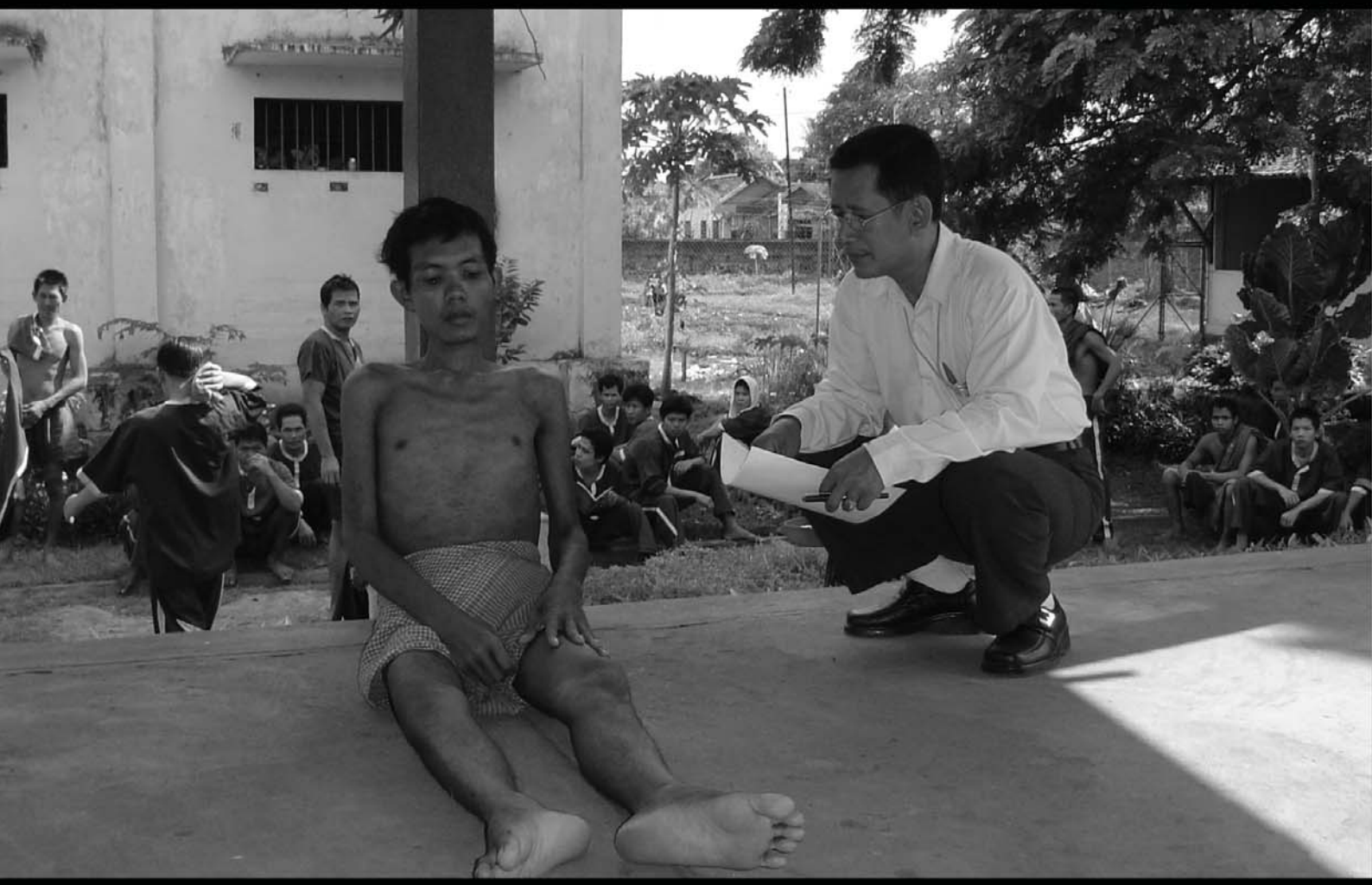

HUMAN RIGHTS AND CAMBODIA'S PRISONS:
HEALTH IN PRISONS 2002 & 2003

REPORT
November 2004

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LICADHO

CAMBODIAN LEAGUE FOR THE
PROMOTION AND DEFENSE OF HUMAN RIGHTS

HEALTH IN PRISONS 2002 & 2003

A LICADHO Report
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LICADHO

CAMBODIAN LEAGUE FOR THE PROMOTION
AND DEFENCE OF HUMAN RIGHTS

Cambodian League for the Promotion and Defense of Human Rights (LICADHO)

LICADHO is a national Cambodian human rights organization. Since its establishment in 1992, LICADHO has been at the forefront of efforts to protect the rights in Cambodia and to promote respect for civil and political rights by the Cambodian government and institutions. Building on its past achievements, LICADHO continues to be an advocate for the people and a monitor of the government through wide ranging human rights programs from its main office in Phnom Penh and 12 provincial offices.

LICADHO pursues its activities through its six program offices:

- The Human Rights Education Office provides training courses to target groups such as government officials, students, monks and provides dissemination sessions to the general public.
- The Monitoring Office investigates human rights violations and assists victims in the legal process. Specially trained staff also monitors 18 prisons to assess prison conditions and ensure that pre-trial detainees have access to legal representation.
- The Medical Office provides medical assistance to prisoners and prison officials in 18 prisons and provides medical care and referrals to hospitals for victims of human rights violations.
- Project Against Torture provides comprehensive rehabilitation services to victims of torture and conducts advocacy against torture.
- The Children's Rights Office educates the public on children's rights, creates child protection networks at the grassroots level, and investigates children's rights violations.
- The Women's Rights Office educates the public about women's rights, investigates women's rights violations and advocates for social and legal changes.

For More Information Contact:

Dr. Kek Galabru, President
LICADHO (Cambodian League for the Promotion and Defense of Human Rights)
#16, Street 99
Phnom Penh, Cambodia

Tel: (855) 23 360 965/364 901
Fax: (855) 23 360 965/217 626
E–mail: licado@camnet.com.kh
Web: http://www.licadho.org/

Content

Executive Summary

Since 1997, LICADHO has issued reports on human rights and Cambodian prisons, highlighting the issues of most serious concern and recommending avenues of change. As an independent non-governmental organization, LICADHO aims to monitor Cambodia's prisons and prisoners' rights; disseminate relevant high quality, non-partisan information; and to lobby for positive reform. It is our sincere hope that this report will be used by human rights advocates, researchers, aid donors, legal professionals, as well as government and prison officials as a tool to identify existing problems, to improve prison conditions and to promote respect for prisoners' rights.

There is a clear connection between systemic human rights violations in Cambodia's prisons and reduced prisoner health. This report seeks to highlight these connections and outline the prison health issues of most pressing concern in 2002 and 2003.

Overview of Health Issues in Cambodia's Prisons:
While the most common diagnosis varies from year to year, beriberi and other vitamin deficiencies, cephalalgia, dyspepsia, gastritis, scabies and the common cold were among the top ten most common illnesses among prisoners in both 2002 and 2003. The causes behind many of the diagnosis are obvious and clearly aggravated by poor prison conditions: overcrowding, poor diet, unsafe drinking water, lack of ventilation in prison cells, inadequate recreation/outdoor time, as well as poor hygiene and sanitation. HIV/AIDS is also a growing problem within Cambodia's prisons. In addition to physical health problems, the mental health of prison inmates is much neglected.

Failure to provide adequate medical care to prisoners exacerbates the health consequences of sub-standard living conditions in prisons. The major contributing factors to this failure are poor wages, lack of staff, staff absenteeism, lack of training, as well as lack of medical and transportation resources.

KEY RECOMMENDATIONS:
- ***Increase the health and prison budget:*** The Royal Government of Cambodia must increase the health and prison budget to accommodate prisoners' needs and entitlements as set out in the Prison Procedures. Failure to do so puts the Royal Government of Cambodia in breach of its core obligations under domestic and international law: to protect, respect, and enforce the universal right to health. Any increases in the budget must be monitored to ensure that money is being used appropriately, and prison staff should be held accountable for discrepancies.
- ***Monitor and enforce prison procedures:*** Ministry of Health officials should monitor the implementation of relevant prison procedures and other directives relevant to health, and hold prison staff accountable for violations of procedures, and/or propose reforms (e.g. an increased budget to address the inability of prison staff to follow procedures).

Overcrowding:
Overcrowding is an urgent problem for the Ministry of Interior's Prison Department;

indeed, *all* of the prisons monitored by LICADHO in 2002 and 2003 are near or exceed their capacity. Overcrowding exacerbates health conditions in prisons; most notably, the transmission of infectious disease and prevalence of poor sanitation and hygiene. Infectious and sanitation-related disease accounted for 51% of prisoner diagnoses in 2002, and 41% in 2003. Overcrowding also makes it difficult for prison health workers to do their jobs. Furthermore, overcrowding is a threat to security and can lead to prisoners spending days at a time without being permitted to leave their cells.

EFFECTIVE PRACTICES:

- ***Rotate prisoner recreation time:*** Kompong Cham prison rotates prison recreation time to reduce the impact of overcrowding.
- ***Kill parasites and bacteria:*** with materials provided by LICADHO, scabies and sanitation problems at PJ and Takhmao prisons were improved. Parasites and bacteria in prisoner cells, clothes and bedding were successfully eliminated.

KEY RECOMMENDATIONS:

- ***Use effective practices and promote hygiene:*** Prison directors at each prison should follow the examples set out in the "effective practices" boxes in order to help prevent infectious disease. Additionally, health workers or prison directors should remind or educate inmates about hygiene. For example, not to leave old food on floors of cells, to leave clothes in the sun to kill infection, and to keep toilets clean.
- ***Provide adequate funds for cleaning:*** The Ministry of Interior must provide the Prison Department with adequate funds for cleaning materials for prisons, to ensure cells are cleaned weekly as required by the Prison Procedures. Cleaning should begin with the cells of those prisoners who are seriously ill with infectious diseases. These prisoners should receive treatment at the same time to avoid repeated contagion.
- ***Improve health worker salaries and training:*** Increase health worker salaries and provide adequate training so that they can implement the Prison Procedures.
- ***Isolate and immediately treat infectious inmates:*** The Health Office of the Prison Department should implement its plan to isolate infectious inmates from healthy inmates and treat them immediately. This would diminish the spread and intensity of infection.

