



“WHAT DO I CARE IF YOU DIE?”

NEGLIGENCE AND DENIAL OF HEALTH CARE IN EGYPTIAN PRISONS

**AMNESTY
INTERNATIONAL**



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Cover photo: Prisoners at Borg al-Arab Prison near Alexandria photographed during an organized prison visit by the State Information Service.

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GLOSSARY

CCP	Code of Criminal Procedures, Law no. 150/1950 regulating judicial proceedings
CFJ	Committee for Justice, a human rights organization focusing on violations in the Middle East and North Africa region based in Switzerland
ECRF	Egyptian Committee for Rights and Freedoms, a human rights NGO based in Egypt
EFHR	Egyptian Front for Human Rights, a human rights NGO based in the Czech Republic
EIPR	Egyptian Initiative for Personal Rights, a human rights NGO based in Egypt
ICCPR	International Covenant on Civil and Political Rights
ICRC	International Committee of the Red Cross
NCHR	National Council for Human Rights, Egypt's national human rights institution
NGO	non-governmental organization
NSA	National Security Agency, a specialized police agency operating under the Egyptian Ministry of Interior tasked with maintaining national security and co-operating with other bodies to fight terrorism
OHCHR	Office of the UN High Commissioner for Human Rights
PPE	personal protective equipment
SSSP	Supreme State Security Prosecution, a special branch of the Public Prosecution responsible for prosecuting crimes that relate to "state security"
WHO	World Health Organization

EXECUTIVE SUMMARY

“When we told the guard that he [the prisoner] was dying and must be taken to the hospital, he responded, ‘You are believers and you know that lives are in the hands of god’.”

Former prisoner in Wadi al-Natron Prison

Inhumane detention conditions have long plagued Egypt’s prisons, adversely affecting prisoners’ enjoyment of their right to health. Prisoners’ health and lives are further endangered by the failure of prison authorities – either through neglect or deliberate denial – to provide individuals in their custody with adequate health care, in breach of their obligations under international law. Amnesty International’s research shows how the authorities’ denial of adequate health care has caused undue pain and suffering of prisoners and their distressed relatives, and in some cases might have led or contributed to preventable deaths in custody and irreparable harm to prisoners’ health.

Prison officials hold men and women deprived of their liberty in connection to political cases, including prisoners of conscience detained solely for exercising their human rights, in cruel and inhuman conditions without access to adequate accommodation, sanitation and food, and deny them access to adequate health care, in some cases intentionally with the apparent purpose of punishing their dissent. Prominent opposition politicians and activists of various political affiliations as well as relatives of leading Muslim Brotherhood figures are most at risk of such punitive treatment.

From May 2020, reports on suspected COVID-19 infections and deaths in Egypt’s prisons began to emerge. This was unsurprising given the chronic overcrowding, poor hygiene and sanitation, inadequate ventilation and irregular access for prisoners to water and cleaning supplies. The spread of COVID-19 exacerbated the health and human rights crisis in prisons and led to further deaths in custody, but authorities continued to ignore calls to urgently tackle overcrowding by reducing the prison population and to address the longstanding structural concerns related to poor detention conditions and lack of access to adequate health care.

To investigate the right to health in prisons, Amnesty International documented the detention experiences of 67 individuals, ten of whom had died in custody and two shortly after their release in 2019 or 2020. The research, carried out primarily between February 2020 and November 2020, focused on 16 prisons – three for women and 13 for men – in seven governorates. Amnesty International conducted remote interviews with 73 individuals including former detainees; medical professionals; and families, lawyers and close friends of deceased and current detainees and reviewed court documents, official complaints, death certificates and medical records. It also drew on government statements, media articles, and reports by UN agencies and NGOs. Amnesty International communicated its findings and recommendations to the Egyptian authorities on 17 December 2020 but received no response by the time of publication.

Mass arbitrary detention

Since the ousting of late former president Mohamed Morsi in 2013, the Egyptian authorities have rounded up tens of thousands of actual or perceived critics and opponents. Thousands continue to be detained arbitrarily solely for exercising rights guaranteed under international law, including the rights to freedom of expression and peaceful assembly, or on the basis of grossly unfair trials, including mass and military trials. They include prisoners of conscience and people arrested in relation to political cases held in prolonged pre-trial detention over bogus terrorism-related charges. Imprisonment is also used in Egypt as punishment for a variety of acts that do not constitute internationally recognized criminal offences, such as failure to pay debts and sexual relations between consenting adults.

This policy of over-incarceration has meant that overcrowding remains endemic. In the 16 examined prisons, hundreds of detainees are crammed into overcrowded cells with an estimated average 1.1m² floor space available per prisoner, much less than the 3.4m² minimum recommended by the International Committee of the Red Cross (ICRC).

Cruel and inhuman conditions of detention

Amnesty International found that prison officials subjected men and women held in the 16 prisons researched to conditions of detention that fall far short of international standards for the treatment of prisoners, adversely impacting their right to physical and mental health and in some cases their right to life. Testimonies by former detainees and other informed sources point to cruel and inhuman conditions, including overcrowding and inadequate accommodation, poor ventilation, substandard sanitation and hygiene, shortage of nutritious food, and little or no access to fresh air and exercise.

Prison authorities systematically fail in their obligation to provide those in their custody with adequate food, bedding and clothing, cleaning products and items for personal hygiene including sanitary towels. Prisoners from economically underprivileged backgrounds suffer disproportionately due to their or their families' inability to cover expenses for these basic needs.

Prison authorities also deliberately place certain detainees held in relation to political cases in squalid, inhuman and cruel conditions, including in prolonged solitary confinement, and deprive them of access to basic necessities, even when costs are borne by their families. This punitive treatment is sometimes carried out on the basis of instructions by the National Security Agency (NSA), a specialized police agency, to punish them for their perceived opposition to the government.

Many cells and entire wards are dirty and infested with insects, heightening concerns about detainees' irregular access to water and washing and toilet facilities. Detainees have to share some items, including toothbrushes, towels and razors, facilitating the spread of infectious diseases.

Former detainees and others with knowledge of detention conditions interviewed by Amnesty International pointed to poor lighting and ventilation in prisons, problems compounded by lack of or insufficient access to fresh air and exercise. Scores of detainees are banned from exercising in outdoor areas or ever leaving their cells for the duration of their detention.

Across the 16 prisons, the food provided by prison authorities is of low nutritional quality, insufficient and unhygienic. As a result, many detainees rely on food delivered by families, whose ability to do this regularly is undermined by periodic bans on delivery of food and other essentials, imposed by prison officials without explanation or simply citing "security instructions."

Prison authorities also torture and otherwise ill-treat detainees through holding them in prolonged and indefinite solitary confinement in abusive conditions for more than 22-23 hours a day.

Khalid Hamdy, a 36-year-old journalist detained since March 2014 in al-Aqrab Prison, part of the Tora Prison Complex in the south of Cairo, has been held in solitary confinement since December 2018. According to a private doctor's assessment, he developed asthma, osteoarthritis, numbness in his feet and disease of small blood vessels during his incarceration, possibly owing to his conditions of detention. Despite multiple requests, prison authorities have refused to transfer him to an external hospital for comprehensive diagnosis and treatment or move him out of solitary confinement.

Denial of contact with family members

Authorities impose undue restrictions and in some cases bar prisoners' contact with the outside world, adversely impacting their mental health and facilitating torture and other ill-treatment. Authorities have cruelly banned scores of detainees, including activists and politicians, from receiving family visits for protracted periods – in some cases for over four years – in what appear to be punitive and discriminatory restrictions aimed at punishing dissent. In some cases, these bans were based on open-ended prosecutor decisions, while in others no explanation was provided or prison officials cited "security instructions."

Under measures adopted in response to the spread of COVID-19, Egyptian authorities suspended all prison visits between March and August 2020, failing to introduce regular alternative means of communication, including bi-monthly phone calls as prescribed by Egyptian law. Despite the general resumption of visits on 25 August 2020, the authorities continued to bar visits for some detainees held in relation to political cases, including prisoners of conscience.

Officials at al-Qanater Prison for women did not allow 61-year-old human rights lawyer Hoda Abdelmoniem a single prison visit since her detention on 1 November 2018. Hope had been raised, when the prison

administration told the family over the phone to visit on 12 September 2020, but on arrival guards denied them access, citing new “instructions” by the NSA.

Poor response to COVID-19 in prison

The prison authorities have mishandled the spread of COVID-19. No coordinated approach exists across prisons to contain the pandemic. Generally, prison administrations have failed to systematically distribute sanitary products, trace and screen new arrivals, or test and isolate those suspected of infection, and have concealed information about the COVID-19 outbreak from prisoners and their distraught families. Longstanding issues, such as lack of clean water, poor ventilation and overcrowding, have made physical distancing and preventative hygienic measures impossible to implement.

Detainees who displayed COVID-19 symptoms were not systematically tested. In some prisons, they were quarantined in cells used for solitary confinement without access to adequate treatment. In other prisons, they were left in their cells, also without treatment and engendering others. Since the pandemic, the authorities continued to transfer prisoners between prisons, courts and police stations without personal protective equipment (PPE) or physical distancing measures. New arrivals were also admitted into prisons without any screening, testing or isolation, except in a few rare cases. Leaked letters by prisoners reveal how prison authorities have been toying with their lives amid the pandemic, and even punishing some prisoners for complaining about guards not wearing masks or for raising other safety concerns.

Shortcomings in addressing the risks posed by the pandemic may have contributed to prisoners contracting and possibly dying as a result of COVID-19. In July 2020, journalist Mohamed Mounir died 10 days after being released from Tora Investigations (Tahqiq) Prison. According to his daughter, he had been arrested and placed in pre-trial detention in mid-June and had a high fever on the day of his release on 2 July. His physician confirmed that he died of COVID-19 complications.

Medical Negligence

Amnesty International’s research of the 16 prisons revealed that prison clinics lack the capacity to provide adequate health care, and yet prison officials frequently refuse to transport detainees in a timely manner to outside hospitals with relevant specialist capacity. The authorities’ failure to provide needed health care, including in emergencies, might have contributed or led to untimely deaths in custody.

Prison infirmaries are generally unsanitary and lack equipment and qualified health professionals. Former detainees highlighted the lack of comprehensive health screenings, including diagnostic tests, and said that prison doctors usually just give them painkillers regardless of their symptoms.

Receiving timely healthcare, including in medical emergencies, is left to the discretion of guards and other prison officials, who regularly dismiss or downplay the severity of detainees’ health problems, and routinely delay their transfers for treatment inside and outside prisons.

Former detainees said prison doctors at times used offensive language against them, including accusing them of “terrorism” and “moral delinquency”. Two former women detainees also reported that prison medical personnel sexually abused and harassed them.

Former detainees also said that detention conditions and other abuse left them with depression, with many admitting to having had suicidal thoughts. Virtually no mental health services are provided in Egyptian prisons and former prisoners said access to external mental health services was only made available for some detainees who had attempted suicide.

In some cases, poor or delayed treatment has had fatal consequences. Shady Habash, a 24-year-old filmmaker, died on 2 May 2020 at Tora Investigations Prison. Despite knowing that he had ingested alcohol, the prison doctor did not treat him for possible alcohol poisoning and twice sent him back to his cell after giving him antiemetic and antispasmodic medicines. When Shady Habash continued vomiting and became delirious, he returned to the infirmary but was not offered alternative treatment until another doctor arrived and belatedly began procedures to transfer him to an outside hospital. Shady Habash died before the transfer took place.

Deliberate denial of health care

Prison authorities deliberately deny access to health care - made available to other prisoners - from certain prisoners with political profiles, such as human rights defenders, activists, politicians and other perceived government opponents held solely for the legitimate exercise of their rights. For instance, prison authorities delay or outright refuse to transfer sick prisoners with political profiles for treatment inside prison or to outside facilities and withhold medication from them, even when costs could have been covered by detainees or their families. The denial of health care appeared to be discriminatory and punitive in some cases as other prisoners held in relation to non-political cases were being routinely – although not promptly – transferred to external hospitals and permitted medication.

All 67 individuals, whose cases Amnesty International has documented for this report, have been denied adequate health care in prison and transfer to external hospitals with specialist capacity, at least once during their detention. Among them were older prisoners and those with pre-existing medical conditions needing regular monitoring, diagnostic tests, adjustment of medication dosage and other treatment.

Detainees consistently complained about prison officials withholding medication. Prison authorities lack a transparent and unified policy to accept medicine delivered by families, which varies widely between prisons, prisoners and even dates of attempted deliveries. Individuals held in relation to political cases are sometimes prevented from receiving medicines that are permitted for others.

Failure to provide health care including essential medicine for free negatively affected the right to health of prisoners from economically disadvantaged backgrounds, whose relatives could not afford the costs.

The denial of adequate health care to prisoners, including to those with chronic conditions, has potentially fatal consequences and may constitute a violation to the right to life. In a number of cases documented by Amnesty International, the authorities' deliberate denial of health care to prisoners with a political profile for the purpose of punishing dissent, causing severe pain and suffering, amounted to torture.

“They are trying to kill me slowly or make me go insane”

Sixty-nine-year-old Abdelmoniem Aboufotoh, a former presidential candidate and founder of Misr Al-Qawia opposition party, has been arbitrarily detained since February 2018 in inhuman and cruel conditions. He has been held in indefinite solitary confinement throughout his detention, despite his frail health.

Before his detention, he suffered from diabetes, high blood pressure and an enlarged prostate, yet the prison authorities have severely delayed or denied his requests for a respiratory device he needs while sleeping, transfer for treatment outside the prison, and access to doctors inside prison. Prosecutors have dismissed his complaints.

Lives cut short

Human rights groups estimate that hundreds have died in custody in the past five years. But the actual number is likely to be higher, as Egyptian authorities do not disclose figures of those imprisoned, let alone of those who die in custody and severely repress any independent monitoring and reporting of detention conditions.

