



## A TWO DAY ROUND-TABLE ON THE IMPLEMENTATION OF THE UNITED NATIONS STANDARD MINIMUM RULES FOR THE TREATMENT OF PRISONERS



The Academy has organized a **Roundtable on the Implementation of the Revised UN Standard Minimum Rules for the treatment of prisoners (Nelson Mandela Rules)** in collaboration with the Penal Reform International, UK, from 21<sup>st</sup> to 22<sup>nd</sup> March, 2016.

The Standard Minimum Rules for the Treatment of Prisoners were first adopted in 1957, and in 2015 were revised and adopted as the Nelson Mandela Rules. The UNSMR were first agreed by the UN in 1955 and were revised in the seventies. While they have limited direct force in international law, they have provided the basis for prison legislation and reform programmes in many of the 193 member states of the UN and are widely known, if not adhered to, among prison officials the world over.

It is true that prisons in many parts of the world are little more than a humanitarian disaster but this is hardly because the international rules are out of date. It is rather that prisons are given insufficient priority to ensure basic standards are met and monitored. Under resourced prison systems are often forced to cope with the consequences of poorly functioning criminal justice processes.

The revision process was initiated in 2010 when it was recognized that while the Rules were a key standard for the treatment of prisoners globally and were widely used, there had been major developments in human rights and criminal justice since 1957. On 17 December 2015 a revised version of the Standard Minimum Rules were adopted unanimously by the 70th session of the UN General Assembly in Resolution A/RES/70/175.

The revised Rules are now known as the '**Nelson Mandela Rules**' to honour the legacy of the late President of South Africa, 'who spent 27 years in prison in the course of his struggle for global human rights, equality, democracy and the promotion of a culture of peace'.

Accordingly, eight substantive areas were identified for discussion in the round table:

1. Respect for prisoners' inherent dignity
2. Medical and health services
3. Disciplinary measures and sanctions
4. Investigations of deaths and torture in custody
5. Protection of vulnerable groups
6. Access to legal representation
7. Complaints and independent inspection
8. Training of staff

## INAUGURATION

The round table was inaugurated on 21<sup>st</sup> March 2016 by 9.30 a.m. by Shri. **H. N. Sathyanarayana Rao, IPS.**, Chairman, BOM of APCA & Director General of Prisons, Karnataka, with the Opening Remarks by **Ms. Alison Hannah**, Executive Director, Penal Reform International. **Dr. M. R. Ahmed** welcomed the chief guest and the guests from PRI

and the participants. A short film produced by PRI was played as an introduction to the Nelson Mandela Rules.



**Lighting of the lamp:** The chief guest Sri. **H.N.Sathyanarayana Rao, IPS.**, Chairman, BOM of APCA & Director General of Prisons, Karnataka inaugurated the round table by lighting the lamp. The guests of honor Ms.



Alison and Mr. Nikhil joined the chief guest in lighting the lamp. Dr. M. R. Ahmed and Sri. A. Badarudeen and the course coordinator Mrs. Beulah Emmanuel were present during the ceremonial lighting.

#### **CHIEF GUEST ADDRESS**

The chief guest H.N.

Sathyanaarayana Rao, Director General of Police (Prisons), Karnataka thanked the Director for inviting him to inaugurate the roundtable and congratulated the efforts of the Director in organizing the roundtable.

The Chief Guest in his address said that, the department is concerned about the number of deaths taking place in prisons. Many sick people come to prisons, some fall into depression and do not recover. Around 200 prisoners out of 4,000 at the Central Prison, Bengaluru, have some kind of mental illness, as per the study conducted by the Legal services authority and NIMHANS at Central Prison Bangalore. It is a cause for concern that even basic care is not available in prison hospitals.