Malnutrition and Lack of Safe Drinking Water:

Inadequate funding makes it difficult if not impossible for prisoners to maintain a healthy diet which results in diseases such as beriberi - one of the most commonly diagnosed illnesses among prisoners in 2002 and 2003. Prisoners rely on family members to bring additional food but bribery and extortion by guards limits safe delivery of these supplements. Unsafe drinking water causes a high incidence of chronic diarrhea, amoebic and bacillary dysentery and internal parasites.

EFFECTIVE PRACTICES:

- ***Distribute seeds:*** Distribution of seeds to prisoners by LICADHO allowed them to grow their own food and supplement their rations.
- ***Contain sewage and filter water:*** Kompong Cham prison contains sewage in closed containers and filters water.

KEY RECOMMENDATIONS:

- ***Increase and strictly account for prisoner rations:*** The Royal Government of Cambodia should increase funding for prisoner rations and the Ministry of Interior should hold prison directors strictly accountable for the spending. Money for diverse needs (e.g. prisoner transportation, food, electricity) must be placed in distinct budgets, and funds should be used for the specified purposes only.
- ***Regularly test water supplies:*** The Health Office of the Prison Department must regularly test prison water supplies and take measurements to ensure that drinking water is safe.
- ***Contain sewage systems:*** The Health Office of the Prison Department must ensure that the sewage system at each prison is well-contained to protect the safety of drinking water. Likewise, filtration systems should be installed in water tanks (as at Kompong Cham) in order to clean the water.

Recreation:

Lack of regular exercise and exposure to sunlight promotes skin diseases and other health problems for inmates, particularly if they live in overcrowded conditions. Security concerns are often cited as reasons to limit exercise time.

KEY RECOMMENDATION:

- ***Ensure sufficient staff for outdoor recreation time:*** The Ministry of Interior must ensure that there is sufficient staff and funding allocated to provide each prisoner with the daily minimum amount of fresh air/outdoor recreation. This could include an increase in the number of staff available during these times to enhance security, or to enable the guards to create a rotating schedule for when prisoners will be outside.

Torture:

Cases of torture experienced by persons in police custody and in prison, continued to be documented by LICADHO in 2002 and 2003. The incidence of torture is most likely highly under-reported as victims may be reluctant to discuss the incident for fear of reprisal and LICADHO prison and medical staff are sometimes prevented from talking to or providing medical examinations to suspected victims. Torture often has severe physical and mental consequences. No prison official has been convicted of torture for a decade. In failing to hold perpetrators of torture accountable for their actions, the government sends a clear message to both perpetrators and victims that torture is acceptable.

KEY RECOMMENDATIONS:

- ***Strictly enforce mandatory examinations and reporting of inmates who are already injured when they arrive at the prison:*** The Ministry of Interior Prison Department should instruct all prison directors to ensure strict adherence to Prison Procedure 1.3.3, which states that new inmates must be given medical examinations by prison medical staff upon arrival and any injuries sustained prior to admission must be photographed, reported to the Prison Chief and recorded on the admission documentation. In addition, this procedure should be amended to add that serious injuries or information from the inmate about torture should be compulsorily reported to the prosecutor. Failure to adhere to these procedures should lead to disciplinary sanctions.
- ***Grant human rights and medical organizations access to all prisoners:*** The Ministry of Interior Prison Department should instruct all prison directors that independent human rights and medical organizations must be granted access to

provide medical examination and treatment to any prisoner upon request. This access should include the right to photograph injuries or suspicious marks on the bodies of prisoners.

Deaths in Prison:
According to LICADHO research, in 2002 at least forty-three prisoners died in prison or while in custody. In 2003, at least forty-six prisoners died. The prison with the highest incidence of prisoner deaths was CC1. While it is difficult to gather evidence, as far as could be discerned by the LICADHO Medical Office, the vast majority of deaths were caused by disease, especially gastro-intestinal disorders and HIV/AIDS. Sometimes, prison officials fail to quickly and adequately respond to seriously ill prisoners. This means some prisoners died who might otherwise have been saved had they received prompt and effective medical care. One death in prisons occurred under suspicious circumstances and may be attributable to torture or abuse by prison staff and/or fellow prisoners.

KEY RECOMMENDATIONS:
- ***Take preventive measures against prisoner death:*** As provided for in Cambodian and international law, *preventive* measures must be taken to avoid unnecessary deaths and illness of prisoners. This includes regular medical treatment of good quality, adequate food and potable water, and hygiene conditions.
- ***Treat all deaths in custody as suspicious until proven otherwise:*** The Royal Government of Cambodia must treat all deaths in custody as suspicious until proven otherwise, as required under Cambodian law, bearing in mind that "custody" includes in hospital, in transport, etc.
- ***Prosecute and sentence guilty officials:*** Where investigation demonstrates that a prison official has caused or permitted the death of an inmate, either through torture or neglect of medical/nutritional needs, the judiciary must prosecute and sentence that official accordingly.
- ***Educate about the importance of early intervention:*** A program should be initiated to educate prison officers and health officers about the importance of early intervention to deal with disease. Such education must stress that hospital referrals should be made as soon as necessary.

LICADHO urges the government to take immediate and concerted action to address the extremely serious health issues in Cambodian prisons.

1. Introduction

All people, including those in detention, have a fundamental right to health. Following the establishment of its Medical Office in 1993, LICADHO began medical work in two Phnom Penh prisons. At that time, Cambodia's prisons were in a state of crisis and health conditions were extremely precarious. Infectious diseases such as tuberculosis and parasitic infections such as scabies went largely unchecked.

A LICADHO Medical Officer interviews a prisoner at Pursat Prison

Over the subsequent 10 years, LICADHO's Medical Office, comprised of four full-time Cambodian medical professionals, has provided direct medical care to a large proportion of Cambodia's prison population, as well as regular medical training to prison health staff. The Medical Office has also conducted preventive measures such as sanitation and nutrition programs in selected prisons. LICADHO continues to advocate for improvements in the prison system, working closely with officials from the Ministry of Interior's Prison Department.

LICADHO recognizes that adequate prisoner health is integral to the enjoyment of other human rights[1] and that, conversely, violation of prisoners' human rights can negatively impact the attainment of health rights. There are many examples of this interconnection between health and human rights. For instance, prison overcrowding facilitates the spread of infectious disease. Coupled with lack of money and inadequate staffing for the administration of prisons, overcrowding deprives inmates of necessary nutrition, health care and recreation as well as causing security concerns. Torture is an obvious violation of health rights as victims suffer serious physical and psychological injury. While less obviously linked to health rights, excessive pre-trial detention also exposes potentially innocent victims of an inadequate criminal justice system to health and human rights violations. Pervasive corruption, barriers to family visits, lack of access to effective legal representation and a judiciary insufficiently competent to enforce prisoners' rights creates an environment which only encourages the further degradation of prisoner health and human rights.

While there has been some progress in recent years in improving health conditions in Cambodia's prisons, LICADHO remains deeply concerned about the situation.

[1] For more information on Prisoners civil and political rights please see LICADHO, *Human Rights and Cambodia's Prisons: Prison Conditions - 2002 & 2003* (2004).

LICADHO urges the Royal Government of Cambodia, Ministry of Health and Prison Department within the Ministry of Interior to take concerted, targeted, and concrete measures to meet the basic standards for prison conditions under Cambodian and international law. There remains a need for continuing independent monitoring of Cambodian prisons.

General Methodology:

As of December 2002 there were 5,303 prisoners in nineteen prisons regularly monitored by LICADHO[2] prison monitoring and medical staff. By December 2003, that population had risen to 5,701. In 2002 and 2003, LICADHO medical staff made monthly visits to twelve prisons[3] and performed a total of 4,846 medical consultations in 2002 and 5,845 in 2003.

The Medical Office conducted consultations with both inmates and prison guards. Although prisoners are LICADHO's primary focus, LICADHO also provided medical treatment to prison officials, only after completing consultations with prisoners. In addition to facilitating cooperation by prison guards, this practice helped the Medical Office obtain a picture of the impact of prison conditions on the health of both prisoners and guards. Statistics in the health report distinguish between data obtained through consultations with prisoners and guards. (see *Annex II*)

While the Medical Office made a concerted effort to obtain a comprehensive picture of health conditions in prisons, the Medical Office was only able to record the health status of prisoners who were both accessible *and* indicated that they required treatment. These figures may therefore understate the scale of the problem. Findings during these consultations formed the basis of medical data used in this report. The Medical Office was not able to provide regular medical examinations for every inmate in Cambodia's prisons. This report therefore represents a partial survey of prisoner health issues only.

Consultations consisted of the completion of a "Health Record of Prisoner" form, followed by treatment. To complete the forms, Medical Office members read questions aloud to inmates and recorded their oral responses. The lack of confidentiality of interviews may have prevented inmates from speaking candidly about certain factors affecting their health, such as unequal access to food, recreation time, and other incidents of mistreatment.

Access to prisoners who may have required medical treatment was sometimes limited. Due to security concerns resulting from overcrowding, Medical Office members were unable to select prisoners at Kompong Thom. Instead, prison officials and health workers selected the prisoners using their own criteria. In some cases the medical Office had difficulty gaining access to alleged Cambodian Freedom Fighters. It is possible that other factors may have influenced which prisoners were able to participate in interviews and medical consultations. For example, torture victims

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[2] Population statistics are compiled from figures gathered by prison monitoring and prison health staff for nineteen prisons namely: PJ, CC1, CC2, Toulsleng, Takhmao, Kg Som, Kg Speu, Kampot, Kg Chhnang, Kg Cham, Kg Thom, Pursat, B.Bang, B.M. Chey, Siem Reap, Svay Reing, Koh Kong, CC3 (also known as Trapaing Plong) and Prey Veng. Statistics are derived from records of prison authorities and were collected by LICADHO prison or medical monitors.

[3] Battambang, Koh Kong, Kompong Cham, Kompong Thom, Police Judiciale (PJ), Prey Veng, Pursat, Sihanoukville, Svay Rieng, Takeo, Takhmao and Toul Sleng

might have been prevented from meeting with Medical Office members due to direct prohibition or fear of reprisal from prison guards, as in the case of torture victims at Kompong Cham. (see Case Study 1, Section 6: Torture) Moreover, the prevalence of extortion and bribery of prison guards in certain circumstances[4] allows one to speculate that similar practices may have played a role in determining which prisoners were able to receive medical treatment.