Amnesty International found that the cumulative impact of the abysmal conditions under which they were detained coupled with the denial of adequate health care may have contributed or led to the deaths of at least seven men in 2019 and 2020, namely: former president Mohamed Morsi; Muslim Brotherhood senior figure Essam el-Erian; Ahmed Abdelnabi; and Amr Abu Khalil, brother of an anchor with an opposition TV-Channel as well as “Anwar”, “Ali” and “Mahmoud” - prisoners with political profiles whose identities have been withheld at their families' request. Two other men held in relation to political cases died in solitary confinement in 2019 after prolonged banging on the doors seeking help in vain. One of them, Hossam Hamed, had been beaten by prison guards according to informed sources. The other, “Mohamed”, told guards he suffered from breathing difficulties and would not survive the poor ventilation and humidity of the cell used for solitary confinement. Another prisoner with a political profile, Egyptian-American dual national Moustafa Qassem, died in early 2020 while on hunger strike in protest of his detention conditions and imprisonment.

No effective, thorough, impartial and independent investigations have been conducted into the causes and circumstances of any of these deaths or the deaths of filmmaker Shady Habash (see *Medical Negligence* above) and journalist Mohamed Mounir (see *Poor response to COVID-19 in prison* above).

Impunity and lack of oversight

Prisons authorities operate with impunity, and with little to no independent oversight. Prosecutors and members of the National Council for Human Rights (NCHR), Egypt's national human rights institution, have conducted prison visits, but these are irregular and limited in scope. Egyptian authorities do not allow independent observers into prisons and have intimidated and harassed victims and families who raise concerns with independent human rights organizations and the UN independent human rights experts, contributing to a culture of fear.

Prosecutors have the authority to carry out unannounced visits to places of detention and investigate violations in the context of detention. However, complaints to prosecutors about poor detention conditions, denial of health care and other violations by prison authorities are often ignored.

This systematic failure of prosecutors to independently and effectively investigate allegations of human rights violations – including in cases of deaths in custody – and hold officials accountable may amount to complicity in entrenching the climate of impunity and facilitating the repetition of human rights violations.

The authorities have repeatedly attempted to whitewash the dire situation in prisons and have labelled those raising concerns as “enemies of the state”. The official narrative praising conditions and the health care system in prisons continues to be challenged by detainees, families of detainees and human rights activists, despite the state's unrelenting campaign of harassment for reporting concerns, including arrest and prosecution for disseminating “false news”.

Detainees have initiated hunger strikes, which have at times been met with threats and beatings. Families who have protested in public have been arrested. Human rights defenders, activists and lawyers have faced threats and imprisonment over unfounded terrorism-related charges after calling for the release of detainees or improved conditions of detention.

Recommendations

To end the utter disregard for detainees' health and lives, the authorities must launch independent and effective investigations into all incidents of deaths in custody and allegations of deliberate denial of health care and hold those suspected to be responsible accountable in proceedings meeting international fair trial standards.

To avert deepening the health and human rights crisis given COVID-19 outbreaks in Egypt's overcrowded prisons, the authorities must urgently reduce the overall prison population, starting by releasing all those detained solely for the peaceful exercise of their human rights and those held in prolonged pre-trial detention over bogus-charges and consider releasing prisoners particularly vulnerable to the virus because of their age or pre-existing health conditions.

The authorities must allow independent monitoring of places of detention including by specialized international organizations such as the ICRC, as well as work with independent medical professionals, members of civil society and other experts such as the UN Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment and the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health towards addressing the abysmal conditions of detention and ensuring that all detainees, without discrimination, have access to adequate health care.

1. METHODOLOGY

This report is based on research that Amnesty International conducted between February and November 2020, complemented by years of documentation of conditions in Egyptian prisons.

The organization gathered detailed information on the conditions of detention and access to health care in prison for 67 individuals:

- 12 men who had died between June 2019 and September 2020 either in custody or shortly after being released;
- 28 men and 8 women imprisoned at the time of writing; and
- 13 men and 6 women released from detention after being incarcerated between mid-2014 and the end of 2020.

Several among them were moved between different prisons during their time in custody.

The research covered the situation in 16 prisons:

- **3 prisons for women** – al-Qanater Prison for women in al-Qalubiya governorate, Port Said Prison for women and Damanhur Prison for women; and
- **13 prisons for men** – Tora Investigations (Tahqiq) Prison, Farm (Mazraet) Tora Prison, Tora Maximum Security (Shadid al-Hirasa) 1 (known as Scorpion, or al-Aqrab) Prison, Liman Tora Prison, Tora Maximum Security (Shadid al-Hirasa) 2 Prison and Reception (Istiqbal) Tora, all part of the Tora Prison Complex in Cairo governorate¹; Borq al-Arab Prison in Alexandria governorate; No. 440 Wadi al-Natron Prison in Behira governorate; Giza Central Prison; Ismailia Central Prison; al-Fayoum Prison; al-Minya Maximum Security (Shadid al-Hirasa) Prison; and Port Said Prison for men.

The selection of individual cases was based on the availability of information and the willingness of impacted individuals and their families and lawyers to share their experiences with Amnesty International. The individuals include human rights defenders, journalists, members of opposition political parties and movements, and other perceived government opponents.

While this report focuses on the experiences of individuals held for political reasons, Amnesty International also sought to obtain information about the situation of other prisoners, from a range of sources such as lawyers and former detainees, including in order to determine whether prisoners with a political profile face discriminatory or particularly punitive measures in prison.

Amnesty International interviewed 73 individuals, the majority of whom were based in Egypt at the time of interviews. These include former detainees, medical professionals, and family members, close friends and lawyers of current and deceased detainees. Interviews were conducted in Arabic, without the use of interpreters, over the phone or through secure messaging apps.

A number of individuals with direct knowledge of deaths in custody approached by Amnesty International refrained from providing detailed information, citing threats made by security forces. The Egyptian authorities have frequently harassed and intimidated human rights defenders, lawyers, journalists and individuals who speak out against human rights violations and have targeted families of victims of human rights violations.² For instance, the authorities tracked a number of individuals who shared their stories with Human Rights Watch during research it conducted in preparation of its report *'We Do Unreasonable Things Here' Torture and National Security in al-Sisi's Egypt*,³ despite the use of pseudonyms in the report to conceal the identity of research participants.⁴ The authorities also detained a woman between February 2018 and July 2020 over her participation in a BBC documentary about torture in Egypt in which she discussed the enforced

¹ Hereafter, the original Arabic names of prisons in the Tora Prison Complex are used.

² Office of the UN High Commissioner for Human Rights (OHCHR), *Egypt: UN experts alarmed by treatment of human rights defenders after visit*, 4 December 2018, www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=23971&LangID=E; Human Rights Watch, *Egypt: Families Of Dissidents Targeted*, 19 November 2019, www.hrw.org/news/2019/11/19/egypt-families-dissidents-targeted

³ Human Rights Watch, *'We do unreasonable things here' Torture and national security in al-Sisi's Egypt*, 5 September 2017, www.hrw.org/report/2017/09/05/we-do-unreasonable-things-here/torture-and-national-security-al-sisis-egypt

⁴ *Alyoum al-Sabea*, "The Public Prosecution issues a statement on Human Rights Watch's allegations on human rights in Egypt", 30 January 2019, bit.ly/3p5iILY (in Arabic)

disappearance of her daughter.⁵ As a result of such well-documented reprisals, Amnesty International has gone to great lengths to protect the identities of some individuals featured in and interviewed for this report. This includes omitting the name, age and, in some cases, other identifying details including profession, place of residence and health conditions and using pseudonyms, which is indicated in a footnote. In some instances, the organization has decided not to reveal findings where it was not possible to present information without exposing individuals to the risk of reprisal.

Wherever possible Amnesty International also examined court documents,⁶ medical records, prescriptions, official complaints and death certificates. For instance, it examined seven legal case files, involving 300 detainees held in relation to political cases, provided by the Egyptian Front for Human Rights (EFHR), an NGO based in the Czech Republic. These files include records of complaints made by this group of defendants to prosecutors and courts during questioning and detention renewal hearings regarding their detention conditions and access to health care in seven prisons, including five covered by this report, namely al-Aqrab Prison, Tora Shadid al-Hirasa 2 Prison, Istiqbal Tora Prison, Tora Tahqiq Prison and Giza Central Prison.⁷ Amnesty International also examined videos, audio messages and letters recorded or written by prisoners and smuggled out.

Amnesty International also examined reports published by several Egyptian and international human rights organizations, UN bodies and the National Council for Human Rights (NCHR) as well as official statements and newspaper articles.

The current restrictions on freedom of expression, human rights activism and independent research, as well as the relentless targeting of human rights defenders, prevented Amnesty International from carrying out research in Egypt. No independent human rights organization is allowed to visit prisons in Egypt.

On 17 December 2020, Amnesty International wrote to the Minister of Interior, the Deputy Minister for Human Rights at the Ministry of Foreign Affairs, the Public Prosecutor and the President of the NCHR detailing findings and concerns, and seeking comments and clarifications from the authorities, including on the causes and circumstances surrounding the deaths described in this report and measures the authorities have taken and plan to take to address the issues raised. No response was received by the time of publication.

The research conducted for this report would not have been possible without the support and co-operation of many Egyptian human rights defenders and lawyers whose names and the exact nature of the assistance provided are omitted for fear of reprisals against them. Amnesty International is grateful for their help and extends its gratitude to all victims and witnesses who agreed to share their experiences.

⁵ Amnesty International, *Egypt: An Open-Air Prison for Critics* (Index: MDE 12/9107/2018), www.amnesty.org/download/Documents/MDE1291072018ENGLISH.pdf

⁶ For cases investigated by the Supreme State Security Prosecution (SSSP) that have not been referred to trial, the SSSP prevents lawyers and detainees from examining any case-related documents.

⁷ The Egyptian Front for Human Rights (EFHR), *Systematic complaints of abuse ignored: 300 documented complaints to prosecutors on conditions of detention in Egyptian prisons*, 17 August 2020, egyptianfront.org/ar/2020/08/systematic-abuse-complaints-ignored/ (in Arabic). The EFHR provided Amnesty International with the raw data as well as its analysis of the case files.

2. BACKGROUND

The Egyptian authorities have not disclosed the exact number of functioning prisons in Egypt, nor do they disclose the total number of prisoners or provide any breakdown by legal status (convicted or in pre-trial detention), sex, age or type of sentence.⁸

The website of the Ministry of Interior lists 44 prisons under the oversight of the Prisons Sector of the Ministry of Interior. Major General Hisham el-Baradei, the former head of the Prisons Sector, was cited in a media article in January 2021 specifying that there were 47 prisons under the Prison's Sector supervision.⁹ These exclude central prisons, which are under the direct oversight of Security Directorates at governorate level, also under the Ministry of Interior. Since late former president Mohamed Morsi was ousted in July 2013, the government issued at least 24 decisions to establish new prisons, 21 of which were central prisons.¹⁰

According to a statement issued by the Office of the High Commissioner of Human Rights (OHCHR) in April 2020, there were at least 114,000 inmates in Egypt.¹¹ In November 2019, a pro-government media anchor cited the same figure, clarifying that 84,000 of these were serving sentences and 30,000 were in pre-trial detention.¹² These figures represent a significant increase to the estimated numbers of prisoners in 2012, which stood at 50,000 to 70,000 according to Maat for Peace and Development and Human Rights, an organization close to the government.¹³ In an interview with Le Figaro newspaper in December 2020, President Abdel Fattah al-Sisi did not provide the actual number of prisoners, but specified that Egyptian prisons have the capacity to hold 55,000 individuals.¹⁴ If estimates of 114,000 total inmates are accurate, Egyptian prisons are holding on average over twice as many prisoners as their capacity allows, or operate at 207% of system capacity.

According to the Prison Law (Law No. 396/1956), there are four categories of prisons under the oversight of the Ministry of Interior.¹⁵ Depending on the severity of the sentence, convicted prisoners, including those in political cases, are transferred to a "central prison,"¹⁶ a "public prison"¹⁷ or a "*liman* prison"¹⁸ close to their place of residence. The fourth category of prison has special status in law and practice and is used to hold convicted prisoners and pre-trial detainees in relation to certain categories of offences. For example, al-Aqrab Prison, part of the Tora Prison Complex,¹⁹ incarcerates detainees who are considered by the authorities to pose a particular threat to national security, such as leading figures in the Muslim Brotherhood

⁸ In August 2020, the Ministry of Interior published the telephone numbers for 44 prisons on its website, instructing relatives of inmates to call to organize prison visits. The telephone numbers of several other known functioning prisons were excluded, including Tora Maximum Security (Shadid al-Hirasa) 1 (known as Scorpion or al-Aqrab) and Tora Maximum Security (Shadid al-Hirasa) 2. See website of the Ministry of Interior, moi.gov.eg/home/. For more information on Egypt's prison system, see publications on prison legislation by the Egyptian Initiative for Personal Rights (EIPR), eipr.org/publications

⁹ Hussein, E, "Prisons, What is the difference between public and central prisons?", al-Shorouk, 4 January 2021, www.shorouknews.com/columns/view.aspx?cdate=04012021&id=8434401b-3386-40d3-859b-25a9577ed1b4 (in Arabic).

¹⁰ Article 1 of the Prison Law gives Egypt's President the power to establish prisons, and the Minister of Interior the power to designate places as prisons. Since 2013, both the President and the Minister have promulgated decisions establishing or designating areas as prisons. However, no information has been made publicly available on whether these were operationalized, making the determination of the number of functioning prisons in Egypt difficult.

¹¹ OHCHR, *Press briefing note on Egypt*, 3 April 2020, www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25772&LangID=E

¹² TenTv, YouTube Channel, "By writing and verbally," 11 November 2019, www.youtube.com/watch?time_continue=13&v=iEiiQkfFUIU&feature=emb_title (in Arabic).

¹³ Alyoum al-Sabe, "In the first report of 'Maat' on the prisoners conditions: Egypt has 180,000 prisoners in 45 prisons across the country. 28% of convicted of financial and debt crimes. Difficult economic conditions motivated the crime," 21 June 2012, shorturl.at/Al456 (in Arabic).

¹⁴ Girard, R, "Al-Sisi: Egypt and France are fighting together on many fronts," Le Figaro, 8 December 2020, www.lefigaro.fr/international/al-sissi-l-egypte-et-la-france-luttent-ensemble-sur-plusieurs-fronts-20201208 (in French)

¹⁵ See articles 1, 2, 3 and 4 of the Prison Law.

¹⁶ In accordance to Minister of Interior decision no. 1654/1971, these are designated for individuals sentenced to short prison terms or incarcerated for failing to repay their debts.

¹⁷ Used for the incarnation of women sentenced to prison terms of over three years and men sentenced to at least three years' imprisonment and transferred from a *liman* prison due to health concerns, as a reward for good behaviour or after spending part of their sentence in a *liman* prison.

