To Punish or to Torture? About Inhuman Treatment in the Recent view of the Strassbourg Court

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Abstract

Facing a pilot decision of ECHR on prison conditions, decision following countless other previous decisions by which the Romanian state was convicted for violating art. 3 of European Convention of Human Right, Romania needs to change and adapt its penal post-crime policy in order to meet European standards in the field of detention and other deprivation of liberty measures. The Case of Dorneanu vs. Romania by which the Romanian state literally sentenced to a undignified death a terminal-ill inmate was the turning point for both the scholars and the practitioners pointing out the gaps and malfunctions of the Romanian detention system. Something has to be done, and right away!

Key words: *penal policy, punishment, inhuman treatment, European Court of Human Rights, art. 3 of ECHR, inmate in terminal phase cancer*

"Murder in the name of the Rule of law!" – this was the title of a press article drawing attention to one of the most mediatized cases in Romania that was presented for justice to the European Court of Human Rights[1]. At the time of the final decision of the Court, the plaintiff was already dead for almost 4 years.[2]

The *Case Dorneanu vs. Romania*[3] allowed to bring to the forefront some taboo-related issues regarding the detention conditions and the serving of prison sentences by inmates suffering from incurable diseases or other serious health conditions. Given that the penitentiary system in Romania is far from meeting the minimum standards imposed at European level on the rights of detainees and ensuring decent and human conditions of detention, the Strassbourg Court has settled the matter through its judgment. Thus, in the ruling on *Dorneanu v. Romania* on 28th of November 2017, the ECHR established that the refusal of the Bacău Court of Appeal to order the interruption

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1 https://www.luju.ro/international/cedo/crima-in-numele-statului-de-drept-cedo-a-condamnat-romania-pentru-tratament-inuman-dupa-ce-curtea-de-apel-bacau-a-refuzat-intreruperea-executarii-pe depsei-unui-detinut-bolnav-de-cancer-a-fost-incarcerat-la-4-martie-2013-nu-i-a-permis-chimioterapia-a-deced, accessed on 2.12.2017.

2 Dorneanu died in prison of terminal cancer on 13th of December, 2013.

3 Application no.55089/2013, Jugement of the Fourth Section, 28th of November 2017, https://hudoc.echr.coe.int/eng#{"itemid":["001-178903"]}, accesed on. 2.12.2017.

of the punishment for a person suffering from terminal-pase cancer *is an inhuman treatment, breaching art. 3 of the European Convention of Human Rights.*

The applicant was convicted in February 2013 of economic crimes and was imprisoned on March 4th, 2013. On the same day, he filed a petition to interrupt the execution of the punishment for medical reasons, showing that he suffered from terminal-phase cancer and needed chemotherapy. Of course, this treatment could not be provided properly in the carceral environment. Through a medical expertise it was established that Mr. Dorneanu depends on the quality of his medical surveillance, and the Bacău Tribunal ordered on June 25th, 2013 to interrupt the execution of the sentence for a period of 3 months. The appeal of the Public Ministry was admitted by the Bacau Court of Appeal on June 29th, 2013. The health of Mr. Dorneanu degraded and did not allow chemotherapy treatment to be provided anymore. The applicant died on December 24th, 2013 in the Bacau hospital, on Christmas Eve.

The Court found that between the date of the imprisonment and the date of death, Dorneanu was the object of 27 transfers from one penitentiary to another and 7 transfers to penitentiary hospitals, all of them far apart from one another. The transfers lasted a few days when Mr. Dorneanu did not receive any kind of medical care. The Court also found that, as the illness advanced, Dorneanu could not remain in the detention environment, with the national authorities failing to take into account humanitarian aspects of the case. The Court considers that, in view of the applicant's illness and the acts he committed, the risk of recidivism was minimal. The Court also found that Romanian judges were not very interested in the concrete ways in which the applicant received medical treatment. The Court stated that the national court had focused more on the procedural considerations than on the humanitarian ones and has prevented Mr. Dorneanu to live his last days in dignity, but handcuffed in a hospital bed.

