



HUMAN RIGHTS AND CAMBODIA'S PRISONS: **2001 HEALTH REPORT**

SPECIAL REPORT
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LICADHO

CAMBODIAN LEAGUE FOR THE
PROMOTION AND DEFENSE OF HUMAN RIGHTS

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I. Preface

This report describes the work of LICADHO's Medical Office in Cambodia's prisons. The report data was compiled by the medical team and is based on observations, interviews, and patient data.

It is important to note that LICADHO obtains its information from interviewing prisoners inside the prisons. It is difficult to achieve confidentiality during an interview due to the presence of prison guards who stand nearby. This methodological obstacle must be considered as a possible factor which may affect the findings, although it remains beyond the control of LICADHO staff.

This report is intended to provide the reader with answers to the following questions:

- Where does the medical team work?
- Who do they treat?
- What diseases do they see?
- What are the major health problems that they confront?
- What efforts are being made at prevention?

This report does not claim to be a comprehensive description of all of the prison health problems that exist in Cambodia. Due to certain diagnostic and data collection difficulties, some diseases, such as HIV/AIDS, are almost certainly underrepresented in the statistics that follow. It is believed, however, that with a few such exceptions, the report is a reasonably accurate reflection of the major health challenges facing Cambodia's prison system today.

II. Introduction

With the adoption of the *Standard Minimum Rules for the Treatment of Prisoners*^a by the United Nations, in 1955, the world body took a significant step towards affirming the basic human rights of individuals held in detention the world over. Significantly, these rules focus, to a large extent, on issues of health and healthcare. In doing so, they recognize and validate the integral nature of health and human rights in the administration of justice.

As a member state of the United Nations, Cambodia is obliged to adhere to these rules. Moreover, the *Standard Minimum Rules for the Treatment of Prisoners* is a part of Cambodian law. Article 8 of the criminal law in force^b, reads: "Treatment of all prisoners must be in conformity with the *Standard Minimum Rules for the Treatment of Prisoners*."

^a Appendix B: *Standard Minimum Rules for the Treatment of Prisoners*

^b Transitional Criminal Law, 1992

The basic human rights of prisoners being held in Cambodia was reaffirmed in 1998 with the addition to Cambodian Law of Proclamation Number 217, issued by the Ministry of Interior, the Royal Government of Cambodia. This document, the Proclamation on Administration of Prisons^c, addresses many issues related to running a correctional facility. Like the *Standard Minimum Rules for the Treatment of Prisoners*, Proclamation 217 emphasizes the importance of human rights and healthcare.

LICADHO shares this vision and seeks, through its activities, to promote and defend the human rights of Cambodians, including those held in detention. LICADHO's Medical Office plays an important role in this effort. Through daily interactions with prisoners and prison staff, the medical staff strives to ensure that basic international standards of health and living conditions are respected and met.

Following the establishment of the Medical Office in 1993, LICADHO began medical work in two Phnom Penh area prisons, Police Judiciaire and T3. At that time, Cambodia's prisons were in a state of crisis and the health conditions were extremely precarious. Infectious diseases were rampant. Respiratory infections, such as tuberculosis, and parasitic infestations, such as scabies, were largely unchecked.

For the past 9 years, LICADHO's medical team has continued its work in Cambodia's prisons. Today the medical team is comprised of 5 full-time Cambodian health professionals and one expatriate medical consultant. The team serves approximately 1,700 prisoners located in 12 prisons. The medical workers play an important role in ensuring that the basic human rights and health needs of the prisoners are met wherever possible. Furthermore, LICADHO's medical staff advocates for improvements in the system, working closely with officials from the Ministry of Interior's Prison Department and participating as an active member in MEDiCAM's Prison Health Sector Group.

While LICADHO's medical team works hard to assist in the treatment of sick prisoners, regularly providing free medicines and medical care; LICADHO also recognizes the importance of prevention, conducting a variety of innovative public health, sanitation, and nutrition programs in selected Cambodian prisons.

In its commitment to defending the human rights of all Cambodians, LICADHO remains deeply concerned about the state of prison health conditions in Cambodia. LICADHO urges the Royal Government of Cambodia, the Ministry of Health and the Prison Department within the Ministry of Interior to make all possible efforts to fulfill their obligations under Cambodian Law by meeting the basic international standards set forth for prison conditions in the *Standard Minimum Rules for the Treatment of Prisoners*.

^c Ministry of Interior Proclamation N° 217, Proclamation on Administration of Prisons, signed by Co-Ministers of Interior, You Hockry and Sar Kheng, on March 31, 1998.

III. Executive Summary

The Cambodian prison population has experienced rapid growth in recent years. In the 20 prisons that are regularly monitored by LICADHO, the total population increased by 12.9% in the last year (12/2000-12/2001). Those same prisons have grown by 69% over the last 3 years (12/1998-12/2001). As of December 2001, these prisons held a combined prisoner population of 5,083 inmates.

This report focuses on the work performed by LICADHO's medical staff in the 12 Cambodian prisons that they regularly visit. As of December 2001, these prisons contained 1,715 prisoners, with the majority of those (57%) located in the three larger facilities: Battambang, Kompong Cham, and Takhmao prisons.

In 2001, the medical staff performed a total of 4,924 prisoner consultations, making 5245 diagnoses. During this period, 7.7% of the prisoners treated were women, while females accounted for approximately 6% of the prisoner population at these facilities.

A large percentage of the diseases treated by LICADHO are preventable. In 2001, approximately 20% of all diagnoses made were attributable to the generally poor sanitary conditions present in Cambodia's prisons. These conditions are the inevitable result of the growth that has occurred within the prison population in recent years. In several prisons, overcrowding has gotten so severe that conditions are posing a direct threat to prisoner health. A recent survey at a Phnom Penh area prison revealed that the average cell space per prisoner was just 1.3 m², while 14% of the inmates had less than 1 m² of cell space apiece.