¹⁸ Used for incarcerating men serving sentences exceeding three years.

¹⁹ The Tora Prison Complex consists of seven prisons: Liman Tora, Tora Convicted (Mahkom), Tora Reception (Istiqbal), Tora Investigations (Tahqiq), Tora Farm (Mazraet), Tora Maximum Security (Shadid al-Hirasa) 1 (known as Scorpion or al-Aqrab) and Tora Maximum Security (Shadid al-Hirasa) 2. Each has historically specialized in detaining different categories of prisoners, although these categories have recently been diluted.

and those held in connection to criminal cases involving the use of violence against state facilities or personnel.

With increased use of prolonged pre-trial detention in cases investigated by the Supreme State Security Prosecution (SSSP) – a special prosecution branch responsible for investigating and prosecuting “state security” cases as prescribed by a number of laws²⁰ – many men held in connection to political cases, including prisoners of conscience, activists and human rights defenders, have been held in al-Aqrab Prison and other prisons in the Tora Prison Complex. Women, including pre-trial detainees held in relation to terrorism-related charges that fall under the remit of the SSSP, have been incarcerated in al-Qanater Prison for women regardless of their place of residence.

2.1 A POLICY OF MASS ARBITRARY DETENTION

Egyptian authorities arbitrarily detain thousands of individuals solely for exercising rights guaranteed under international law²¹ or on the basis of grossly unfair trials, including mass trials before civilian²² and military courts or in pre-trial detention for prolonged periods of up to several years.²³

The Egyptian authorities abuse pre-trial detention to detain thousands for months or years without formally charging or trying them, including for expressing their opinions, taking part in peaceful protests, doing media work, criticizing the authorities online, defending human rights or participating in politics. In 2013, the Supreme Constitutional Court struck down an article that allowed for indefinite administrative detention under the state of emergency but the practice was replaced by the use of prolonged and indefinite pre-trial detention.²⁴ Amnesty International has found that SSSP prosecutors systematically order suspects to be detained after questioning and renew their detention for up to 150 days with little or no judicial oversight. Suspects are held for longer through renewals of detention orders by terrorism-circuit judges, sometimes over the absolute two-year legal limit for pre-trial detention. In some cases, to bypass decisions by courts or prosecutors to release pre-trial detainees, the SSSP orders their detention pending investigations into similar charges in separate cases, in effect allowing for their indefinite detention without charge or trial in a practice commonly referred to as “rotation”.

In May 2020, after the end of the temporary suspension of court and detention renewal hearings by prosecutors and judges due to COVID-19 concerns (See Chapter 2.2), the authorities resumed such hearings in the absence of defendants, a practice that has been maintained by prosecutors in the SSSP. This flouted minimum guarantees for due process, including defendants’ ability to challenge the legality of the detention and the right to be present at trial. The right to a defence through counsel was also violated as lawyers were prevented from presenting their defence. Despite these procedural flaws, judges in terrorism-circuit courts issued nearly 1,600 decisions to extend pre-trial detention between 4 and 6 May 2020 alone in the absence of defendants.²⁵

In addition to the imprisonment of people for their exercise of legitimate civil and political rights under overly broad and archaic Penal Code provisions, Egyptian legislation also criminalizes and prescribes prison sentences for other acts that do not constitute internationally recognized criminal offences. For example, Egypt continues to imprison people who fail to pay personal debts under Article 341 of the Penal Code, which the UN Working Group on Arbitrary Detention considers an inherently arbitrary deprivation of liberty, as well as a form of discrimination against individuals of modest economic means. Egypt also continues to imprison adults for engaging in consensual sexual relations on the basis of their real or perceived sexual

²⁰ See Amnesty International, *Permanent state of exception: Abuses by the Supreme State Security Prosecution* (Index: MDE 12/1399/2019), www.amnesty.org/en/documents/mde12/1399/2019/en/

²¹ Amnesty International, *Egypt: Largest wave of mass arrests since President Abdel Fattah al-Sisi came to power*, (Press release, 2 October 2019), www.amnesty.org/en/latest/news/2019/10/egypt-largest-wave-of-mass-arrests-since-president-abdel-fattah-al-sisi-came-to-power/

²² Amnesty International, *Egypt: Death sentences and heavy prison terms handed down in disgraceful mass trial*, (Press release, 8 September 2018), www.amnesty.org/en/latest/news/2018/09/egypt-death-sentences-and-heavy-prison-terms-handed-down-in-disgraceful-mass-trial/

²³ Human Rights Watch, *Egypt: 7,400 civilians tried in military courts*, 13 April 2016, www.hrw.org/news/2016/04/13/egypt-7400-civilians-tried-military-courts

²⁴ Amnesty International, *Permanent state of exception: Abuses by the Supreme State Security Prosecution* (Index: MDE 12/1399/2019), www.amnesty.org/en/documents/mde12/1399/2019/en/

²⁵ Amnesty International, *Egypt: Court arbitrarily extends the pre-trial detention of over 1,600 defendants*, (Press release, 7 May 2020), www.amnesty.org/en/latest/news/2020/05/egypt-court-arbitrarily-extends-the-pre-trial-detention-of-over-1600-defendants/

orientation under a 1961 “debauchery” law,²⁶ also used to imprison sex workers.²⁷ Egyptian law also criminalizes adultery (*zina*), with women being disproportionately affected.²⁸

The criminal justice system relies heavily on imprisonment with limited use of alternatives. Egyptian law allows individuals sentenced to prison terms of under six months to request to instead work without pay for a government-owned body for six hours per day.²⁹ The Code of Criminal Procedures (CCP) also specifies several medical and social grounds allowing defendants to seek alternatives to detention if convicted.³⁰ According to information provided by lawyers and human rights organizations working on criminal justice issues, in practice this rarely happens.

2.2 FAILURE TO ADDRESS PRISON OVERCROWDING IN RESPONSE TO COVID-19

On 14 February 2020, Egypt announced its first COVID-19 case.³¹ In the first few months, the government took several steps to halt the spread of the virus, including closing international borders on 19 March 2020;³² closing public places; banning large gatherings, including for religious purposes; and imposing curfews.³³ However, the authorities had relaxed most of these measures by June.³⁴ Additionally, between March and July 2020, the authorities suspended or postponed court and detention renewal hearings owing to the risks of transporting detainees and prisoners, and suspended family visits to prisons between March and August 2020.

On 15 January, the Ministry of Health stated that the total number of people infected by COVID-19 had reached 154,620, of whom 8,473 had died.³⁵ In December 2020, the BBC published figures issued by the Central Agency for Public Mobilization and Statistics (CAPMAS), an official body, indicating 60,000 excess deaths for the months of June, July and August 2020.³⁶ While it is not possible to attribute all these excess deaths to COVID-19 without further investigation, even government officials admitted that the Ministry of Health figures severely underestimate the true toll due to the lack of widespread testing, as well as the exclusion of results from testing in private laboratories and deaths without a positive government-administered PCR.³⁷ In a press briefing on 8 December 2020, Rick Brennan, the Director of the Health Emergencies Programme for the Eastern Mediterranean at the WHO said that “the number of coronavirus cases recorded by Egypt’s Health Ministry does not reflect the actual figures for infections in the country”.³⁸ In December 2020, Mohamed Tag el-Din, the President’s Advisor for medical and precautionary measures, said that the figures published by the Ministry of Health only represent the number of recorded, but not actual, cases.³⁹ In December 2020, Mohamed el-Nagi, a medical doctor and member of the government committee responsible for addressing COVID-19, acknowledged that actual numbers of infections might be 10 times higher than those published by the Ministry of Health.⁴⁰

According to the WHO guidance on preparedness for COVID-19 published in March 2020:

²⁶ Amnesty International, *Egypt: 16 men jailed amidst unprecedented homophobic crackdown*, (Press release, 29 November 2017), www.amnesty.org/en/latest/news/2017/11/egypt-16-men-jailed-amidst-unprecedented-homophobic-crackdown/

²⁷ Sara Mohamed, “Patriarchal society alienates sex workers in Egypt”, *Egyptian Streets*, 12 July 2018, egyptianstreets.com/2018/07/12/patriarchal-society-alienates-sex-workers-in-egypt/

²⁸ Articles 274 and 277 of the Penal Code.

²⁹ Articles 479 and 521 of the Code of Criminal Procedures (CCP).

³⁰ Articles 485-488 of the CCP.

³¹ *Egypt Today*, “Egypt announces first coronavirus infection,” 14 February 2020, www.egypttoday.com/Article/1/81641/Egypt-announces-first-Coronavirus-infection

³² *Alyoum al-Sabea*, “Today, airports halt flights to decrease mixing,” 19 March 2020, cutt.ly/6hQTFWT (In Arabic).

³³ *Alyoum al-Sabea*, “The government: curfew starts from eight pm instead of seven for two weeks,” 8 April 2020, cutt.ly/xhQTBSF (In Arabic).

³⁴ *Alyoum al-Sabea*, “Egypt news today. The government: ending curfew and imposing precautionary measures,” 23 June 2020, cutt.ly/HhQT9JQ (In Arabic).

³⁵ Ministry of Health Facebook Page, “Health: number of people who recovered from COVID-19 rose to 121,792,” 15 January 2021, <https://www.facebook.com/egypt.mohp/posts/291638979053388>

³⁶ Abu Talib, A, “COVID-19: Do death statistics reflect reality in Egypt?,” BBC Arabic, 26 December 2020, www.bbc.com/arabic/middleeast-55447345

³⁷ Excess death tolls in 2020 provide an understanding on the possible direct and indirect impact of COVID-19 on mortality. Excess deaths reflect the number of people who had died above the expected number based on mortality rates for previous years.

³⁸ Egypt Independent, “WHO official doubts Egypt’s statistics for coronavirus infections,” 9 December 2020, <https://egyptindependent.com/who-official-doubts-egypts-statistics-for-coronavirus-infections/>

³⁹ Al-Watan News, “The President’s advisor: The announced numbers of COVID-19 infections are only those recorded by the Ministry of Health,” 15 December 2020, <https://www.elwatannews.com/news/details/5137498> (In Arabic)

⁴⁰ ON TV, Facebook Video, “Member of the committee to fight COVID-19 makes a surprising revelation on the new strain and death toll in Egypt,” 20 December 2020, <https://www.facebook.com/watch/?v=229947821848278> (In Arabic)

“[P]eople deprived of their liberty, such as people in prisons and other places of detention, are likely to be more vulnerable to the coronavirus disease (COVID-19) outbreak than the general population because of the confined conditions in which they live together for prolonged periods of time and the near impossibility of physical distancing.”⁴¹

Medical literature identifies the following groups at higher risk of COVID-19-related complications and higher mortality rates: older people and people with underlying conditions, including diabetes, heart disease, chronic lung disease and compromised immune systems.⁴² The Egyptian prison population includes such individuals.

On 25 March 2020, the UN High Commissioner for Human Rights called on all states to release prisoners to reduce overcrowding in prisons and prevent loss of life among detainees. She highlighted the need to release anyone detained without sufficient legal basis, including political activists and others detained simply for expressing critical or dissenting views.⁴³ The Commissioner noted that many are held in overcrowded and unsanitary conditions, where physical distancing and maintaining personal hygiene are not possible.

Throughout the year, the authorities did not announce any intention to reduce the prison population to mitigate the risk of COVID-19 outbreaks in prisons. Major General Hisham el-Baradei, the former head of the Prisons Sector at the Ministry of Interior, told the media that in 2020 the government released a total of 36,000 prisoners through annual presidential pardons and conditional releases, 4,000 less than those released in 2019, showing a blatant disregard to risks posed by COVID-19.⁴⁴ Such measures have been part of the government’s long-standing plans to deal with prison overcrowding, according to a submission by the Egyptian delegation in Geneva to the OHCHR in May 2015.⁴⁵

Conditions for pardon require those released not to present a “threat to public security,” a term without a clear definition in Egyptian law and whose interpretation is left to the discretion of security agencies, including the National Security Agency (NSA), a specialized police agency operating under the Ministry of Interior tasked with maintaining national security and co-operating with other bodies to fight terrorism.⁴⁶ In practice, such pardons exclude those convicted in political cases, including prisoners convicted of certain types of crimes, such as those related to taking part in protests and other political activities, and the thousands of detainees in prolonged pre-trial detention facing politically motivated charges.⁴⁷

In April 2020, the OHCHR called on the Egyptian authorities to release those convicted of non-violent offences and those who are in pre-trial detention who, it claimed, make up just below a third of those in jail. The OHCHR also called for the release of all those arbitrarily detained due to their political or human rights work and those in particularly vulnerable situations because of their age (children and older persons) or serious underlying medical conditions.⁴⁸ In August 2020, 11 UN human rights special procedures stated that “the lengthy and unnecessary pre-trial detention of scores of Egyptian human rights defenders is putting them at grave and unnecessary risk during the COVID-19 pandemic.”⁴⁹ They reiterated calls to release human rights defenders and called on the authorities “to facilitate the release of prisoners detained without sufficient legal basis or with pre-existing medical conditions.”⁵⁰

⁴¹ World Health Organization (WHO), *Preparedness, prevention and control of COVID-19 in prisons and other places of detention*, 15 March 2020, www.euro.who.int/_data/assets/pdf_file/0019/434026/Preparedness-prevention-and-control-of-COVID-19-in-prisons.pdf?ua=1

⁴² Center for Disease Control and Prevention, *Preliminary Estimates of the Prevalence of Selected Underlying Health Conditions Among Patients with Coronavirus Disease 2019 — United States, February 12–March 28, 2020*, www.cdc.gov/mmwr/volumes/69/wr/mm6913e2.htm#T1_down

⁴³ OHCHR, *Urgent action needed to prevent COVID-19 ‘rampaging through places of detention’* – Bachelet, (Press release, 25 March 2020), www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25745&LangID=E

⁴⁴ Hussein, E, “Prisons, what is the difference between public and central prisons?”, al-Shorouk, 4 January 2021, www.shorouknews.com/columns/view.aspx?cdate=04012021&id=8434401b-3386-40d3-859b-25a9577ed1b4 (in Arabic)

⁴⁵ See letter sent by the Permanent Mission of the Arab Republic of Egypt addressed to the Office of the High Commissioner for Human Rights, 7 May 2015, available at: www.ohchr.org/Documents/Issues/RuleOfLaw/OverIncarceration/Egypt.pdf

⁴⁶ See for example article 3 of Presidential decree no.157/2020.

