

PUBLIC

AI Index: MDE 12/46/98
Distrib: PG/SC

To: Health professionals
From: Medical Office / Middle East Program
Date: 24 September 1998

MEDICAL LETTER WRITING ACTION
Prison conditions and deaths in custody
EGYPT

Theme: prison conditions; torture and ill-treatment

Summary

Amnesty International is concerned about the death of Mahmoud Nour al-Din Sulayman, leader of the opposition Sawrat Masr [Egypt's revolution] organization who had been in prison in Egypt since 1987 after having been convicted of acts of political violence. Mahmoud Nour al-Din Sulayman died as a result of kidney and liver problems in Mazra'at Tora prison south of Cairo on 15 September reportedly after not having been allowed to get treatment for his condition in a specialised hospital. His death follows reports that at least 14 prisoners have died in custody in Egyptian prisons since early 1997. Amnesty International continues to receive consistent reports that prisons in Egypt lack adequate medical care and facilities, that prisoners are detained in cramped and unhygienic conditions, that the food provided is inadequate and of poor quality and that in some prisons, torture and ill-treatment are practised by security officers on a routine basis. These poor conditions have resulted in the serious ill-health of large numbers of prisoners, the rapid spread of diseases throughout prisons (the most commonly reported diseases include TB, skin diseases and stomach problems). Furthermore, prisoners held in the High Security Prison in Tora and Istiqbal Tora Prison have been denied the basic right to receive visits from lawyers and family members, following decrees issued by the Ministry of Interior in December 1993 and September 1994, respectively. Al-Fayoum Prison, opened in May 1995, has also been closed for visits for prolonged periods on several occasions. This ban violates both international human rights standards and national legislation.

Recommended Actions

Appeals are requested from health professionals to any of the addresses below

- expressing concern at reports of the inadequate level of medical care and facilities and of the poor conditions of detention in Egyptian prisons;
- expressing concern at the serious implications this has on prisoners' health
- expressing alarm at reports that at least 14 prisoners have died in custody since early 1997;
- asking whether thorough and independent investigations into these deaths were carried out, and asking to be sent details of any findings;

Letters could also make some of the following points:

- expressing concern at the reports of torture and ill-treatment of prisoners in Egyptian prisons;
- calling on the Egyptian government to carry out prompt, thorough and impartial investigations into all allegations of torture and to make public the methods and findings of these investigations within reasonable time;
- noting that under international law Egypt is obliged to bring any members of the security or other forces implicated in torture and ill-treatment of detainees and prisoners to justice;
- expressing concern at the practice of administrative detention in Egypt, noting that this practice appears to be facilitating the torture and ill-treatment of detainees in Egyptian prisons;
- expressing concern at the banning of visits to prisoners in two Egyptian prisons by order of the Ministry of the Interior and the banning of visits to a third prison for prolonged periods. Stress that this is in violation of both international human rights standards and national legislation, and urge that all prisoners are permitted access to their families and lawyers.
- urging that all those held in Egyptian prisons are treated humanely, have access to the necessary medical care and facilities and that the conditions of detention in Egyptian prisons are brought into line with internationally agreed minimum standards for detention;

If you receive no reply from the government or other recipients within two months of dispatch of your letter, please send a follow up letter seeking a response. Please send copies of any replies you do receive to the International Secretariat (att: medical team).

ADDRESSES

H.E. Mohammad Hosni Mubarak
President of the Arab Republic of Egypt
'Abidine Palace
Cairo, Egypt
Fax: +202 390 1998

General Nabil Sayyam
Director of Prisons
Maslahat al-Sugun
Al-Gala'a Street
Cairo, Egypt
Fax: +202 574 5561

General Habib al-'Adeli
Minister of the Interior
Ministry of the Interior
Al-Sheikh Rihan Street
Bab al-Louk
Cairo, Egypt
Fax: +202 579 2031

Al-Mustashar Ahmad al-Sayyid Ahmad
Assistant Public Prosecutor and Head
of the Human Rights Unit
The Public Prosecutor's Office
(Maktab al-Na'ib al-'Am)
Dar al-Qadha al-'Ali, Ramses Street
Cairo, Egypt
Fax: +202 77 4716