Statistical Methodology:

The number of consultations is grouped by diagnosis, not individual prisoner. A single prisoner may have more than one diagnosis. However, throughout most of 2002 the Medical Office only included primary diagnosis in the statistical records. As a result, co-existing, or even underlying conditions were often not included and are thus under-represented.

For statistical purposes, LICADHO does not always make the distinction between symptoms and diagnosis. Due to the realities of providing healthcare in Cambodian prisons, the medical staff is sometimes unable to make exact diagnosis and, as a result, classify certain cases symptomatically. In these situations, symptoms have been included in the diagnostic statistics. Furthermore, certain diseases, such as HIV/AIDS, are almost certainly under-represented in the statistics. This is because laboratory testing is often impractical or, in some cases, even undesirable.

[4] For example bribes for permission to visits inmates. For more information on this issue please see LICADHO, *Human Rights and Cambodia's Prisons: Prison Conditions – 2002 & 2003* (2004).

2. Health Issues in Cambodia's Prisons - An Overview

A. Most Common Diagnoses in 2002 and 2003

The following chart displays the twenty most common prisoner diagnoses accounting for the majority of diseases. In 2002, the top twenty conditions accounted for 78.5 % of all diagnoses; in 2003 they accounted for 61.9%.[5] While the most common diagnoses vary from year to year, the common cold, beriberi, cephalalgia, dyspepsia, gastritis, scabies and vitamin deficiency remained among the top ten most common in both 2002 and 2003.

(i) ***Top twenty diagnoses in the Prisoner Population:***

2002		
Diagnoses	**# of Prisoner Diagnoses**	**%**
1. Common cold	476	12.7%
2. Beriberi	274	7.4%
3. Rhinitis[6]	259	7.0%
4. Cephalalgia	246	6.6%
5. Dyspepsia	222	6.0%
6. Gastritis	209	5.6%
7. Scabies	122	3.3%
8. Vitamin deficiency	119	3.2%
9. Diarrhea	116	3.1%
10. Urinary Tract Infection	113	3.0%
11. Myalgia	100	2.7%
12. Urticaria	98	2.6%
13. Abscess	93	2.5%
14. Vertigo	93	2.5%
15. Arthritis	84	2.3%
16. Arthralgia	77	2.1%
17. Hypertension	63	1.7%
18. Skin allergy	57	1.5%
19. Pharyngitis	57	1.5%
20. Typhoid fever	47	1.3%
Total	**2925**	**78.5%**

2003		
Diagnoses	**# of Prisoner Diagnoses**	**%**
1. Beriberi	308	7.1%
2. Cephalalgia	265	6.1%

[5] For a complete overview of these diagnoses see Annex 1.

[6] This number is inflated as prior to 2003, rhinitis was used as a general category diagnosis by medical staff. At the end of 2002, medical staffs were trained on more specific diagnoses. Therefore, the number of rhinitis diagnoses in 2003 dropped significantly.

3. Gastritis	237	5.4%
4. Common cold	213	4.9%
5. Dyspepsia	172	3.9%
6. Vitamin deficiency	156	3.6%
7. Vertigo	155	3.5%
8. Arthralgia	151	3.5%
9. Scabies	146	3.3%
10. Myalgia	125	2.9%
11. Skin Infection	115	2.6%
12. Urinary Tract Infection	114	2.6%
13. Arthritis	106	2.4%
14. Back Ache	93	2.1%
15. Urticaria	79	1.8%
16. Diarrhea	78	1.8%
17. Tinea	74	1.7%
18. Cellulitis	74	1.7%
19. Gingivitis	73	1.7%
20. Infected Wound	70	1.6%
Total	**2804**	**64.2%**

(ii) ***Most commonly occurring families of diseases:***

The following charts show types of diseases, grouped in families, which were most commonly diagnosed. In both 2002 and 2003, the same families of disease accounted for the top ten prisoner diagnoses. Many of these diagnoses were clearly caused or aggravated by poor prison conditions.

2002			
	Diagnosis per family of diseases	**No.**	**Most common disease diagnosed within family**
1	Infectious/Parasitic disorder	769	Common cold: 476
2	Gastrointestinal disorder	625	Gastritis: 209
3	Allergy disorder	422	Rhinitis: 259
4	Nutritional/Metabolic disorder	401	Beriberi: 274 Vitamin deficiency: 119
5	Neurological disorders	385	Cephalalgia: 246
6	Musculoskeletal disorder	329	Myalgia: 100
7	Dermatological disorder	183	Scabies: 122*
8	Pulmonary disorders	104	Bacterial Pneumonia: 45, Bronchitis: 44
9	Dental/Oral disorder	97	Caries: 32
10	Ears/Nose/Throat disorder	92	Pharyngitis: 57

2003			
	Diagnosis per family of diseases	**No.**	**Most common disease diagnosed within family**
1	Gastrointestinal disorder	586	Gastritis: 237
2	Infectious/Parasitic disorder	557	Common cold: 213
3	Neurological disorders	548	Cephalalgia: 265

4	Musculoskeletal disorder	509	Arthralgia: 151 Myalgia: 125
5	Nutritional/Metabolic disorder	468	Beriberi: 308 Vitamin deficiency: 156
6	Dermatological disorder	432	Scabies: 146*
7	Dental/Oral disorder	266	Caries: 62
8	Allergy disorder	248	Urticaria: 79
9	Ears/Nose/Throat disorder	163	Pharyngitis: 45
10	Pulmonary disorders	141	Bronchitis: 70

* reflects only extreme cases, as Medical Office was unable to attend to every case.

(iii) Explanation of some of the most common diseases and symptoms:

- **Abscess**: a localised collection of pus. The direct cause bacterial, sometimes the presence of foreign bodies. If the body's local defense mechanism is weak, the abscess may spread and in severe cases, may cause generalized infections or scepticaemia.

- **Beriberi:** a nutritional deficiency disease resulting from prolonged deficiency of vitamin B1 (Thiamine). Clinical symptoms include weakness, paralysis especially hands and feet (sensory loss in the legs) and "burning sensations" in the feet (dry beriberi). Alternatively, it is accompanied by oedema, palpitations, dilated heart and cardiac involvement (wet beriberi). Death usually results from heart failure.

- **Bronchitis:** an inflammation of one or more bronchi, usually secondary to infection (dust, smoke or other allergic reaction).

- **Cephalalgia:** headache, a symptom which can have several causes.

- **Common cold:** caused by any one of around 200 viruses. It affects the respiratory areas (nose, sinuses, throat, larynx, trachea and bronchi), and is highly infectious. Severe flu can lead to viral pneumonia and gastro-enteritis.

- **Diarrhea:** a condition of excessively frequent loose bowel movement, which can be caused by parasitic, bacterial or viral infection. Bacillary dysentery and cholera, which can be the cause of diarrhea, are life-threatening diseases.

- **Gastritis:** an inflammation of the stomach that can be caused by ingestion of bad food or by an infection.

- **Hepatitis:** an inflammation of the liver caused by either the Hepatitis A, B, C, D or E viruses which damages the liver cells and may ultimately destroy them. Acute inflammation of the liver is usually followed by complete recovery. Prolonged inflammation may result in fibrosis and cirrhosis. Hepatitis A and E are transmitted through fecal matter (through oral ingestion) exacerbated by crowding and poor sanitation. Hepatitis B and D are transmitted by infected blood and blood products often through contaminated needles (for example through drug use, tattooing, and acupuncture) and sexual intercourse.

Hepatitis C is also transmitted through blood contact. Effective screening of blood donors can prevent the spread of Hepatitis C which becomes chronic in 75% of cases.

- **Hypertension:** high blood pressure. Hypertension may be "essential" – having no immediately identifiable cause, or "secondary" – having known causes such as kidney disease, pregnancy, endocrine disorders, drug use (oral contraceptives for example) or lifestyle choices such as stress, alcohol use, obesity, a salty diet or lack of exercise. Sufferers may have no symptoms or may have headaches. Left untreated, hypertension will result in serious complications such as stroke, heart attack, retina damage, and kidney disease, etc.

- **Malaria:** disease caused by four species of Plasmodium (falciparum, vivax, ovale and malariae) from female anopheles mosquitoes. Untreated patients infected with the falciparun plasmodium can experience haemoglobinuria, pulmonary oedema, hypotension, hyperglycemia and in the case of cerebral malaria, death. Malaria can cause serious complications for pregnant women and their fetuses.

- **Myalgia:** muscle pain.

- **Pharyngitis:** an inflammation of the wall of the pharynx or throat proper. It is most commonly due to a viral upper respiratory tract infection (common cold) or, more seriously, by a bacterial infection, scarlet fever or diphtheria.

- **Pneumonia:** inflammation of the lung tissue caused by infection. The inflammation can be the result of an allergic process, a chemical or physical provoking agent, bacteria and/or viruses, etc. Persons infected with HIV/AIDS are particularly susceptible to pneumonia. It is treated with antibiotics, and if necessary, oxygen and pain relief medication. Left untreated it can result in complications including lung abscess, pleural effusion, cardio-vascular collapse as well as abnormalities of the kidney or liver function.

- **Rhinitis:** an inflammation of the nose, a symptom that can be caused by an allergic reaction or by a virus.

- **Scabies:** a contagious skin rash caused by a particular mite transmitted by close contact.

- **Typhoid Fever:** an illness caused by infection with Salmonella typhi or para bacteria. It is contracted from contaminated water and food. The bacteria becomes dispersed around the body through the blood stream and can infect the liver, spleen, bone marrow and the gall bladder. Symptoms within the first week of infection include headache, malaise, dry cough, constipation and a fever; within the second week mental slowness, confusion, some patients demonstrate discrete red spots; a third week of infection results in severe toxicity, confusion, delirium, abdominal distress, and occasionally intestinal hemorrhage or perforation. Left untreated it can be fatal.

- **Urinary Tract Infection:** a bacterial infection of the urethra, bladder, ureter or

kidneys.

- **Urticaria:** a disease where the skin becomes red, itchy and painful caused by an allergic reaction (sudden release of histamine in the skin) or parasites present in, for example, dust. The symptoms may last for a few minutes or several days depending on the cause.