⁴⁷ See for example article 52 bis of the prison law and article 2 of Presidential decree no.157/2020.

⁴⁸ OHCHR, *Press briefing note on Egypt*, 3 April 2020, www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25772&LangID=E

⁴⁹ The special procedures of the Human Rights Council are independent human rights experts with mandates to report and advise on human rights from a thematic or country-specific perspective.

⁵⁰ OHCHR, *Imprisoned human rights defenders in Egypt at grave risk of COVID-19, say UN human rights experts*, (Press release, 24 August 2020), www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=26182&LangID=E

3. CRUEL AND INHUMAN CONDITIONS OF DETENTION

"Many people in [al-Aqrab Prison] are wishing to die, because of the horrific conditions that [they] live in."

Individual with primary knowledge of the situation in al-Aqrab Prison⁵¹

The Egyptian authorities are failing to provide prisoners with their right to health and to respect minimum standards for the treatment of prisoners as set out by international human rights law and standards. Prison officials and NSA officers subjected those in their custody to cruel and inhuman conditions of detention in the 16 prisons researched for this report, negatively affecting prisoners' enjoyment of their right to health, in many cases leading or contributing to the deterioration of detainees' health and, in some cases to untimely deaths.

Some of the serious concerns in prisons documented by Amnesty International, based on testimony from former detainees, related to underlying determinants for health. These include:

- overcrowding and inadequate accommodation;
- poor ventilation;
- substandard sanitation and hygiene;
- lack of appropriate nutrition; and
- lack of or insufficient access to fresh air, exercise and safe water.

The conditions fall short of minimum international standards in all 16 prisons, with differences in severity between and within prisons.

The failure of the authorities to meet the basic needs of detainees linked to bedding, clothing, food and drinking water particularly impacts individuals from economically disadvantaged backgrounds, who cannot afford to secure even marginal improvements in their detention conditions. Their experience stands in sharp contrast to wealthy and politically well-connected prisoners, who were held in separate clean and spacious quarters, and had access to recreation and outdoor space.⁵²

Amnesty International found that prison officials imposed particularly cruel and inhuman conditions in high-security prisons predominantly holding individuals considered to pose "security threats," such as al-Aqrab Prison, as well as in specific wards and cells in regular prisons reserved for individuals with political profiles. These inhuman conditions were compounded by prolonged solitary confinement for individuals detained in relation to political cases, in some cases amounting to torture.⁵³

Prison officials and NSA officers internationally denied some detainees held in relation to political cases access to basic essentials, such as food and cleaning products, even when families covered the costs. This suggests that, in some cases, prison officials impose particularly cruel and inhuman detention conditions on certain individuals held in relation to political cases, including prisoners of conscience, for the apparent purpose of punishing dissent. When such deliberate denial causes "severe pain and suffering", it amounts to torture.

⁵¹ Interview on 13 November 2020

⁵² Nogoum FM 100.6, Facebook video, "Hany Mahana: My friendship with Gamal and Alaa Mubarak started in prison," 4 January 2021, www.facebook.com/nogoumfm/videos/774053013469631

⁵³ Amnesty International, *Crushing humanity: The Abuse of solitary confinement in Egypt's Prisons* (Index: MDE 12/8257/2018), www.amnesty.org/download/Documents/MDE1282572018ENGLISH.PDF



Still taken from video filmed in Al-Aqrab Prison in October 2020 and shared with Amnesty International © Private

A glimpse on life in Al-Aqrab Prison

Amnesty International examined a video filmed in a cell in al-Aqrab Prison in October 2020 and smuggled out. The video, narrated by the person filming, provides a glimpse into living conditions in the notorious prison.

The narrator showed a small cell, which he estimated to be 6m². Four men share the cell. The cell appeared dirty and walls were covered in mold. There were cracks on the ceiling and electric cords were not insulated. There were no beds in the cell, just mattresses and a few blankets. The toilet was located inside the cell near the detainees' sleeping area, with no partition or curtain. The person filming showed a sink specifying that only cold water was available, and then showed a bar of soap, which he said prisoners were given every five or six months. The cell was poorly lit; there were no windows or other sources for ventilation or

natural light. The narrator said that prisoners have not been allowed out of the cell since September 2020, for any reason including to exercise or to wash their clothes. The man filming explained that prisoners had no proper utensils for cooking and eating and had to improvise to cook and heat their food. He said that they were last allowed to receive bottled water five months prior. The narrator also showed blood stains on the walls explaining that these were due to mosquito infestations.

Conditions in al-Aqrab Prison have been notoriously cruel and inhuman for years. However, prisoners, relatives and activists have raised the alarm over additional punitive measures taken by the prison administration following a security incident on 23 September 2020, when four prisoners on death row and four members of security forces were killed. Official sources blamed the violence on an alleged escape attempt by prisoners. However, no independent, impartial and thorough investigation had been carried out into the incident. In apparent retaliation, the authorities reduced the amount of food given to prisoners, confined them to their cells for 24 hours a day and cut off the electricity supply to their cells.

3.1 OVERCROWDING AND POOR ACCOMMODATION

In the 16 prisons examined, overcrowding was consistent with hundreds of prisoners crammed into overcrowded cells. This corresponds to findings of several other human rights organizations working on issues related to criminal justice in Egypt.⁵⁴

Overcrowding, which is inherently problematic, raises particular safety concerns during the COVID-19 pandemic and has a direct impact on the right to health. The WHO has clearly outlined the need for physical distancing rules to be observed even in custodial contexts.⁵⁵ For those held in overcrowded conditions in Egyptian prisons, it is impossible to follow Egypt's own Ministry of Health recommendations for people to keep a distance of 1-2m, leading to increased transmission of COVID-19.⁵⁶

Data collected from 31 former prisoners who were released in 2020 and family members of current prisoners on their estimates of cell size and number of detainees per cell was collected and compared with

⁵⁴ EIPR, *EIPR: the Fundamental goal of the current emergency measures is to preserve lives and protect society from the spread of COVID-19*, (Press release, 6 April 2020), eipr.org/en/press/2020/04/we-urge-egyptian-authorities-take-steps-reduce-prison-population-and-avoid-increasing

⁵⁵ WHO, *Preparedness, prevention and control of COVID-19 in prisons and other places of detention*, 15 March 2020, www.euro.who.int/_data/assets/pdf_file/0019/434026/Preparedness-prevention-and-control-of-COVID-19-in-prisons.pdf?ua=1

⁵⁶ Waleed Abdelsalam, "Health: Keep a distance of two meters to prevent coronavirus infections," *Almasry Alyoum*, 29 March 2020, cutt.ly/fhKZ7ah

ICRC guidelines. The average space available for prisoners in the collected sample is estimated at 1.1m² per prisoner, well below the 3.4m² recommended by the ICRC.⁵⁷

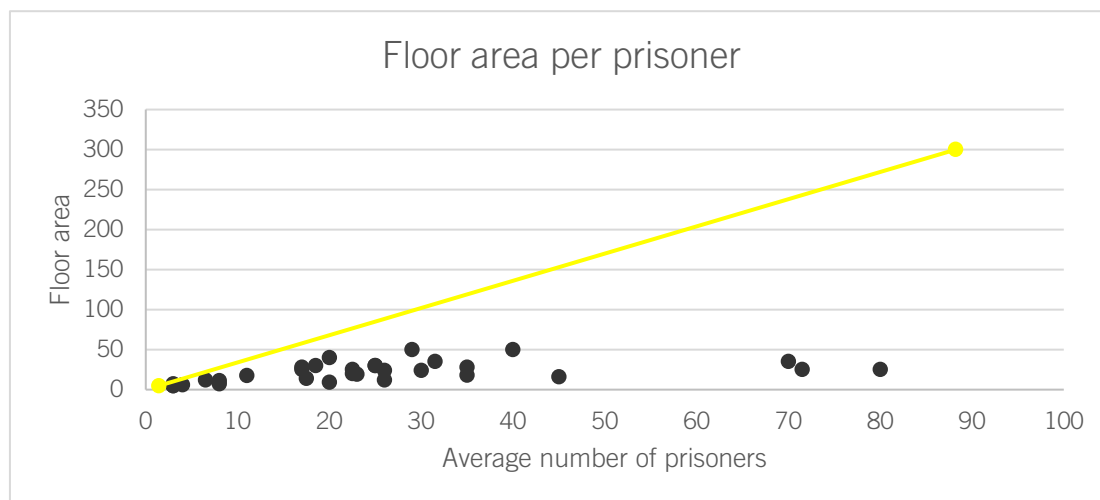


Figure 1: Number of prisoners occupying cells, sizes of which are measured in m² based on the estimates of length and width of cells provided by former detainees. Dots represent individual observations reported by those interviewed of both axes. The yellow line is the ICRC standard of the 3.4m² floor area per prisoner in multi-occupancy cells.

Former detainees released from al-Qanater Prison for women in 2020 described the overcrowding they endured. Some detainees had to share beds. Others had no bed and had to sleep on the ground with their bodies touching because of the lack of space.

One detainee described severe overcrowding in her cell in al-Qanater Prison for women:

“The cell size is 5m x 5m and outside there is a small squat toilet and there are three beds, each bed [composed of] three stories [bunk beds]. Two or three [women] sleeping on each bed. The number of inmates is always more than 60. When I entered, I was number 63. During a certain period, the occupants in the cell were almost 80 and we had to squat [instead of sit].”⁵⁸

Even if this cell were filled to its capacity of nine inmates (based on the number of beds), the space of 2.7m² per prisoner would fall short of international standards. During the former detainee’s time in detention, the figure is estimated to have been between 0.9m² and 1.4m² per detainee.

Former detainees also noted that cells designed for solitary confinement were sometimes used to detain several people. One explained:

“Due to the rising numbers [of detainees] solitary confinement cells had to be used [to house multiple prisoners].”⁵⁹

Former detainees in prisons for men reported similar overcrowding. Two former detainees in al-Aqrab Prison told Amnesty International that they were held together with about 24 other detainees in cells around 3m x 10m (30m²), meaning that each person had around 1.2m² of floor space. They added that some cells were initially designed for solitary confinement but were used as collective cells. Media reports quoting unnamed official sources described similarly cramped conditions in al-Aqrab Prison.⁶⁰

A prisoner in Borg al-Arab described sharing his cell, estimated to be around 3.5m x 5.5m (19m²), with another 23 prisoners, meaning that each had around 0.8m² floor space.

⁵⁷ International Committee of the Red Cross (ICRC), *Water, sanitation, hygiene and habitat in prisons*, February 2013, www.icrc.org/en/doc/assets/files/other/icrc-002-0823.pdf

⁵⁸ Interview on 6 March 2020.

⁵⁹ Interview on 6 March 2020.

⁶⁰ Yousi el-Badri, “al-Aqrab Prison, American style transformed from the ‘Mecca of Detainees’ to the ‘end of Islamists’,” *Almasry Alyoum*, 10 August 2015, www.almasryalyoum.com/news/details/790126 (in Arabic).

Egyptian and international NGOs have also consistently raised concerns about overcrowding in Egyptian prisons. In its 2014 report on health in prisons, the Egyptian Initiative for Personal Rights (EIPR), an independent NGO, highlighted the negative impact of overcrowding on prisoners' enjoyment of their right to health.⁶¹ The EIPR repeated its call to reduce overcrowding in April 2020.⁶² Human Rights Watch has also repeatedly raised similar concerns, most recently in July 2020.⁶³

While there are no official statements or data on occupancy rates in prisons, there were indications of overcrowding even in stories and videos published by pro-government media. In a story published on the website of Dostour newspaper – along with a video produced together with the Ministry of Interior of a ward in Borg al-Arab prison housing individuals convicted of embezzlement, robbery and drug-related offences – a cell for eight prisoners was described as being 2.5m x 4.5m (1.4m² per prisoner),⁶⁴ still short of international standards. A 2016 report by the NCHR found that the occupancy rate in prisons was around 150%.⁶⁵

Amnesty International also gathered information about prison authorities, including at the Tora Prison Complex, depriving prisoners of adequate sleeping quarters and climate appropriate bedding. Gasser Abdel-Razek, the executive director of EIPR, who was detained between 19 and 30 November 2020 in Liman Tora Prison, in retaliation for the work of EIPR, was forced to sleep on metal bed without a mattress or sufficient blankets.⁶⁶ A source with primary information about the situation in al-Aqrab Prison told Amnesty International:

"Detainees sleep on a blanket on the floor, however guards sometimes take it and leave detainees to sleep on the cold floor including in winter."⁶⁷

Amnesty International previously documented the lack of appropriate sleeping space and bedding for women prisoners, including instances of pregnant women and new mothers lacking beds throughout their incarceration, which forced them to sleep and put their newborn babies on the floor.⁶⁸

A glimpse of life in prison for the rich and powerful

In an video interview on Nogoum FM, published on 9 January 2021, Hany Mahana, an actor, who had been detained at the Tora Prison Complex for six months in 2013 together with former president Hosni Mubarak's two sons, former Minister of Interior, Habib Abdly, and a number of wealthy businessmen and senior police officers described his strikingly different experience in prison. He described his ward as spacious, accommodating 16 men in two buildings designed to hold 3,000 detainees. He specified that one of the detained businessmen had installed a mosque for their private use, while another installed a well-equipped gym hall and spa and brought in ping pong and snooker tables. He also noted that one of the former presidents' sons gave him a television and a fridge to use in his single occupancy cell. He added that detainees were able to play football with the guards. He also mentioned that those detained enjoyed "good health".

3.2 POOR HYGIENE AND SANITATION

⁶¹ EIPR, *Health in Prisons: A Field study on the determinants of health behind bars*, 17 June 2014,

www.eipr.org/sites/default/files/reports/pdf/health_in_prison_e.pdf

⁶² EIPR, *The Fundamental goal of the current emergency measures is to preserve lives and protect society from the spread of COVID-19*, (Press release, 6 April 2020), eipr.org/en/press/2020/04/we-urge-egyptian-authorities-take-steps-reduce-prison-population-and-avoid-increasing

⁶³ See Human Rights Watch, *Egypt: Apparent Covid-19 outbreaks in prisons*, 20 July 2020, www.hrw.org/news/2020/07/20/egypt-apparent-covid-19-outbreaks-prisons; and Human Rights Watch, *We are in tombs: Abuses in Egypt's Scorpion Prison*, 28 September 2016, www.hrw.org/report/2016/09/28/we-are-tombs/abuses-egypts-scorpion-prison

⁶⁴ *Dostour*, "Watch. How do prisoners of ward 20 in Borg al-Arab Prison live?" 20 November 2019, www.dostour.org/2914375 (in Arabic).