In such tight quarters, infectious diseases can rapidly spread. In fact, in 2001, infectious diseases accounted for approximately 47.7% of all diagnoses made in the prisons by LICADHO's medical staff. Scabies, a parasitic skin infection, is particularly common. This disease is easily spread, causing significant discomfort to affected prisoners. A recent scabies prevention and treatment effort conducted by LICADHO at Takhmao and Police Judiciales prisons showed that 50.3% and 31.2% of the respective prisoner populations suffered from scabies infestation.

Another significant source of preventable disease in the prisons is the generally inadequate diet provided to the inmates. According to Prison Department regulations, each prison is allocated 1000 riel per prisoner per day to pay for food. In reality, these funds are also used by the prison staff to pay for additional expenses related to the day to day operation of the prisons. As a result, prisoners often do not receive food adequate to maintain good health. Approximately 13.3% of all diagnoses made in 2001 were directly attributable to vitamin deficiencies and poor diet. Yet, current Cambodian Law clearly stipulates in Proclamation 217 (1998) and Article 8 of the Transitional Criminal Law (1992) that prisoners are entitled by law to a nutritionally adequate diet.

The quality and availability of drinking water in Cambodia's prisons remains a concern. In 2001, LICADHO began testing water quality as a component of a pilot sanitation and scabies prevention program being conducted at Police Judiciales (PJ) and Takhmao prisons. Initial results have shown that while PJ's water supply is

potable, the water used for drinking at Takhmao prison is non-potable due to both bacteriological and chemical contamination. Again, current Cambodian Law clearly stipulates in Proclamation 217 (1998) and Article 8 of the Transitional Criminal Law (1992) that prisoners are entitled by law to clean drinking water.

LICADHO recognizes that female prisoners possess their own unique health needs and concerns. In 2001, vaginitis and urinary tract infections accounted for 5% and 1.7%, respectively, of all diagnoses made in the female prisoner population. Additionally, in 2001, seven pregnant prisoners were managed by the medical team. The sexual abuse of female prisoners also remains a serious health concern.

In 2001, LICADHO continued its policy of extending its healthcare services to the staff at the prisons visited by the medical team. In 2001, the team made 1,306 diagnoses within the prison staff population.

In conclusion, a large percentage of the illness that exists in Cambodian prisons today is easily preventable. Approximately 13.3% of all diagnoses made in 2001 were directly attributable to vitamin deficiencies and poor diet. A further 20% of the diagnoses made in 2001 were attributed to the poor sanitary conditions and overcrowding present within the prisons. It is reasonable to estimate, therefore, that disease levels in Cambodia's prisons could be reduced by one third (33.3%), or better, through intensive sanitation efforts, reduction of overcrowding, better facilities, and a nutritionally adequate prison diet that conforms to Cambodian Law.

IV. Patient Population

As of December 2001 there were 5,083 prisoners^d in the 20 Cambodian prisons monitored by LICADHO^e. Throughout 2001, LICADHO medical staff made monthly visits to 11 of these prisons. Additionally, in the third quarter of 2001, the medical staff also began making monthly visits to a twelfth prison located in Kompong Cham province. Thus, LICADHO's medical staff currently provides regular healthcare at 12 correctional facilities. Locations are as follows:

1. Battambang
2. Kompong Cham
3. Takhmao
4. Kompong Som
5. Takeo
6. Prey Veng
7. Kompong Thom
8. Svay Rieng
9. Koh Kong
10. Police Judiciale
11. Pursat

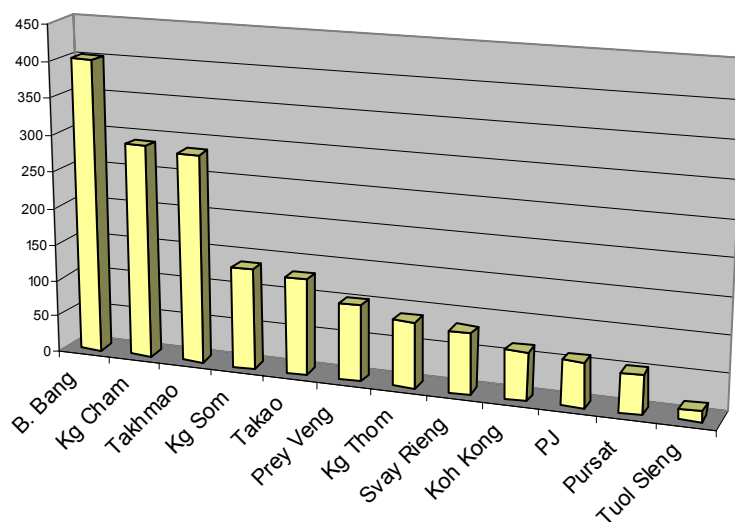
^d A year-on-year increase of 12.9%

^e LICADHO's Monitoring Department regularly visits the 12 prisons listed above, in addition to: Siem Reap, Kompong Speu, Kampot, Kompong Chhnang, Banteay Meanchey, CC1, CC2, and CC3.

12. Tuol Sleng

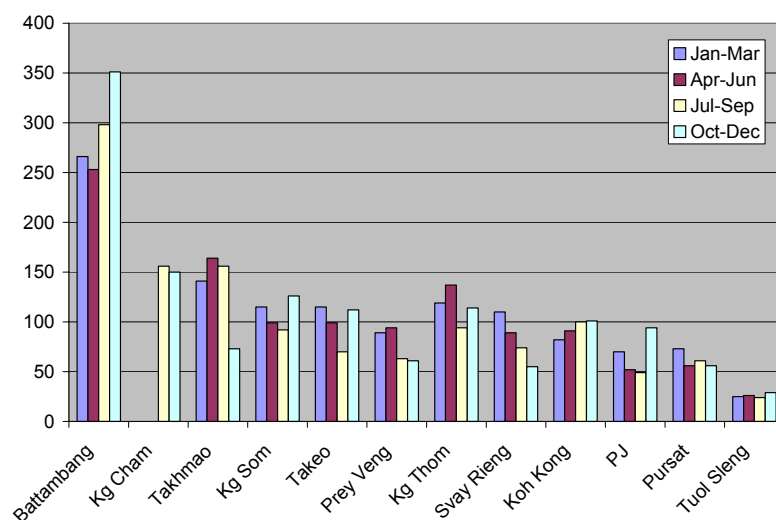
These 12 prisons collectively house 1,715 inmates^f. Among the facilities, the population ranges from approximately 15 to 400 inmates per prison. The majority of these prisoners (57%) reside in Battambang, Kompong Cham, and Takhmao prisons (Chart 1).