Mr Faruq Sayf al-Nasr
Minister of Justice
Ministry of Justice
Midan Lazoghly
Cairo, Egypt
Fax: +202 355 5700

Please send copies of your letters to the nearest diplomatic representative of Egypt and to:

Mr Ismail Sallam
Minister of Health and Population
Ministry of Health and Population
Magles al-Sha'ab Street
Cairo, Egypt
Fax: +202 355 1527

The Human Rights Department
Ministry of Foreign Affairs
Corniche al-Nil
Cairo, Egypt
Fax:+202 574 9533

Ms Nayla Gabr

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Amnesty International is concerned about the death of Mahmoud Nour al-Din Sulayman, leader of the opposition Sawrat Masr [Egypt's revolution] organization who had been in prison in Egypt since 1987 after having been convicted of acts of political violence. Mahmoud Nour al-Din Sulayman died as a result of kidney and liver problems in Mazra'at Tora prison south of Cairo on 15 September reportedly after not having been allowed to get treatment for his condition in a specialised hospital. His death follows reports that at least 14 prisoners have died in custody in Egyptian prisons since early 1997. Amnesty International continues to receive consistent reports that prisons in Egypt lack adequate medical care and facilities, that prisoners are detained in cramped and unhygienic conditions, that the food provided is inadequate and of poor quality and that in some prisons, torture and ill-treatment are practised by security officers on a routine basis. These poor conditions have resulted in the serious ill-health of large numbers of prisoners, the rapid spread of diseases throughout prisons (the most commonly reported diseases include TB, skin diseases and stomach problems). Furthermore, prisoners held in the High Security Prison in Tora and Istiqbal Tora Prison have been denied the basic right to receive visits from lawyers and family members, following decrees issued by the Ministry of Interior in December 1993 and September 1994, respectively. Al-Fayoum Prison, opened in May 1995, has also been closed for visits for prolonged periods on several occasions. This ban violates both international human rights standards and national legislation

Many prisons have no medical personnel on site, and only basic medication such as analgesics and cream for the treatment of skin diseases such as scabies. This lack of adequate medical facilities and care in places of detention is in direct contravention of both international human rights standards [such as the UN Standard Minimum Rules for the Treatment of Prisoners, UN SMR], the UN Body of Principles for the Protection of All Persons Under Any Form of Detention or Imprisonment] and national legislation [such as the Egyptian Law Regulating Prisons]. Conditions in al-Wadi al-Gadid prisons are reportedly particularly poor, and Amnesty International has repeatedly taken up the cases of prisoners held there who fell ill as a result and were subsequently denied access to adequate medical care [see MDE 12/39/98 and MDE 12/32/98 on 'Abd al-Mun'im Gamal al-Din 'Abd al-Mun'im , and MDE 12/62/97 on Hassan al-Gharbawi Shahhata and Mostafa Thabit Bayyouni].

Cases of deaths in custody brought to Amnesty International's attention include:

- Magdi Mohammad 'Abd al-Maqsud 'Afifi, from Banha, died in Abu-Za'abal prison on 4 August 1998 from tuberculosis;
- Sa'eed Mohammad Mohammad al-Meligui died on 27 March 1998 as a result of liver problems. He was transferred from Tora Penitentiary to Qasr al-'Aini Hospital in central Cairo in a comatose state due to liver failure and subsequently died in hospital.

- Abu Bakr Sa'ad Mahmoud died in February 1998 in Damanhour prison from tuberculosis.

The Egyptian Law Regulating Prisons stipulates that prisoners' food rations should include 14 meals per week, comprise seven bean dishes, three lentil dishes, two meat dishes, one cheese dish, one stewed vegetable dish and a portion of dried dates. Each prisoner should also receive a bread and rice ration. However, according to recent reports received by Amnesty International, food in several Egypt prisons is insufficient and of poor nutritional value. In contravention to Rules 20/1 and 32/1 of the UN Standard Minimum Rules, food is often served in dirty plastic dishes, reportedly full of both live and dead insects, and often not well cooked or served cold. In addition, prisoners are often physically and verbally abused during food distribution. In some cases, prisoners are not allowed to be provided with food from outside the prison which constitutes a violation of Rule 87 of the UN SMR.