The Court recalls that it has already decided that an appeal based on the provisions of Law no. 275/2006[4] on the execution of the punishments and the measures ordered by the judicial bodies during the criminal trial constitutes an effective remedy within the meaning of Article 35 § 1 in respect of allegations of lack of adequate care for detainees. The Court noted that the applicant submitted to the national courts an application to interrupt the execution of his sentence for medical reasons and filled several written submissions for the same purpose. However, these measures do not directly concern the lack of medical treatment *but the conflict between the applicant's health and detention conditions[5].*

However, in the circumstances of the present case, the Court considers that it is not necessary to consider whether the actions indicated by the Government constitute effective corrective measures and whether, by merely interrupting the execution of the sentence, the applicant has properly exhausted internal remedies in relation to his complaint under Article 2 of the Convention. Even assuming that this was the case, there is no apparent breach of that provision in the case of the applicant for the following reasons.

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[4] Law no. 275/2006 on the execution of the punishments and the measures ordered by the judicial bodies during the criminal trial, published in the Official Monitor, Part I, no. 627/20.07.2006, in force from October 18th, 2006 to January 31st, 2014, being repealed and replaced by Law 254/2013 on the execution of sentences and detention measures ordered by the judicial bodies during the criminal trial published in the Official Monitor, Part I, no. 514/14.08.2013, in force since February 1st, 2014.

[5] Paragraph 46, *Case Dorneanu vs.Romania*, Application no.55089/2013, Jugement of the Fourth Section, 28th of November 2017.

The Court reiterates that the obligation to protect the lives of detained persons implies the rapid provision of medical care capable of preventing death[6] and remainded that this was its view in previous cases such *Tais v. France*[7] and *Anguelova v. Bulgaria*[8]. The obligation to provide adequate medical assistance is not limited to prescribing appropriate treatment: *prison authorities must also ensure that they are properly administered and supervized*[9].

The applicant Mr. Dorneanu alleged that his detention in the hospital bed constituted inhuman treatment and that his state of health was incompatible with detention. In his opinion there was a breach of Article 3 of the Convention: *"No one shall be subject to torture or inhuman or degrading treatment or punishment."*

The Court provided a complex analysys of the compatibility with Article 3 of the Convention with the applicant's detention in the hospital and the compatibility of his detention with his health.

A. The applicant's detention in the hospital

The applicant's son claimed that his father had drawn the attention of the authorities to the conditions of detention in Bacău hospital where he was immobilized in bed and handcuffed. At the time, the use of handcuffs to immobilize interned prisoners was strictly prohibited by the Regulations under Law 275/2006 mentioned above. The applicant was both physical and psychological vulnerable.

B) The compatibility of applicant's detention with his health.

As regards the quality of the medical care and assistance provided by the authorities, the Court observed that the applicant was already suffering from a short-term lethal disease on the 4th of March 2013 when he was imprisoned, because of the aggravation of his condition (bones methastasys). The Court has found that, except for the failures reported by the chief doctor of the Bacău Oncology Service, the applicant was treated in accordance with the doctors' prescriptions. However, it is not clear from the evidence that the national authorities have at any time considered the possibility of merging these treatments *in one place*, which should save the number of transfers to the applicant or at least to limit the number and the harmful consequences for the patient's welfare. In addition, the Court had already expressed the view that, during the subsequent stages of the disease, if no hope of remission is allowed, inherent stress in life imprisonment could have repercussions on the prisoner's hope and state of health.[10]

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[6] Idem, paragraph 48.

[7] Application no. 39922/03, § 98, 1st June 2006, www.echr.coe.int, accessed on 1.12.2017.

[8] Application no. 38361/97, §§ 125-130, ECHR 2002-IV, www.echr.coe.int, accessed on 1.12.2017.

[9] *Case Jasińska v. Poland*, Application no. 05, § 78, 1 June 2010, www.echr.coe.int, accessed on 1.12.2017.

[10] *Case Gülay Çetin v. Turkey*, Application no. 44084/10, judgment 5.03.2013. In February 2007 the applicant, who had been in pre-trial detention since December 2006, began to complain of gastric and digestive problems. In September 2008 the Assize Court found her guilty of intentional homicide and sentenced her to fifteen years' imprisonment. Following an appeal against that decision, she remained in pre-trial detention. In April 2009 she was diagnosed with advanced stomach cancer. All her subsequent applications for provisional release were rejected. In February 2011 the Court of Cassation upheld the applicant's conviction, which became final as a result. In June 2011 proceedings were instituted for the suspension of her sentence, after a medical report had concluded that her illness was incurable and her life would be endangered by attempting to treat her in a prison environment. On 12 July 2011 the applicant died of her illness before the completion of the proceedings she had brought in the hope of securing either provisional release, the suspension of her detention or a presidential pardon. It was not disputed that the applicant's condition had been serious and had deteriorated over time, a fact that raised issues regarding her treatment in a prison environment. While she had been in pre-trial