Chart 1: Population by Prison (December 2001)



In 2001 the medical staff performed a total of 4,924 prisoner consultations^g in these 12 facilities. The staff has also made additional consultations at other prisons as necessary.

Chart 2: Prisoner Consultations per Quarter, 2001

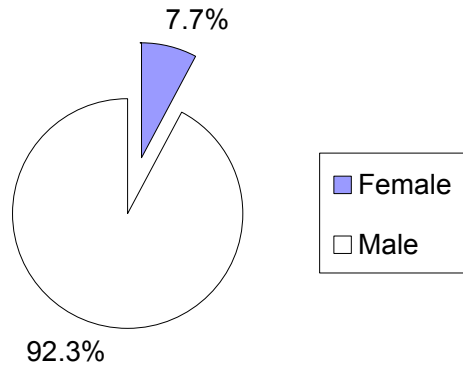


^f A year-on-year increase of 3.6%

^g In this Review, a prisoner consultation is defined as a single visit between a member of the medical staff and a prisoner. The number of prisoner consultations does not equal the number of patients. For example, if we see one prisoner three separate times – that is recorded as 3 prisoner consultations.

Approximately 7.7% of the prisoners treated in 2001 were female (Chart 3); during the same period, females accounted for approximately 6% of the prisoner population at these twelve facilities. These numbers indicate that female prisoners are receiving relatively proportional access to our healthcare services.

Chart 3: Sex Distribution of Treated Prisoners, 2001



V. Access to Healthcare

“Prisoners shall have access to the health services available in the country without discrimination on the grounds of their legal situation.”

-Standard Minimum Rules for the Treatment of Prisoners

“Each prison shall have access to the services of a healthcare provider, who shall be responsible for: attending to prisoner health needs; attending to medical emergencies; conducting medical examinations of prisoners when required”

-Proclamation 217 on Administration of Prisons, 1998

“A written order from the Prison Chief is issued and removal is justified...when, after examination by a healthcare provider it is deemed that a prisoner is ill or has injuries that require examination or treatment at an external medical center, such as a hospital”

-Proclamation 217 on Administration of Prisons, 1998

Out of the 12 prisons that LICADHO’s medical team regularly visits, all have at least one health worker, assigned by the Ministry of Interior, on the prison staff. Unfortunately, as is often the case in Cambodia, these health workers are generally underpaid, poorly trained, and lacking in basic medical supplies. Typically, prison health workers have received only basic nursing training. However, LICADHO is aware of at least one prison health worker that has not received any formal medical training. For salary, prison health workers generally receive about 70,000 riel

(\$17.50) per month. As a result, some health workers rarely visit the prisons, choosing to spend their days supplementing their incomes elsewhere.

Due to limited financial and medical resources, prison health staff often request money from sick prisoners or their families to arrange treatment. These monies may be used to purchase medications or to arrange transport to a nearby hospital. In some instances, requests for money may simply be attempts at profiteering by the prison staff.

Oftentimes, if a sick prisoner lacks the necessary financial means to arrange for the purchase of medicines or a transfer to hospital, the needs of the prisoner are ignored until it is too late. It is not uncommon for a prison director, hoping to avoid responsibility, to arrange for a sick prisoner's transfer to hospital only when death appears imminent.

The following case study, based on victim testimony, illustrates some of the barriers to accessing healthcare in prison.

Case Study #1

Rith, a 16 year old male, was arrested in 2001 while attempting to steal a woman's necklace in Phnom Penh. He and a friend tried to snatch the jewelry while driving on a passing motorbike. The planned robbery failed after the motorbike that Rith was riding on crashed during the attempted theft.

Rith tried to flee the scene on foot; however, he was quickly arrested by nearby policemen. A mob quickly formed and proceeded to beat Rith using several sticks and a piece of stone. He reported losing consciousness shortly after being struck on the head with the stone.

When Rith regained consciousness, he was in a local police station. While being held in the police station a police officer struck him several times in the back and head with the stock of an AK-47 rifle. Rith again lost consciousness.

By the time Rith awoke again, it was evening and more policemen had gathered at the station. According to Rith, one of the policemen claimed to be a relative of the robbery victim. The officers proceeded to beat him again, this time using boot kicks to the head and trunk.

During the early morning hours of the following day, in serious pain, Rith suffered a generalized seizure. The police took him to Monivong Hospital that morning; however, he was back in the police station within 2 hours. The following day, Rith suffered another generalized seizure. He was again delivered to Monivong Hospital, where he was, again, quickly discharged.

Soon afterwards, Rith was transferred to a Phnom Penh area prison. While in prison, Rith suffered from daily generalized seizures with loss of consciousness. The seizures generally lasted 20 minutes. While he was in prison, Rith did not receive any seizure medication and was generally left alone on a bed during his ‘episodes.’

LICADHO learned of this case on Rith’s third day in prison, and was able to intervene by convincing the prison staff to transfer Rith to a hospital. When asked why this had not been done already, the prison staff cited a lack of money to pay for Rith’s transport and treatment.

Recommendations:

- In accordance with Cambodian Law, the Royal Government of Cambodia must ensure that adequate access to appropriate healthcare is available to all prisoners held in Cambodia.

