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**IN THE UNITED NATIONS COMMITTEE ON ECONOMIC, SOCIAL AND
CULTURAL RIGHTS**

**Alternative Report in relation to the Seventh Periodic Report of the Russian Federation under
the International Covenant on Economic, Social and Cultural Rights**

Submitted by

The Public Verdict Foundation
jointly with
European Prison Litigation Network

*For the consideration by the Committee in the framework of its 78th Session
(8 – 26 September 2025)*

8 August 2025

I. Introduction

1. The present parallel report is submitted to the United Nations Committee on Economic, Social and Cultural Rights (“the Committee”, “CESCR”), in the context of the seventh periodic review of the Russian Federation.
2. The report is submitted by:
 - *The Public Verdict Foundation* (the “PVF”) – one of the oldest human rights organisations in Russia, combating torture and ill-treatment in law enforcement practices. The Public Verdict Foundation was established in 2004 to achieve zero tolerance for all forms of unlawful violence and create effective civil control as a key tool for achieving this goal. To this end, the Public Verdict Foundation defends survivors of torture and civil society activists through legal means, provides them with psychological rehabilitation and reintegration assistance, conducts information support for each case as part of a comprehensive protection strategy, and carries out professional research and analytical programmes that enable the foundation to develop qualified proposals for reforms and systemic changes.
 - *European Prison Litigation Network* (“EPLN”), a French international NGO that brings together 30 national civil society organisations from 20 countries defending the fundamental rights of prisoners in Europe. EPLN defends and promotes the fundamental rights of prisoners across the continent and works to reduce the use of imprisonment. It researches and analyses changes in legislation and their impact on prisoners’ rights and life in prison, and seeks to give a voice to prisoners and their advocates. EPLN has participatory status with the Council of Europe.
3. Ms Olga Podoplelova, a Moscow-based attorney-at-law, has advised the submitting organisations and provided analysis and overview of the conditions of work in Russian prisons.
4. This report aims to address issues nos. 11-13 (right to work and right to just and favourable conditions of work (art. 6 and 7 of the ICESCR)), as well as nos. 20 and 21 (right to physical and mental health (art. 12) of the List of Issues (the “LoI”) in relation to the seventh periodic report of the Russian Federation.¹
5. All cases mentioned in this report are in the public domain and are based on the explicit informed consent of the victims or their family members.

II. Right to physical and mental health (art. 12 of the ICESCR)

6. The Committee invited the authorities of the Russian Federation to provide information on the general state of health care in the Russian Federation (issue 20 of the LoI); on measures taken, and their impact, to ensure the sufficient availability of medical staff, medicine and resources for the civilian population

¹ E/C.12/RUS/Q/7

in the State party and in territories under its effective control, including Crimea, and information on measures taken, and their impact, to reduce mortality rates for particular groups (issue no. 21 of the LoI).

7. The Committee has emphasised that “States are under the obligation to *respect* the right to health by, inter alia, refraining from denying or limiting equal access for all persons, including prisoners or detainees, minorities, asylum-seekers and illegal immigrants, to preventive, curative and palliative health services; abstaining from enforcing discriminatory practices as a State policy” (General comment no. 14, para. 34).
8. In this context, the submitting organisations would like to draw the attention of the Committee to the recurrent structural problem of inadequate medical assistance in the Russian prisons. Prison health care in Russia is separated from the general health care; it is dependent on and subordinate to the prison authorities – a long-standing problem provoking multiple human rights issues affecting the prison population in Russia.
9. Subordination of the medical staff of prisons to the Federal Penitentiary Service (*Федеральная служба исполнения наказаний* – “the FSIN”), is a decisive factor of impunity for torture, as in practice it entails systemic failures in terms of recording torture-related injuries and alerting the investigative authorities about the situation in prisons.²
10. Healthcare services in closed institutions, such as prisons, are of fundamental importance. They provide medical assistance to prisoners and play a vital role in documenting torture. They also serve as an institutional mechanism for preventing ill-treatment and torture. To fulfil these roles successfully, however, healthcare workers must be independent of the prison authorities.
11. Medical services should be transferred to the Ministry of Health to ensure their independence from closed institutions, while still maintaining their crucial presence within these institutions. A permanently functioning medical prison service that is subordinate to the Ministry of Health is essential to ensure that health issues are prioritised, and that medical care is provided in a timely manner and in accordance with the high quality standards. This can be achieved only by placing the issue of the quality of medical care in prisons in the area of interest of the Ministry of Health. If the medical service is subordinate to a law enforcement agency, priority will most likely be given to the interests of that law enforcement agency (e.g., the prison service or the police).
12. A medical service organised within prisons but subordinate to the Ministry of Health would create a permanent presence of an external and independent state body within closed institutions. This “permanent observer” would be capable of effectively contributing to the prevention of torture and ill-treatment, including through sharing responsibility for the safety, security and health of individuals

² See individual submission of the Public Verdict Foundation to the UN Human Rights Council Working Group on the Universal Periodic Review, 4th UPR Cycle, 44th Session, within the framework of the Review of the Russian Federation. See also *Buntov*, ECtHR, op. cit., §§ 15, 160. See also, *Buntov*, ECtHR, op. cit., §§ 15, 160.

under state control. This approach, based on shared responsibility and cross-overseeing, will put prisoners under constant simultaneous control by various government agencies. This alone will reduce the closed nature of prisons.