There was a time when the applicant was severely weakened and diminished, both physically and mentally, so that he could not carry out the basic acts of his everyday life without help, and that a detainee has been appointed to help him, which was unqualified for the monitoring of a seriously ill individual. In addition, nothing in the record presupposes that the applicant has received adequate counseling during his hospitalization or prison stay while presenting a depressive syndrome. As the illness progressed, the applicant could no longer endure life in prison. The applicant had shown good conduct during the trial, he had benefited from the most favorable detention regime and due to his health, the risk of relapse would could have been minimal.

The Court noticed that the length of the proceedings initiated by the applicant to interrupt the execution of his sanction for health reasons was too long, given the terminal illness he suffered and that the replies given by the prison authorities to whom the applicant requested assistance to secure his release were characterized by their lack of consideration for the circumstances of the applicant.

Once more the Court had emphasized that the increasing requirement for the protection of human rights and fundamental freedoms implies greater firmness in the assessment of violations of the fundamental values of democratic society. The applicant was imprisoned at the end of his life and suffered from the effects of heavy medical treatment under difficult conditions of detention. According to the Court, in this context, the lack of diligence by the authorities makes the person more vulnerable and, in return,

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detention, her successive requests for release had all been rejected even though they were supported by medical reports. The courts had refused to implement the applicable procedures for prisoners with serious illnesses, on the ground that only those who had been convicted with final effect were eligible for them. This interpretation was partly due to the imprecise nature of the relevant legal provisions and the lack of a clear rule requiring judges to have due regard to the prisoner's clinical picture when applying the Code of Criminal Procedure. Accordingly, the system for protecting prisoners with diseases had lacked the requisite clarity, foreseeability and effectiveness.

Once her conviction had become final, the applicant had satisfied the practical conditions for applying for the statutory measures aimed at protecting the health of prisoners with serious illnesses, since by then her disease had reached the terminal phase. Her lawyer had submitted a further application for a presidential pardon and a request for the suspension of her sentence. On 8 April 2011 the hospital department responsible for the applicant had declared that she was unfit to remain in prison. However, the public prosecutor's office, which was required by law to refer the matter to a panel of specialists from the Institute of Forensic Medicine, had waited some twenty days before doing so. Yet there was no indication that the panel was more competent to assess a particular individual's health than the specialist hospital department which had been monitoring her regularly. It was therefore difficult to understand why the Institute had seen fit to re-examine the applicant by transferring her to another city or why it had waited until 8 June 2011 before doing so, when the only issue to be determined was whether the illness diagnosed at the hospital rendered her eligible for a measure provided for by law. Lastly, the forensic medical experts had then taken a further week to submit their report, which had ultimately authorised the applicant's release. The report had not been forwarded to the appropriate public prosecutor but had simply been made available on the Ministry of Justice's official online portal one week after it had been produced on 15 June 2011, and had not been received by the public prosecutor's office until 18 July, six days after the applicant's death. The procedures in question had thus been applied in a manner that placed formalities above humanitarian considerations, thus preventing the applicant, who by that stage was dying, from spending her final days in dignity. Her detention without access to the protection system available in theory in Turkish law had undermined her dignity and caused her hardship exceeding the inevitable level of suffering associated with deprivation of liberty and with cancer treatment. https://hudoc.echr.coe.int/eng#{"itemid":["002-7490"]}, accessed on 2.12.2017.

unable to maintain his dignity towards the end to which the disease has progressed in a fatal and inevitable way.

Having issued an overall assessment of the relevant facts on the basis of the evidence before it, the Court concluded that the Romanian authorities did not provide the applicant with an adequate treatment breaching the provisions of Article 3 of the Convention and causing the terminal patient to receive inhuman treatment due to his detention under the conditions above.