⁶⁵ Mahmoud Hussein, "Corona crisis, Egyptian prisons a powder keg ready to explode," *Deutsche Welle*, 19 March 2020, cutt.ly/5hQGkkw (in Arabic).

⁶⁶ Voice note on 22 November 2020.

⁶⁷ Interview on 13 November 2020.

⁶⁸ Amnesty International, *Circles of Hell: Domestic, public and state violence against women in Egypt* (Index: MDE 12/004/2015), www.amnesty.org/download/Documents/212000/mde120042015en.pdf

Prison authorities are failing to ensure hygiene standards are maintained in the 16 prisons researched for this report, which in turn facilitates the spread of infectious diseases, including hepatitis C and scabies.⁶⁹ Cells and entire wards were unclean, infested with insects, especially mosquitos, and had foul odours, although the lack of cleanliness varied between and within prisons. Former detainees and prisoners also told Amnesty International that access to clean water was intermittent, and some faced no or restricted access to toilets and washing facilities. Items for personal hygiene, including toothbrushes and towels, were not always available or had to be shared.

3.2.1 ACCESS TO CLEANING AND PERSONAL HYGIENE ITEMS

Prisons do not provide hygiene supplies free of charge, except laundry soap bars only suitable for washing clothes. Women detainees are not provided with products needed to meet their specific hygiene needs, including sanitary towels. Prisoners and detainees must either purchase these items such as soap, toothbrushes, toothpaste, towels and sanitary products from prison stores or rely on their relatives to bring them. Obtaining these basic necessities is particularly difficult for economically disadvantaged prisoners or those estranged from their families, including women survivors of domestic violence.⁷⁰

A lawyer who has represented dozens of individuals in relation to political and non-political cases held in various prisons, told Amnesty International:

“Prisoners are only given a [laundry] soap bar and prison clothes. For anything else they have to buy it from the prison or receive it from their families. If they do not have family members or cannot buy it, they either work in prisons or for richer prisoners to be able to afford them.”⁷¹

Prison officials sometimes ban relatives of detainees from delivering certain items, including personal hygiene supplies, or deny the entry of any item for some prisoners. Officials refuse to provide any rationale or explanation for their decisions. Amnesty International found a lack of consistency in approach between prisons and even within prisons depending on the date of the attempted delivery and the detainee in question.



Solafa Magdy © Private

For example, on 16 April 2020, journalist Solafa Magdy, arbitrarily detained in al-Qanater Prison for women, was not allowed to receive cleaning supplies, clothes and even money to be put in her prison canteen account, despite other detainees in the prison being allowed to receive such items from their families.⁷²

⁶⁹ Hepatitis C is a serious concern for Egypt, with an estimated prevalence rate of 6.3% of the population in 2019. See for instance, WHO, *Egypt: 35 Million People Receive Hepatitis C Test*, (Press release, 20 March 2019) www.who.int/hepatitis/news-events/egypt-hepatitis-c-testing/en/. The Egyptian government launched a programme to address hepatitis C by identifying and treating those infected. The Ministry of Health announced testing 50 million Egyptians in 2020 alone. The Ministry of Interior also announced plans to address the disease in 2017. See www.egypttoday.com/Article/1/77692/54K-debtors-released-from-jail-in-2019-Prison-Authority

⁷⁰ EIPR, *For sale in the prison canteen: Dispossession and poverty inducement at 'al-Aqrab' Prison*, September 2018, eipr.org/sites/default/files/reports/pdf/for_sale_in_the_prison_canteen.pdf

⁷¹ Interview on 22 April 2020.

⁷² Interview on 19 April 2020.

One former prisoner, released in 2020 from a central prison in Egypt, told Amnesty International: “There was no rationale for banning any items. They prevented me from receiving a nail clipper or a shaving machine, and I did not want to share these tools with other people.”⁷³ Other former detainees held told Amnesty International that they could receive nail clippers, shaving machines and other items of personal hygiene easily, including by purchasing them from the canteen, demonstrating the lack of consistency across prisons and the wide discretion exercised by prison officials.

Since the outbreak of COVID-19, families told Amnesty International that their ability to deliver items, including cleaning and protection supplies such as face masks and gloves, remained at the discretion of prison authorities. As one possible means of COVID-19 transmission is through contaminated surfaces, the WHO has recommended adopting a number of protective and preventative measures in prisons, including those linked to maintaining personal hygiene, to prevent the spread of the virus.⁷⁴

3.2.2 ACCESS TO CLEAN WATER, WASHING FACILITIES AND TOILETS

Former detainees said that their access to washing facilities and toilets varied by ward and by prison. Generally, individuals held in solitary confinement in “disciplinary cells” had less access to these facilities than those held in regular cells in the same prison.⁷⁵

In some prisons, those held in solitary confinement were either allowed to use toilets twice a day or were not allowed to use toilets at all, instead relying on buckets in their cells. Former detainees held in solitary confinement or cells referred to as “security considerations” cells said that they were not allowed to shower for weeks at a time.⁷⁶ Some prisoners held in regular cells in prisons that included al-Aqrab Prison and al-Qanater Prison for women raised similar concerns about restricted access to showers and proper toilets.

The availability of water also seemed to vary by prison. Some former detainees said they had access to water throughout the day. Others, including some held in the Tora Prison Complex, said it was only available in the morning. Former detainees complained about the quality of the available water.

A former detainee from al-Qanater Prison for women, who was released in early 2020, told Amnesty International:

“The water was very pungent and smelled like sewage. Many prisoners had blood in their urine due to the unclean water.”

Another former detainee of al-Qanater Prison for women also released in early 2020 confirmed that water was unsanitary:

“[The] water was very bad, not usable for washing the face or showering and [because we avoided using this water] many of us got scabies.”

A third former detainee released from al-Qanater Prison for women in 2020 contracted scabies in prison.⁷⁷ She suspected it was as a result of not being allowed to change her clothes or shower for up to 14 days.

DEATH OF A YOUNG PRISONER WITH NO PRE-EXISTING MEDICAL CONDITIONS IN UNCLEAR CIRCUMSTANCES

“Ali”, a man in his early thirties, had no pre-existing medical conditions yet died in early 2020 after spending just over a month in Fayoum Prison.⁷⁸ His family said his health deteriorated rapidly because of a combination of factors: his confinement in a small and overcrowded cell with no access to the courtyard; sleeping on the floor with no bedding; unhygienic food; and a lack of drinking water.⁷⁹

Two days before his death, a policeman called the family to tell them to pick Ali up from a police station. The family found him in a wheelchair struggling to breathe. According to his family, doctors found that his

⁷³ Interview on 18 May 2020.

⁷⁴ WHO, *Preparedness, prevention and control of COVID-19 in prisons and other places of detention*, 15 March 2020, www.euro.who.int/_data/assets/pdf_file/0019/434026/Preparedness-prevention-and-control-of-COVID-19-in-prisons.pdf?ua=1

⁷⁵ The Prison Law and the Internal Prison Regulations stipulate that detainees could be placed in solitary confinement in “disciplinary cells” for violating prison regulations for up to six months. They also give prison authorities broad discretionary powers to order solitary confinement. See Amnesty International, *Crushing Humanity: The Abuse of Solitary Confinement in Egypt’s Prisons*.

⁷⁶ Terms used to describe maximum security wards in many Egyptian prisons, which sometimes also include cells used for solitary confinement.

⁷⁷ Interview on 6 April 2020.

⁷⁸ Pseudonym.

⁷⁹ Interview on 20 February 2020.

kidneys and liver were failing and that he had developed respiratory problems. He was moved to the intensive care unit at an outside hospital where he died.

His family told Amnesty International:

“He never had any medical issues before being arrested, but his health deteriorated because he was denied clean water, clean food, while there were several diseases inside Fayoum Prison”.⁸⁰

Kareem Taha, a former detainee held in Fayoum Prison, described practices conducive to the spread of infections, including the prison authorities only allowing a single razor for shaving for an entire ward.⁸¹

No effective investigations were conducted into the causes and circumstances of Ali’s death.

3.3. INSUFFICIENT ACCESS TO VENTILATION, LIGHT AND EXERCISE

Former detainees consistently complained of poor ventilation in prisons, a problem compounded by the lack of or insufficient access to fresh air and exercise. Former detainees and other sources with credible information on current prison conditions also highlighted the lack of temperature controls, coupled with the lack of appropriate clothing and bedding as a source of significant suffering. Amnesty International’s findings are in line with those of other human rights organizations⁸² as well as its previous research into prison conditions.⁸³

The experiences of detainees varied between and within prisons, but in many cases ventilation was inadequate. For example, a former prisoner in al-Qanater Prison for women, who was released in early 2020, described to Amnesty International how her cell, which housed between 60 and 80 prisoners during her time in custody, had only one vent that did not always work. She described cells being hot in summer and cold in winter.⁸⁴ In summer, she said, the temperature could reach 35°C as there was only broken ceiling fan. When she was moved to another ward, she described the ventilation as better, especially in summer, but chilling cold in winter.

Another detainee released in early 2020 described how one of the cells in Port Said Prison faced a boiler on one side and a stove on the other, leading to very hot and humid conditions, and stuffy air.⁸⁵

“The cell was very small, and it was hot in winter and very hot in summer... We were more than 30 in a very small space, some slept on beds and others on the floor. There was lots of overcrowding and bad ventilation.”

She said her cell in another ward had adequate ventilation as it had two functioning ceiling fans.

Amnesty International has previously documented challenges faced by pregnant women and nursing mothers in detention in the absence of facilities catering for their specific needs.⁸⁶ One former detainee of al-Qanater Prison for women described the “mothers’ ward”:

“The mothers’ ward was in front of the prison hospital and whenever I passed by, I could smell a very bad odour due to babies’ defecation, coupled with the lack of ventilation.”⁸⁷

Ventilation in men’s prisons also varied between and within prisons. One former detainee of al-Aqrab Prison described how he was initially detained in a cell that was dark all the time as the only source of air and light was a small opening in the door.⁸⁸ Another former detainee held in the same prison corroborated this. A third individual with primary knowledge of the situation in al-Aqrab Prison told Amnesty International:

“There are two different types of cells, one has a weak lamp inside the cell, but the switch is outside and controlled by the guards and they turn it off at will, while other cells [used] for those on death row and high

⁸⁰ Interview on 9 March 2020.

⁸¹ Interview on 9 March 2020.

⁸² EIPR, *Health in prisons: A Field study on the determinants of health behind bars*, 17 June 2014, www.eipr.org/sites/default/files/reports/pdf/health_in_prison_e.pdf

⁸³ Amnesty International, *Crushing humanity: The Abuse of solitary confinement in Egypt’s prisons*; and Amnesty International, *Circles of Hell: Domestic, public and state violence against women in Egypt*.

⁸⁴ Interview on 6 March 2020.

⁸⁵ Interview on 1 April 2020.

⁸⁶ Amnesty International, *Circles of Hell: Domestic, public and state violence against women in Egypt*.

⁸⁷ Interview on 6 March 2020.

⁸⁸ Interview on 15 August 2019.

profile detainees had no light at all. The only source of light is the small opening [in the cell door] facing the hallway, but they [guards] blocked that too.”⁸⁹

A family member of an detainee held in Tora Shadid al-Hirasa 2 Prison said prisoners were held in a small cell, with a small window serving as the only source of ventilation.⁹⁰ On the other hand, a former detainee held in Tora Tahqiq Prison said that his cell had six windows each around 0.5m x 0.5m and had a functioning vent.⁹¹

Access to daily exercise varied in the 16 prisons investigated. In the Tora Prison Complex, al-Qanater Prison for women and Borg al-Arab Prison, prison authorities simply banned some convicted prisoners and pre-trial detainees in politically motivated cases from any exercise, leaving them confined to their cells or wards for 24 hours every day, including during meals,⁹² except to use toilets in cases where their cells had none. In other cases, prisoners were instructed to use buckets in their cells and were not allowed to leave their cells at all.

A detainee in al-Qanater Prison for women, held in relation to a political case, was prevented from exercising for months on end. Her daughter told Amnesty International in May 2019:

“My mother told us that when she asked on what grounds she was prevented from exercising outside, the guard told her: ‘these are the orders’, without explaining”.⁹³

Even in cases where detainees were generally allowed to exercise regularly, they could be prevented from going out in the fresh air for weeks at the whim of prison officials, without any official explanation. When allowed to exercise, some prisoners could do so indoors only, not in the yard outside. For example, a former detainee in al-Aqrab Prison said that they were only allowed 30-60 minutes of exercise inside the ward, not in an outdoor area, when he was detained there until 2018.⁹⁴

Detainees also complained about the lack of hygiene in exercise facilities. One former detainee released in mid-2020 from Tora Tahqiq Prison told Amnesty International:⁹⁵

“We were allowed to exercise outside for one hour and a half in a large concrete floor field surrounded by wire, but it was mostly unclean as there was sewage water and we either had to avoid most of it or clean it.”

Amnesty International previously documented how some prisoners held in solitary confinement are also banned from doing any exercise outside their cells.⁹⁶

Poor ventilation poses a heightened risk of transmission of COVID-19. According to the WHO guidance, the risk of contracting airborne diseases is increased in badly ventilated spaces.⁹⁷ Poor ventilation also compounds concerns for prisoners with respiratory diseases, such as asthma, which make them at greater risk of complications should they contract COVID-19.⁹⁸

The ICRC stated:

“If ventilation is poor, the heat and humidity accumulate and make the atmosphere close... [then] the detainees live permanently in excessively humid conditions, which can favour the occurrence of skin and respiratory diseases.”⁹⁹

3.4 INADEQUATE FOOD

Across all 16 prisons researched, former detainees said that food provided by prison authorities was unhygienic and insufficient in terms of nutrition and portion size.

⁸⁹ Interview on 13 November 2020.

⁹⁰ Interviews on 7 September 2020.

⁹¹ Interview on 13 May 2020.

⁹² It is not uncommon for prisoners to eat in their cells.

⁹³ Interview on 15 May 2019.