VI. Top 20 Prisoner Diagnoses in 2001

The following chart displays the twenty most common prisoner diagnoses made in 2001. Together they account for the majority (78.7%) of all prisoner diagnoses made during the period.

Chart 4: Top Twenty Diagnoses in the Prisoner Population

Diagnoses	# of Prisoner Diagnoses	%
Grippe	742	14.1%
Beri-beri	423	8.1%
Cephalalgia	317	6.0%
Dyspepsia	304	5.8%
Gastritis	289	5.5%
Vitamin Deficiency (general)	267	5.1%
Arterial Hypertension	173	3.3%
Scabies	161	3.1%
Diarrhea	159	3.0%
Arthralgia	150	2.9%
Tinea	149	2.8%
Myalgia	145	2.8%
Neuritis	138	2.6%
Infected Wound	130	2.5%
Vertigo	108	2.1%
Urinary Tract Infection	99	1.9%
Typhoid Fever	98	1.9%
Pneumonia	96	1.8%
Abscess	90	1.7%
Arthritis	90	1.7%
Total	4128	78.7%

VII. A Note Regarding the Statistics

For statistical purposes, LICADHO does not always make the distinction between symptoms and diagnoses. Due to the realities of providing healthcare in Cambodian prisons, the medical staff is sometimes unable to make exact diagnoses and, as a result, classify certain cases symptomatically. In these situations, symptoms have been included in the diagnostic statistics.

As mentioned in the introduction, certain diseases, such as HIV/AIDS, are almost certainly underrepresented in the statistics. This is because laboratory testing is often not practical or even desirable in all situations. Additionally, through most of 2001 the medical office was only including primary diagnoses in the statistical records. As a result, co-existing, or even underlying conditions were often not included. We are currently in the process of improving our statistical methods to correct this problem. With these issues in mind, the Medical Office statistics can be used as a valuable tool to better understand the health challenges faced by the Cambodian prison system.

VIII. Sanitation & Infectious Disease

“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.”

-Standard Minimum Rules for the Treatment of Prisoners

“Each prison shall have access to the services of a healthcare provider, who shall be responsible for: conducting health and hygiene inspections of prisons at least every three (3) months and providing a written report to the Prison Chief and the Head of the Prison Department within seven (7) days”

-Proclamation 217 on Administration of Prisons, 1998

“The following prisoners shall be accommodated separately, where the prison buildings permit: ... prisoners diagnosed with a physical or mental illness or injury which impact on their own health and welfare of other prisoners.”

-Proclamation 217 on Administration of Prisons, 1998

Of the 5245 prisoner diagnoses^h that were made during the period, approximately 2,502 (47.7%) of these diagnoses were related to infectious disease.

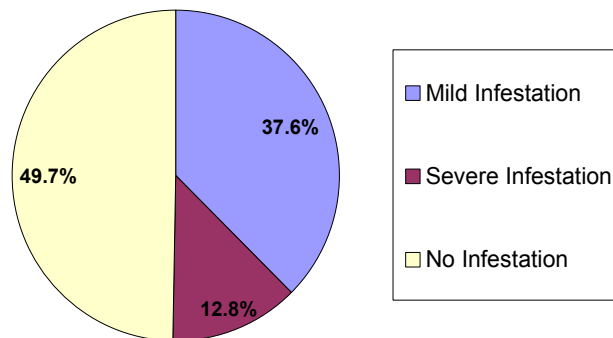
^h The total number of prisoner diagnoses does not correlate with the total number of prisoners treated. For example, one prisoner may have 2 separate diagnoses.

Furthermore, approximately 20% of all diagnoses made were sanitation-related-diagnoses (SRD) such as diarrheal diseases, skin infections, parasitic diseases, and typhoid fever. Transmission of these diseases is strongly linked to the living conditions in the prisons.

Scabies infestation is also particularly severe in the prison system. In November, 2001, LICADHO conducted comprehensive sanitation surveys at PJ and Takhmao prisons. During interviews conducted at these facilities, prison staff cited the sanitation and scabies situation as being major health problems at their prisons.

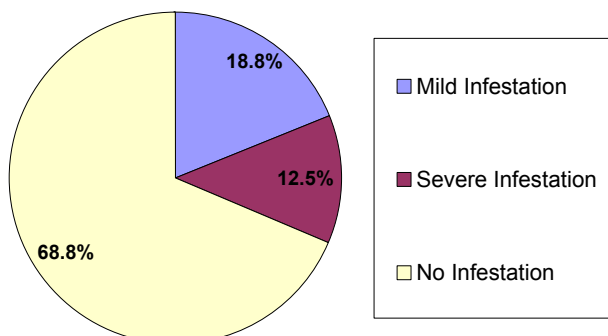
A recent study, conducted at Takhmao prison in May, 2002, showed that 109 (37.6%) prisoners showed evidence of mild, or localized, scabies infestation. A further 37 (12.8%) prisoners showed evidence of severe, or general, scabies infestation. In total, 146 (50.3%) of the 290 prisoners at Takhmao prison had some form of scabies infestation.