- **Vitamin deficiency:** lack of vital vitamins including B1, B3, B12 and C which are present in nutritious food and which are necessary for normal nutrition. Lack of vitamin B1 can lead to beriberi, fatigue, depression, poor appetite, poor functioning of the digestive tract; lack of vitamin B3 can lead to pellagra, gastro-intestinal disturbances, photosensitivity, depression; lack of B12 can lead to pernicious anemia, psychological disorders, anorexia; and lack of vitamin C can lead to scurvy, anemia, swollen and bleeding gums, loose teeth and bruising.

B. Link between poor prison conditions and health problems

Poor prison conditions and health problems are linked in the following ways:

- **Overcrowding:** Facilitates the transmission of infectious diseases such as the common cold, rhinitis, pneumonia, and scabies. HIV/AIDS patients are more vulnerable to infectious diseases like tuberculosis/ pneumonia and therefore overcrowding may worsen their health problems.

- **Poor diet:** Causes health problems such as beriberi, vitamin deficiencies and related disorders.

- **Unsafe drinking water:** Causes chronic diarrhea, typhoid and parasitic diseases.

- **Lack of ventilation in prison cells:** contributes to spread of infectious diseases and respiratory problems such as bronchitis and rhinitis.

- **Inadequate recreation/outdoor time:** Lack of exercise and sunlight contributes to musculoskeletal disorders, deteriorates the condition of a person with beriberi, and renders it generally difficult for prisoners to maintain their health.

- **Poor hygiene & sanitation:** Facilitates the spread of infectious and parasitic diseases; causes disorders such as chronic diarrhea (potentially fatal if not properly treated, as is often the case) and typhoid.

- **Poor medical treatment:** Contributes to the spread of infectious diseases, aggravates numerous health problems, many of which would be preventable with proper care (e.g. gastrointestinal bleeding, which is easily prevented but often becomes life-threatening when left untreated).

C. HIV/AIDS

HIV-AIDS poses a unique and growing problem for prisons' medical services. Although HIV-AIDS is likely to be more prevalent than statistics suggest, at least

fifteen inmates are believed to have died of AIDS-related diseases in 2002; and at least twenty in 2003 (See section on 'Deaths' below). Since ethical and practical issues prevent the Medical Office from conducting universal HIV screening, the figure for HIV-related deaths is only an estimate. HIV incidence is likely higher than this number reflects, since HIV incidence around the world tends to be significantly higher in prison populations.[7]

The prison medical system is poorly prepared to deal with an increase in AIDS patients among the prison population and, in particular to provide care for those patients in the last stages of AIDS. Prison conditions – such as overcrowding, poor sanitation, insufficient food, and inadequate medical treatment – hasten the progress of AIDS and make patients more vulnerable to secondary and potentially fatal infections such as tuberculosis.

D. Mental Health

In addition to physical health problems, the mental health of prison inmates is much neglected. Neglect and lack of treatment for prisoners with psychological problems is common, and little is known about the state of mental health within prisons. Anxiety or panic attacks are frequently reported to LICADHO's Medical Officers by prisoners, and are likely aggravated by poor prison conditions such as overcrowding and lack of time outside of cells.

E. Problems in Prisoner Health Care

As noted above, poor medical care provided to prisoners exacerbates the health consequences of sub-standard living conditions in prisons. Health care provided by official prison medical staff fails to meet the minimum standards set out in domestic and international law. The major contributing factors to this failure are:

- **Poor wages/Lack of staff/Absenteeism:** Lack of staff and the need to earn alternative incomes caused by low salaries means that prison infirmary workers are often poorly motivated to work in the prison and are absent from their jobs.[8] Prisoners in need of medical care usually do not receive it when they should. Furthermore, absenteeism also affects NGO efforts to provide health care. Even when LICADHO's Medical Office gives a one-day advance warning of a prison visit, infirmary workers often have not been there to provide access to materials. Absenteeism and consequent failure to see patients and meet with LICADHO staff adversely affects follow-ups and prevention activities.

- **Lack of training:** Typically, prison health workers receive only basic nursing training. Battambang prison lost its only medical worker in 2002 when the prison health worker was promoted within the prison to head of logistics. Until a new medical worker was hired in 2002, a regular prison guard with no medical training was put in charge of health and held the authority to decide whether a prisoner was sent to hospital. A simple lack of awareness/expertise by prison staff can result in treatment being delayed until it is too late.

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[7] See the Human Rights Watch World Report, 2002 at p. 613.

[8] Salary for health workers in 2002 was typically only 75,000 Riels (±$18.75)/month. In 2003 these salaries were raised to 90.000 Riels.

- **Medical & Transportation Resources:** Prisons often rely on NGOs to provide medicines, and prison staff often request money from prisoners or families for treatment (for medication or transportation). If a prisoner does not have enough money, his condition is often ignored. Furthermore, a Prison Director may not arrange for transport of a sick prisoner to hospital until death appears imminent**.** Delayed treatment often occurs simply from lack of training/expertise or even awareness of the prisoner's condition by prison staff.

RECOMMENDATIONS

1) ***Increase the health and prison budget:*** As set out in the Prison Procedures, the Royal Government of Cambodia must increase the health and prison budget to accommodate all the needs and entitlements of prisoners. Failure to do so puts the Royal Government of Cambodia in breach of its core obligations to protect, respect, and enforce the right to health under domestic and international law. Any increases in the budget must be monitored to ensure that money is being used appropriately, and prison staff should be held accountable for discrepancies.

2) ***Monitor and enforce prison procedures:*** Ministry of Health officials should monitor the implementation of relevant prison procedures and other directives relevant to health, and hold prison staff accountable for violations of procedures, and/or propose reforms (e.g., an increased budget to address the inability of prison staff to follow procedures).

3) ***Ensure that at least one health worker is on duty in each prison at all times:*** The Ministry of Interior must ensure that there is at least one health worker on duty in each prison (two at overcrowded ones) twenty-four hours, at least six days per week. To do this, the number of health care workers must be increased and they must receive on-going training. The Ministry of Interior must also increase healthcare workers' wages and monitor to prevent absenteeism. A proposal by the Health Office of the Prison Department to use medical students to assist in the prison health care system is worth exploring, and the Health Office should develop a concrete plan for implementing the proposal while ensuring that care and treatment will meet relevant standards.

4) ***Female health workers for female prisoners:*** Female health workers should conduct consultations for female inmates. If this is not possible, a female prison officer must supervise medical consultations conducted by male physicians to reduce the possibility of sexual abuse.

3. Overcrowding

The prison population in prisons monitored by LICADHO[9] has nearly doubled since 1998. The prison population swelled from 2,933 in December 1998 to 5,303 in December 2002 – an 81% increase; and to 5701 in December 2003 – a 94% increase. At the same time, the capacity of Cambodia's prisons has not kept pace with the growth in the prison population. As a result, overcrowding is an urgent problem for the Ministry of Interior's Prison Department.

Indeed, *all* of the prisons monitored by LICADHO in 2002 and 2003 are near or exceed their capacity. However, it should be noted that some prisons are better than others. The most crowded prison is Kompong Thom which exceeded maximum capacity by 317% by December 2002 and 220% in December 2003. Battambang, Kompong Som and Bantay Meanchey are also seriously overcrowded.[10] The only prisons monitored by LICADHO which were under-capacity by the end of 2003 were Prey Veng, Koh Kong and Kampot, and even these were dangerously close to maximum capacity.[11]

Although there is no official requirement for floor space, the Medical Office suggests that each prisoner should have a minimum of $2m^2$ of space. The actual figure is less than $1m^2$ at many facilities.

A. Health Concerns Related to Overcrowding

Overcrowding exacerbates health conditions in prisons, contributing to transmission of infectious diseases, poor sanitation/hygiene, malnutrition, and lack of exercise/outdoor time. Gastrointestinal problems, scabies, beriberi and diarrhea continue to threaten health, sometimes leading to death. Pneumonia and tuberculosis are also of concern, although tuberculosis treatment and prevention has improved, thanks to interventions by the Medical Office and prison staff. Prisoners whose ailments could easily be prevented are still often neglected.

Overcrowding makes it difficult for prison health workers to do their jobs. Most prisons have only one health worker, and that person is not there on a full-time basis. They do not have the resources, training, or time to provide regular medical treatment as required by the Prison Procedures set out in Proclamation 217 and other domestic and international laws. Overcrowding is also a security issue, particularly at prisons such as Kompong Thom, where the threat of prisoner escape hinders medical consultations.[12]

Finally, overcrowding sometimes leads to prisoners spending days at a time without

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[9] Population statistics are compiled from figures gathered by prison monitors and prison health staff for nineteen prisons namely: PJ, CC1, CC2, Toulsleng, Takhmao, Kg Som, Kg Speu, Kampot, Kg Chhnang, Kg Cham, Kg Thom, Pursat, B.Bang, B.M. Chey, Siem Reap, Svay Reing, Koh Kong, CC3 (also known as Trapaing Plong) and Prey Veng. Statistics are derived from the records of prison authorities and were collected by LICADHO prison or medical monitors.

[10] Battambang had exceeded maximum capacity by 107% in 2002 and 147% in 2003; Kompong Som by 84% and 88%; and Bantay Meanchey by 50% and 88%.

[11] Prey Veng was at 96% capacity as of December 2003, while Koh Kong and Kampot were both at 78%.

[12] For more information on overcrowding and the incidence of attempted escapes, see LICADHO, *Human Rights and Cambodia's Prisons: 2002 and 2003 Prison Conditions Report*, 2004.

being permitted to leave their cells. The Medical Office is sometimes referred to prisoners who pretend to be sick, merely to be permitted to go outside their cells.

Effective Practice: Kompong Cham Rotates Prisoner Recreation Time to Alleviate Overcrowding

When prisoners are not allowed to leave their poorly ventilated cells, their clothes become damp. Damp clothes provide a hospitable environment for various parasites, particularly scabies, and fungus. Furthermore, the close physical contact of inmates when placed too many to a cell facilitates the spread of infection.

To prevent the spread or cause of certain diseases associated with overcrowding, Kompong Cham prison allows inmates to engage in activities on the prison grounds on a rotating basis. This eases overcrowding within cells, and also gives the prisoners access to ventilation and fresh air. Additionally, Kompong Cham prison officers allow inmates to hang their clothes from a clothesline in the sun to kill any infection that might be there. As a result of their practices, they have seen a reduction in various infections.