⁹⁴ Interview on 15 May 2019.

⁹⁵ Interview on 27 October 2020.

⁹⁶ Amnesty International, *Crushing humanity: The Abuse of solitary confinement in Egypt's prisons*.

⁹⁷ WHO, *Prisons and Health*, 2014, www.euro.who.int/_data/assets/pdf_file/0005/249188/Prisons-and-Health.pdf

⁹⁸ WHO, *Coronavirus disease (COVID-19) advice for the public: Myth busters*, www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters

⁹⁹ ICRC, *Water, sanitation, hygiene and habitat in prisons*, February 2013, www.icrc.org/en/doc/assets/files/other/icrc-002-0823.pdf

Prison canteens sell cooked food at prices that are unaffordable for many, according to former detainees. As a result, many detainees rely mainly on food delivered by their families. However, this puts a heavy burden on prisoners and their families from economically disadvantaged backgrounds. Prisoners who did not have or were estranged from their families were also disproportionately impacted. Some prisoners forced to rely on prison food suffered from weight loss and digestive pain.

The ability of families to deliver food regularly is further undermined by the prison authorities' periodic refusals to accept packages. Amnesty International's research shows that prison authorities sometimes prevented the entry of food in a punitive manner against those held in relation to political cases, while allowing others held in the same prisons to receive it.

The seven legal case files and analysis provided by EFHR and reviewed by Amnesty International revealed that 62 detainees held in relation to political cases complained to prosecutors during hearings held between 2013 and 2018 that prison administrations did not provide them with adequate food and prevented them from receiving sufficient supplementary food from their families.

The authorities have the responsibility to ensure that prisoners have food of nutritional value adequate for health and strength, of wholesome quality and well prepared and served.¹⁰⁰ Failure to do so has adverse implications for the health and wellbeing of prisoners.

3.4.1 FOOD AVAILABLE INSIDE PRISONS

Descriptions by former detainees suggested a wide variance between prisons in both the general food regimes, referred to as *ta'een*, and the quality of available food.

In one prison, the authorities agreed to let prisoners cook raw food provided by the prison in their cells, following complaints about low-quality cooking. On the other hand, those held in other prisons described the cooked food distributed by the prison administration as inedible and rotten. For instance, in Wadi al-Natron Prison, a former detainee said:

“The fava bean plate was filled with worms.”¹⁰¹

Former detainee from al-Aqrab Prison also described prison food containing insects.

A former detainee in Port Said Prison for women prison described the food there as insufficient in her ward, which included more than 30 prisoners on average:

“The prison authorities used to provide us with three flatbreads every day, two eggs every Thursday and Friday, a box of cheese¹⁰² for the entire ward and vegetables.”¹⁰³

A former detainee released from al-Qanater Prison for women in early 2020 described to Amnesty International what was delivered daily for the entire cell, which could hold over 60 prisoners:

“In the initial 14 days, I was not allowed to receive food except the *ta'een*, which was three flatbreads and a box of cheese, and some food that was oily and had sand in it.”¹⁰⁴

She added:

“The meat was black and difficult to chew and was delivered once a week.”

Amnesty International has previously documented the low quality and insufficient quantity of food given to women prisoners and individuals held in solitary confinement.¹⁰⁵ Women detainees who did not receive food from relatives or could not afford to purchase better meals had to rely on the goodwill of their cellmates or work informally for other prisoners who were in a better financial situation.¹⁰⁶

¹⁰⁰ Article 20 of the Standard Minimum Rules for the Treatment of Prisoners.

¹⁰¹ Interview on 13 March 2020.

¹⁰² This refers to a small box of processed cheese, with every detainee getting an estimated 20gm.

¹⁰³ Interview on 1 April 2020.

¹⁰⁴ Interview on 6 March 2020.

¹⁰⁵ Amnesty International, *Crushing humanity: The Abuse of solitary confinement in Egypt's prisons*.

¹⁰⁶ Amnesty International, *Circles of hell: Domestic, public and state violence against women in Egypt*.

The law does not regulate prices in prison canteens and the basis for pricing is unclear. Former detainees said that prices were much higher than in the community. A former detainee at al-Qanater Prison for women explained:

“The canteen had all kinds of food, but the prices were quite high and only the rich could afford it.”¹⁰⁷

A study by EIPR in 2018 looked on prisoners’ ability to purchase adequate food and other basic items from prison canteens. It found that the prices were unaffordable for many prisoners and had increased by over 240% between July 2016 and 2017, following the authorities’ decision to allow the Egyptian pound to float¹⁰⁸ in November 2016.¹⁰⁹ Findings regarding the poor quality of distributed food from an earlier study by EIPR in 2014 are consistent with information gathered for this report.¹¹⁰

Further, the canteen was not always accessible. For instance, prison authorities in al-Aqrab Prison have periodically closed the canteen for months at a time, including in 2015 and 2017. Such closures were in some cases coupled with punitive bans on family visits and receiving food from families, forcing some prisoners to rely entirely on food provided by the prison.

In apparent retaliation for an incident on 23 September 2020 (see Chapter 3.1 above), at al-Aqrab Prison administration reduced the amount of food given to prisoners according to information received from sources knowledgeable of the conditions of detention in al-Aqrab.

“They halved the food rations... while limiting bread to two flatbreads for the high security cells, while there are no other sources of food, as food deliveries are banned since 2018.”¹¹¹

Family members said that when they saw their loved ones in court – at times when they were not allowed to deliver food to them – they noticed weight loss and visible signs of weakness, possibly owing to sole reliance on prison food. Amnesty International has seen photos of six prisoners detained in al-Aqrab Prison during this period of visit bans and canteen closure, which showed significant weight loss compared to pictures taken of them before they were detained.

3.4.2. DELIVERY OF FOOD FROM OUTSIDE PRISONS

Under Egyptian law, detainees in pre-trial detention have the right to receive food from outside prisons at their own expense.¹¹² The law is silent on whether this right applies to convicted prisoners. In practice, most convicted prisoners and pre-trial detainees can receive food from relatives.

According to information gathered by Amnesty International, prison authorities ban the delivery of food to certain prisoners facing charges under counter-terrorism or anti-protest legislation or because of the individual’s history of activism or perceived political affiliation, either periodically or throughout the duration of their detention. In all 67 cases documented in this report, prison administrations have barred families from delivering either some specific food items or any food at all to detainees at least once during their detention.

Family members interviewed by Amnesty International stated that prison administrations don’t explain why they could not deliver food to their loved ones in prison. Some former detainees said that prison officials told them that they were implementing instructions by the NSA. The grounds for these purported NSA decisions were never provided.

In other cases, detainees denied family visits by the prosecution were also denied supplies from their families.¹¹³

¹⁰⁷ Interview on 19 March 2020.

¹⁰⁸ Before 2016, the Central Bank of Egypt set the exchange rate of the Egyptian pound. In 2016, the government took measures to devalue the pound, before allowing it to float freely, after which the exchange rate of the pound to the US dollar fell sharply.

¹⁰⁹ EIPR, *EIPR: the Fundamental Goal of the Current Emergency Measures is to Preserve Lives and Protect Society from the Spread of COVID-19*, 6 April 2020, <https://eipr.org/en/press/2020/04/we-urge-egyptian-authorities-take-steps-reduce-prison-population-and-avoid-increasing>

¹¹⁰ EIPR, *Health in prisons: A field study on the determinants of health behind bars*, 17 June 2014, www.eipr.org/sites/default/files/reports/pdf/health_in_prison_e.pdf

¹¹¹ Interview on 13 November 2020.

¹¹² Article 14 of Law 396/1956 on Organizing Prisons.

¹¹³ See Chapter 4

A human rights lawyer representing a number of prisoners in Tora Shadid al-Hirasa 2 Prison and al-Aqrab Prison in 2019 told Amnesty International:

“When I inquired with the prison officials about why they are not allowing families to deliver food to their detained relatives, they told me that there is a decision suspending family visits.”¹¹⁴

Decisions by the Ministry of Interior to transfer prisoners far from their habitual places of residence put large financial burdens on families, impacting their ability to deliver food to their loved ones in prison. For instance, a lawyer representing a prisoner who was moved in late 2019 from the Tora Prison Complex in Cairo to al-Wadi al-Gedid Prison, over 600km from Cairo, told Amnesty International that, after the family made the long and costly journey from Cairo, the guards did not allow them to see their son or deliver food to him, and did not provide any explanation.¹¹⁵

In general, Amnesty International found there was a lack of consistency across prisons on food delivery, with officials exercising wide discretionary powers. One family member of two detainees held in different prisons, both in relation to political cases, told Amnesty International that when she and another relative attempted to deliver food items, one prison accepted all items, but the other rejected some of the same items without explanation.¹¹⁶

During the suspension of family visits between March and August 2020 to mitigate the spread of the COVID-19, prison authorities also acted in an arbitrary manner on accepting food from families. Relatives and supporters of detainees told Amnesty International that they were able to deliver food on some occasions but were barred from doing so on other days by the same prison officials, without explanation. In some prisons, only some prisoners were denied family food packages. Such decisions seemed to be directed at individuals facing terrorism-related charges, including those detained for peacefully expressing their views or because of their political affiliations.¹¹⁷ Family members of detainees in Wadi al-Natron Prison and Istiqbal Tora Prison held in political cases said that they were prevented from delivering food to their relatives in March 2020.¹¹⁸ Amnesty International learned that others held in these two prisons were able to receive supplies from their families during the same period.

3.5 SOLITARY CONFINEMENT CELLS

Indefinite and prolonged solitary confinement in dire conditions of individuals held for political reasons, which in some instances amounts to torture, continues to take place as previously documented by Amnesty International.¹¹⁹

During the research for this report, former prisoners and relatives consistently described abusive conditions in solitary confinement, negatively impacting their physical and mental health. They said the cells were small, had poor lighting and ventilation, and lacked beds and mattresses. Those held in solitary confinement were beaten, humiliated, given insufficient food, deprived of any exercise outside their cells for years and were denied family visits for prolonged periods. Amnesty International found that the intentional mental and physical suffering inflicted on those held in solitary confinement resulted in panic attacks, paranoia, hypersensitivity to stimuli, and difficulties with concentration and memory.

¹¹⁴ Interview on 13 May 2020.

¹¹⁵ Interview on 13 May 2020.

¹¹⁶ Interview on 18 August 2020.

¹¹⁷ See the cases of Alaa Abdelfatah and Solafa Magdy, for example.

¹¹⁸ Interviews on 28 and 29 March 2020.

¹¹⁹ Amnesty International, *Egypt: Crushing humanity: The Abuse of solitary confinement in Egypt's prisons*.



Khalil Hamdy © Private

Khalid Hamdy, a 36-year-old journalist detained since March 2014 in Al-Aqrab Prison, suffered medical complications possibly owing to his conditions of detention. Amnesty International learned that prison authorities banned him from receiving family visits since April 2017. On 11 December 2018, prison officials placed him in solitary confinement in a “disciplinary cell”. Since then, he has been held in solitary confinement and not allowed to exercise. According to an informed source, he had a pre-existent medical condition related to his gastro-digestive system, which has required him to follow a certain diet. Since his detention, he has developed asthma, osteoarthritis, numbness in the feet and small vessel disease, according to an independent doctor’s assessment of his symptoms.

Doctor Taher Mokhtar, a practicing medical professional and former prisoner who was detained due to his peaceful activism,¹²⁰ told Amnesty International in relation to Hamdy’s health:

“These conditions could have developed due to the stuffy air, or the inability to exercise regularly, coupled with the cold floor in the cell”¹²¹

Despite multiple requests by his relatives, prison authorities have refused to transport him to an external hospital for comprehensive diagnosis and treatment. They also have consistently denied his requests to change cells and to be allowed sufficient exercise.

Amnesty International’s previous research found that prison authorities use solitary confinement to inflict additional punishment against, in particular, prisoners with a political profile or as an arbitrary disciplinary measure for acts that should not constitute disciplinary offences, such as objecting to ill-treatment or sending letters that expose violations of prisoners’ rights.¹²²

Prison authorities have also placed incarcerated transgender individuals in solitary confinement, purportedly for their own “protection”, negatively impacting their physical and mental health. For example, when transwoman Malak el-Kashef was detained in 2019 on trumped-up terrorism-related charges for calling for a

¹²⁰ Amnesty International, *Three activists released on bail*, Urgent Action (Index: MDE 12/4707/2016), www.amnesty.org/en/documents/MDE12/4707/2016/en/

¹²¹ Interview on 13 May 2020

¹²² Amnesty International, *Egypt: Crushing humanity: The Abuse of solitary confinement in Egypt’s prisons*, (MDE 12/8257/2018), <https://www.amnesty.org/en/documents/mde12/8257/2018/en/>

peaceful protest, she was held in Mazraet Tora Prison for men. During her detention between March and August 2019, the prison administration kept her in solitary confinement.¹²³ After her release, she filed a complaint at an administrative court against the Ministry of Interior to establish gender-appropriate places of detention for transgender individuals. The court rejected the case on the basis that she was not an “interested party” as she was no longer detained.¹²⁴

¹²³ Amnesty International, *Transgender woman held in all-male prison*, Urgent Action (Index: MDE 12/0168/2019), www.amnesty.org/download/Documents/MDE1201682019ENGLISH.pdf

¹²⁴ Mada Masr, “Private hospitals object to the ‘fixed health rate’ for treating Covid-19”, 3 June 2020, cutt.ly/ShKXrtj (in Arabic)

4. DENIAL OF FAMILY CONTACT



Leila Soueif, mother of prisoner of conscience Alaa Abdelfattah, sleeps in front of the Tora Prison Complex, in the hopes of being permitted by prison authorities to exchange letters with him and deliver essentials to her unjustly jailed son © Private

“This silence is scary. We do not know if something happened to Alaa.”

Mona Seif speaking about the denial of contact with her brother Alaa during the suspension of family visits in 2020

Over the past six years, the authorities have barred scores of detainees from family visits for months or even years on the basis of Public Prosecution decisions or NSA instructions, and in some cases without any explanation at all.¹²⁵ In 2020, the authorities banned visits for five months citing COVID-19 restrictions, without allowing prisoners regular alternative means to communicate with their families. Some prisoners were held incommunicado throughout the duration of the visits’ suspension.

