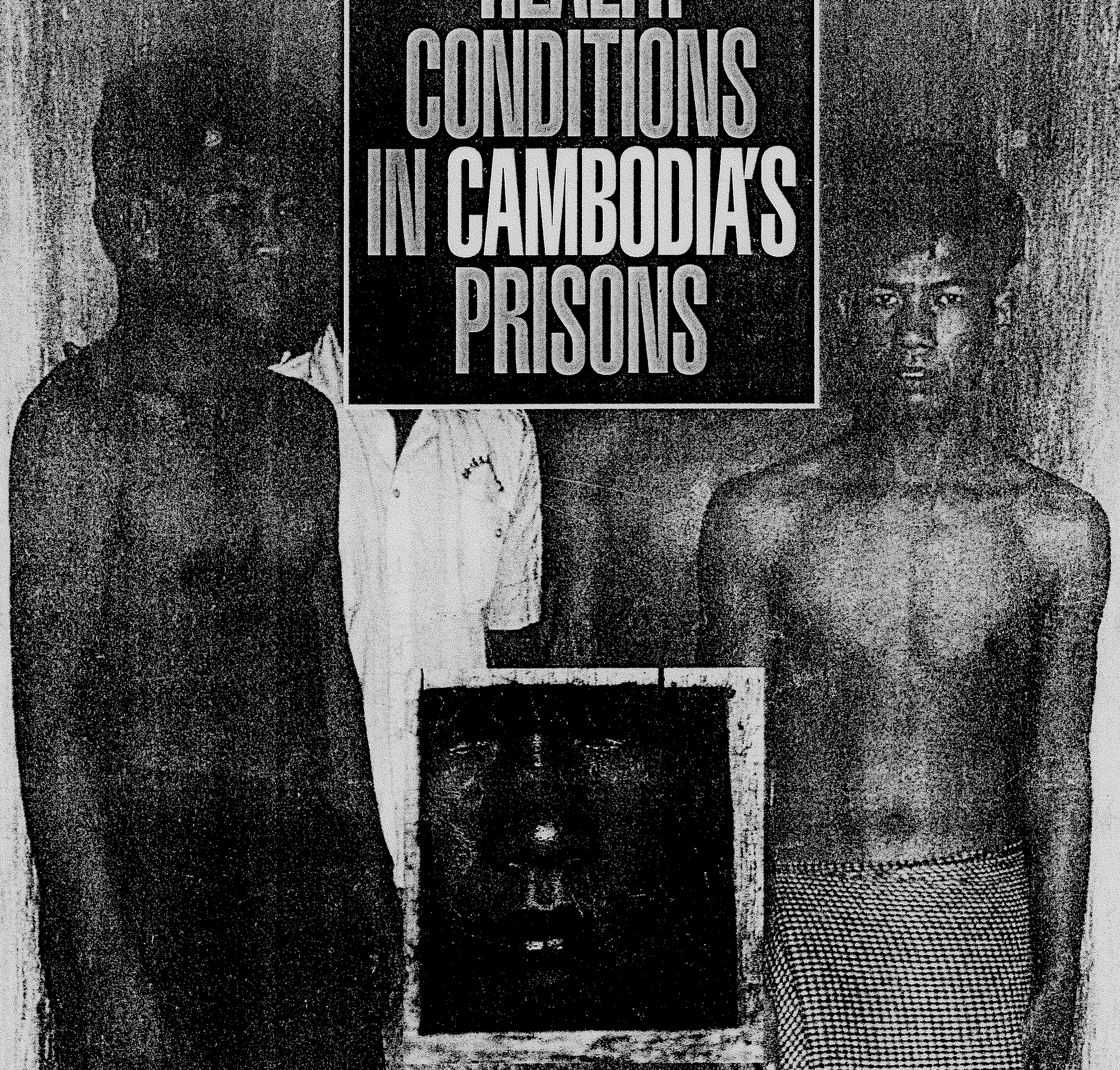
CAMBODIA

HEALTH CONDITIONS IN CAMBODIA'S PRISONS



A REPORT BY
PHYSICIANS FOR HUMAN RIGHTS
AMERICAN REFUGEE COMMITTEE
COLUMBIA COLLEGE OF PHYSICIANS & SURGEONS

APRIL 1995

HEALTH CONDITIONS IN CAMBODIA'S PRISONS

Physicians for Human Rights
American Refugee Committee
Columbia College of Physicians & Surgeons

Physicians for Human Rights
Boston • San Francisco

Copyright (c) April 1995 by Physicians for Human Rights
All rights reserved.
Printed in the United States of America.

Library of Congress Catalog Card Number 95-68458
ISBN: 1-879707-18-7

Cover design: Glenn Ruga/Visual Communications

Cover photo: *Cell for incoming inmates in Prey Veng prison measuring 4 x 1.5 meters. The four prisoners were detained in this cell for over a month for twenty-three hours each day. They were unable to lie down simultaneously.*

Inset photo: *Inmate in cell door, Prey Veng Prison. The window is the only source of light and ventilation in the cell.*

All photos by Gabriel J. Otterman, M.D.

PHYSICIANS FOR HUMAN RIGHTS

Physicians for Human Rights (PHR) is an organization of health professionals, scientists, and concerned citizens which uses the knowledge and skills of the medical and forensic sciences to investigate and prevent violations of international human rights and humanitarian law.

Since 1986, PHR members have worked to stop torture, disappearances, and political killings by governments and opposition groups; to improve health and sanitary conditions in prisons and detention centers; to investigate the physical and psychological consequences of violations of humanitarian law in internal and international conflicts; to defend medical neutrality and the right of civilians and combatants to receive medical care during times of war; to protect health professionals who are victims of violations of human rights; and to prevent medical complicity in torture and other abuses.

PHR conducts educational and training projects for health professionals, members of the judiciary, and human rights advocates on the application of medical and forensic skills in the investigation of violations of human rights. PHR bases its actions on the Universal Declaration of Human Rights and other international human rights and humanitarian agreements. The organization adheres to a policy of strict impartiality and is concerned with the medical consequences of human rights abuses regardless of the ideology of the offending government or group.

Charles Clements, M.D. is President; Carola Eisenberg, M.D. is Vice President; Eric Stover is Executive Director; Susannah Sirkin is Deputy Director; Kari Hannibal is Membership and Education Coordinator; Gina VanderLoop is Development Director; Barbara Ayotte is Senior Program Associate; Vincent Iacopino, M.D. is Western Regional Director; and Clyde C. Snow, Ph.D. is Senior Forensic Consultant.

Physicians for Human Rights
100 Boylston Street, Suite 702
Boston, MA 02116
Tel: (617) 695-0041
Fax: (617) 695-0307
E-mail: phrusa@igc.apc.org

Physicians for Human Rights
312 Sutter Street, Suite 606
San Francisco, CA 94108
Tel: (415) 765-6991
Fax: (415) 765-6993
E-mail: phrwro@igc.apc.org

AMERICAN REFUGEE COMMITTEE

The American Refugee Committee (ARC) is a private, non-profit, non-sectarian voluntary agency which works for the survival, health, and well-being of refugees, displaced people, and others affected by events beyond their control. It works with refugees and others to rebuild productive lives of dignity and purpose, striving always to respect the values of those it serves. ARC has provided medical care, both preventive and curative, and medical training for refugees and local populations in numerous African, Asian and European countries.

ARC was initially established in 1979 to assist in the resettlement of refugee families in the Minneapolis and Chicago areas and to send a medical team to Thailand to assist refugees from Laos and Cambodia. ARC's scope quickly expanded to address the needs of refugees in first asylum countries.

More recently, ARC has initiated health care programs in resettlement countries as part of an effort to bring about a stable and more permanent solution to the problems faced by returnees and the local populations. These programs emphasize development strategies that are sustainable. This fits in with ARC's mission of working for the survival, health and well-being of refugees and seeking to empower them to rebuild productive lives.

Anthony J. Kozlowski is President and Chief Executive Officer; Karen Johnson Elshazly is Director of International Programs; Allan R. Holmsten is Director of Finance and Administration; and Michael J. Henley is Director of Development and Public Affairs. Brian Heidel is Country Director, Cambodia; Ms. Khou Somatheavy is Assistant Country Director, Cambodia.

American Refugee Committee
2344 Nicollet Avenue South
Minneapolis, MN 55404
Tel: (612) 872-7060
Fax: (612) 872-4309

COLUMBIA COLLEGE OF PHYSICIANS & SURGEONS
CENTER FOR THE STUDY OF SOCIETY AND MEDICINE
CLINICAL FELLOWSHIP PROGRAM IN HUMAN RIGHTS AND MEDICINE

The Columbia College of Physicians & Surgeons is guided by the principle that medical education is university education. The acquisition of knowledge and skills is important in professional education, but far more vital is a profound understanding of the science, the art, and the ethic within which both knowledge and skill are applied.

In 1983, the College established the Center for the Study of Society and Medicine in order to bring a consideration of the complex interaction between medicine and society into the curriculum. Center faculty use historical, sociological, literary, and philosophical methods to analyze clinical practices and biomedical research and to broaden the scope of the medical school curriculum. The strength of this approach rests in its ability to understand medicine in its full social and cultural context, thus informing patient care and public policy. More broadly still, this orientation makes medicine a part of the intellectual life of our times--not isolated unto itself, as though its laboratories, examining rooms, and classrooms had nothing to do with the society around it.

To promote human rights in medicine, the Center has established a Program in Human Rights and Medicine that is creating a cadre of physicians ready to deliver medical care to those excluded from existing systems and to bear witness to human rights violations. The Human Rights Program offers externships to fourth year medical students at a consortium of schools, and fellowships to young physicians who have just completed their residency training. It draws on the energy and idealism of young people who are ready to lead the profession in the advancement of human rights. In the process, the Program demonstrates how an ethical and committed medical profession can serve as an effective force for change. Participants learn how such fundamental precepts as professional accountability, open communication, bodily integrity, and individual autonomy should structure the relationship between the physician and the patient as well as the medical profession and the state.

Sheila M. Rothman, Ph.D., is Director of the Program in Human Rights and Medicine and Jodi Heywood, M.P.A., is the Program Coordinator. The Advisory Board of the Program includes: Thomas Q. Morris, M.D. (Chairman); Ilene Fennoy, M.D.; Thomas Killip, M.D. (all members of the Executive Committee), Esmail Elwazir, M.D.; Eugene B. Feigelson, M.D.; Howard Hiatt, M.D.; Robert Lawrence, M.D.; Jonathan Mann, M.D.; Aryeh Neier; Harold Neu, M.D.; Zena Stein, M.D.; and Eric Stover.

For more information on the Program in Human Rights and Medicine, write: Program in Human Rights and Medicine, Center for the Study of Society and Medicine, College of Physicians & Surgeons of Columbia University, 630 West 168th Street, Black 101, New York, NY 10032.

GLOSSARY OF ACRONYMS

ARC	American Refugee Committee
ICRC	International Committee of the Red Cross
LICADHO	Cambodian League for the Defense and Promotion of Human Rights
MDM	Médecins du Monde
PDK	Party of Democratic Kampuchea (Khmer Rouge)
PHR	Physicians for Human Rights
PJ	Police-Judiciaire Prison, Phnom Penh
SNC	Supreme National Council
SOC	Government of the State of Cambodia
UNCHR	United Nations Centre for Human Rights in Cambodia
UNTAC	United Nations Transitional Authority in Cambodia
WATSAN	Water and Sanitation Program of ICRC

TABLE OF CONTENTS

Acknowledgments i
Preface iii

Introduction 1
Methodology 3

Background 7
International and Domestic Standards for the Protection and Care of Detainees and Prisoners 12

Prison Conditions and the Treatment of Prisoners 14
Physical Conditions 14
PJ Prison Renovations 15
T3 Prison Renovations 17
Prison Administration 18
Prison Population 19
Education 21
Time in Prison 22
Women in Detention 22
The Case of N.T. 23
Juveniles in Detention 23
The Case of H.H. 24
Young Children in Prisons 25
Treatment of Prisoners 26
Torture 26
Pretrial Detention & Interrogation 27
Beatings by Prison Guards 29
Detention and Torture under Article Four 30
Overcrowding and Prolonged Hours of Confinement 31
Shackling 32
Dark Cells/Solitary Confinement 32

Environmental Health and Sanitation 36
Latrines and Diarrheal Diseases 36
Personal Hygiene 36
Medical Complaints 37
Skin Diseases and Disorders 38
Food and Nutrition 38
Mental Health 41
Prisoner-Prisoner Violence 43

Organization of Prison Health Care	44
Lack of Health Personnel and Medicines	46
The Role of NGOs	46
Health Care Service in Provincial Prisons	48
Ms. N.: Profile of a Health Worker	48
Respiratory Illness/Tuberculosis	49
The Case of K.P.	50
Malaria	51
Sexually-Transmitted Diseases	51
Conclusions and Recommendations	52
Appendices	58

A. PHR Survey Questionnaire
B. Standard Minimum Rules for the Treatment of Prisoners
C. Declaration on the State of Prisons in Cambodia
D. Constitution of the Kingdom of Cambodia
E. Report on Health Conditions in Police-Judiciaire Prison
F. Letter from King Norodom Sihanouk
G. Prison Population Report, Ministry of Interior

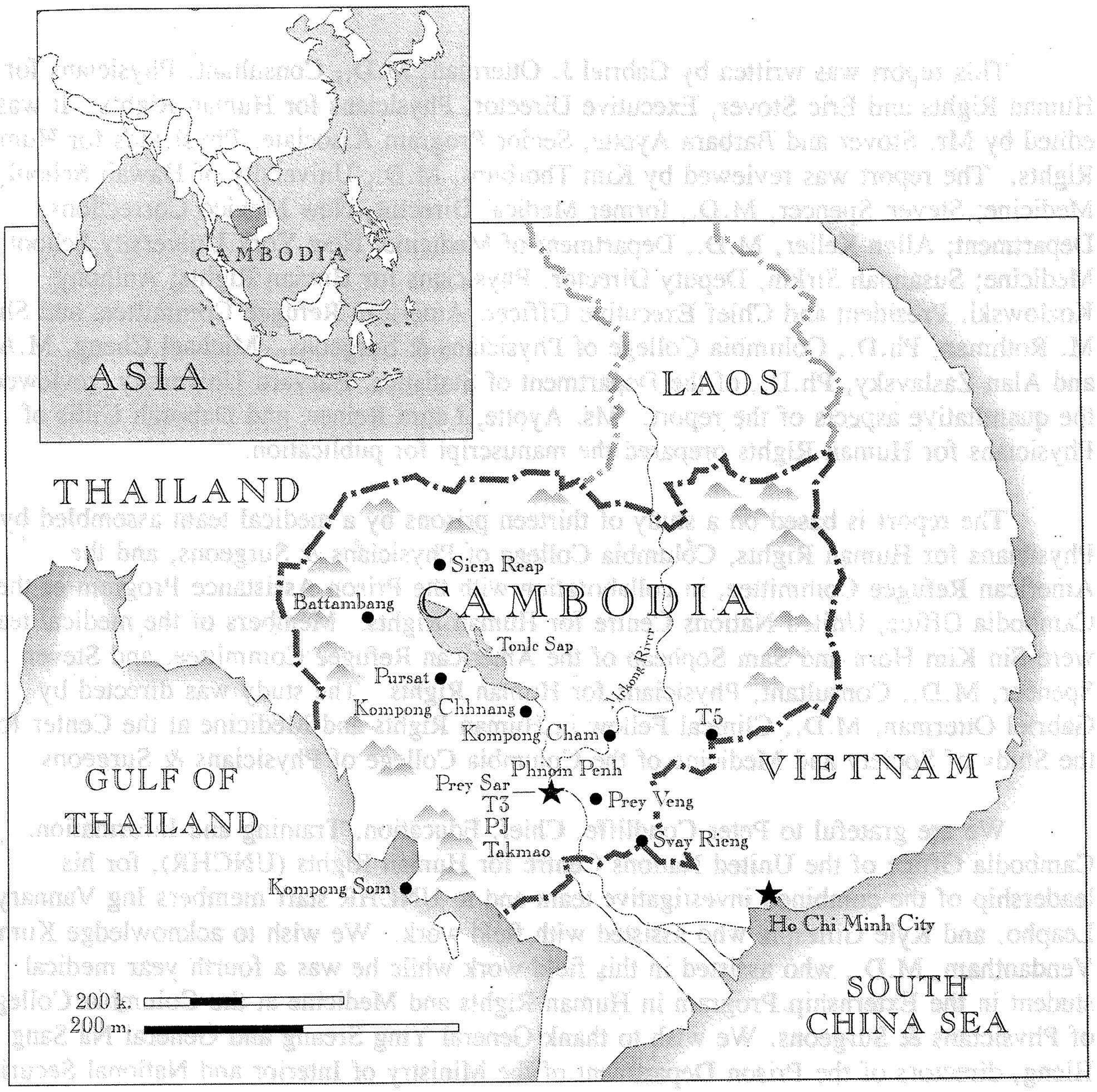
ACKNOWLEDGMENTS

This report was written by Gabriel J. Otterman, M.D., Consultant, Physicians for Human Rights and Eric Stover, Executive Director, Physicians for Human Rights. It was edited by Mr. Stover and Barbara Ayotte, Senior Program Associate, Physicians for Human Rights. The report was reviewed by Kim Thorburn, M.D., University of Hawaii School of Medicine; Steven Spencer, M.D., former Medical Director, New Mexico Corrections Department; Allen Keller, M.D., Department of Medicine, New York University School of Medicine; Susannah Sirkin, Deputy Director, Physicians for Human Rights; Anthony Kozlowski, President and Chief Executive Officer, American Refugee Committee; and Sheila M. Rothman, Ph.D., Columbia College of Physicians & Surgeons. Michael Cheng, M.A., and Alan Zaslavsky, Ph.D., of the Department of Statistics, Harvard University, reviewed the quantitative aspects of the report. Ms. Ayotte, Laura Reiner, and Deborah Gillis of Physicians for Human Rights prepared the manuscript for publication.

The report is based on a study of thirteen prisons by a medical team assembled by Physicians for Human Rights, Columbia College of Physicians & Surgeons, and the American Refugee Committee, in collaboration with the Prison Assistance Program of the Cambodia Office, United Nations Centre for Human Rights. Members of the medical team were Sin Kim Horn and Sam Sopheap of the American Refugee Committee, and Steven Spencer, M.D., Consultant, Physicians for Human Rights. The study was directed by Gabriel Otterman, M.D., Clinical Fellow in Human Rights and Medicine at the Center for the Study of Society and Medicine of the Columbia College of Physicians & Surgeons.

We are grateful to Peter Condliffe, Chief, Education, Training and Information, Cambodia Office of the United Nations Centre for Human Rights (UNCHR), for his leadership of the combined investigative team and to UNCHR staff members Ing Vannary, Leapho, and Kyle Gillespie who assisted with field work. We wish to acknowledge Kumar Vendantham, M.D., who assisted in this field work while he was a fourth year medical student in the Externship Program in Human Rights and Medicine at the Columbia College of Physicians & Surgeons. We wish to thank General Ying Sreang and General Na Sang Hieng, directors of the Prison Department of the Ministry of Interior and National Security in 1994 and 1995, respectively, who assisted in the coordination of and planning for the investigation. Lt. Colonel VanLy accompanied the investigating team as liaison officer.

We wish to thank the following persons for their assistance in preparing this report: James D. Ross of the Human Rights Task Force on Cambodia; Cecile de Sweemer-Ba, M.D., World Health Organization; Vincent Lucère of the International Committee of the Red Cross; Brian Heidel, Graham Adutt, and Khou Somatheavy of the American Refugee Committee in Phnom Penh; and Yuri Okuizumi, University of Illinois Medical School.



PRISONS IN CAMBODIA

PREFACE

Over a five month period in 1994, a medical team, assembled by Physicians for Human Rights (PHR), the Program in Human Rights and Medicine at Columbia College of Physicians & Surgeons, and the American Refugee Committee (ARC), studied health conditions in thirteen of Cambodia's twenty-four prisons. For the Khmer and U.S. health professionals it was a disquieting experience. Traveling to prisons throughout the country, they found prisoners languishing in decaying buildings with little to eat and virtually no access to proper medical care. Overcrowding was causing the spread of infectious diseases and prisoner-on-prisoner violence. In some prisons inmates were shackled continuously day and night.

Nowhere were conditions as shocking as those in PJ prison (from the French *Police-Judiciaire)*, located in the heart of the capital of Phnom Penh. Built in 1937 as a short-term police lockup designed to accommodate 30 to 40 inmates, the facility, and the adjacent building for women, held 216 inmates at the time of the medical team's visit. Overcrowding was so severe that prisoners had to sit shoulder-to-shoulder in dimly-lit cells. Meals consisted of one bowl of rice and thin soup a day. The stench of human waste pervaded the building.

Calling PJ prison "a public health disaster waiting to happen," our organizations urged the Cambodian government to take immediate action to ease overcrowding at the jail. Within weeks, Cambodia's Ministry of Interior had ordered the immediate release of fifty PJ prisoners and transferred over 150 others to less crowded provincial jails. Cells at the facility were ventilated and regularly cleaned, and inmates were provided with sleeping mats and personal hygiene supplies.

We are encouraged that the Cambodian government responded so quickly and positively to our appeal to improve health and living conditions at PJ prison. It is our hope that the Cambodian government will continue to honor its pledge to alleviate "inhuman" conditions and treatment in all of Cambodia's jails and prisons. We also hope that this report will prompt international donors to pledge assistance to improve physical conditions in Cambodia's prisons.

Eric Stover, Executive Director
Physicians for Human Rights

Sheila M. Rothman, Director
Program in Human Rights & Medicine
Columbia College of Physicians & Surgeons

Anthony Kozlowski, President
American Refugee Committee

INTRODUCTION

Prisoners in any society are vulnerable to our worst impulses. Removed from public view, they may be denied adequate food and health care, housed in insanitary and degrading conditions, or subjected to cruel disciplinary practices or torture. Openness is the best preventive of such abuses. But many governments are unwilling to open their jails to public scrutiny.[1]

The prison conditions described in this report, though appalling, are not surprising. Cambodia is a war-torn country striving to rebuild in the face of continued conflict, and its prisons are hardly a priority.

Daily life for most Cambodians is a struggle to survive against tremendous odds.[2] The United Nations Development Programme ranks Cambodia as 136th of 160 countries in terms of "human development." Life expectancy at birth is below 50 years (compared with 62.6 for the region of South-East Asia and Oceania).[3] More than half of Cambodian households are headed by widowed or abandoned women. The traditional extended family support system has been destroyed. [4] One in five children dies before the age of five years, mostly as a result of vaccine-preventable diseases, dengue, and dehydration due to diarrhea. Maternal mortality ranks among the highest in the world.[5] Cambodia bears the further distinction of having one of the world's highest levels of annual risk of infection by tuberculosis.[6]

---

[1] See Human Rights Watch, *The Human Rights Watch Global Report on Prisons;* New York, June 1993 and International Prison Watch, *International Prison Watch Report 1994.* Paris, June 1994.

[2] See Anne E. Goldfeld, "Tuberculosis and Poverty in Cambodia," testimony before the Congressional Hunger Caucus, February 10, 1994.

[3] Commission on Human Rights, Economic and Social Council, "Report of the Special Representative of the Secretary-General, Mr. Michael Kirby (Australia), on the situation of human rights in Cambodia, submitted in accordance with Commission resolution 1993/6," February 24, 1994, E/CN.4/1994/73.

[4] William Shawcross, *Cambodia's New Deal: A report by William Shawcross.* Washington, D.C.: Carnegie Endowment for International Peace, 1994.

[5] Office of the Special Representative, United Nations Children's Fund, *Cambodia: The Situation of Children and Women.* Phnom Penh, 1990.

[6] According to the World Health Organization, there were 15,589 new cases of tuberculosis (TB) in Cambodia in 1994, which is the highest rate of new TB cases in the world.

After nearly twenty years of armed conflict, Cambodia's rice paddies and roadways are now littered with hundreds of thousands of land mines and unexploded ordnance.[7] These indiscriminate remnants of war continue to kill or maim hundreds of Cambodians each year. They have also left large tracts of land blighted, making it impossible for farmers to work their land.

Against this backdrop of disease, poverty, and war, one could argue that making improvements in prisons is a cost Cambodia can ill afford. But as Human Rights Watch has noted,

> When the state deprives someone of liberty, it has an obligation not to punish the person beyond the penalty prescribed by law and the country's poverty cannot be an excuse. It must ensure that the conditions of confinement do not cause excessive suffering... Lack of funds is no excuse for any government to subject its citizens to subhuman conditions that not only violate human rights but minimal standards of decency as well.[8]

This report documents a pattern of mistreatment in Cambodia's prisons that includes beatings of detainees during interrogation; extreme overcrowding; shackling and other illegal means of physical restraint; decaying buildings; and overflowing septic systems and open sewers. These conditions, coupled with the lack of access of prisoners to proper medical care, have resulted in a high incidence of beriberi, tuberculosis, recurring diarrhea, and skin diseases.

By any accepted standards, whether the United Nations Standard Minimum Rules for the Treatment of Prisoners, adopted by Cambodia in 1992, or any other criteria, the prison conditions described in this report fall below the level of decency. However, we are encouraged that the Royal Government of Cambodia has begun to take seriously its responsibilities toward its prison population. Indeed, this study could not have been conducted without the full cooperation of the Cambodian authorities. We hope the findings presented here will prompt the Cambodian government to initiate immediately effective and humane prison reforms.

---

[7] Eric Stover, Allen Keller, James Cobey, Sam Sopheap, "The Medical and Social Consequences of Land Mines in Cambodia," *Journal of the American Medical Association 272, no. 5* (August 3, 1994): 331-336.

[8] Human Rights Watch, *The Human Rights Watch Global Report on Prisons*. New York, June 1993, p. xvii.

Methodology

Between March and July of 1994, a medical team assembled by Physicians for Human Rights (PHR), the Program in Human Rights and Medicine of Columbia College of Physicians & Surgeons, and the American Refugee Committee (ARC) studied health conditions in thirteen prisons throughout Cambodia.[9] To obtain a broad geographical sample, the team visited two prisons in the capital of Phnom Penh and eleven in Cambodia's twenty-one provinces.[10] The investigation was conducted in coordination with the Prison Assistance Program of the United Nations Centre for Human Rights in Cambodia (UNCHR)[11] and with the cooperation of the Prisons Department of Cambodia's Ministry of Interior and National Security (hereinafter the Ministry of Interior). In addition, the medical team met on two occasions with Mam Bunheng, M.D., Undersecretary of State for Health at the Ministry of Health, to coordinate the investigation.

In each prison, the team presented a three-day seminar on human rights for prison officers, high-ranking police personnel, and judicial officials. Liaison officers from the Prison Department accompanied the team on each visit and were present during briefings with provincial authorities.

The medical team interviewed provincial police authorities, prison directors, provincial government officials, prison officers, and inmates. Access to the prison facilities and prisoners was unhindered and unlimited in all instances, with the exception of Police-Judiciaire (PJ) prison in Phnom Penh, where the team required additional coordination with police officials in the capital to secure repeated access. The team was unable to investigate

---

[9] In October 1993, Sheila M. Rothman, who directs the Program in Human Rights and Medicine at the Columbia College of Physicians & Surgeons, met with Peter Condliffe of the Prison Assistance Program of the United Nationss Centre for Human Rights in Cambodia and Brian Heidel of the American Refugee Committee to arrange for Dr. Gabriel Otterman to work on the planned assessment of health conditions in Cambodia's prisons.

[10] T3 prison and PJ prison are located in the heart of Phnom Penh. Two prisons were in the provinces immediately adjacent to the capital: Prey Sar prison in Kompong Spoeu province and Takmao prison in Kandal province. The nine other prisons included in the study were: a facility for convicted male prisoners known as Tropeung Phlong prison, commonly referred to as T5, in rural Kompong Cham province; Battambang prison in Battambang province; Pursat prison in Pursat province; Kompong Som prison in Kompong Som province; Siem Reap prison in Siem Reap province; Kompong Cham prison in Kompong Cham province; Svay Rieng prison in Svay Rieng province; and Kompong Chhnang prison in Kompong Chhnang province. No military prisons or detention facilities are included in the study. The only prison for military personnel is in the Toul Sleng district of Phnom Penh. Though the medical team visited the prison on three occasions, it was not included in the present investigation. A "welcoming facility" for reintegration of Khmer Rouge defectors in Phnom Penh is not classified as a prison by the government and likewise was not included in this study.

[11] The UNCHR has published its own report on prison conditions. See United Nations Centre for Human Rights, Cambodia Office, *The State of Cambodian Prisons*. Phnom Penh, January 1995.

prison conditions in areas of Cambodia that were controlled by the Party of Democratic Kampuchea (the formal name for the Khmer Rouge), nor were data available on such prisons. Similarly, there was no information on conditions in clandestine prisons.[12]

In each province the team visited the provincial hospital and interviewed the director and staff of the hospital or, in some cases, provincial officials of the Ministry of Health. When possible police, or prison health officers charged with health care in the prison were interviewed. International and Cambodian nongovernmental human rights organizations and agencies providing health services in the prisons were also contacted in each province.

The medical team briefed the local prison director on the method of selection of a random sample of prisoners, and on the team's requirements for private interviews. Approximately five percent of inmates were selected from each prison visited using a set of random numbers generated by microcomputer (Epi Info 5.01). A total of eighty-six prisoners participated in the study. The numbers were manually counted through the prison register, and inmates who matched the random number were identified.

The medical team did not distinguish between convicted and unconvicted prisoners in their interviews. Prisoners were only asked about their status and charges, if any, after the interview. The charges against the prisoners ranged from petty theft to murder. None of the randomly-selected prisoners had been charged with political offenses or claimed to be political prisoners.

Prisoners randomly selected for the interview were asked if they would like to participate and were briefed on the interview process. In no instance did a prisoner decline an interview, although physical examination was declined following the interview by one female inmate. Interviews took place outside of hearing range of prison officers in an area selected by the medical team within or immediately outside the prison compound. Liaison officers with the Ministry of Interior were always outside of hearing range during the interviews.

The medical team used a structured questionnaire (see Appendix A) for their interviews adapted for use in Cambodia from a questionnaire devised by PHR to study health conditions in prisons in Haiti and in Israel and the Occupied Territories.[13] The questionnaire, which was translated into Khmer by two of the team members, was based on

---

[12] See *Recommendations of the Special Representative for Human Rights in Cambodia.* Report of the Secretary General. United Nations General Assembly Report A/49/635, November 3, 1994 for a report on one secret prison. Details on one clandestine prison were reported by Nate Thayer in the *Phnom Penh Post*, July 1994.

[13] See Physicians for Human Rights, *Health Conditions in Haiti's Prisons*, Boston, July 1992 and Physicians for Human Rights, *Health Care in Detention: A Study of Israel's Treatment of Palestinians*, Boston, April 1990.

the guidelines for prison care set forth in the United Nations Standard Minimum Rules for the Treatment of Prisoners (see Appendix B). When necessary, the questionnaire was administered in Vietnamese with interpretation by a UNCHR team member.

Members of the medical team were Gabriel Otterman, M.D., who worked in Cambodia from January to June 1994 as a Clinical Fellow in Human Rights and Medicine, Center for the Study of Society and Medicine, Columbia College of Physicians & Surgeons, New York, and Senior Assistant Resident in Medicine, Children's Hospital, Boston; Sin Kim Horn, a medic and coordinator of the Health and Human Rights Education Project of the American Refugee Committee in Phnom Penh, Cambodia; Sam Sopheap, a medic and coordinator of the Health and Human Rights Education Project of the American Refugee Committee in Phnom Penh, Cambodia; and Steven Spencer, M.D., F.A.C.P, a PHR consultant and the former Medical Director, New Mexico Corrections Department, New Mexico. Between March and July 1994, Kumar Vendantham from the Program in Human Rights and Medicine of Columbia College of Physicians & Surgeons assisted the medical team.

Dr. Otterman returned to Cambodia in January 1995 at the invitation of the UNCHR Prison Assistance Program. Results of the medical team's investigation were presented in a four-day seminar on "The State of Cambodian Prisons" in Phnom Penh on January 24-27, 1995. The seminar was co-sponsored by the Ministry of Interior, the Ministry of Justice, and UNCHR. Representatives from the Ministry of Health, the Ministry of Justice and the Ministry of Interior participated in the seminar, as did representatives of provincial governors, and offices of provincial police commissioners. International and Cambodian nongovernmental agencies providing health services in the prisons were also invited to participate.[14] Dr. Otterman and representatives from ARC conducted follow-up visits to six prisons: PJ and T3 prisons in Phnom Penh, Takmao prison, Kompong Chhnang prison, Pursat prison, and Battambang prison.

---

[14] "State of Cambodian Prisons," a four-day seminar held in Phnom Penh, January 24-27, 1995, sponsored by the Prison Assistance Program, Cambodian Office of the UN Centre for Human Rights, the Ministry of Interior, and the Ministry of Justice. See "Declaration on the State of Cambodian Prisons" in Appendix C.

Number of the prisoners in the prisons surveyed according to prison records at the time of the medical team visits.

No.	Prison	# of Prisoners	Detainee	Convicts	Female	Visit Date	# Case Study
1	Svay Rieng	68	26	42	4	3/1/94	6
2	Prey Veng	94	43	51	5	3/15/94	6
3	PJ	216	175	41	23	3/31/94	12
4	Kompong Cham	100	84	16	11	4/5/94	6
5	Takmao	99	75	24	4	4/19/94	6
6	Prey Sar	56	9	47	0	5/2/94	4
7	Kg. Chhnang	46	33	13	2	5/17/94	4
8	Pursat	31	16	15	0	5/26/94	2
9	T3	154	104	50	5	6/2/94	8
10	Kompong Sam	60	18	42	2	6/6/94	4
11	Siem Reap	98	28	70	4	6/20/94	5
12	Battambang	219	85	134	14	7/5/94	11
13	Tropaing Phlong	251	0	251	0	7/19/94	12
TOTAL		1492	696 (47%)	796 (53%)	74 (5%)		86

Note: In the case study number of 86 there are: 4 Vietnamese (1 female, 3 male)
1 Singapore male
5 Cambodian females

Prison Population 1995
Number of prisoners according to prison records at the date of the visit

No.	Name of prison	Date	Female	Detainee	Convicted	Total
1	Pursat	2/1/95	0			31
2	Battambang	2/2/95	13	101	168	269
3	Kompong Chhnang	2/3/95	1	28	36	64
4	PJ	2/6/95	5	36	2	38
5	T3	2/6/95	25	208	68	276
6	Takmao	2/7/95	5	55	88	143

BACKGROUND

In the last twenty-five years, Cambodia's people have suffered a relentless onslaught of disasters of human origin -- from the massive aerial bombardment by the United States in the early 1970s, to the rule of the murderous Khmer Rouge from 1975 to 1979, to the widespread famine that followed, and most recently to a savage twelve-year civil war.

By late 1978, when Vietnamese troops took control of Phnom Penh and installed a puppet government, Cambodia was a ruined country. In less than four years, more than one million people had died as a result of the Khmer Rouge's brutal policies.[15] Much of Cambodia's educated or trained manpower either had been killed or fled the country. Of the 450 physicians in Cambodia before 1975, only forty-five remained, and of those, twenty left the country after the Vietnamese invasion. Large sections of the population suffered from tuberculosis, malaria, and gastrointestinal and respiratory diseases -- all of which were compounded by malnutrition.

Hundreds of thousands of people died on agricultural collectives, where the Khmer Rouge forced men, women, and children to work in appalling conditions with little food and no medical care. Tens of thousands of others were executed or tortured to death in detention and interrogation camps. The hub of a nationwide system of individual arrest, interrogation, torture and execution was a former Phnom Penh secondary school, now called Toul Sleng. Extensive prison archives indicated that more than 15,000 persons brought to this prison -- known as S-21 during Khmer Rouge rule -- were executed, usually after being tortured.[16]

An interview with a survivor of imprisonment during Khmer Rouge rule illustrates the horrors of the prevailing prison conditions. Accused of conspiracy to murder Chinese advisers, M.C., then a trained electronics technician, spent thirteen months in Siem Riep prison during 1978-1979. His only offense was revealing, through his skills, that he was educated. M.C. and over two thousand other prisoners were held in a prison designed to house one hundred inmates. The food at the prison was a thin gruel containing ten grams of rice per prisoner each day. M.C., like many of the other prisoners, was shackled twenty-four hours a day in a small cell. He suffered from malaria, scabies, and had only one pair of underwear for clothing. Beatings with a wooden club were routine. Scores of prisoners died each day, mostly of starvation and disease. Others were executed.

---

[15] Elizabeth Becker, *When the War Was Over: Cambodia's Revolution and the Voices of Its People*. New York: Simon & Schuster, 1986.

[16] David Hawk, "The Cambodian Way of Death: 1975-1979," in Eric Stover and Elena O. Nightingale, eds., *The Breaking of Bodies and Minds: Torture, Psychiatric Abuse, and the Health Professions:* New York: W.H. Freeman and Company, 1985, p. 39.

Twice M.C. narrowly escaped execution. One night early in his imprisonment, he was told that he was to be "released," which he understood to mean that he was to be executed with a group of prisoners. However, the vehicle that was to take them to the execution site broke down, and as he was the only person capable of repairing the vehicle, he was spared by his would-be executioners. A similar event took place several weeks later when he was marched outside of the prison walls to be shot, and the loudspeaker system in the prison broke down; again his skills were required for the repair. M.C. was eventually transferred to a labor camp and escaped to freedom following the Vietnamese invasion in 1979.

In the wake of the Vietnamese invasion, Cambodia descended into civil war. Hundreds of thousands of Cambodians fled to refugee camps across the Thai border. At the same time, most of the world's governments had refused to recognize the new Cambodian government[17] because it was the Vietnamese-installed successor to the Khmer Rouge regime. International isolation further punished the Cambodian people by depriving them of the international assistance required to rebuild their lives and reconstruct their shattered country.

In October 1991, the warring factions[18] signed a peace accord in Paris, paving the way for the arrival, in March 1992, of the United Nations Transitional Authority in Cambodia (UNTAC), whose mandate included supervising and monitoring a cease-fire, disarming the factions, organizing and conducting elections, supervising training in land mine clearance, and investigating complaints of violations of human rights. During this transitional period, Cambodian sovereignty was to be embodied in a Supreme National Council (SNC), comprised of the four Cambodian factions under the chairmanship of Prince Norodom Sihanouk Varaman. The SNC was to delegate to UNTAC "all powers necessary to ensure the implementation" of the accords.

UNTAC's human rights mandate was the most extensive in the history of United Nations peacekeeping. It included a program of human rights education, monitoring of the judicial and legal system and police, investigation of human rights complaints, and the

---

[17] Between 1979 and 1991, the Hen Sen government detained and tortured hundreds of real and suspected political opponents. See Amnesty International, *Kampuchea: Political Imprisonment and Torture.* London, 1979, and Lawyers Committee for Human Rights, *Cambodia: The Justice System and Violations of Human Rights.* New York, May 1992.

[18] The "Agreement on a Comprehensive Political Settlement of the Cambodia Conflict," commonly known as the Paris Peace Agreements, was signed by the State of Cambodia Government (SOC); the Party of Democratic Kampuchea (PDK), usually known as the Khmer Rouge; the national United Front for an Independent, Neutral, Peaceful and Cooperative Cambodia (known by its French acronym as FUNCINPEC); and the Khmer People's National Liberation Front (KPNLF). The PDK, FUNCINPEC, and the KPNLF had been engaged in armed opposition to the SOC Government since its installation following the Vietnamese army invasion of Cambodia in 1979.

taking, where appropriate, of corrective actions.[19] UNTAC human rights monitors were dispatched to every province and, among other things, had the authority to inspect prisons and interview prisoners.

According to the Paris accords, all Cambodian parties were to release their "prisoners of war" and political prisoners under the direction of the International Committee of the Red Cross (ICRC). In January 1992, the ICRC became the first international organization in decades to gain access to Cambodia's prisons. Within a year, the ICRC had supervised the release of nearly 2,000 political prisoners.

UNTAC human rights monitors began visiting prisons regularly in June 1992. They found conditions in the prisons fell short of international standards. The most egregious violations were: the widespread use of shackling, both as punishment and as a routine security measure; the frequent solitary confinement of detainees in small, dark, poorly-ventilated cells for extended periods of time; and the deprivation of food and water as a form of punishment.[20] On several occasions, UN monitors instructed prison officials to remove shackles or appealed to provincial authorities to order their removal.

UN monitors investigated several cases of alleged torture and extrajudicial executions in Cambodia's prisons. The two most serious cases occurred in prisons in the provincial capitals of Battambang and Prey Veng. On May 16, 1993, seven prisoners who were recaptured after escaping from Prey Veng prison were allegedly executed by the prison's deputy director. Several other prisoners were allegedly tortured. Soon thereafter, UNTAC and local police arrested the deputy director on multiple murder charges.

In Battambang, UNTAC's human rights division launched an investigation into allegations of torture at the provincial prison after one UNTAC monitor took testimonies from several prisoners. These prisoners alleged that the prison's deputy director took a sadistic pleasure in beating and torturing prisoners. On several occasions, he allegedly tied prisoners to a tree in the center of the prison yard and, in full view of the other inmates, burned their bodies with hot pokers. In July 1993, UNTAC police arrested the prison deputy director.

UN monitors found health conditions in Cambodia's prisons to be poor, and the provision of appropriate medical services to prisoners to be practically nonexistent. In June

---

[19] According to the United Nations Centre for Human Rights, UNTAC's human rights component "conducted over 1,300 investigations into allegations of abuses of civil and political rights, notably politically or ethnically motivated killings, arrests, abductions, as well as patterns of violations, such as harassment and intimidation by local police, military or administrative authorities against political parties." See Commission on Human Rights, Economic and Social Council, p. 9.

[20] United Nations Transitional Authority in Cambodia, *Human Rights Component Final Report,* Phnom Penh, September 1993, p. 19.

1992, a PHR representative travelled with UN monitors to several prisons in Phnom Penh and Battambang. During a tour of T3 prison in Phnom Penh, the UN monitor, himself a physician, happened to open the door of a cell housing at least twenty or more male prisoners. In the far corner of the cell, lying on a straw mat, was a prisoner who was suffering from the advanced stages of malaria. When the UN monitor asked the chief of the prison guards why the man had not been taken to hospital, he replied that no one had told him the man was sick. Later that day, the UN monitor took the prisoner to an UNTAC hospital.

Conditions in Cambodia's prisons improved during the transition period partly because of the presence of UN monitors and partly because of the formation, at the urging of UNTAC, of a Prison Commission within the Ministry of National Security. The Prison Commission reviewed the cases of all prisoners held in officially-recognized prisons.[21] This review process resulted in the release of hundreds of juvenile and elderly prisoners, as well as prisoners who had been detained without proper charge or trial for excessively long periods. Such progress notwithstanding, prisons remained overcrowded and unhealthy, and most prisoners continued to be held without trial.

At the time of UNTAC's arrival in March 1992, Cambodia's legal system was in complete disarray. Most courts were understaffed, lacked adequate resources, and were easily corrupted by local officials. The judiciary lacked independence, and judges were subject to direction by the executive, including the Ministry of Justice, Council of Ministers, and local political and administrative authorities, and to pressure by the police and the Ministry of National Security. There were less than a dozen professionally-educated legal practitioners. The few prisoners who gained access to defense counsel had to rely on "defenders," who were inadequately-trained government officials.

No legal system existed outside of SNC-controlled areas. Local political officials, usually in strict compliance with their military commanders, determined the guilt of a person without any formal procedures and dispensed summary justice. In some areas, civilians were often summarily executed for minor offenses, as well as for robbery, rape or murder, while military personnel who committed the same crimes were rarely punished.

On September 10, 1992, the SNC, at the urging of UNTAC, adopted a set of transitional provisions on judiciary and criminal law. The provisions were intended to ensure greater independence for courts and respect for human rights. However, they were never fully implemented and were largely ignored at nearly every level of the legal system.

