Japanese and foreign nationals held in police custody on suspicion of having committed a criminal offence are routinely subjected to ill-treatment and other abuses. They have been beaten, denied access to lawyers, forced to sign incriminating statements, and have been punished for attempting to seek judicial redress for alleged human rights violations. Foreign detainees have additional problems, being denied access to interpreters and being forced to sign documents written in Japanese without understanding the contents. Prisoners have been severely punished by prison authorities under secret rules giving guards wide discretion to apply punishments to inmates for relatively minor breaches of regulations. Prisoners who have attempted to bring lawsuits against the authorities have been placed in solitary confinement, sometimes for months at a time. Forms of solitary detention ostensibly aimed at “protecting” detainees who may harm themselves or others appear to have been used to punish recalcitrant inmates, usually causing them grave distress and sometimes giving rise to mental illness.

Amnesty International is also concerned that those in custody are not given access to adequate medical care and is urging the Japanese authorities to strengthen the authority and training of medical doctors and other medical personnel working with detainees and to make public all regulations and procedures concerning the treatment of detainees, including those concerning the rights and duties of detainees, disciplinary procedures, access to medical treatment and complaint mechanisms.

**Conditions of imprisonment**

Prison conditions in Japan routinely fail to meet principles set out in standards such as the UN Body of Principles for the Protection of all Persons Under Any Form of Detention or Imprisonment [Body of Principles¹], and the UN Standard Minimum Rules for the Treatment of Prisoners [SMR²].

Amnesty International is concerned that the strict prison regime maintained in most of Japan's prisons might in some cases amount to torture or ill-treatment. The reported use of ‘protection cells’ [hogobo³], leather handcuffs and body belts as a form of punishment also constitutes cruel, inhuman and degrading

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¹ Adopted by consensus in the UN General Assembly on 9 December 1989


³ Hogobo are special cells that exist in prisons and detention centres, ostensibly to detain prisoners who are a danger either to themselves or others, those who have caused wilful damage to facilities, tried to escape or refused to follow instructions. Prisoners detained in hogobo may be restrained with metal handcuffs and/or leather handcuffs attached to a leather belt. In some cases they have to remain in handcuffs for days on end. Officially, these ‘protection cells’ are not supposed to be used as a form of punishment.
treatment and is in direct violation of Principle 6 of the Body of Principles and Articles 31 and 33 of the SMR. Prisoners often put up with ill-treatment because they fear that any complaint will lead to a further deterioration in their conditions or treatment. Due to the very strict and hierarchical prison regime, prisoners cannot form relationships with fellow inmates. Prolonged periods of solitary confinement often cause serious psychological problems.

Inmates of Tokyo Detention centre have complained about being punished by being kept in cells that were infested with insects, smelly and unhygienic in breach of Rules 10 and 14 of the SMR. Prisoners are not given adequate opportunities for physical exercise in the open air in breach of Rule 21.

A former prisoner held in Fuchu prison between 1995 and 1997 reported that there was no heating in his cell [despite the fact that winter temperatures in Japan can plunge to sub-zero levels] and that many prisoners were getting frostbite by, for example, having to walk barefoot on the concrete floor. He said prison clothes were often inadequate and did not protect inmates against the cold, but prisoners were only allowed to wear additional clothing when told so by a prison guard.

**Recommendations**

Amnesty International is urging the Japanese authorities to ensure that conditions in prisons and detention centres are consistent with the Body of Principles and the SMR, and in particular to

- maintain prison cells properly and keep them clean at all times [Article 14, SMR]
- allow for adequate opportunities for outdoor exercise [Article 21 (1), SMR]
- at all times allow prisoners to communicate with their family and friends [Principle 19, Body of Principles, and Article 37, SMR]
- ensure that prisoners are not detained in cells that do not have sufficient natural light or do not pay regard to climatic conditions [Articles 10 and 11, SMR]
- ensure that detention conditions meet all requirements for health, even when a prisoner is undergoing punishment

**Ill-treatment of prisoners**

Amnesty International has received numerous and persistent reports of prisoners who have been ill-treated at the hands of the Japanese authorities. Asylum-seekers and foreign workers who overstay their visas have been detained and beaten while held in police stations and immigration detention centres.