Chart 5: Percent of Prisoners with Scabies Infestation (Takhmao Prison, May, 2002)



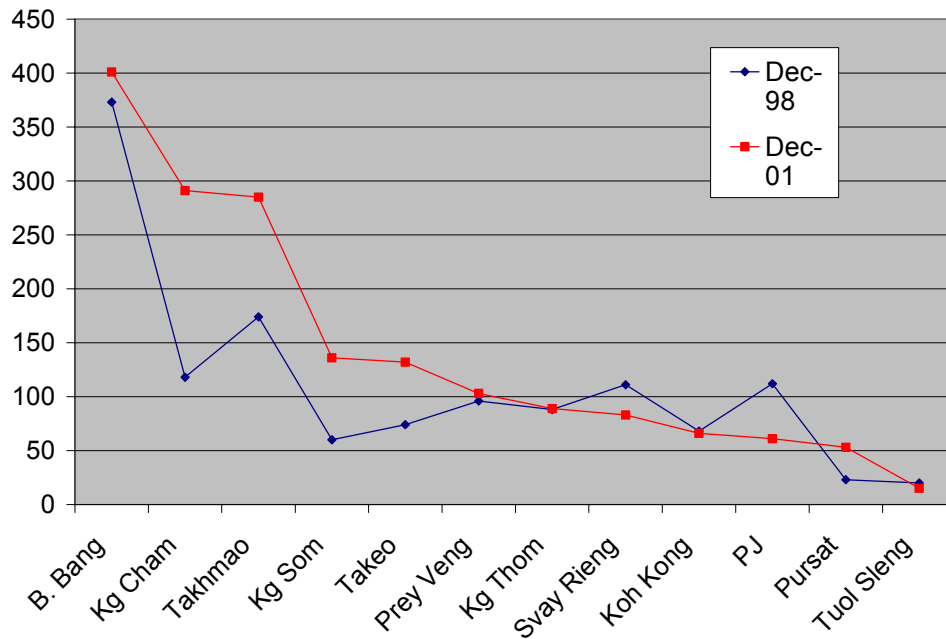
An identical study conducted at Police Judiciale (PJ) prison, also in May 2002, found that 12 (18.7%) prisoners showed evidence of mild, or localized, scabies infestation. A further 8 (12.5%) prisoners showed evidence of severe, or general, scabies infestation. In total, 20 (31.2%) of the 64 prisoners at PJ prison had some form of scabies infestation.

Chart 6: Percent of Prisoners with Scabies Infestation (PJ Prison, May, 2002)



The problems of poor sanitation and disease are made worse by increasing levels of overcrowding. The combined population of the 20 prisons monitored by LICADHO has increased by 69% over the period from December 1998 to December 2001. During the same period, the combined population has increased by 36.4% at the prisons visited by the medical team (Chart 7).

Chart 7: Change in Prisoner Population, 1998 to 2001



At Takhmao and PJ prisons, 100% and 25% of the inmates, respectively, have less cell space than the national prison average of 1994, which was 2.5 m². The situation at Takhmao prison is particularly bad; here the average cell space per prisoner is just 1.3 m², while 14% of the inmates have less than 1 m² cell space. In the absence of an immediate solution to prison overcrowding, attention to sanitation becomes even more critical to prisoner health.

The link between infectious disease and living conditions is well established. Given the serious overcrowding and poor sanitation present in Cambodian prisons it is no surprise that infectious disease accounts for a large percentage of prison disease. In response to this problem, the medical department began a pilot sanitation program at two Phnom Penh area prisons in April, 2002. The plan calls for a comprehensive, low-cost, 6-month pilot sanitation and scabies treatment effort at PJ and Takhmao prisons.

Photo 1: Overcrowding

Many of Cambodia's prisons suffer from overcrowding, greatly enhancing the spread of parasites, such as scabies, and other infectious diseases.



Photo 2: Sanitation Work

Assisted by the prison health worker, prisoners are able to clean their cell using materials provided by LICADHO. Careful attention to sanitation is important in the prevention of infectious diseases. It is doubly important when overcrowding exists.





Photo 3: Public Health Work

With assistance from LICADHO's medical staff, prisoners steam their clothes and bedding to kill parasites, such as scabies – a common prison infection.

Recommendations:

- The Royal Government of Cambodia must take immediate steps to alleviate the problem of overcrowding in Cambodia's prisons. This could include the construction of new prison facilities, or the refurbishment of existing facilities so as to provide more living space per inmate.
- Given the steady increase of the prison population in recent years, the Royal Government of Cambodia must design a plan to accommodate incoming prisoners with adequate living conditions rather than continue to overpopulate existing facilities.

IX. Malnutrition: Beriberi in the Prisons

“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.”

-Standard Minimum Rules for the Treatment of Prisoners

“Each day, every prisoner must be provided with food of nutritional value which is adequate for maintaining their health and wellbeing”

-Proclamation 217 on Administration of Prisons, 1998

Prisoners in Cambodia generally receive a nutritionally inadequate diet. In cases where individual prisoners lack the means to supplement this diet, serious, sometimes life-threatening, health problems develop. Quite often the effects of malnutrition are insidious and hard to quantify, the body gradually loses the ability to

repair itself and to ward off infection. Sometimes, however, malnutrition is the direct cause of disease; beriberi is such an example.

Beriberi is a disease that leads to progressive degeneration of the nervous system, digestive tract, and heart. In its advanced stages, beriberi can lead to difficulty walking, swelling of the extremities, heart failure, and death. The disease is linked to an inability to properly metabolize carbohydrates – a direct result of Vitamin B1 deficiency. Also known as thiamine, vitamin B1 is commonly found in yeast and the husks of un-milled or brown rice. While some prisons make an effort to rotate brown rice into the inmates’ diet, more needs to be done to ensure that prisoners are receiving adequate nutrition. To help meet this need, LICADHO regularly provides assistance to several prisons in the form of vegetable seeds. Using these seed materials, prisoners are able to supplement their diet by growing their own food.

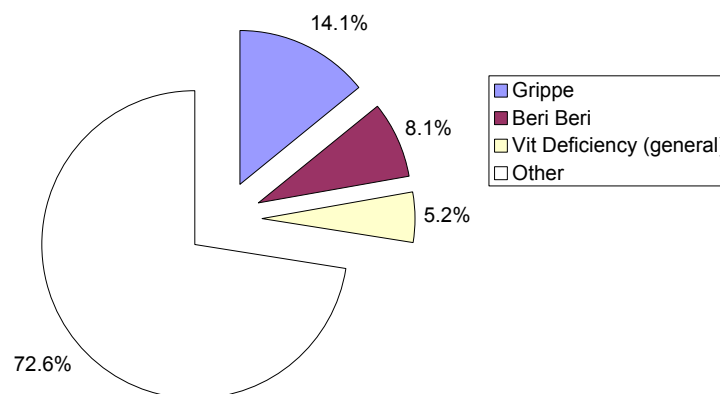


Photo 4: Nutrition

Using seeds donated by LICADHO, prisoners at Takhmao Prison grow vegetables in order to supplement their diet.