UNTAC, frustrated by the failure of Cambodian authorities to detain officials who were human rights offenders, established a Special Prosecutor's Office in January 1993. Within a month the office had issued warrants for sixteen suspects, four of whom were

---

[21] After the signing of the Paris Peace Agreements and prior to the formation of the Prison Commission, all known political prisoners had been released.

immediately arrested. But when the Special Prosecutor sought to bring charges against two of the accused in the Phnom Penh Municipal Court, the President of the Court declined to accept jurisdiction. It was later learned that the Minister of Justice had threatened the judge with arrest if he accepted the cases.

The three UNTAC detainees (one had died in custody) continued to be held without trial until the termination of the UNTAC mandate on September 31, 1993, when they were transferred to Cambodian courts. By late 1993, only one of the detainees, the former Deputy Director of the Battambang Prison, had been convicted and sentenced to one year in prison and ordered to pay compensation to the victims' families.

In the final report of the Human Rights Component of UNTAC, health conditions in the prisons were noted to be a pressing concern:

> ...the health situation in prisons at the end of UNTAC's mission remains tenuous. Problems related to providing adequate food had not been resolved, despite numerous efforts by UNTAC. Food remains generally inadequate in amount and quality. There are still numerous cases of TB, beriberi, and other illnesses, and seriously sick prisoners often are not segregated from other prisoners.[22]

Since UNTAC's departure, Cambodia's legal system has changed very little. There is still a dearth of lawyers, as well as a lack of funds to train lawyers and judges. To make matters worse, the Ministry of Justice receives only 0.2% of the national budget. As a result, most prisoners have never been charged or tried. According to a study conducted by the local human rights organization, the Cambodian League for the Promotion and Defense of Human Rights (LICADHO), in May 1994, 77% of prisoners held in prisons in the Phnom Penh area had received no trial, and 38% had been in prison for more than six months without trial. One prisoner had been awaiting trial for eight years.[23]

---

[22] United Nations Transitional Authority in Cambodia, *Human Rights Component Final Report*, p. 23.

[23] Anugraha Palan, "Hockry moves to counter prison critics," *Phnom Penh Post*, July 1-4, 1994.

International and Domestic Standards for the Protection and Care of Detainees and Prisoners

All governments -- no matter how rich or poor -- are obligated to provide prisoners and detainees with a minimum level of care. Standards for care are set forth in the United Nations Standard Minimum Rules for the Treatment of Prisoners,[24] which apply to persons who have been charged and are awaiting trial and to those arrested or imprisoned without charge (see Appendix B). The Standard Minimum Rules, which were adopted into Cambodian law through the Transitional provisions, Article 12, do not describe a model system of penal institutions. Rather, they establish minimum guidelines, that may be adapted to the political, economic, social, and legal circumstances of individual countries.

The Standard Minimum Rules do not address the reasons for or manner of detention, but only the conditions of detention. Thus, they are complementary to the substantive protections against arbitrary detention which are provided in other human rights instruments. The Standard Minimum Rules state that the purpose of imprisonment is to isolate an offender from the outside world by depriving him or her of "the right of self-determination by depriving him of his liberty. Therefore, the prison system shall not, except as incidental to justifiable segregation or the maintenance of discipline, aggravate the suffering inherent in such a situation."

While not a binding treaty, the Standard Minimum Rules provide guidelines for governments in the care and housing of prisoners and detainees. The rules address the formalities of registration of prisoners; separation of different categories of prisoners; and regulation of a prisoner's daily life, including accommodation, personal hygiene, clothing, bedding, food, exercise, and sport. The detailed provisions relating to medical services include a recommendation that a prison medical officer see and examine every prisoner "as soon as possible after his admission and thereafter as necessary." Prison medical officers should also have some knowledge of psychiatry.

The provisions on discipline and punishment include an absolute prohibition of: the use of corporal punishment; punishment by placing a prisoner in a dark cell; cruel, inhuman, or degrading punishment; and the use of instruments of restraint, such as handcuffs, as punishment. Several provisions include restrictions on the use of force, which must be "no more than is strictly necessary" and which must be reported immediately to the director of the institution.

---

[24] United Nations Standard Minimum Rules for the Treatment of Prisoners adopted by the First United Nations Congress on the Prevention of Crime and the Treatment of Offenders, held at Geneva in 1955, and approved by the Economic and Social Council (ECOSOC) by its resolution 663 C (XXIV) of 31 July 1957. The ECOSOC resolution also requested the UN Secretary-General to review, every five years, the progress made in applying the Standard Minimum Rules, which were to serve as a model for future standard-setting.

Prisoners in Cambodia are further protected by the Cambodian Constitution (see Appendix D) and international human rights instruments which contain absolute prohibitions against torture and cruel, inhuman or degrading treatment.[25] Article 38 of the Cambodian Constitution provides:

> The law guarantees any individual from being physically abused. The law shall protect the honor, the dignity and the lives of the people. The arrest, indictment or detention of any person shall not be done unless in conformity with the law. Coercions, physical ill-treatment or any treatment that aggravate punishment of a detainee or prisoner shall be prohibited. The principals, co-principals or accomplices of such acts shall be punished according to the law. Confessions obtained by physical or mental coerciveness shall not be admissible as evidence.

Obligations for the role of health professionals in prisons are set forth in the UN document, Principles of Medical Ethics relevant to the Role of Health Personnel, particularly Physicians, in the Protection of Prisoners and Detainees against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.[26] This document prohibits the participation of health professionals in interrogation or in any form of treatment or punishment of prisoners or detainees that may adversely affect their physical or mental health. Health personnel charged with the medical care of prisoners have a duty to provide them with protection of their physical and mental health and treatment of disease of the same quality and standard as is afforded those who are not imprisoned or detained.

The Standard Minimum Rules are of little use if they are not implemented. In addition, they should be broadly disseminated among law enforcement and prison officials, judges, lawyers, executive and legislative branches, and the public. At the national level, standards can be implemented either by their direct incorporation into national legislation or by their use indirectly as non-binding norms or goals. Once standards are adopted by governments, their implementation must be supervised either by a central authority, such as a prison administration, or by legislative, executive, or judicial institutions. In recent years, national legislatures in a growing number of countries have appointed a parliamentary ombudsman to investigate prisoner complaints.[27]

---

[25] Constitution of the Kingdom of Cambodia (September 21, 1993); Universal Declaration of Human Rights, Article 5, adopted December 10, 1948, GA res. 217A (III), UN Doc. A/810 (1948); Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, G.A. res. 39/46, 39 UN GAOR Supp. (No. 51) at 197, UN Doc. A/39/51 (1985), entered into force June 26, 1987.

[26] Principles of Medical Ethics Relevant to the Role of Health Personnel, Particularly Physicians, in the Protection of Prisoners and Detainees against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, adopted by the United Nations General Assembly resolution 37/194 of 18 December 1982.

[27] Jiri Toman, "Quasi-Legal Standards and Guidelines for Protecting Human Rights," in Hurst Hannum, ed., *Guidelines to International Human Rights Practice*. Philadelphia: University of Pennsylvania Press, 1992, pp. 192-210.

PRISON CONDITIONS AND THE TREATMENT OF PRISONERS

Since the UNTAC period, Cambodia has had one of the lowest incarceration rates in the world, approximately twenty-one prisoners per 100,000 population. However, it is likely that the numbers of those incarcerated for criminal offenses will increase as the Cambodian government reforms its judicial system. There are already indications that the prison population has begun to rise at an alarming rate.

The Royal Government of Cambodia maintains twenty-four civilian prisons throughout the country. In January 1994, the Prison Department of the Ministry of Interior reported that these facilities held 1,779 prisoners.[28] Of these, 664 inmates (37%) had been sentenced and 1,115 (63%) were awaiting trial. Eighty-one of the prisoners (5%) were women. There was no information on the number of incarcerated juveniles under the age of eighteen. According to Ministry of Interior figures, the total prison population in January 1995 was 2,299, representing an increase of 29% over the calendar year 1994.[29]

Physical Conditions

Prisons in Cambodia are in a deplorable state of decay. The structures are either of French Colonial construction dating as far back as the 1920s, or buildings that were erected during the 1980s to accommodate the rapid expansion of the prison population under Vietnamese occupation. Both classes of construction have not seen significant renovation and are in dire need of repair; in some cases the buildings are literally collapsing on the prisoners.

Beginning in 1992, at the request of UNTAC, the International Committee of the Red Cross (ICRC) initiated the Water and Sanitation Program (WATSAN), whose goal was to provide latrines and potable water for the prisons. ICRC engineers worked with several international aid organizations to rehabilitate or construct these systems in eighteen prisons. The program concluded in mid-1994.

The atmosphere in Cambodia's prisons, with some exceptions, is generally relaxed. There is a frequent lack of security regime, and it is not unusual to see prison guards napping at an open gate while prisoners are locked up in their cells. In daylight hours, there

---

[28] See Appendix G for table on the general prison population (January 1994 and July 1994) as provided by the Ministry of Interior of the Royal Government of Cambodia.

[29] Personal communication, General Na Saing Hieng, January 1995, Director, Prison Department, Ministry of Interior. Further details on the numbers in each prison were not available at the time of this writing.

is often considerable traffic of visitors. The medical team members were allowed to meet with prisoners in their cells or stroll with inmates about the courtyard. One does not perceive an overall adversarial relationship between the prisoners and the guards; rather, cooperation appears to be the norm. Some prison compounds, like Prey Sar and Battambang, have attractive courtyards shaded by large tropical trees. This outward appeal disguises the needless suffering of inmates that takes place within.

On April 20, 1994, a large number of prisoners escaped from the Kompong Cham provincial prison through the rotting tile roof.[30] The inmates had been crowded into the more secure cells, leaving others nearby empty. The Prison Director and his two deputies were both demoted in the aftermath of the escape. In a follow-up visit to Kompong Cham prison in January 1995, UNCHR staff reported that sixty prisoners are now kept in a higher security structure under conditions of extreme overcrowding. These new cells are in a building that was planned as a prison infirmary, but has now been converted into a cell block.

In Kompong Chhnang prison, the rear of the main French Colonial building contains holes in the brick wall through which prisoners have escaped. The medical team observed that each hole had a numeral above it ranging from one to five. Prison officers explained that the numbers refer to the number of prisoners who have escaped through that particular opening. Two of the cells in the main building were not in use due to the lack of secure cell walls. Security guards indicated that they routinely shackled prisoners deemed to be a security risk in this and other prisons.

Takmao prison in Kandal province is located on the outskirts of Phnom Penh. Originally an old cotton-wool factory, the facility was converted into a prison in the 1980s. An iron-bar grid is fastened as a makeshift ceiling atop brick walls. Overhead, a tile roof provides minimal cover during the rainy season. In the facility, prisoners are routinely subjected to severe overcrowding and prolonged hours of confinement in cage-like structures for their initial years of imprisonment.

Most of the Cambodian prison officials interviewed by the medical team accepted and supported the basic concepts that are important to prison health care and conform with the Standard Minimum Rules: adequate space, ventilation, light, sanitation, nutrition, and access to medical care.

PJ Prison Renovations

During the investigation in 1994, the team found that conditions in the Police-Judiciaire (PJ) Prison, set in the heart of the capital of Phnom Penh, were worse than any other prison they had visited in Cambodia and clearly in violation of the Standard Minimum

---

[30] The exact number of escaped prisoners was not confirmed by prison officials, but is estimated at twenty-five.

Rules. The prison, built in 1937 as a short-term police lockup designed for thirty to forty inmates, was housing 216 prisoners at the time of the team's visit in May 1994. Overcrowding was so severe that some inmates reported having to sleep on the overflowing latrine. The inmates received only one meal a day consisting of rice and thin soup. Diarrhea and skin diseases, such as scabies, fungal infections, and abscess were common, and prisoner-on-prisoner violence was high.

After their second visit to the prison, a consensus was reached among team members that it would not be appropriate to delay reporting, and the team decided to release a preliminary report on conditions in PJ.[31] The report called for the immediate closure of the prison pending renovation of the sewage facilities. The report was made available to the Cambodian government and garnered attention in the local and international press.

In June 1994, Cambodian head of state, King Norodom Sihanouk, responded to the report in a letter from his residence in Beijing (see Appendix F). The letter called on the government to "release, for humanitarian reasons, the very sick prisoners...and more particularly those who, in general, have not committed serious crimes, or violent crimes."

Within a month, the Cambodian government had begun to rehabilitate the facility with financial support from the Australian government, and technical assistance from the International Committee of the Red Cross (ICRC) and the Prison Assistance Program of UNCHR. The government gradually transferred over 150 inmates, releasing some fifty prisoners, to less crowded facilities in Prey Sar, Tropeung Ploeng, and T3. In-kind renovations undertaken by the Royal Cambodian Government at the three prisons where prisoners were received.

The medical team was invited to tour PJ Prison with prison officials in February 1995 to review the renovations that were undertaken by the Royal Government of Cambodia. The prison population had not exceeded thirty male inmates during the intervening period. No longer were detainees held in the corridors. The cells were regularly cleaned with antiseptic solution and were newly whitewashed; ventilation and light had dramatically improved, with barred doors replacing solid metal doors, and windows were enlarged. Structural changes were made to the cells to allow prisoners to sleep on elevated platforms. The sewage system had been completely overhauled and the latrines were clean. Inmates were now provided with mats, uniforms, and supplies to maintain personal hygiene. Meals were provided twice each day.

---

[31] See Appendix E for the PHR report, *Health Conditions in Police-Judiciaire Prison: A Preliminary Report*, which was released simultaneously with a report on PJ prison by the United Nations Centre for Human Rights in Phnom Penh. See United Nations Centre for Human Rights, *PJ Prison: A Significant Human Rights Issue*, Phnom Penh, May 1994.

Number of clinical encounters with prisoners in PJ prison by month, 1994. The numbers reflect the reduction of prison population during government-ordered reform in June 1994.

MONTH	PJ
January	189
February	195
March	233
April	187
May	134
June	260
July	86
August	38
September	16
October	6
November	10
December	20
TOTAL	**1,374**

(From *Rapport de Consultations en Prison,*
Médecins du Monde, Phnom Penh, January 1995).
Reprinted with permisson.

T3 Prison Renovations

Upon returning to T3 Prison in early 1995, the medical team found that the renovations, undertaken in-kind by the Prison Department with assistance from the Australian Government, were evident. Overhaul of the city water supply, which allowed for shortages only during the dry season, included access to greater volumes and installation of a reservoir. According to the prison director at T3, the amount of water was now adequate despite a substantial increase in the number of inmates. An infirmary was opened by the international medical organization, Médecins du Monde, in December 1994. The prison director stated that there was added stress with the transfer of approximately ninety inmates from PJ during the summer months of 1994; however, the prison officials were equipped to provide for the increase in population. The prison director cited a need for further renovations.[32]

---

[32] An overhaul of the sewage system at T3 is needed. Food shortages, resulting from the delayed release of food allowances by the central government to the Prison Department, are described later in this report.

Prison Administration

Prison administration in Cambodia is currently under the control of the police rather than the Ministry of Justice, which reflects the lack of a substantive transition in government from the period of the SOC regime.[33]

Of the twenty-four civilian prisons in Cambodia, three are under the direct administration of the Prison Department of the Ministry of Interior. These prisons are T3 Prison in Phnom Penh, Prey Sar Prison in Kompong Spoeu province, and Tropeung Phlong Prison (also known as T5) in rural Kompong Cham province along the border with Vietnam. The latter facility is a higher-security prison for convicted prisoners. The remaining twenty-one prisons are under control of local Deputy Commissioners of Police, to whom the director of each prison reports. The provincial police commissioner has broad authority independent of central Ministry of Interior administration.

The administration of Cambodia's prisons exists in a state of flux and confusion as the responsibility for the prisons and the prisoners rests with three ministries, local government, and local police competing for control.

In February 1994, the Royal Government issued a directive, called Ordinance 31,[34] which, although intended as a measure of transition from police to civil administration, only added to confusion over the governance of the prisons. The ordinance provides a new role for the Second-Deputy Governor in each province in all financial affairs pertaining to the prison, with the exception of promotions and salaries of prison staff. Under these provisions, policies regarding prison renovations, allowances for food and supplies for prisoners, medicines, and health services are under the aegis of the Governor's office.

The investigating team visited with a number of Second-Deputy Governors during the period of the study, which occurred simultaneously with the implementation of Ordinance 31. There was little agreement among the officials involved with prison administration regarding the implementation of the ordinance, although most were familiar with the directive. The degree of implementation of the new policies depended largely on the attitude of individual provincial governors. With no additional funds available to implement the ordinance, there was remote possibility for practical change.

The Ministry of Justice, under its Declaration 509, has the role of inspecting the prisons, exercised through the authority of local prosecutors attached to the courts.

---

[33] For a discussion of the lack of political transition in the government, see James D. Ross, "Cambodia Hasn't Been Rescued," *International Herald Tribune*, May 24, 1994.

[34] Ordinance No. 31 on the Functions of the Governors and Vice-Governors of the Provinces, Municipalities and Their Subordinate Services, February 15, 1994.

According to the UNCHR report,[35] the duties of the inspector include two site visits each month and verification of numbers of pretrial detainees, living conditions, segregation, sanitation, and health matters. Though the medical team was able to verify the practice of inspections in the provinces, it discovered that the role of the Ministry of Justice is largely ineffective, as prosecutors' reports appear to be treated as internal correspondence among judicial authorities and are rarely seen by Ministry of Interior personnel.[36]

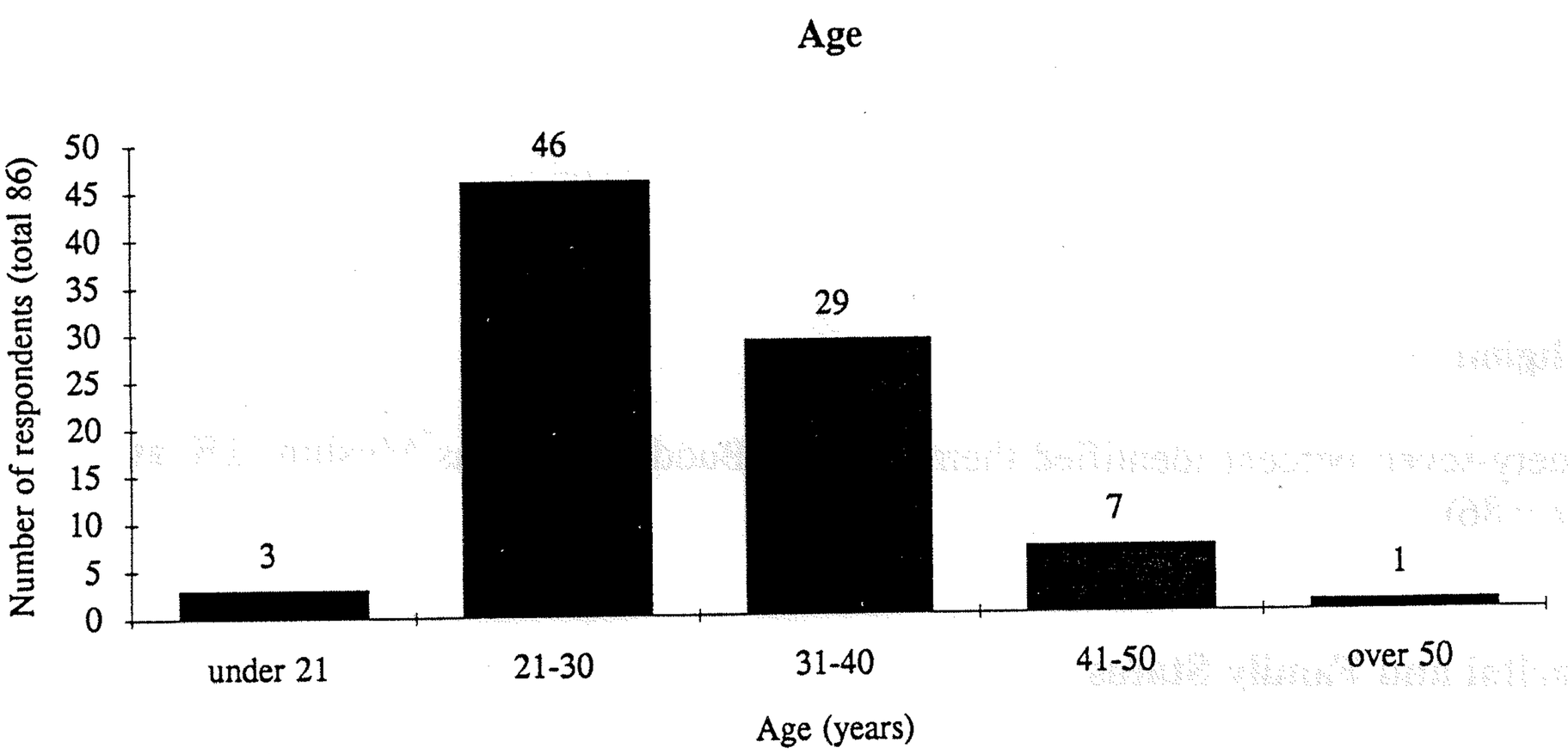
In January 1995, the Ministry of Interior proposed a change in the administrative structure of the Ministry itself -- the Department of Prisons would be removed from the Police Department and report directly to the Department of General Administration of the Ministry.[37] With the exception of salaries and promotion, all matters regarding prisons are now proposed to be outside police administration. This policy has yet to be implemented.

Prison Population

The following are demographic data derived from the medical team's survey describing the prison population:

Gender and Age

Eighty-six inmates were interviewed: 81 men (94%) and 5 women (6%). The mean age was 31 years (range 16 to 57, standard deviation (SD) = 7.3).



[35] United Nations Centre for Human Rights in Cambodia, *State of Cambodian Prisons*, p. 20.

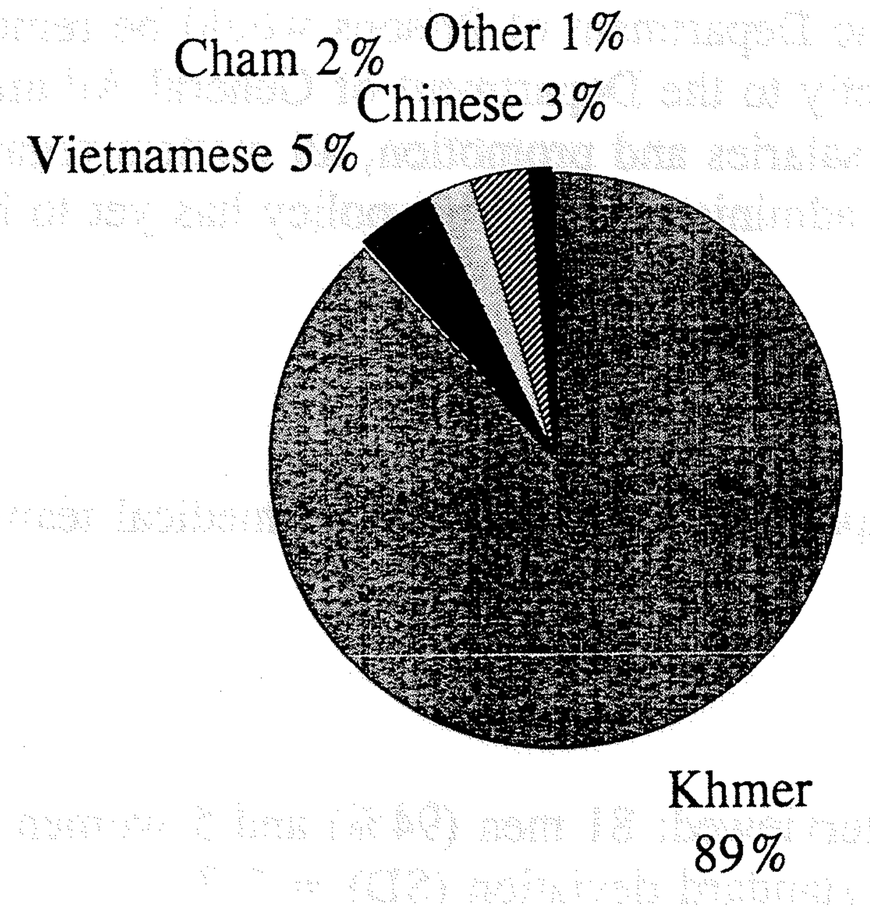
[36] *Ibid*, p. 20.

[37] General Na Saing Hieng, "The Administration of Prisons," a presentation at the seminar "State of Cambodian Prisons," Phnom Penh, January 25, 1995.

Nationality

Ninety-three percent were Cambodian nationals, 6% Vietnamese nationals, and one inmate held citizenship in Singapore (n=86).

Ethnicity



Religion

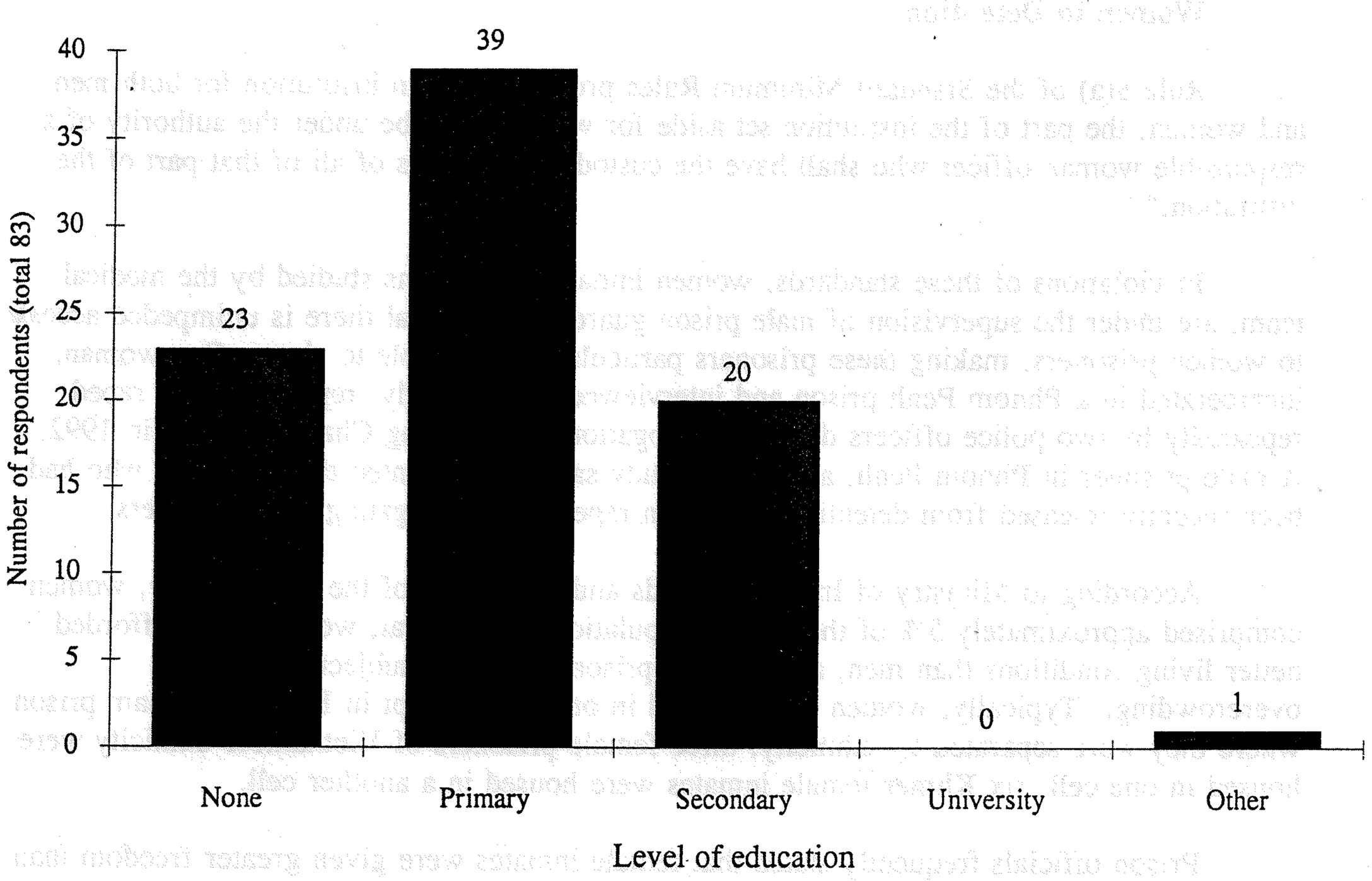
Ninety-seven percent identified themselves as Buddhist, 2% as Muslim, 1% as Catholic (n=86).

Marital and Family Status

Sixty-four percent were married, 22% were single, 12% were divorced or separated, and 2% were widowed (n=86). Sixty-three percent had children, 37% stated that they had no children (n=86). Of those who had children, the mean number was 2.8 (n=54, SD=1.8).

Education

The mean number of years of education was 3.4 (n=86, SD=3.1). Twenty-seven percent reported no education, 46% completed some primary school, 23% some secondary school, and 3% were educated by other means (n=85). None of the prisoners had attended higher education beyond high school.



Literacy

Eighty percent reported ability to read (n=86), and 66% reported being able to write (n=86).

Time in Prison

The mean number of months served at the time of the interview was 33 (n=86, SD=37). For pretrial detainees interviewed by UNCHR, the median period of current incarceration while awaiting trial was five months, though 19% of pretrial detainees were awaiting trial for more than twelve months (n=36). Two of the prisoners reported imprisonment for 108 months (nine years) without trial.[38]

Women in Detention

Rule 8(a) of the Standard Minimum Rules provides: "In an institution for both men and women, the part of the institution set aside for women shall be under the authority of a responsible woman officer who shall have the custody of the keys of all of that part of the institution."

In violations of these standards, women inmates, in prisons studied by the medical team, are under the supervision of male prison guards. In general there is unimpeded access to women prisoners, making these prisoners particularly vulnerable to abuse. One woman, incarcerated in a Phnom Penh prison and interviewed for the study, reported being raped repeatedly by two police officers during interrogation in Kompong Cham province in 1992. A male prisoner in Phnom Penh, also in the study sample, recounted that his wife, who had been recently released from detention, had been raped by interrogating police officers.

According to Ministry of Interior records and the results of the PHR survey, women comprised approximately 5% of the inmate population. In general, women were afforded better living conditions than men, and in most prisons were not subjected to severe overcrowding. Typically, women were housed in one cell, except in Kompong Cham prison where they were separated by ethnicity: three female prisoners of Vietnamese ethnicity were housed in one cell; six Khmer female inmates were housed in a another cell.

Prison officials frequently stated that female inmates were given greater freedom than male inmates. The medical team observed that women were less restricted in their movements on the prison grounds than men. However, in the study sample, only one woman out of four was allowed to work. Given the small number of female inmates, this did not differ statistically from the percentage of men who were allowed work (p=0.23) suggesting that, in regard to access to work, women had no greater freedom in the prisons.

---

[38] United Nations Centre for Human Rights in Cambodia, *State of Cambodian Prisons*, p. 15.

The Case of N.T.

N.T., a 23-year-old ethnic Vietnamese woman held in a provincial prison near the border of Vietnam, illustrates the risks women face when they are not properly separated from male inmates and guards. At the time of the interview, N.T. had served two years of a fourteen-year sentence for allegedly murdering a child in her care. She had no contact with her family, who live in Vietnam, nor with her own two young children.

N.T. lived in a cell with two other female inmates in the same building as male prisoners. During the team's visits, there was no door to the women's cell and prison guards had unimpeded access to the cell. The latrine inside the women's cell was in full view of the prison guards across the hall.

N.T. works in the prison cleaning the kitchen area, cooking for prison officers, and laundering their clothes. She is occasionally paid one thousand riel (about U.S. $0.40) by the prison director for washing clothes, but otherwise she is not compensated for her labor.

N.T., who was visibly fearful during our interview, repeatedly denied that she was ever sexually abused by prison officials or inmates. She did, however, disclose to the team that she was suffering from a chronic purulent vaginal discharge (the prison has no gynecologic services for women). The team subsequently learned from the local human rights organization, LICADHO, that N.T. had undergone three therapeutic abortions during the term of imprisonment.

Juveniles in Detention

According to Rule 8(d) of the Standard Minimum Rules, "young prisoners shall be kept separate from adults." The medical team found that juveniles were inadequately segregated.

Defined as individuals less than eighteen years old, juveniles comprise one percent of the medical team's study population. The Ministry of Interior did not have information on the number of juveniles in detention. A separate cell at T3 prison was used exclusively for juveniles in June 1994. At the time of the medical team's visit, three juveniles were detained in this cell under the supervision of an adult male prisoner. The three were being held for petty theft, serving sentences from six to ten months.

On a follow-up visit to T3 prison in February 1995, the medical team learned that juveniles were no longer segregated from adults. Five inmates under the age of eighteen were mixed with the general population of the prison. The prison director told the team that due to the increase in inmate population, it was no longer possible to designate a cell specifically for juveniles.

Two juveniles were encountered in Prey Sar prison during the medical team visits and two others were interviewed in PJ prison. The latter reportedly had been repeatedly beaten by older prisoners and were later transferred to T3 prison. None of these juveniles were receiving any form of vocational training or education during their imprisonment.

Under Transitional Law in Cambodia, only children over the age of thirteen can be held in pretrial detention. In Kompong Chhnang prison, the investigating team found an eleven-year-old boy detained with his mother. Both were accused of stealing gold from a market stall. They were all housed in a large cell with two other women prisoners and were accompanied by these women's children; a six-year-old girl and a three-year-old boy. Further investigation by UNCHR representatives revealed that reliable eyewitness accounts, obtained by a human rights organization, placed the mother and child elsewhere at the time of the alleged theft.

The prosecutor and judge contended that the child was reported to be sixteen, while the mother and the child stated to the medical team that the child was eleven. Physical examination of the child by the medical team was consistent with his stated age of eleven. After the UNCHR team petitioned the examining judge, and the medical team corroborated the child's approximate age, the judge agreed to confirm the child's age with the teachers at the local school. The following day the child was released from custody and charges were dropped. He remained in the prison with his siblings and mother for several days until the charges against the mother were also dropped for lack of evidence.

The Case of H.H.: A Juvenile in Battambang

H.H. was a sixteen-year-old prisoner in Battambang prison interviewed by the medical team in February 1995. The local court found him guilty of the theft of an old bicycle and sentenced him to six months' imprisonment in December 1994. The boy was housed in a cell with eighty-four adult male prisoners. Prior to his arrest he did not attend school and lived primarily by climbing trees to harvest coconuts. He reported that he cannot read or write. He had no money for school supplies.

As a result of security concerns in the area of Battambang, the prisoners were being let out of their cells for brief periods only.[39] H. H. stated that yard time had recently decreased from two fifteen-minute periods a day to two five-minute periods per day.

On the day of the interview, H.H. was punished for smoking marijuana that some prisoners had purchased from a prison guard. A prison officer forced H.H. to stand in the

---

[39] The annual armed clashes between forces loyal to the Khmer Rouge and Royal Government Forces were occurring in the western districts of Battambang province. These military activities did not appear to affect daily life in the city of Battambang, though were cited by prison officials as justification for added security measures in the prison.

courtyard under direct sunlight for one hour. That afternoon he was to be further punished, though he did not know what that punishment was to be.

When the medical team interviewed him, H.H.'s head was shaved as a sign of mourning. He told the physicians that his older brother had died ten days earlier from malaria, while serving in the military. The youth was not released from prison to observe religious rituals. He told the team that he was worried about family visits being restricted because of security concerns. Supplemental food provided by families was prepared regularly by inmates, although this practice was discontinued ten days earlier by the prison director, who again cited security concerns.

Young Children in Prisons

Children accompanied their detained mothers in several prisons. In Takmao prison, for instance, a three-year-old child lived with his mother who was serving a sentence for murder. The child was born while the mother was in detention, and had lived in the prison since birth. The medical team found the child to be well-nourished, though verbally delayed. Although the MDM team provided medical services in Takmao prison, the child had not been immunized.

During a visit to Kompong Chhnang prison in May 1994, a female inmate, U.P., approached the medical team. U.P.,26, was arrested in 1987 and convicted of the murder of a child. She was sentenced to eighteen years in prison. She complained to the team of abdominal pains and distension of the abdomen. She reported that she had seen personnel at the provincial hospital, and that an abdominal tumor was diagnosed for which she was receiving no treatment. Physical examination of the woman revealed what appeared to be a gravid uterus at second semester of pregnancy, though the prisoner denied that this was possible. She denied sexual abuse or mistreatment by prison officers or other prisoners. The team contacted the local hospital and advised prenatal care.

In February 1995, the medical team returned to find U.P. with a four-month-old infant boy. The mother was allowed to return to her home during the final two months of the pregnancy, and delivered the baby at home. She had returned to the prison with the child to complete her sentence following a seven-month furlough granted by prison officers. The child appeared healthy and well-nourished on examination. He received medical care and immunizations at the provincial hospital. U.P. was worried because she doesn't receive food supplements as she nurses, nor are there nutritional supplements available to the child.

Treatment of Prisoners

Torture

Torture[40] and cruel, inhuman or degrading treatment are strictly forbidden by Article 38 of the Cambodian Constitution,[41] Rule 31 of the Standard Minimum Rules,[42] Article 5 of the Code of Conduct for Law Enforcement Officials,[43] and numerous international human rights instruments.[44] In 1992, Cambodia ratified the International Covenant on Civil and Political Rights[45] and the Convention against Torture[46] -- international instruments which prohibit torture.

---

[40] Torture is defined as "any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity," Article 1, Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

[41] Article 38 of the Constitution of the Kingdom of Cambodia states: "The law guarantees any individual from being physically abused. The law shall protect the honor, the dignity, and the lives of the people. The arrest, indictment or detention of any person shall not be done unless in conformity with the law. Coercions, physical ill-treatment or any treatment that aggravates punishment on a detainee shall be prohibited." Adopted September 21, 1993.

[42] Article 31 of the Standard Minimum Rules states: "Corporal punishment, punishment by placing in a dark cell, and all cruel, inhuman, or degrading punishments shall be completely prohibited as punishments for disciplinary offences."

[43] Article 5 of the Code of Conduct for Law Enforcement Officials states: "No law enforcement official may inflict, instigate, or tolerate any act of torture or other cruel, inhuman or degrading treatment or punishment."

[44] For example, Article 5 of the Universal Declaration of Human Rights provides that "no one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment."

[45] Article 7 of the International Covenant on Civil and Political Rights states: "No one shall be subjected to torture, or to cruel, inhuman or degrading treatment or punishment." Adopted and opened for signature, ratification and accession by General Assembly resolution XKC (XXI), December 16, 1966.

[46] Article 4 of the Convention against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment states that "Each state Party shall ensure that all acts of torture are offences under its criminal law. The same shall apply to an attempt to commit torture and to an act by any person which constitutes complicity or participation in torture." Adopted and opened for signature, ratification, and accession by the General Assembly resolution 39/46 of December 10, 1984.

MISTREATMENT DURING INTERROGATION AND CONFINEMENT	
Beating or torture during interrogation	63%
Shackled during confinement	52%
Solitary confinement in punishment or dark cell	29%

Pretrial Detention and Interrogation

The medical team found a consistent pattern of mistreatment of detainees during interrogation and pretrial detention. Sixty-three percent reported mistreatment (beatings or torture) during interrogation (n=84). Forty-four percent reported that their health deteriorated during interrogation (n=82). Only three prisoners requested medical attention during interrogation (n=84). One received no response, another was refused medical care, a third was referred to a hospital for radiologic evaluation.

Ninety-eight percent of prisoners reported interrogation (n=86). Eighty-four percent were questioned at the police station, 2% by the military, 6% were interrogated in court, and 7% in prison (n=84). Ninety-three percent were interrogated by police, 2% by military, and 5% by judicial officials (n=84).

The following case of two detainees arrested in Kompong Cham province in April 1994 illustrates the treatment of prisoners during the period of arrest and interrogation:

Two newly-transferred detainees had arrived in the morning with fresh wounds that required immediate medical attention.

The medical team privately interviewed and examined the new detainees. The first prisoner (#1), 34 years old, told us that the gang was on its way to raid and rob a village two days before their detention. There were five men in the gang with automatic weapons hidden in a cart. Someone had informed the local military of their plans, and a unit of soldiers was waiting for them along the road to the village. The gang was surprised by the ambush, and three of them managed to flee, leaving the two who were arrested.

Their arms were bound with *kromah* scarves and they were taken to the surrounding forest by five or six soldiers. The two prisoners were separated. Prisoner #1 was standing upright and while still bound, was told that he was to be executed by gunshot immediately. Two of the soldiers told him to start walking. He was shot from behind by an AK-47 at a distance of about three meters. A single bullet entered the left triceps area exiting the anterior shoulder.

Prisoner #2 was with four other soldiers in a separate area of the forest. He heard the shots and believed that his friend had been killed. He was beaten and kicked repeatedly by the soldiers on the head and chest. Then he was told to stand against a tree and was shot from behind with an AK-47. A single bullet entered the left dorsal forearm and exited the palmar forearm.

On physical examination by the medical team, both prisoners were found to have injuries that were consistent with their accounts. Prisoner #2 had facial injuries from the beating and bruises on his chest. The medical team arranged for the two men to be transferred, escorted by armed guards, to the nearby provincial hospital that afternoon. The wounds were debrided and inspected by the surgeon on duty. A radiologic examination of prisoner #1 revealed a complex shattering fracture of the left humeral head. The team was assured by the treating physicians that both men would receive antibiotic therapy. The medical team received information in February 1995 which indicated that both prisoners had recovered following treatment at the Kampong Cham hospital, although prisoner #1 had residual dysfunction of the affected arm.

The case of Y.L., interviewed by the medical team in Takmao prison in April 1994 and February 1995, illustrates the use of extrajudicial amputation by Khum (commune) police officials. Y.L. was arrested in a village in Kandal province on a mid-day in March 1994 for allegedly attempting to steal a motorbike with two accomplices. The owner of the motorbike alerted the Khum police, who fired weapons toward the would-be thieves. Two of the alleged robbers fled the scene, and Y.L. was apprehended by three Khum officers and held at the Khum police station.

Nearby district police were summoned by the gunfire and arrived on the scene approximately thirty minutes following the arrest. The district officers left temporarily and Y.L. remained in the custody of three or four Khum officers, his hands bound behind his back with a kromah scarf. One officer, who allegedly reeked of alcohol, brandished a machete, took Y.L. out into a public area in front of the police station, and applied a single machete blow to the right hand of Y.L. Several villagers reportedly witnessed the incident. The district police returned to the village and transferred the prisoner to a district jail.

The result of the attack on Y.L. was complete amputation of three digits, and incomplete amputation of the index finger of his dominant right hand. The medical team examined Y.L. one month after the event. The MDM medical team debrided necrotic tissue and provided oral antibiotic treatment on a number of occasions. The wound had healed well

with medical attention. Y.L. had spent eight months under crowded conditions in the cage-like facility. At the time of a follow-up visit to Takmao, the prisoner appeared pale, wasted and depressed. He was tried in December 1994 and received an eight-year sentence for attempted robbery of a motorcycle.

Ninety percent of the prisoners that the medical team surveyed reported that no health professional was present during the interrogation (n=81). Three percent said a physician was present but reportedly observed the interrogation and did not participate or prevent the beatings from occurring.[47]

Beatings by Prison Guards

Beatings by police guards in PJ prison were independently reported by several male prisoners. One officer in particular was known to enter the prison regularly while inebriated and randomly beat inmates and extort money.

A common practice in Svay Rieng prison was to force prisoners to stand for prolonged periods in the sun while carrying heavy objects such as bricks. In several prisons the practice of "pointing the finger" was prevalent, when prisoners were forced to stoop in direct sunlight and circle around a point on the ground until they collapsed.

In Pursat prison, private interviews with a number of prisoners during an unannounced follow-up visit in February 1995 produced reliable evidence that beatings by prison officers -- including the prison director -- had occurred in September 1994. The incident followed an attempted escape by three prisoners. The prisoners were punished for not alerting the authorities to the planned escape. The prison officers removed all the prisoners (approximately twelve inmates) from their cells, and bound their hands with rope early in the morning on September 30. They were lined up in the courtyard and beaten with a switch and a heavy stick receiving several blows each. The prison director reportedly beat the prisoners as well.