13. There has been ongoing discussion about the need to reform healthcare services in Russian prisons due to frequent criticism of prison medicine. In 2010, an experiment was announced to establish centralised medical units that would report directly to the federal authority and have their own dedicated funding. Since 2011, this has been implemented as a pilot scheme, with medical units established in selected regions and removed from the chain of command of regional prison administrations.
14. Since 2014, the initial pilot project has been expanded, and a large-scale reform was started within the FSIN. In particular, medical units have been set up in the regional offices of the FSIN, incorporating the existing penitentiary healthcare infrastructure, including hospitals and paramedic stations, in their respective regions. These units have been tasked with centralised procurement of medicaments and development of regulations on interaction with the civilian healthcare system. They have been made subordinate to the Medical Department within the FSIN and not to the administration of prisons, as it was before.
15. In accordance with regulations issued by the Ministry of Justice in 2017, prison healthcare should adhere to the standards set by the Ministry of Health.³ The new regulations explicitly obliged the penitentiary system to adhere to the standards of care established for the civilian healthcare system (paragraph 1 of the Regulations). At the same time, the regulations stipulated that convicted persons are provided with assistance by “structural units of medical organisations subordinate to the FSIN” and, if this is not possible, by “other medical organisations in the state and municipal healthcare system”, therefore establishing the so-called principle of “exhaustion of internal means”.
16. In 2019, the FSIN announced consultations to discuss the potential transfer of the prison healthcare service to the jurisdiction of the Ministry of Health. The submitting organisations are unaware of any progress made during these consultations, or of the current status of plans to transfer prison healthcare to the Ministry of Health. To the best of our knowledge, the transfer of the prison medical service to the Ministry of Health has been discontinued altogether.
17. The 2014 reform was intended to make the medical staff less subordinate to the prison administration and more guided by medical regulations and ethical standards. Following the 2014 reform of the prison healthcare system, physicians practising in places of detention are no longer considered official employees of the respective correctional colonies or remand prisons.

³ Ministry of Justice Order no. 285 of 28 December 2017 “On approval of the Procedure for providing healthcare to incarcerated persons” (entered into force on 20 February 2018).

18. However, these organisational changes have had no concrete effect on the practice of FSIN medical staff.⁴ Although the prison reform established a new, separate medical chain of command within the penal system, it did not eliminate the informal subordination of doctors to prison administrations. All heads of prison medical units, heads of departments in prison hospitals, chief physicians, and employers of [prison] clinics [retained their formal status as] law-enforcement officers.”⁵ The purpose of the reform was to eliminate the direct subordination of medical personnel to the heads of penitentiary institutions. However, in practice, this did not improve the quality of care or make healthcare more accessible to prisoners.
19. Although the medical service became more formally independent as a result of the reform, it remained within the prison system and reported directly to the FSIN. The aim of reforming the medical service was to remove medical personnel from the direct authority of prison governors. In practice, however, this did not improve the quality or accessibility of medical care for prisoners.
20. A number of cases of grievous human rights abuses demonstrate at least passive complicity of health personnel in the use of torture. For instance, videos published on 6 October 2021 showed prisoners of the tuberculosis hospital in Saratov (OTB-1) raping their fellow inmates. The victims said they were raped by “activists” who had formally worked as care assistants in the institution and were extorting money from inmates. In the mass torture case in IK-15 Angarsk in April 2020, according to the prisoners, the head of the medical unit of SIZO-6 did not respond to the allegations of torture and did not treat the injuries, while the victims were abused for having applied to the medical unit.⁶
21. In practice, prisoners often cannot access timely and appropriate medical care. Pursuant to the so-called “exhaustion of internal means” principle, priority is given to providing medical assistance within the penitentiary system. Civilian healthcare providers may only be involved in the medical assessment or treatment of prisoners if the required care cannot be obtained at medical facilities within the penitentiary.⁷

⁴ According to the sociological research conducted in prisons in 2017-2018: The professional autonomy of doctors, despite enjoying formal independence from the prison administration, is limited by the inability to make many decisions relating to the professional competence independently, something that, in certain cases, makes it impossible for the penal doctors to follow the professional ethical standards. Considering that security is given a clear priority over healthcare in prisons, doctors can work only through a system of ‘mutual concessions’ with correctional officers and the prison administration (Runova, K. (2019). An Unwarranted Humanism: How Doctors Operate in the Russian Penal System. *The Journal of Social Policy Studies*, 17(3), 345-358. <https://doi.org/10.17323/727-0634-2019-17-3-345-358>).