In another case, *Jasińska v. Poland* [11] the Court had stated that a breach of art. 2 of the Convention[12] occurred in relation with a suicide of prisoner who died of an overdose of psychotropic drugs prescribed for mental disorders. The applicant was the grandmother of R.Ch., who had been undergoing treatment since his childhood for psychological problems and headaches. In 2002 R.Ch. began a prison sentence for theft. In August 2004 he was taken to hospital, where he died after admitting that he had swallowed 60 psychotropic tablets, prescribed by a prison doctor. The autopsy established that death was due to drug poisoning. Criminal proceedings instituted by the public prosecutor's office were closed on the ground that R. Ch. had committed suicide after taking a substantial quantity of drugs in one go, having hidden them under his tongue each time the nurse had distributed them. In 2006 the applicant brought further proceedings against the authorities, but the criminal investigation was terminated on the ground that there was no evidence to suspect that a third party had been involved or that the authorities had been negligent. An expert report of 29th of May 2002 had indicated that he had mentioned a previous attempt to commit suicide and, three days before his death, a doctor's report had found that he was suffering from depression. Accordingly, the prison authorities, who had been apprised of the deterioration in his mental state, should have given thought to the risk of suicide. However, the medical prescriptions had been renewed without any consideration being given to other means of monitoring his condition. Moreover, after the proceedings against R.Ch., no thought had ever been given to a possible placement in a specialized institution or in solitary confinement. *The Court questioned whether a prison regime had been appropriate in the present case.* The authorities in charge of the post-mortem procedures had never attempted to clarify the exact circumstances in which the psychotropic drugs had been administered or how supervisory duties had been carried out by the medical staff, whose task was, in theory, to ensure that prisoners swallowed their pills. Nor had the Government provided a plausible explanation for how R. Ch. had managed to elude the vigilance of the prison authorities by amassing a lethal quantity of drugs. There had accordingly been a clear deficiency in the system, which had allowed a first-time prisoner, who was mentally fragile and whose state of health had deteriorated, to gather a lethal dose of drugs without the knowledge of the medical staff, and to commit suicide. The duty to provide inmates with adequate medical care should not be confined to prescribing appropriate medicines without also ensuring that they were properly taken and properly monitored. This was particularly important where mentally disturbed prisoners were concerned. Accordingly, the authorities had failed to comply with their obligation to protect R.Ch.'s right to life.

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[11] Application no.28326/05, Judgment 1.6.2010, Section IV, https://hudoc.echr.coe.int/eng#{"itemid":["002-902"]}, accessed on 1.12.2017.

[12] *"Everyone's right to life is protected by law."*

Leaving the decisions of the Court of Strassbourg behind, let us remember that, in 1992, the Council of Europe adopted Recommendation no. R (92) 16 on European rules on community sanctions and measures[13] which recommends that Member States achieve and maintain a balance between the *desirability of protecting society and the victim's interests on the one hand and re-socializing the offender on the other*, and aligning Member States to international standards on penal response to crime phenomenon. This initiative focuses on respecting the rights of inmates to be regarded as worthy human beings. Member States are therefore advised that no measure or sanction may be applied for an indefinite period of time and that alternatives to detention can not be automatically converted into other penalties.

According to the European penitentiary rules adopted by the Council of Europe in the penitentiary field[14], the re-socialization and treatment of delinquents are governed by nine principles:

1. All persons deprived of their liberty will be treated with respect for human rights.

2. Persons deprived of their liberty retain all their rights which have not been withdrawn by law following the conviction of imprisonment or preventive arrest.

3. Restrictions imposed on persons deprived of their liberty must be reduced to the minimum necessary and proportionate to the legitimate objectives for which they were imposed.

4. *Detention conditions that violate human rights can not be justified by lack of resources.*

5. Life in prison should come as close as possible to the positive aspects of life outside the penitentiary.

6. Each period of detention must be managed in such a way as to facilitate the reintegration of persons deprived of their liberty into the free society.

7. Co-operation with external social services and civil society participation in prison life should be encouraged as much as possible.

8. Prison staff carries out an important civil service mission and their employment, training and working conditions must enable them to provide a high level of assistance to detainees.

9. Regularly, all detainees must be subject to government inspection and control by an independent authority.

The Council of Europe has, therefore, set clear standards for the penitentiary environment, the aim of which is to ensure a successful social reintegration of convicted offenders, while respecting human rights and, in particular, human dignity.