One inmate, S.P., was singled out for punishment that same morning. He was apparently identified as the instigator of the escape attempt. A number of prisoners recounted that prison officers bound S.P.'s hands with rope. S.P. was then repeatedly kicked in the chest, head, and abdomen, and lashed with a nylon whip and wooden stick by

---

[47] Principle 2 of the Principles of Medical Ethics relevant to the Role of Health Personnel, particularly Physicians in the Protection of Prisoners and Detainees against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment states: "It is a gross contravention of medical ethics, as well as an offense under applicable international instruments, for health personnel, particularly physicians, to engage, actively or passively, in acts which constitute participation in, complicity in, incitement to or attempts to commit torture or other cruel, inhuman or degrading treatment or punishment." [47]

three or four officers. He lost consciousness and was coughing up blood. At 10:00 am he was carried back to his cell. This attack was witnessed by other inmates who themselves were subjected to beatings. Months later, S.P. complained of continued daily hemoptysis (a cough productive of blood). Physical examination by the medical team in January 1995, five months after the beating, revealed parallel linear scars on his lumbar area consistent with beatings with a blunt instrument, as described by a number of witnesses.

C.T., a representative of the prisoners at Svay Rieng prison, himself a former police officer, told the medical team that prisoners are regularly subject to random beatings. He named one prison officer who is a particularly frequent common offender. He stated that 80% percent of prisoners have been beaten during incarceration, and that beatings occur anywhere in the compound. Prisoners are beaten with metal, with wooden poles, and with a special triangular-shaped stick. There is no particular pattern to the injuries inflicted. Beatings can occur on the head, to the face, or on any part of the extremities. According to C.T., there were several recent beatings that were witnessed, and later confirmed, by other prisoners.

Detention and Torture Under Article 4 Outlawing PDK

In late 1994, Article 4, a law banning the PDK party, was passed by the National Assembly. An amnesty was granted which prevented implementation of the law until January 15, 1995. The medical team learned that prisoners were being detained under Article 4.

The medical team learned during a visit to Battambang prison in February 1995 that three prisoners were held under charges of activities or membership in the DK. One of the prisoners interviewed by the medical team gave credible testimony of torture by the arresting military unit. He was a 20-year-old farmer from a western district of Battambang province. According to the prisoner, five days prior to his transfer to Battambang prison, he was out in the hills, unarmed, in an area near his village trapping animals for food. He was accompanied by his brother-in-law who was also detained at Battambang prison and interviewed by the team. The two had been apprehended by a military patrol and taken to an army base.

The prisoner recounted that he was interrogated for five days at the military base and was repeatedly beaten and tortured. The interrogating soldiers tightened a rope around his head with a metal rod that, when rotated, would tighten the rope further. He repeatedly denied that he was a member of the PDK, and as he did so, the rope was tightened around his head. These sessions would last about twenty minutes each time and occurred daily for five days. He was also beaten with a wooden club.

Physical examination of the prisoner by the team in early February 1995 showed injuries consistent with the accounts of his torture. A seven-centimeter rope burn was noted

above both eyebrows. Black and blue linear bruises, ten centimeters in length, were seen in the subscapular area of the left of his back, consistent with whipping with a wire. Multiple bruises on all four extremities were consistent with beatings with a wooden stick.

Overcrowding and Prolonged Hours of Confinement

Severe overcrowding is a regular feature of all prisons in Cambodia. Inmates are packed into cells, while nearby cells remain empty because they require minor repairs, such as a new door or window bar. The problem of overcrowding is exacerbated by the lack of security regimes in prisons, resulting in prisoners being confined to their cells for prolonged periods without exercise.

In several prisons, new arrivals were subjected to periods of extreme overcrowding with little floor space. In Prey Veng prison, the team inspected one cell for incoming inmates that measured 4 x 1.5 meters. It contained four prisoners who had been detained there for over a month. These prisoners were unable to lie down simultaneously. There was no latrine in the cell, and only one hour per day in the courtyard was permitted.

The PHR survey found the median time in hours prisoners were allowed out of their cells each day was less than 1 (n=40, range 0 to 8). Over one quarter of prisoners in the study were confined to their cells without any yard time (27%, n=40). In several prisons, entire blocks of inmates were prohibited yard time. Round-the-clock confinement was the practice for many prisoners in Takmao, PJ, and Prey Veng prisons.

Takmao prison has a cell block with twenty-eight cells, each approximately 3 x 1.5 meters. Two prisoners were confined to each cell and were not allowed out of the cells. Prisoners were detained in this manner for up to two years before they were transferred to larger group cells. During a follow-up visit to Takmao in February 1995, the small cells held three prisoners each.

The PHR survey found the mean floor space per prisoner in the prison system was approximately 2.5 square meters. Nine percent were provided with no mats and slept on concrete or dirt floor. One percent were provided with a mattress, while 85% were provided with a straw mat (n=86).

MEDIAN SPACE PER PRISONER IN PHNOM PEHN AREA PRISONS (1994)	
Prey Sar	4.0 m^2
T3	2.8 m^2
PJ	0.7 m^2

Shackling

According to Rule 33 of the Standard Minimum Rules, "instruments of restraint, such as handcuffs, chains, irons and straitjackets, shall never be applied as a punishment. Furthermore, chains or irons shall not be used as restraints."

There was evidence of the current use of shackles in Kompong Cham, Kompong Chhnang, Pursat, Siem Reap, Battambang, Tropeung Ploeng (T5), and T3 prisons. The investigating team were given shackling devices by prison officers in Kompong Cham, Pursat, and Kompong Chhnang prisons.

In Pursat, prison evidence suggested that incoming prisoners were restrained day and night with an iron shackle on one ankle fastened to a three-meter-long iron bar that was drawn across the cell. The prisoners were removed from the restraints twice each day for a few minutes during meal time.

Prison officials at first denied the use of shackles in Pursat prison; however, when confronted with reliable evidence that shackles were in fact in use, prison officers revealed the location of the shackles, and provided the team with the ankle fittings. A follow-up visit to Pursat Prison by the medical team with UNCHR in February 1995 showed no evidence of the practice of shackling. Prisoners reported that the practice was discontinued immediately following the medical team's initial visit.

In Kompong Chhnang prison, inmates who were believed to be at risk for escape, or who had attempted escape, were shackled at night -- two or three prisoners together, each with a single leg in the shackle -- with the use of wooden home-made stocks.

Dark Cells/Solitary Confinement

Punishment by solitary confinement is usually decided by the Prison Director. Twenty-eight percent of prisoners surveyed had been held in solitary confinement during their detention (n=84). Fifty-two percent of those had been shackled during solitary confinement. Inmates in Takmao prison were subjected to solitary confinement in a dark cell for disciplinary offenses. According to Rule 31 of the Standard Minimum Rules, "... punishment by placing in a dark cell, and all cruel, inhuman, or degrading punishments shall be completely prohibited as punishments for disciplinary offenses."

Use of restraints and solitary punishment cells was evident in a number of prisons as well. In Prey Veng prison, inmates described a dark cell which they nicknamed "T6."[48] Prisoners were confined to T6 for escape attempts or other disciplinary offenses. The cell had no light source, and had no window for ventilation.

[48] Several of the prisons in Cambodia carry the designation T, as in the central prison T3 in Phnom Penh.

During one visit to Takmao, the team interviewed one prisoner who had been in solitary confinement for nine days for "yelling out to his friend." The solitary cell is alongside others in the cell block and is the same size as the other cells. The punishment cell has a brick ceiling and a 20 centimeter x 20 centimeter opening for light and ventilation at the bottom of the door, while the other cells in the block are well-ventilated with iron bars on the ceiling. The heat inside the cell was considerably greater than the ambient temperature, which was well above 40°C during the team's inspection.

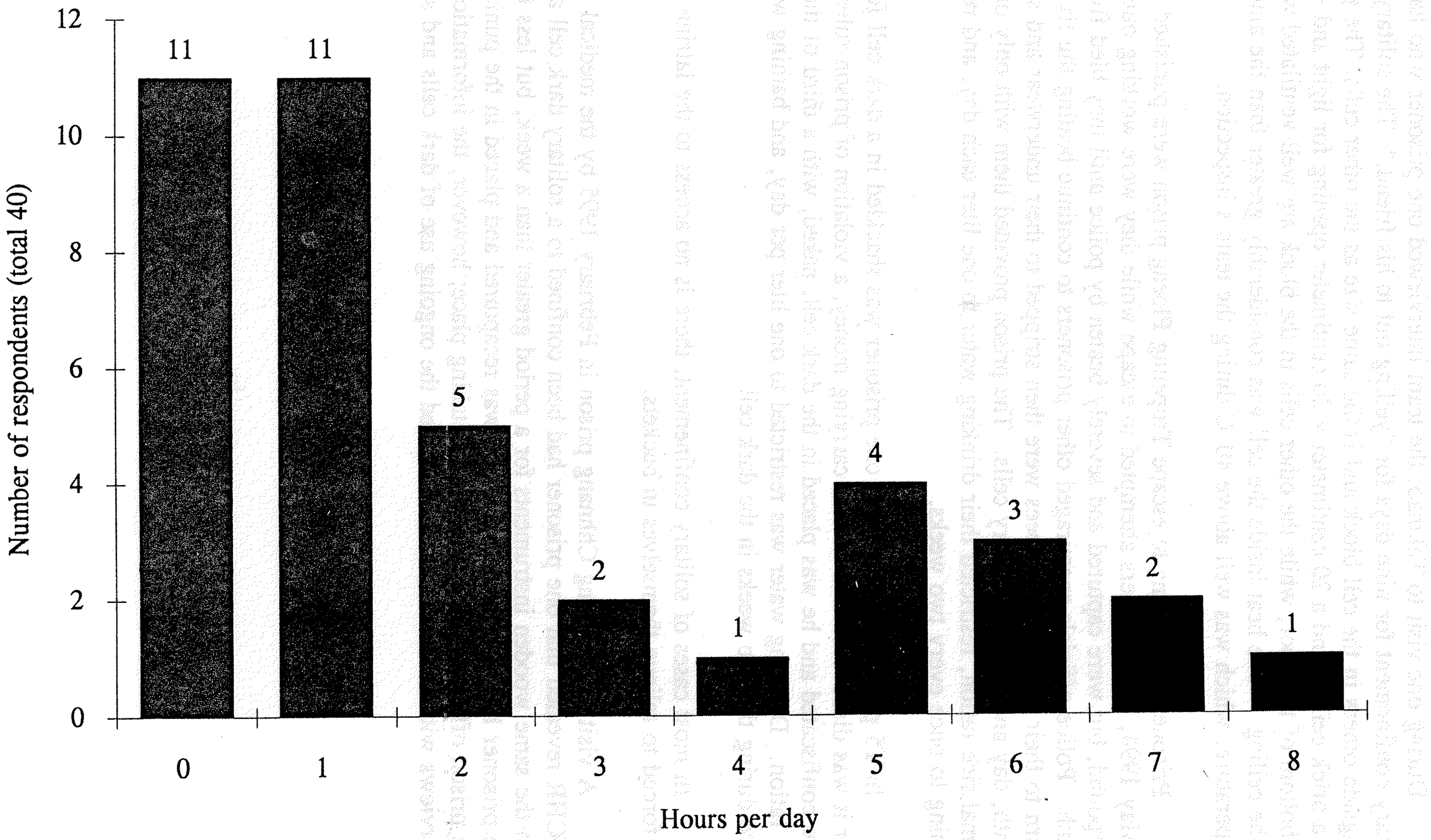
Prisoners attempting to escape Tropeung Ploeng prison were punished with shackling. In May 1994, five prisoners attempted to escape while they were working outside the prison compound, but were captured and severely beaten by police until they bled from the nose and mouth. Police officials encouraged other prisoners to continue beating the five upon their return to their cell. The escapees were then stripped to their underwear and shackled for a month, day and night in solitary cells. The prison provided them with only one third of the normal rice ration, restricted their drinking water to one liter each day, and restricted their bathing to once every two weeks.

In T5 prison, in June 1994, one prisoner was shackled in a dark cell for two weeks after it was discovered that he was carrying money, a violation of prison rules. His clothes were confiscated and he was placed in the dark cell, naked, with a third of the usual daily rice ration. Drinking water was restricted to one liter per day, and bathing was possible only twice during the two weeks in the dark cell.

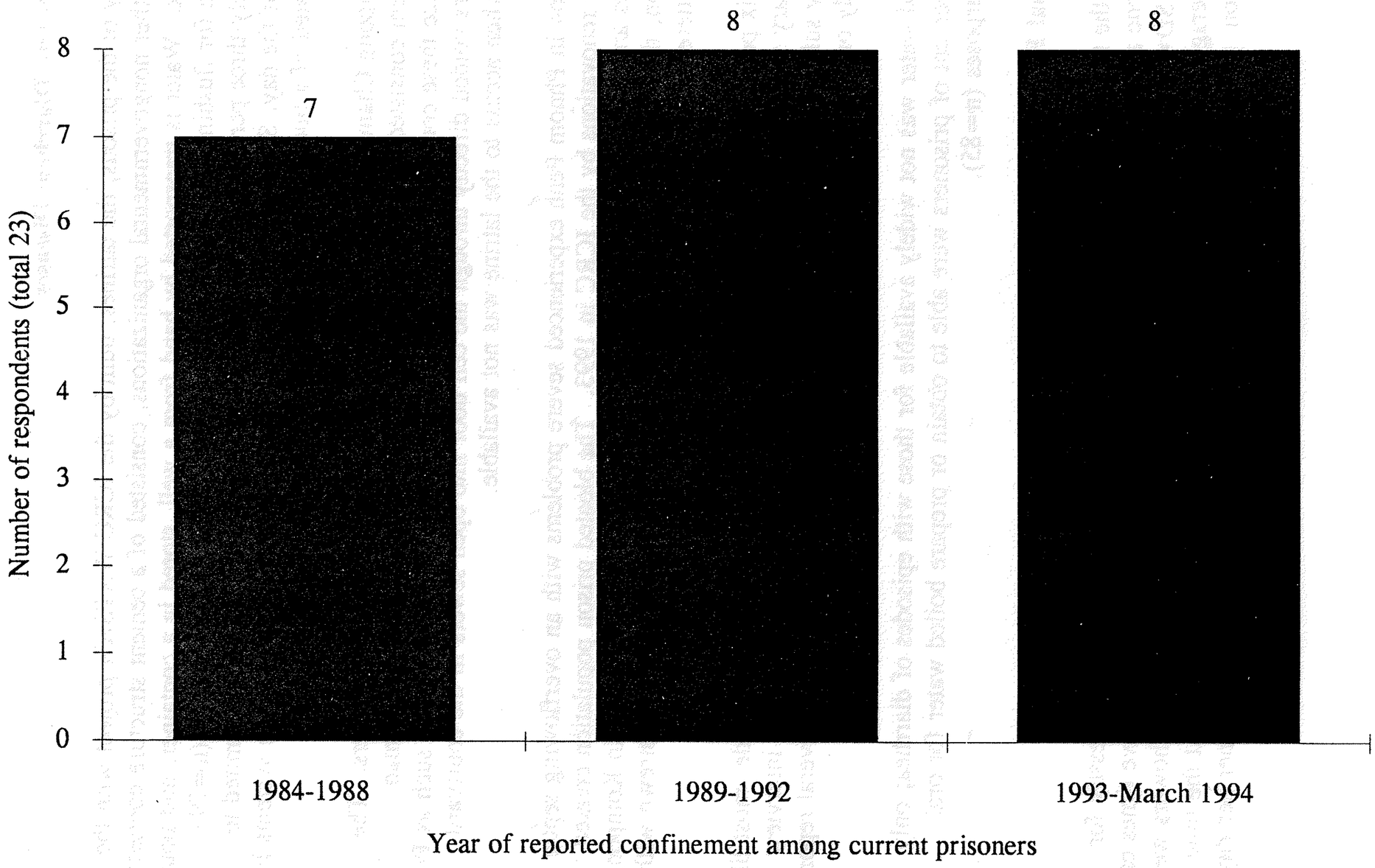
In most cases of solitary confinement, there is no access to the latrine and prisoners are forced to relieve themselves in buckets.

A visit to Kampong Chhnang prison in February 1995 by the medical team and UNCHR revealed that one prisoner had been confined to a solitary dark cell and shackled with the same wooden instruments for a period greater than a week, but less than two weeks. The prisoner had attempted escape and was recaptured and placed in the punishment cell. The prison officers denied that this was taking place; however, the information from private interviews with several inmates confirmed the ongoing use of dark cells and shackling.

Time let outside of cells



Solitary confinement



Environmental Health and Sanitation

Latrines and Diarrheal Diseases

In many of the prisons, the latrines, built by the ICRC WATSAN project with the assistance of other nongovernmental organizations, consisted of a cement structure connected to a septic tank. Water is transported by hand from a well, stored in a container, and poured over the latrine for flushing. The mean number of prisoners per latrine was 25 (n=79, SD=19). Ninety-three percent reported some access to the latrine, but it was limited to certain times of the day. Seven percent had no access to latrines. Open sewage systems in the cells consisted of a bucket or similar plastic container (n=85).

In Kompong Cham prison there were no latrines available to the prisoners. The sanitation system consisted of boxes of dirt. Many of the prisons reeked of human excrement, since these containers were emptied infrequently. In some prisons, such as Prey Veng, prisoners voided directly through the cell door into open sewers in the courtyard during times when access to the latrine was not available.

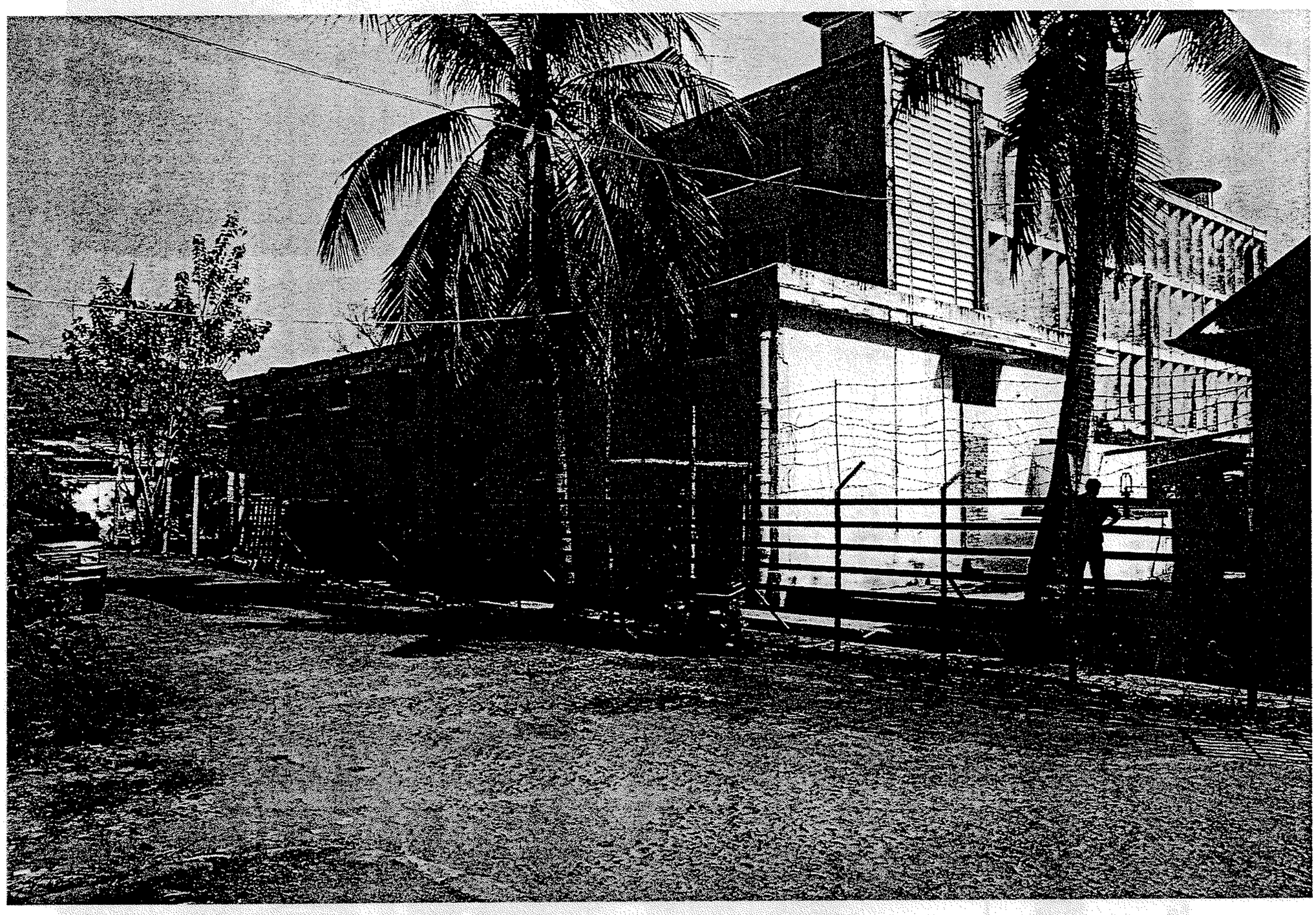
PJ prison in Phnom Penh experienced severe problems with an overflowing septic system despite renovations by the ICRC in 1993. The bloated prison population created water shortages and an overwhelmed sewer that emptied waste into the cells. In Kompong Chhnang prison, the area between the cells was cleaned infrequently, and was strewn with garbage and littered with standing pools of water.

Sixty-six percent of inmates reported having at least one diarrheal episode, most likely due to unsanitary food preparation and water supply, in the month prior to our interview (n=85). They suffered a mean of four days of diarrhea (n=56, SD=2.5). Several reported repeated bloody or mucous stools suggestive of bacterial dysentery.

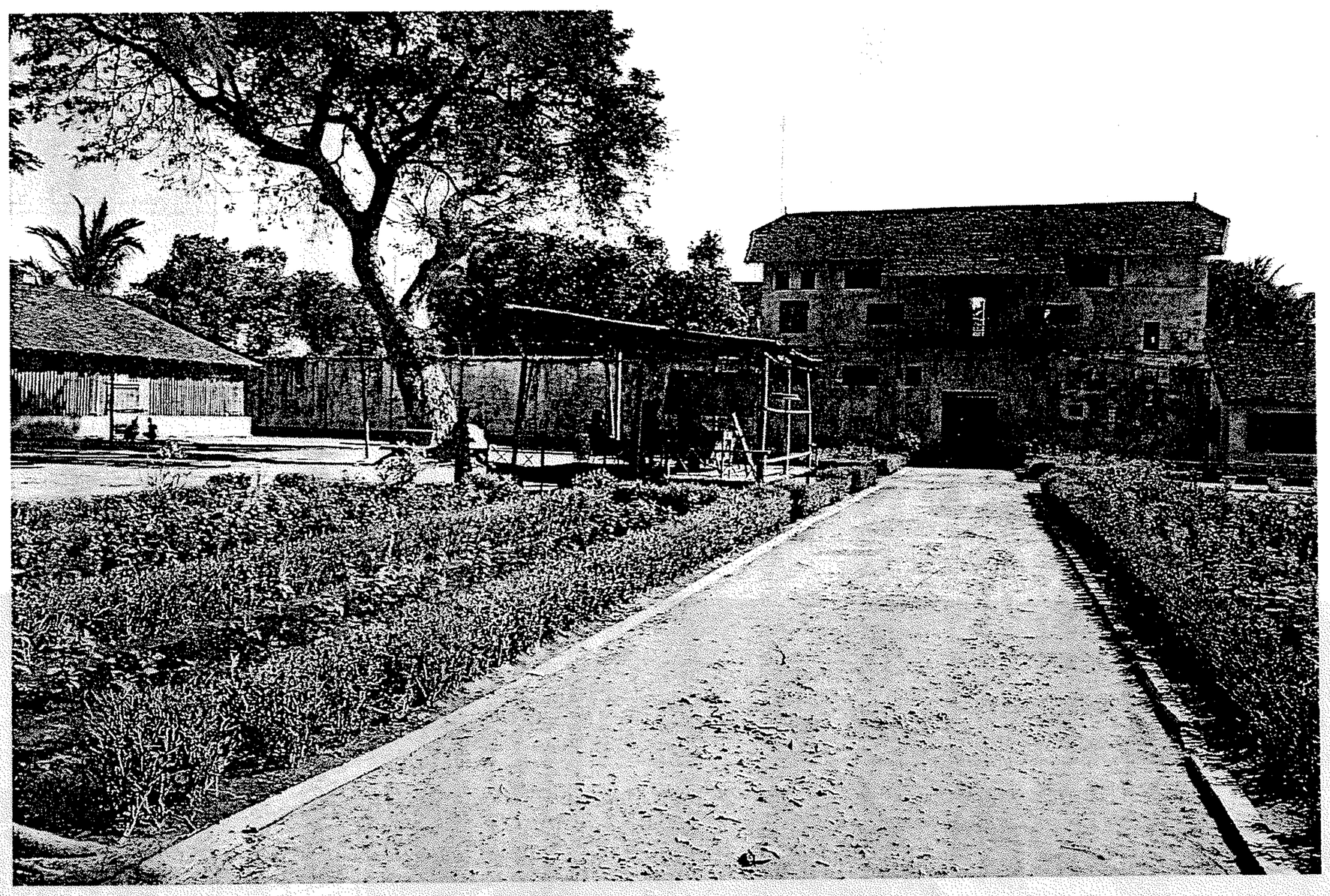
Purified water was not widely available for those with episodes of diarrhea; only twenty-eight percent of prisoners were able to obtain or prepare boiled water for oral rehydration purposes (n=85).

Personal Hygiene

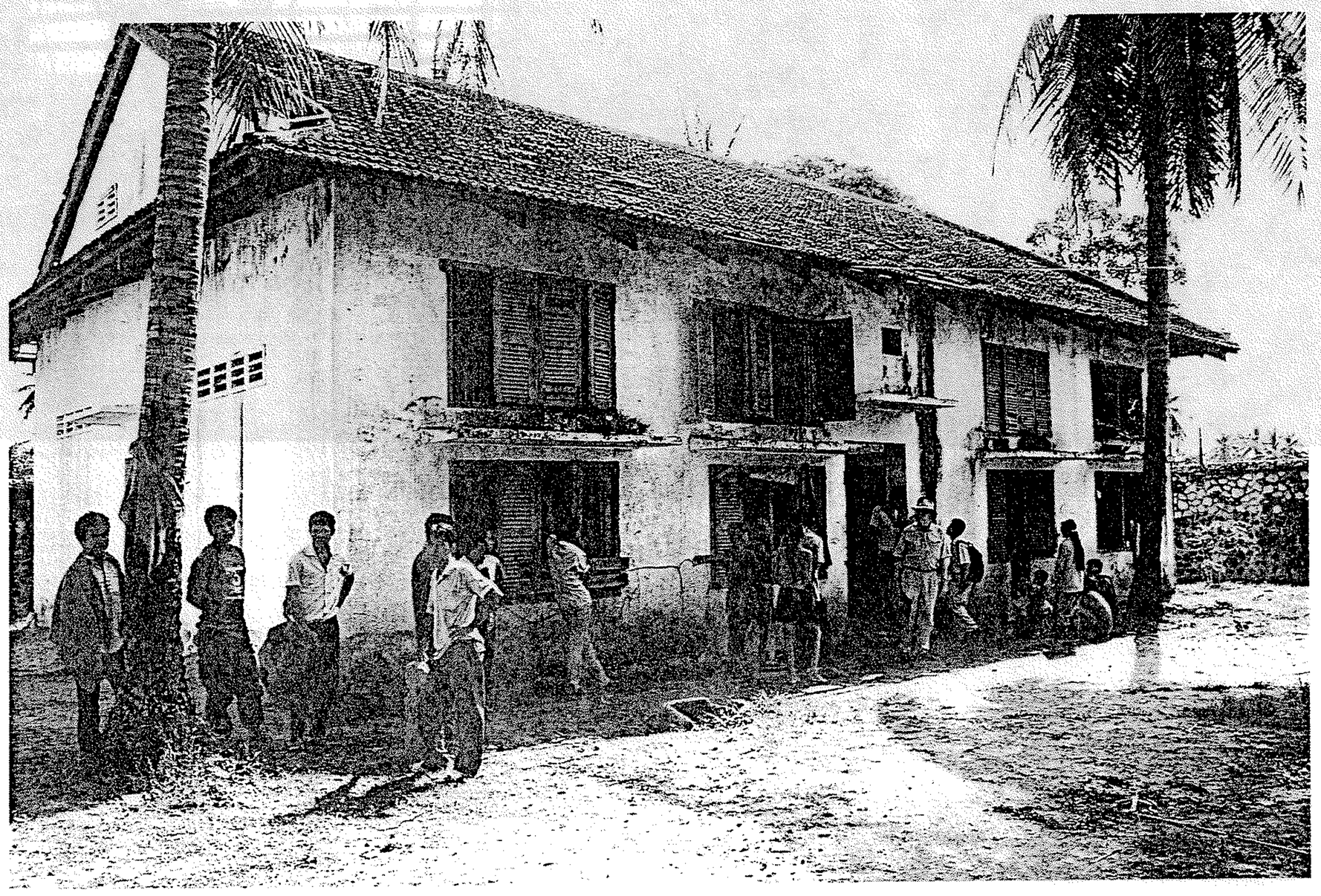
Given the tropical climate in Cambodia, frequent bathing is a basic necessity for personal hygiene and comfort. All prisoners were able to bathe a mean of twelve times each week (n=86, SD=5.4), with the exception of those held at PJ prison, where showers were allowed an average of six times each week per prisoner (n=12, SD=3.62). At the time of the investigation, prisoners at PJ were restricted to one liter of water per prisoner per day for bathing.



Police-Judiciaire (PJ) Prison



Battambang Prison



Kompong Chhnang Prison



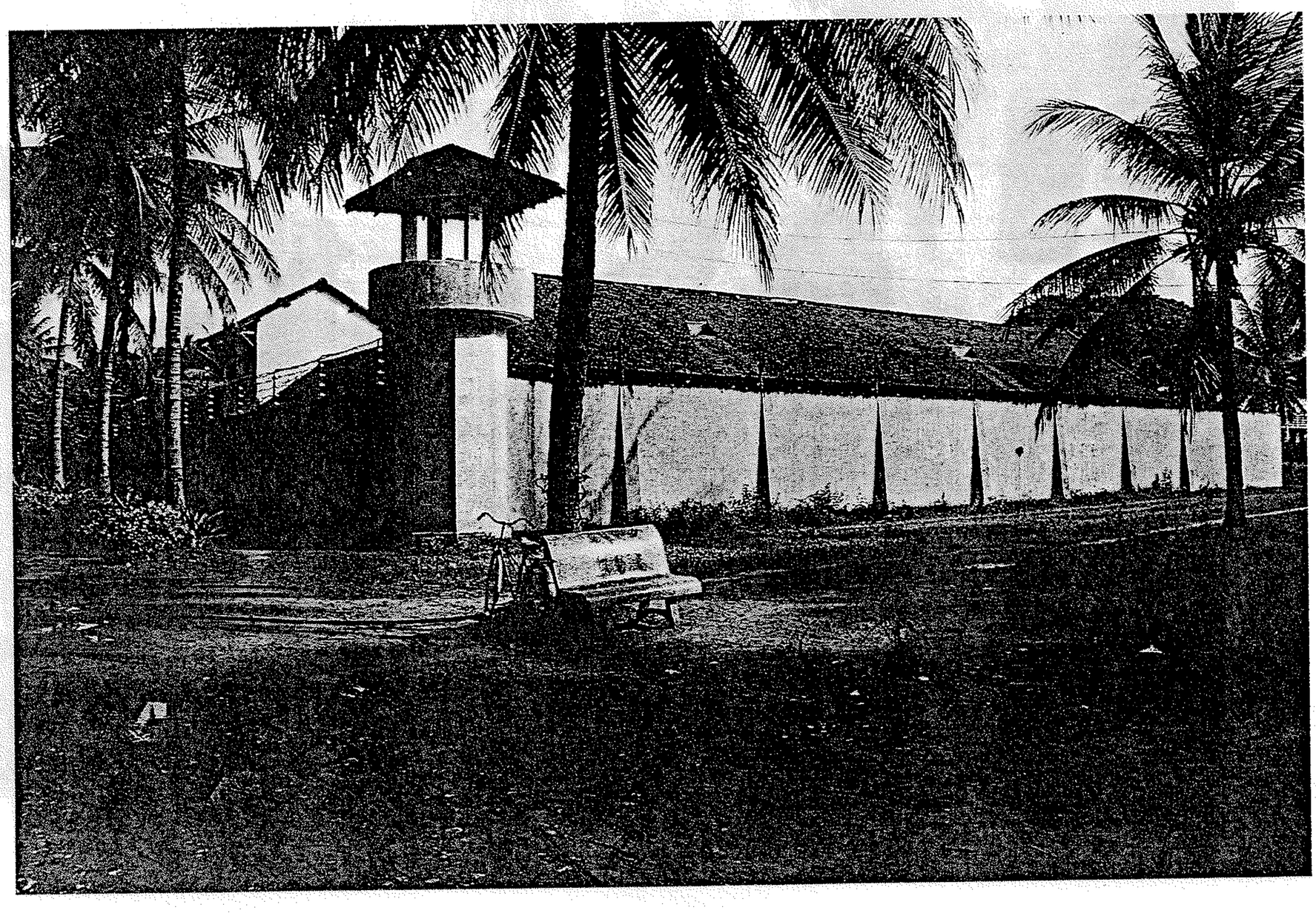
Pursat Prison



Prey Veng Prison



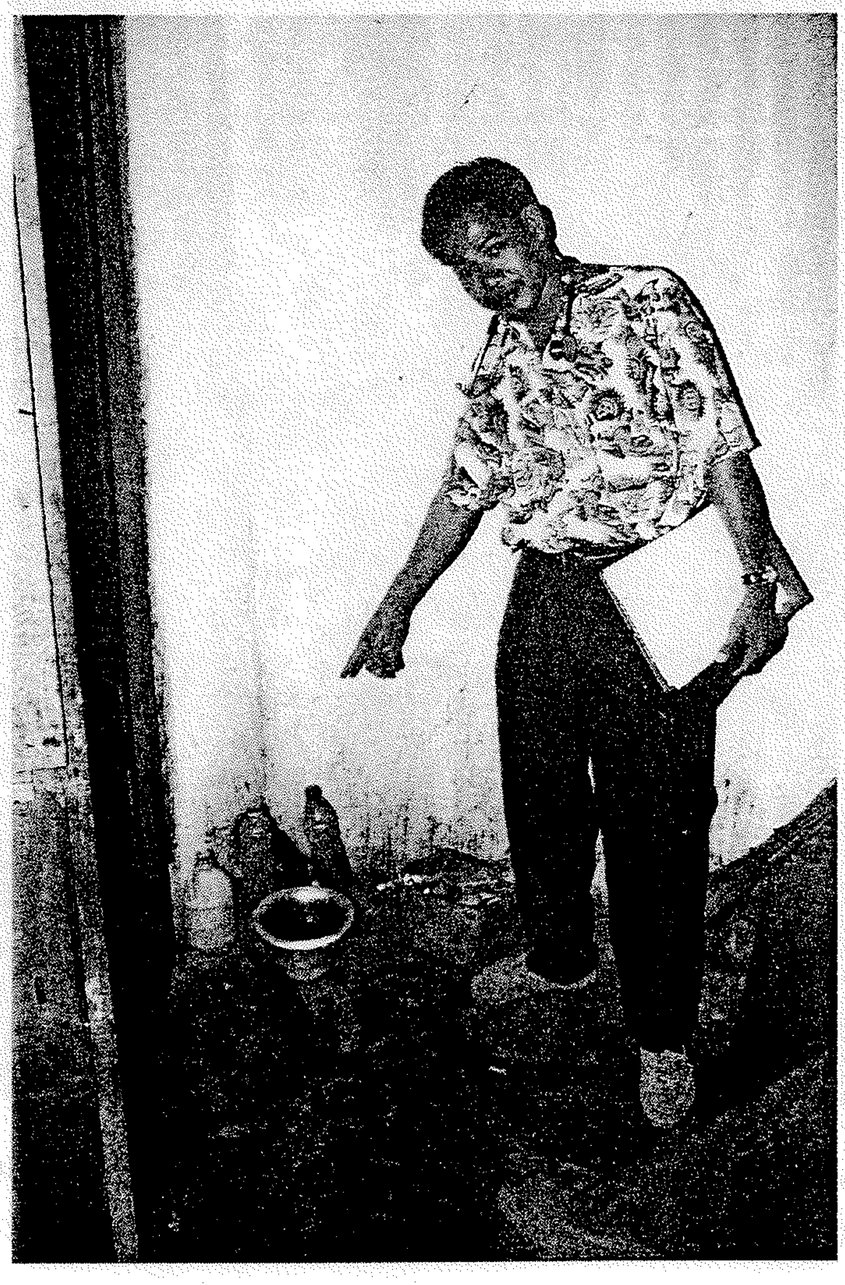
T3 Prison



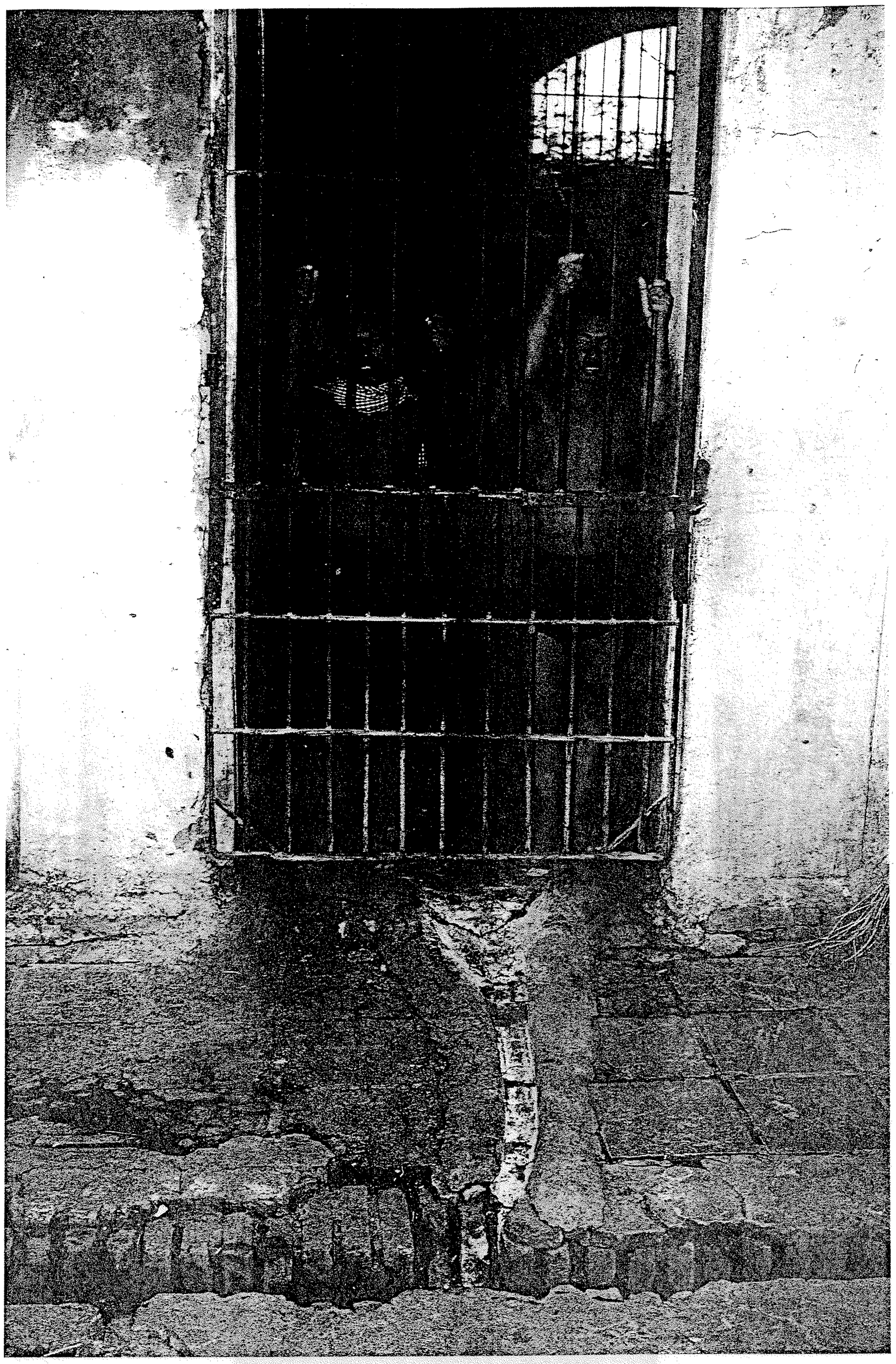
Svay Rieng Prison



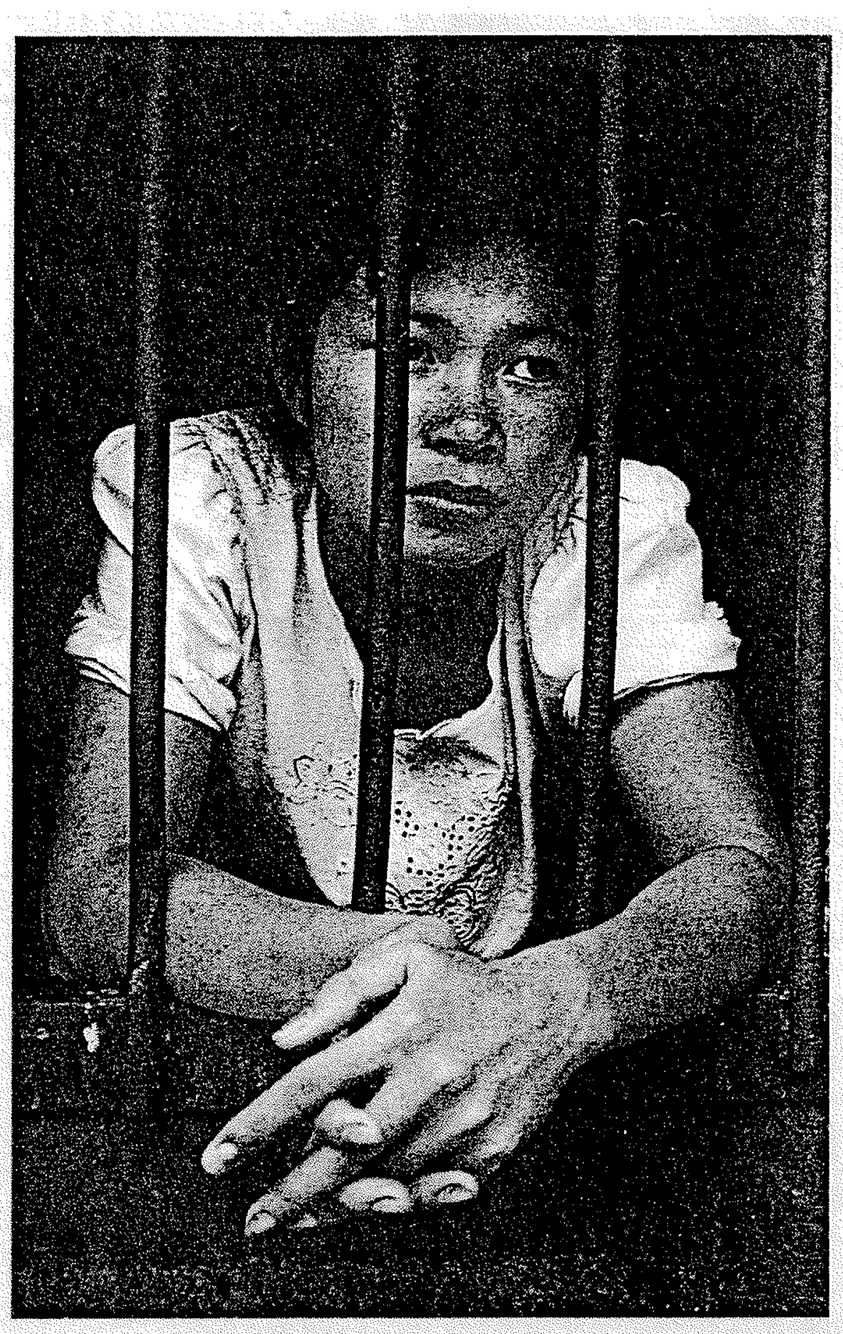
Corridor in Kompong Chhnang Prison cluttered with waste and standing pools of water



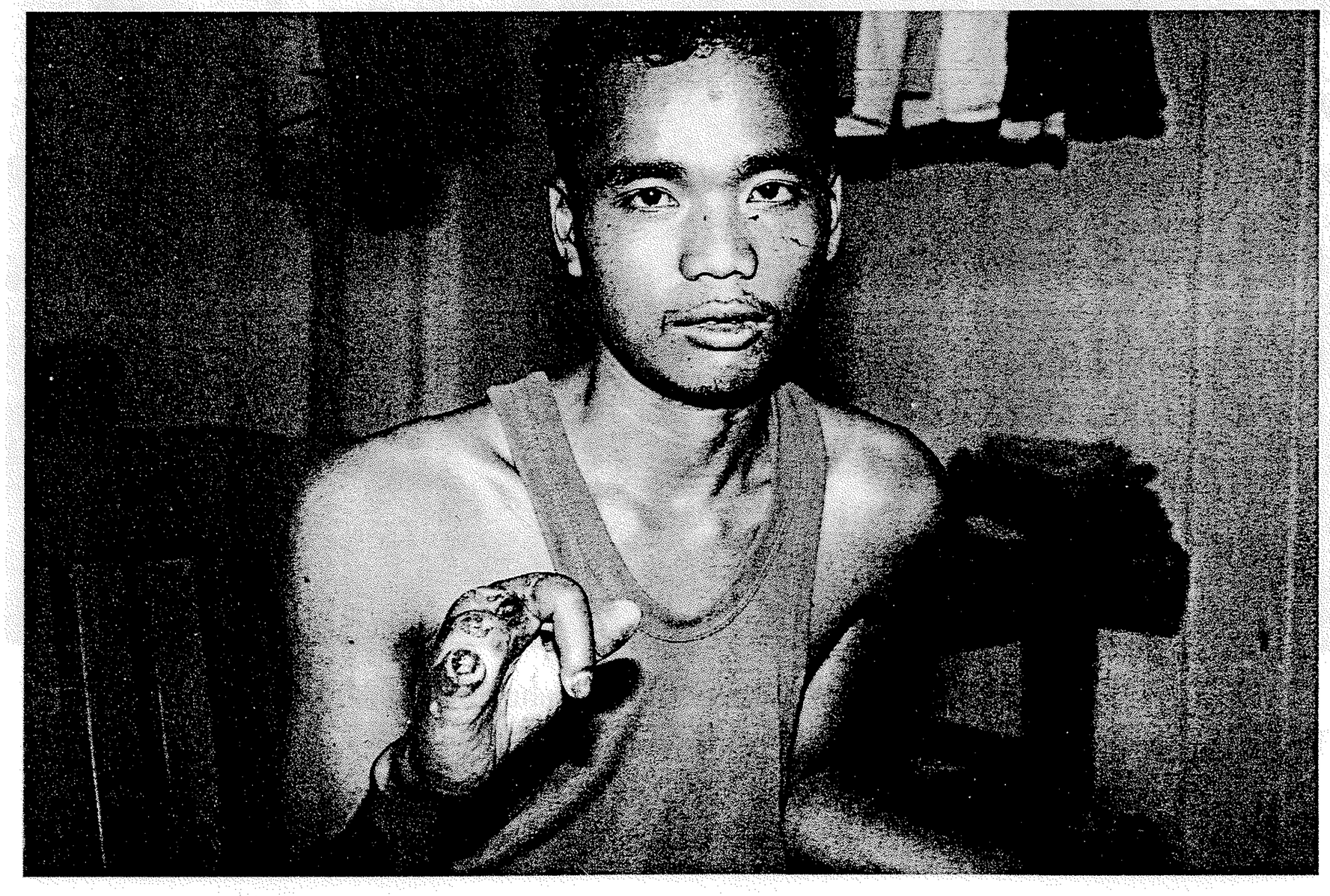
Despite the presence of latrines outside the cells in the corridor of Svay Rieng Prison, prisoners are forced to relieve themselves in containers during prolonged periods of confinement. Sam Sopheap, a member of the PHR/ARC medical team, points to plastic bottles holding human waste in a cell.