Foreign nationals serving prison sentences have been placed in solitary confinement or ‘protection cells’ for relatively minor infringements of prison rules they do not understand because they cannot speak, understand or read Japanese. In an apparent attempt to humiliate prisoners, guards often force them to put on *mataware pants* [trousers with a slit cut in the seat for defecation]. Handcuffs are sometimes not even removed during mealtimes or when the prisoner needs to use the toilet. These measures can cause distress and psychological suffering. Amnesty International is also aware of many cases where detainees have been physically assaulted and suffered severe injuries following disputes with prison staff.

A growing number of victims of ill-treatment are launching suits against the State in an attempt to gain compensation. In a number of cases complainants’ repeated requests for centres of detention to submit medical records to lawyers or to courts have been met with repeated refusals from the authorities, or vital sections of medical records were ‘blackened out’ and not submitted in full. Doctors and other health care staff appear not to be playing an adequate role in protecting prisoners by, for example, reporting abuses or submitting written complaints.
Recommendations

Amnesty International is calling on the Japanese authorities to:

- ratify the Convention against Torture and other human rights standards
- make public all regulations and procedures concerning the treatment of detainees, including those concerning access to medical treatment and complaint mechanisms, and ensure they are in line with the relevant UN standards [Principles 24 and 33, Body of Principles, and Articles 22 and 36 of the SMR]
- strengthen the authority, independence and training of medical doctors and other medical personnel working with detainees to enable them to play a protective role
- ensure that health professionals working in a prison environment record and report any sign of ill-treatment of prisoners to competent authorities for their action in accordance with Principle 7 (3) of the Body of Principles
- ensure that prison medical records can be submitted as evidence to the courts when victims of ill-treatment launch compensation suits against the State and that such records can be made public at the request of the litigant
- ensure that hogobo and instruments of restraint such as handcuffs are never used as a form of punishment as set out in Article 33 of the SMR.

Access to medical care

Awareness of the importance of medical care in penal institutions appears to be very low both among staff and prisoners in Japan. Detainees are often given little more than cursory medical examinations and in a number of cases detention officials have refused to comply with inmates’ repeated requests for medical attention, or have scolded prisoners for not speaking polite Japanese when making their request. Dental treatment is available at most once a month if necessary. The number of doctors working in prisons and detention centres is not adequate to meet the needs of inmates.

Many detainees in Japanese prisons suffer psychological problems due to lengthy periods in solitary confinement [keiheikin] which is regularly used as a method of punishment. Sometimes prisoners who commit even relatively minor infringements against prison rules are punished with detention in a ‘protection cell’ [see above].

Detainees who become mentally ill do not have access to any form of psychological or psychiatric help. Mentally ill prisoners are often not given adequate treatment in prison and are not transferred to specialised institutions as provided for in the SMR.

Amnesty International has received reports indicating that sometimes prison guards rather than qualified medical personnel are in charge of providing medical examinations such as X-rays or rendering treatment by, for example, giving injections or distributing medication. A British citizen who was serving a sentence for drug smuggling in Fuchu prison in Tokyo from February 1995 to September 1997 stated there were no independent doctors but only ‘guards in doctors’ uniform’.

Prisoners are often not provided by the authorities with the medication they need. Detainees have also been prevented from taking medication that had been prescribed to them before they were detained. Article 24 of the UN Body of Principles states that “medical care and treatment shall be provided whenever necessary” and “free of charge”.

4Keiheikin is a form of administrative punishment in Japanese prisons whereby detainees are forced to remain motionless in a kneeling or crossed-legged fashion in the middle of a single cell for hours on end for a period of up to two months. Detainees are not allowed to do physical exercise, take baths, meet people from outside the prison, or write letters.
Recommendations

Amnesty International is urging the Japanese authorities to

- improve access to medical care by ensuring that qualified medical staff are available to deal with detainees' complaints on reasonable request
- ensure that every prison has at least one qualified medical officer with some knowledge of psychiatry and that detainees are given access to psychiatric and counselling services if needed [SMR, Article 22 (1)]
- place prisoners who suffer from mental disorders under the care of a medical specialist in prison, and to transfer persons who are found to need care outside the prison to specialized institutions in accordance with the SMR [Article 82].
- ensure that medical records are kept confidential but that the detainee can request that such records can be communicated in full to his or her lawyer or family
- give specialist training to medical practitioners who treat detainees to enable them to better identify and treat the particular medical problems that detainees are likely to experience
- ensure that detainees and prisoners are given prompt access to independent doctors outside their institution if they cannot be adequately treated within the centre of detention in accordance with Article 22 (2) of the SMR