B. Sanitation and Infectious Disease

Transmission of infectious disease is strongly linked to the living conditions and poor sanitation in prisons. Given the serious overcrowding of Cambodia's prisons, it is no surprise that infectious disease accounts for a large percentage of prison disease. Of the 3,725 prisoner diagnoses in 2002, 1,906 (51%) were infectious and/or sanitation-related diseases. In mid-2002, LICADHO began a prison sanitation program and in 2003 this number dropped significantly; of 4,367 prisoner diagnoses, 1,797 (41%) were infectious and/or sanitation-related.[13] The LICADHO Medical Office is now trying to encourage the Ministry of Interior to undertake such projects at all prisons. Unfortunately, the Ministry claims financial difficulties prevent it from doing so.

Prisoners boil their bedding at Takeo prison to eradicate scabies.

Many infectious and sanitation-related diseases lead to chronic or severe diarrhea which, when left untreated, can lead to fatal dehydration.

[13] For a list of infectious and sanitation-related diseases, see Annex 2.

Effective Practice: A Simple Solution to Scabies and Sanitation Problems at PJ and Takhmao

In May 2002, 50% of prisoners at Takhmao and 31% at PJ in Phnom Penh had some form of scabies infection. In response, the Medical Office initiated a pilot program to improve sanitation at the two prisons.

To kill parasites such as scabies, prisoners cleaned their cells, clothes, and bedding with materials provided by LICADHO. At the same time, Medical Office staff provided treatment and follow-up for each prisoner who had serious cases of scabies, and gave medication to prison infirmaries for treatment of milder cases.

The result, thanks to the participation of prison staff and prisoners, was a 98% decrease at Takhmao and a 96% decrease at PJ of scabies incidence.

RECOMMENDATIONS

1) ***Use effective practices and promote hygiene:*** Prison directors at each prison should follow the examples set out in the "effective practices" sections in order to help prevent infectious disease. Additionally, health workers or prison directors should remind or educate inmates about hygiene. For example, not to leave old food on floors of cells, to leave clothes in the sun to kill infection, and to keep toilets clean.

2) ***Continue hygiene projects at PJ and Takhmao:*** The Ministry of Interior Prisons Department should encourage prison health workers to continue the hygiene projects at PJ and Takhmao, and implement the program in other prisons on a regular basis.

3) ***Provide adequate funds for cleaning:*** The Ministry of Interior must provide the Prison Department with adequate funds for cleaning materials to ensure cells are cleaned weekly as required by the Prison Procedures. Cleaning should begin with the cells of those prisoners who are seriously ill with infectious diseases. These prisoners should receive treatment at the same time to avoid repeated contagion.

4) ***Improve health workers' salaries and training:*** Increase health workers' salaries and provide adequate training so that they can implement the Prison Procedures.

5) ***Isolate and immediately treat infectious inmates:*** The Health Office of the Prison Department should implement its plan to isolate infectious inmates from healthy inmates and treat them immediately. This would diminish the spread and intensity of infection.

6) ***Provide powdered soap to all prisoners.***

4. Malnutrition and Lack of Safe Drinking Water

A. Malnutrition

Prisoners in Cambodia generally receive a nutritionally inadequate diet. Prison procedures guarantee inmates two meals a day. While these are supposed to be balanced and nutritious meals, inadequate funding for such meals (from the 1000 Riel/day per prisoner budget) makes it difficult if not impossible to maintain a healthy diet. Prisoners often rely on family members to bring them additional food, but the remote locations of the prisons, and bribery and extortion by guards,[14] means that this is not possible for many. When prisoners lack the means to supplement their diets, malnutrition ensues, giving rise to serious and sometimes life-threatening diseases.

Beriberi is a life-threatening disease that results from, and causes, malnutrition. It leads to progressive degeneration of the nervous system, digestive tract and heart. In its advanced stages, beriberi can lead to difficulty walking, swelling of extremities, heart failure, and death. The disease is linked to an inability to properly metabolize carbohydrates – a direct result of Vitamin B1 (thiamine) deficiency. Thiamine is found in yeast and the husks of unmilled brown rice. While some prisons make an effort to rotate brown rice into inmates' diets, more needs to be done.
Beriberi was the second most common diagnosis by the Medical Office in 2001 (8.1% of diagnoses) and 2002 (7.4%) and became the most common diagnosis in 2003 (7.1%). Undifferentiated vitamin deficiency was also commonly diagnosed – the sixth most common diagnosis in 2001, eighth in 2002, and sixth in 2003. These facts point to a serious nutrition problem in Cambodia's prisons.

Effective Practice: LICADHO Implements Seed Project to Beat Malnutrition

To help meet the nutritional needs of prisoners, LICADHO provided vegetable seeds to sixteen prisons (PJ, CC1 and CC2 do not have land to grow vegetables). Using these seed materials, prisoners are able to grow their own food to supplement their rations.

This has improved the nutrition situation somewhat and provides outdoor/exercise time and vocational training to facilitate reintegration of prisoners after they have completed their sentences.

RECOMMENDATIONS:

1) ***Increase and strictly account for prisoner rations:*** The Royal Government of Cambodia should increase funding for prisoner rations and the Ministry of Interior should hold prison directors strictly accountable for the spending. Money for diverse needs (e.g. prisoner transportation, food, electricity) must

[14] For more information see *Human Rights and Cambodia's Prisons: 2002 and 2003 Prison Conditions Report* (LICADHO, 2004).

be placed in distinct budgets, and funds should be used for the specified purposes only.

2) ***Implement seed projects at every prison:*** A continuous seed project should be implemented at every prison, and prisoners should be permitted to keep and eat the food they grow.

3) ***Rotate rice with husks into prisoner diets:*** A nation-wide program should be instituted to continue the rotation of rice with husks into prisoner diets in order to ensure prisoners receive the necessary amounts of vitamin B1 to help prevent malnutrition.

B. Lack of Safe Drinking Water

Unsafe drinking water can lead to various diseases and complications, which are reflected in prisoner diagnoses: chronic diarrhea (116 diagnoses in 2002 and 78 in 2003) which can lead eventually to death (from dehydration); amoebic dysentery (40 diagnoses in 2002 and 32 in 2003); bacillary dysentery (11 diagnoses in 2002 and 24 in 2003); and intestinal parasites (42 diagnoses in 2002 and 36 in 2003, not all, however, caused by unsafe drinking water).

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 not drinkable due to bacteriological and chemical contamination. Water from PJ prison, which is connected to the Phnom Penh City water supply, was found to be safe.

In 2002, LICADHO began regular testing of selected prison water sources in order to identify problems and possible solutions. Kompong Cham prison was found, like PJ, to have drinkable water, which it obtains from a well, or through the government supply when well water is unavailable. Water is stored in a tank with a filtration system, which helps to maintain safe drinking water. Kompong Cham and PJ both benefited from good piping and sewage systems (sewage kept in closed tanks) which did not allow leaks that might contaminate drinking water. In contrast, Kompong Thom and Takhmao had the worst drinking water, due in part to poor sewage systems.

Effective Practice: Kompong Cham Contains Sewage and Filters Water

Three practices in particular made Kompong Cham's water management system effective, sustainable and cheap: closed containers for sewage prevent leaks into the drinking water system; drinking water is stored in a tank with a filtration system; prisons are able to get water from the government supply when necessary.

Non-potable water can be purified by boiling for five minutes, a practice used in Battambang. Other products, such as water filters (Kompong Thom owns two), and iodine can be used to purify water. These simple provisions can go a long way to preserving the health and safety of prisoners.

RECOMMENDATIONS:

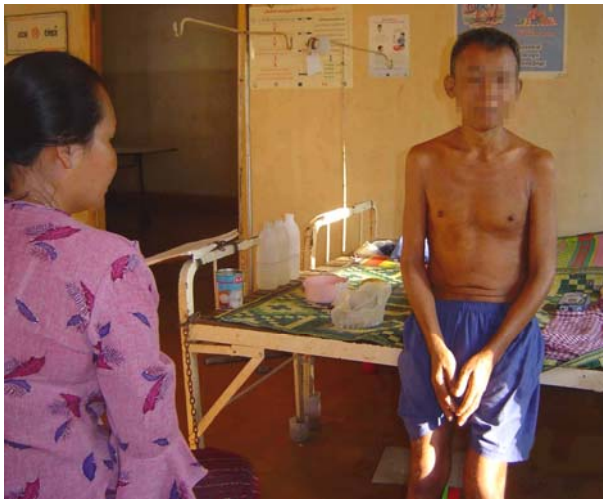
1) ***Regularly test water supplies:*** The Health Office of the Prison Department must regularly test prison water supplies and take measurements to ensure that drinking water is safe.

2) ***If needed, provide means by which prisoners can purify their own water:*** Where necessary, the Ministry of Interior must allocate sufficient funds for each inmate to obtain the necessary tools or means to purify their own drinking water, or facilitate the production of drinking water for all inmates. An inexpensive approach would be to boil large amounts of water using kitchen facilities and store them in tanks to cool. This can be done continuously throughout the day to ensure an ongoing supply.

3) ***Contain the sewage system:*** The Health Office of the Prison Department must ensure that the sewage system at each prison is well-contained to protect the safety of drinking water. Likewise, filtration systems should be installed in water tanks, as they have been at Kompong Cham, in order to clean the water.

5. Recreation

Lack of regular exercise and exposure to sunlight promotes skin diseases and other health problems for inmates, particularly if they suffer from overcrowding.[15] Failure to allow prisoners outside of their cells for at least one hour a day (as stipulated by the United Nations Standard Minimum Rules[16]) continued to be a problem in prisons throughout Cambodia in 2002 and a particular problem in Kompong Cham prison in 2003.[17]



Prisoner receives medical treatment at Prey Veng prison

As in previous years, CC1, PJ, Takhmao and Kompong Thom prisons continued to be among the worst affected concerning lack of recreation time. Prison directors blame the problem on overcrowding and lack of prison officers to guard prisoners outside their cells. Interestingly, not all of these prisons are the most overcrowded prisons. In CC1 and PJ security concerns seem to have the biggest impact on recreation time, especially since most of the alleged Cambodian Freedom Fighters are held there. Kompong Thom has serious problems with overcrowding and several escape attempts have made the prison officials particularly restrictive during recreation time. These three prisons have created rosters for when prisoners can go out to exercise or be outside of their cells. In CC1, which held 1,377 prisoners in December 2002 and 1,471 in December of 2003, around 400 prisoners were let out each weekday, either in the morning or afternoon, for approximately one hour. This means that most prisoners were allowed out of their cells for only one hour every three or four days. In Takhmao prison, new prisoners were worst off. Some new prisoners were not allowed out of their cells for one month because the prison guards asked these new prisoners to pay for recreation time. Since CCJAP started a project in this prison in 2003, the situation has improved and newly arrived prisoners receive the same treatment as other prisoners. According to the interviews, prisoners in Battambang were asked to pay 150 Baht to 300 Baht ($3.75 to $7.50 US) to work as a cook or gardener, or for extended stays outside their cells. In Kompong Som, recreation time is more restricted during the rainy season due to the weather.