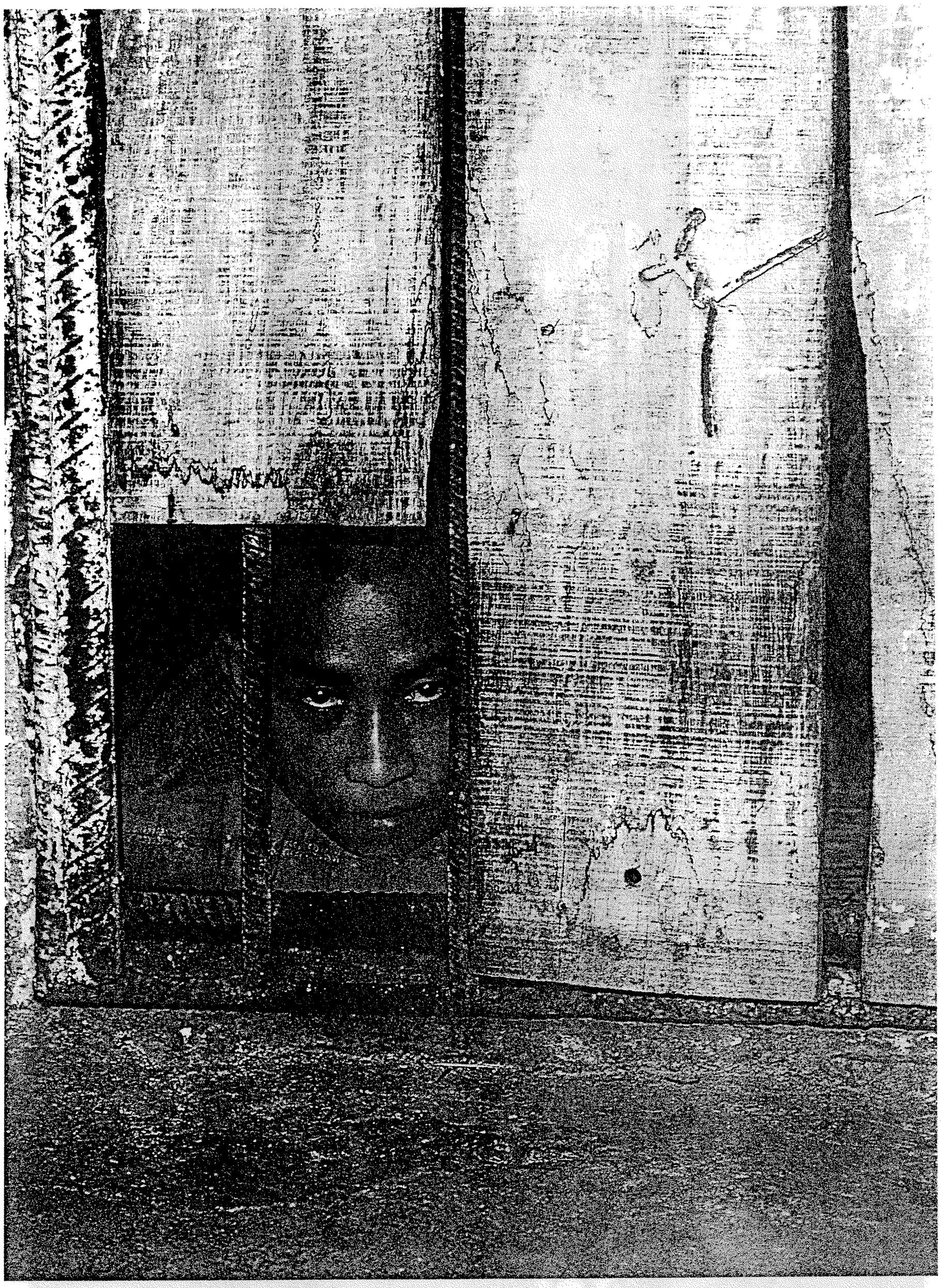
An open sewer in Prey Veng Prison drains from the cell. Throughout Cambodia prisoners are confined to their cells for a median of twenty-three hours per day.



Woman prisoner in PJ Prison



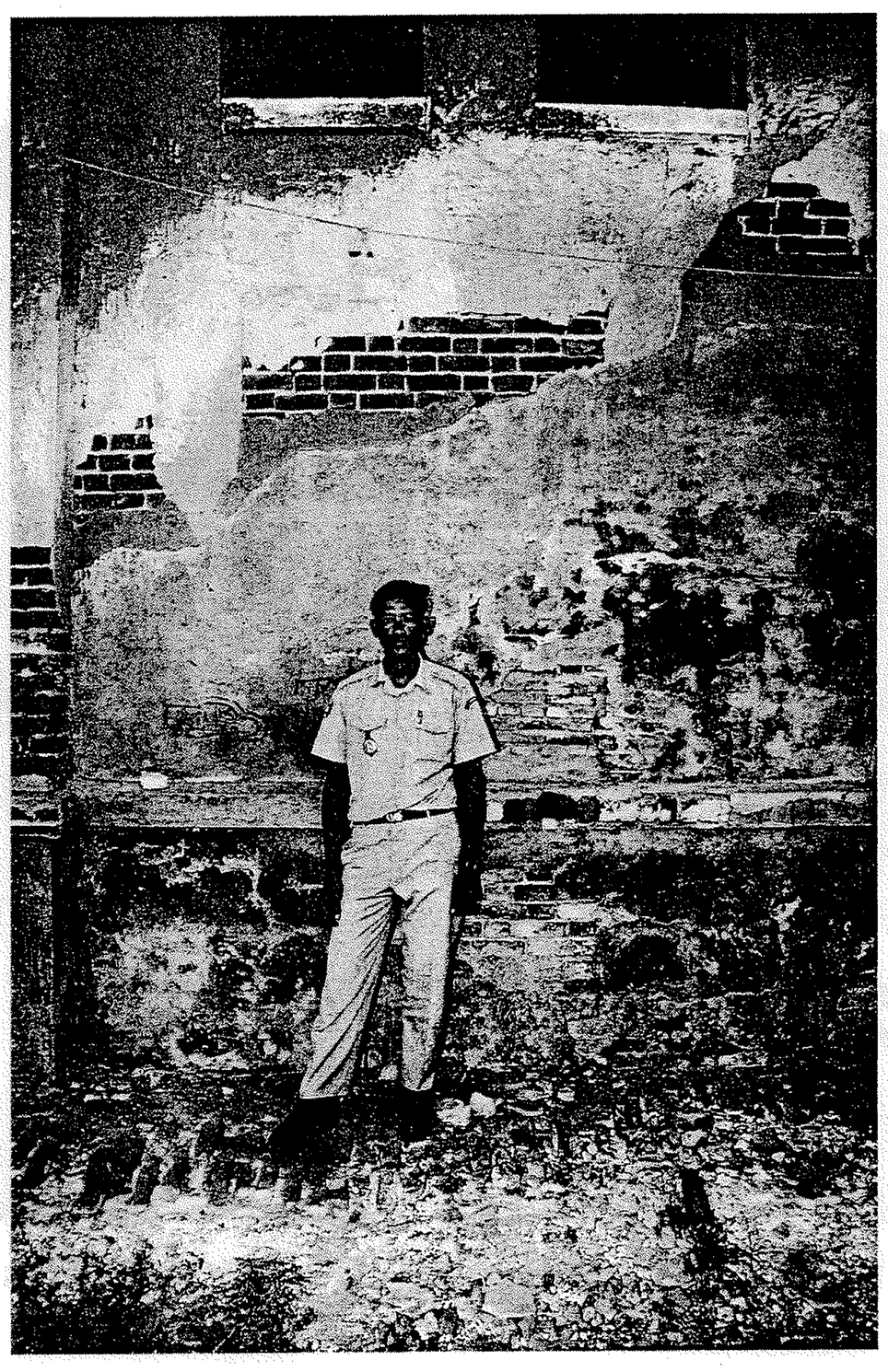
Commune police officers amputated the fingers of this prisoner as extrajudicial punishment prior to his transfer to Takmao Prison, Kandal province



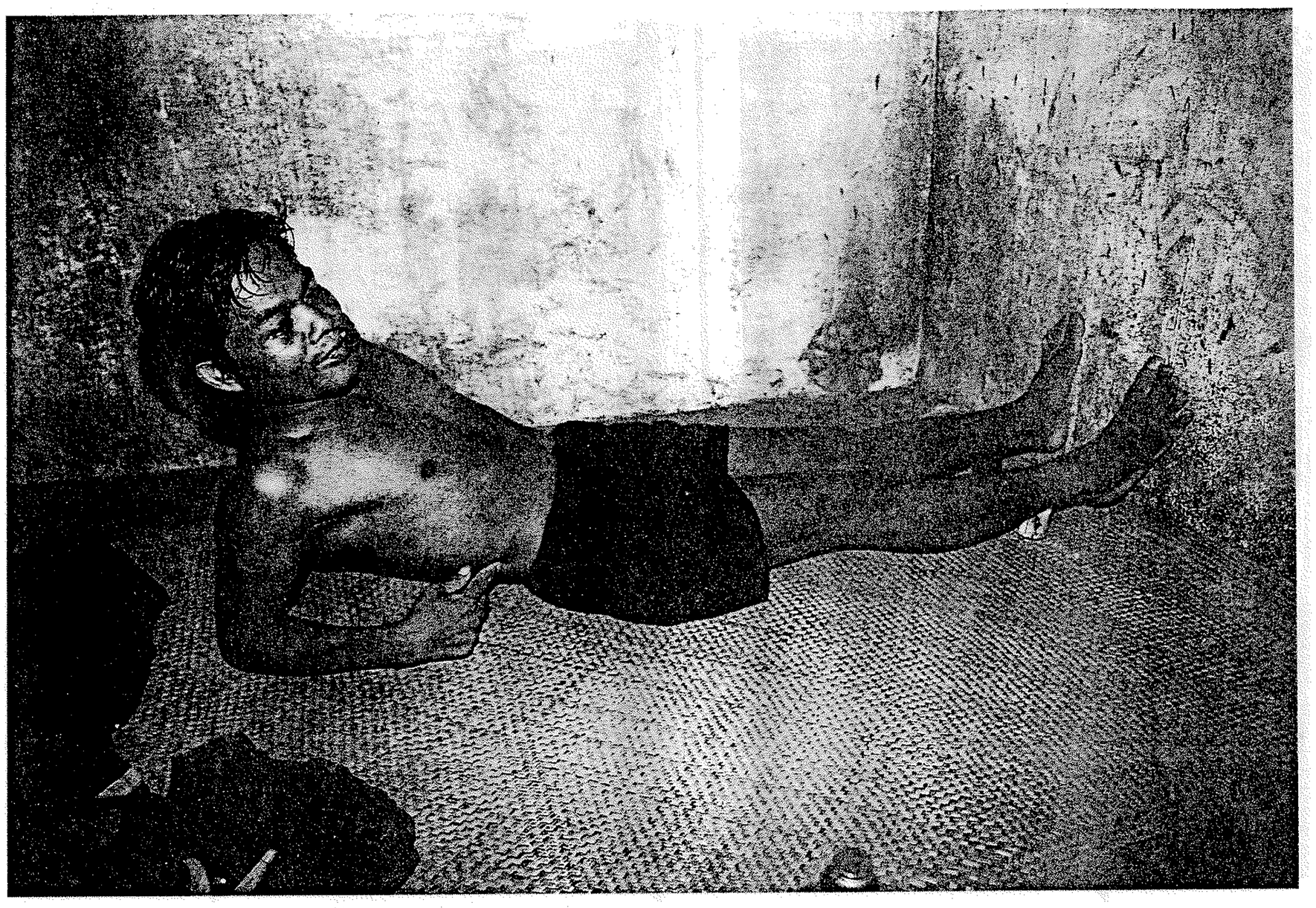
This inmate from Takmao Prison was held in a punishment cell of size 1.5 x 3 meters. The opening at the bottom of the door is his only source of light and ventilation. Ambient temperatures outside the cell are routinely above forty degrees centigrade.



Inmates crowded into a Svay Rieng Prison cell



Deputy prison director standing in front of a deteriorating wall of Kompong Chhnang Prison



An inmate held in a Pursat Prison dark cell demonstrates the position in which he was shackled to an iron bar alongside a cellmate for twenty-four hours a day.



Ing Vannary of the U.N. Centre for Human Rights with iron shackles from Pursat Prison



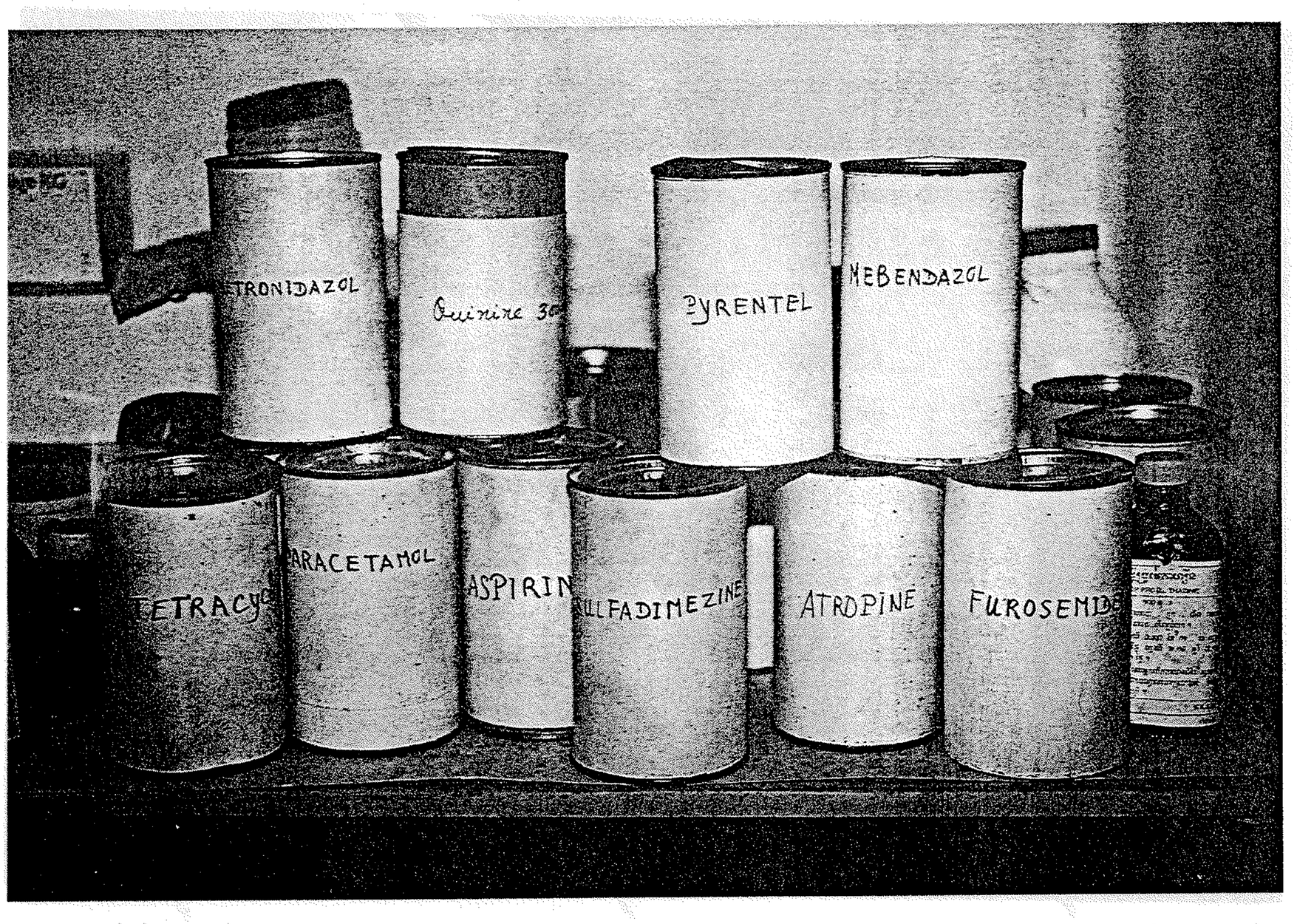
Shackling devices were provided to the PHR/ARC team in three prisons. Wooden stocks are used at Kompong Chhnang Prison to punish inmates.



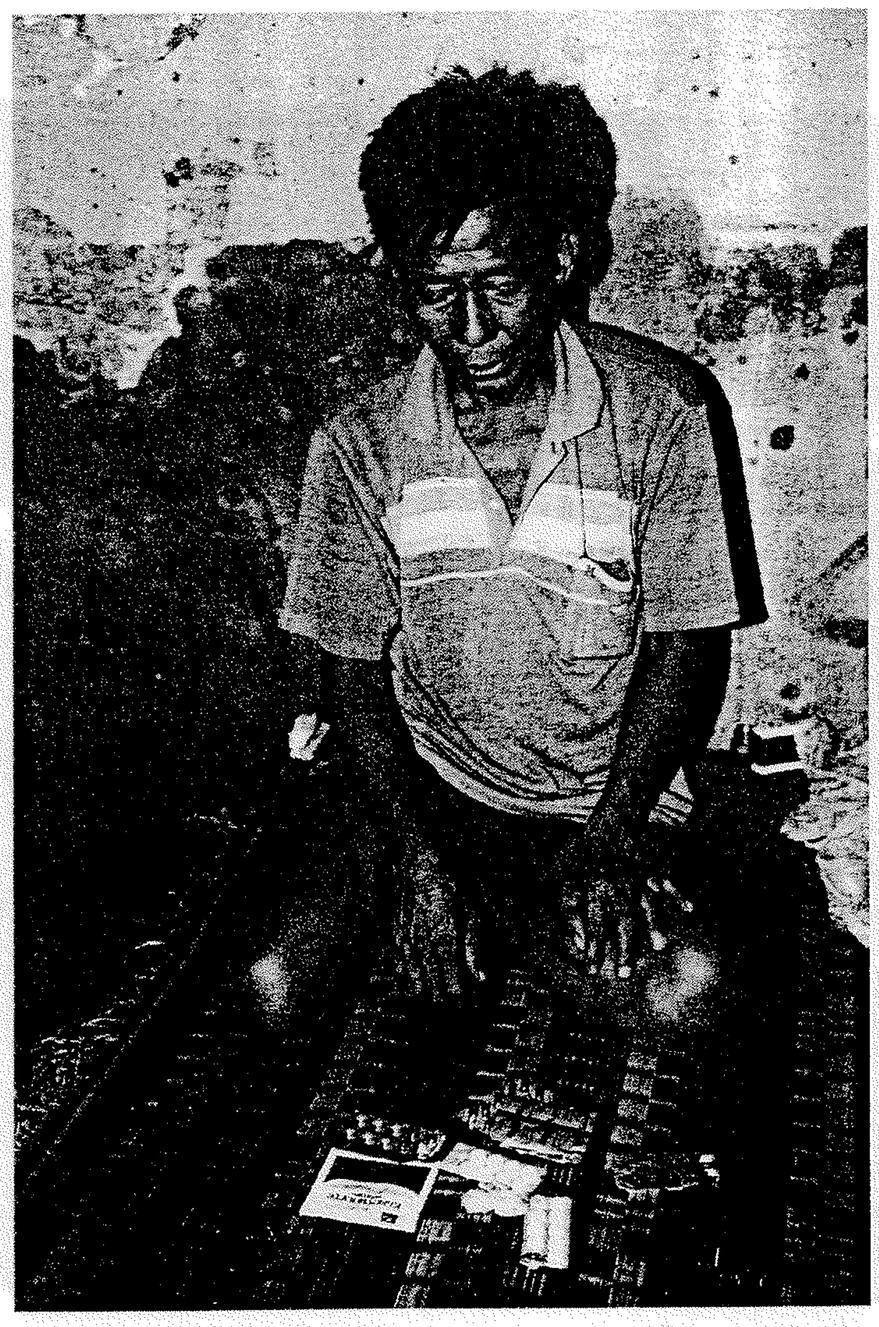
Eleven-year-old prisoner (right) is incarcerated with his mother in Kompong Chhnang Prison. Under Cambodian law it is illegal to imprison persons under the age of thirteen.



Juvenile prisoners, age 15, in T3 Prison in Phnom Penh—the only cell in Cambodia designated for children. With an increased prison population, segregation of minors from adults was discontinued.



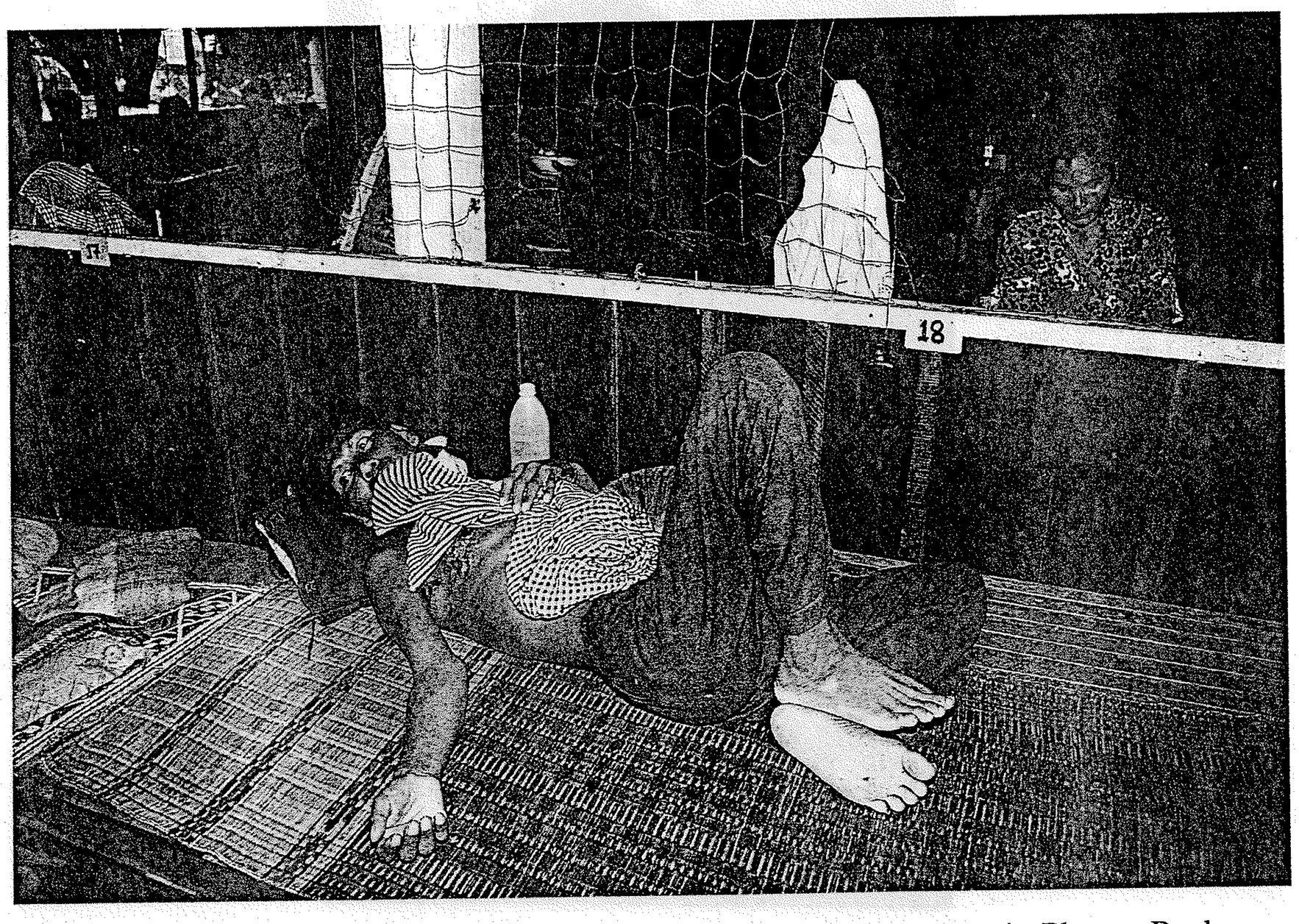
The dispensary in Battambang Prison, a cabinet in the prison director's office, contains expired medicines. Prison health officers are poorly equipped even with the most basic medical supplies.



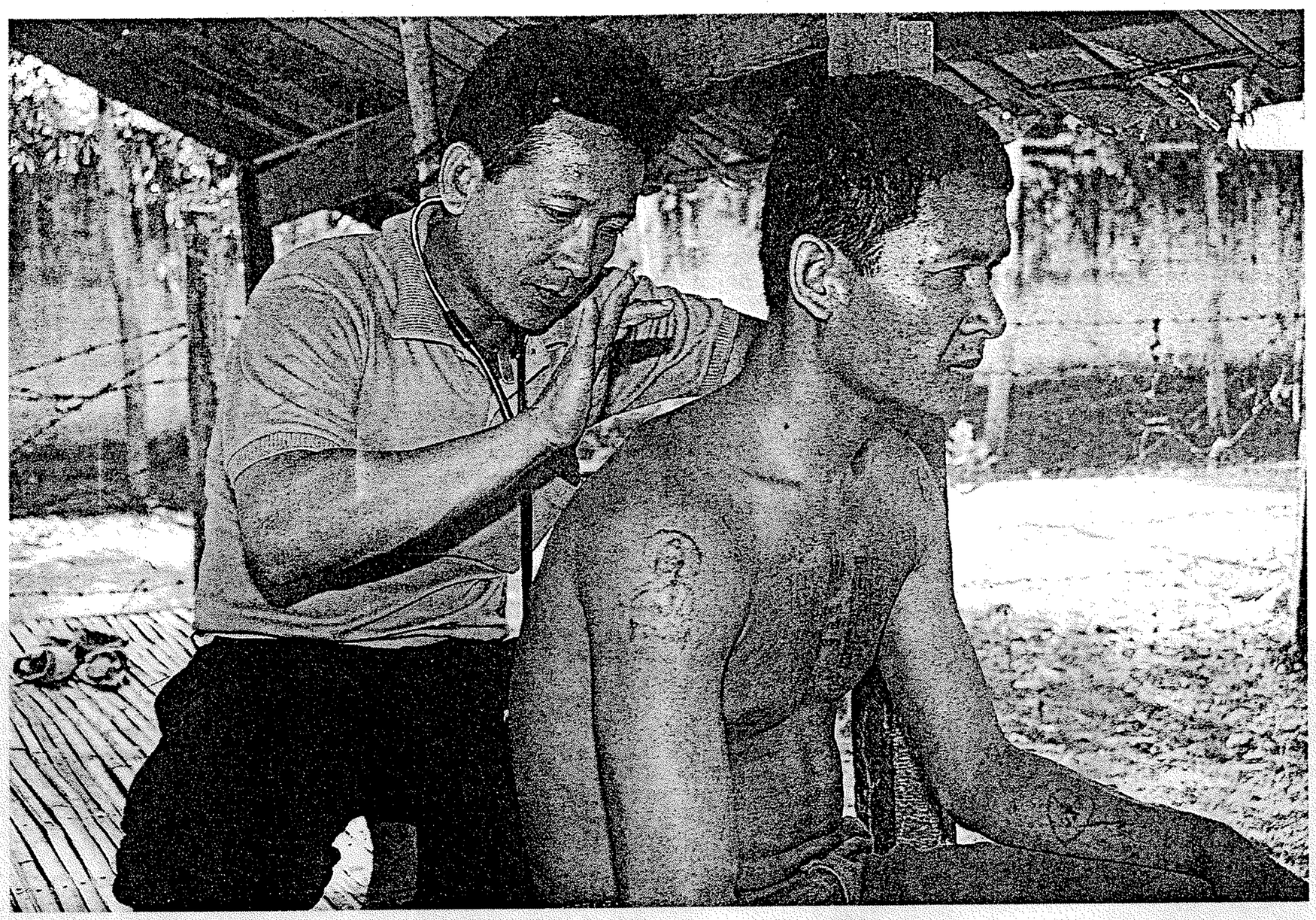
An inmate in Svay Rieng Prison has a personal supply of antibiotics, diuretics, analgesics, and rehydration salts bought through his family. The prisoner, who could not identify any of these medicines, took them at random for various complaints. No health professional was available in this prison.



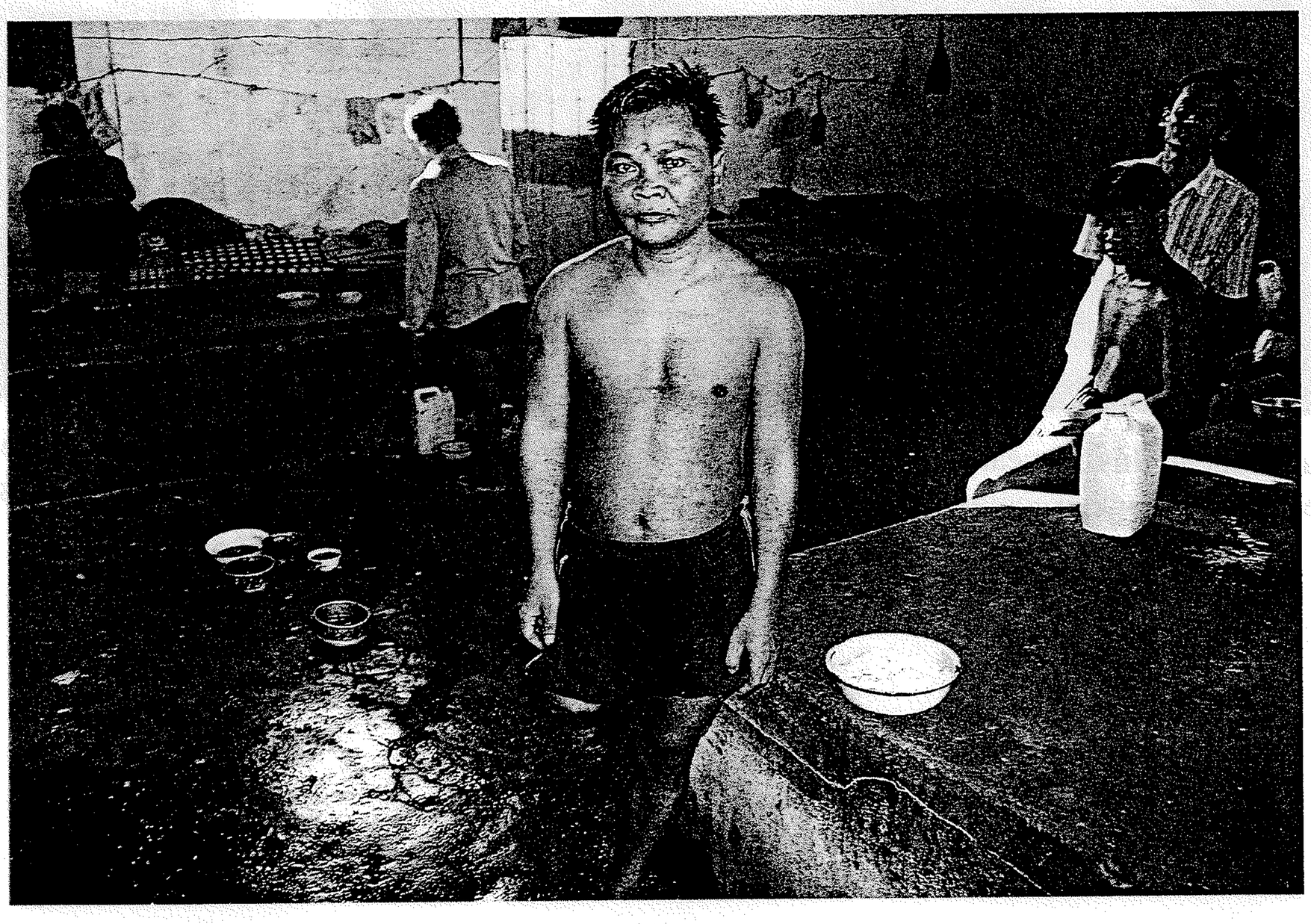
This inmate in PJ Prison, sampled for the study, had weeping lesions of scrofula or tuberculosis of the lymph nodes. The prisoner was held in conditions of extreme overcrowding where isolation of prisoners with communicable diseases was not practiced.



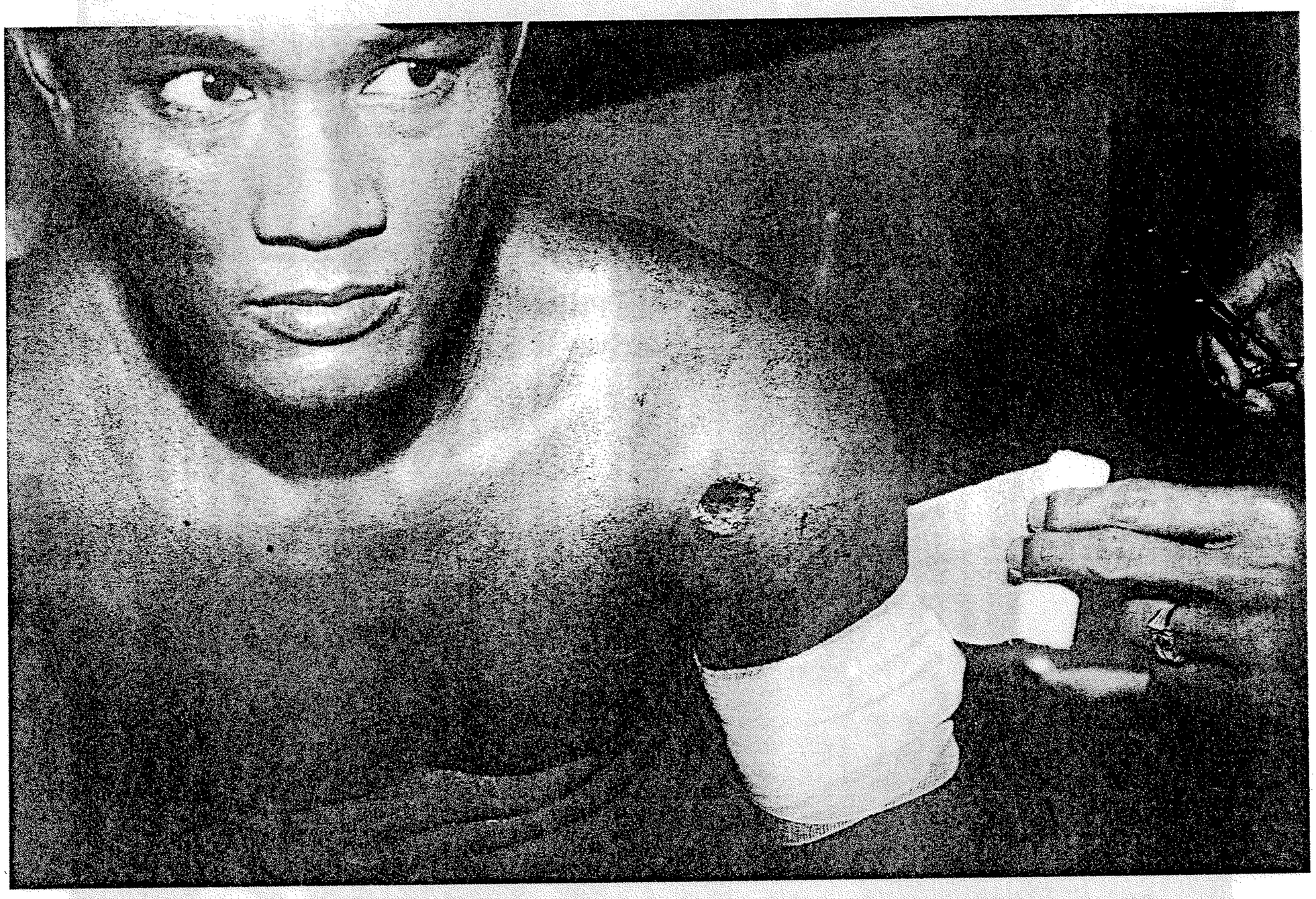
An inmate under evaluation at the Tuberculosis Treatment Center in Phnom Penh. He suffered from signs and symptoms of active pulmonary tuberculosis for over two years in Kompong Cham Prison. He was held in a cell containing thirty prisoners.



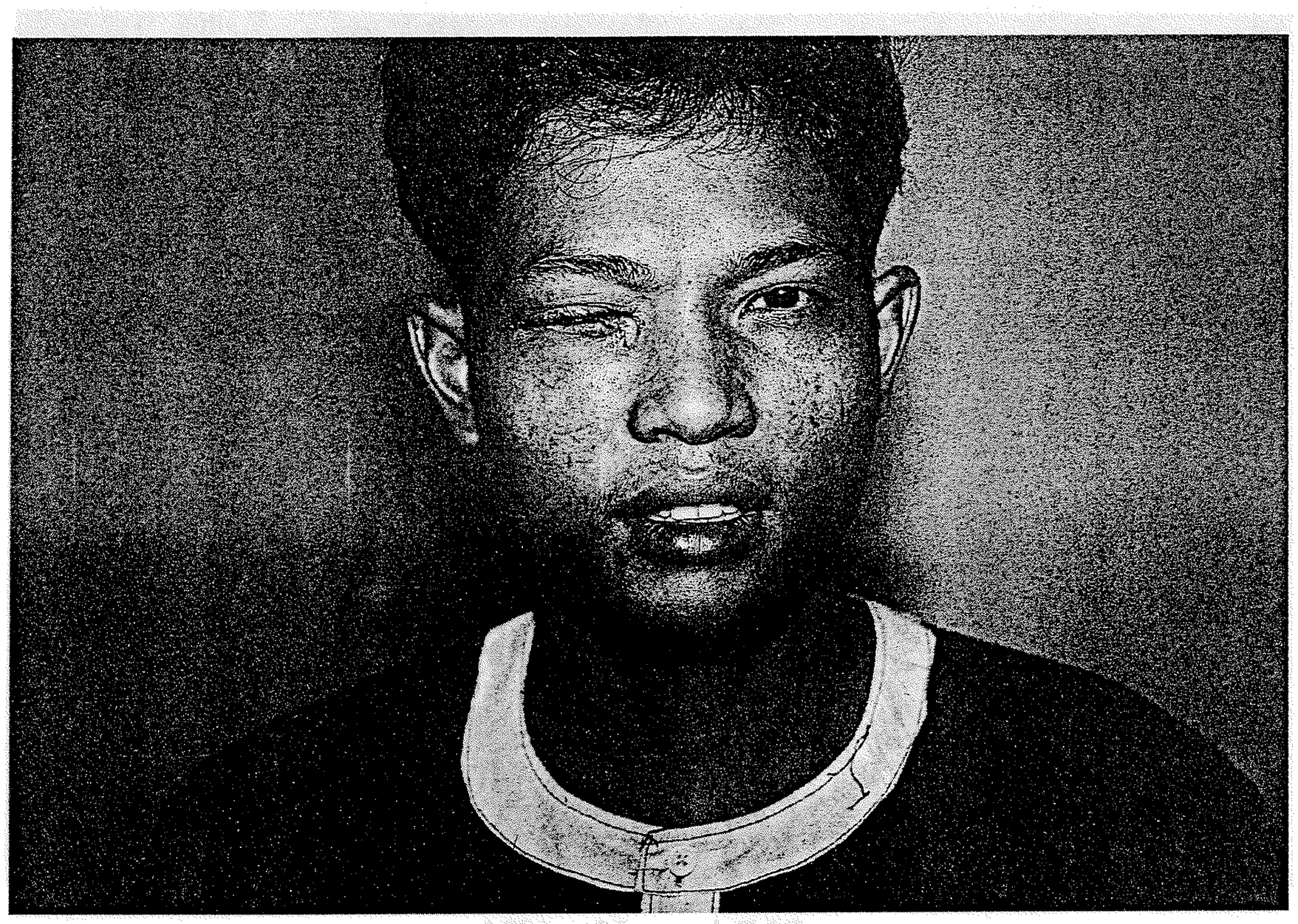
Sin Kim Horn, a member of the PHR/ARC medical team, examines a prisoner in Svay Rieng Prison.