Deaths in custody

Amnesty International is aware of at least five cases of death in custody in Japan since June 1994. The majority of the victims were foreign nationals giving rise to suspicions that foreigners receive discriminatory treatment at the hands of the authorities. Detainees arrested by the police have been denied adequate medical care after having reportedly been physically assaulted and ill-treated by law enforcement personnel in police stations and other centres of detention.

An Iranian national suffered a cardiac arrest while being held by police in June 1994. He had sustained a severe cut to his forehead which the police say occurred accidentally when he banged his head on the window frame of the police van. His body was also covered in numerous small wounds and bruising. In August 1997, another Iranian man died suddenly after reportedly banging his head on the concrete floor while being detained at an immigration detention centre in Tokyo. His body showed signs of severe ill-treatment including bruising on his face, truncheon scars, rope burns and handcuff marks. According to the post mortem, the cause of death was "heart and lung failure caused by dislocated cervical vertebrae brought about by a blow to the head". In July 1996, a Japanese man died while being restrained in a leather body belt and handcuffs and held in a poorly ventilated "protection cell" in Hamada Detention Centre. At that time of year, daily temperatures exceeded 30 degrees Celsius and a post mortem concluded that the cause of death was heatstroke.

To Amnesty International's knowledge, a full, impartial, and independent investigation has yet to be conducted into the circumstances surrounding any of these deaths. The families of the victims have all launched civil suits against the state in an attempt to learn the truth about the deaths and win compensation. This long and arduous process can last for several years and such cases are unlikely to be successful in the absence of clear and unequivocal proof of ill-treatment. There is no independent body in Japan to monitor the actions of the police, and mechanisms for investigation of human rights abuses in all centres of detention remain firmly under the control and supervision of the Ministry of Justice.

Recommendations

Amnesty International is urging the Japanese authorities to
• launch full, independent and impartial investigations into the circumstances of all deaths in custody reported in Japan in accordance with Principle 34 of the Body of Principles
• investigate complaints of alleged discriminatory treatment of foreigners at the hands of law enforcement or detention officials
• ensure that any prisoner in need of medical attention is promptly provided with adequate medical care in accordance with Principle 24 of the Body of Principles and Article 22 of the SMR
• establish an independent body to review the actions of the police when credible complaints of police ill-treatment are made in accordance with Principle 33 (1) of the Body of Principles, and establish mechanisms for investigation of human rights abuses in all centres of detention as called for by the UN Human Rights Committee [see Concluding Observations by the Human Rights Committee, Consideration of Reports Submitted by States Parties Under Article 40 of the Covenant: Japan; Paragraph 10]
• inform all law enforcement personnel of their obligations under international law, and make it clear that any form of torture or ill-treatment of detainees is a punishable offence

Prisoners on death row

Japan’s Penal Code provides the death penalty for 17 crimes in Japan, but in practice it is only imposed in cases involving murder. Although Japan’s Criminal Procedure Law provides for execution within six months after a death sentence has been confirmed, some of the around 100 people currently imprisoned in Japan under sentence of death have been on death row for up to 30 years. Some have died on death row of natural causes. In most cases, such long periods of detention are caused by lengthy appeals procedure and by the lack of a formal pardons procedure.

Prisoners under finalized sentence of death do not have the same legal status as other prisoners and are strictly segregated within the prison. Communication with the outside world is only via close family members. Arbitrary restrictions are imposed on the detainees, and prisoners on death row are only allowed to see a lawyer if they appeal for a retrial. In all detention houses, death penalty prisoners are held in solitary confinement. According to lawyers, all prisoners sentenced to death are held in cells where the lights are never switched off but only dimmed at night. In some cases 24-hour surveillance cameras monitor every movement of a prisoner on death row leaving no room for privacy. This increases the intensity of adverse psychological pressure on the prisoners.