⁵ Novaya Gazeta. “Razrabotchiki” (Developers), 11 October 2021, available at: <https://novayagazeta.ru/articles/2021/10/11/razrabotchiki-18>.

⁶ Novaya Gazeta. “Razrabotchiki” (Developers), 11 October 2021, available at: <https://novayagazeta.ru/articles/2021/10/11/razrabotchiki-18>

⁷ Paras. 2 and 9 of the Ministry of Justice Order no. 285 of 28 December 2017 and the Decree of the Government of the Russian Federation No. 1466 of 28 December 2012 “On the approval of the Rules for the provision of medical assistance to persons detained or serving sentences in state and municipal healthcare institutions, as well as invitations for consultations with medical specialists from these healthcare institutions when it is impossible to provide medical assistance in penal institutions.”

22. A vicious circle ensues, whereby a civilian specialist is only permitted to get involved if it can be proven that there are no such specialists available in prison hospitals. However, proving this requires a correct diagnosis, which cannot be made in prison due to the lack of specialists. Consequently, prisoners' conditions cannot be diagnosed correctly and promptly. The disease advances, and it is only at a later stage that the prison healthcare system acknowledges the need to seek assistance from an external medical specialist. The system is structured in such a way that prisoners cannot demonstrate the unavailability of necessary medical care in remand prisons or correctional colonies until serious complications have already developed.

I.Z., the client of the PVF, born in Perm in 1997, served a sentence in correctional colony no. 10 in Perm Region from 2019 to 2023.

On the night of 24–25 April 2020, he was working at a plastic products factory. Although he was officially listed as an unskilled worker, he was assigned to operate a thermoplastic moulding machine. The machine was known to frequently malfunction, with plastic often sticking to it, requiring the convicts to clean it themselves. I.Z. could not refuse under threat of disciplinary sanctions. He started the machine and, after a while, the plastic stuck. He began to scrape it off. Suddenly, the machine malfunctioned, breaking his forearm bones and crushing his hands. Shocked, he went to the neighbouring workshop, where his co-inmates helped him to get to the colony's medical unit. I.Z.'s hands were bandaged and he was given painkillers. At around 5 a.m., an ambulance was called.

Despite the emergency, the guards did not allow the ambulance to enter the colony for a long time. It was only after two hours that the ambulance crew put I.Z. on a drip and prepared to take him to the hospital. However, the prison administration could not find I.Z.'s documents. The ambulance was therefore forced to leave, and I.Z. was shortly afterwards in a prison van to a civilian hospital in the nearest town of Chusovoy. By the time he arrived at the hospital, more than five hours had passed since he was injured and about four hours since the ambulance was called.

I.Z. was rushed to hospital in Chusovoy and taken straight to the surgery room. The surgeon insisted on urgent operation as X-rays revealed that his hands were fractured and crushed. The victim had also lost a lot of blood. However, the prison escort refused to admit I.Z. to the civilian hospital, instead taking him to the FSIN hospital at IK-9 in the city of Solikamsk, approximately 200 kilometres from Chusovoy.

Court case materials emphasise that I.Z. voluntarily refused hospitalisation at Chusovaya Civil Hospital and “was transported in a satisfactory condition for further treatment and examination to a specialist hospital [of the] FSIN.” According to the file “[I.Z.] voluntarily expressed his wish to be hospitalised in [the FSIN] healthcare facility”.

I.Z. surgery began at the FSIN hospital at around 8 p.m., 16 hours after he was injured. Two months later, during another operation, most of the fingers on his right hand were amputated (except for the thumb). The fingers on his left hand were preserved, but they remain immobile due to crushing and, according to doctors, will never function again. I.Z. can bend his left arm at the elbow, but he cannot feel anything beyond that point.

23. The existence of two parallel health care systems – prison and general – obstructs the continuity of medical care, as the two systems are unable to communicate properly and develop a single, consistent

treatment strategy for patients. In practice, this can result in two medical files being created and the same medical diagnoses and examination procedures being carried out unnecessarily.

V.Z., a convicted prisoner and a client of the PVF, was serving his sentence in IK-5 colony in the Belgorod Region. In April 2022, doctors recommended urgent treatment for his cancer. In June 2023, he was transferred to IK-2 prison in the Oryol Region, where he was registered at the Oryol Oncology Dispensary. A doctor there confirmed that he needed surgery.

However, the medical service at the new prison did not organise the operation or the preparatory procedures. Despite the diagnosis, doctors in the medical unit repeatedly conducted tests to confirm it, ignoring the data in V.Z.'s medical record.