He also added that there was a need for manpower to implement the new rules. “We do not have many competent officers to run the jails”. Prison officers should be given good training that should be followed up by supervision in the field, he said. “First, the self-esteem of prisoners should be improved. As they do not interact with the outside world, and live amidst the high walls of the prison, gradually, they lose self-esteem,” he added. “They are doing a difficult job in looking after inmates. Only if they are compensated properly will their self-esteem and efficiency will go up. Prison administration, as a whole, will improve,” he said. He urged the officers to train other prison staff on the rights of prisoners. The chief guest congratulated the participants and wished a pleasant stay at APCA.

## Session I:

**Speaker: Ms. Alison Hannah, Executive Director, PRI.**

Alison gave an overview of Nelson Mandela Rules as mentioned below:



- Area of revision: human dignity of prisoners, prohibition of torture, respect for dignity, searches should not harass or intimidate
- Searches should be private, of same sex, search if necessary
- She also discussed about health, hygiene and safety of prisoners: decisions about patients' health should be made by healthcare professionals; medical reports should be confidential
- Use of restraints/minimum use based on situations and for short time; women – no restraints should be used during labour
- Discussion on disciplinary measures and sanctions Rule 42, 43: no solitary, corporal or collective punishment, or restriction of contact with outside world.

The individual needs of vulnerable groups like old, mentally ill prisoners, women and children should be identified and special measures and treatment should be provided. Mentally ill prisoners should be sent to mental health institutions. Other issues raised included training of staff like, ability to carry out the duty in professional manner, professional status of staff. Awareness on national, international and legal instruments were also discussed.

## Questions and Discussion:

An officer explained about the resources needed for the prisons which could be categorized as tangible and intangible needs. Tangible includes infrastructure, equipment and other gadgets required for the safe and healthy functioning of the prisons. The intangible needs were explained as the rehabilitation, correction which is psychological, spiritual and mental orientation of the prisoners.

The final discussion was on “what is achieved so far and what is lacking? What was needed to achieve the goal?” After independence we have state prison manuals, which have no uniformity. Prisons are called correctional institutions, where correctional staff are to play an important role. However, lack of qualified correctional staff is a major issue that needs to be addressed.

## TOPIC II

**Prison management with special reference to prison staff conditions and training, prisoner files management, monitoring and inspections.(11.15-12.45)**

Chair: **Ms. Alison Hannah**, Executive Director, PRI.

**Speaker: Sri. B. M. Ezra, Former DIG Prisons, TN**

Sri. M. Ezra explained that prison is a negative environment in spite of lot of efforts to make it positive. He gave an acronym for the word PRISON as a **P**lace for prisoners (Confinement, closed place), **R**outine type of work, **I**deal place, **S**ecured, **O**utmoded (Act, law, managing and maintaining), **N**eglected.

Prison is an institution where prisoners should be treated humanely, and the staff should be trained and treat them prisoner. In the U.S 14, 000 prisoners are raped inside



prison every year. Prison officers should enjoy their jobs, which would help support the rehabilitation of prisoners. With this, Mr. Ezra invited discussion on the topic.

During the discussion Dr. Ahmed said that prisons should be used on three grounds:

- when prisoners are dangerous
- offence is heinous
- when there is no other place where prisoner could be kept.

He added that prisons have only 5-10% dangerous criminals and most of the prisoners who are incarcerated are not threat to society, like the ticketless travelers. 99% of the prisoners hail from socially and economically poor background. Prison is a specialized service – prison officers should be recruited separately, those who are interested, with special skills. Prison service is a noble service.

#### 12. 45-1. 00-Plenary:

##### **Question: No uniformity in prison administration and shortage of staff**

Dr. Ahmed said that competent and qualified officers should manage prisons. Prisons should appoint those who had specialized qualification in social work, sociology, psychology, and criminology. 14 states have correctional cadre staff. The ratio is 1 officer for 700 prisoners. In the U.S it is 1 welfare officer for 10 prisoners. They have a nodal agency at the national level for the prison and correctional services. Prison should be used as last resort and community service orders should be put to practice.