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[15] For additional details, see LICADHO, *Human Rights and Cambodia's Prisons: 2001 LICADHO Health Report* (2002).

[16] *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 ["*Standard Minimum Rules*"].

[17] This failure also breaches the Royal Government's obligations under Article 65 of the Constitution, which requires the state to respect *"physical education and sports for the welfare of Cambodians"*, and Article 72, which guarantees the health of *all* people, and requires the state to give *"full consideration to disease prevention and medical treatment."*

RECOMMENDATIONS

1) ***Give each inmate at least one hour of fresh air and recreation:*** The Prison Department must ensure that prison directors allocate one hour per day of fresh air and recreation per inmate, as stipulated in Article 12 of the *Standard Minimum Rules*.[18]

2) ***Ensure sufficient staff for outdoor recreation time:*** The Ministry of Interior must ensure that there is sufficient staff and funding allocated to provide each prisoner with the daily minimum amount of fresh air/outdoor recreation. This could include an increase in the number of staff available during recreation time to enhance security, or creation of a rotating schedule for when prisoners will be outside.

3) ***Monitor the implementation of laws and directives:*** The Prison Department must monitor the implementation of laws and directives within the prisons, particularly those regarding recreation, nutrition, and general health of prisoners.

[18] Prison Procedure 33 (4.2) of the updated 2003 version states that the Prison Chief will ensure that all prisoners receive their minimum out of cell time in accordance with Prison Procedure 2. In Prison Procedure 2 prisoners are classified into three types: high-security, medium-security and low-security, with different rules to be allowed outside the security compound, but it does not specify the minimum out of cell time.

6. Torture

A. The incidence of torture

Cases of torture have been documented in police custody, prior to a detainee's arrival in prison as well as within prison itself. Torture occurs primarily to elicit confessions from suspected criminals, to "soften-up" persons who have recently arrived in prison, and as a form of punishment for disciplinary breaches such as attempts to escape. In such cases, the victims are unlikely to receive proper medical treatment from prison medical staff, who works alongside the guards who committed or permitted the torture to occur.

LICADHO's Medical Office attempts to gather evidence of torture, as do LICADHO's prison monitors who interview detainees and convicts, but obtaining proof is often difficult. Victims, fearing reprisals from prison staff, may be afraid to talk about torture. Furthermore, LICADHO staff may be obstructed from talking or providing medical examinations to possible victims. An example is the 1999 torture of five prisoners in Kompong Cham.[19] LICADHO staffs were initially refused access to the victims by prison authorities for several weeks, and the Medical Office was only able to see them after one month. Such obstruction, which is apparently designed to allow time for torture victims' wounds to heal, is not uncommon. Another telling fact is that Medical Office members and other LICADHO staff are *almost never* allowed to take photographs of injuries on the bodies of prisoners – a clear attempt by prison authorities to prevent the collection of evidence which could later be used to prosecute torturers.

Nevertheless, in 2002, 114 inmates reported to LICADHO monitoring staff that they had been tortured in police custody; ten reported that they had been tortured in prison. In 2003, 118 cases of torture in police custody were reported, and twenty-four in prison.[20] To be clear, although the torture was reported in these years, the actual incident may have occurred earlier. LICADHO medical staffs also provide treatment for injuries related to torture to prison guards. However, in 2002, no guards were diagnosed with such injuries. In 2003, 12 guards were treated for injuries resulting from accidents. The vast majority of prisoners reported that they sustained the lacerations or trauma prior to arriving at the prison, either at the time of arrest or while in police custody. It should be noted that LICADHO medical staff are only able to visit prisons monthly, so many injuries sustained from trauma go undiagnosed.

B. The effects of torture

Torture often has severe physical and mental consequences. The effects of beating or other forms of torture may include: head injuries, damage to internal organs, broken

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[19] For a full description of this case, please refer to LICADHO, *Human Rights and Cambodia's Prisons: Prison Conditions* 2002 & 2003 (2004).

[20] These numbers are provided by LICADHO prison monitoring staff, from interviews with prisoners. In 2002 monitoring staff interviewed prisoners in 18 prisons namely; PJ, CC1, CC2, Toulsleng, Takmao, Kompong Som, Kompong Speu, Kampot, Kompong Chhang, Kompong Thom, Pursat, Banteay Bang, Banteay Mean Chey, Siem Reap, Svay Rieng, Koh Kong, and Trapaing Plong. In 2003, monitoring staff interviewed prisoners in 19 prisons; those named in 2002 as well as Prey Veng.

bones, bruises, cuts and open wounds and, if the abuse is very serious, permanent disability (such as blindness or deafness) or death. In addition, torture often causes serious psychological symptoms for victims, which can last for many years. These can include: fear, anxiety, panic attacks, depression, and sleeping disorders such as nightmares or insomnia.

Some prisoners arrive in prison having been tortured by police after their arrests. Lack of appropriate medical care in prisons can aggravate the physical and psychological consequences of these torture victims.

Case-study 1: An Unsuccessful "Success Story" (Battambang)

In July 1993, the former Chief of Prison Guards at Battambang prison, Tem Seng, was arrested by UN police. In November of the same year, he was tried and convicted in Phnom Penh for the torture of an inmate in February 1992. To punish a prisoner who attempted to escape the prison, Tem Seng tied him to a tree, and ordered two prisoners to place rubbish around the prisoner for a two-meter radius. According to the victim, Tem Seng himself set the rubbish on fire. When the man screamed, Tem Seng had the fire extinguished and the prisoner taken to his cell. After a week, the prisoner was taken to hospital for treatment of his burn injuries, where he remained for one month.

Tem Seng was sentenced to one year imprisonment, ordered to pay 200,000 Riels compensation to the victim,[21] and according to government officials, served his sentence in a Phnom Penh prison. Despite his conviction, however, he resumed his job at Battambang prison where he served as Deputy Prison Director until 2003. Human rights organizations pointed to his continued employment at the same prison where he committed torture as an example of the government's lack of willpower to punish and prevent torture. After his case was raised by the UN Committee on Torture, Tem Seng was officially "retired" from his position in July 2003.

No prison official has been convicted of torture for a decade. In failing to hold perpetrators of torture accountable for their actions, the government sends a clear message to both perpetrators and victims that torture is acceptable. This culture of impunity contributes to victims' reluctance to report torture for fear of reprisal.

RECOMMENDATIONS

1) ***Strictly enforce mandatory examinations and reporting of inmates who are already injured when they arrival at the prison:*** The Ministry of Interior Prison Department should instruct all prison directors to ensure strict adherence to Prison Procedure 1.3.3, which states that new inmates must be given medical examinations by prison medical staff upon arrival and any injuries sustained prior to admission must be photographed, reported to the Prison Chief and recorded on the admission documentation. In addition, this procedure should be amended to add that serious injuries or information

[21] Trial proceedings, *Jugement no. 81 du 5 novembre 1993. Affaire pénale no. 671 du 22 septembre 1993.*

from the inmate about torture should be compulsorily reported to the prosecutor. Failure to adhere to these procedures should lead to disciplinary sanctions.

2) ***Grant human rights and medical organizations access to all prisoners:*** The Ministry of Interior Prison Department should instruct all prison directors that independent human rights and medical organizations must be granted access to provide medical examination and treatment to any prisoner upon request. This access should include the right to photograph injuries or suspicious marks on the bodies of prisoners.

7. Deaths in Prison

According to LICADHO research, in 2002 at least forty-three prisoners died in prison or while in custody – one woman and forty-six men. The largest number of deaths, seventeen inmates, died in CC1 (formerly T3) in Phnom Penh. 2003 saw a similar pattern. At least forty-six prisoners died in prison or in custody – five women and forty-one men. Again, the largest number of prisoner deaths was from CC1 prison.

See *Figure* 6 for details of prison deaths during the year. The prisons where no deaths occurred are not listed in this table.

Prison	Number of Prison Deaths 2002	Number of Prison Deaths 2003	Total 2002 & 2003
Banteay Meanchey	3	2	5
Battambang	6	4	10
Kampot	3	2	5
Kompong Chhnang	1	1	2
Kompong Speu	3	2	5
Kompong Som	3	1	4
CC2	1	5	6
Svay Reing	1	1	2
Siem Reap	4	2	6
CC1	17	13	30
Takhamo	1	2	3
Koh Kong	0	2	2
Kompong Cham	0	3	3
Kompong Thom	0	3	3
Pursat	0	1	1
T5	0	2	2
Total	**43**	**46**	**89**

Figure 6: Takeo and Prey Veng are not included as LICADHO prison monitors stopped working in these two provinces in September 2002.

When the LICADHO Medical Office becomes aware of a death (it is often notified by prison directors) it attempts, if possible, to examine the body to ascertain the cause of death. However, it is often difficult to determine conclusively the cause of death, due to lack of resources or inability to see the body immediately post-mortem. It should be remembered that none of the Medical Office are forensic pathologists.

As far as could be discerned by the Medical Office, the vast majority of deaths in 2002 were caused by disease. The largest category of deceased prisoners, thirty-one inmates, suffered serious abdominal pains or abdominal bleeding prior to death. As stated before, gastro-intestinal disorders constituted the second highest family of diseases diagnosed in 2002. If a person with these symptoms is not treated in time, gastro-intestinal disorders can become life-threatening. Also in 2002, a high number of deceased prisoners, as many as fifteen, were either confirmed or suspected to have died from diseases related to HIV-AIDS. One prisoner committed suicide.