A landmine amputee in Prey Veng Prison. There were no rehabilitative services available for him there. Cambodia has the highest prevalence of landmine injuries of any country.



As punishment, this 34-year-old detainee was arrested by a military unit in Kompong Cham province, subjected to a mock execution, and shot by an AK-47 at close range from the behind. His hands were bound behind his back. The bullet wound resulted in a shattered humerus in the left arm.



Detainee in PJ Prison with untreated gonorrheal conjunctivitis

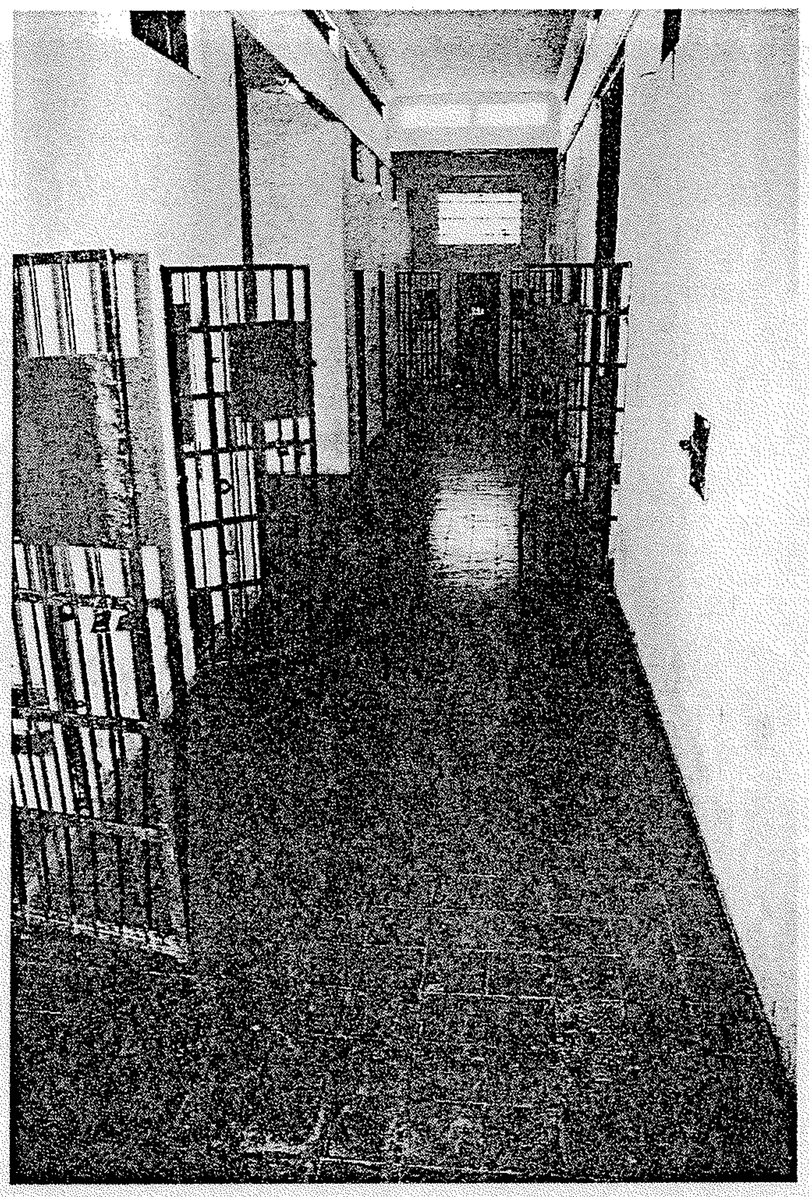


Inmate in Svay Rieng Prison diagnosed by the medical team with beriberi. He was wasted, unable to walk, and unable to sense the ants crawling on his feet



PJ Prison—May 1994

Steven Spencer, M.D. (right), a member of the PHR/ARC medical team, confers with Sin Kim Horn (center) about a prisoner debilitated with fever and diarrheal illness (far right) in PJ prison. The overcrowding was so severe that prisoners were held in the corridors.



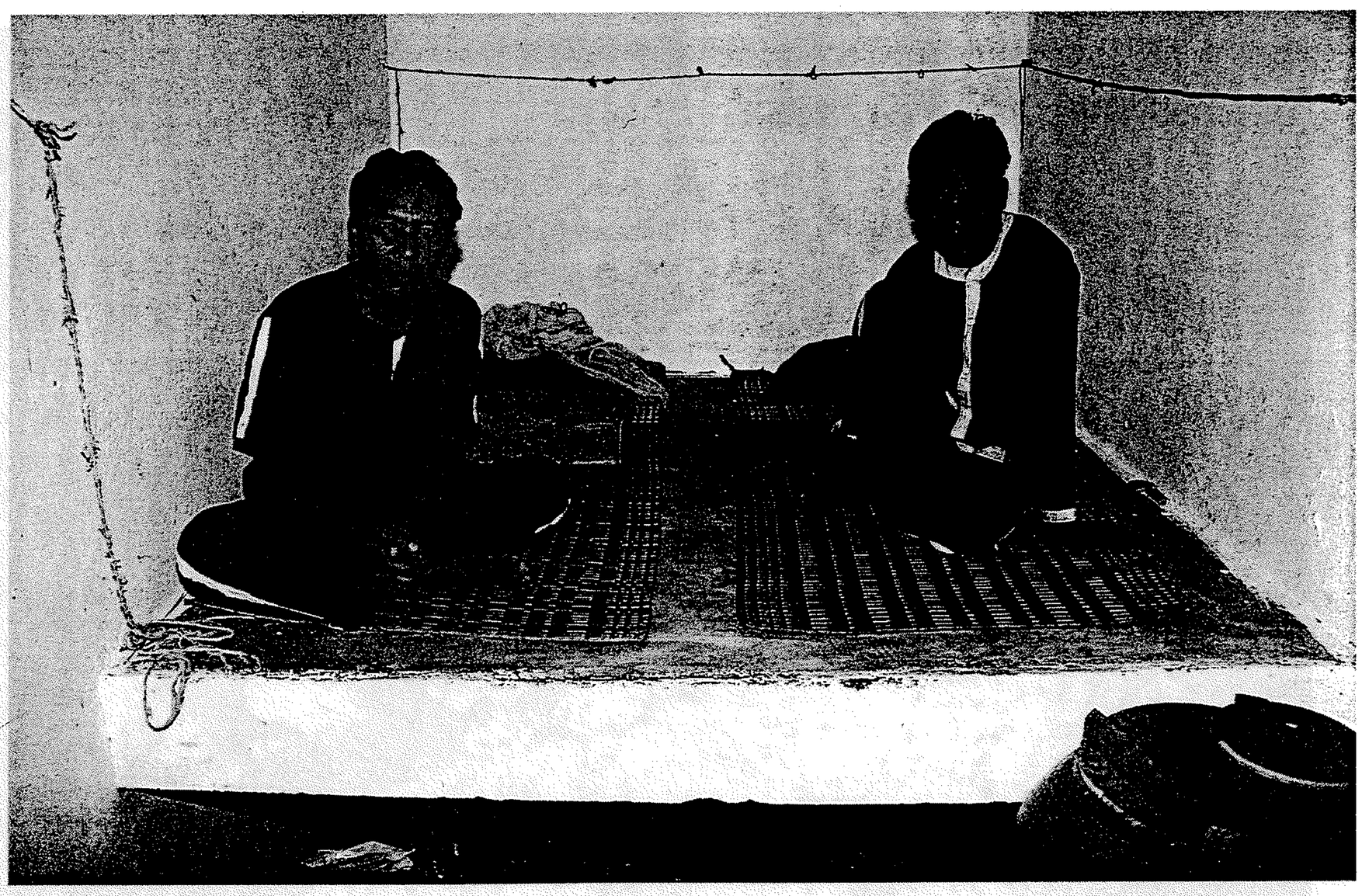
PJ Prison Reform— February 1995

The government drastically reduced the population and undertook renovations, including clearing the corridors of inmates.



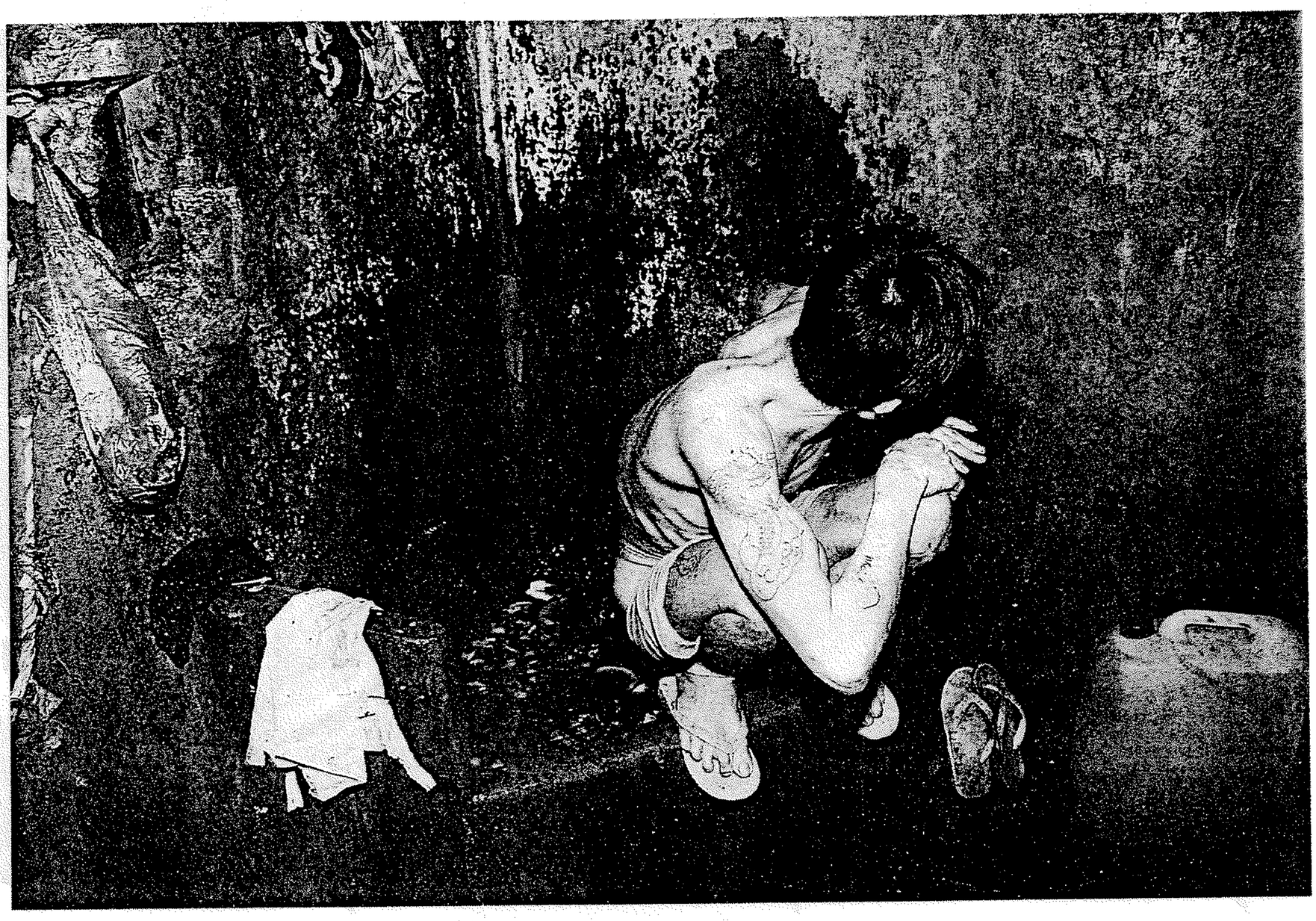
PJ Prison—May 1994

Prisoners held inside cells suffered from lack of ventilation and light.
The median living space per person is less than 1 square meter.

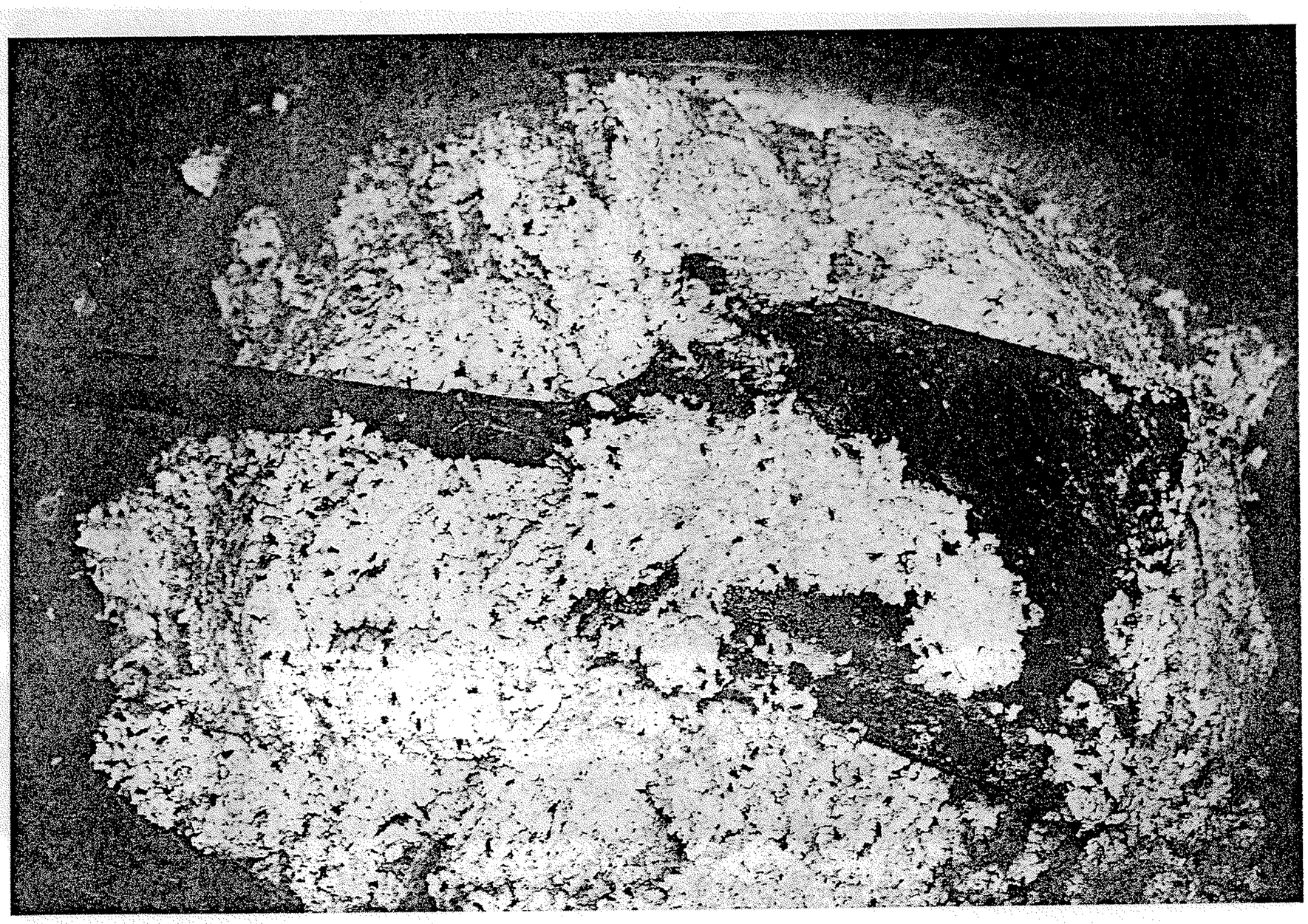


PJ Prison Reform—February 1995

During renovations, ventilation was increased by replacing solid metal doors with barred ones, windows were enlarged, cells were cleaned, and sewers were rebuilt.
Uniforms and sleeping mats were provided for inmates.



Overwhelmed by the number of prisoners in PJ Prison, the sewers overflowed into the cells. Inmates were forced to sleep in the waste.



A pot of rice, serving as the only meal for the prisoners at PJ Prison, is infested with swarms of flies. Food and water shortages characterize conditions.

MEDICAL COMPLAINTS	
Diarrhea	66%
Scabies	39%
Tingling and leg cramps	31%
Symptoms of malaria	21%
Prolonged cough	12%
* 5% were diagnosed with dry beriberi	

Half of the prisoners surveyed were supplied with soap for bathing and washing clothes (n=86). None of the prisoners was supplied with sanitary paper (n=86).

The surveyed prisoners reported that approximately half of the water supply for the prisons comes from wells (provided in large part by the ICRC WATSAN program). The city water supply of Phnom Penh provides water to T3 and PJ prison populations, comprising over a third of the surveyed inmates. Eleven percent of prisoners consume water that originates from a lake, river, or reservoir. Water deprivation was notable in PJ prison and in T3 prison during the dry season, when water pressure in the city system was routinely cut back.

The most frequent prisoner complaint relating to the environment in the prisons was the presence of rats or mice, common vectors of flea-borne human diseases, which were reported in each of the prisons visited. Mosquito and cockroach infestation were also commonly noted in all prisons. Prisoners frequently complained of bed-louse infestations.

Skin Diseases and Disorders

Several of the prisoners, who were examined by the medical team, presented fungal infections, scabies, skin abscesses, and heat rash. Thirty-nine percent reported having scabies while in prison (n=74). Fifty-five percent of these prisoners were treated with scabicides (n=31). Thirty-percent reported having other skin problems such as fungal infections or abscesses.

One prisoner in Siem Reap province, not in the study sample, was being treated for leprosy with the medicines provided by an international nongovernmental organization. It is not known how many others suffered from this condition, though the inmate had been incarcerated for two years prior to diagnosis and treatment. Leprosy, like tuberculosis, is spread through contact under conditions of confinement and overcrowding.

Food and Nutrition

In October 1993, the Royal Government of Cambodia, in an effort to compensate for inflation, increased the food allotment for prisoners, from 300 Riel (US $0.12) per prisoner per day, to 1,000 Riel (US $0.40) per prisoner per day. The increased allotment took several months for implementation, and inmates only noted an increase in the amount of food available only during the first months in 1994.

The prisons generally provide two meals each day, with the exception of PJ prison, where only one meal each day was provided. The food was fairly uniform among prisons, consisting of small portions of white rice and a thin soup of vegetables with a small amount of fish or meat. Seventy-eight percent of the prisoners surveyed reported weight loss during imprisonment (n=85).

T3 Prison from January through December 1994

System	%	Leading diagnosis in each category (% of visits in the catagory)
Skin diseases	22%	Fungal dermatitis 33%, scabies 16%
Ear, nose & throat	17%	Pharyngitis 53%
Infectious diseases	13%	Upper respiratory infection 53%, tuberculosis 26%
Parasitic diseases	13%	Intestinal 55%
Vitamin deficiency	6%	Beriberi 83%
Neuropsychiatric	6%	Insomnia 54%, headache 29%
Genitourinary	5%	Urethritis 57%
Pulmonary	4%	Bronchitis 54%
Gastrointestinal	2%	Gastroenteritis 62%
Musculoskeletal	2%	Myalgia 38%
Cardiac	2%	Hypertension 69%
Other	8%	

Adapted from *Rapport de Consultations en Prison,* Médecins du Monde, Phnom Penh, January 1995. Reprinted with permission.

A third of the surveyed prisoners (31%, n=86) complained of tingling or numbness of the lower extremities and leg cramps, symptoms suggestive of dry beriberi, a nutritional deficiency of thiamine. Thiamine is contained in adequate amounts in rice husks, but the husks are removed by the milling process that produces polished white rice provided to the prisoners. Upon physical examination by the medical team, four inmates (five percent of the prison survey population) exhibited signs consistent with the diagnosis of dry beriberi. The prisoners' diet consisting of milled rice and a thin sour soup with low caloric intake, combined with inactivity and frequent diarrhea, resulting in the predominance of dry beriberi over the cardiac or "wet" form.

The medical team did encounter at least one case of wet beriberi, however. The team was asked by prison officials to examine a 33-year-old prisoner (not selected for the survey) in Kompong Chhnang prison who had pitting edema of the lower extremities. He complained of fatigue and shortness of breath. He had no prior history of medical problems. History and physical examination in this case was consistent with wet beriberi. The medical team recommended immediate referral to the provincial hospital. The team learned on a return visit to the prison two weeks later that the prisoner had been referred to the hospital, but after waiting for hours the prisoner was not seen by medical staff and was returned to the prison. His medical condition had not improved, and the prison director was advised of the urgency of consultation with the local hospital.

One of the inmates in Svay Rieng prison examined for the study and diagnosed with dry beriberi had polyneuropathy and findings of wasting, ataxia, and cognitive impairment. These physical signs are features of Wernicke-Korsakoff encephalopathy, a more global neuropathy associated with severe thiamine deficiency.

Despite the increased per capita allotment for food, the diet remained nutritionally marginal to deficient, unless supplemented by family members. Prisoners in all prisons described a perpetual state of hunger. Some inmates in the provinces are able to supplement the diet with greens and vegetables cultivated by the prisoners in communal or individual gardens. In some cases, prisoners were also able to raise poultry in or around provincial prisons, although most could not afford it.

Delays in arrival of government food allocations to Kampong Som prison in September 1994 resulted in severe food shortages and, according to UNCHR, near starvation of some prisoners. This event prompted a change in the distribution of funds so that prison officers from each province are now sent to Phnom Penh at the end of each month to receive their allotment based on the prison population.

The medical team learned in early February that the food allocation due on December 30, 1994 had not yet been received by prison directors. The Ministry of Finance had not released the budget to the Department of Prisons. The Director of the Prison Department reported that he had borrowed five million riel (US$ 1,920) for the prison food budget. Prison directors in T3 and Takmao prisons told the team that they were rapidly depleting

food supplies. Prisoners complained that their food rations had decreased during the month of January 1995, and complained of worsening hunger; numerous cases of beriberi were seen by the medical team in Takmao prison.

The prison director at Takmao indicated that, due to food shortages, he was forced to supplement the prisoners' diet with coconuts that grew in the compound. The medical team observed a prisoner, said by his cellmates to be mentally ill, eating coconut husks in order to alleviate constant hunger.

The prison directors at T3 and Takmao reported resorting to loans from market moneylenders to buy food for the prisons. At T3 prison, a one-million-riel loan (US$ 385) was borrowed at a monthly interest rate of five percent. The monetary allotment for food was similarly delayed in all prisons in Cambodia.

Nongovernmental groups, contacted by the medical team, reported donations of tools to the prisons in Siem Reap province for cultivation of gardens. In some prisons these gardens serve as an important source of supplemental food. Human rights groups in the province reported that the garden tools were subsequently sold by prison officers, leaving the garden fallow. In Pursat prison, prison officials denied prisoners access to previously cultivated gardens immediately outside the prison compound, citing a lack of well water.

Mental Health

Over half of the prisoners surveyed (62%) reported experiencing nightmares (n=85), with a mean of 3 nightmares each week (n=43, SD=2.4). Seventy-two percent of these prisoners are affected by the nightmares (n=53). Many reported nightmares with violent content that included shootings, torture, and mistreatment of prisoners. Many prisoners also reported dreaming of ghosts or of the deaths of family members. One prisoner reported having nightmares four or five times a week. Another prisoner dreamed that he had drowned. Several prisoners interviewed by the medical team had symptoms suggestive of Post-traumatic Stress Disorder (PTSD).[49]

Thoughts of suicide were reported by 21% of the prisoners (n=84), while 9% reported planning suicide while in prison (n=85). Virtually all of the prisoners surveyed stated that they "felt sad" and worried about their families, their own health and whether or

---

[49] For more information on PTSD, see Richard F. Mollica, M.D., M.A.R., et al. "The Harvard Trauma Questionnaire: Validating a Cross-Cultural Instrument for Measuring Torture, Trauma, and Post-traumatic Stress Disorder in Indochinese Refugees," *Journal of Nervous and Mental Disease,* Vol. 180, no. 2, 1992, p. 111-116; and Richard F. Mollica, M.D., M.A.R., Grace Wyshak, Ph.D. and James Lavelle, M.S.W., "The Psychosocial Impact of War Trauma and Torture on Southeast Asian Refugees," *American Journal of Psychiatry,* Vol. 144, December 1987, p. 1567-1572.

not they would be treated properly for illnesses, and about being alone and not knowing how long they would be detained.

Fifty-five percent reported being able to work (n=85). Seventy-three percent were allowed religious activity in prison (n=82) such as lighting incense or candles. In some prisons, visits by nuns and monks were permitted.

Inmates depended on contact with family members for food supplements and for the purchase of medicines. Almost all of the surveyed prisoners (95%) stated that they were allowed family visits (n=77), though only 75% had contact with their families (n=85). The mean number of visits each month was 2.7 (n=50, SD=1.19). The mean length of visits was seventeen minutes (n=58, SD=19). Over half of the prisoners (55%) had contact with UNTAC, ICRC or other human rights officials while in prison (n=83). About half (51%) received, or were allowed to receive, mail.

Because of the remote location of Tropeung Ploeng prison, adjacent to the Vietnam-Cambodia border and sixty-six kilometers from the town of Kompong Cham, family visits were particularly difficult. Relatives had to obtain authorization from the local Khum (commune or subdistrict) and Section authorities before visiting the prisoners. Family visits there occurred approximately once every three months.

Following the deterioration in the security situation in May 1994, when forces loyal to the PDK launched a military offensive against the Royal Government bases in Pailin and Battambang, prisoners in Battambang province were not permitted out of their cells or allowed contact with their families. Letters were not permitted at that time. According to prisoner accounts, this policy eased during the rainy season, when armed conflict decreased. In February 1995, the policy of limiting family visits and restricting yard time resumed. Prisoners were allowed out of their cells for only five minutes twice each day at the time of the medical team's follow-up visit. The prison director told the team that this policy was necessary given the security situation in the province.[50]

---

[50] Armed clashes between the Royal Government forces and forces loyal to the Khmer Rouge were ongoing in the far Western districts of Battambang province at the time of the team's visit in early February 1995. None of the activity was within twenty kilometers of Battambang town itself, and this did not otherwise appear to disrupt daily life.

CONTENT OF NIGHTMARES/RECURRENT DREAMS

Dreams of spirit (4)
Dreams of being shot (3)
Dreams of torture (2)
Dreams that other prisoners attacked prisoner
Shooting at prisoner
Dreams of his house in Vietnam
Dreams of throwing a grenade
Dreams of being cheated
Dreams that someone comes in house and kills him
Dreams of family members
Dreams house is being robbed
Dreams of parents having problems
Dreams of relatives dying
Dreams that daughter died
Dreams that he is drowning
Dreams his house is burned
Dreams of being attacked

Prisoner-Prisoner Violence

The problem of prisoner-on-prisoner violence varied greatly in Cambodia's prisons. PJ prison was distinguished from other prisons by a high level of violence. Due to the severe overcrowding, restricted amounts of food, and water deprivation, two-thirds (66%) of prisoners at PJ reported being beaten, or being subject to threats and intimidation by other prisoners. Several prisoners reported that fistfights regularly erupted over control of the meager water supply. In the prison population as a whole, twenty-one percent reported being subject to beatings, intimidation or threats by other inmates (n=85).

ORGANIZATION OF PRISON HEALTH CARE

The organization of prison health care was in flux at the time of our investigation. Under UNTAC, health care in some provinces was coordinated or provided by UNTAC human rights officers; however this was not consistent.[51] With the end of the UNTAC mandate, there remained no system in place for the provision of health services in the prisons.

The medical team met with the government officials in Phnom Penh responsible for health care delivery in the prisons -- Dr. Im Sophorn, technical director, and Dr. Kem Phun, medical director, of the Health Department of the Ministry of the Interior.

On two occasions, the medical team also toured the hospital in Phnom Penh, now called Monivong Hospital, but better known by its previous designation as Hospital 180. This facility is administered by the Health Department of the Ministry of Interior, and serves police officials as well as prisoners. The hospital, located in central Phnom Penh behind the police compound which houses PJ prison, resembled a ghost town. There were three prisoners who were inpatients at the hospital at the time of the tour; two had been transferred for hemoptysis. A prison guard was asleep in the adjacent hospital room.

The Ministry of Health is the other governmental agency responsible for health in the prisons. The medical team met on two occasions with Dr. Mam Bunheng, Undersecretary of State for Health of the Ministry of Health.

According to Rule 22 of the Standard Minimum Rules, each prison should have at least one qualified medical officer who has some knowledge of psychiatry. According to the Ministry of Interior, each prison has a designated medical officer. The team found that medical officers, although well-meaning, were often poorly trained and universally ill-equipped to provide even minimal health services. In a number of prisons visited by the team, there was no health officer in evidence.

Forty-three percent of the prisoners surveyed by the medical team, reported receiving health services by health professionals, such as first-aid officers or nursing assistants, and 17% by nurses. Only 2% described services provided by a physician. Thirty percent stated that there were no providers in the prison, and seven percent did not know (n=86).

---

[51] United Nations Transitional Authority in Cambodia, Human Rights Component Final Report, p. 24.

Rule 24 of the Standard Minimum Rules requires that the medical officer see and examine every prisoner as soon as possible after his admission and thereafter as necessary. In the team's study, only eleven percent of the prisoners surveyed underwent physical examination upon arrival to prison (n=85). Those who underwent an admission physical examination were principally in Phnom Penh area prisons (six out of nine respondents), where services were provided by the nongovernmental agencies MDM and LICADHO.

Eighty-two percent had never undergone physical examination in prison (n=85). Thirty-one percent of inmates knew the name of a health professional, while 69% could not identify a health professional by name (n=86). Eighty-three percent of respondents (n=77) stated that the prison kept no medical records.

The prison health officers preferred to refer prisoners to Calmette Hospital in Phnom Penh, where medicines and services were more readily available from international agencies. This reflected the lack of coordination between the agencies responsible for health care in prison.

There were two deaths in PJ prison at the time of the medical team visit. The physicians at the Health Department, though nominally responsible for health care in these prisons, were unaware of the two deaths.

The following information was obtained from interviews with the Deputy Director at PJ, and with the Ministry of Interior health staff at the prison. Further information was obtained from the medical staff of the Cambodian League for the Promotion and Defense of Human Rights (LICADHO). The medical team was not able to confirm the exact dates of the inmate deaths, though reportedly they occurred around May 31, 1994.

Mom Visalrani, a previously-healthy 20-year-old male, had been detained at PJ for approximately one month. He had been surgically treated by an MDM/LICADHO medical team for multiple skin abscesses or "furuncles." A few days prior to his death he was treated with oral antibiotics for the same problem. On the morning of his death, he developed sudden generalized pain and shortness of breath while exercising. He was examined by the prison nurse who found no fever and no particular abnormality. The prisoner died of respiratory failure in his cell soon thereafter.

Chheung Vannak, a previously healthy 29-year-old male, was detained at PJ for approximately two months before his death. At the time of a visit by the PHR investigating team on May 9, 1994, he had developed protracted diarrhea and fevers. The PHR physicians found him to be profoundly wasted, depressed, and moderately dehydrated. He was transferred to Calmette Hospital for further treatment after he was diagnosed with typhoid fever and had been refused medical treatment while in the prison. He was treated with intravenous rehydration and antibiotics and returned to the prison two days after admission. His condition deteriorated over the following days, and after examination by the

nurse he was sent back to Calmette Hospital for further evaluation and treatment. He reportedly was dead on arrival at Calmette.

Though it is not possible to establish the cause of death in these two cases is not possible to establish without further investigation, both prisoners suffered from diseases which were acquired within a relatively brief period and can be directly attributed to the extreme conditions in the prison.

Lack of Health Personnel and Medicines

The Health Department of the Ministry of Interior is charged with providing health services for police officers and prisoners. At the time of our visit, less than one percent of the budget allocated for the Ministry Health Department was provided for prisons, the vast majority going toward health services for police officers. The central government was providing little in the way of coordination of services. No medicines were available at the provincial level.

During the medical team's investigation, a directive to hire three additional physicians and three medical assistants was authored by the director of the Department of Prisons. These additional professionals were to be assigned to the Phnom Penh area prisons to provide health services for these prisons.

The Role of Nongovernmental Organizations in Health Care: Phnom Penh Area Prisons

Two nongovernmental organizations were providing health services on a regular basis in the Phnom Penh area prisons. The Cambodian human rights organization, LICADHO, began a program providing medicines in the Phnom Penh area prisons in 1992. In April 1993, Médecins du Monde (MDM), a French relief organization, began a collaborative program with LICADHO providing health services in Takmao prison. The program has since expanded to cover T3 and PJ prisons.[52]

[52] "Médecins du Monde in the Prisons of Phnom Penh," presentation at the seminar "State of Cambodian Prisons," Phnom Penh, January 1995.

The Cambodian physician and nurse who worked for LICADHO were hired by MDM. A LICADHO team continues to conduct regular medical visits to Prey Sar prison in the Phnom Penh outskirts, and to Tuol Slang military prison in Phnom Penh.

MDM provides acute care visits in the three prisons, which now includes dental care. Free-of-charge referrals are made to the MDM service at Calmette Hospital in Phnom Penh when hospitalization is necessary. Outpatient referrals are arranged as needed for radiologic examinations, laboratory examinations, and gynecologic services.

The MDM team is comprised of one Cambodian physician and an expatriate nurse. At times, an expatriate physician joins the team. Visits occur each afternoon from 2:00 pm to 5:00 pm, three times each week at T3 prison, twice each week at Takmao prison. Services were curtailed to an as-needed basis at PJ prison, following prison reform at that facility.

MDM also provides services as needed to the small prison in the Cambodian province of Mondulkiri where MDM has a public health station. Services were formerly provided in Kampong Som prison on a monthly basis by an expatriate physician working with MDM, though these were discontinued with expansion of MDM's other public health programs in the province. During the medical team's visit to Kampong Som, we were told by the MDM physician that the main medical problems in the prison are diarrhea, fever (sic), sexually-transmitted diseases, and skin infections. There had been two recognized cases of tuberculosis in the weeks prior to the medical team's visit in April 1994.

On one of the team's visits to PJ in April 1994, the health care team from MDM/LICADHO was there from 2:30pm to 4:30pm. During that time, the physician saw twenty-five patients. These were stand-up encounters, since there was no place for the patient to lie down for examination. Medications were dispensed from a large metal chest into small plastic bags, with verbal instructions only. We watched one man receive three separate medications with instructions given on their use only once. In all of the prisons that we visited, no medical records were kept so there was no continuity of care.

At the end of 1994, an infirmary in T3 prison was constructed with the assistance of MDM and with the use of prison labor. The infirmary includes a six-bed inpatient facility, including a two-bed area for isolation of inmates with communicable diseases. At the time of the team's visit to the prison in February 1995, the infirmary had three female prisoners, one with renal insufficiency and generalized edema, a woman with a fever of unknown origin, and a newly-diagnosed patient with pulmonary tuberculosis who had begun observed treatment. MDM is seeking to expand its health services to provincial prisons in 1995.

In February 1995, the medical team visited T3 prison while the MDM physician and nurse were working in the newly-dedicated infirmary. The work area of the infirmary was clean and included space for the patient to be comfortably examined in a well-lit area of the prison.

Health Care Services in Provincial Prisons

The actual level of health services provided in provincial prisons was largely determined by the provincial authorities. It appeared that virtually all matters of health services were under local control.

Medicines were not supplied by the central government to any of the prisons. In some prisons inmates were referred for treatment to the provincial hospital; in others there was no treatment. Scabicides were made available by ICRC as part of the WATSAN program.

Ms. N: Profile of a Health Worker

Ms. N is a young first-aid assistant and a police employee who has been visiting the prisons for one year. She was seven months pregnant when the team met her. She earned 40,000 riel (US $16) each month, and was worried that she wouldn't have enough money to support herself and her baby. Her husband is unemployed. She commuted daily from the ferry port about an hour each way. She was trained as an assistant for nine months, and was now responsible for the health of police officers in the province as well as medical care for the prisoners. She visited the prison once or twice daily (though in the three days at the prison the team saw her only once). She goes through the cells to identify sick prisoners; if they are ill, she decides whether to send for the doctor. She had not called on a physician in this calendar year. Her routine work involves upper respiratory infections and treatment of fevers.

Ms. N. stated that the main problem was a lack of available medicines in the prisons and widespread disease. She does carry analgesics such as aspirin and has a limited supply of acetaminophen. She has taken about ten prisoners to the outpatient department at the hospital to get medicines since the beginning of the year; however, medicines are often out of stock there.

When the team inquired if anyone had symptoms of pulmonary TB, she had little understanding of the common signs and symptoms of pulmonary TB, such as prolonged cough and hemoptysis. She did report a prisoner who was treated with quinine/tetracycline for malaria.

Ms. N. believed that another problem was lack of food for the prisoners. The food allotments increased recently so she has been reluctant to lodge a complaint about the food situation, since she was assured by the message from the Royal Government that the amount of food for the prisoners would be increased.

Ms. N. denies systematic patterns of beatings by the guards or police, although she did examine a number of prisoners last year who had head injuries. Prisoners are disciplined by a prison boss, an inmate designated by the prison director. Those punished are made to do push-ups, to crawl. She denies that there are beatings, shackling, or isolation cells.

Prisoners were often able to purchase medicines via prison officers, or through the prison health officer. Families were able to supply medicines as well. Fifty-three percent of inmates (n=86) reported that family members would be allowed to supply medicines to the prisoner.

Respiratory Illness, Particularly Tuberculosis (TB)

Cambodia has the highest rate of new tuberculosis cases of any country in the world.[53] Transmission of tuberculosis in the prisons was of particular concern to the medical team. The confinement under frequent conditions of severe overcrowding, combined with the high prevalence among the general population, created conditions that are ideal for the unchecked spread of tuberculosis in the community.

There was only one prison, T3 in Phnom Penh, where a cell was designated for the segregation of prisoners with symptoms suggestive of pulmonary tuberculosis. In other prisons there was scant evidence that the crisis was being addressed, nor was there any evidence of awareness of the problem. Several of the designated health officers had no basic knowledge of the diagnosis or pathophysiology of pulmonary tuberculosis.

According to Rule 24 of the Standard Minimum Rules, prisoners suspected of infectious or contagious conditions are to be segregated from other prisoners. A recent study conducted in the United States describes the risks of invasive pneumococcal disease under conditions of severe overcrowding in a Texas jail, following an epidemic of pneumococcal pneumonia and sepsis in that facility.[54] The median living area per prisoner reported in the Texas study was 3.2 square meters. In comparison, prisoners in PJ prison had a median floor space of 0.73 square meters and prisoners in PJ generally are not allowed yard time out of their cells.

Twelve percent of prisoners reported a prolonged cough (n=85), an indicator of active pulmonary TB. Twenty-four percent reported a cellmate with prolonged cough. One

---

[53] There were 15,589 new cases of tuberculosis in 1994, according to World Health Organization (WHO) figures. See "Logistical Problems Contribute to High Rate of Tuberculosis," *The Cambodia Daily*, February 9, 1995.

[54] C. Hoge, M. Reichler, E. Dominguez, et al; "An Epidemic of Pneumococcal Disease in an Overcrowded, Inadequately Ventilated Jail," *New England Journal of Medicine*, 1004: 331: 643-8.

prisoner in PJ prison, selected for the survey, had actively weeping lesions of scrofula, or tuberculosis of the lymph nodes. He was under treatment by the MDM team; however, the medical team learned that he was released without completing treatment, and with no provision for continued therapy at home.

The Case of K.P.

On May 31, 1994, the medical team visited K.P., a 36-year-old man who was admitted to the Tuberculosis Treatment Center in Phnom Penh (also known as the "Chinese" hospital). No medical staff were present during the initial visit. Two plain-clothes armed guards stood by K.P.'s bed.

K.P., married and father of an eight-year-old child, had been detained in T5 prison for six months. Prior to that he was held in Kompong Cham provincial prison for three years. He was convicted for robbery that carried a five-and-a-half year sentence, leaving two years left to serve.

The team received information from the Human Rights Task Force on Cambodia, a coordinating agency for human rights organizations,[55] that the prisoner had been recently transferred from T5 prison (Tropeung Ploeng) in Kompong Cham province, along with three other ill prisoners, to T3 prison in Phnom Penh.[56]

K.P. stated[57] that he was well until two years ago when he developed hemoptysis which waxed and waned for the subsequent period. He was not isolated from other prisoners while detained in Kompong Cham, and shared a cell with thirty to forty other prisoners. K.P. stated that he received no medical care at Kompong Cham prison, and that there were no modern medicines available at that prison. He gave himself treatment with traditional medicines for two days, but without improvement. His weight loss and cough progressed. Over six months ago, he was referred to the hospital at Kompong Cham prison for a chest X-ray. He was not told the results.

On physical exam, he appeared wasted and was having difficulty breathing, but was able to answer questions. Because of progressive hemoptysis, weight loss, and difficulty breathing while at rest, the prisoner was transferred on May 20, 1994 to T3 prison in Phnom Penh. There, he shared a cell with three men, also from T5, who suffered from prolonged

---

[55] The team also interviewed the T3 prison director regarding details on the prisoner on June 2, 1994.

[56] T5 and Kompong Cham prisons have separate administrations; the former is in a rural setting in Kompong Cham province, holds only convicted prisoners, and is directly administered by the Prison Department of the Ministry of Interior. Kompong Cham prison is administered by the Provincial Police and contains mainly untried detainees.

[57] Permission was verbally granted by the prisoner to discuss medical details of his condition with human rights agencies.

cough. None of the men had been treated at T5. The prisoner stated that the director of T5 decided on the transfer of these sick prisoners because no medicines are available there.

At T3, K.P. was seen by a nurse and one medical staffperson. The prison director decided on the transfer to the hospital. The prisoner was not, to the team's knowledge, evaluated by the MDM team.

The medical team subsequently learned that the chest X-ray revealed several pulmonary opacities consistent with the diagnosis of active pulmonary tuberculosis, and he was begun on an anti-tubercular chemotherapy regimen.

A high-ranking prison official stated that four prisoners were transferred from T5, three with symptoms of TB and one with another chronic disease. One of the prisoners with TB has been released, another remains in T3, and K.P. remains hospitalized.

Malaria

Multi-drug resistant malaria is a significant health concern in several areas of Cambodia, particularly in the areas bordering Thailand in the northwest.

Twenty-one percent of prisoners surveyed report having had recurrent fevers consistent with malaria while in prison (n=84). Anti-malarial medications are not generally available to prisoners without provisions from family members. Only 21% had access to such medicines (n=66) through family, or by purchase through prison officials.

Eighty-seven percent were provided with a mosquito net (n=86) that had been provided to the prisons by UNTAC and ICRC. In mid-1994 the Prison Department began supplying mosquito nets to prisoners.

Sexually-Transmitted Diseases

Nine percent of respondents that were interviewed complained of dysuria and urinary discharge (n=42). The MDM medical team told us that symptoms suggestive of sexually transmitted diseases were among the most frequent medical complaint in the Phnom Penh prisons that were visited by our team.

The team learned that some prisons had policies of allowing conjugal visits, or visits with commercial sex workers. Visits with commercial sex workers were available to six percent of prisoners interviewed (n=42), and conjugal visits were arranged in at least four prisons.

CONCLUSIONS AND RECOMMENDATIONS

The health conditions in Cambodia's prisons described in this report reveal a prison system in a state of crisis. Though there have been some general improvements since the completion of the UNTAC mandate in September 1993, progress has been marred by setbacks related to poor management, lack of a regime for prisons, and the lack of standards.

Opening prisons to public scrutiny is the essential means of preventing abuse. Thus, in publishing this report, we wish to commend the Royal Government of Cambodia for its open acceptance of our investigation. We also encourage the Cambodian government to continue to allow international human rights and humanitarian organizations access to its prisons. Increased access by Cambodian human rights organizations to the prisons, which we found varied in the provinces, is crucial to the process of monitoring human rights abuses and the reform of conditions that allow for the improved health of prisoners.

The political will must exist for abolishing systematic violations of human rights and improving health conditions in the prisons. The reforms in PJ prison and subsequent improvement of conditions can serve as a model of cooperation between governmental, nongovernmental, U.N. and international agencies. Continued reform cannot take place in isolation, and prison reform must be an integral part of the proposed criminal justice reforms.