**Question:** Do we have a system to cater to the specific needs of women offenders?

**Mr. Ezra** answered that India does not have a gender specific system but almost all prisons in India follow the UNSMR standards in caring for the women prisoners.

## TOPIC III

### 2.00-3.00-Health care in prisons-practice and challenges.

**Chair: Mr. Nikhil Roy, PRI**

**Three core issues discussed in the session were:**

- Healthcare in prison
- TB, HIV prevalent in prisons
- Issues on mental health

**Speaker: Dr. John Jacob.**



**Dr. John** explained the role of prison officers and the health issues faced by prisoners:

- Prison is a public service and a necessary instrument of the state
- Punishment is nothing but justice rendered and should be correctional and reformatory
- Prison officers are the guardians for prisoners
- Health is a fundamental human right of a prisoner
- Prison officers should be aware of the health problems of the prisoners
- Prisons should maintain health records of prisoners who are infected with TB, HIV, and other communicable diseases, and with mental illnesses.

Dr. John also suggested that transmission channel for the spread of communicable disease like cholera, TB, malaria etc should be identified. There is a need to address the issues of TB as mostly TB affects marginalised, poor in society. It is the duty of the



prison officer to protect the health of an individual and it is their responsibility to organize a screening campaign during the entry to prison. He also added that good practice can be taught to prison officers within the period of time to plug the risk factor causing the disease.

**Question:** How to improve the health condition of prisoners?

**Answer: Dr. John Jacob** answered that every health incident must be documented, frequent health check-ups should be carried out and the prison officers should be available for prisoners to discuss with prisoners about their problems.

**Question:** How to identify TB in its early stage?

**Answer: Dr. John Jacob** answered that the symptoms need to be observed eg. night sweats, loss of appetite for few days and prisoners should be screened them by chest x ray to identify TB in the early stages. States should perform periodical health screening of prisoners.

## **TOPIC V**

### **4.15-5.15-Contact with the Outside World Including Visits and Legal**

#### **Representation**

Chair: **Ms. Alison Hannah**, Executive Director, PRI

**Panelists: Dr. Sumithra Madhavan, HR Consultant**



Dr. Sumithra Sundar and Dr. M. R. Ahmed handled this session. The various aspects discussed included prisoners' contact with outside world, the preliminary observation to the Mandela Rules, Rules 1, 2, 3 and Rules 58, 59, 60.

Various issues related to legal aspects faced by under trial prisoners, remand prisoners, and convicted prisoners were discussed.



**Question: What are the difficulties in allotting a lawyer for a prisoner?**

**Answer:** The speaker suggested following the basic standards to identify prisoners who do not have lawyers and discussed about the difficulties faced by the family who exhaust all resources to pay for lawyer and in identifying a lawyer. The prisoner has the right to legal representation and it is the responsibility of the prison staff to identify whether a prisoner has a lawyer, when was the last time the prisoner met his lawyer and if no lawyer approaches or meets a prisoner inside prison the prison officer should approach DLSA/SLSA to allot a lawyer for the prisoner.

**Note:** Bihar state legal service authority has trained paralegal within the prison to draft bail and communicate with DLSA and court.

## DAY II

**9.00 -9.15** Recap by **Mr. Nikhil Roy**

## TOPIC VI

**9.15-10.45; Respect for dignity, body searches, prisoners with mental disabilities, prohibition of torture and other ill-treatment.**

**Chair: Mr. Nikhil Roy, PRI**

**Facilitator: Ms. Alison Hannah, Executive Director, PRI.**

**Ms. Alison Hannah** spoke about the mental strain on the prisoner and the problems faced by prisoners due to closed environment which increases mental illness, loneliness, depression, frustration, anxiety etc. When compared to outside world, prison has a suicide rate 10 times higher she added.



**Question:** What are the treatments given to mentally ill prisoners?

**Answer:** The speaker said that the mentally ill prisoners should be identified through screening process and mental health check-ups should be provided during entry. The peer group should be trained for support of prisoners. The time and day of committing suicide should be noted to prevent further incidence. The prison officers should be aware of good prison practices to understand mental health issues among prisoners. The speaker suggested that vacant posts in prisons department for psychologists, psychiatrists, social workers etc should be filled.