Prisoners affected by long-term bans on visits are those held in relation to offences under counter-terrorism or anti-protest legislation. Among them are individuals imprisoned solely for exercising their rights to freedom of expression or peaceful assembly or simply for their perceived political affiliation. At least one detainee held in relation to a political case in Mazraet Tora Annex Prison has not been allowed a single family visit for over four years since November 2016.¹²⁶ Dozens of detainees in al-Aqrab Prison have been banned from receiving family visits since March 2018.¹²⁷

Amnesty International examined a decision by the Public Prosecution in February 2019, banning all detainees held in a specific section of al-Aqrab Prison, in Tora Shadid al-Hirasa 2 Prison and in certain cells in Borg al-Arab Prison from receiving family visits. It did not clarify the grounds of such blanket bans. All these facilities exclusively housed prisoners held in relation to political cases. Lawyers told Amnesty International of similar decisions affecting detainees held in connection to political cases at al-Qanater Prison for women and al-Minya Shadid al-Hirasa Prison.¹²⁸ Such decisions are open ended.

In some cases, prison authorities failed to enforce decisions by courts to resume visits. For instance, an administrative court verdict from February 2019 ruled the Prisons Sector’s decision to ban family visits for a detainee to be in breach of Egyptian legislation. The detainee was held in relation to a political case. Despite

¹²⁵ Amnesty International, *End the cruel denial of family visits to detainees*, (Press release, 15 February 2019), www.amnesty.org/en/latest/news/2019/02/egypt-end-the-cruel-denial-of-family-visits-to-detainees/

¹²⁶ Interview on 17 August 2020.

¹²⁷ Multiple interviews in 2018, 2019 and 2020.

¹²⁸ Interviews on 12 and 13 May 2020.

the court decision, the prison administration refused to implement and continued to deny him access to his family and delivery of food and other essential items.¹²⁹

The seven case files and analysis provided by EFHR and reviewed by Amnesty International revealed that 190 detainees complained between 2013 and 2018 to prosecutors and courts that prison administrations had denied them family visits at least once.

With the spread of COVID-19 across Egypt, the Ministry of Interior suspended prison visits in March 2020 for 10 days,¹³⁰ extending the suspension on 19 March for a further two weeks.¹³¹ There were no follow-up announcements, but family visits remained effectively suspended until 25 August 2020.¹³² These measures left some prisoners completely cut off from the outside world as the authorities failed to introduce regular alternative means of communication between detainees and their families, including the bi-monthly phone calls prescribed by Egyptian law.

In 2016, the head of the Prisons Sector at the Ministry of Interior announced the planned installation of phones across prisons to allow phone contact with families twice a month.¹³³ This has not yet been implemented. Amnesty International is only aware of a single instance of a detainee being able to speak to a family member abroad over the phone, and only in the wake of international pressure.

While the suspension of family visits during a pandemic could be proportionate, the refusal of the authorities to allow regular alternative forms of communication amounts to wilful denial of the right to communicate with the outside world and as such amounts to incommunicado detention. The Working Group on Enforced or Involuntary Disappearances and the Committee on Enforced Disappearances found that " the suspension of visits to regular places of detention has, in some cases, led to a complete absence of contact between detainees and the outside world. This is conducive to incommunicado detention and may lead to enforced disappearances."¹³⁴

A detainee released from al-Qanater Prison for women in March 2020 told Amnesty International:

“When we were informed that visits are banned, we asked to be allowed to call our families, but the prison authorities refused.”¹³⁵

Some but not all relatives have been able to send and receive letters. Whether and how often prisoners receive letters varied between prisons and the detainees concerned.

¹²⁹ Interview on 13 May 2020.

¹³⁰ CNN Arabic, "Coronavirus. Suspension of visits in all Egyptian prisons for 10 days," 10 March 2020, arabic.cnn.com/health/article/2020/03/10/egypt-halts-prisons-visits-viruscorona (in Arabic).

¹³¹ *Alyoum al-Sabea*, "Current events summary, suspension of all prison visits until end of March", 19 March 2020, cutt.ly/hhQUiAT (in Arabic),

¹³² The official Facebook Page for the Ministry of Interior, "Interior resumes visits for inmates," 15 August 2020, Facebook, <https://www.facebook.com/MoiEgy/posts/3270268129683494> (in Arabic)

¹³³ Mahmoud Abdelrady, "Includes photos: The Minister of Interior opens prison doors for visits by the 'media and human rights'. We monitor the development of wards and hospitals and the availability of libraries and playgrounds for the rehabilitation of inmates, and for the first time landlines connecting inmates with their families", *Alyoum al-Sabea*, 7 April 2016, bit.ly/36Pijl6 (in Arabic).

¹³⁴ OHCHR, *Key Guidelines on Enforced Disappearances in the context of COVID 19*, 18 September 2020, www.ohchr.org/Documents/Issues/Disappearances/Guidelines-COVID19-EnforcedDisappearance.pdf

¹³⁵ Interview on 19 March 2020.



Patrick George Zaki © Private

Some relatives told Amnesty International that they discovered after the resumption of visits on 25 August 2020 that prison officials appeared to have withheld letters to and from prisoners. For example, according to the Facebook page “Free Patrick George”, prison officials failed to hand over correspondence between the human rights defender and gender researcher at EIPR, who has been arbitrarily detained since February 2020, and his loved ones:

“Over the past five and a half months, Patrick’s family received only two short letters from him, and they have submitted dozens of letters for Patrick to those in charge of the visit at the prison facility on a weekly basis. However, yesterday we learned from Patrick that he had sent long letters addressed to his family and friends – at least 20 in total over the duration of those months – but his family did not receive any of them. We also learned that Patrick had not received many of the letters written to him by his family and friends, though they were officially received by the prison personnel from his family.”¹³⁶

According to two lawyers who represent detainees held in relation to non-political cases, these detainees have been able to send and receive letters in prisons, both before and since the COVID-19 outbreak.¹³⁷ This points to punitive action against some prisoners held in relation to politically-motivated cases.

Relatives of detainees told Amnesty International that being unable to have contact with their loved ones left them deeply worried as they had no means to obtain assurances about their health and wellbeing.

¹³⁶ Free Patrick George Facebook Page, Post, 4 July 2020, www.facebook.com/permalink.php?story_fbid=162608975310187&id=110752927162459 (In Arabic)

¹³⁷ Interviews on 8 April 2020.



Alaa Abdelfattah © Private

The relatives of prisoner of conscience, Alaa Abdelfattah, who has been arbitrarily detained since 29 September 2019 at the Tora Shadid al-Hirasa 2 Prison, expressed their concern about his health particularly following his hunger strike from 12 April to 19 May 2020 in the absence of regular communication with him. His sister Mona Seif said:

“This silence is scary, we do not know if something has happened to Alaa or if he is okay. We have no way of knowing.”

With the resumption of visits, the frequency and length of visits were reduced to one visitor for 20 minutes per month for both pre-trial detainees and convicted prisoners.¹³⁸ Even after that, the authorities maintained bans on family visits for detainees with political profiles that were in force before COVID-19. Those affected are held in al-Qanater Prison for women, and al-Aqrab and Tora Shadid al-Hirasa 2 prisons.

For some detainees barred from receiving visits, transfers to court offered the only chance to see their family members and lawyers.¹³⁹ In March 2020, courts suspended hearings as part of the COVID-19 measures. Consequently, Ministry of Interior officials halted transfers to courts and prosecution offices for detention renewal hearings. Even when courts resumed detention renewal hearings, they were held in the absence of defendants until mid-July.¹⁴⁰ As of October 2020, security forces regularly transfer detainees to courts, but not to the SSSP, which continued to extend detentions without the presence of detainees.

¹³⁸ The official page of the Ministry of Interior, Facebook post, 15 August 2020, www.facebook.com/MoiEgy/photos/a.181676241876047/3270267966350177/ (in Arabic).

¹³⁹ Amnesty International, *Egypt: End the cruel denial of family visits to detainees*, (Press release, 15 February 2019), www.amnesty.org/en/latest/news/2019/02/egypt-end-the-cruel-denial-of-family-visits-to-detainees/

¹⁴⁰ Amnesty International, *Egypt: Court arbitrarily extends the pre-trial detention of over 1,600 defendants*, (Press release, 7 May 2020), www.amnesty.org/en/latest/news/2020/05/egypt-court-arbitrarily-extends-the-pretrial-detention-of-over-1600-defendants/ and 2 interviews on 24 August 2020.



Hoda Abdelmoniem © Private

Officials at al-Qanater Prison for women did not allow 61-year-old human rights defender Hoda Abdelmoniem a single visit since her detention on 1 November 2018.¹⁴¹ There was no official decision by the prosecution to deny visits. Consequently, her family only saw her briefly during court hearings. Her daughter is extremely worried about her health as she suffered a heart attack on 26 January 2020 leading to her hospitalization. She was again hospitalized in December 2020 with suspected liver failure. Hoda Abdelmoniem also suffers from high blood pressure and has a clot in her left leg. The family was also prevented from receiving any written information on her medical situation, adding to their distress.

Her daughter told Amnesty International that after they called the prison administration three times after the resumption of prison visits in August, they were given verbal authorization to visit on 12 September 2020. When they arrived at the scheduled time, they were told the visit was cancelled and they could only deliver medicine and money.¹⁴² Her daughter said:

"they [al-Qanater women prison administration] told us that these are new NSA instructions."

¹⁴¹ Amnesty International, *Egypt: Lawyer detained in undisclosed location: Hoda Abdelmoniem* (Index: MDE 12/9705/2019) www.amnesty.org/en/documents/mde12/9705/2019/en/

¹⁴² Voice message on 12 September 2020.

5. SUSPECTED COVID-19 PRISON CASES

"Once COVID-19 began to spread across the prison [Tora], ... people showed symptoms...and some had very bad complications including problems breathing."

A source with primary information about al-Aqrab Prison¹⁴³

Official responses to COVID-19 have been poor across prisons researched for this report. Prison administrations failed to systematically distribute cleaning products, trace and screen new arrivals, and test and isolate those suspected of having the virus. With the exception of temporary suspensions of prison visits and court hearings, there was no coordinated COVID-19 containment policy, with individual prison administrations acting independently.

Lack of clean water, poor ventilation, overcrowding and lack of sanitation materials for prisoners in prisons, as described in previous chapters, make physical distancing and preventative hygienic measures impossible to implement, while the health care systems in prisons remain ill-equipped to handle suspected COVID-19 cases.

In her report *Human Rights in the Administration of Justice* to the Human Rights Council, the UN High Commissioner for Human Rights stated:

"Infectious and communicable diseases spread easily in overcrowded detention facilities due to poor hygiene and sanitation and to infestation with vermin and insects, which may have an adverse impact on the right to life of detainees."¹⁴⁴

Since March 2020, the Ministry of Interior has made several announcements about its efforts to regularly disinfect prisons and police stations to protect detainees, visitors and staff.¹⁴⁵ In relation to prisons specifically, the Ministry announced that cells, visiting areas, libraries and infirmaries had been disinfected.¹⁴⁶ On its social media pages, it repeatedly announced that it had disinfected several buildings under its control, including prisons.¹⁴⁷ A former Assistant Minister for Prisons stated that prisons were secure as a result of the precautionary measures taken by the Ministry of Interior, including the provision of cleaning supplies accompanied by awareness raising campaigns for prisoners.¹⁴⁸ The Ministry of Interior announced that it had conducted random tests for COVID-19 in prisons,¹⁴⁹ and in April published a video showing detainees being tested.¹⁵⁰

However, information from families of detainees, detainees released after the COVID-19 outbreak and human rights NGOs, contradicts Ministry of Interior assertions of regular disinfection and testing in prisons. They also said that guards and other prison staff failed to wear masks or other personal protective equipment (PPE), contrary to guidance from the Ministry of Health, and do not systematically isolate people suspected of the having the virus from the rest of the prison population.¹⁵¹

¹⁴³ Interview on 13 November 2020.

¹⁴⁴ Human Rights Council, *Human rights in the Administration of Justice*, A/HRC/42/20 23.

¹⁴⁵ Almost any new detainee is initially held at a police station before being moved to a prison. *Alyoum al-Sabea*, "Photos. The Ministry of Interior continues disinfecting prisons and police stations to face the coronavirus," 7 April 2020, cutt.ly/JhQIguw (in Arabic).

¹⁴⁶ *Masrawy*, YouTube video, "The Ministry of Interior disinfects and purges all prisons," YouTube Video, 2 April 2020, www.youtube.com/watch?v=1Womi6wFbSU (in Arabic).

¹⁴⁷ See Official Facebook Page of the Ministry of Interior, "Agencies of the Ministry of Interior continue sterilization and disinfection in all buildings and facilities nationwide," 19 March 2020, www.facebook.com/MoiEgy/posts/2886250304751947 (in Arabic) and Official Facebook Page of the Ministry of Interior, "In continuation of the integrated health care measures. Disinfection and sterilization of all prisons," 2 April 2020, www.facebook.com/MoiEgy/posts/2917893111587666 (in Arabic)

¹⁴⁸ Mamdouh Hasan, "Preventing visits, healthy wards, regular tests: The Ministry of Interior sets a plan to prevent coronavirus sneaking into prisons," *Shorouk News*, 20 March 2020, www.shorouknews.com/news/view.aspx?cdate=20032020&id=db7d50a5-f4aa-4c12-9144-09f08c4ebfbf (in Arabic).

¹⁴⁹ Mohamed el-Sawy, "With video, the Ministry of Interior conducts coronavirus tests for Douma and Dawoud in prison," *Masrawy*, 16 April 2020, cutt.ly/lhQHD5y (in Arabic).

¹⁵⁰ See Ministry of Interior, YouTube Channel, "Continuing the disinfection and sterilization of police stations and facilities," 16 April 2020, www.youtube.com/watch?v=G_QXgfybxhw (in Arabic).

¹⁵¹ Several interviews through 2020.

Furthermore, the Egyptian authorities maintained an information blackout on COVID-19 outbreaks in prisons and other custodial settings, and provided no information on the number of tests conducted or the number of prisoners or staff who had tested positive or succumbed to the virus.