Background

Amnesty International has issued many reports about the systematic use of torture against political prisoners and detainees in Egypt. It has submitted details of many cases to the Egyptian authorities, requesting that all allegations of torture be subjected to prompt, thorough and impartial investigations and that the procedures followed and the findings of such investigations be made public within reasonable time. Though the Egyptian Government has repeatedly stated to Amnesty International that all allegations of torture are investigated, the organization has received no substantive responses to any of its requests for details of investigations carried out to date. In May 1998, the UN Committee against Torture issued a statement requesting from the Egypt government a *'timely submission of the country's third periodic report'* and calling for an account on how the recommendations made by the Committee in May 1996 [when the Committee's report concluded that *'torture is systematically practised by the Security Forces in Egypt, in particular by State Security Intelligence...'*] have been put into effect.

In contravention to the UN Standard Minimum Rules, prisoners in Egypt held in prisons where visits are allowed are often denied sufficient opportunities to communicate with their families or to have confidential meetings with their legal advisors. Lawyers are not given the opportunity to speak to their clients in private; all meetings are monitored by a prison guard. According to reports received by Amnesty International, prisoners are regularly ill-treated en route to and from the visitors room and have to go there blindfolded.

Amnesty International is urging the Egyptian Government to take immediate steps to improve prison conditions throughout the country and to respect and implement the relevant standards agreed upon by the international community. Torture and inhuman and degrading treatment in Egyptian prisons must come to an end, and the right of prisoners to be provided with at least the basic necessities and to be given unrestricted access to appropriate medical care if need be has to be respected.

Selected Amnesty International Publications on Egypt, 1995 - 1998:

1. *Egypt: Deaths in custody* (AI Index: MDE 12/18/95), October 1995;
2. *Egypt: Indefinite detention and systematic torture: the forgotten victims* (AI Index: MDE 12/13/96), July 1996.
3. *Egypt: Medical Letter Writing Action on Prison Conditions* (AI Index: MDE 12/02/97), January 1997
4. *Egypt: Women targeted by association* (AI Index: MDE 12/11/97), March 1997
5. *Egypt: Medical Letter Writing Action on Hassan al-Gharbawi Shahhata and Mostafa Thabit Bayyoumi* (AI Index: MDE 12/62/97), November 1997
6. *Egypt: Government fails to end torture* (Public Statement; AI Index: MDE 12/23/98),

May 1998

Extracts from the Standard Minimum Rules for the Treatment of Prisoners, adopted Aug. 30, 1955 by the First United Nations Congress on the Prevention of Crime and the Treatment of Offenders, amended E.S.C. res. 2076, 62 U.N. ESCOR Supp. (No. 1) at 35, U.N. Doc. E/5988 (1977).

10. All accommodation provided for the use of prisoners and in particular all sleeping accommodation shall meet all requirements of health, due regard being paid to climatic conditions and particularly to cubic content of air, minimum floor space, lighting, heating and ventilation.

11. In all places where prisoners are required to live or work,

(a) The windows shall be large enough to enable the prisoners to read or work by natural light, and shall be so constructed that they can allow the entrance of fresh air whether or not there is artificial ventilation;

(b) Artificial light shall be provided sufficient for the prisoners to read or work without injury to eyesight.

12. The sanitary installations shall be adequate to enable every prisoner to comply with the needs of nature when necessary and in a clean and decent manner.

13. Adequate bathing and shower installations shall be provided so that every prisoner may be enabled and required to have a bath or shower, at a temperature suitable to the climate, as frequently as necessary for general hygiene according to season and geographical region, but at least once a week in a temperate climate.

20.

(1) Every prisoner shall be provided by the administration at the usual hours with food of nutritional value adequate for health and strength, of wholesome quality and well prepared and served.

(2) Drinking water shall be available to every prisoner whenever he needs it.

22.