Reform of the prison system cannot proceed without assistance of international donors, and the cooperation of international and Cambodian nongovernmental, as well as U.N. agencies.

RECOMMENDATIONS

1. Pretrial Detention (Arrest and Interrogation)

   - The Royal Government of Cambodia should issue immediately public orders to all prison, military, and police personnel to stop the beating and extrajudicial punishment of suspects during arrest and interrogation. Authorities at the highest level should ensure that those responsible for the torture and ill-treatment of suspects or prisoners will be punished.

   - The Royal Government of Cambodia, and the Ministry of Health, should take active measures to prevent the participation of health professionals in torture. The Ministry of Health should take proactive measures to educate physicians and allied health professionals regarding their professional obligations to prevent torture.

2. Discipline and Punishment

   - The Royal Government of Cambodia should end immediately the use of dark cells and isolation cells in prisons, and the practice of shackling. It should ensure that prison officials who order the use of cruel or degrading punishment in violation of Cambodian and international human rights law be held accountable and punished for their actions.

   - All allegations of sexual victimization of women prisoners should be investigated thoroughly and those responsible for sexual crimes should be held accountable and punished for their actions.

3. Health and Medical Services

   - The Ministry of Health and the Health Department of the Ministry of Interior should have direct authority over and responsibility for delivery of health care to prisoners. They should develop and implement public health programs, such as tuberculosis (TB) control, and coordinate the involvement of health providers from non-governmental organizations, such as Médecins du Monde.

   - An adequate program of tuberculosis control is an urgent priority. The TB control program must provide for identification of infection and disease,

treatment, containment, and recordkeeping. All prisoners must be screened for TB infection and disease. There must be provisions for adequate treatment, especially for active disease. Treatment should be directly observed and carried to completion. There must be access to facilities for effective isolation of contagious individuals. Prison health workers must be trained about TB control. Non-governmental organizations that provide TB control programs should be encouraged to extend these into prisons.

- The Ministry of Health and the Health Department of the Ministry of Interior should assign a health worker to each prison. He or she should be properly trained and equipped to conduct a full medical examination of each prisoner upon arrival. Each prison should have an area which allows a prisoner to be examined privately and should ensure that medicines are available for on-site, free-of-charge medical care. Basic pharmaceuticals such as scabicides, anti-tuberculosis drugs, vitamin supplements, and anti-malarial drugs should always be available.

- Women prisoners should have access to adequate and routine gynecologic examinations. Prenatal care should be provided onsite or arrangements should be made for transfer to obstetric clinics.

- The Ministry of Health and the Health Department of the Ministry of the Interior should develop protocols for the secure and timely transfer of sick prisoners to an agreed-upon medical center. Arrangements should be made for diagnostic tests, such as laboratory analyses and X-rays. Disabled prisoners should be provided with access to rehabilitative services.

- A medical record should be maintained on each prisoner. This record should be confidential and accessible only to authorized health workers. Medical records should be transferred along with prisoners.

- All deaths in the prisons should be reported immediately to the Health Department of the Ministry of Interior and the Ministry of Health.

4. <u>Space, Light, and Ventilation</u>

- The Royal Government of Cambodia should set standards for healthy conditions in prisons. These standards should cover space per inmate, ventilation, and light. Prisons should be required to meet these standards and should be inspected on a regular basis against these standards.

5. Bedding, Clothing, and Prisoner Supplies

- Each prisoner should be provided with a mat, or mattress, or bed, adequate clothing, and supplies such as sanitary paper and soap necessary for personal hygiene.

6. Food and Nutrition

- The Royal Government of Cambodia must ensure that food allotments are distributed in the prisons in a timely fashion.

- The Royal Government of Cambodia should ensure that prisoners receive meals that are adequate for health and strength. The government should ensure that all funds allotted for food are distributed as such in the prisons.

- The Ministry of Health and the Health Department of the Ministry of Interior should train prison health workers in nutrition who then should be capable of advising prison officers in the selection and preparation of foods. Prison health workers should also be trained in the diagnosis and treatment of beriberi and other nutritional disorders.

7. Separation of Categories

- Women should be segregated from men in a specially-designated area of each prison. The part of the prison set aside for women should be under the authority of a responsible woman officer.

- Juveniles under the age of eighteen should be separated from adults.

8. Exercise and Sport

- Prisoners should be allowed out of the cells for a minimum of five hours each day. The Ministry of Health and the Health Department of the Ministry of Interior should institute regular exercise and sports routines in all prisons, allowing prisoners a minimum of one hour each day for physical activity.

9. Outside Contact

- Prisoners should be allowed visits with family for a minimum of one hour each week.

- All prisoners should be allowed to write and receive letters. Those prisoners who are illiterate should be assisted.

- Religious activities, such as regular visits by monks and nuns, should be permitted.

10. Work

- Prisoners should be allowed work of a useful nature. This work should allow the prisoner to exercise and/or acquire skills that would increase the possibility of successful reintegration into the work force following release.

- Prisoners should be provided with the tools and supplies necessary to maintain a vegetable garden within or near the prison.

- A prisoner's ability to work should be determined by the prison health worker.

11. Closure of T3 and Transfer to Prey Sar

- An effort is under way to construct a large prison at Prey Sar. This will enable economies of size, but will require more official allotment for food, since the centralization will mean that many prisoners have no family nearby to supplement their diet. Provisions for an adequate supply of potable water must be ensured prior to construction.

12. Sanitation

- The Ministry of Health and the Health Department of the Ministry of Interior should ensure that soap is provided in all kitchens and wash areas. Food preparers should be instructed in the use of sanitary techniques.

- The prison health worker should be trained in the inspection of the process of food preparation.

- Food preparation should take place in an area that is specifically designated as such. Animals should be excluded from the kitchens by use of appropriate barriers.

- Prisoners should be allowed access to latrines at all times.

13. Personal Hygiene

- Prisoners should be allowed to bathe a minimum of once each day. They should be provided with soap adequate for bathing and for washing clothes. Bathing water should not be restricted.

- Prison health workers should ensure the availability of scabicides.

- Sanitary paper should be provided in all prisons. Soap and water for handwashing should be available near each latrine.

14. Mental Health

- Persons who are found to be insane should not be detained in prisons; arrangements should be made to remove them from prisons for appropriate community-based treatment.

Appendix A

Study #
Version 052494.phr
Interviewed by ____

Physicians for Human Rights
American Refugee Committee

Questionnaire on Prison Health Care in Cambodia

Statement of Confidentiality

The individual information obtained during the interview will not be shared with prison officials or police, and is intended for the assessment of prison health conditions only.

Permission to Contact Family

1. Do we have your permission to contact your family for further information? Yes __ No __

A. **PERSONAL INFORMATION**

1. Full Name: _____

2. Address: Phum/Commune _____ Section/Khum _____

   Srok/District or City _____

   Province _____

3. DOB: _____ 4. Sex __ 5. Nationality ____

6. Province of origin _____ 7. Ethnicity _____

8. Religion _____

9. Social status: single/married/divorced/widowed

   Do you have children? Yes __ No __ How many? __

   Children's ages in years _____

10. Education level ____ yrs
    Highest level: none/primary/secondary/university/other

Study # __

11. Literacy: Read Yes __ No __

Write Yes __ No __

12. Usual occupation/ skills: _____

B. **MEDICAL HISTORY**

1. Did you have any longstanding medical problems prior to detention? Yes__ No __ If yes, list:

a. _____ c. _____

b. _____ d. _____

2. Did you have any daily medications prescribed for you by a health professional before detention. Yes/No If yes, list:

3. Did you have any major operations or trauma prior to detention. Yes/No. If yes, list:

_____

C. **ARREST**

1. What was the date of your most recent arrest? (d/m/y) _/_/_

2. Were you interrogated after your arrest? Yes __ No __

3. What were the places and dates of your interrogation?

Place _____ Date _____

4. Who carried out the interrogation?

5. During interrogation, were you mistreated? Yes __ No _ (beaten, tortured) If yes, explain:

6. If yes, did you lodge a complaint? Yes __ No __

7. Did your health deteriorate during interrogation? Explain:

8. Did you request medical care during your interrogation?

Yes __ No __ If yes, when and what was the result?

Study #__

9. Where any health professionals present during your interrogation? Yes __ No __ Not sure __

10. If yes, when? What were their roles?

D. DETENTION

1. Dates of beginning of detention: _____(d/m/y)
   Today's Date: _____ (d/m/y)
   Location: _____

2. Are medical services available in the prison?

   Doctor(s)_____ Nurse(s)_____ Medic(s)_____ Other:

3. Do you know the names of the health professionals?
   Yes __ No __

4. Describe the health services at the prison.
   (Traditional medicine/Western medicine)

5. Describe the housing in the prison:

   Cell size: length ___ meters, width ___
   Average number of people per cell ____

   Bedding (bed/mattress/mat/none/other_____)

   Mosquito net: Yes __ No __

6. Please rate the environmental conditions:[1]

Light:	1	2	3	4	5
Air quality:	1	2	3	4	5
Noise level:	1	2	3	4	5
Cleanliness of Cell:	1	2	3	4	5
Insect or rodent infestation:	1	2	3	4	5

Notes to above: _____

[1]1=poor 2=fair 3=average 4=good 5=excellent

Study # __

7. Number of latrines in prison _____

Average number of prisoners per latrine ____

Type of latrine:
Pit __ Pit/water __ Bucket __ Other __

Rate cleanliness of latrine: 1 2 3 4 5

8. Do you receive showers or baths? Yes __ No __

How often? ____/week

9. Do you receive: Yes No Don't Know
(from the prison)

Soap ____ ____ ____

Toilet Paper ____ ____ ____

10. What is water source? (select one)
city/lake or river/well/pool/other

11. Is purified or boiled water available? Yes __ No __

12. How many meals per day? ___
(please note quantity, variety)

Typical morning meal:

Afternoon meal:

Evening meal:

Can you ask for or prepare more if not enough?Yes/No/DK
Is food supplemented by your family? Yes/No

13. Describe the place of food preparation and service, and how utensils and cookware are cleaned:

Is soap used? Yes/No

Food container: Pot/bucket/plastic bag/other

14. Are you able to exercise? Yes __ No __
___#minutes/day ___#hours/day

15. Number of hours per day out of cell ___

Study # __

16. Do you work while in prison? Yes __ No __
If yes, what work? _____
How are you compensated?
none/food/privileges/paid/other

E. MEDICAL CARE IN PRISON

1. Were you asked questions about your health status on arrival to prison? Yes __ No __

2. If you were taking medication prior to detention, were you permitted to continue it? Yes __ No __

3. If yes, how soon after your arrival was the medication continued? Number of days: ___

4. Did you have a complete medical examination at any time in detention? Yes __ No __

5. How soon after your arrival was the examination?
____ number of days.

6. Who performed the examination?
Doctor __ Nurse __ Medic __ Other ____ Don't Know __

7. Did the examination include checking your:

	Yes	No	Don't Know
Pulse	__	__	__
Temperature	__	__	__
Blood Pressure	__	__	__
Weight	__	__	__
Height	__	__	__

8. What was the process, if any, to obtain medical care in prison?

9. Have you ever requested medical care? Yes __ No __

If yes, what for?

10. How long did it take to respond to a request for medical care? ___#hours ___#days

11. Was the request ever refused? Yes __ No __

Study # __

12. If yes, how many times refused? __

13. Is a record maintained of your medical care during detention? Yes __ No __

14. Have you received dental services in prison? Yes __ No __

15. Were you able to receive dental services you needed?

Yes __ No __ If no, explain:

16. Were you hospitalized while in detention? Yes __ No __ If yes, where? _____

17. If yes, were the medical staff able to meet your needs without interference from security personnel? Yes __ No __ If no, explain:

18. Have you had diarrhea while in prison? Yes __ No __

In the last month, how many days of diarrhea did you have? ____

19. Have you lost weight during detention? Yes __ No __ If yes, how many kilos? __

20. Did you have a prolonged cough during detention? Yes __ No __

21. Do you share a cell with anyone who has a prolonged cough? Yes __ No __

22. Have you had symptoms of malaria (recurrent fever, chills) while in detention? Yes __ No __

23. If yes, are antimalarial drugs available to you? Yes __ No __

If drugs are available, how are they obtained?

Family yes/no/dk
Purchase yes/no/dk
Health Professional yes/no/dk
Other:

24. While in detention, have you ever had: Problems with tingling or numbness in your legs or feet? Yes __ No __

Study #__

Problems with leg cramps? Yes __ No __

25. Have you had scabies while in prison? Yes __ No __

If yes, was it treated? Yes __ No __

26. Have you had other skin problems? Yes __ No __

Comment: _____

27. Have you ever had penile/vaginal discharge while in prison? Yes/No

Burning on urination? Yes/No

Have you been treated for STD while in prison? Yes/No/DK

Are conjugal visits allowed in prison? Yes/No/DK

Is there access to taxi-girls in prison? Yes/No/DK

28. Did you ever see a representative of UNTAC, ICRC or other organization about **your health** during detention? Yes/No If yes, what (most recent) year? _____ How many times? __

F. MENTAL HEALTH

1. Are you in contact with your family? Yes __ No __

2. Are you allowed family visits during your detention?

Yes __ No __ If yes, how often ___/month.
length of visit in minutes: ____

3. Do you receive mail, and are you permitted to write letters? Yes __ No __ If yes, how often? __#times/mo

4. Do you have nightmares? Yes __ No __

If yes, how many times per week? __

Do the nightmares affect you during the rest of the day or week? Yes __ No __

5. Do you ever feel sad? Yes __ No __
If yes, can you tell me about it?

Study #__

6. Please rate your:

sleep	1	2	3	4	5
appetite	1	2	3	4	5
energy level	1	2	3	4	5
ability to concentrate	1	2	3	4	5
memory	1	2	3	4	5

7. Did you ever think about committing suicide while in prison?

   Yes __ No __ If yes, explain:

8. Have you ever had a plan, or have you ever attempted suicide while in prison? Yes __ No __

9. Are you able to take part in religious activities? Yes __ No __ If no, explain:

G. SOLITARY CONFINEMENT AND/OR PUNISHMENT CELLS

1. Are solitary confinement, dark cells, or punishment cells currently being used in prison? Yes/No/DK

   Are prisoners currently being shackled at any time? Yes/No/DK

   Are beatings or torture of any prisoners currently occurring? Yes/No/DK

   If any of the above occurred while you were in prison please explain:

2. Have **you** ever been placed in solitary confinement or in a special punishment cell at any time? Yes __ No __
   If yes, what year? ___ For how many weeks ____

3. Describe the solitary confinement cell: Bedding; lighting; ventilation; cleanliness; toilet facility; meals.

   Were you shackled? Yes __ No __

Study #__

4. During the period of solitary confinement, were you subjected to any mistreatment? Yes __ No __
If yes, explain:

5. Any intimidation or threats? Yes __ No __
If yes, explain:

6. Did you have any medical problems during the period of solitary confinement? Yes __ No __
If yes, describe:

7. Were you able to get medical help when you needed it?
Yes __ No __ If no, explain:

H. GENERAL LEVEL OF VIOLENCE IN PRISON

1. Were you subject to beatings, threats, or intimidation by other prisoners? Yes __ No __
If yes, describe:

2. Were you subject to sexual assault by other prisoners?
Yes __ No __

I. OTHER

Is there any other subject concerning your arrest or detention related to medical or mental health problems which you think we should know about? If so, describe:

Study # ___

J. PERTINENT MEDICAL HISTORY

K. PHYSICAL EXAM

General:

VS: T ___ P ___ RR ___ BP __/__ Wt___ Ht ___

HEENT:

Neck:

Chest:

CV:

Abd:

GU:

Ext:

Skin:

Neuro:

Summary of physical findings:

Appendix B

G. PROTECTION OF PERSONS SUBJECTED TO DETENTION OR IMPRISONMENT

29. Standard Minimum Rules for the Treatment of Prisoners

Adopted by the First United Nations Congress on the Prevention of Crime and the Treatment of Offenders, held at Geneva in 1955, and approved by the Economic and Social Council by its resolutions 663 C (XXIV) of 31 July 1957 and 2076 (LXII) of 13 May 1977

PRELIMINARY OBSERVATIONS

1. The following rules are not intended to describe in detail a model system of penal institutions. They seek only, on the basis of the general consensus of contemporary thought and the essential elements of the most adequate systems of today, to set out what is generally accepted as being good principle and practice in the treatment of prisoners and the management of institutions.

2. In view of the great variety of legal, social, economic and geographical conditions of the world, it is evident that not all of the rules are capable of application in all places and at all times. They should, however, serve to stimulate a constant endeavour to overcome practical difficulties in the way of their application, in the knowledge that they represent, as a whole, the minimum conditions which are accepted as suitable by the United Nations.

3. On the other hand, the rules cover a field in which thought is constantly developing. They are not intended to preclude experiment and practices, provided these are in harmony with the principles and seek to further the purposes which derive from the text of the rules as a whole. It will always be justifiable for the central prison administration to authorize departures from the rules in this spirit.

4. (1) Part I of the rules covers the general management of institutions, and is applicable to all categories of prisoners, criminal or civil, untried or convicted, including prisoners subject to "security measures" or corrective measures ordered by the judge.

(2) Part II contains rules applicable only to the special categories dealt with in each section. Nevertheless, the rules under section A, applicable to prisoners under sentence, shall be equally applicable to categories of prisoners dealt with in sections B, C and D, provided they do not conflict with the rules governing those categories and are for their benefit.

5. (1) The rules do not seek to regulate the management of institutions set aside for young persons such as Borstal institutions or correctional schools, but in general part I would be equally applicable in such institutions.

(2) The category of young prisoners should include at least all young persons who come within the jurisdiction of juvenile courts. As a rule, such young persons should not be sentenced to imprisonment.

PART I

RULES OF GENERAL APPLICATION

Basic principle

6. (1) The following rules shall be applied impartially. There shall be no discrimination on grounds of race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

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

Register

7. (1) In every place where persons are imprisoned there shall be kept a bound registration book with numbered pages in which shall be entered in respect of each prisoner received:

(*a*) Information concerning his identity;

(*b*) The reasons for his commitment and the authority therefor;

(*c*) The day and hour of his admission and release.

(2) No person shall be received in an institution without a valid commitment order of which the details shall have been previously entered in the register.

Separation of categories

8. The different categories of prisoners shall be kept in separate institutions or parts of institutions taking account of their sex, age, criminal record, the legal reason for their detention and the necessities of their treatment. Thus,

(*a*) Men and women shall so far as possible be detained in separate institutions; in an institution which receives both men and women the whole of the premises allocated to women shall be entirely separate;

(*b*) Untried prisoners shall be kept separate from convicted prisoners;

(*c*) Persons imprisoned for debt and other civil prisoners shall be kept separate from persons imprisoned by reason of a criminal offence;

(*d*) Young prisoners shall be kept separate from adults.

Accommodation

9. (1) Where sleeping accommodation is in individual cells or rooms, each prisoner shall occupy by night a cell or room by himself. If for special reasons, such as temporary overcrowding, it becomes necessary for the central prison administration to make an exception to this rule, it is not desirable to have two prisoners in a cell or room.

(2) Where dormitories are used, they shall be occupied by prisoners carefully selected as being suitable to associate with one another in those conditions. There shall be regular supervision by night, in keeping with the nature of the institution.

10. All accommodation provided for the use of prisoners and in particular all sleeping accommodation shall meet all requirements of health, due regard being paid to climatic conditions and particularly to cubic content of air, minimum floor space, lighting, heating and ventilation.

11. In all places where prisoners are required to live or work,

(*a*) The windows shall be large enough to enable the prisoners to read or work by natural light, and shall be so constructed that they can allow the entrance of fresh air whether or not there is artificial ventilation;

(*b*) Artificial light shall be provided sufficient for the prisoners to read or work without injury to eyesight.

12. The sanitary installations shall be adequate to enable every prisoner to comply with the needs of nature when necessary and in a clean and decent manner.

13. Adequate bathing and shower installations shall be provided so that every prisoner may be enabled and required to have a bath or shower, at a temperature suitable to the climate, as frequently as necessary for general hygiene according to season and geographical region, but at least once a week in a temperate climate.

14. All parts of an institution regularly used by prisoners shall be properly maintained and kept scrupulously clean at all times.

Personal hygiene

15. Prisoners shall be required to keep their persons clean, and to this end they shall be provided with water and with such toilet articles as are necessary for health and cleanliness.

16. In order that prisoners may maintain a good appearance compatible with their self-respect, facilities shall be provided for the proper care of the hair and beard, and men shall be enabled to shave regularly.

Clothing and bedding

17. (1) Every prisoner who is not allowed to wear his own clothing shall be provided with an outfit of clothing suitable for the climate and adequate to keep him in good health. Such clothing shall in no manner be degrading or humiliating.

(2) All clothing shall be clean and kept in proper condition. Underclothing shall be changed and washed as often as necessary for the maintenance of hygiene.

(3) In exceptional circumstances, whenever a prisoner is removed outside the institution for an authorized purpose, he shall be allowed to wear his own clothing or other inconspicuous clothing.

18. If prisoners are allowed to wear their own clothing, arrangements shall be made on their admission to the institution to ensure that it shall be clean and fit for use.

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

Food

20. (1) Every prisoner shall be provided by the administration at the usual hours with food of nutritional value adequate for health and strength, of wholesome quality and well prepared and served.

(2) Drinking water shall be available to every prisoner whenever he needs it.

Exercise and sport

21. (1) Every prisoner who is not employed in outdoor work shall have at least one hour of suitable exercise in the open air daily if the weather permits.

(2) Young prisoners, and others of suitable age and physique, shall receive physical and recreational training during the period of exercise. To this end space, installations and equipment should be provided.

Medical services

22. (1) At every institution there shall be available the services of at least one qualified medical officer who should have some knowledge of psychiatry. The medical services should be organized in close relationship to the general health administration of the community or nation. They shall include a psychiatric service for the diagnosis and, in proper cases, the treatment of states of mental abnormality.

(2) Sick prisoners who require specialist treatment shall be transferred to specialized institutions or to civil hospitals. Where hospital facilities are provided in an institution, their equipment, furnishings and pharmaceutical supplies shall be proper for the medical care and treatment of sick prisoners, and there shall be a staff of suitable trained officers.

(3) The services of a qualified dental officier shall be available to every prisoner.

23. (1) In women's institutions there shall be special accommodation for all necessary pre-natal and post-natal care and treatment. Arrangements shall be made wherever practicable for children to be born in a hospital outside the institution. If a child is born in prison, this fact shall not be mentioned in the birth certificate.

(2) Where nursing infants are allowed to remain in the institution with their mothers, provision shall be made for a nursery staffed by qualified persons, where the infants shall be placed when they are not in the care of their mothers.

24. The medical officer shall see and examine every prisoner as soon as possible after his admission and thereafter as necessary, with a view particularly to the discovery of physical or mental illness and the taking of all necessary measures; the segregation of prisoners suspected of infectious or contagious conditions; the noting of physical or mental defects which might hamper rehabilitation, and the determination of the physical capacity of every prisoner for work.

25. (1) The medical officer shall have the care of the physical and mental health of the prisoners and should

daily see all sick prisoners, all who complain of illness, and any prisoner to whom his attention is specially directed.

(2) The medical officer shall report to the director whenever he considers that a prisoner's physical or mental health has been or will be injuriously affected by continued imprisonment or by any condition of imprisonment.

26. (1) The medical officer shall regularly inspect and advise the director upon:

(*a*) The quantity, quality, preparation and service of food;

(*b*) The hygiene and cleanliness of the institution and the prisoners;

(*c*) The sanitation, heating, lighting and ventilation of the institution;

(*d*) The suitability and cleanliness of the prisoners' clothing and bedding;

(*e*) The observance of the rules concerning physical education and sports, in cases where there is no technical personnel in charge of these activities.

(2) The director shall take into consideration the reports and advice that the medical officer submits according to rules 25 (2) and 26 and, in case he concurs with the recommendations made, shall take immediate steps to give effect to those recommendations; if they are not within his competence or if he does not concur with them, he shall immediately submit his own report and the advice of the medical officer to higher authority.

Discipline and punishment

27. Discipline and order shall be maintained with firmness, but with no more restriction than is necessary for safe custody and well-ordered community life.

28. (1) No prisoner shall be employed, in the service of the institution, in any disciplinary capacity.

(2) This rule shall not, however, impede the proper functioning of systems based on self-government, under which specified social, educational or sports activities or responsibilities are entrusted, under supervision, to prisoners who are formed into groups for the purposes of treatment.

29. The following shall always be determined by the law or by the regulation of the competent administrative authority:

(*a*) Conduct constituting a disciplinary offence;

(*b*) The types and duration of punishment which may be inflicted;

(*c*) The authority competent to impose such punishment.

30. (1) No prisoner shall be punished except in accordance with the terms of such law or regulation, and never twice for the same offence.

(2) No prisoner shall be punished unless he has been informed of the offence alleged against him and given a proper opportunity of presenting his defence. The competent authority shall conduct a thorough examination of the case.

(3) Where necessary and practicable the prisoner shall be allowed to make his defence through an interpreter.

31. Corporal punishment, punishment by placing in a dark cell, and all cruel, inhuman or degrading punishments shall be completely prohibited as punishments for disciplinary offences.

32. (1) Punishment by close confinement or reduction of diet shall never be inflicted unless the medical officer has examined the prisoner and certified in writing that he is fit to sustain it.

(2) The same shall apply to any other punishment that may be prejudicial to the physical or mental health of a prisoner. In no case may such punishment be contrary to or depart from the principle stated in rule 31.

(3) The medical officer shall visit daily prisoners undergoing such punishments and shall advise the director if he considers the termination or alteration of the punishment necessary on grounds of physical or mental health.

Instruments of restraint

33. Instruments of restraint, such as handcuffs, chains, irons and strait-jackets, shall never be applied as a punishment. Furthermore, chains or irons shall not be used as restraints. Other instruments of restraint shall not be used except in the following circumstances:

(*a*) As a precaution against escape during a transfer, provided that they shall be removed when the prisoner appears before a judicial or administrative authority;

(*b*) On medical grounds by direction of the medical officer;

(*c*) By order of the director, if other methods of control fail, in order to prevent a prisoner from injuring himself or others or from damaging property; in such instances the director shall at once consult the medical officer and report to the higher administrative authority.

34. The patterns and manner of use of instruments of restraint shall be decided by the central prison administration. Such instruments must not be applied for any longer time than is strictly necessary.

Information to and complaints by prisoners

35. (1) Every prisoner on admission shall be provided with written information about the regulations governing the treatment of prisoners of his category, the disciplinary requirements of the institution, the authorized methods of seeking information and making complaints, and all such other matters as are necessary to enable him to understand both his rights and his obligations and to adapt himself to the life of the institution.

(2) If a prisoner is illiterate, the aforesaid information shall be conveyed to him orally.

36. (1) Every prisoner shall have the opportunity each week day of making requests or complaints to the director of the institution or the officer authorized to represent him.

(2) It shall be possible to make requests or complaints to the inspector of prisons during his inspection. The prisoner shall have the opportunity to talk to the inspector or to any other inspecting officer without the director or other members of the staff being present.

(3) Every prisoner shall be allowed to make a request or complaint, without censorship as to substance but in proper form, to the central prison administration, the judicial authority or other proper authorities through approved channels.

(4) Unless it is evidently frivolous or groundless, every request or complaint shall be promptly dealt with and replied to without undue delay.

Contact with the outside world

37. Prisoners shall be allowed under necessary supervision to communicate with their family and reputable friends at regular intervals, both by correspondence and by receiving visits.

38. (1) Prisoners who are foreign nationals shall be allowed reasonable facilities to communicate with the diplomatic and consular representatives of the State to which they belong.

(2) Prisoners who are nationals of States without diplomatic or consular representation in the country and refugees or stateless persons shall be allowed similar facilities to communicate with the diplomatic representative of the State which takes charge of their interests or any national or international authority whose task it is to protect such persons.

39. Prisoners shall be kept informed regularly of the more important items of news by the reading of newspapers, periodicals or special institutional publications, by hearing wireless transmissions, by lectures or by any similar means as authorized or controlled by the administration.

Books

40. Every institution shall have a library for the use of all categories of prisoners, adequately stocked with both recreational and instructional books, and prisoners shall be encouraged to make full use of it.

Religion

41. (1) If the institution contains a sufficient number of prisoners of the same religion, a qualified representative of that religion shall be appointed or approved. If the number of prisoners justifies it and conditions permit, the arrangement should be on a full-time basis.

(2) A qualified representative appointed or approved under paragraph (1) shall be allowed to hold regular services and to pay pastoral visits in private to prisoners of his religion at proper times.

(3) Access to a qualified representative of any religion shall not be refused to any prisoner. On the other hand, if any prisoner should object to a visit of any religious representative, his attitude shall be fully respected.

42. So far as practicable, every prisoner shall be allowed to satisfy the needs of his religious life by attending the services provided in the institution and having in his possession the books of religious observance and instruction of his denomination.

Retention of prisoners' property

43. (1) All money, valuables, clothing and other effects belonging to a prisoner which under the regulations of the institution he is not allowed to retain shall on his admission to the institution be placed in safe custody. An inventory thereof shall be signed by the prisoner. Steps shall be taken to keep them in good condition.

(2) On the release of the prisoner all such articles and money shall be returned to him except in so far as he has been authorized to spend money or send any such property out of the institution, or it has been found necessary on hygienic grounds to destroy any article of clothing. The prisoner shall sign a receipt for the articles and money returned to him.

(3) Any money or effects received for a prisoner from outside shall be treated in the same way.

(4) If a prisoner brings in any drugs or medicine, the medical officer shall decide what use shall be made of them.

Notification of death, illness, transfer, etc.

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

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

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

Removal of prisoners

45. (1) When prisoners are being removed to or from an institution, they shall be exposed to public view as little as possible, and proper safeguards shall be adopted to protect them from insult, curiosity and publicity in any form.

(2) The transport of prisoners in conveyances with inadequate ventilation or light, or in any way which would subject them to unnecessary physical hardship, shall be prohibited.

(3) The transport of prisoners shall be carried out at the expense of the administration and equal conditions shall obtain for all of them.

Institutional personnel

46. (1) The prison administration, shall provide for the careful selection of every grade of the personnel, since it is on their integrity, humanity, professional capacity and personal suitability for the work that the proper administration of the institutions depends.

(2) The prison administration shall constantly seek to awaken and maintain in the minds both of the personnel and of the public the conviction that this work is a social service of great importance, and to this end all appropriate means of informing the public should be used.

(3) To secure the foregoing ends, personnel shall be appointed on a full-time basis as professional prison officers and have civil service status with security of

tenure subject only to good conduct, efficiency and physical fitness. Salaries shall be adequate to attract and retain suitable men and women; employment benefits and conditions of service shall be favourable in view of the exacting nature of the work.

47. (1) The personnel shall possess an adequate standard of education and intelligence.

(2) Before entering on duty, the personnel shall be given a course of training in their general and specific duties and be required to pass theoretical and practical tests.

(3) After entering on duty and during their career, the personnel shall maintain and improve their knowledge and professional capacity by attending courses of in-service training to be organized at suitable intervals.

48. All members of the personnel shall at all times so conduct themselves and perform their duties as to influence the prisoners for good by their example and to command their respect.

49. (1) So far as possible, the personnel shall include a sufficient number of specialists such as psychiatrists, psychologists, social workers, teachers and trade instructors.

(2) The services of social workers, teachers and trade instructors shall be secured on a permanent basis, without thereby excluding part-time or voluntary workers.

50. (1) The director of an institution should be adequately qualified for his task by character, administrative ability, suitable training and experience.

(2) He shall devote his entire time to his official duties and shall not be appointed on a part-time basis.

(3) He shall reside on the premises of the institution or in its immediate vicinity.

(4) When two or more institutions are under the authority of one director, he shall visit each of them at frequent intervals. A responsible resident official shall be in charge of each of these institutions.

51. (1) The director, his deputy, and the majority of the other personnel of the institution shall be able to speak the language of the greatest number of prisoners, or a language understood by the greatest number of them.

(2) Whenever necessary, the services of an interpreter shall be used.

52. (1) In institutions which are large enough to require the services of one or more full-time medical officers, at least one of them shall reside on the premises of the institution or in its immediate vicinity.

(2) In other institutions the medical officer shall visit daily and shall reside near enough to be able to attend without delay in cases of urgency.

53. (1) In an institution for both men and women, the part of the institution set aside for women shall be under the authority of a responsible woman officer who shall have the custody of the keys of all that part of the institution.

(2) No male member of the staff shall enter the part of the institution set aside for women unless accompanied by a woman officer.

(3) Women prisoners shall be attended and supervised only by women officers. This does not, however, preclude male members of the staff, particularly doctors and teachers, from carrying out their professional duties in institutions or parts of institutions set aside for women.

54. (1) Officers of the institutions shall not, in their relations with the prisoners, use force except in self-defence or in cases of attempted escape, or active or passive physical resistance to an order based on law or regulations. Officers who have recourse to force must use no more than is strictly necessary and must report the incident immediately to the director of the institution.

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

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

Inspection

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

PART II

RULES APPLICABLE TO SPECIAL CATEGORIES

A. Prisoners under sentence

Guiding principles

56. The guiding principles hereafter are intended to show the spirit in which penal institutions should be administered and the purposes at which they should aim, in accordance with the declaration made under Preliminary Observation 1 of the present text.

57. Imprisonment and other measures which result in cutting off an offender from the outside world are afflictive by the very fact of taking from the person the right of self-determination by depriving him of his liberty. Therefore the prison system shall not, except as incidental to justifiable segregation or the maintenance of discipline, aggravate the suffering inherent in such a situation.

58. The purpose and justification of a sentence of imprisonment or a similar measure deprivative of liberty is ultimately to protect society against crime. This end can only be achieved if the period of imprisonment is used to ensure, so far as possible, that upon his return to society the offender is not only willing but able to lead a law-abiding and self-supporting life.

59. To this end, the institution should utilize all the remedial, educational, moral, spiritual and other forces and forms of assistance which are appropriate and available, and should seek to apply them according to the individual treatment needs of the prisoners.

60. (1) The régime of the institution should seek to minimize any differences between prison life and life at liberty which tend to lessen the responsibility of the prisoners or the respect due to their dignity as human beings.

(2) Before the completion of the sentence, it is desirable that the necessary steps be taken to ensure for the prisoner a gradual return to life in society. This aim may be achieved, depending on the case, by a pre-release régime organized in the same institution or in another appropriate institution, or by release on trial under some kind of supervision which must not be entrusted to the police but should be combined with effective social aid.

61. The treatment of prisoners should emphasize not their exclusion from the community, but their continuing part in it. Community agencies should, therefore, be enlisted wherever possible to assist the staff of the institution in the task of social rehabilitation of the prisoners. There should be in connexion with every institution social workers charged with the duty of maintaining and improving all desirable relations of a prisoner with his family and with valuable social agencies. Steps should be taken to safeguard, to the maximum extent compatible with the law and the sentence, the rights relating to civil interests, social security rights and other social benefits of prisoners.

62. The medical services of the institution shall seek to detect and shall treat any physical or mental illnesses or defects which may hamper a prisoner's rehabilitation. All necessary medical, surgical and psychiatric services shall be provided to that end.

63. (1) The fulfilment of these principles requires individualization of treatment and for this purpose a flexible system of classifying prisoners in groups; it is therefore desirable that such groups should be distributed in separate institutions suitable for the treatment of each group.

(2) These institutions need not provide the same degree of security for every group. It is desirable to provide varying degrees of security according to the needs of different groups. Open institutions, by the very fact that they provide no physical security against escape but rely on the self-discipline of the inmates, provide the conditions most favourable to rehabilitation for carefully selected prisoners.

(3) It is desirable that the number of prisoners in closed institutions should not be so large that the individualization of treatment is hindered. In some countries it is considered that the population of such institutions should not exceed five hundred. In open institutions the population should be as small as possible.

(4) On the other hand, it is undesirable to maintain prisons which are so small that proper facilities cannot be provided.

64. The duty of society does not end with a prisoner's release. There should, therefore, be governmental or private agencies capable of lending the released prisoner efficient after-care directed towards the lessening of prejudice against him and towards his social rehabilitation.

Treatment

65. The treatment of persons sentenced to imprisonment or a similar measure shall have as its purpose, so far as the length of the sentence permits, to establish in them the will to lead law-abiding and self-supporting lives after their release and to fit them to do so. The treatment shall be such as will encourage their self-respect and develop their sense of responsibility.

66. (1) To these ends, all appropriate means shall be used, including religious care in the countries where this is possible, education, vocational guidance and training, social casework, employment counselling, physical development and strengthening of moral character, in accordance with the individual needs of each prisoner, taking account of his social and criminal history, his physical and mental capacities and aptitudes, his personal temperament, the length of his sentence and his prospects after release.

(2) For every prisoner with a sentence of suitable length, the director shall receive, as soon as possible after his admission, full reports on all the matters referred to in the foregoing paragraph. Such reports shall always include a report by a medical officer, wherever possible qualified in psychiatry, on the physical and mental condition of the prisoner.

(3) The reports and other relevant documents shall be placed in an individual file. This file shall be kept up to date and classified in such a way that it can be consulted by the responsible personnel whenever the need arises.

Classification and individualization

67. The purposes of classification shall be:

(*a*) To separate from others those prisoners who, by reason of their criminal records or bad characters, are likely to exercise a bad influence;

(*b*) To divide the prisoners into classes in order to facilitate their treatment with a view to their social rehabilitation.

68. So far as possible separate institutions or separate sections of an institution shall be used for the treatment of the different classes of prisoners.

69. As soon as possible after admission and after a study of the personality of each prisoner with a sentence of suitable length, a programme of treatment shall be prepared for him in the light of the knowledge obtained about his individual needs, his capacities and dispositions.

Privileges

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

Work

71. (1) Prison labour must not be of an afflictive nature.

(2) All prisoners under sentence shall be required to work, subject to their physical and mental fitness as determined by the medical officer.

(3) Sufficient work of a useful nature shall be provided to keep prisoners actively employed for a normal working day.

(4) So far as possible the work provided shall be such as will maintain or increase the prisoners' ability to earn an honest living after release.

(5) Vocational training in useful trades shall be provided for prisoners able to profit thereby and especially for young prisoners.

(6) Within the limits compatible with proper vocational selection and with the requirements of institutional administration and discipline, the prisoners shall be able to choose the type of work they wish to perform.

72. (1) The organization and methods of work in the institutions shall resemble as closely as possible those of similar work outside institutions, so as to prepare prisoners for the conditions of normal occupational life.

(2) The interests of the prisoners and of their vocational training, however, must not be subordinated to the purpose of making a financial profit from an industry in the institution.

73. (1) Preferably institutional industries and farms should be operated directly by the administration and not by private contractors.

(2) Where prisoners are employed in work not controlled by the administration, they shall always be under the supervision of the institution's personnel. Unless the work is for other departments of the government the full normal wages for such work shall be paid to the administration by the persons to whom the labour is supplied, account being taken of the output of the prisoners.

74. (1) The precautions laid down to protect the safety and health of free workmen shall be equally observed in institutions.

(2) Provision shall be made to indemnify prisoners against industrial injury, including occupational disease, on terms not less favourable than those extended by law to free workmen.

75. (1) The maximum daily and weekly working hours of the prisoners shall be fixed by law or by administrative regulation, taking into account local rules or custom in regard to the employment of free workmen.

(2) The hours so fixed shall leave one rest day a week and sufficient time for education and other activities required as part of the treatment and rehabilitation of the prisoners.

76. (1) There shall be a system of equitable remuneration of the work of prisoners.

(2) Under the system prisoners shall be allowed to spend at least a part of their earnings on approved articles for their own use and to send a part of their earnings to their family.

(3) The system should also provide that a part of the earnings should be set aside by the administration so as to constitute a savings fund to be handed over to the prisoner on his release.

Education and recreation

77. (1) Provision shall be made for the further education of all prisoners capable of profiting thereby, including religious instruction in the countries where this is possible. The education of illiterates and young prisoners shall be compulsory and special attention shall be paid to it by the administration.

(2) So far as practicable, the education of prisoners shall be integrated with the educational system of the country so that after their release they may continue their education without difficulty.

78. Recreational and cultural activities shall be provided in all institutions for the benefit of the mental and physical health of prisoners.

Social relations and after-care

79. Special attention shall be paid to the maintenance and improvement of such relations between a prisoner and his family as are desirable in the best interests of both.

80. From the beginning of a prisoner's sentence consideration shall be given to his future after release and he shall be encouraged and assisted to maintain or establish such relations with persons or agencies outside the institution as may promote the best interests of his family and his own social rehabilitation.

81. (1) Services and agencies, governmental or otherwise, which assist released prisoners to re-establish themselves in society shall ensure, so far as is possible and necessary, that released prisoners be provided with appropriate documents and identification papers, have suitable homes and work to go to, are suitably and adequately clothed having regard to the climate and season, and have sufficient means to reach their destination and maintain themselves in the period immediately following their release.

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

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

B. Insane and mentally abnormal prisoners

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

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

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

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

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

C. Prisoners under arrest or awaiting trial

84. (1) Persons arrested or imprisoned by reason of a criminal charge against them, who are detained either in police custody or in prison custody (jail) but have not yet

been tried and sentenced, will be referred to as "untried prisoners" hereinafter in these rules.

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

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

85. (1) Untried prisoners shall be kept separate from convicted prisoners.

(2) Young untried prisoners shall be kept separate from adults and shall in principle be detained in separate institutions.

86. Untried prisoners shall sleep singly in separate rooms, with the reservation of different local custom in respect of the climate.

87. Within the limits compatible with the good order of the institution, untried prisoners may, if they so desire, have their food procured at their own expense from the outside, either through the administration or through their family or friends. Otherwise, the administration shall provide their food.

88. (1) An untried prisoner shall be allowed to wear his own clothing if it is clean and suitable.

(2) If he wears prison dress, it shall be different from that supplied to convicted prisoners.

89. An untried prisoner shall always be offered opportunity to work, but shall not be required to work. If he chooses to work, he shall be paid for it.

90. An untried prisoner shall be allowed to procure at his own expense or at the expense of a third party such books, newspapers, writing materials and other means of occupation as are compatible with the interests of the administration of justice and the security and good order of the institution.

91. An untried prisoner shall be allowed to be visited and treated by his own doctor or dentist if there is reasonable ground for his application and he is able to pay any expenses incurred.

92. An untried prisoner shall be allowed to inform immediately his family of his detention and shall be given all reasonable facilities for communicating with his family and friends, and for receiving visits from them, subject only to such restrictions and supervision as are necessary in the interests of the administration of justice and of the security and good order of the institution.

93. For the purposes of his defence, an untried prisoner shall be allowed to apply for free legal aid where such aid is available, and to receive visits from his legal adviser with a view to his defence and to prepare and hand to him confidential instructions. For these purposes, he shall if he so desires be supplied with writing material. Interviews between the prisoner and his legal adviser may be within sight but not within the hearing of a police or institution official.

D. Civil prisoners

94. In countries where the law permits imprisonment for debt, or by order of a court under any other non-criminal process, persons so imprisoned shall not be subjected to any greater restriction or severity than is necessary to ensure safe custody and good order. Their treatment shall be not less favourable than that of untried prisoners, with the reservation, however, that they may possibly be required to work.

E. Persons arrested or detained without charge

95. Without prejudice to the provisions of article 9 of the International Covenant on Civil and Political Rights, persons arrested or imprisoned without charge shall be accorded the same protection as that accorded under part I and part II, section C. Relevant provisions of part II, section A, shall likewise be applicable where their application may be conducive to the benefit of this special group of persons in custody, provided that no measures shall be taken implying that re-education or rehabilitation is in any way appropriate to persons not convicted of any criminal offence.

30. Declaration on the Protection of All Persons from Being Subjected to Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment

Adopted by the General Assembly of the United Nations on 9 December 1975 (resolution 3452 (XXX))

The General Assembly,

Considering that, in accordance with the principles proclaimed in the Charter of the United Nations, recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world,

Considering that these rights derive from the inherent dignity of the human person,

Considering also the obligation of States under the Charter, in particular Article 55, to promote universal respect for, and observance of, human rights and fundamental freedoms,

Having regard to article 5 of the Universal Declaration of Human Rights and article 7 of the International Covenant on Civil and Political Rights, both of which provide that no one may be subjected to torture or to cruel, inhuman or degrading treatment or punishment,

Adopts the Declaration on the Protection of All Persons from Being Subjected to Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, the text of which is annexed to the present resolution, as a guideline for all States and other entities exercising effective power.