In 2001, the medical staff treated 423 cases of beriberi in the prisoner population. This figure represents 8.1% of all diagnoses made during the period, making it the 2nd most common diagnosis behind grippe (an acute contagious viral infection marked by fever). It is significant, furthermore, to note that the 6th most common diagnosis was undifferentiated vitamin deficiency with 267 diagnoses made. When the two categories of vitamin deficiency are combined they nearly equal grippe as the leading cause of prisoner disease (Chart 8).

Chart 8: Some Significant Causes of Disease in the Prisoner Population



Recommendations:

- In accordance with Cambodian Law, the Royal Government of Cambodia must provide all prisoners, “with food of nutritional value adequate for health and strength.”

X. Lack of Safe Drinking Water

“Drinking water shall be available to every prisoner whenever he needs it.”

-Standard Minimum Rules for the Treatment of Prisoners

“Prisoners shall have access to adequate, clean drinking water at all times.”

-Proclamation 217 on Administration of Prisons, 1998

The lack of potable drinking water in many Cambodian prisons remains a substantial barrier to good prisoner health. While there is a lot of anecdotal evidence regarding the quality of drinking water, none of the prisons that we serve have implemented analytical testing of their water sources. LICADHO’s medical staff recognizes the importance of safe drinking water in maintaining prisoner health. Accordingly, in 2002 LICADHO began regular testing of selected prison water sources as a component of the pilot sanitation program.

In December 2001, in collaboration with the Pasteur Institute, preliminary studies were performed on samples of drinking water collected from Takhmao and PJ prisons. The analysis concluded that the water at Takhmao prison was non-potable due to significant levels of both bacteriological and chemical contamination. By comparison, water samples collected from PJ prison, which is connected to the Phnom Penh City water supply, was found to be safe to drink.

In the future, LICADHO hopes to achieve, through regular testing, reliable baseline measures of drinking water quality in Cambodian prisons. This information will enable future advocacy, on the basis of quantitative evidence, for the application of appropriate solutions.

Recommendations:

- Steps must be taken to ensure that sufficient water of known quality is made available to all prisoners.

XI. Female Prisoners: Obstetrics & Gynecology

“In women’s institutions there shall be special accommodation for all necessary pre-natal and post-natal care and treatment.”

-Standard Minimum Rules for the Treatment of Prisoners

“If a female prisoner is pregnant: special assistance shall be provided for taking care of her health before and after childbirth; and the prisoner shall be permitted to give birth in a hospital outside the prison; or if childbirth occurs inside the prison, a health care provider is to attend, or the female prisoner and child are to be examined by a healthcare provider as soon as possible after the birth.”

-Proclamation 217 on Administration of Prisons, 1998

In 2001, LICADHO medical staff made 481 diagnoses within the female prisoner population. As mentioned previously, approximately 7.7% of the prisoners treated in 2001 were female (Chart 3).

An analysis of the most common diagnoses made within the female prisoner population (Chart 9) reveals that the twenty most common diagnoses accounted for approximately 88.9% of the total diagnoses made within this population.

In 2001, the medical staff assisted in the management of several pregnant inmates. Some of these prisoners were pregnant upon entering the prison system. However, LICADHO documented one case in which a pregnancy occurred while the inmate was imprisoned (See the next section: Sexual Abuse in Prison).

It is important to note that vaginitis accounted for 5.0% of the female prisoner diagnoses. Vaginitis is a term that describes inflammation of the vagina, a condition that is commonly associated with discharge. Although vaginitis can have several etiologies (bacterial, fungal, allergic, hormonal, etc), it is commonly related to infectious causes in the prisons. Thus, it is the second most common infectious disease classification, next to gripe, in this group.



Photo 5: Babies in Prison

Prisoners holding their newborn babies.

Chart 9: Top 20 Diagnoses in the Female Prisoner Population

Diagnoses	# Female Prisoner Diagnoses	%
Grippe	87	18.1%
Cephalalgia	68	14.1%
Vitamin Deficiency (general)	54	11.2%
Neuritis	34	7.1%
Dyspepsia	27	5.6%
Gastritis	24	5.0%
Vaginitis	24	5.0%
Pneumonia	15	3.1%
Diarrhea	12	2.5%
Intestinal Parasites	12	2.5%
Arterial Hypertension	9	1.9%
Urinary Tract Infection	8	1.7%
Rhinitis	8	1.7%
Myalgia	8	1.7%
Pregnancy	7	1.5%
Abscess	7	1.5%
Bronchitis	7	1.5%
Amebic Dysentery	6	1.2%
Typhoid Fever	5	1.0%
Arthritis	5	1.0%
Total	427	88.9%

Recommendations:

- In accordance with Cambodian Law, adequate pre-natal and post-natal care must be made available to pregnant prisoners.
- Prison health staff should be trained in the appropriate care and management of gynecologic and other health concerns related to female prisoners. If such expertise is not available, prompt referral should be made to a capable health center.

XII. Sexual Abuse in the Prisons

“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.”

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

-Standard Minimum Rules for the Treatment of Prisoners

“A female prison official or officer must accompany male prison officers when they enter buildings or cells where female prisoners are held.”

-Proclamation 217 on Administration of Prisons, 1998

The sexual abuse and coercion of females held in Cambodian prisons remains a serious health concern. The following case study highlights a recent example.