(1) At every institution there shall be available the services of at least one qualified medical officer who should have some knowledge of psychiatry. The medical services should be organized in close relationship to the general health administration of the community or nation. They shall include a psychiatric service for the diagnosis and, in proper cases, the treatment of states of mental abnormality.

(2) Sick prisoners who require specialist treatment shall be transferred to specialized institutions or to civil hospitals. Where hospital facilities are provided in an institution, their equipment, furnishings and pharmaceutical supplies shall be proper for the medical care and treatment of sick prisoners, and there shall be a staff of suitable trained officers.

(3) The services of a qualified dental officer shall be available to every prisoner.

24. The medical officer shall see and examine every prisoner as soon as possible after his admission and thereafter as necessary, with a view particularly to the discovery of physical or mental illness and the taking of all necessary measures; the segregation of prisoners suspected of infectious or contagious conditions; the noting of physical or mental defects which might hamper rehabilitation, and the determination of the physical capacity of every prisoner for work.

25.

(1) The medical officer shall have the care of the physical and mental health of the prisoners and should daily see all sick prisoners, all who complain of illness, and any prisoner to whom his attention is specially directed.

(2) The medical officer shall report to the director whenever he considers that a prisoner's physical or mental health has been or will be injuriously affected by continued imprisonment or by any condition of imprisonment.

26.

(1) The medical officer shall regularly inspect and advise the director upon:

- (a) The quantity, quality, preparation and service of food;
- (b) The hygiene and cleanliness of the institution and the prisoners;
- (c) The sanitation, heating, lighting and ventilation of the institution;
- (d) The suitability and cleanliness of the prisoners' clothing and bedding;
- (e) The observance of the rules concerning physical education and sports, in cases where there is no technical personnel in charge of these activities.

(2) The director shall take into consideration the reports and advice that the medical officer submits according to rules 25 (2) and 26 and, in case he concurs with the recommendations made, shall take immediate steps to give effect to those recommendations; if they are not within his competence or if he does not concur with them, he shall immediately submit his own report and the advice of the medical officer to higher authority.

37. Prisoners shall be allowed under necessary supervision to communicate with their family and reputable friends at regular intervals, both by correspondence and by receiving visits.

87. Within the limits compatible with the good order of the institution, untried prisoners may, if they so desire, have their food procured at their own expense from the outside, either through the administration or through their family or friends. Otherwise, the administration shall provide their food.

Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment, G.A. res. 43/173, annex, 43 U.N. GAOR Supp. (No. 49) at 298, U.N. Doc. A/43/49 (1988).

Principle 15

Notwithstanding the exceptions contained in principle 16, paragraph 4, and principle 18, paragraph 3, communication of the detained or imprisoned person with the outside world, and in particular his family or counsel, shall not be denied for more than a matter of days.

Principle 18

1. A detained or imprisoned person shall be entitled to communicate and consult with his legal counsel.
2. A detained or imprisoned person shall be allowed adequate time and facilities for consultation with his legal counsel.
3. The right of a detained or imprisoned person to be visited by and to consult and communicate, without delay or censorship and in full confidentiality, with his legal counsel may not be suspended or restricted save in exceptional circumstances, to be specified by law or lawful regulations, when it is considered indispensable by a judicial or other authority in order to maintain security and good order.

4. Interviews between a detained or imprisoned person and his legal counsel may be within sight, but not within the hearing, of a law enforcement official.

5. Communications between a detained or imprisoned person and his legal counsel mentioned in the present principle shall be inadmissible as evidence against the detained or imprisoned person unless they are connected with a continuing or contemplated crime.

Principle 19

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

Principle 22

No detained or imprisoned person shall, even with his consent, be subjected to any medical or scientific experimentation which may be detrimental to his health.

Principle 24

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

Principle 25

A detained or imprisoned person or his counsel shall, subject only to reasonable conditions to ensure security and good order in the place of detention or imprisonment, have the right to request or petition a judicial or other authority for a second medical examination or opinion.

Principle 26

The fact that a detained or imprisoned person underwent a medical examination, the name of the physician and the results of such an examination shall be duly recorded. Access to such records shall be ensured. Modalities therefore shall be in accordance with relevant rules of domestic law.

Principle 34

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