Prisoners on death row must sit in the centre of their cell during the day, are not allowed to walk freely, to lean on the wall of the cell or to lie down outside sleeping time. They are not given enough opportunity to exercise or let into the open air on a regular basis. Prisoners who disobey the rules are liable to punishment, which may include ever harsher forms of solitary confinement for many days.

Prisoners whose death sentence has been confirmed by the Supreme Court are liable to be executed at any time, if and when the Minister of Justice signs the execution order. Selection of who is next to be executed seems completely arbitrary and prisoners are only told of their execution a few hours before it is scheduled. Relatives are kept ignorant of the execution orders and sometimes only find out that their relative has been executed by reading the press. This secrecy surrounding execution causes extreme stress for the prisoners sentenced to death and their families, and a report published by the Japan Federation of Bar Associations in October 1998 called this practice inhumane. The UN Human Rights Committee in November 1998 stated that "undue restrictions on visits and correspondence and the failure of notifications of executions to the family and lawyers of the prisoners are incompatible with the Covenant [on Civil and Political Rights]". The Human Rights Committee also called on the government to make conditions of detention on death row more "humane".

The execution of prisoners suffering from mental illness is prohibited by Japanese law. However, the mental illness of prisoners on death row is sometimes deliberately ignored because this would prevent their execution. This was the case in March 1993 when one of three men executed in Japan after a three-year de facto moratorium on the death penalty was described by a doctor as mentally ill and 'on the
verge of becoming schizophrenic. Amnesty International has also learned of cases where psychiatrists attested before court that the defendants were mentally ill or handicapped and therefore having diminished responsibility for the crimes they allegedly committed, but where the judges nevertheless imposed the death penalty. In the trial of Ohama Matsuzo, for example, who was sentenced to death in 1975 and whose sentence was finalized in 1976, expert evidence from a psychiatrist submitted to court attested that he had not been responsible for his actions. Ohama Matsuzo is still on death row.

Because of the secrecy surrounding the death penalty in Japan, little information is available on the role of doctors in executions. Under a 1947 order issued by the Head of the Correction Bureau, falling under the Ministry of Justice, a doctor is required to check the condition of the prisoner prior to execution and to make a medical report following the execution. Although not specifically written into law, it is believed that the current practice is for a doctor to be present at and observe an execution and to determine when death has occurred. Such a practice risks the doctor being involved in practices which would be regarded as unethical.

**Recommendations**

Amnesty International hopes that the Japanese Government will work towards abolition of the death penalty, and urges it to take the following steps:

- cease all executions, impose no further death sentences and commute existing death sentences
- ratify the Second Optional Protocol to the International Covenant on Civil and Political Rights, aiming at worldwide abolition of the death penalty
- order an investigation into the cases of prisoners under sentence of death who were reported to have been ill-treated
- ensure that the conditions of detention of prisoners sentenced to death conform to international standards on the treatment of prisoners such as the UN Safeguards Guaranteeing Protection of the Rights of Those Facing the Death Penalty [adopted in 1984]
- end the secrecy surrounding executions and ensure that if an execution is ordered the relatives and the lawyer of the prisoner are informed in advance
- as a final step, abolish the death penalty in law for all offences
Introduction

The action on ill-treatment of detainees and prisoners in Japan began with the paper Japan: Ill-Treatment of Foreigners (AI Index: ASA 22/09/97, November 1997) which set out in detail AI concerns regarding the treatment of foreigners in detention in Japan. Another paper documenting abusive punishments in Japanese prisons was issued in June 1998 [AI Index: ASA 22/04/98, June 1998; also available in Japanese from the Japanese section]. Health professional network groups will continue to campaign on both issues by focussing on the restricted access to and poor quality of medical care, and the role of health professionals and professional associations in Japan. One major objective of this action is to stimulate the Japanese medical profession to be more concerned about the provision of health care in prisons and other prison issues related to medical ethics.

Letters to government authorities

When writing to government authorities in Japan, introduce yourself as a member of Amnesty International’s health professional network concerned about reports of harsh prison conditions in Japan. Please raise some of the concerns outlined above in the recommendations to the Japanese government. You could either summarize these into a letter of general concern, or focus on an individual issue in which you are specialized or particularly interested. Letters should be polite but firm and should indicate that you/Amnesty International would welcome a response.