Case Study #2

In November of 2001, LICADHO investigated the case of a female prisoner at a Phnom Penh prison. At the time, although imprisoned since 1995, she was found to be seven months pregnant. According to the prisoner she had several sexual encounters with a prison guard over the Khmer New Year’s period of that year. The following is her account of the story.

At about 10:00 am on the first day of the New Year I went to the toilet. When I came out of the toilet area I encountered the prison guard who asked me to go back inside the bathroom with him. At the time I was a little bit drunk (during the New Year’s period alcohol was made available to them). I eventually agreed to go inside the bathroom with him. Once inside, the guard told me that he wanted to have sex with me. At first I refused, but the guard insisted, saying that he would take responsibility for anything that might happen. In the late afternoon of the same day, the guard asked me to return to the prison bathroom where we had sexual intercourse again. On the last day of the New Year’s period, the guard asked me again to accompany him to the bathroom to have sex. As before, I tried to refuse him, but the guard insisted.

As a result, the prisoner became pregnant. Upon learning of this news, the guard brought her various unidentified medicines and insisted that she take them in order to terminate the pregnancy. She took the medicines - but with no result.

During the interview, she expressed her worry that when the time of the delivery came she would be in great difficulty because she had no money and the guard had, by now, disappeared. She reported that she hadn’t seen him in over a month.

This case clearly demonstrates the vulnerability of women in the Cambodian prison system. The fact that this incident occurred in Cambodia’s only specialized female prison is further evidence of the failure of the prison system to adequately address these concerns.

When a female prisoner is coerced into sexual relations, both her physical and mental health are placed in jeopardy. In the case discussed above, the prisoner was left with an unplanned pregnancy – one that she was not prepared to deal with. She was also put at risk of contracting a sexually transmitted disease (STD).

Recommendations:

- Female prisoners must be protected at all times from all forms of sexual abuse.
- In accordance with Cambodian Law, all female prisoners must be under the authority and supervision of female staff.

XIII. Prison Staff

In 2001, LICADHO's Medical Office continued its policy of extending healthcare services to all members of the prison staff at the facilities we visit. In 2001 the medical staff made and treated 1,306 diagnoses within the prison staff population.

XIV. Conclusions

Many prisoners being held today in Cambodian prisons are suffering needlessly from preventable diseases that are largely the result of the often illegal living conditions under which they are being held. According to the data already presented, approximately 13.3% of all diagnoses made in 2001 were directly attributable to vitamin deficiencies and poor diet. Yet, Cambodian Law clearly stipulates that prisoners have the right to a nutritionally adequate diet. An additional 20% of the diagnoses made in 2001 were attributed to the poor sanitary conditions and overcrowding present within the prisons. It is reasonable to estimate, therefore, that disease levels in Cambodia's prisons could be reduced by one-third (33.3%) through intensive sanitation efforts, reduction of overcrowding, better facilities, and a nutritionally adequate prison diet that conforms to Cambodian Law.

Although women remain a small minority of the prisoner population it is clear that their health needs differ from those of their male counterparts. They need better access to gynecological and obstetric services. Additionally, sexual abuse remains a serious health concern. All efforts must be made to protect female inmates from predatory prison guards or inmates.

XV. Summary of Recommendations

Access to Healthcare (p. 7)

1. In accordance with Cambodian Law, the Royal Government of Cambodia must ensure that adequate access to appropriate healthcare is available to all prisoners held in Cambodia.

Sanitation and Infectious Disease (p. 10)

2. The Royal Government of Cambodia must take immediate steps to alleviate the problem of overcrowding in Cambodia's prisons. This could include the construction of new prison facilities, or the refurbishment of existing facilities so as to provide more living space per inmate.
3. Given the steady increase of the prison population in recent years, the Royal Government of Cambodia must design a plan to accommodate incoming prisoners with adequate living conditions rather than continue to overpopulate existing facilities.

Malnutrition: Beriberi in the Prisons (p. 14)

4. In accordance with Cambodian Law, the Royal Government of Cambodia must provide all prisoners, "with food of nutritional value adequate for health and strength."

Lack of Safe Drinking Water (p. 16)

5. Steps must be taken to ensure that sufficient water of known quality is made available to all prisoners.

Female Prisoners: Obstetrics and Gynecology (p. 17)

6. In accordance with Cambodian Law, adequate pre-natal and post-natal care must be made available to pregnant prisoners.
7. Prison health staff should be trained in the appropriate care and management of gynecologic and other health concerns related to female prisoners. If such expertise is not available, prompt referral should be made to a capable health center.

Sexual Abuse in the Prisons (p. 18)

8. Female prisoners must be protected at all times from all forms of sexual abuse.
9. In accordance with Cambodian Law, all female prisoners must be under the authority and supervision of female staff.

Appendix A: Complete Diagnostic Statistics 2001

Diagnosis	Prisoner		Total	Guards		Total
	M	F		M	F	
Cardiovascular Disorders						
Arterial Hypertension	164	9	173	14	4	18
Cardiac Arrhythmia	0	0	0	0	0	0
Hypotension	10	0	10	0	1	1
Total	174	9	183	14	5	19
Dental / Oral Disorders						
Caries	20	0	20	4	1	5
Gingivitis	10	0	10	4	0	4
Toothache	29	2	31	13	1	14
Glossitis	2	0	2	0	0	0
Stomatitis	21	1	22	7	0	7
Total	82	3	85	28	2	30
Dermatologic Disorders						
Scabies	160	1	161	11	0	11
Herpes Zoster	3	0	3	0	0	0
Skin Rash	4	1	5	1	0	1
Tinea	146	3	149	27	0	27
Injury	6	0	6	2	0	2
Skin infection	63	2	65	13	1	14
Acne	0	0	0	1	0	1
Furunculosis	7	0	7	0	0	0
Total	389	7	396	55	1	56
Trauma						
Trauma by beating	6	0	6	1	0	1
Trauma by bullet	8	0	8	0	0	0
Trauma by accident	1	0	1	1	0	1
Total	15	0	15	2	0	2
ENT Disorders						
Pharyngitis	59	4	63	24	1	25
Laryngitis	0	0	0	4	0	4
Otitis Media	36	1	37	4	0	4
Otitis Externa	2	0	2	0	0	0
Tonsillitis	14	0	14	3	1	4
Sinusitis	8	2	10	0	0	0
Total	119	7	126	35	2	37
Gastro/Intestinal Disorders						
Diarrhea	147	12	159	26	2	28
Hemorrhoid	61	0	61	4	0	4
Gastritis	265	24	289	85	3	88
Hernia	10	1	11	0	0	0
Food Poisoning	6	0	6	0	0	0
Colitis	48	3	51	2	1	3
Amebic Dysentery	72	6	78	13	1	14
Gastric Ulcer	7	1	8	0	0	0
Dyspepsia	277	27	304	87	6	93
Total	893	74	967	217	13	230