Annex

DECLARATION ON THE PROTECTION OF ALL PERSONS FROM BEING SUBJECTED TO TORTURE AND OTHER CRUEL, INHUMAN OR DEGRADING TREATMENT OR PUNISHMENT

Article 1

1. For the purpose of this Declaration, torture means any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted by or at the

Appendix C

DECLARATION ON THE STATE OF PRISONS IN CAMBODIA

THIS SEMINAR co-operatively convened and organized by the Ministry of Interior, Ministry of Justice, Ministry of Health, and the United Nations Centre for Human Rights to study conditions in Cambodian prisons respectfully requests the Royal Government of Cambodia to consider the following declarations for adoption:

1. All cruel and degrading punishments in Cambodian prisons be banned including:
   - shackling
   - food and water deprivation
   - isolation in small or dark cells
   - beatings
   - standing in the sun for long periods
   - the exercise of "pointing the finger" where an inmate is forced to point one finger to the ground and spin around
   - deprivation of family visits

2. Each prisoner be provided with a minimum of two meals per day according to specified ration one of which should include fish or meat or fruit and vegetables. Water should always be available to prisoners.

3. Each new prisoner upon arrival at a prison be medically examined before entering the main prison area and a file as to his/her medical condition be established.

   If any prisoner is suspected of suffering from a contagious disease or is seriously ill or wounded then immediate transfer be arranged to a local hospital for treatment of the prisoner by hospital staff. If the prisoner is suffering from a contagious disease then she/he should be segregated from others.

   The Prison Department of the Ministry of Interior contact the World Health Organization to facilitate the implementation of tuberculosis and other preventative health measures in prisons as necessary.

   The Ministry of Interior, the Ministry of Health, and Ministry of Justice in consultation with the American Refugee Committee, Médecins du Monde and LICADHO develop a protocol for the treatment of prisoners and that such a protocol be issued to all Prison Directors and Hospital Directors to guide them in the treatment of prisoners.

4. Women and juveniles must be separated from other inmates including through the use of separate recreation and bathing areas. Women must be guarded only by female prison guards.

5. That such Prison Director implement with the assistance of one or more human rights NGOs literacy, sporting, cultural, and other programmes to be provided, where possible, on a daily basis.

6. That each prisoner be allowed out of his or her cell for a minimum of five hours per day for the purposes of education, work, exercise, bathing, and cooking.

7. That the Prison Director of each prison draft a security protocol for his prison which shall include arrangements for adequate guarding of the perimeter of the prison at all times. These security protocols should be submitted to the Head of the Prison Department, Ministry of Interior for scrutiny and approval.

8. That NGOs providing recognized defender services and lawyers be allowed to privately interview inmates at all reasonable times.

9. That the Royal Government of Cambodia call upon concerned countries and institutions to consider assistance to rebuild and maintain the Cambodian prison system.

10. That we express our concern at the length of time inmates spend in pre-trial detention and those held in detention without warrant contrary to United Nations standards and Cambodian law.

11. That the recommendations contained in the Report submitted by the United Nations Centre for Human Rights, Cambodia Office and Physicians for Human Rights to the Royal Government through the Prison Department of the Ministry of Interior be considered by the said Prison Department for implementation.

12. That a further seminar be convened one year from the date hereof to further consider the state of Cambodian prisons and the implementation of these declarations.

THIS DECLARATION IS MADE BY THE ASSEMBLED SECOND DEPUTY GOVERNORS, POLICE COMMISSIONERS, PRISON DIRECTORS, AND MINISTRY OFFICIALS AT THE FOREMENTIONED SEMINAR HELD FROM 24 TO 27 JANUARY 1995. PHNOM PENH

Constitution of the Kingdom of Cambodia

Adopted 21 September 1993
(Unofficial Translation)

Chapter 1: Sovereignty

1. Cambodia is a Kingdom whose King shall comply with the Constitution and a multi-party, liberal democratic system. The Kingdom of Cambodia is an independent, sovereign, peaceful, neutral and permanently non-aligned State.
2. The territorial integrity of the Kingdom of Cambodia, determined in the 1/100,000 scale map made between 1933 and 1955, and recognized by the international community between 1963 and 1969 shall absolutely not be violated.
3. The Kingdom of Cambodia is an indivisible state.
4. The motto of the Kingdom of Cambodia is "Nation, Religion, King."
5. The official language and script are Khmer.
6. Phnom Penh is the capital of the Kingdom of Cambodia. The national flag, anthem and logo are determined in annexes 1-2 and 3.

Chapter 2: The King

7. The King holds the throne but shall not hold power. The King shall be the Head of State for life. The King cannot be violated.
8. The King shall be a symbol of unity and eternity of the nation. The King shall guarantee the national independence, sovereignty, and territorial integrity of the Kingdom of Cambodia. The King shall guarantee the rights and freedoms of the people and respect of international treaties.
9. The King shall hold the supreme role as referee to guarantee the normal functioning of public authorities.
10. Cambodia's monarchy is of elected origin. The King shall not have the power to appoint his successor to the throne.
11. If the King cannot perform his normal duties as Head of State due to serious illness, as confirmed by a medical specialist chosen by the President of the National Assembly and the Prime Minister, the President of the National Assembly shall perform the duty of Head of State as "Royal Delegate".
12. In case of the death of the King and before the appointment of the new King, the President of the National Assembly shall take over the responsibility as acting Head of State, in the capacity of "Royal Delegate" in the Kingdom of Cambodia.
13. Within a period of not more than seven days, the new King of the Kingdom of Cambodia shall be elected by the Royal Council of the Throne.

The Royal Council of the Throne shall consist of:

- President of the National Assembly
- Prime Minister
- Supreme Monks of both Buddhist orders
- First and Second Vice-Presidents of the National Assembly

14. To be elected as King of the Kingdom of Cambodia, a person shall be a member of the Khmer Royal Family, aged at least 30 years, coming from the blood line of King Ang Doung, Norodom, or Sisowath. Upon being enthroned, the King shall take the oath of allegiance.
15. The wife of the reigning King shall have the royal title of Queen of the Kingdom of Cambodia.
16. The Queen of The Kingdom of Cambodia shall not have the right to engage in politics, to assume the role of leader of the state or government, or to assume other administrative or political roles. The Queen of Cambodia shall exercise activities that serve the social, humanitarian and religious interests, and shall assist the King with protocol and diplomatic functions.
17. The stipulation, as stated in the first clause of Article 7 of the Constitution, that the King holds the throne but does not hold power, absolutely cannot be amended.
18. The King shall communicate with the National Assembly by royal messages. Royal messages cannot be subjected to discussion in the National Assembly.
19. The King shall appoint the Prime Minister and the Cabinet according to procedures stipulated in Article 100.
20. The King shall grant an official audience to the Prime Minister and the Cabinet twice a month to hear their reports on the situation of the nation.
21. Upon presentation by the Cabinet, the King shall sign decrees of appointment, transfer and dismissal of high civil and military officials, extraordinary and plenipotentiary ambassadors and delegates. Upon request by the Supreme Council of Judges, the King shall sign decrees to appoint, transfer or dismiss judges.
22. When the country faces danger, the King shall publicly declare a state of emergency upon approval of the Prime Minister and the President of the National Assembly.
23. The King is the Supreme Commander of the Royal Khmer Armed Forces. The Commander in Chief of the Royal Khmer Armed Forces shall be appointed to command the Armed Forces.
24. The King shall be head of the Supreme Council of National Defense. The Supreme Council of National Defense shall be created according to law. The King shall declare war only upon approval of the National Assembly.
25. The King shall receive letters of credentials from foreign extraordinary and plenipotentiary ambassadors or delegates to the Kingdom of Cambodia.
26. The King shall sign and ratify international treaties and conventions upon the approval of the National Assembly.
27. The King shall have the right to grant complete or partial amnesty.
28. The King shall sign royal ordinances of promulgation of the Constitution and laws adopted by the National Assembly and sign decrees proposed by the Cabinet.
29. The King shall create and issue national medals upon the proposal of the Cabinet. The King shall determine the promotion of the rank of military and civilian officials according to the law.
30. In the absence of the King, the President of the National Assembly shall assume the powers as interim Head of State.

Chapter 3: The Rights and Obligations of Cambodian Citizens

31. The Kingdom of Cambodia shall recognize and respect human rights stipulated in the United Nations Charter, the Universal Declaration of Human Rights and all covenants and conventions related to human rights, women's and children's rights. Cambodian citizens shall have equality before the law and have the same rights, freedoms and obligations, regardless of race, color, sex, language, religious belief, political tendency, ethnic origin, social, wealth, or other status. The exercise of personal rights and freedoms of every person shall not adversely affect the rights and freedoms of others. The exercise of such rights and freedoms shall be in accordance with the law.
32. Every person shall have the right to life, personal freedom and security. Capital punishment is abolished.
33. Cambodian Citizens shall not be deprived of their nationality, exiled, or extradited. Cambodian citizens residing abroad enjoy the protection of the state. Cambodian nationality shall be defined by law.
34. Cambodian Citizens of both sexes shall enjoy the right to vote and to be candidates in elections. Cambodian Citizens of both sexes, aged at least 18 years, have the right to vote. Cambodian Citizens of both sexes, aged 25 years, may be candidates in elections. Provisions restricting the right to vote or to be a candidate in elections shall be defined in an electoral law.
35. Cambodian Citizens of both sexes shall enjoy the right of active participation in the political, economic, social and cultural life of the nation. Any suggestions from the people shall be given full consideration by the organs of the State.
36. Cambodian Citizens of both sexes shall enjoy the right to choose employment appropriate to their ability and the needs of society. Cambodian Citizens of both sexes shall have the right to obtain the same remuneration for the same job. Housework has the same value of outdoor work. Cambodian Citizens of both sexes shall have the right to obtain social security and other social interests as determined by law. Cambodian Citizens of both sexes shall enjoy the right to form and to be members of trade unions. The organization and conduct of trade unions shall be stipulated by law.
37. The right to strike and peaceful demonstration shall be exercised in accordance with the law.
38. The law guarantees any individual from being physically abused. The law shall protect the honor, the dignity and the lives of the people. The arrest, indictment or detention of any person shall not be done unless in conformity with the law. Coercions, physical ill-treatment or any treatment that aggravate punishment on a detainee or a prisoner shall be prohibited. The principals, co-principals or accomplices of such acts shall be punished according to the law. Confessions obtained by physical or mental coerciveness shall not be admissible as evidence.

Any case of doubt shall be resolved in favor of the accused. Any accused shall be considered innocent until proven guilty. All individuals shall enjoy the right to judicial protection.

39. Cambodian Citizens shall enjoy the right to file actions complaints, appeals or reparations for the illegal acts of state organs, social organs and employees of such organs acting in the course of their duties. The resolution of such legal action and reparation is within the competence of the court
40. Cambodian citizens' freedom to travel and legal settlement shall be respected. Citizens may settle in a foreign country or return. The rights to inviolability of residence, and the secrecy of correspondence by mail, telegram, fax, telex and telephone shall be guarantee. Search of the house, material and body shall be according to the law.
41. Cambodian Citizens shall have freedom of expression, press, publication and association. Nobody shall use these rights to violate the honor of others, disrupt the good tradition of society, public order and national security. Control of the media shall in accordance with the law.
42. Cambodian citizens shall have the right to set up associations and political parties. These rights shall be defined by law. Cambodian citizens may participate in mass organizations and help each other to protect national achievement and social order.
43. Cambodian Citizens of both sexes shall have the right to belief. The freedom of religious belief and practices shall be guaranteed by the State on condition that they do not affect other beliefs, orders and public security. Buddhism is the State religion.
44. All persons, individually or collectively, shall have the right to ownership. Only individuals or legal collectives with Khmer nationality shall have the right to own land. Private ownership shall be protected by law. The right to confiscate possessions from any person shall be used only in the public interest as provided for under law, and the fair and just compensation shall be granted in advance.
45. All forms of discrimination against women shall be abolished. Exploitation on women's work shall be prohibited. Men and women are equal in all fields, especially in marriage and the family. Marriage shall be the voluntary union of one man and one woman.
46. Human trafficking and the business of prostitution which affects the reputation of women must be prohibited. A woman cannot lose her job because of pregnancy. Women shall have the right to take maternity leave with salary and with no loss of seniority or other social benefits. The State and society shall pay attention to helping women, especially those living without support in rural areas, with assistance, career, health-care, education for their children and appropriate living conditions.
47. Parents shall be obliged to take care of and educate their children to become good citizens. Children shall be obliged to feed and take care of parents who are very old, according to Khmer custom.
48. The State is committed to protect the rights of the child stipulated in the Convention on the Rights of the Child, in particular, the right to life, education, protection in the time of war and against economic or sexual exploitation.

The State is strongly against any action that infringes upon the education instruction provided to children or which undermines their health or their welfare.

49. Every Cambodian Citizen shall respect the constitution and the law. Every Cambodian Citizen shall have the duty to take part in building the country and defending the homeland. The homeland defence duty shall be according to law.
50. Cambodian citizens of both sexes shall respect the principles of national sovereignty and multi-party liberal democracy. Citizens of both sexes must respect public property and the legal property ownership of private individuals.

Chapter 4: Political Regime

51. The Kingdom of Cambodia adopts a multi-party liberal democratic regime. Cambodian citizens are the owners of the nation's fate. All powers belong to the citizens. Citizens exercise their power through the National Assembly, the Royal Government and the courts. The legislative, executive and judicial powers are separate.
52. The Royal Government of Cambodia is committed to protect the independence, the sovereignty and the territorial integrity of The Kingdom of Cambodia, adopt national reconciliation policy for national unity, and preserve good national traditions. The Royal Government shall protect the legality and ensure public order and security. The State shall use its best endeavors to improve the living standard and the well-being of the citizens.
53. The Kingdom of Cambodia shall always follow a permanent neutral and non-aligned policy. The Kingdom of Cambodia co-exists peacefully with its neighbors and other countries all over the world. The Kingdom of Cambodia shall not invade any country, shall not interfere directly or indirectly in whatever form in the internal affairs of other countries, shall solve all problems peacefully, and shall respect mutual interests.

The Kingdom of Cambodia shall not engage in any military alliance or military pact which is incompatible with its neutrality. The Kingdom of Cambodia shall not permit any foreign military base on its territory and shall not permit the establishment of its military bases abroad except in the framework of a United Nations request.

The Kingdom of Cambodia reserves its right to receive foreign aid as military materials, weapons, ammunitions, military training and other assistance for the self-defence, public order and security throughout the country.

54. The manufacturing, use and storage of nuclear, chemical or biological weapons is absolutely prohibited.
55. All pacts and agreements which are incompatible with the independence, sovereignty, territorial integrity, neutrality and national unity of The Kingdom of Cambodia shall be annulled.

Chapter 5: The Economy

56. The Kingdom of Cambodia adopts the market economy system. The preparation and process of this economic system shall be determined by the law.
57. Tax collection shall be in accordance with the law. The national budget shall be executed according to the law. The management of the monetary and financial system must be defined by law.
58. The State property includes land and its underground, mountains and hills, sea, seabed and everything underneath, littoral, air, islands, rivers, streams and brooks, lakes, forests, natural resources, economic and cultural centers, bases for national defence and other facilities determined as state property. The management and use of State property shall be determined by law.
59. The State shall protect the environment and the balance of natural resources, and shall take concrete mea-

continued on page 14

អំពី អធិបតេយ្យ

ហាត្រា ១.-

ប្រទេសកម្ពុជា ជាព្រះរាជាណាចក្រដ៏ឯករាជ្យ អធិបតេយ្យ
ប្រកបដោយឆន្ទៈនៃសាមគ្គីភាពជាតិ និងតាមលទ្ធិប្រជាធិបតេយ្យ សេរីពហុបក្ស ។
ព្រះរាជាណាចក្រកម្ពុជា ជានិច្ចកាល អធិបតេយ្យ សន្តិភាព
អព្យាក្រឹត្យ អចិន្ត្រៃយ៍ មិនចូលបក្សសម្ព័ន្ធ។

Chapter 1: Sovereignty

Article 1. Cambodia is a Kingdom whose King shall comply with the Constitution and a multi-party, liberal democratic system. The Kingdom of Cambodia is an independent, sovereign, peaceful, neutral and permanently non-aligned State.



National Assembly; ensure the implementation of the internal regulations; and manage the international relations of the National Assembly. If the President is unable to perform his duties due to illness or acting for the Chief of State, or as a Royal Delegate or on missions abroad, a Vice-President shall replace him. In the case of the resignation or death of the President or a Vice-President, the National Assembly shall elect a new President or Vice-President.

88. The National Assembly session shall be held in public. The National Assembly may meet in closed sessions at the request of the President of the Assembly or at least one-tenth of the members of the National Assembly, or the King or the Prime Minister. The session of the National Assembly is considered valid unless there is a quorum of seven-tenths of the members of the whole Assembly.

89. Upon the request of at least one-tenth of its members, the National Assembly may invite a high dignitary to clarify or discuss important issues.

90. The National Assembly shall be the only organ to adopt laws. This right shall not be transferable to any other organ or individual. The National Assembly shall adopt the national budget; the state planning; the permission of the State to borrow and to lend; the financial commitment and the creation, changes or annulment of tax.

The national Assembly shall approve or annul the administrative account. The National Assembly shall adopt the law on general amnesty. The National Assembly shall adopt or denounce treaties or international conventions. The National Assembly adopts laws on declaration of war.

The adoption of the above mentioned laws must be decided upon by an absolute majority of all members. The National Assembly may pass a vote of confidence or no-confidence in the Royal Government by a two-thirds majority of all members.

91. The members of the National Assembly and the Prime Minister shall have the right to propose bills. The National Assembly members have the right to propose amendments to laws. But these proposals are unacceptable if they aim at reducing public income or to increasing the burden on citizens.

92. Laws adopted by the National Assembly which are controversial to the principles of maintaining independence, sovereignty, territorial integrity of the Kingdom of Cambodia and affect the political unity or the administrative management of the nation shall be annulled. The Constituent Council is the only organ which has the competence to approve this annulment.

93. Bills passed by the National Assembly and signed into laws and promulgated by the King shall become effective in Phnom Penh within ten days, and within twenty days throughout the country, after their promulgation. Urgent laws shall be effective all over the country immediately after their promulgation by the King. Laws signed and promulgated by the King shall be registered in the State archives and published throughout the country at the above determined time.

94. The National Assembly may set up committees as necessary. The organization and functioning of the National Committee shall be stipulated in its internal regulations.

95. In the case of the death or resignation or dismissal of a National Assembly member at least six months before the end of his/her mandate, another representative shall be chosen to replace him/her in accordance with the internal regulations of the National Assembly and the electoral law.

96. Members of the National Assembly shall have the right to submit written questions to the Royal Government through the President of the National Assembly. Replies shall come from one or more ministries according to the issue raised. If the issue concerns general policies within the Royal Government, the Prime Minister shall reply. Replies from Ministers or the Prime Minister may be verbal or in writing. All replies shall be given within seven days after receipt of the question. In the case of verbal replies, the President of the National Assembly shall decide whether the Assembly discusses the issue in open debate. If there is no debate, the verbal replies of Ministers or Prime Minister shall settle the matter. If there is a debate, the questioner, the other speakers and the concerned Minister or Prime Minister may discuss views within not more than one meeting. The National Assembly sets aside one day a week for responses to questions. However, the above mentioned session for answering questions shall not lead to any vote.

97. National Assembly committees can invite ministers for explanations on their field of responsibility.

98. The National Assembly can dismiss members of the Cabinet or Government form his/her position by the adoption of a motion of censure of two-thirds of all the members. A motion of censure shall be proposed to the National Assembly by thirty members of the National Assembly in order for the full Assembly to decide.

Chapter 8: The Government

99. The Cabinet in the Royal Government of the Kingdom of Cambodia. The Cabinet shall be led by one Prime Minister assisted by a deputy Prime Minister or deputy Prime Ministers, along with State Ministers, Ministers and Secretaries of State as its members.

100. Upon the proposal from the President and with the agreement of both Vice-Presidents of the National Assembly, the King may appoint a dignitary from among the representatives of the party winning the elections to form a Royal Government. The appointed dignitary must bring his colleagues who must be representatives or members of the political parties represented in the National Assembly and who are nominated for various posts in the Royal Government, to ask for a vote of confidence from the National Assembly. Upon the vote of confidence by the National Assembly, the King will sing a Royal decree to appoint the whole Cabinet. Before holding function, the Cabinet members shall take an oath of allegiance to the essence as mentioned in Appendix 6.

101. The function of the Royal Government members shall be incompatible with the holding of the posts in business, industry, and with any position in public services.

102. All members of the Royal Government shall take collective responsibility for general policy of the Royal Government before the Assembly. Each member of the Royal Government is individually responsible for his/her activities to the Prime Minister and the National Assembly.

103. No member of the Royal Government may use a directive, verbal and written, from anyone, to exonerate themselves from his/her responsibility.

104. The Cabinet shall meet every week, in a plenary meeting or in an investigative one. The plenary meeting shall be chaired by the Prime Minister. The Prime Minister may transfer his task to the Vice-Prime Minister to chair the investigative meeting. Reports on these meetings of the Cabinet must be sent to the King for his information.

105. The Prime Minister may share power with any member of the Royal Government.

106. If the Prime Minister's post is definitely vacant, a new Cabinet shall be appointed according to the framework stipulated in the Constitution. If the vacancy is temporary, an acting Prime Minister must be provisionally appointed.

107. Each member of the Royal Government shall be punished for crimes or misdemeanors committed in the performance of their duties. In such a case and in the case of severe offense during the performance of their duties the National Assembly may decide to file a suit in the competent court. The National Assembly shall decide on such matters by holding a secret vote by an absolute majority of the Members of the National Assembly.

108. The organizing and the proceeding of the Cabinet shall be determined in law.

Chapter 9: Power of Judiciary

109. The power of the courts is independent.

The courts shall maintain impartiality and protect the rights and freedoms of the people. The courts shall cover all cases, including administrative ones. The power of the courts shall be given to the Supreme Court and other courts at all levels.

110. Trials shall be conducted in the name of the Khmer people according to the legal procedures and law in force. Only judges have the right to adjudicate. The judges must perform his or her duties, in strict compliance with the laws, wholeheartedly and with good conscience.

111. Judicial power shall not be granted to the legislative or executive bodies.

112. Only prosecutors shall have the right to take penal actions.

113. The King is the guarantor of the independence of the judiciary. The Supreme Council of Judges assists the King in this work.

114. Judges cannot be dismissed, but the Supreme Council of Judges may impose discipline on errant judges.

115. The Supreme Council of Judges will be established by an organic law,

The Kingdom of Cambodia is an indivisible state.

—Ch. 1, Art. 3

The motto of the Kingdom of Cambodia is "Nation, Religion, King."

—Ch. 1, Art 4

which shall define its composition and terms of reference. The Supreme Council of Judges is chaired by the King. The King can appoint his representative to chair the Supreme Council of Judges. The Supreme Council of Judges makes proposals to the King on the appointment of judges and Royal prosecutors of all courts.

The Supreme Council of Judges, in its duty to discipline the judges and prosecutors, shall hold meetings under the chairmanship of the President of the Supreme Court or general prosecutor of the Supreme Court with regard to whether a case relates to a judge or a prosecutor.

116. The statutes of judges and prosecutors and the organizing of the judicial body shall be determined in separate laws.

Chapter 10: The Constitutional Council

117. The Constitutional Council shall have the competence to ensure the respect of the Constitution; interpretation of the constitution and laws adopted by the National Assembly. The Constitutional Council has the right to examine and decide on contested cases involving the election of representatives (National Assembly members).

118. The Constitutional Council consists of nine members with nine years terms. A third of the members of the Constitutional Council shall change every three years. Three members shall be appointed by the King, three members shall be appointed by the National Assembly and the other three shall be appointed by the Supreme Council of Judges.

The President shall be appointed by the members of the Constitutional Council. He shall have a deciding vote, in case of equal vote.

119. Members of the Constitutional Council shall be chosen from among high dignitaries who have certificates of higher education in law, administration, diplomacy or economy and have considerable work experience.

120. Functions of the members of the Constitutional Council shall be incompatible with those of members of the Royal Government, members of the National Assembly, the head or deputy head of political parties, the head or deputy head of trade unions or judges in duty.

121. The King, prime Minister, President of the National Assembly or one-tenth of the Members of the National Assembly may send drafted laws to the Constitutional Council to examine before the laws is promulgated. The internal regulations of the National Assembly and other organic laws shall be sent to the Constitutional Council for examination before being promulgated. The Constitutional Council shall decide, in no later than 30 days, whether or not the laws and the internal regulations of the National Assembly is in accordance with the Constitution.

122. After any law is promulgated, the King, Prime Minister, the President of the National Assembly, one-tenth of the Members of the National Assembly or the Courts, may ask the Constitutional Council to examine the constitutionality of the law.

People shall have the right to make complains about the constitutionality of the laws through Members of the National Assembly or the President of the National Assembly as mentioned in the above paragraph.

123. Provisions in any article that the Constitutional Council declares unconstitutional shall neither be promulgated, nor implemented. The decision of the Constitutional Council is incontestable.

124. The King shall consult with the Constitutional Council on all propositions to amend the constitution.

125. An organic law shall specify the organizing and conduct of the Constitutional Council.

Chapter 11: Administration

126. The Kingdom of Cambodia shall be divided into provinces and municipalities. Provinces are divided into districts; districts into communes; municipalities into sections, sections into quarters.

127. Provinces, municipalities, districts, sections communes and quarters shall be governed according to an organic law.

Chapter 12: The National Congress

128. The National Congress allows citizens to be directly informed about various issues involving national interests and to raise problems and make propositions for the authorities to settle. Citizens of both sexes shall have the right to attend the National Congress.

129. The National Congress shall be held once a year in early December upon invitation by the Prime Minister. The National Congress shall be chaired by the King.

130. The National Congress shall adopt proposals for authorities and the National Assembly to consider. The preparation and process of the National Congress shall be determined by law.

Chapter 13: Power, Revision and Amendment of the Constitution

131. This constitution shall be the supreme law of the Kingdom of Cambodia. All laws and decisions shall be strictly conformity with the constitution.

132. Initiatives to revise or to amend the Constitution shall be the right of the King, the Prime Minister and the President of the National Assembly, upon the proposals of one-quarter of the National Assembly members.

Revisions of or amendments to the Constitution shall be in accordance with constitutional law adopted by two-thirds of the National Assembly members.

133. Revision of or amendments to the Constitution shall be prohibited during a state of emergency, as outlined in article 86.

134. Revisions of or amendments to the Constitution shall not be carried out when they impinge upon multi-party liberal democratic system and the Constitutional monarchy.

Chapter 14: Transitional Provisions

135. After the adoption of the Constitution, the Constitution shall be promulgated by the Head of State of Cambodia.

136. After the Constitution comes into effect, the Constituent Assembly shall be transformed into the National Assembly. The internal regulations of the National Assembly shall come into force after adoption by the National Assembly.

137. After the Constitution comes into effect, the King shall be appointed in accordance with the stipulations in Articles 13 and 14.

138. After the Constitution comes into effect and in the first mandate, following the approval of the President and both Vice Presidents of the National Assembly, the King can appoint a first Prime Minister, and a second Prime Minister to form the Royal Government.

The Co-Prime Ministers that existed before the adoption of the Constitution shall become members of the Commission and the Council of the Throne, as mentioned in Articles 11 and 13 above.

139. Any law of regulation in Cambodia which guarantees the State property, rights, freedom and legal properties of individuals which is in conformity with national interests shall continue to have legal force until a new law is promulgated or amended. Such laws must not be contrary to the spirit of this Constitution.

continued from page 13

sures on the management of land, water, air, geology, ecological system, mines, oil and gas energy, stone and sand, precious stones, forests, forest products, wild life fish and aquatic resources.

60. Citizens have the right to sell their products freely. The imposition of selling private products to the State or the use of private products of properties by the State even though temporarily, must be prohibited unless authorized by law in a particular case.

61. The State promotes economic development in all fields from the remote areas, especially in agriculture, handicrafts, industry, with attention on policy for irrigation, electricity, roads, means of transportation, modern technology and system of credit.

62. The State shall pay attention to providing means of production, protection of the price of products, for farmers, craftsmen, and help them find markets for their products.

63. The State shall pay attention to market management in order to guarantee an appropriate living condition for the people.

64. The State bans and severely punishes any individual who imports, manufactures and sells drugs, counterfeit and expired goods which affect the consumers health and life.

Chapter 6: Education, Culture and Social Affairs

65. The State shall protect and promote citizens' rights to quality education at all levels, and shall take all measures, step by step, to allow all citizens to receive this education. The State must pay attention to physical education and sports which is the well-being for every Cambodian citizen.

66. The State shall set up a comprehensive and universal educational system throughout the country. This system will guaranter the principles of educational freedom and educational equality so that all citizens have equal opportunity to earn a living.

67. The State shall adopt a modern education program, peuagogical principles including technology and foreign languages. The State shall control public and private schools at all levels.

68. Primary and secondary school education shall be provided free of charge to all citizens. The compulsory education for citizens is fixed for at least nine years. The State must promote and uphold to Buddhist educational institutions.

69. The State has the duty to preserve and broaden the national culture. The State shall protect and enlarge the Khmer language as appropriately as needed. The State shall preserve ancient monuments and artifacts and restore historic precious sites.



Photo: Ira Chaplain

Norodom Sihanouk signs the constitution turning Cambodia into a kingdom.

70. All crimes affecting the cultural and artistic heritage shall be subject to severe punishment.

71. National heritage sites, including world heritage sites, shall be considered neutral zones in which military activity is prohibited.

72. Citizens' health shall be guaranteed. The State shall give full consideration to disease prevention and medical treatment. Poor citizens shall receive medical consultation in public hospitals dispensaries and maternities free of charge. The State shall set up dispensaries and maternities in remote areas.

73. The State shall give full consideration to children and mothers. The State shall build children's centers, and assist women who have many children with no support.

74. The State shall assist the disabled and the families of combatants who sacrificed their lives for the nation.

75. The State shall set up a social security system for workers and employees.

Chapter 7: National Assembly

76. The National Assembly consists of at least 120 members. Members of the National Assembly shall be elected by universal election, through a free, equal, direct and secret ballot. The members of the National Assembly may stand for re-election. Candidates shall be Khmer citizens of both sexes, having Cambodian nationality at birth, aged at least 25 years, who have the right to vote. The electoral organizing body and the procedures and functioning of elections must be defined by an electoral law.

77. Members of the National Assembly shall represent the whole Khmer nation, not just their constituency. All imperative mandates shall be considered null and void.

78. The legislative term of the National Assembly is fixed for five years and shall terminate when the new National Assembly takes office. The National Assembly shall not be dissolved before the end of its term unless the Royal Government is deposed twice within 12 months. In such a case, following a proposal from the Prime Minister, and the approval of the President of the National Assembly, the King must dissolve the National Assembly. The election of a new National Assembly must be held within 60 days from the date of dissolution. During this period, it is the duty of the Royal Government to conduct only routine matters.

In the case of war or other specific circumstances where an election cannot be held, the National Assembly may extend its term for one year at a time, at the request of the King. Such extension shall require a two-thirds vote of the entire National Assembly.

79. The mandate of the National Assembly member is incompatible with the functioning of active public service and other functions as members of other institutions as stated in this Constitution, unless it is the function in the Cabinet of the Royal Government. In this case, the Members of the National Assembly who are members of the Royal Government may not serve on permanent committees or other commissions of the National Assembly.

80. Members of the National Assembly shall have parliamentary privilege. Members of the National Assembly shall not be accused, arrested, intercepted or detained because of opinions expressed in carrying out their jobs. The accusation, arrest, interception or detention of a member of the National Assembly member can be carried only with the agreement of the National Assembly or its permanent committee between sessions except in cases of flagrant criminal offenses.

In the latter case, the competent authority shall urgently report to the National Assembly or its permanent committee to decision. The decision of the National Assembly's permanent committee shall be submitted to the next session of the National Assembly for adoption by two-thirds of the entire National Assembly. In these cases, the detention or accusation of a member of the National Assembly shall be postponed if three-quarters of the members of the National Assembly so decide.

81. The National Assembly shall have an independent budget. The Members of the National Assembly shall receive a parliamentary final remuneration.

82. The National Assembly shall meet in the first session no later than 60 days after the election upon the convening by the King. Before starting its function, the National Assembly must adopt a standing rule to decide on the validity of each member's mandate. The National Assembly must hold separate elections to select the President, Vice Presidents and all members of the National Assembly Commissions. These elections must be decided by two third majority vote of all members of the National Assembly. Before holding their position or function, all members must take an oath of allegiance to the essence as mentioned in the Appendix 5.

83. The ordinary session of the National Assembly shall be held twice per year. Each session shall last at least three months. If the request from the King, Prime Minister or one-third of the Members of the National Assembly, the Permanent Committee of the National Assembly shall convene an extraordinary session. In this case, the precise agenda of the extraordinary session must be publicly released to the citizens along with the date of the meeting.

84. Between sessions, the permanent committee shall manage work of the Assembly. The National Assembly's Permanent Committee consists of the President of the National Assembly, both Vice-Presidents of the National Assembly and the heads of all National Assembly Commissions.

85. The National Assembly's sessions shall be held in the Capital of the Kingdom of Cambodia at the meeting hall of the National Assembly, unless otherwise stipulated in the summons due to circumstances. Unless held at the place and date indicated in the summons, any National Assembly meeting shall be illegal and void.

86. If the country is in a state of emergency, the National Assembly must meet every day. The National Assembly has the right to terminate the state of emergency if the situation permits. If the National Assembly cannot meet because of circumstances such as the occupation by foreign forces or other circumstances the declaration of the state of emergency must be automatically extended. During the state of emergency the National Assembly must not be dissolved.

87. The President of the National Assembly shall preside over the sessions; receive resolutions adopted by the

Appendix E

PHYSICIANS FOR HUMAN RIGHTS

Health Conditions in Police Judiciaire Prison: A Preliminary Report

Phnom Penh, Cambodia

May 1994

Physicians For Human Rights

Physicians for Human Rights (PHR) is an organization of health professionals, scientists, and concerned citizens which uses the knowledge and skills of the medical forensic sciences to investigate and prevent violations of international human rights and humanitarian law.

Since 1986, PHR members have worked to stop torture, disappearances, and political killings by governments and opposition groups; to improve health and sanitary conditions in prisons and detention centers; to investigate the physical and psychological consequences of violations of humanitarian law in internal and international conflicts; to defend medical neutrality and the right of civilians and combatants to receive medical care during times of war; to protect health professionals who are victims of violations of human rights; and to prevent medical complicity in torture and other abuses.

PHR conducts educational and training projects for health professionals, members of the judiciary, and human rights advocates on the application of medical and forensic skills in the investigation of violations of human rights. PHR bases its actions on the Universal Declaration of Human Rights and other international human rights and humanitarian agreements. The organization adheres to a policy of strict impartiality and is concerned with the medical consequences of human rights abuses regardless of the ideology of the offending government or group.

H. Jack Geiger, M.D. is President; Carola Eisenberg, M.D. is Vice President; Eric Stover is Executive Director; Susannah Sirkin is Deputy Director; Kari Hannibal is Membership and Education Coordinator; Gina VanderLoop is Development Director; Barbara Ayotte is Senior Program Associate; Shana Swiss, M.D. is Director of the Women's Program; Vincent Iacopino, M.D. is Western Regional Representative; and Clyde C. Snow, Ph.D. is Senior Forensic Consultant.

Physicians for Human Rights can be reached at 100 Boylston Street, Suite 702, Boston, MA 02116. Tel: (617) 695-0041; Fax: (617) 695-0307.

I. Background

PJ prison (from the French *Police-Judiciaire)* is located in the compound of the Police Headquarters on Street 51 at the center of Phnom Penh. Built in 1937 as a short-term police lockup designed to accommodate 30 to 40 inmates, the building, and the adjacent structure for women, housed between 205 and 216 inmates at the time of our visits.

The Physicians for Human Rights (PHR) team visited the prison as part of a larger study of health conditions in Cambodia's prisons. The study is undertaken in collaboration with the Prison Assistance Program of the United Nations Center for Human Rights in Cambodia. Conducted with the full cooperation of the Prisons Department of the Ministry of Interior, the prison visits and investigation are also in coordination with the Ministry of Health.

A full report of the study will analyze conditions in thirteen prisons, and will be provided to the Ministry of Interior, the Ministry of Health, and the Ministry of Justice. The Preliminary Report on PJ Prison is prepared in advance of the complete report due to the urgent nature of the health conditions in this prison.

The PHR team visited PJ prison on four occasions in March, April and May of 1994. Private in-depth interviews, each lasting approximately two hours, were conducted with twelve inmates, or five percent of the prison population, selected at random from the prison register. The survey subjects were asked questions about their health status and about the conditions of confinement, and each underwent a complete physical examination.

The team also interviewed the prison directors and officials from the Phnom Penh Police Department whose jurisdiction includes PJ prison. The health professionals working in the prison also provided information about health services and conditions in the prison. Representatives from the Health Department of the Ministry of Interior and the non-governmental organizations working in prison health also attended a half-day workshop on Health Care in Prisons on May 10, 1994, organized and presented by Physicians for Human Rights.

The team was led by Steven Spencer, M.D., Consultant to PHR, Chairman of the American Correctional Health Services Association, and former medical director of the New Mexico Corrections Department.

Team member Gabriel Otterman, M.D.,is a Consultant to PHR and former member of the its board of directors, and a Clinical Fellow of the Program in Human Rights and Medicine, Center for the Study of Society and Medicine, College of Physicians and

Physicians for Human Rights (c) copyright 1994

Surgeons of Columbia University. Dr. Otterman is Currently Adviser, Program in Human Rights Education for Health Professionals in Cambodia, with the American Refugee Committee in Phnom Penh.

II. International and Domestic Standards for Prison Conditions

The *Provisions Relating to the Judiciary and Criminal Law and Procedure* which still has legal force under the Cambodian Constitution[1], stipulates that detention must be in conformity with the *United Nations Standard Minimum Rules for the Treatment of Prisoners.*[2] The *Standard Minimum Rules* apply to persons who have been charged and are awaiting trial as well as those arrested or imprisoned without charge.

The *Standard Minimum Rules* stipulate that the prison administration must provide prisoners with adequate food, drinking water, exercise and access to appropriate bathing and toilet facilities.[3] Sleeping and living accommodations must be clean, with adequate floor space, lighting, and ventilation.[4] Every institution must have available the services of a medical officer to care for the sick, examine new prisoners, inspect the facility and oversee any punishments that may prejudice the prisoners' physical or mental health.[5]

The *Standard Minimum Rules* also specifies that under separation of categories, untried prisoners are to be housed separate from convicted prisoners, and young prisoners are to be kept separate from adults.[6]

---

[1]*Constitution of the Kingdom of Cambodia,* Article 139, (1993).

[2]*United Nations Standard Minimum Rules for the Treatment of Prisoners,* adopted by the First United Nations Congress on the Prevention of Crime and the Treatment of Offenders, 1955.

[3]*U.N. Standard Minimum Rules,* 12, 13, 20 and 21.

[4]*U.N. Standard Minimum Rules,* 10 and 14

[5]*U.N. Standard Minimum Rules,* 22-26, and 32.

[6]*U.N. Standard Minimum Rules,* Rule 8,(b) and (d).

III. Survey Results

1. Prison Population

The prison population fluctuated between 205 and 216 during our four visits. The total prison population in March was 216, of which 193 (89%) were male, and 23 (11%) female. 175 prisoners (81%) were untried detainees, according to prison records, 41 (19%) had been convicted in a court of law. The survey of inmates showed a mean age of 26 yrs. At the time of the preparation of this report there are four male prisoners under the age of eighteen, two thirteen year-old boys, one fourteen, and one fifteen. The average length of detention according to our survey is 233 days, or 7.8 months.

Ten of those interviewed (83%) identify themselves as Cambodian nationals of Khmer ethnicity; two (17%) are Vietnamese nationals of Vietnamese ethnicity. Six (60%) of the Cambodians interviewed are from the city of Phnom Penh or the province of Kandal, with four (40%) giving addresses in other provinces.

The inmates reported an average of 5.7 years of education. Seven (58%) attended some secondary school, four (33%) attended some primary school only, and one (8%) attended no school. Twelve (100%) of those interviewed reported being able to read in their primary language, 11 (91%) report ability to write.

2. Overcrowding and Conditions of Detainment

Over half of the inmates are confined to ten cells, the smallest measuring approximately 6 to 8 square meters. The only ventilation or light is provided by a small opening in the metal door to each cell and small elevated windows near the ceiling of each cell. The remainder of the men are housed in the hallway, more desired by the inmates because of the increased light and circulating air.

Some prisoners reported that the crowding is so severe inside the cell, one prisoner must sleep on the often overflowing latrine. The average human density calculated by observation and prisoner report is 1.7 inmates per square meters. A third of inmates sleep on the floor with no mat provided. This differs from other prisons where mats are routinely available to all prisoners.

Only a handful of prisoners are allowed out of the building for work purposes, the rest are confined twenty-four hours a day. None of the prisoners are able to exercise, and on examination many appear pale, wasted and subdued.

The septic system, which underwent renovations during 1993 by the International Committee for the Red Cross (ICRC) Water and

Sanitation Program, frequently is blocked and overflowing as was witnessed by the team on a number of occasions. The stench of human waste pervades the prison. Many of the prisoners reported that rats are a problem.

3. Medical Services

A police nurse who is a full-time employee of the Health Department at the Ministry of Interior, is assigned to make daily rounds at PJ prison and to identify and visit ill prisoners. She has no supplies, medical equipment or medicines available to her. On one of our visits to the prison the nurse purchased from her own personal funds-- without guarantee for reimbursement-- fluids for intravenous injection for an inmate with diarrhea and dehydration.

A combined team from Medecins du Monde (MDM) and the Cambodian League for the Promotion and Defence of Human Rights (LICADHO) visits the prison two afternoons each week. The team includes a Cambodian medical doctor trained in surgery, a French nurse, and a Cambodian pharmacist. The physician is financed by LICADHO, and the nurse and pharmacist are sponsored by MDM. Medicines in the well-stocked pharmacy are donated by MDM free-of-charge to the prisoners. These providers work under extremely challenging conditions, and are able to attend to only the most urgent of problems. The workload is heavy and they must work quickly to examine the ill prisoners.

A room provided for physical examinations and treatment does not have space for the patient to lie down. Small surgical procedures such as drainage of an skin abscess-- not an uncommon finding under the conditions of detention-- may consume much of the medical doctor's time.

There is no examination or screening of prisoners on arrival, and those with signs or symptoms of communicable diseases are not isolated from others. One prisoner of twelve surveyed was asked questions about his health on arrival to prison. Two inmates (17%) report ever having a complete physical examination during detention, and two inmates (17%) could name a health provider.

4. Infection Control

The conditions of confinement are ideal for the transmission of **tuberculosis.** Among those randomly selected for examination, one inmate had tuberculosis of the lymph nodes (scrofula) and a prolonged cough suggestive of active pulmonary disease. A third of prisoners report exposure to cell mates with prolonged cough.

Half of prisoners had skin abnormalities on examination. Two of the sampled prisoners had evidence of active scabies, a highly

contagious infestation which spreads readily under conditions of crowding, heat and humidity. Over half of prisoners report having had scabies while in detention. ICRC and MDM have provided scabicides in the past.

Prisoners averaged over three days of diarrhea during the month prior to examination. A quarter of prisoners reported that purified or boiled water was available for drinking, three quarters of prisoners stated that such water was unavailable. The area of food preparation swarms with flies, and the food containers and utensils are not washed with soap, further facilitating the spread of disease.