Please write to the following addresses:

Mr Obuchi Keizo  
Prime Minister  
Prime Minister’s Office  
2-3-1 Nagata-cho, Chiyoda-ku  
Tokyo 100-0014  
Japan  
Fax: +81.3.3581.3883 or 3581.2361  
Email: jpm@kantei.go.jp  
Salutation: Dear Prime Minister

Mr Nakamura Shozaburo  
Minister of Justice  
1-1-1 Kasumigaseki, Chiyoda-ku  
Tokyo 100  
Japan  
Fax: +81.3.3592.7011 / 3593 3009 / 5511.7207

Mr Koizumi Junichiro  
Minister of Health and Welfare  
1-2-2 Kasumigaseki, Chiyoda-ku  
Tokyo 100  
Japan  
Fax: +81.3.3501.4853  
Salutation: Dear Minister

Mr Nishida Mamoru  
Minister of Home Affairs  
Ministry of Home Affairs  
Godo Choshia No. 2  
2-2-1 Kasumigaseki, Chiyoda-ku  
Tokyo 100  
E-mail: webmaster@moj.go.jp  
Salutation: Dear Minister
Letters to the Prison authorities

When writing to Japanese prison authorities, introduce yourself as a member of Amnesty International’s health professional network concerned at reports of ill-treatment and harsh punishments in Japanese prisons. You could:

- outline the minimum standards for the treatment of prisoners laid down in international law, and explain that Japan is legally bound by the treaties it has signed and ratified;
- urge the authorities to respect other international standards which have acquired the status of customary law [such as the UN Body of Principles for the Protection of all Persons Under Any Form of Detention or Imprisonment, and the UN Standard Minimum Rules for the Treatment of Prisoners];
- urge the authorities to ensure that only qualified health personnel is providing medical care in prisons, and that sick prisoners are transferred to medical facilities if no qualified staff is available in the prisons;
- offer to make available human rights education material published by Amnesty International;
- provide addresses for United Nations offices from where copies of these standards can be obtained;
- encourage prison authorities to cooperate with national NGOs working on prison conditions, for example by jointly organizing human rights education and training programmes for prison staff.

Please write to the following addresses:

**Tokyo Detention Centre**
35-1A Kosuge 1-chome
Katsushika-ku
Tokyo
Japan

**Sendai Detention Centre**
2-3-1 Kojo
Wakabayashi-ku
Sendai
Sendai-ku
982 Japan

**Osaka Detention Centre**
2-5 Tomibuchi-cho, 1-chome
Toshima-ku
Osaka
Japan

**Hiroshima Detention Centre**
2-6 kami-Hachobori
Naka-ku, Hiroshima-shi
Hiroshima-ken
730 Japan

**Sapporo Detention Centre**
484-1 Higashi-Inaho-cho
Higashi-ku
Sapporo
Japan

**Nagoya Detention Centre**
1 Shirakabe, 1-chome
Higashi-ku
Nagoya
Japan

**Fukuoka Detention Centre**
16-10 Hyakudo, 2-chome
Nishi-ku
Fukuoka
Japan
**Letters to Japanese Medical Association [JMA] and Japan Nurses Association [JNA]**

When writing to Japanese Medical bodies, introduce yourself as a member of Amnesty International's health professional network concerned at reports of ill-treatment and harsh punishments in Japanese prisons. You could

- express the view that health personnel have an important role to play as protectors and carers
- stress that every health professional is bound to respect medical ethics, and refer to declarations adopted by international medical bodies such as the WMA
- ask whether the association has adopted any resolution on human rights issues, and seek information on the ethical position of the association regarding the role of health professionals in preventing torture and ill-treatment in Japan’s prisons
- urge the association to take a more pro-active stance on rights to health care and protection within prisons, and to communicate its concerns to the Japanese government
- urge the leadership of the association to initiate human rights awareness programmes for its members
- encourage the associations to ensure that doctors and other health professionals working in Japanese prisons receive full information on the relevant professional and human rights standards [such as the UN Standards quoted above, the UN Principles of Medical Ethics, or the WMA Declaration of Tokyo, if necessary in Japanese]

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Japan Medical Association
2-28-16 Honkomagome, Bunkyo-ku
Tokyo 113
Japan
Tel: +81.3.3946.2121/3942.6589
Fax: +81.3.3946.6295
Email: jmainintl@po.med.or.jp

Japan Nurses Association
8-2, 5-chome
Jingumai, Shibuya-ku
Tokyo Japan
Tel: +81.33.400.8331/8344
Fax: +81.33.400.8767

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**Contacts with your own associations**

Present your national and local professional associations with a copy of the relevant AI reports. Ask them to contact the JPA and the JNA requesting information about the policy of these associations.