In August 2023, V.Z. applied to the regional prosecutor's office, which ordered the medical unit to remedy the existing violation, albeit to no avail. V.Z.'s lawyer filed a lawsuit, seeking to declare the inaction of the medical unit illegal and to oblige the prison doctors to ensure the continuity of V.Z.'s treatment. In April 2024, the court upheld the claim, confirming the violations on the part of the medical unit and ordering the staff to remedy them.

24. Despite the fact that the prison medical staff are not directly under their authority, the decision to involve an external specialist is at the discretion of the prison administration. A prison physician's recommendation to involve a specialist from a civilian medical organisation must be approved by the head of the penal colony or SIZO. They will then send a request to the organisation within one working day. Consequently, current regulations prohibit physicians practising in penitentiary medical units (who are not formally subordinate to the prison administration) from requesting consultations with civilian specialists directly as they see fit. The prison administration's power to validate medical recommendations is an additional repressive tool, enabling it to put pressure on prisoners who request external medical assistance.
25. A prisoner may request an appointment with a medical specialist of their choice, at their own expense.⁸ However, whether or not an external specialist is invited is at the discretion of the colony head, and current regulations do not oblige them to comply with such requests.
26. Accessing a civilian specialist of their choice is often challenging and, in many cases, beyond the ability of a prisoner, as they must undertake a significant number of steps on their own. In the absence of third parties (lawyers, relatives), prisoners cannot themselves choose a civilian medical institution, sign a contract for the paid services, pay for it by first transferring money to their personal prison account (only a prison account can be used to pay for a visiting doctor), nor can they reach an agreement with the doctor that the latter will come to the prison. Even when relatives take it upon themselves to facilitate a prisoner's medical treatment, the prison system creates obstacles that can effectively prevent access to care, potentially resulting in irreversible consequences.

⁸ Para. 181 of the Internal Rules of Procedure for Correctional Institutions, adopted by Order of the Ministry of Justice of the Russian Federation of 4 July 2022 No. 110.

A.R., a 28-year-old client of the PVF, did not receive timely and appropriate medical treatment while serving sentence at Correctional Colony no. 10 in Chusovoy, Perm Region, and died in a prison hospital.

A.R. began experiencing symptoms in November 2022, but the colony administration failed to take the necessary measures to diagnose and treat his illness. A few days after the first symptoms appeared, he lost consciousness due to what appeared to be an epileptic seizure and was admitted to the prison hospital. He was initially admitted to a civilian hospital, but on 19 November, he was transferred to Prison Hospital No. 2 at IK-9 in Solikamsk. Although he was still capable of moving independently on 19 November, he lost consciousness the following day. The prison hospital refused to accept medicines brought by relatives or allow access to an ambulance crew called by the prisoner's mother. On 23 November, A.R.'s mother contacted the Emercom. After evaluating his condition, they agreed to transport him to the intensive care unit of a civilian hospital in Bereznyaki, Perm Region. A.R. died there on 28 November without regaining consciousness. Throughout his stay at the prison hospital, he did not receive the necessary treatment. The PVF succeeded in having a criminal case instituted into his death. The case was opened on charges of "causing death by negligence". The investigation is ongoing. The PVF is now seeking to have another case instituted against the prison medics for malpractice.

27. Most prisoners do not have access to timely medical assistance, and the first symptoms of illness are often ignored. They only receive assistance when the disease has reached an advanced stage or their condition is critical. Transferring a patient to a prison hospital does not necessarily guarantee they will receive prompt and adequate medical care. Such transfers are often made shortly before prisoners' deaths.

The PVF has been working on multiple cases from a single Prison Hospital no. 2 of the FSIN Medical Unit no. 59 at Correctional Colony no. 9 in the Perm Region. This discloses a pattern of systemic violations relating to the provision of healthcare in the facility.

Y.Z., 47-year-old prisoner with severe first-degree disability, was serving his sentence in Colony No. 9 in the Perm Region. From 20 October 2022 onwards, he complained of acute abdominal pain and a high fever, seeking assistance from the medical unit. According to his wife, his requests were ignored and he was denied assistance. On 1 November 2022, other prisoners informed Y.Z.'s wife that he had been hospitalised in a critical condition and was due to undergo emergency surgery at a branch of Prison Hospital No. 2 in the Perm Region. However, the patient was transferred to an unknown location immediately after the surgery. After a long search, Y.Z.'s wife found him in another hospital. The staff there informed her that the surgeons at Colony No. 9 had 'simply cut him up and stitched him back together without providing any actual medical intervention', which resulted in his condition worsening after the surgery. Y.Z. underwent emergency surgery at the second hospital, but he went into a coma and died on 18 November 2022 without ever regaining consciousness.