11. 00–12. 30

## TOPIC VII

**Incident management – with special reference to complaints, cases of death in custody and injury. Incident management in Indian prisons: understanding the bottlenecks.**

**Chair: Dr. M. R. Ahmed**

**Dr. M. R. Ahmed** gave a brief introduction about confinement to cells, solitary confinement etc.



**Panelists: Dr. Govindarajan**

The speaker spoke about the incident management, including escapes, and discussed about the difficulties faced by prison officers in incident management.

**Group discussion: Topic 1: Incident management - Understanding the bottlenecks**

The group had a lively discussion and identified various problems and came up with suggestions

- Lack of proper knowledge of prison rules
- Inadequate medical facility including medical staff
- Improper coordination among the organs of criminal justice system - the judiciary, the police and the prisons.
- Sensitization of judicial and prison officers on mental health
- Procedures to be followed to provide medical aid
- Shortage of staff, both correctional and custodial
- Lack of modern equipment.

**Topic 2: Incident management – with special reference to complaints and grievance.**

The recommendation that were the outcome of the discussed during this session were:

- Quality and quantity of food should be improved
- Treatment of prisoners by prison officers should be improved
- Medicines should be provided on time.

**Topic 2: Incident management - cases of death in custody and injury.**

- Death natural /unnatural – torture, ill-treatment
- Physical beating by officials – co prisoners
- Mental – denial of interview, verbal abuse by prison officers and co prisoners, denial of parole /bail etc.,
- Forcing to stay with communicable disease affected prisoner

**Suggestions:**

Posting of sufficient staff in prisons

Physical fitness of the staff needs to be taken care of.

Training has to cater to all the needs in the prisons and training for all who work in prisons should be on the agenda.

Appointment of psychologist, welfare officers and other correctional staff needs attention.

Negligence of staff has to be taken seriously.

Identify the risk beforehand.

Decent serving condition for prison officers in prison - food, rest room etc., in house training facility

## **12.30-1.00-Feedback, Valediction & Closing.**

### **Conclusion:**

The roundtable was a great success and the prison officers who participated in the roundtable felt that the sessions were an eye opener on many issues and also helped in refreshing the concepts on standard minimum rules for the treatment of prisoners.



The Director in the closing ceremony of the roundtable thanked Ms. Alison Hannah for her efforts as an ambassador to talk about the Mandela rules to the Indian prison officer's. He also thanked Mr. Nikhil Roy for his contributions and for his tireless efforts to make the roundtable an educative and refreshing one. He also congratulated the efforts of Dr. Mathanraj, who co-ordinated food and accommodation arrangements, Mr. Kanagaraj for his contribution in all the other arrangements, Ms. Bhuvaneswari for her technical support and involvement in all works, Dr. Ansar & Dr. Sowmya for their rapporteuring and the other Staff of APCA for their efforts for the success of this roundtable and finally the Trainee Officers of 17<sup>th</sup> Batch basic course and 26<sup>th</sup> Batch Inservice course officers of APCA in contributing their Shramadhan for all arrangements. He also appreciated the efforts of Mrs. Beulah Emmanuel for co-ordinating the roundtable and for bringing the course material.

**Thanks to:**  
**Course coordinator**  
Ms. Beulah Emmanuel  
Lecturer, APCA.  
**Food committee incharge**  
Dr.Mathanraj

Lecturer, APCA.  
**Other arrangements incharge**  
Mr.R.Kanagaraj  
Lecturer, APCA  
Selvi. S. Bhuvaneshwari  
Lecturer, APCA.  
**Rapporteur**  
Dr.Ansar, Research Officer, APCA.  
Dr.Sowmya.K , RA, APCA.

The participants included deputy inspector general of prisons to superintendent, deputy superintendent of prisons of the southern states.