This is to ensure the conditions for maintaining the state of health, in order to reduce the psychological trauma of the convicted person. The detainee retains and exercises its civil rights (most of them) - the right to vote, the right of association, religious freedom, the right to property, the right to have a family and to continue marital life by ensuring, under appropriate conditions, marital visits. The normalization principle, as it has been called in the literature, prevents and diminishes the negative

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[13] Recommendation no. R (92) adopted by the Committee of Ministers of the Council of Europe on 19th of October 1992 at the 482nd meeting of the Ministers' Deputies.

[14] REC (2006) 2, adopted by the Committee of Ministers on 11th of January 2006, at the 952nd Meeting of Delegates Ministers.

effects of detention - family breakdown, lack of contact with children and relatives, psychological trauma, stigmatization and moral labelling[15].

In this way may be provided:

a) opening - in certain penitentiary systems, by atonement, in open and semi-open establishments of punishment. In these facilities, inmates are provided with decent living conditions, unlimited mailing, weekly visits, permanent family contacts, access to the media, sporting competitions. They can not move outside of these establishments and have a controlled living environment.

b) responsibility - it is achieved through the efforts of the specialized personnel. Thus, detainees are educated in the spirit of personal empowerment, respect and self-esteem, being involved in daily social and community activities at the place of detention, in order to facilitate their social reinsertion after serving the punishment and preventing relapse.

In Romania, in 2016, according to an average of 27,984 persons in custody of the National Penitentiary Administration, there were 98 deaths , respectively 3.5 deaths per thousand inmates. This figure is about 3 times lower than in the general population, according to the official statistics of the National Institute of Statistics for 2015 (11.7 deaths per one thousand inhabitants). Deaths have also been caused by chronic medical conditions / terminal cases. Thus, out of the 98 cases, 31 had as a cause of death neoplastic diseases, which represents 31.63% of the total deaths in 2016. Compared to this, in 2015 from the total of 113 deaths, 41 had as cause neoplastic diseases, which represents 36.28% of the total. There were 11 cases of suicide death (3.95 to 10.000 inmates) in 2016 as compared to 2015 when there were only 10 cases. From this point of view, the official statistics of the Council of Europe show that the Romanian penitentiary system is far below the incidence of suicide at European level. Thus, in 2013 there were suicidal acts as follows: Norway 30/10000 inmates; France 12.4 / 10000 inmates; Belgium 11/10000 inmates; Spain 10/10000 inmates; Portugal 9.1 / 10000 inmates; Germany 7.4 / 10000 inmates.[16].

ECHR President Guido Raimondi said that the number of requests against Romania doubled over the past year, many of them being caused by detention conditions, and he recommended legislative measures such as those taken by Italy where the sentences of detainees were reduced or served at home, with surveillance bracelets.[17] The ECHR president also said the number of cases at Strasbourg Court increased by 32%, mainly due to the detention conditions situation in three countries: Hungary, Romania and Turkey. "As regards Hungary and Romania, where the number of cases increased by 95% and 108% respectively in 2016, they mainly refer to detention conditions. They are priority cases because they fall under Article 3 of the Convention which prohibits torture and inhuman punishment, but there are repetitive cases that reflect systemic or structural problems and require solutions at national level".[18]

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[15] S. Rădulescu, D. Banciu, *Sociologia crimei şi criminalităţii*, Casa de Editură şi Presă "Şansa" S.R.L., Bucureşti, 1996. p. 235.

[16] Press statement of the General Director of National Penitenciary Administration, January 20th, 2017, *http://anp.gov.ro/wp-content/uploads/2017/04/Declaratie-de-presa-pentru-site.pdf*, accessed on 22nd October 2017.

[17] https://www.digi24.ro/stiri/actualitate/justitie/cedo-este-asteptata-sa-se-pronunte-astazi-in-legatura-cu-decizia-pilot-referitoare-la-situatia-din-penitenciarele-din-romania-711969, accessed on 2.12.2017.

[18] *Ibidem.*

The Director of the National Penitentiary Administration, Marius Vulpe, argued that, in order to comply with the provision that a detainee has the right to four square meters and that the Romanian state should no longer be sanctioned to the ECHR for this reason, it should either 8,500 detainees leave from the system, or build other penitentiaries. Marius Vulpe stated that there are 33,000 beds in prisons in the country and 27,500 detainees, but the legal area for each detainee and four square meters is not respected. He specified that 19,500 detainees should be accommodated in order to comply with this obligation. The ANP Director added that more than 500 detainees have won lawsuits at the ECHR and there is no prison in the country that has no cause lost to the European Court of Human Rights.