N.G., a prisoner with a second-degree disability, is serving his sentence in Colony No. 9 in the Perm Region. While at the colony in 2017, he injured his cervical vertebrae, resulting in multiple diagnoses, including four hernias, a fracture and curvature of the cervical vertebrae. N.G. has suffered from neck and back pain ever since. However, he was not prescribed a corset until two years later, in 2019. He is now unable to function without a corset as his neck cannot support his head, and he has breathing difficulties. He also suffers from leg weakness, high blood pressure, an inability to use the toilet and constant headaches, for which painkillers provide no relief. N.G. is not receiving proper medical care. In 2021, an orthopaedic

surgeon recommended consulting a neurosurgeon regarding the patient's treatment. As of writing, no such consultation has been arranged, and the patient is still not receiving treatment.

On 13 September 2022, the Perm Regional Court ruled that the failure of the FSIN MU-59 prison medical unit to arrange a neurosurgeon consultation for N.G. was unlawful. However, the unit has not complied with the court's order, and the consultation has never been arranged.

28. The general procedures for transferring prisoners apply when a prisoner is transferred to a hospital. This means that someone in urgent need of medical intervention could spend a long time being transported around the region. Furthermore, a civilian hospital may refuse to admit a prisoner whose condition is critical.

V.B., a Georgian national, prisoner at IK-1 in Yaroslavl, was severely tortured at the colony, resulting in serious injuries that ultimately caused his death on 9 May 2017. In May 2016, he was transferred from Colony no. 3 in Yaroslavl to a strict high-security isolation cell in Colony no. 1 in Yaroslavl. In April 2017, V.B. was severely beaten by the prison staff in the presence of a prison physician. The prisoner's chronic diseases worsened after the beating, but he was placed in a disciplinary cell and held in solitary confinement to hide his condition. He was provided only with basic medical care and denied a proper and timely assessment. As his health severely deteriorated, V.B. was transferred to a hospital for the first time. In the nine days between the onset of his illness and his death, V.B. was transported four times between different hospitals.

A CCTV recording of the beating was preserved and used as evidence in subsequent criminal proceedings, which were only instituted after a lawyer from the PVF handed the recording to the media and it was made public.⁹ In 2017, the Investigating Department of the Investigative Committee for Yaroslavl Region conducted an inquiry, but no criminal case was instituted. The beating was preceded by a humiliating strip search, during which the prison staff instructed V.B. to squat in the presence of a female medic for an examination of his bodily cavities.

V.B. needed a liver transplant but could not expect to undergo this complex surgery as a foreign national. Less than a month after being tortured at IK-1, on 9 May 2017, V.B. died in hospital. When his body was handed over to his family, some of his internal organs were missing.

The colony employees who beat V.B. were sentenced to prison terms ranging from three to three and a half years.

The PVF is unaware of the current status of the criminal investigation against the prison physicians. This includes any progress made in the case, details of the charges and those charged (if any), and whether the case has been discontinued.

29. The PVF has also been working on cases where the actual denial of access to medical care is difficult to explain by any rational reasons. Prisoners are simply ignored, forcing them to break internal rules to draw attention to their health problems. Finally, there are penitentiary institutions in Russia that do not have medical facilities and medical service whatsoever.

⁹ *Novaya Gazeta*, "Тут, конечно, крыть уже нечем" (There are no more justifications), 23 February 2021, available at: <https://novayagazeta.ru/articles/2021/02/23/89336-tut-konechno-krawareyt-uzhe-nechem>

A.A., a 34-year-old prisoner, serving his sentence at Prison No. 1 in Dimitrovgrad, Ulyanovsk Region, was forced to damage CCTV cameras in order to draw the attention of officials to himself and his urgent need for medical care. He suffers from post-traumatic epilepsy. This condition was acquired after he was tortured during the investigation of a criminal case. The prison administration is aware of his diagnosis.

His health has deteriorated significantly during his sentence. He has experienced frequent epileptic seizures due to a lack of or delays in medical assistance. He complained that he had to wait a long time for a doctor at the prison and that staff did not provide assistance because, he claims, there was an unspoken order from management not to approach him during seizures and to wait for a doctor. Despite the surveillance cameras installed in his cell, he also complained that he had to wait for hours for help and medication. He had to write posters and stand with them in front of the cameras for a long time to be noticed. On several occasions, he damaged the CCTV cameras in an attempt to prompt a response from the staff, for which he was disciplined and the prison filed claims for compensation for damaged property.

For several years, domestic partners of EPLN worked on the case of Correctional colony no. 16 (Krasnoturyinsk, Sverdlovsk Region) – a penitentiary facility for women, notable for its high death rate among prisoners, in particular in 2018-2019, due to the total lack of essential medicaments. At least 14 convicted women died in the colony before 2020. Despite numerous criminal complaints, criminal investigation against medical personnel and the administration of the colony has not been opened.¹⁰

30. The above documented cases of inadequate and untimely medical care allow to conclude that prisoners' access to medical care depends on poorly coordinated administrative decisions at various levels, while retaining medical services within the prison system turns the system into a law enforcement agency. This means that the priorities of the prison service take precedence, including condoning cases of ill-treatment and torture by prison doctors.