5. Food and Water Shortages

The water supply, which is connected directly to the city system, is insufficient for the high volume of prisoners as pressure fluctuates, especially during the dry season. This results in restrictions to one liter per day per prisoner for bathing during frequent periods of shortage. In all other prisons visited by the team the inmates had much greater access to water for bathing, often without restriction, or water is available twice each day. The water shortages directly contribute to the poor personal hygiene and spread of communicable disease.

The prisoners receive one meal a day consisting of a small bowl, about 300g, of cooked rice and a thin soup, a diet which provides inadequate calories or nutrients. In all other prisons visited by the investigating team, two meals were provided each day. Ten of twelve prisoners examined reported weight loss during detention. Five inmates complained of tingling or numbness of the lower extremities, and leg cramps, symptoms consistent with beriberi, a deficiency of thiamine or vitamin B1.

6. Violence Among Prisoners

A feature which distinguished PJ prison from other prisons is the high level of violence among prisoners. At most other prisons visited by the team, the atmosphere was relatively relaxed, and was essentially free of prisoner-on-prisoner violence. Two thirds of prisoners at PJ report being beaten, or being subject to threats and intimidation by other prisoners. Several prisoners reported that fistfights regularly erupt over control of the meager water supply.

7. Mental Health

One third of prisoners reported that they were able to work in such tasks as cleaning or cooking. Others are idle with no ability to exercise.

Prisoners are able to visit with family members every

Saturday, though these visits are limited to an average of six minutes. A third of prisoners were not in contact with thei families.

All prisoners reported experiencing nightmares, on average three times per week. Over eighty percent report that they are affected during the day by the nightmares. Five of twelve inmates report thoughts of suicide, while one of twelve had attempted suicide while in prison.

IV. Conclusions

Physicians for Human Rights recognizes the desire to improve prison conditions expressed by the prison authorities and Ministry of Interior officials. The extensive cooperation of government officials at all levels with the investigating team is testimony to the sincere will for improvement in prison conditions.

Physicians for Human Rights recognizes that Cambodia faces a dire shortage of funds as a war-torn country struggling to rebuild in the face of continuing conflict. Certain measures to reform the prison system cannot be provided for without urgently needed assistance from international donors. PHR stresses however that many of the recommendations-- such as the transfer of prisoners, or allowing the inmates to exercise-- can be implemented without additional cost.

The conditions of detention in PJ prison require urgent attention in order to avoid an impending public health calamity. The health problems in this prison are of greater severity than in any of the other prisons visited by the investigating team in Cambodia, and can be directly related to the severe overcrowding. The unusual level of violence among prisoners, combined with the shortages of food and water, may easily result in a major violent incident.

The conditions of detainment in PJ prison are ideal for the unchecked spread of tuberculosis and other potentially lethal diseases. The results of our study demonstrate that the spread of tuberculosis, a common killer in Cambodia, and highly communicable, has likely already taken place. In the absence of decisive measures this crisis situation is likely to worsen.

V. Recommendations

1. The Department of Prisons of the Ministry of Interior should provide for the transfer of prisoners from PJ to other less crowded facilities such as Prey Sar prison.

2. Prisoners under the age of eighteen should be transferred immediately to T3 prison in Phnom Penh or another facility which would allow them to be segregated from adult prisoners.

2. The inmate population at PJ prison should be limited under any circumstances to forty men.

3. PJ prison should be closed pending renovation of the sanitary facilities and the water supply.

4. International aid organizations should be requested to provide food, protein and vitamin supplements to the prisons.

5. Arrangements should be made to allow prisoners to exercise in all prison facilities, in compliance with the *U.N. Standard Minimum Rules*.

6. The Ministry of Interior health staff should be provided with basic medical equipment and first-aid supplies to be used on a daily basis in the prison.

Appendix F

Via Fax

Norodom Sihanouk

King of Cambodia

To:
S.A.R. Samdech Krom Preah
Norodom Ranariddh
Premiere President of the Royal Government of Cambodia

S. Exc. Samdech Hun Sen
Secondary President of the Royal Government of Cambodia
Phnom Penh

Beloved Samdechs,

I have just become aware of literature from a human rights group in the U.S., in Phnom Penh, attracting the attention of worldwide opinion to the "inhumane" treatment inflicted on prisoners in our capital.

Indeed, I do not ignore the difficulties provided by our judicial system, moreover in the process of reorganization, for "digesting", as soon as possible, every document concerning offenses against rights for instance, in particular offenses against common rights.

Several particularly deprived accused, especially women, stagnate in preventive detention for months, watching years, waiting for a judgment.

Nonetheless, the present report brings me to ask you to liberate, for humanitarian reasons, the extremely sick (of tuberculosis, and other...) prisoners and more particularly those who, in general, have not committed grave offenses, excluding crimes of blood.

Thus, we could resolve, in part, this problem of foul conditions in our prisons while waiting to find the adequate economic means to convert new areas of detention.

Please approve, Samdechs, the assurances of my highest consideration and my most profound affection.

Signed,
Norodom Sihanouk
King of Cambodia
Beijing, June 10, 1994

Retyped and translated for reproduction

Appendix G

Prison Population in Cambodia's 24 Civilian Prisons January-July 1994.

N°	Province	Total #	Number of convicted	Number of detainee	Re:, Report Date
1	Phnom Penh	156-F15	26-F03	130-F12	15/12/93
2	K. Speu	44-F01	12-F00	32-F01	19/01/94
3	Stung Treng	14-F00	01-F00	13-F00	15/01/94
4	Prey Veng	100-F04	44-F03	56-F01	13/11/93
5	Svay Rieng	48-F01	35-F01	13-F00	13/11/93
6	Kandal	107-F04	15-F03	92-F01	13/01/94
7	Kompot	41-F05	05-F01	36-F04	05/01/94
8	K. Chhnang	46-F02	14-F01	32-F01	17/01/94
9	B. Meanchey	78-F00	44-F00	34-F00	16/12/93
10	K. Thom	67-F02	31-F01	36-F01	14/12/93
11	P. Vihear	02-F00	01-F00	01-F00	16/12/93
12	K. Som	43-F03	14-F00	29-F03	10/01/94
13	Kratie	24-F00	04-F00	20-F00	28/12/93
14	Koh Kong	47-F03	01-F00	46-F03	14/01/94
15	Pursat	30-F00	15-F00	15-F00	24/12/93
16	Battambang	232-F12	84-F05	184-F07	23/01/94
17	Takeo	125-F9	21-F04	104-F05	09/12/93
18	Seam Reap	103-F02	63-F02	40-F00	12/01/94
19	K. Cham	70-F07	09-F06	61-F01	12/01/94
20	T3 prison	171-F11	10-F04	161-F07	16/01/94
21	Prey Sar	59-F00	43-F00	16-F00	16/01/94
22	Trapeng Thlonng	172-F00	172-F00	00-F00	16/01/94
	Grand Total	1779-F81	664-F34	1115-F47	

F = Female

Figures provided by the Prison Department, Ministry of Interior and National Security, Royal Government of Cambodia

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

| ល.រ | ឈ្មោះ | ភេទ | ថ្ងៃ ខែ ឆ្នាំ | ជនជាតិ | ទីលំនៅបច្ចុប្បន្ន | ការងារ | ប្រាក់ខែ | ចំនួនម៉ោងធ្វើការក្នុងមួយសប្តាហ៍ | ចំនួនថ្ងៃឈប់សម្រាកប្រចាំឆ្នាំ | ចំនួនថ្ងៃឈប់សម្រាកពិសេស | ចំនួនថ្ងៃឈប់សម្រាកបន្ថែម | ចំនួនថ្ងៃឈប់សម្រាកសរុប | ចំនួនថ្ងៃធ្វើការ | ចំនួនម៉ោងធ្វើការ | ចំនួនម៉ោងធ្វើការបន្ថែម | ចំនួនម៉ោងធ្វើការសរុប | ចំនួនប្រាក់ឈ្នួលសរុប | ចំនួនប្រាក់ឈ្នួលបន្ថែម | ចំនួនប្រាក់ឈ្នួលសរុប | ចំនួនប្រាក់ឈ្នួលសរុបបន្ថែម | ចំនួនប្រាក់ឈ្នួលសរុបសរុប | ចំនួនប្រាក់ឈ្នួលសរុបសរុបបន្ថែម | ចំនួនប្រាក់ឈ្នួលសរុបសរុបសរុប | ចំនួនប្រាក់ឈ្នួលសរុបសរុបសរុបបន្ថែម | ចំនួនប្រាក់ឈ្នួលសរុបសរុបសរុបសរុប | ចំនួនប្រាក់ឈ្នួលសរុបសរុបសរុបសរុបបន្ថែម | ចំនួនប្រាក់ឈ្នួលសរុបសរុបសរុបសរុបសរុប | ចំនួនប្រាក់ឈ្នួលសរុបសរុបសរុបសរុបសរុបបន្ថែម | ចំនួនប្រាក់ឈ្នួលសរុបសរុបសរុបសរុបសរុបសរុប | ចំនួនប្រាក់ឈ្នួលសរុបសរុបសរុបសរុបសរុបសរុបបន្ថែម | ចំនួនប្រាក់ឈ្នួលសរុបសរុបសរុបសរុបសរុបសរុបសរុប | ចំនួនប្រាក់ឈ្នួលសរុបសរុបសរុបសរុបសរុបសរុបសរុបបន្ថែម | ចំនួនប្រាក់ឈ្នួលសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុប | ចំនួនប្រាក់ឈ្នួលសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបបន្ថែម | ចំនួនប្រាក់ឈ្នួលសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុប | ចំនួនប្រាក់ឈ្នួលសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបបន្ថែម | ចំនួនប្រាក់ឈ្នួលសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុប | ចំនួនប្រាក់ឈ្នួលសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបបន្ថែម | ចំនួនប្រាក់ឈ្នួលសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុប | ចំនួនប្រាក់ឈ្នួលសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបបន្ថែម | ចំនួនប្រាក់ឈ្នួលសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុប | ចំនួនប្រាក់ឈ្នួលសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបបន្ថែម | ចំនួនប្រាក់ឈ្នួលសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុប | ចំនួនប្រាក់ឈ្នួលសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបបន្ថែម | ចំនួនប្រាក់ឈ្នួលសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុប | ចំនួនប្រាក់ឈ្នួលសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបបន្ថែម | ចំនួនប្រាក់ឈ្នួលសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុប | ចំនួនប្រាក់ឈ្នួលសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបបន្ថែម | ចំនួនប្រាក់ឈ្នួលសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុប | ចំនួនប្រាក់ឈ្នួលសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបបន្ថែម | ចំនួនប្រាក់ឈ្នួលសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុប | ចំនួនប្រាក់ឈ្នួលសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបបន្ថែម | ចំនួនប្រាក់ឈ្នួលសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុប | ចំនួនប្រាក់ឈ្នួលសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបបន្ថែម | ចំនួនប្រាក់ឈ្នួលសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុប | ចំនួនប្រាក់ឈ្នួលសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបសរុបបន្ថែម | ចំនួនប្រាក់ឈ្នួលសរុប | ចំនួនប្រាក់ឈ្នួលសរុបបន្ថែម | ចំនួនប្រាក់ឈ្នួលសរុប | ចំនួនប្រាក់ឈ្នួលសរុបបន្ថែម | ចំនួនប្រាក់ឈ្នួលសរុប | ចំនួនប្រាក់ឈ្នួលសរុបបន្ថែម | ចំនួនប្រាក់ឈ្នួលសរុប | ចំនួនប្រាក់ឈ្នួលសរុបបន្ថែម | ចំនួនប្រាក់ឈ្នួលសរុប | ចំនួនប្រាក់ឈ្នួលសរុបបន្ថែម | ចំនួនប្រាក់ឈ្នួលសរុប | ចំនួនប្រាក់ឈ្នួលសរុបបន្ថែម | ចំនួនប្រាក់ឈ្នួលសរុប | ចំនួនប្រាក់ឈ្នួលសរុបបន្ថែម | ចំនួនប្រាក់ឈ្នួលសរុប | ចំនួនប្រាក់ឈ្នួលសរុបបន្ថែម | ចំនួនប្រាក់ឈ្នួលសរុប | ចំនួនប្រាក់ឈ្នួលសរុបបន្ថែម | ចំនួនប្រាក់ឈ្នួលសរុប | ចំនួនប្រាក់ឈ្នួលសរុបបន្ថែម | ចំនួនប្រាក់ឈ្នួលសរុប | ចំនួនប្រាក់ឈ្នួលសរុបបន្ថែម | ចំនួនប្រាក់ឈ្នួលសរុប | ចំនួនប្រាក់ឈ្នួលសរុបបន្ថែម | ចំនួនប្រាក់ឈ្នួលសរុប | ចំនួនប្រាក់ឈ្នួលសរុបបន្ថែម | ចំនួនប្រាក់ឈ្នួលសរុប | ចំនួនប្រាក់ឈ្នួលសរុបបន្ថែម | ចំនួនប្រាក់ឈ្នួលសរុប | ចំនួនប្រាក់ឈ្នួលសរុបបន្ថែម | ចំនួនប្រាក់ឈ្នួលសរុប | ចំនួនប្រាក់ឈ្នួលសរុបបន្ថែម | ចំនួនប្រាក់ឈ្នួលសរុប | ចំនួនប្រាក់ឈ្នួលសរុបបន្ថែម | ចំនួនប្រាក់ឈ្នួលសរុប | ចំនួនប្រាក់ឈ្នួលសរុបបន្ថែម | ចំនួនប្រាក់ឈ្នួលសរុប | ចំនួនប្រាក់ឈ្នួលសរុបបន្ថែម | ចំនួនប្រាក់ឈ្នួលសរុប | ចំនួនប្រាក់ឈ្នួលសរុបបន្ថែម | ចំនួនប្រាក់ឈ្នួលសរុប | ចំនួនប្រាក់ឈ្នួលសរុបបន្ថែម | ចំនួនប្រាក់ឈ្នួលសរុប | ចំនួនប្រាក់ឈ្នួលសរុបបន្ថែម | ចំនួនប្រាក់ឈ្នួលសរុប | ចំនួនប្រាក់ឈ្នួលសរុបបន្ថែម | ចំនួនប្រាក់ឈ្នួលសរុប | ចំនួនប្រាក់ឈ្នួលសរុបបន្ថែម | ចំនួនប្រាក់ឈ្នួលសរុប | ចំនួនប្រាក់ឈ្នួលសរុបបន្ថែម | ចំនួនប្រាក់ឈ្នួលសរុប | ចំនួនប្រាក់ឈ្នួលសរុបបន្ថែម | ចំនួនប្រាក់ឈ្នួលសរុប |
|---|---|---

							មូលហេតុ ៖ការធ្វេសប្រហែសរបស់នាយកពន្ធនាគារ ។ + នាយកពន្ធនាគារបានអនុញ្ញាតិអោយអ្នកទោសម្នាក់នេះ នៅក្រៅឃុំ ។ ម៉ោង ១០:០០ យប់ អ្នកទោសរូបនេះ ក៏បានរត់ចេញ ។ ● សំគាល់ ៖ កាលពីពេលព្រឹកថ្ងៃដដែល អ្នកទោសរូបនេះ ត្រូវបាននាយកពន្ធនាគារអនុ-ញ្ញាតិ អោយទៅជួយធ្វើស្មៅនៅផ្ទះរបស់គាត់ ។ - ថ្ងៃទី ១៧. ២. ៩៧	ព្រៃវែង
៦៨.	សុខ កែវ	ប្រុស		មនុស្សឃាដ	ពិរុទ្ធ	០៧.២.៩៧	មូលហេតុ ៖ បណ្តាលមកពីកាលពីថ្ងៃទី ១៧.២.៩៧ លោក គីង អេង ជាចៅក្រមតុលាការខេត្តព្រៃវែង បានស្នើសុំពិរុទ្ធជន ៣ នាក់ អោយមកជួយធ្វើការផ្ទះរបស់លោក លុះដល់ម៉ោង ១ រសៀល ពិរុទ្ធជននេះ ក៏រត់បាត់តែម្តងទៅ ។ - ថ្ងៃទី ២២. ០១. ៩៧ មូលហេតុ ៖ ពេលចេញមកធ្វើសប្បកម្មក្នុងពន្ធនាគារ អ្នកទោសឆ្លៀតឱកាសរត់ ដោយយកមូលហេតុសុំប៉ូលីសទៅផឹកទឹក ។ - ថ្ងៃទី ២២.០១.៩៧	.
៦៩.	ឈិញ ឈិត	ប្រុស	រត់រួច	បួនប្រដាប់អាវុធ	៧ ឆ្នាំ	១៩.០១.៩៣		ស្បៃមរាប
៧០.	សូ ត្បើ	ប្រុស	ចាប់បាន	បួន និង សំលាប់មនុស្ស	១៥ ឆ្នាំ	១២.១០.៩៤		-
៧១.	ឃីម សំណាង	ប្រុស	ចាប់បាន	ឃាដកម្មគិតទុកជាមុន	៦ ឆ្នាំ	១៥.១០.៩៦		-
៧២.	ដួង ម្បើយ	ប្រុស	ចាប់បាន	រំលោភសេចក្តីទុកចិត្ត	២ ឆ្នាំ	១៩.២.៩៦	មូលហេតុ ៖ អ្នកទោសប្រមូលកំលាំងបុកទ្វារគុកចំលាយចេញក្រៅ ចំនួន ២១ នាក់ ឆ្លៀតឱកាស	-

៤៧.	ប៉ុ ទួច	ប្រុស	អែវ	អ្នកប្តីទីប្រឹក្សាច្បាប់អែវ	៤ ឆ្នាំ	១០.១១.៤៣	ស្ថានភាពសុខភាពរបស់ជនជាប់ចោទ ។ - ថ្ងៃទី ០៤.ម.៤៧			-
៤៨.	វ៉ាន់ សុភ័ក្ត្រ	ប្រុស	អែវ	អ្នកប្តីទីប្រឹក្សាច្បាប់អែវ	៩ ឆ្នាំ	១១.ម.៤៤	<u>ទ្រព្យហេតុ</u> : ឧបករណ៍អេឡិចត្រូនិចទាំងអស់			-
៤៩.	អេង ញ៉ែន	ប្រុស		អ្នកប្តីទីប្រឹក្សាច្បាប់អែវ	៥ ឆ្នាំ	១១.ប.៤៦	ប្រភពហិរញ្ញវត្ថុរបស់ជនជាប់ចោទ នៅ ពេលកើតហេតុ ដែលរួមមានប្រាក់ខែ ប្រាក់ចំណេញ			-
៥០.	សាន់ សុខ	ប្រុស		អ្នកប្តីទីប្រឹក្សាច្បាប់អែវ	៣ ឆ្នាំ	៤.១១.៤៦	ចំណាយអាស្រ័យ ផ្ទះសំបែង ទ្រព្យសម្បត្តិ ឬ ការទិញលក់ដីធ្លី ឬការវិនិយោគផ្សេងៗ ក្នុង			-
៥១.	ផ្កែ ឈាងផ្កាង	ប្រុស		ជំនួយការស្រាវជ្រាវច្បាប់	៣ ឆ្នាំ	១១.១១.៤៦	ពេលកើតហេតុ ។			-
៥២.	ភាន់ ជា	ប្រុស		មន្ត្រីសាលាដំបូង	៣ ឆ្នាំ	០២.១១.៤៦	ទីតាំងដែលជនជាប់ចោទ ធ្លាប់ធ្វើការងារ ក្នុងរយៈពេល ៣:00 ឆ្នាំចុងក្រោយ ។			-
៥៣.	នន ឃីវ	ប្រុស	ស្រី	បង្គោលប្រុស្សាទ	ចំនួន	៣0.0១.៤៧	ទៀបច្នៃ ។			-
៥៤.	អ៉ែត ស៊ុន	ប្រុស		អ្នកប្តីទីប្រឹក្សាច្បាប់	៦ ឆ្នាំ	២.ជ.៤៧				-
៥៥.	អាន ស្រីន	ប្រុស	ចាប់ជាន	អ្នកប្តីទីប្រឹក្សាច្បាប់	៦ ឆ្នាំ	៤.១១.៤៦				-
៥៦.	ហាង ឈាំងឃ្លា	ប្រុស	ចាប់ជាន	អ្នកប្តីទីប្រឹក្សាច្បាប់	៦ ឆ្នាំ	៤.១១.៤៦				-
៥៧.	ឆែ ឆន	ប្រុស		ជាងស្មៅបន្ទាយមាស	២0 ឆ្នាំ	១៣.ប.៤៦	- ថ្ងៃទី ០៤.0ម.៤៧			-
៥៨.	រោយ ស៊ុន	ប្រុស	ស្រី	អ្នកប្តីទីប្រឹក្សាច្បាប់អែវ	៤ ឆ្នាំ	១១.ប.៤៦				-
៥៩.	ហ៊ាង ឆាយ	ប្រុស	ចាប់ជាន	ប្រធានផ្នែកច្បាប់ក្រុមហ៊ុនឯកជន	១ ឆ្នាំ ៦ខែ	២៤.0ប.៤៦	អនុម័តលទ្ធផលនៃការសិក្សាលើសេចក្តីព្រាង ច្បាប់ស្តីពីបទល្មើសព័ត៌មានវិទ្យា ។			-
៦0.	ឆន ឆាយ	ប្រុស	ចាប់ជាន	ប្រធានផ្នែកច្បាប់ក្រុមហ៊ុនឯកជន	១ ឆ្នាំ	២៤.0ប.៤៦				-
៦១.	ឆាយ ឆាន	ប្រុស		ជំនួយការស្រាវជ្រាវច្បាប់	១ ឆ្នាំ	២៤.0ម.៤៧				-
៦២.	ឆាយ ឆាន	ប្រុស		ជំនួយការស្រាវជ្រាវច្បាប់	១ ឆ្នាំ	២៤.0ម.៤៧				-
៦៣.	ឆាយ ឆាន	ប្រុស		ជំនួយការស្រាវជ្រាវច្បាប់	១ ឆ្នាំ	២៤.0ម.៤៧				-
៦៤.	ឆាយ ឆាន	ប្រុស		ជំនួយការស្រាវជ្រាវច្បាប់	១ ឆ្នាំ	២៤.0ម.៤៧				-
៦៥.	ឆាយ ឆាន	ប្រុស		ជំនួយការស្រាវជ្រាវច្បាប់	១ ឆ្នាំ	២៤.0ម.៤៧				-
៦៦.	ឆាយ ឆាន	ប្រុស		ជំនួយការស្រាវជ្រាវច្បាប់	១ ឆ្នាំ	២៤.0ម.៤៧				-
៦៧.	ឆាយ ឆាន	ប្រុស		ជំនួយការស្រាវជ្រាវច្បាប់	១ ឆ្នាំ	២៤.0ម.៤៧				-
៦៨.	ឆាយ ឆាន	ប្រុស		ជំនួយការស្រាវជ្រាវច្បាប់	១ ឆ្នាំ	២៤.0ម.៤៧				-
៦៩.	ឆាយ ឆាន	ប្រុស		ជំនួយការស្រាវជ្រាវច្បាប់	១ ឆ្នាំ	២៤.0ម.៤៧				-
៧0.	ឆាយ ឆាន	ប្រុស		ជំនួយការស្រាវជ្រាវច្បាប់	១ ឆ្នាំ	២៤.0ម.៤៧				-
៧១.	ឆាយ ឆាន	ប្រុស		ជំនួយការស្រាវជ្រាវច្បាប់	១ ឆ្នាំ	២៤.0ម.៤៧				-
៧២.	ឆាយ ឆាន	ប្រុស		ជំនួយការស្រាវជ្រាវច្បាប់	១ ឆ្នាំ	២៤.0ម.៤៧				-
៧៣.	ឆាយ ឆាន	ប្រុស		ជំនួយការស្រាវជ្រាវច្បាប់	១ ឆ្នាំ	២៤.0ម.៤៧				-
៧៤.	ឆាយ ឆាន	ប្រុស		ជំនួយការស្រាវជ្រាវច្បាប់	១ ឆ្នាំ	២៤.0ម.៤៧				-
៧៥.	ឆាយ ឆាន	ប្រុស		ជំនួយការស្រាវជ្រាវច្បាប់	១ ឆ្នាំ	២៤.0ម.៤៧				-
៧៦.	ឆាយ ឆាន	ប្រុស		ជំនួយការស្រាវជ្រាវច្បាប់	១ ឆ្នាំ	២៤.0ម.៤៧				-
៧៧.	ឆាយ ឆាន	ប្រុស		ជំនួយការស្រាវជ្រាវច្បាប់	១ ឆ្នាំ	២៤.0ម.៤៧				-
៧៨.	ឆាយ ឆាន	ប្រុស		ជំនួយការស្រាវជ្រាវច្បាប់	១ ឆ្នាំ	២៤.0ម.៤៧				-
៧៩.	ឆាយ ឆាន	ប្រុស		ជំនួយការស្រាវជ្រាវច្បាប់	១ ឆ្នាំ	២៤.0ម.៤៧				-
៨0.	ឆាយ ឆាន	ប្រុស		ជំនួយការស្រាវជ្រាវច្បាប់	១ ឆ្នាំ	២៤.0ម.៤៧				-
៨១.	ឆាយ ឆាន	ប្រុស		ជំនួយការស្រាវជ្រាវច្បាប់	១ ឆ្នាំ	២៤.0ម.៤៧				-
៨២.	ឆាយ ឆាន	ប្រុស		ជំនួយការស្រាវជ្រាវច្បាប់	១ ឆ្នាំ	២៤.0ម.៤៧				-
៨៣.	ឆាយ ឆាន	ប្រុស		ជំនួយការស្រាវជ្រាវច្បាប់	១ ឆ្នាំ	២៤.0ម.៤៧				-
៨៤.	ឆាយ ឆាន	ប្រុស		ជំនួយការស្រាវជ្រាវច្បាប់	១ ឆ្នាំ	២៤.0ម.៤៧				-
៨៥.	ឆាយ ឆាន	ប្រុស		ជំនួយការស្រាវជ្រាវច្បាប់	១ ឆ្នាំ	២៤.0ម.៤៧				-
៨៦.	ឆាយ ឆាន	ប្រុស		ជំនួយការស្រាវជ្រាវច្បាប់	១ ឆ្នាំ	២៤.0ម.៤៧				-
៨៧.	ឆាយ ឆាន	ប្រុស		ជំនួយការស្រាវជ្រាវច្បាប់	១ ឆ្នាំ	២៤.0ម.៤៧				-
៨៨.	ឆាយ ឆាន	ប្រុស		ជំនួយការស្រាវជ្រាវច្បាប់	១ ឆ្នាំ	២៤.0ម.៤៧				-
៨៩.	ឆាយ ឆាន	ប្រុស		ជំនួយការស្រាវជ្រាវច្បាប់	១ ឆ្នាំ	២៤.0ម.៤៧				-
៩0.	ឆាយ ឆាន	ប្រុស		ជំនួយការស្រាវជ្រាវច្បាប់	១ ឆ្នាំ	២៤.0ម.៤៧				-
៩១.	ឆាយ ឆាន	ប្រុស		ជំនួយការស្រាវជ្រាវច្បាប់	១ ឆ្នាំ	២៤.0ម.៤៧				-
៩២.	ឆាយ ឆាន	ប្រុស		ជំនួយការស្រាវជ្រាវច្បាប់	១ ឆ្នាំ	២៤.0ម.៤៧				-
៩៣.	ឆាយ ឆាន	ប្រុស		ជំនួយការស្រាវជ្រាវច្បាប់	១ ឆ្នាំ	២៤.0ម.៤៧				-
៩៤.	ឆាយ ឆាន	ប្រុស		ជំនួយការស្រាវជ្រាវច្បាប់	១ ឆ្នាំ	២៤.0ម.៤៧				-
៩៥.	ឆាយ ឆាន	ប្រុស		ជំនួយការស្រាវជ្រាវច្បាប់	១ ឆ្នាំ	២៤.0ម.៤៧				-
៩៦.	ឆាយ ឆាន	ប្រុស		ជំនួយការស្រាវជ្រាវច្បាប់	១ ឆ្នាំ	២៤.0ម.៤៧				-
៩៧.	ឆាយ ឆាន	ប្រុស		ជំនួយការស្រាវជ្រាវច្បាប់	១ ឆ្នាំ	២៤.0ម.៤៧				-
៩៨.	ឆាយ ឆាន	ប្រុស		ជំនួយការស្រាវជ្រាវច្បាប់	១ ឆ្នាំ	២៤.0ម.៤៧				-
៩៩.	ឆាយ ឆាន	ប្រុស		ជំនួយការស្រាវជ្រាវច្បាប់	១ ឆ្នាំ	២៤.0ម.៤៧				-
១00.	ឆាយ ឆាន	ប្រុស		ជំនួយការស្រាវជ្រាវច្បាប់	១ ឆ្នាំ	២៤.0ម.៤៧				-

៣១.	ជិន វណ្ណៈ	ប្រុស		មនុស្សឃាដគិតុកជាមុន	១០ ឆ្នាំ	១៨.០១.៩៦		-
៣២.	អ៊ុំ សុធា	ប្រុស		ចោរប្លន់	១៥ ឆ្នាំ	៩.៤.៩៦		-
៣៣.	អោ សេងលី	ប្រុស		មនុស្សឃាដគិតទុកជាមុន	១៣ ឆ្នាំ	៣.៤.៩៥	- ថ្ងៃទី ៣០.៣.៩៧ មូលហេតុ : ពន្ធនាគារបញ្ជូនអោយទៅដេកព្យាបាលជម្ងឺនៅមន្ទីរពេទ្យខេត្ត អស់រយៈពេលកន្លះខែ ទណ្ឌិតរូបនោះក៏បានរត់ចេញពីមន្ទីរពេទ្យបាត់តែម្តង នៅវេលាម៉ោង ១៧:៥៥ ។	-
៣៤.	ហុន ចាន	ប្រុស		ចោរលួច	ពិរុទ្ធ	១១.៣.៩៧	- ថ្ងៃទី ១៧.០៣.៩៧ មូលហេតុ : ឆ្លៀតឱកាសដេកនៅមន្ទីរខេត្ត ក៏រត់គេចខ្លួនបាត់តែម្តងទៅនៅវេលាម៉ោង ៨:៤៥ ។	កំពង់ចាម
៣៥.	ជា ស្រែង	ប្រុស	រត់រួច	បួនទ្រព្យសម្បត្តិ	៣ ឆ្នាំ	២៦.០៨.៩៥	- ថ្ងៃទី ២៧.៤.៩៧ ម៉ោង ២២:៣០	-
៣៦.	ហ៊ឹម ហ៊ឹម	ប្រុស	រត់រួច	បួនទ្រព្យសម្បត្តិ	២ ឆ្នាំ	២៨.០៣.៩៦	មូលហេតុ : អ្នកទោសនាំគ្នាយកដែកក្រចកជើង	-
៣៧.	ហេង ពៅ	ប្រុស	រត់រួច	បួនទ្រព្យសម្បត្តិ	២ ឆ្នាំ	២៨.០៣.៩៦	ជ្រែក បុកទំលុះពិដាន ព្រមទាំងគាស់ដំបូល ។	-
៣៨.	ខេត សៈ	ប្រុស	រត់រួច	សំលាប់មនុស្ស	៤ ឆ្នាំ	២៨.១០.៩៥	បន្ទាប់មកយកក្រមា និង ខោ ចងបន្តគ្នាស៊ូតចុះ	-
៣៩.	មាស រិន	ប្រុស	រត់រួច	លួច	២ ឆ្នាំ	០៩.០៤.៩៥	មកក្រោម ។ ហើយនាំគ្នាផ្ទោះរបងគុកចេញ	-
៤០.	ឃាន ពៅ	ប្រុស	រត់រួច	បួនទ្រព្យសម្បត្តិ	២ ឆ្នាំ	១៥.០៥.៩៦	ទៅ ។	-
៤១.	រុន អួន	ប្រុស	រត់រួច	បួនទ្រព្យសម្បត្តិ	៣ ឆ្នាំ	០៤.១០.៩៥	ប៉ុន្តែ : ពតិមានថ្ងៃទី ២៨.៤.៩៧ បានអោយដឹង	-
៤២.	វ៉ាន រ៉ែន	ប្រុស	រត់រួច	បួនទ្រព្យសម្បត្តិ	២ ឆ្នាំ	០៧.០២.៩៦	ថា មានទណ្ឌិត ២ នាក់ត្រូវចាប់បានមកវិញ ។	-
៤៣.	ប៊ុន ឡៀន	ប្រុស	រត់រួច	បួនទ្រព្យសម្បត្តិ	៣ ឆ្នាំ	២៤.១០.៩៥	☞ សូមមើលឈ្មោះក្នុងបញ្ជី	-
៤៤.	នុត សាវឿន	ប្រុស	រត់រួច	ប្រើអាវុធខុសច្បាប់	២ ឆ្នាំ	២៤.០៨.៩៦		-
៤៥.	ប៉ាន វ៉ា	ប្រុស	រត់រួច	លួចទ្រព្យសម្បត្តិ	២ ឆ្នាំ	០៤.០៨.៩៦		-
៤៦.	ឈុន សារិន	ប្រុស	រត់រួច	លួចទ្រព្យសម្បត្តិ	១ ឆ្នាំ	០៦.០៥.៩៦		-

ល.រ	ឈ្មោះ	ភេទ	ថ្ងៃ ខែ ឆ្នាំ កំណើត	ទីកន្លែងកំណើត	ជនជាតិ	សញ្ជាតិ	មុខរបរ	អាសយដ្ឋាន	ឈ្មោះឪពុក	ឈ្មោះម្តាយ	ចំណាំ
០១.	ឈឿន សុង	ប្រុស	០៥ មេសា ១៩៧៥	ភូមិ ៣ ឃុំ ទន្លេបាក	ខ្មែរ	ខ្មែរ	ធ្វើស្រែ	ភូមិ ៣ ឃុំ ទន្លេបាក	ឈឿន ម៉ុល	ស៊ន សុភា	-
០២.	ហ៊ាន ចាន់ថា	ស្រី	១២ កុម្ភៈ ១៩៨០	ភូមិ ៣ ឃុំ ទន្លេបាក	ខ្មែរ	ខ្មែរ	ធ្វើស្រែ	ភូមិ ៣ ឃុំ ទន្លេបាក	ហ៊ាន ចាន់	ង៉ែត ស្រីនិច	-
០៣.	ប៉ែន ឆាយ	ប្រុស	២៣ កញ្ញា ១៩៦៨	ភូមិ ៣ ឃុំ ទន្លេបាក	ខ្មែរ	ខ្មែរ	ធ្វើស្រែ	ភូមិ ៣ ឃុំ ទន្លេបាក	ប៉ែន ឆាយ	ង៉ែត ស្រីនិច	-
០៤.	ង៉ែត ស្រីនិច	ស្រី	០៨ មិថុនា ១៩៧២	ភូមិ ៣ ឃុំ ទន្លេបាក	ខ្មែរ	ខ្មែរ	ធ្វើស្រែ	ភូមិ ៣ ឃុំ ទន្លេបាក	ង៉ែត ស៊ីថន	ង៉ែត ស្រីនិច	-
០៥.	ឈឿន ម៉ាលីន	ប្រុស	១៤ សីហា ២០០៥	ភូមិ ៣ ឃុំ ទន្លេបាក	ខ្មែរ	ខ្មែរ	សិស្ស	ភូមិ ៣ ឃុំ ទន្លេបាក	ឈឿន ម៉ុល	ស៊ន សុភា	-
០៦.	ឈឿន ម៉ាលីន	ប្រុស	១៤ សីហា ២០០៥	ភូមិ ៣ ឃុំ ទន្លេបាក	ខ្មែរ	ខ្មែរ	សិស្ស	ភូមិ ៣ ឃុំ ទន្លេបាក	ឈឿន ម៉ុល	ស៊ន សុភា	-
០៧.	ឈឿន ម៉ាលីន	ប្រុស	១៤ សីហា ២០០៥	ភូមិ ៣ ឃុំ ទន្លេបាក	ខ្មែរ	ខ្មែរ	សិស្ស	ភូមិ ៣ ឃុំ ទន្លេបាក	ឈឿន ម៉ុល	ស៊ន សុភា	-
០៨.	ឈឿន ម៉ាលីន	ប្រុស	១៤ សីហា ២០០៥	ភូមិ ៣ ឃុំ ទន្លេបាក	ខ្មែរ	ខ្មែរ	សិស្ស	ភូមិ ៣ ឃុំ ទន្លេបាក	ឈឿន ម៉ុល	ស៊ន សុភា	-
០៩.	ឈឿន ម៉ាលីន	ប្រុស	១៤ សីហា ២០០៥	ភូមិ ៣ ឃុំ ទន្លេបាក	ខ្មែរ	ខ្មែរ	សិស្ស	ភូមិ ៣ ឃុំ ទន្លេបាក	ឈឿន ម៉ុល	ស៊ន សុភា	-
១០.	ឈឿន ម៉ាលីន	ប្រុស	១៤ សីហា ២០០៥	ភូមិ ៣ ឃុំ ទន្លេបាក	ខ្មែរ	ខ្មែរ	សិស្ស	ភូមិ ៣ ឃុំ ទន្លេបាក	ឈឿន ម៉ុល	ស៊ន សុភា	-

ល.រ	ឈ្មោះ	ភេទ	ថ្ងៃ ខែ ឆ្នាំ កំណើត	ទីកន្លែងកំណើត	ជនជាតិ	សញ្ជាតិ	មុខរបរ	អាសយដ្ឋាន	ឈ្មោះឪពុក	ឈ្មោះម្តាយ	ចំណាំ
០១.	ឈឿន ម៉ាលីន	ប្រុស	១៤ សីហា ២០០៥	ភូមិ ៣ ឃុំ ទន្លេបាក	ខ្មែរ	ខ្មែរ	សិស្ស	ភូមិ ៣ ឃុំ ទន្លេបាក	ឈឿន ម៉ុល	ស៊ន សុភា	-
០២.	ឈឿន ម៉ាលីន	ប្រុស	១៤ សីហា ២០០៥	ភូមិ ៣ ឃុំ ទន្លេបាក	ខ្មែរ	ខ្មែរ	សិស្ស	ភូមិ ៣ ឃុំ ទន្លេបាក	ឈឿន ម៉ុល	ស៊ន សុភា	-
០៣.	ឈឿន ម៉ាលីន	ប្រុស	១៤ សីហា ២០០៥	ភូមិ ៣ ឃុំ ទន្លេបាក	ខ្មែរ	ខ្មែរ	សិស្ស	ភូមិ ៣ ឃុំ ទន្លេបាក	ឈឿន ម៉ុល	ស៊ន សុភា	-
០៤.	ឈឿន ម៉ាលីន	ប្រុស	១៤ សីហា ២០០៥	ភូមិ ៣ ឃុំ ទន្លេបាក	ខ្មែរ	ខ្មែរ	សិស្ស	ភូមិ ៣ ឃុំ ទន្លេបាក	ឈឿន ម៉ុល	ស៊ន សុភា

ស្ថិតិអ្នកទោសរត់ចេញពីពន្ធនាគារ

ទាំង១២ ខេត្ត និង ៤ នៅភ្នំពេញ

ចាប់តាំងពីថ្ងៃទី ០១-០១-៩៧ ដល់ ០១-៥-៩៧

ល.រ	ឈ្មោះ	ភេទ		បទល្មើស	កំរិតទោស	ថ្ងៃចាប់ខ្លួន	មូលហេតុរត់ & កាលបរិច្ឆេទ	ខេត្ត
១.	ហ៊ីង ណាប់	ប្រុស		បន្លំទ្រព្យសម្បត្តិ	៣ ឆ្នាំ	០២.០២.៩៥	- ថ្ងៃ ១៣.០១.១៩៩៧ វេលាម៉ោង ១:00	កំពង់ធំ
២.	អឿ រ៉ុម	ប្រុស		បន្លំទ្រព្យសម្បត្តិ	៣ ឆ្នាំ	០៥.០២.៩៦	ទៅ ម៉ោង ២:00 ។ គ្មានមូលហេតុណាដែល	-
៣.	ជិន នីម	ប្រុស		បន្លំទ្រព្យសម្បត្តិ	៣ ឆ្នាំ	២២.០២.៩៦	បញ្ជាក់ ច្បាស់លាស់ពីបញ្ហានេះទេ ។	-
៤.	វីម រី	ប្រុស		មនុស្សឃាដដោយចេតនា	១ ឆ្នាំ	២៩.៧.៩៦	ពត៌មាន : មិនជាក់ច្បាស់មួយប្រាប់ថា អ្នកទោស	-
៥.	មាស សារិទ្ធិ	ប្រុស	រត់រួច	ចោរកម្ម	៣ ឆ្នាំ	២២.០២.៩៦	ទាំងនេះត្រូវទាហានបាញ់ស្លាប់ ។ ព្រោះដើរចូល	-
							ខ្សែត្រៀម ។	
							- ថ្ងៃ ១៥.០២.៩៧ ពេលព្រឹក	-
							មូលហេតុ : មន្ត្រីពន្ធនាគារស្នើសុំកម្លាំងអ្នក	
							ទោសមួយចំនួន ដើម្បីអោយជួយធ្វើរោងការ តែ	
							ឈ្លាតឱកាសនោះ ទណ្ឌិតរូបនេះក៏រត់គេចខ្លួនបាត់	
							តែម្តង ។	
៦.	អ៊ូច គ្រាន់	ប្រុស	រត់រួច	បន្លំទ្រព្យសម្បត្តិ	ពិរុទ្ធ	៧.១១.៩៦	- ថ្ងៃទី ៨.៤.៩៧ វេលាម៉ោង ១យប់	-
៧.	ស្រី ឃាំ	ប្រុស	រត់រួច	ឃាដកម្មគិតទុកជាមុន	១០ ឆ្នាំ	០៣.៧.៩៦	មូលហេតុ : ពុតចរឹងដែកគុកហើយរត់ចេញតែ	-
៨.	អុល ប៊ុនឌី	ប្រុស	រត់រួច	ឆរបោក	៦ ឆ្នាំ	៣0.0៣.៩៦	ម្តង ។	-
៩.	ឆាយ អៀន	ប្រុស	រត់រួច	រំលោភសេពសន្ថវៈ	១០ ឆ្នាំ	១៩.៦.៩៦		-

HEALTH CONDITIONS IN CAMBODIA'S PRISONS

In the first half of 1994, a medical team, assembled by Physicians for Human Rights, the American Refugee Committee, and the Columbia College of Physicians & Surgeons studied health conditions in thirteen prisons throughout Cambodia. Through on-site visits, structured interviews with prison officials, and eighty-six randomly-selected prisoners, the medical investigators found evidence of health conditions that fell far short of the United Nations Standard Minimum Rules for the Treatment of Prisoners.

Health Conditions in Cambodia's Prisons documents a pattern of mistreatment, including beatings of detainees during interrogation; extreme overcrowding; shackling and other illegal means of physical restraint; decaying buildings; and overflowing septic systems and open sewers. These conditions, coupled with the lack of access to proper medical care, have resulted in a high incidence of beriberi, tuberculosis, recurring diarrhea, and skin diseases.

After visiting the Police Judiciare (PJ) Prison in the heart of the capital of Phnom Penh, the medical investigators called the facility "a public health disaster waiting to happen" where overcrowding meant inmates often slept on an overflowing latrine and meals consisted of one bowl of rice and thin soup a day. The medical investigators urged the Cambodian government to take immediate action to ease overcrowding at the jail. Within a month, King Norodom Sihanouk ordered the rehabilitation of the facility. Over 150 inmates were transferred to less crowded provincial jails, fifty prisoners were released, and cells were regularly cleaned, ventilated, and inmates were provided with sleeping mats and personal hygiene supplies.

In this report, Physicians for Human Rights, the American Refugee Committee, and the Columbia College of Physicians & Surgeons recommend measures, based on the PJ model, which should be taken to improve health conditions in all of Cambodia's prisons. Under international human rights law, all governments—no matter how rich or poor—are obligated to provide prisoners with minimum amounts of care. The two organizations also call on international donors to assist the Royal Government of Cambodia fulfill its pledges to protect the human rights of all prisoners and detainees.

PHYSICIANS *for* HUMAN RIGHTS

100 Boylston Street, Suite 702
Boston, MA 02116

ISBN: 1-879707-18-7