In 2003, the most common cause of death was recorded as HIV-AIDS and related illnesses. At least twenty prisoner deaths were attributed to HIV-AIDS and up to five more prisoners died with symptoms (inability to eat, excessive weight loss, paleness, diarrhea and faintness) which could be indicative of undiagnosed HIV/AIDS. Various abdominal illnesses including pain, diarrhea, and constipation accounted for six deaths while heart attack accounted for three, tuberculosis three, malaria two, syphilis two, beriberi one, bronchitis 1 and liver disease 1. There was one suicide and one accidental death (*Example A*, described below in *Case Study 2*).

The connection between illness, prison deaths, and human rights violations points to the neglect of prison officials to attend to the health and welfare of inmates. For example, a prison director might not send a prisoner to hospital until death is imminent – by which time it is too late to find out whether prompt medical care may have saved the patient. (See *Example B,* described below in *Case Study 2*) Sometimes, LICADHO is asked to take patients to hospital because prisons lack the funds or vehicles to do so.

Case-study 2: Lack of Immediate Medical Care Contributes to Death

Example A: CC2 Prison. On July 13 2003, a prisoner at CC2 died. According to the prison medical officer, the prisoner had high blood pressure prior to being incarcerated. The prisoner's daughter, who had been incarcerated in the same cell, told a LICADHO prison researcher that at about 2:00 a.m. on the day she died, her mother went to the bathroom, and suddenly fell to the floor, hitting her head on a basin. She was brought to her cell and laid down. Her condition was reported to a prison guard but was ignored. There was no medical intervention from the prison medical officer and by 6:00 a.m. she had died.

Example B: Kompong Thom. On 16 February 2003, a prisoner from Kompong Thom died at hospital a half hour after being transferred from prison. The prisoner had suffered serious diarrhea and vomiting in the prison for an extended period without any medication. By the time the prison medical staff visited the prisoner, he was weak and exhausted. After being visited by the prison medical staff, the prisoner was sent immediately to hospital but it was already too late. The doctor was unable to treat his advanced illness. It was concluded that, had treatment been provided earlier, the prisoner could have survived.

Due to lack of proper autopsies and other factors, it is difficult to determine whether deaths are caused by torture or other physical violence. Prison Procedure No. 18 requires that all prisoner deaths in custody be considered suspicious until the Prosecutor states otherwise. "In custody" includes deaths on prison grounds, during transfers to other prisons, on the way to or from court, and deaths in hospital.[22] In 2002, there was one suspicious death in Siem Reap as detailed in *Case Study 3*.

[22] See also *Body of Principles for the Protection of All Persons under Any Form of Discrimination or Imprisonment*, Adopted by General Assembly resolution 43/173 of 9 December 1998. Principle 34.

Case-study 3: Suspicious Death in Siem Reap

A male prisoner died just after midnight on 6 February 2002 in the provincial hospital of Siem Reap five minutes after he was brought there from the Siem Reap prison. The family was suspicious and filed a complaint with human rights organizations, which jointly started an investigation (among them LICADHO).

The wife of the deceased said her husband sent her a note from the prison the day before his death asking her to buy medicine as he was in pain. When she arrived at the prison the next day, she saw that he had a red face, red eyes and the right side of his face was swollen and that he complained about pain in the chest. The morning after he died, his family arrived at the hospital together with the village chief and was told that he died because of syncope (a form of fainting; this symptom can be caused by a heart attack or suffocation). The family saw blue marks on his head/face, chest and legs. The wife claimed that her husband was never sick before he went to prison, except for having malaria three years previously. In an initial interview, the village chief claimed to have only seen the head of the body which had blue marks. He also said the deceased was a strong person. When interviewed a second time he denied having seen the head or any injuries.

When human rights organizations interviewed a provincial hospital doctor on 27 February 2002 he stated that the man died from syncope and that he had not been beaten up, rather the marks were due to traditional Khmer massage performed with a coin. He did not see the man in prison because he was not informed about his health problems. He said he did not make a report because his wife was ill and he didn't have time to do so.

The wife of the victim filed a complaint with the prosecutor on 24 February 2002 and the prosecutor ordered the police to investigate. Different statements turned up claiming that the death of the prisoner was from disease:

1. A statement of a fellow prisoner which claimed that other prisoners helped the sick prisoner with coin massage when he was fainting, signed on 5 February 2002 (the same day the incident occurred);
2. A report of the prison guard about the fainting of the prisoner at 11.00 p.m. to the prison director and the referral to hospital, signed on 5 February 2002;
3. A report thumb-printed by all the prison guards about the transfer of the fainted prisoner to the hospital on 11.00 p.m. and pointing out the fellow prisoner as witness, signed on 5 February 2002;
4. Official reports of the prison director to the prosecutor and the prison department with signature and stamp of the provincial hospital doctor, signed on 6 February 2002; and
5. An official report of the provincial hospital doctor about the cause of death, signed on 6 February 2002.

It seems improbable that all these statements were signed on 5 February 2002, late at night - almost during the time of the incident, and that on 6 February 2002 the prison director had already prepared all the official documents with the signature and an official report of the hospital doctor who, on 27 February 2002, claimed he did not have time to write the report.

Unfortunately LICADHO was informed too late about this death in prison. As the body was cremated, it was impossible to draw any conclusions about the cause of death. However, the fact that the family saw bruising on the body, that testimonies from released prisoners claim it is common in Siem Reap prison to be beaten by the Chief of Cell, and that evidence gathered by officials could easily have been produced as a cover-up, is highly suspicious. It is clear that, in such a case, an independent doctor should perform an autopsy on the body.

The prosecutor decided to drop the case claiming that he was unable to find enough evidence to prosecute the case in court.

RECOMMENDATIONS

1) ***Take preventive measures against prisoner death:*** As provided for in Cambodian and international law, *preventive* measures must be taken to prevent unnecessary deaths and illness of prisoners. This includes regular medical treatment of good quality, adequate food and potable water, and hygiene conditions.

2) ***Treat all deaths in custody as suspicious until proven otherwise:*** The Royal Government of Cambodia must treat all deaths in custody as suspicious until proven otherwise, as required under Cambodian law, bearing in mind that "custody" includes in hospital, in transport, etc.

3) ***Facilitate post-mortem investigations:*** Medical doctors and lawyers should be trained in conducting post-mortem investigations to determine whether ill-treatment or torture has led to the cause of deaths in custody, and begin regular monitoring for this purpose. Official reports of these post-mortem investigations should be made and sent to the prosecutor and to the family of the deceased. Medical staff conducting post-mortems should be totally independent from police or prison staff and be lawfully obliged to report any information indicating torture to the prosecutor.

4) ***Allow independent findings as evidence in trials:*** The judiciary must be allowed to admit independent findings such as post-mortems as evidence in trials regarding suspicious deaths in custody.

5) ***Prosecute and sentence guilty officials:*** Where investigation demonstrates that a prison official has caused or permitted the death of an inmate, either through torture or neglect of medical/nutritional needs, the judiciary must prosecute and sentence that official accordingly.

6) ***Educate about the importance of early intervention:*** A program should be initiated to educate prison officers and health officers about the importance of early intervention to deal with disease. Education should stress that hospital referrals should be made as soon as they are necessary.

ANNEX 1: Prisoner and Guard Diagnostic Statistics

January - December 2002

Diagnosis	Prisoner		Total	Guards		Total
	M	F		M	F	
Cardio/Vascular Disorders						
Hypertension	63		63	20		20
Cardiac arrhythmia	2		2			0
Hypertension	22		22			0
Total	87	0	87	20	0	20
Dental/ Oral Disorders						
Caries	32		32	1	1	2
Gingivitis			0	7		7
Toothache	4	20	24	5		5
Dental Abscess	3	24	27	4	1	5
Glossitis			0			0
Stomatitis	4	10	14	4	2	6
Total	43	54	97	21	4	25
Dermatological Disorders						
Scabies	117	5	122	5	2	7
Herpes zoster	4		4	2		2
Skin Rashes			0	26		26
Tinea	34		34	40		40
Injury	3		3	2		2
Skin infection	18	2	20	14		14
Acne			0			0
Furoculosis			0		2	2
Total	176	7	183	89	4	93
Violent Trauma						
Laceration	4	4	8			0
Trauma by beating	9		9			0
Trauma by bullet	4		4			0
Trauma by accident	4		4			0
Total	21	4	25	0	0	0
Ears Nose Throat Disorders						
Pharyngitis	57		57	2		2
Laryngitis	2		2			0
Otitis Media	13	4	17			0
Otitis Externa	4		4	2		2
Tonsilitis	2		2	4		4
Sinusitis	10		10			0
Total	88	4	92	8	0	8
Gastro/Intestinal Disorders						
Diarrhea	100	16	116	10		10
Hemorrhoid	6		6	2		2

Gastritis	202	7	209	22		22
Hernia	12		12			0
Food poisoning			0			0
Colitis	4	2	6			0
Amoebic Dysentery	40		40	2		2
Gastric Ulcer	14		14			0
Dyspepsia	195	27	222	65		65
Total	573	52	625	101	0	101
Genital/ Urinary Disorders						
Phimosis			0			0
Nephritis			0			0
Bladder stone	9		9			0
Cystitis			0			0
Urinary tract Infection	111	2	113	6		6
Total	120	2	122	6	0	6
Gynecological /Obstetric Conditions						
Vaginitis		6	6			0
Dismenorrhea			0			0
Cervicitis			0			0
Abortion			0			0
Delivery			0			0
Pregnancies		5	5			0
Vitamin deficiency			0			0
Total	0	11	11	0	0	0
Hematological Disorders						
Anemia	3		3			0
Lymphadenitis			0			0
Lumphoma			0			0
Tumor (benign)			0			0
Tuberculosis lymph node			0			0
Total	3	0	3	0	0	0
Hepatic/Biliary Disorders						
Hepatitis	2		2			0
Liver abscess			0			0
Hepotoxicity			0			0
Cholecystitis			0			0
Total	2	0	2	0	0	0
Allergy-related Disorders						
Rhinitis	241	18	259	40		40
Eczema	8		8	62		62
Urticaria	74	24	98	24		24
Skin allergy	56	1	57	33		33
Total	379	43	422	159	0	159
Infectious/Parasitic Disorders						
Abscess	83	10	93			0
Bacillary dysentery	11		11	2		2
Common cold	429	47	476	136	5	141
Intestinal parasites	39	3	42	41	2	43
Infected wound	41		41	6		6