III. Right to work and right to just and favourable conditions of work (art. 6 and 7 of the ICESCR)

31. The Committee invited the Russian Federation, in particular, to provide information on measures taken, and their impact, to ensure employment opportunities alternative to the military and the armaments industry; on the impact of those measures on disadvantaged and marginalized groups (issue no. 11 of the LoI); on measures taken, and their impact, to regularize the status of persons in vulnerable situations and to guarantee the access of persons working in the informal economy to basic services, social protection and the enjoyment of the rights under the Covenant (issue no. 12 of the LOI); on any extraordinary measures taken, and their impact, to ensure the effective application of labour legislation protecting the rights of employees to just and favourable conditions of work; on steps taken to strengthen the legislative and administrative framework to prevent forced labour and trafficking in persons, including steps taken to create a national action plan to prevent trafficking in persons (issue no. 13 of the LoI).

¹⁰ Novaya Gazeta, "Гиблое место" (A dead place), 25 July 2020, available at: <https://novayagazeta.ru/articles/2020/07/24/86395-gibloe-mesto>

32. The Committee reaffirmed the need for States parties to abolish, forbid and counter all forms of forced labour as enunciated in article 4 of the Universal Declaration of Human Rights, article 5 of the Slavery Convention and article 8 of the ICCPR (General Comment no. 18, para. 9).¹¹ “States parties are under the obligation to *respect* the right to work by, inter alia, prohibiting forced or compulsory labour and refraining from denying or limiting equal access to decent work for all persons, especially disadvantaged and marginalized individuals and groups, including prisoners or detainees, members of minorities and migrant workers.” (ibid., para. 23) “The obligation to protect the right to work includes the responsibility of States parties to prohibit forced or compulsory labour by non-State actors.” (ibid., para. 25).
33. In this connection, the submitting organisations would like to draw the attention of the Committee to the situation of labour conditions in the Russian penitentiary.
34. As of January 2025, the prison population amounted to 313,00 inmates.¹² Some of them are used as labour force in around 600 penitentiary institutions. In 2018 36% of all prisoners were employed,¹³ in 2020 – 57.5% (128 058 people).¹⁴ By 2030, the government plans to increase the share of working prisoners to 85%.¹⁵ In August 2024, around 60 thousand prisoners were held in the “correctional centres”¹⁶ – a separate type of correctional facilities for persons convicted to “compulsory works” – a form of criminal punishment introduced in the Russian Criminal Code in 2011 (Article 53.1 of the Criminal Code).
35. Prisons serve as profit-making businesses, producing goods and services worth 36,3 billion RUB (USD 457 million)¹⁷ and generating almost RUB 20 billion in revenue (approximately USD 252 million).¹⁸ These revenues result from the forced labour of incarcerated workers, provided for by the Russian Code on the Execution of Sentences (the CES), which provides that every person sentenced to imprisonment is obliged to work in jobs determined by the administration of correctional institutions (Article 103 § 1).
36. Incarcerated workers are under the total control of their employer – the local prison administration. Prisoners have no protection against labour exploitation and cannot refuse to work under the threat of

¹¹ E/C.12/GC/18.

¹² Fpaf.ru, “Тюремное население продолжает исчезать” (The prison population continues to decline), 27 February 2025, available at: <https://fpaf.ru/news/media/tyuremnoe-naselenie-prodolzhaet-ischezat/>.

¹³ Report of Prosecutor General at a meeting of the Federation Council, 18 April 2018, available at: <https://procrf.ru/news/624894-doklad-generalnogo-prokurora-rf.html>.

¹⁴ See: Information of the FSIN on the results achieved in 2020. 16 April 2021. URL: <https://fsin.gov.ru/budget/info.php> (accessed on 4 April 2023).

¹⁵ See: Decree of the Government of the Russian Federation No. 1138-r of 29 April 2021 “On Approval of the Concept of Development of the Penal and Correctional System of the Russian Federation until 2030”. URL: <https://www.garant.ru/products/ipo/prime/doc/400639567/> (accessed on 4 April 2023).

¹⁶ Tochno.st, “В 5 раз выросло число приговоренных к принудительным работам за последний год” (The number of people sentenced to compulsory works has increased fivefold over the past year), 8 August 2024, available at: <https://tochno.st/materials/vyroslo-cislo-prigovorenykh-k-prinuditelnym-rabotam-za-poslednii-god>.

¹⁷ The last available official data refers to 2020. See: Information of the FPS on the results achieved in 2020.