Appendix A: Complete Diagnostic Statistics 2001 (Continued)

Diagnosis	Prisoner		Total	Guards		Total
	M	F		M	F	
Genito/Urinary Disorders						
Phimosis	3	0	3	0	0	0
Nephritis	4	0	4	2	0	2
Bladder Stone	2	0	2	0	0	0
Cystitis	16	0	16	2	0	2
Urinary Tract Infection	91	8	99	21	2	23
Total	116	8	124	25	2	27
Gyneco/Obstetric Disorders						
Vaginitis	0	24	24	0	2	2
Dysmenorrhea	0	1	1	0	0	0
Cervicitis	0	3	3	0	1	1
Abortion	0	0	0	0	0	0
Delivery	0	0	0	0	1	1
Pregnancy	0	7	7	0	0	0
Vitamin Deficiency in Pregnancy	0	0	0	0	1	1
Total	0	35	35	0	5	5
Hematological Disorders						
Anemia	19	0	19	2	0	2
Lymphadenitis	9	0	9	0	0	0
Lymphoma	1	0	1	0	0	0
Tumor Benign	0	0	0	0	0	0
Tb Lymph Node (Scrofula)	0	0	0	0	0	0
Total	29	0	29	2	0	2
Hepatic/Biliary Disorders						
Hepatitis	2	0	2	4	0	4
Hepatotoxicity	1	0	1	0	0	0
Cholecystitis	0	0	0	0	0	0
Total	3	0	3	4	0	4
Allergic Disorders						
Rhinitis	21	8	29	13	3	16
Eczema	9	0	9	4	0	4
Urticaria	3	0	3	2	1	3
Skin Allergy	42	3	45	23	1	24
Total	75	11	86	42	5	47
Infect/Parasitic Disorders						
Abscess	83	7	90	24	2	26
Bacillary Dysentery	1	0	1	1	0	1
Grippe	655	87	742	321	16	337
Intestinal Parasites	56	12	68	34	2	36
Infected Wound	127	3	130	13	0	13
Typhoid Fever	93	5	98	5	2	7
Viral Syndrome	3	0	3	4	0	4
Cellulitis	21	0	21	0	0	0
Malaria	1	0	1	0	0	0
Mumps	0	0	0	0	0	0
Total	1040	114	1154	402	22	424

Appendix A: Complete Diagnostic Statistics 2001 (Continued)

Diagnosis	Prisoner		Total	Guards		Total
	M	F		M	F	
Musculo-skeletal Disorders						
Myalgia	137	8	145	59	2	61
Sprain	18	0	18	3	0	3
Arthritis	85	5	90	2	1	3
Arthralgia	145	5	150	42	0	42
Fracture	3	0	3	0	0	0
Myositis	4	0	4	0	0	0
Osteitis	2	0	2	0	0	0
Total	394	18	412	106	3	109
Neurological Disorders						
Anxiety	6	1	7	1	0	1
Cephalalgia	249	68	317	110	10	120
Leprosy	6	0	6	0	0	0
Tension Headache	13	0	13	0	0	0
Neuritis	104	34	138	31	0	31
Psych Disorder	3	0	3	0	0	0
Vertigo	103	5	108	45	4	49
Total	484	108	592	187	14	201
Pulmonary Disorders						
Pneumonia	81	15	96	4	0	4
Bronchitis	82	7	89	26	1	27
Pulmonary Tuberculosis	6	1	7	0	0	0
Asthma	32	0	32	1	0	1
Total	201	23	224	31	1	32
Nutritional /Metabolic Disorders						
Vitamin Deficiency (Undifferentiated)	213	54	267	25	11	36
Hypoglycemia	5	2	7	1	2	3
Diabetes	1	0	1	0	0	0
Hypocalcemia	3	2	5	0	2	2
Beriberi	420	3	423	22	2	24
Vitamin A Deficiency	22	1	23	4	0	4
Total	664	62	726	52	17	69
Ophthalmic Disorders						
Sty	3	0	3	0	0	0
Conjunctivitis	31	2	33	9	0	9
Glaucoma	5	0	5	0	0	0
Total	39	2	41	9	0	9
STDs						
AIDS	13	0	13	0	0	0
Gonorrhea	22	0	22	1	0	1
Chancroid	12	0	12	1	0	1
Syphilis	0	0	0	1	0	1
Total	47	0	47	3	0	3
Grand Total						
	4764	481	5245	1214	92	1306

Appendix B: Relevant International Human Rights Instruments

1. 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 resolution 663 C (XXIV) of 31 July 1957 and 2076 (LXII) of 13 May 1977.

Full text: http://www.unhchr.ch/html/menu3/b/h_comp35.htm

2. Basic Principles for the Treatment of Prisoners

Adopted and proclaimed by General Assembly resolution 45/111 of the 14th of December, 1990.

Full text: http://www.unhchr.ch/html/menu3/b/h_comp34.htm