Typhoid fever	45	2	47	36		36
Viral Syndrome	12		12	6		6
Cellulitis	39		39	3		3
Malaria			0			0
Mumps	8		8			0
Total	707	62	769	230	7	237
Muscular-skeletal Disorders						
Myalgia	64	36	100	42	11	53
Sprain	30	2	32	8		8
Arthritis	59	25	84	71	10	81
Arthralgia	37	40	77	62	5	67
Fracture	2		2			0
Myositis	34		34			0
Osteitis			0			0
Total	226	103	329	183	26	209
Neurological Disorders						
Anxiety			0			0
Cephalalgia	214	32	246	90	7	97
Leprosy			0			0
Tension headache	2		2	2		2
Neuritis	34	2	36	32		32
Goit Toxic			0			0
Mental problems	8		8			0
Vertigo	83	10	93	82	4	86
Total	341	44	385	206	11	217
Pulmonary Disorders						
Pneumonia	40	5	45	16	2	18
Bronchitis	40	4	44	16	1	17
Pulmonary tuberculosis			0			0
Asthma	15		15			0
Total	95	9	104	32	3	35
Nutritional /Metabolic Disorders						
Vitamin Deficiency	100	19	119	6		6
Hypoglycemia	2		2	4		4
Thiamine deficiency			0			0
Diabetes			0			0
Hypoglycemia			0			0
Beriberi	266	8	274			0
Malnutrition	4		4			0
Vitamin A deficiency	2		2			0
Total	374	27	401	10	0	10
Ophthalmic Disorders						
Sty	13		13	4		4
Trachoma			0			0
Conjunctivitis	17		17	3		3
Glaucoma			0			0
Total	30	0	30	7	0	7
Sexually Transmitted Diseases						
HIV/AIDS			0			0

Gonorrhea	14		14			0
Chancroid	24		24	2		2
Syphilis			0			0
Total	38	0	38	2	0	2
Grand Total	3303	422	3725	1074	55	1129

January - December 2003

Diagnosis	Prisoner		Total	Guards		Total
	M	F		M	F	
Cardio/Vascular Disorders						
Hypertension	64		64	1		1
Cardiac arrhythmia			0			0
Hypertension	13	6	19			0
Total	77	6	83	1	0	1
Dental/Oral Disorders						
Caries	62		62	4	1	5
Gingivitis	73		73	7		7
Toothache	44	11	55	30		30
Dental Abscess	17		17			0
Glossitis	31		31			0
Stomatitis	26	2	28	24	1	25
Total	253	13	266	65	2	67
Dermatological Disorder						
Scabies	141	5	146	10	2	12
Herpes zoster	18	5	23	2		2
Skin rashes	24		24	10		10
Tinea	74		74	16		16
Injury	37		37	2		2
Skin infection	113	2	115	15		15
Acne	1		1			0
Furoculosis	12		12		2	2
Total	420	12	432	55	4	59
Violent Trauma						
Laceration	4	4	8			0
Trauma by beating	11	1	12			0
Trauma by bullet	14	1	15			0
Trauma by accident	6		6	12		12
Total	31	2	33	12	0	12
Ear/ Nose/ Throat Disorders						
Pharyngitis	45		45	2	2	4
Laryngitis	4		4			0
Otitis Media	36	5	41			0
Otitis Externa	28		28			0
Tonsilitis	32	2	34	4		4
Sinusitis	11		11			0
Total	156	7	163	6	2	8
Gastro/ Intestinal Disorders						
Diarrhea	71	7	78	50		50
Hemorrhoid	21		21	9		9
Gastritis	223	14	237	95		95
Hernia	26		26			0
Food poisoning			0			0
Colitis	4	2	6			0
Amoebic Dysentery	32		32	15		15

Gastric Ulcer	14		14			0
Dyspepsia	156	16	172	112		112
Total	547	39	586	281	0	281
Genital/ Urinary Disorders						
Phimosis	13		13	16		16
Nephritis			0			0
Bladder stone	9		9			0
Cystitis	11		11	12		12
Urinary tract infection	87	27	114	35		35
Total	120	27	147	63	0	63
Gynecological/Obstetric Conditions						
Vaginitis		23	23			0
Dismenorrhea			0			0
Cervicitis			0			0
Abortion			0			0
Morning Sickness		1	1			0
Delivery		10	10			0
Pregnancies			0			0
Vitamin deficiency			0			0
Total	0	34	34	0	0	0
Hematological Disorders						
Anemia	27	5	32	8		8
Lymphadenitis	2		2			0
Lumphoma			0			0
Tumor (benign)			0			0
Tuberculosis lymph node			0			0
Total	29	5	34	8	0	8
Hepatic/biliary Disorders						
Hepatitis	3		3			0
Liver abscess			0			0
Hepotoxicity			0			0
Cholecystitis			0			0
Total	3	0	3	0	0	0
Allergy-related Disorders						
Rhinitis	36	3	39	60	17	77
Eczema	65		65	26		26
Urticaria	75	4	79	25		25
Skin allergy	64	1	65	31		31
Total	240	8	248	142	17	159
Infectious/Parasitic Disorders						
Abscess	38	6	44	12		12
Bacillary dysentery	23	1	24	18		18
Common cold	184	29	213	70		70
Intestinal parasites	31	5	36	59	5	64
Infected wound	55	15	70	24	2	26
Typhoid fever	29	16	45	17		17
Viral Syndrome	24		24	12		12
			0			0

Cellulitis	74		74	7		7
Malaria			0			0
Mumps	22	5	27			0
Total	480	77	557	219	7	226
Musculoskeletal Disorders						
Myalgia	115	10	125	70	6	76
Sprain	27	2	29	23		23
Arthritis	99	7	106	74		74
Arthralgia	101	50	151	43	6	49
Fracture	3		3			0
Myositis	2		2	23		23
Backache	93		93	20	27	47
Osteitis			0	16		16
Total	440	69	509	269	39	308
Neurological Disorders						
Anxiety		1	1			0
Cephalalgia	201	64	265	50	25	75
Leprosy	1		1			0
Tension headache	2		2	2		2
Neuritis	46	6	52	24		24
Sciatic	5	5	10	4	5	9
Insomnia	35		35			0
Goit Toxic			0			0
Febrile Seizure	6	1	7	5		5
Mental problems	20		20			0
Vertigo	136	19	155	40	10	50
Total	452	96	548	125	40	165
Pulmonary Disorders						
Pneumonia	52	6	58	15		15
Bronchitis	66	4	70	8	1	9
Pulmonary tuberculosis	3		3			0
Asthma	9	1	10	12		12
Total	130	11	141	35	1	36
Nutritional/ Metabolic Disorder						
Vitamin Deficiency	101	55	156	20		20
Hypoglycemia	2		2			0
Thiamine deficiency			0			0
Diabetes			0			0
Hypoglycemia			0			0
Beriberi	255	53	308	19		19
Malnutrition			0			0
Vitamin A deficiency	2		2	10		10
Total	360	108	468	49	0	49
Ophthalmic Disorder						
Sty	35	4	39	10	1	11
Trachoma			0			0
Conjunctivitis	35		35	19	4	23
Glaucoma			0			0
Total	70	4	74	29	5	34

Sexually Transmitted Diseases						
HIV/AIDS	1		1			0
Gonorrhea	26		26			0
Chancroid	14		14	2		2
Syphilis			0			0
Total	41	0	41	2	0	2
Grand Total	**3849**	**518**	**4367**	**1361**	**117**	**1478**

ANNEX 2: Infectious and Sanitation-related Disease

Disease	Infectious?	Sanitation-Related?	Diagnoses* 2002	Diagnoses* 2003
DENTAL/ORAL				
Caries	✓		32	62
Dental Abscess	✓		27	17
DERMATO				
Scabies	✓	✓	122	146
Herpes Zoster	✓	✓	4	23
Skin Rashes		✓	0	24
Tinea	✓	✓	34	74
Skin Infection	✓	✓	20	115
EARS/NOSE/THROAT				
Pharyngitis	✓	✓	57	45
Laryngitis	✓	✓	2	4
Otitis Media	✓	✓	17	41
Otitis Externa	✓	✓	4	28
Tonsilitis	✓	✓	2	34
Sinusitis	✓	✓	10	11
GASTRO/INTESTINAL				
Diarrhea	✓	✓	116	78
Colitis	✓	✓	6	6
Amoebic Dysentery	✓	✓	40	32
GENITO/URINARY				
Urinary Tract Infection		✓	113	114
GYNECO/OBSTETRIC				
Vaginitis		✓	6	23
HEPATIC/BILIARY				
Hepatitis	✓	✓	2	3
ALLERGY				
Rhinitis	✓		259	39
Eczema		✓	8	65
Urticaria	✓	✓	98	79
Skin allergy	✓	✓	57	65
INFECTION/PARASITIC				
Abscess	✓	✓	93	44
Bacillary Dysentery	✓	✓	11	24
Common Cold	✓	✓	476	213
Intestinal parasites	✓	✓	42	36
Infected wound		✓	41	70
Typhoid fever	✓	✓	47	45
Viral Syndrome	✓	✓	12	24
Mumps	✓	✓	8	27
MUSCULO-SKELETAL				
Myositis	✓	✓	34	23

PULMONARY				
Pneumonia	✓	✓	45	58
Bronchitis	✓	✓	44	70
OPHTHALMIC				
Conjunctivitis	✓	✓	17	35
TOTAL			1,906	1,797

* Prisoner diagnoses only

ANNEX 3: Related LICADHO Publications

2004

Human Rights and Cambodia's Prisons: 2002 and 2003 LICADHO Prison Conditions Report (2004)

2003

Torture in Police Custody in Cambodia: LICADHO 2003 Briefing Paper (2003)

2002

Human Rights and Cambodia's Prisons: 2001 Report on Prison Conditions (2002)

Human Rights and Cambodia's Prisons: 2001 LICADHO Health Report (2002)

Innocent Prisoners: a LICADHO report on the rights of children growing up in prisons (2002)

Other

Cambodian Prisons in 1999: Conditions and Human Rights Violations (2000)

Cambodian Prisons – Some Human Rights Issues (1998)

Cambodian Prisons May 1997 – Some Human Rights Issues (1997)