¹⁸ According to the reports of the Russian Ministry of Finance, available at: <https://roskazna.gov.ru/ispolnenie-byudzheta/federalnyj-byudzheta/1020/>.

official or informal punishment. For instance, Article 103 § 6 of the CES provides that refusal to work and termination of work constitute "a malicious violation of the established order of serving the sentence" and may result in disciplinary measures and material liability.

37. In case of such violation, the prison administration can "reprimand" an inmate, fine them between RUB 1,000 to 2,000 (12.58 to 25.16 USD), place the prisoner in a disciplinary cell or in solitary confinement (Article 115 § 1 of the CES). These penalties imply a subsequent denial of parole or commutation of sentence, as well as loss of family visits, reduction of the allowed number of food parcels and restriction of the amount of money a prisoner can spend in a prison shop. Since the daily ration of a prisoner is extremely poor,¹⁹ it can lead to starvation and be an additional form of punishment.
38. In addition to statutory disciplinary measures, prison administrations widely use informal methods of influence, ranging from compulsory physical exercise and deprivation of free time to beatings by cellmates collaborating with the administration.
39. Prisoners are involved in a wide range of production activities. In many colonies, the primary industry is clothing manufacturing. Prisoners sew uniforms for police officers, rescue workers, medical personnel, Russian Railways staff and the military. During the pandemic, they also made protective masks. Others manufacture food, toys and coffins, paint pictures, forge fireplaces and other metal goods, construct bus shelters and playground equipment, and cut timber to make furniture and wooden goods.²⁰
40. Mandatory work in Russian prisons often implies harsh exploitation in degrading conditions. Under Article 104 § 1, a prisoner's working day cannot exceed eight hours, which is equal to the standards set by labour legislation for free workers. However, this guarantee rarely applies. Inmates can work six days a week, spending 12-16 hours a day at prison production facilities ("promzona"). According to the reports received by the submitting organisations and their partners, prisoners are forced to sign a "voluntary consent" form, agreeing to work additional hours and waiving annual paid leave under the threat of disciplinary action.²¹ These violations are difficult to trace because prison officials usually turn off the cameras after 5 p.m. so that prisoners have to continue working.²²
41. In 2018, the Accounts Chamber of Russia noted that the FSIN often provides outdated equipment (the share of equipment older than ten years was 49.8%, older than 20 years – 26.2%).²³^[50] There has not

¹⁹ The FSIN spends approximately RUB 75 (USD 0.95) per prisoner per day on food (Tochno.st Telegram Channel, with reference to the FSIN Research Institute publication, 7 February 2025, available at: https://t.me/tochno_st/415.

²⁰ Lenta.ru. *Incarcerated Business. How much does Russia earn from its prisons?* 21 May 2021, available at: <https://lenta.ru/articles/2021/05/02/zakluchrabota/> (accessed on 4 April 2023).

²¹ Antidiscrimination Centre "Memorial". *The country is big, but there are not enough workers: working conditions for prisoners in Russia are worse than for migrant workers*, 9 June 2021, available at: URL: <https://adcmemorial.org/statyi/strana-bolshaya-a-rabochih-ruk-ne-hvataet/>.

²² Kommersant. *Colony of servitude regime*, 11 January 2021, available at: <https://www.kommersant.ru/doc/4639677>.

²³ Accounts Chamber of the Russian Federation. *Press release concerning the results of audit "Verification of the effectiveness of prisoners' employment"*, 23 January 2018, available at: <https://ach.gov.ru/news/v-ugolovno-ispolnitelnoj-sisteme-ne-privlechtsya-k-trudu-bolee-60-trudosposobnyh-osuzhdennyh-32329>.

been any sign of FPS investing in renovation and modernising its production facilities. Above all, the regime of work is very stressful for prisoners. To keep up with the “norms of production”, they must work with one 10-15 minute break to have meals or use restrooms.

The harsh labour conditions in detention are vividly illustrated by the case of I. Z., a client of the PVF who served his sentence in Correctional Colony No. 10 in the Perm Region from 2019 to 2023. Officially listed as an unskilled worker, I.Z. was assigned to operate a malfunctioning thermoplastic moulding machine on night shifts. Despite receiving some basic safety training, as established by the domestic courts, I.Z. never underwent the specialised training required for operating thermoplastic moulding machines. Combined together, these factors led to I.Z.’s grave injuries.