If you write to your associations, send copies of any letters on health-related aspects of detention to the World Medical Association (of which the JMA is a member). Selected copies of letters to the JNA could be sent to the International Council of Nurses [ICN].

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World Medical Association
B.P. 63
01212 Ferney-Voltaire Cedex
France
Tel: +33.4.50.40.75.75
Fax: +33.4.50.40.59.37

International Council of Nurses
3. Place Jean-Marteau
CH-1201 Geneva
Switzerland
Tel: +41.22.908.0100
Fax: +41.22.908.0101
Email: icn@uni2a.unige.ch
4

**Publicity**


- Write letters or articles outlining Amnesty International’s concerns and submit them to newspapers or magazines

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5 Copies of these documents can be obtained from your AI section or via the Internet at http://www.amnesty.org
Appendix 1:

Extracts from the UN Body of Principles for the Protection of All Persons Under Any Form of Detention or Imprisonment [adopted by General Assembly Resolution 43/173 of 9 December 1988]

**Principle 6**
No person under any form of detention or imprisonment shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.* No circumstance whatever may be invoked as a justification for torture or other cruel, inhuman or degrading treatment or punishment.

**Principle 7**
3. Any other person who has ground to believe that a violation of this Body of Principles has occurred or is about to occur shall have the right to report the matter to the superiors of the officials involved as well as to other appropriate authorities or organs vested with reviewing or remedial powers.

**Principle 19**
A detained or imprisoned person shall have the right to be visited by and to correspond with, in particular, members of his family and shall be given adequate opportunity to communicate with the outside world, subject to reasonable conditions and restrictions as specified by law or lawful regulations.

**Principle 24**
A proper medical examination shall be offered to a detained or imprisoned person as promptly as possible after his admission to the place of detention or imprisonment, and thereafter medical care and treatment shall be provided whenever necessary. This care and treatment shall be provided free of charge.

**Principle 33**
1. A detained or imprisoned person or his counsel shall have the right to make a request or complaint regarding his treatment, in particular in case of torture or other cruel, inhuman or degrading treatment, to the authorities responsible for the administration of the place of detention and to higher authorities and, when necessary, to appropriate authorities vested with reviewing or remedial powers.
2. In those cases where neither the detained or imprisoned person nor his counsel has the possibility to exercise his rights under paragraph 1 of the present principle, a member of the family of the detained or imprisoned person or any other person who has knowledge of the case may exercise such rights.
3. Confidentiality concerning the request or complaint shall be maintained if so requested by the complainant.
4. Every request or complaint shall be promptly dealt with and replied to without undue delay. If the request or complaint is rejected or, in case of inordinate delay, the complainant shall be entitled to bring it before a judicial or other authority. Neither the detained or imprisoned person nor any complainant under paragraph 1 of the present principle shall suffer prejudice for making a request or complaint.

**Principle 34**
Whenever the death or disappearance of a detained or imprisoned person occurs during his detention or imprisonment, an inquiry into the cause of death or disappearance shall be held by a judicial or other authority, either on its own motion or at the instance of a member of the family of such a person or any person who has knowledge of the case. When circumstances so warrant, such an inquiry shall be held on the same procedural basis whenever the death or disappearance occurs shortly after the termination of the detention or imprisonment. The findings of such inquiry or a report thereon shall be made available upon request, unless doing so would jeopardize an ongoing criminal investigation.
Appendix 2:


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.

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

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.

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, furnishngs 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 officer shall be available to every prisoner.

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.

33. Instruments of restraint, such as handcuffs, chains, irons and strait-jacket, 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.

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.

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.

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.