The European Court of Human Rights ordered the Romanian State on June 18th, 2015, to pay 164,150 euro for moral damages and court costs for violating Article 3 of the European Convention on Human Rights. The amount awarded as compensation in one decision is unprecedented, since in 2014 the ECHR granted damages in the 33 cases that concerned the violation of Article 3 of the Convention in a total amount of 243,683.92 euros. In fact, most of the convictions suffered by Romania at the ECHR are due to poor conditions in the penitentiary system. In the case of *Oprea and others v. Romania*[19], the ECHR has established that 18 prisons and three pre-trial detention centers in Romania do not meet the conditions imposed by the CTP Standards on the prevention of torture and inhuman or degrading treatment. Twenty Romanians complained to the ECHR about penitentiary conditions. Thus, in the judgment pronounced on 18 June 2015, the European Court of Human Rights ruled that the Romanian State must grant as a moral damages not less than 161 700 euro, but also 2,450 euro representing costs and expenses, to several persons have appealed the inhuman and degrading conditions of detention in Romanian penitentiaries. Among the 20 plaintiffs in the case Oprea and others vs. Romani is the name of a well-known politician. This is the former Democratic Liberal Party deputy, Mihail Boldea, held in custody for 1 year and 8 months after he was accused by Directorate for Investigating Organized Crime and Terrorism (DIICOT) of alleged acts of deception and constitution of organized criminal group. In the action against Romania, in November 2012, Mihail Boldea complained that in cells no. 6, 10 and 11 of the Central Arrest of the Galati Police has been constantly exposed to cigarette smoke coming from roommates, since he is non-smoker, he was deprived of clean air and natural light and forced to stay in unhygienic conditions which favored the entry of rats, permanently refusing access to the library or anywhere outside the cell. Facing these allegations, the Romanian Government was notified to transmit to ECHR judges information on cell size, number of cells and number of cell detainees, during the period when Mihail Boldea was preventively arrested, facilities to which detainees had access, and the way in which separation between smokers and non-smokers was made. The decision issued on June 18th, 2015, confirms that Mihail Boldea's allegations were real and well founded, so the ECHR decided to award him damages of 4,200 euros for the degrading conditions he was subjected to, between 27.03-26.10.2012 in the Central Police of Galati Arrest and between 31.10.2012-23.11.2013 in the Galati Penitentiary.

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[19] *Case Oprea and others v. Romania,* applications nos. 54966/09, 57682/10, 20499/11, 41587/11, 27583/12, 75692/12, 76944/12, 77474/12, 9985/13, 16490/13, 29530/13, 37810/13, 40759/13, 55842/13, 56837/13, 62797/13, 64858/13, 65996/13, 66101/13 and 15822/14), Final Judgment 18.06.2015, https://www.luju.ro/static/files/2015/iunie/18/CASE_OF_OPREA_AND_OTHERS_v._ROMANIA.pdf, accessed 2.12.2017.

The European Court of Human Rights (ECHR) delivered on 25th of April 2017 the pilot-decision on prison conditions in Romania[20]. The rulling states that the Romanian state has 6 months to present a plan of measures to address overcrowding and prison conditions. The ECHR amended Romania in this pilot decision with 17,850 euros, in the *case Rezmives v. Romania* (the judgement and the starting point of the decision-pilot). In the decision, the ECHR does not impose any specific measures on Romania and does not say anything about pardon or the relaxation of the criminal policy. Moreover, in a concise opinion, ECHR judge Krzysztof Wojtyczek warns Romania that measures to relax the criminal policy, such as those in GEO 13, have led to massive protests in Romania. The ECHR stated that Article 3 of the Human Rights Convention, which prohibits inhuman and degrading treatment, has been violated. It should be noted that the ECHR has not advanced a deadline for adopting measures to improve prison conditions, but only a 6 month deadline for Romania to submit a plan of measures. Of course, this pilot-decision is only tangent with the issue of ill convicts, but, nevertheless, it comes to emphasize the need of improvement of the detention conditions in Romania and to force us to do the right thing.

[20] http://media.hotnews.ro/media_server1/document-2017-04-25-21732170-0-decizia-pilot-cedo-privind-penitenciarele-din-romania-franceza.pdf, available also in French on echr.coe.int, accessed on 2.12.2017.