42. In addition to poor working conditions, incarcerated workers receive low wages, reportedly as little as RUB 50-300 (USD 0.64–3.81) per month. Such low figures are permitted by legislation, which leaves prison administrations with limitless powers to abuse inmates. Article 105 § 2 of the CES establishes that prisoners’ wages may not be lower than the minimum official wage if the prisoner is employed full-time and “meets the established norm [of production]”, which means producing a certain amount of goods.
43. “The norm” is set by the prison administration at its discretion based on the prison’s contractual obligations. It is often unachievable by a prisoner working regular hours, which allows the FSIN to legally reduce wages. According to the FSIN statistics, the average monthly gross wage of inmates in 2020 was half the minimum wage of free workers: RUB 5,616.8 (USD 71.42)²⁴ In 2020, the general minimum monthly wage was RUB 12,130 (USD 154.23) per month, and the average general wage was RUB 51,344 (USD 652.84).²⁵
44. The authorities are well aware of this problem. For instance, in 2018, the General Prosecutor’s Office acknowledged that prisoners’ wages are “generally below the minimum wage”. The Accounts Chamber also emphasised that “this situation casts doubt on the objectivity of setting norms of production, which cannot be reached by prisoners given their professional qualifications, outdated equipment and imperfect organisation of production processes.”²⁶
45. Article 105 § 3 of the CES allows calculating the wage based on the time worked and the output. Prison administrations can formally “divide” one minimum wage among several inmates, which allows more inmates to be officially employed but significantly reduces their ultimate wage.²⁷ Being employed part-

²⁴ Information of the FSIN on the results achieved in 2020.

²⁵ Data on the minimum wages in 2020, available at: <http://www.consultant.ru/law/ref/mrot/2020/>; Average monthly wage in the Russian Federation according to Rosstat, available at: http://www.consultant.ru/document/cons_doc_LAW_326052/

²⁶ Report of Prosecutor General at a meeting of the Federation Council. 18 April 2018; Accounts Chamber of the Russian Federation. *Press release concerning the results of audit “Verification of the effectiveness of prisoners’ employment”*. 23 January 2018.

²⁷ Ural Democratic Foundation (2014). *Slave Labour of Prisoners in Contemporary Russia*. P. 19. URL: <http://uraldem.ru/wp-content/uploads/2017/04/RabTrud.pdf>

time, prisoners are then forced to work on unofficial orders after their working hours which ultimately results in their overworking while at the same time being underpaid.

46. According to Article 107 § 3 of the CES, the administration deducts up to 75 % of prisoners' wages, except for prisoners beyond the age of retirement, certain categories of disabled persons, minors, pregnant women and women who have children living in children's homes of the penitentiary institution. These categories must receive at least 50 % of their wages, pensions or other income. In addition to taxes, fines, damages and family support, under Article 99 § 4 of the CES, prison administrations deduct the cost of food, clothing, utilities, and personal hygiene products from prisoners' income.
47. These wage deductions leave incarcerated workers with 3/4 less money than the FSIN officially claims in its statistics. For instance, with an official monthly wage of RUB 5 616,8 (USD 71.42), a prisoner can only receive 1,404.2 RUB (17.85 USD) after deductions. If work is divided between prisoners under Article 105 § 3 of the CES, this amount can barely reach RUB 50-300 (USD 0.64- 3.81) per month.
48. Therefore, the prisoners' remuneration is not simply disproportionate to their work but completely unable to cover even their basic needs, let alone provide support for their families or save money for release.
49. Although the methods of labour abuse in prisons are widely reported, it is difficult to prevent or investigate such violations in view of the lack of effective complaint mechanism (as most of the prisoner's complaints to supervising bodies are referred back to the prison administration), lack of independent supervision/control mechanisms, resistance of prison administration, reprisals, prohibition on unionising and strikes for prisoners.

IV. Recommendations

50. The submitting organisations respectfully request the Committee to take the present report into consideration when examining the seventh periodic report of the Russian Federation and to urge the State party:
 - a) To transfer the authority for prison healthcare entirely from the FSIN to the Ministry of Health and ensure the independence of the prison medical staff from prison administration.
 - b) To simplify the prisoners' access to medical care, including the medical services provided by external medical organisations and specialists and to take measures to ensure the continuity of prisoners' medical care.
 - c) To ensure that all prisoners in need of medical care are promptly provided with the necessary medical assistance and that the treatment they receive is compliant with the current general health care protocols and standards.

- d) To abandon the principle of “exhaustion of internal means” and to allow prisoners to freely choose healthcare providers and medical specialists and to have unobstructed access to general health care services.
- e) To establish an effective system of release on medical grounds, accompanied by fair trial safeguards and genuinely capable of bringing an end to detentions in breach of the right to respect for human dignity.
- f) To repeal legislation allowing forced labour in prisons and imposing disciplinary measures on prisoners refusing to work.
- g) To ensure that incarcerated workers are paid no less than the federal minimum wage; limit wage deductions and repeal the deductions for the costs of incarceration; allow incarcerated workers to join labour unions.
- h) To ensure that prisoners have free and prompt access to effective complaint and redress mechanisms for issues relating to their working conditions, free from fear of reprisals or repercussions.
- i) To provide education programs for securing prisoners’ employment after release

Respectfully submitted.