Media reports about places of custody being impacted by COVID-19 began to emerge in May 2020. One cited a Ministry of Health official reporting that two policemen in al-Zagazig, around 65km northwest of Cairo, who worked in al-Zagazig First Police Station, had tested positive for COVID-19.¹⁵² Officials did not take any measures to safeguard the detainees held at the station, according to the human rights organization CFJ.¹⁵³

Local media reported that a staff member continued to work at Tora Tahqiq Prison until 18 May, despite displaying COVID-19 symptoms, and died a few days later after testing positive for COVID-19.¹⁵⁴ On 30 May, the Ministry of Interior confirmed that the employee had tested positive for COVID-19 but maintained that the cause of death was unclear and that he stopped going to work on 17 May.¹⁵⁵

Despite COVID-19 concerns, the authorities have continued to move new prisoners from police stations to some prisons, generally without any testing or screening, with a few exceptions in December 2020 of detainees being taken from police stations for testing in public hospitals prior to their transfer to prison. Further, new arrivals were also not always isolated. A former detainee released during the COVID-19 pandemic told Amnesty International:

"Even during the pandemic, there were always new prisoners that would not be tested and would instead be detained for at least 14 days in the 'holding' cell [with others]. However, prisoners would usually stay in that cell for more than 14 days anyway [before the pandemic], and any new prisoner could infect someone who is moving to another cell before displaying any symptoms."¹⁵⁶

Since the pandemic, prisoners continued to be regularly transferred between prisons, courts and police stations without any PPE or physical distancing measures.

The authorities have failed to regularly provide adequate hygiene and sanitation supplies to prisoners and in some instances prevented families from delivering such supplies.



Mohamed el-Baquer © Private

For example, in March, prison officials at Tora Shadid al-Hirasa 2 Prison prevented relatives from delivering any cleaning or disinfecting supplies to human rights lawyer Mohamed el-Baquer.¹⁵⁷

¹⁵² Fatma Ali, "The Head of Investigations at First Zagazig police station infected with COVID-19," *Shorouk News*, 19 May 2020, www.shorouknews.com/news/view.aspx?cdate=19052020&id=ed1a1e24-6dfe-4dbc-bd71-c1728267f443 (in Arabic).

¹⁵³ *Al-Araby al-Gedid*, "Egyptian police officers infected. What about the prisoners?", 19 May 2020, cutt.ly/WhKVkxS (in Arabic)

¹⁵⁴ Mada Masr, "Health Minister to doctors: cancel your holidays," 30 May 2020., cutt.ly/ohKVnSD (in Arabic)

¹⁵⁵ *Almasry Alyoum*, "Security source clarifies information on staff member's death at Tora [Prison] with COVID-19," 30 May 2020, www.almasryalyoum.com/news/details/1982089 (in Arabic).

¹⁵⁶ Interview on 27 October 2020.

¹⁵⁷ Interview on 16 March 2020.

According to information received by Amnesty International, prison authorities did not routinely test prisoners who displayed symptoms or isolate suspected cases.¹⁵⁸

A relative told Amnesty International that “Wael,” who has been detained since October 2018, showed COVID-19 symptoms, including high fever and difficulty in breathing, in mid-June at Tora Tahqiq Prison, following the transfer to his cell of a prisoner showing similar, albeit more severe COVID-19 symptoms.¹⁵⁹ According to the relative, the authorities did not test the person displaying symptoms or any of his cellmates and failed to isolate those with symptoms.¹⁶⁰

In other prisons, the authorities established special quarters to isolate suspected cases, or isolated suspected cases in cells used for solitary confinement. The latter deterred prisoners from reporting symptoms, given the cruel and inhuman conditions in such cells.¹⁶¹

A man released in 2020 from a central prison told Amnesty International:

“We would avoid telling them [prison guards] that someone has a contagious disease so that they are not held in solitary.”¹⁶²

In most cases documented by Amnesty International in the Tora Prison Complex, al-Qanater Prison for women, Wadi al-Natroun Maximum Security 440, Borg al-Arab and al-Minya Shadid al-Hirasa prisons, detainees who displayed COVID-19 symptoms remained in their cells, suffering without treatment and endangering others.¹⁶³ No testing was provided in any of the suspected cases.

For example, a relative of a detainee who displayed COVID-19 symptoms while being held in no.440 Wadi el-Natroun Prison told Amnesty International that he had to rely on paracetamol to alleviate his symptoms and was not tested.¹⁶⁴

Such shortcomings in addressing the risks posed by the pandemic may have contributed to prisoners contracting and possibly dying as a result of COVID-19. In July 2020, journalist Mohamed Mounir died 10 days after being released from Tora Tahqiq Prison. According to his daughter, he had been arrested and placed in pre-trial detention in mid-June and had a high fever on the day of his release on 2 July. In the following days, he developed difficulties breathing and pneumonia, and a test he took on 8 July came back positive for COVID-19.¹⁶⁵ His physician confirmed that he died of COVID-19 complications.¹⁶⁶ The Egyptian authorities did not publicly comment on the case.

Three letters written by prisoners in the Tora Prison Complex in May, July and November 2020, which were shared with Amnesty International by human rights defenders, raised concerns about COVID-19 in prisons and the authorities’ failure to raise awareness among prisoners on prevention and protection measures, the lack of qualified medical staff and medicine, overcrowding and poor detention conditions. The letters also highlighted efforts by prison administrations to downplay the spread of the virus and hide information from prisoners and the outside world. One letter stated that the prison administrations punished some detainees who had asked prison guards to comply with safety measures, such as wearing masks, by moving them to a different prison. The letter outlined the trajectory of the pandemic in the Tora Prison Complex:

“After a denial that lasted for three weeks inside the Tora Prison Complex about the existence of coronavirus cases, we learned about the spread of cases in Al-Liman Prison, then Istiqbal Prison, and its theatre was transformed into a quarantine area. Then we heard about the start of the infections in Shadid al-Hirasa Prison 1 (known as al-Aqrab 1) in ward no. 2. Then the infections spread in Tora Tahqiq Prison...”

¹⁵⁸ Interviews on 28,29 and 30 March, 11 August, 28 September, 27 October and 13 November 2020

¹⁵⁹ Pseudonym.

¹⁶⁰ Interview on 11 August 2020.

¹⁶¹ See Chapter 3.5

¹⁶² Interview on 18 May 2020.

¹⁶³ Interview on 28 September 2020

¹⁶⁴ Interview on 25 August 2020

¹⁶⁵ See Sara Mounir, Facebook Page, “Story of her father’s passing,” 14 July 2020, Facebook, www.facebook.com/permalink.php?story_fbid=1695608207289043&id=100005196408487 (in Arabic).

¹⁶⁶ See Alaa Awad, Facebook Page, “Story of Mohamed Mounir’s COVID-19 infection,” 18 July 2020, Facebook, www.facebook.com/alaataha/posts/10221776893025137 (in Arabic).

“A week ago, cases began to appear in the Al-Zaraa ward. We have yet to receive information about the annex of Mazraet [Tora] Prison, the Mazraet [Tora] Prison (with lower density, older people and the sick), and Shadid al-Hirasa 2.”¹⁶⁷

A source with first-hand information on al-Aqrab Prison, told Amnesty International:

“Once COVID-19 began to spread across the prison, ... people showed symptoms... and some had very bad complications including problems in breathing.”¹⁶⁸

According to Human Rights Watch, prisoners from al-Minya Shadid al-Hirasa Prison and Wadi al-Natron Prison Maximum-Security 440 wrote in leaked letters they had COVID-19 symptoms and described inhumane detention conditions and lack of sufficient health care. According one of the leaked letters, prisoners who complained about the authorities’ mishandling of the pandemic in prison were beaten with electric stun guns and sticks and moved to solitary confinement.¹⁶⁹

Egyptian human rights organizations also sounded the alarm on the spread of COVID-19 in prisons and police stations among staff and prisoners, in some cases leading to deaths. The CFJ said in August 2020 that a total of 98 prisoners, 10 policemen and three staff members in places of detention had tested positive for COVID-19, while 11 detainees and one staff member had died due to COVID-19. The organization said that a further 200 detainees and 20 policemen were believed to have contracted COVID-19 and five other detainees were thought to have died as a result of the virus.¹⁷⁰ The EFHR also reported on suspected cases of COVID-19 among prison staff members and detainees.¹⁷¹

Eleven UN special procedures issued a statement in August 2020 criticizing the “lengthy and unnecessary pre-trial detention” of human rights defenders in Egypt, which have put detainees at “grave and unnecessary risk” during the COVID-19 pandemic, and the lack of transparency.¹⁷²

¹⁶⁷ Letter examined by Amnesty International. For the full version in Arabic see:

www.facebook.com/zenanavoice/photos/a.112256220188296/296342448446338

¹⁶⁸ Interview on 13 November 2020.

¹⁶⁹ Human Rights Watch, *Egypt: Apparent Covid-19 outbreaks in prisons*, 20 July 2020, www.hrw.org/news/2020/07/20/egypt-apparent-covid-19-outbreaks-prisons

¹⁷⁰ CFJ, *Coronavirus meter inside Egyptian detention places*, updated 7 August, accessed on 12 August 2020, www.cfjustice.org/corona-alert/

¹⁷¹ EFHR, *Coronavirus in a new prison: A staff member in Zera’a ward infects inmates*, 8 June 2020, cutt.ly/dhQJbEJ (in Arabic).

¹⁷² OHCHR, *Imprisoned human rights defenders in Egypt at grave risk of COVID-19, say UN human rights experts*, 24 August 2020, www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=26182&LangID=E

6. MEDICAL NEGLIGENCE

‘Health care in prisons is just a façade’

Former detainee in Tora Tahqiq Prison released in mid-2020

Across the 16 prisons researched for this report, the authorities have failed to adequately resource and equip prison medical facilities to enable the provision of adequate health care to detainees, especially to those requiring specialist treatment. In addition, prison officials frequently delay or refuse to transfer detainees to external facilities with relevant specialist capacity, including in critical cases needing emergency treatment.

Ministry of Interior officials have repeatedly praised health care provision in prisons, denying that there is any discrimination in prisoners’ access to health care, and not raised resource shortages as an issue.¹⁷³

Amnesty International documented how the health of detainees, including those with pre-existing medical conditions, deteriorated during their imprisonment in part due to their inability to access regular medical care. In at least one case, negligence by the prison administration and doctors might have contributed to a preventable death.¹⁷⁴

The lack of adequate care by prison doctors leads prisoners to describe their symptoms to family members, who in turn relay them to private medical professionals, at times leading to prescription of medication without proper diagnosis and examination of the patient.

Mental health is almost entirely neglected in Egypt’s prisons with no access to psychiatrists or psychologists, even though prison conditions can exacerbate pre-existing mental health problems and trigger new ones.

Prisons fail to provide gender-specific and sensitive care. There is inadequate access to reproductive health services, including shortcomings in providing for the particular needs of pregnant detainees or nursing mothers. In some cases, prison administrations fail to show the necessary urgency in transferring women in labour to outside hospitals, as previously documented by Amnesty International.¹⁷⁵

Amnesty International’s findings are in line with a 2014 EIPR report on medical negligence in prisons, which found a shortage of medical professionals in prisons, a lack of a clear mechanism for accessing emergency medical care, limited medical capacity in prisons, and a lack of specialized care for women and children.¹⁷⁶

Seven legal case files reviewed by Amnesty International show that 106 detainees with political profiles complained to prosecutors and courts between 2013 and 2018 that the prison administrations had not provided them with adequate health care.

6.1 GUARDS AND OTHER PRISON OFFICIALS LIMITING ACCESS TO HEALTH CARE

Prisoners often struggle to receive timely medical attention inside prisons, according to information collected by Amnesty International from former detainees, relatives of those held, lawyers and human rights organizations. Prison officials including guards have complete discretion to decide whether to, bring prisoners before prison doctors for regular treatment, grant them access to visiting medical specialists and ultimately to authorize their transfer to an external hospital.

Former detainees described a lack of a clear mechanism to allow prisoners to seek medical help, including in cases of medical emergency. In practice, they relied on the goodwill of guards, who regularly delayed moving prisoners to prison infirmaries, especially at night, exacerbating health problems. Former detainees described how those needing medical attention always had to repeatedly bang on the cell door. Depending

¹⁷³ Moustafa Attia, “Director of the Medical Services Administration in ‘Prisons’: Leap in Prisons Sector’s hospitals,” *al-Shorouk*, 15 March 2016, www.shorouknews.com/news/view.aspx?cdate=15032016&id=06e996ad-1eb1-445e-8c6f-657800df7176 (in Arabic); and *Akhabr Alyoum*, “Prisons: There is no discrimination among inmates. Badie and el-Shater are receiving full care,” 16 March 2016, cutt.ly/UhQUU2b (in Arabic).

¹⁷⁴ See the case of Shady Habash in Chapter 8

¹⁷⁵ Amnesty International, *Circles of hell: Domestic, public and state violence against women in Egypt*.

¹⁷⁶ EIPR, *Health in Prisons: A Field study on the determinants of health behind bars*, 17 June 2014, www.eipr.org/sites/default/files/reports/pdf/health_in_prison_e.pdf

on the prison and time of the day, guards' response time ranged from a few minutes to several hours. Guards would then report the situation to a superior officer for a decision on how to proceed.

A former detainee released in 2020 from Tora Tahqiq Prison explained the process:¹⁷⁷

"First you have to shout to wake up the guard, who then calls the doctor, who then obtains approval from the officer. Only then can the guard get the key to open the cell, the ward and move the detainee to the infirmary. This takes a minimum of 20 minutes, so there is no way to respond to an emergency on time."

In some cases, guards and officers dismiss prisoner complaints and insulted those asking for help. A former detainee in Wadi al-Natron Prison, who was released in 2014, told Amnesty International:

"Once, there was someone who was in pain and looked like [he was] dying. We kept banging on the door until a guard came and we told him that he must be taken to the hospital or he will die. He responded saying 'You are believers and you know that lives are in the hands of god'."¹⁷⁸

Accessing medical specialists is even more challenging as prisoners do not know the schedule of their periodic visits to prisons. Former detainees told Amnesty International that prisoners were not regularly notified by guards of visit times and, in some cases, were prevented from seeing the specialist doctor during the rare visits. Taher Mokhtar, a practicing doctor and former detainee, told Amnesty International:

"Specialists would visit the prison only once a month or so, so the prisoners might miss them if they do not know the date. Even when they know guards might not take them to see the specialist, so they would have to wait for another month."¹⁷⁹

Since prisons lack medical equipment needed for any serious medical procedures, detainees need to be transferred outside prison to external state hospitals. Former detainees told Amnesty International that prison officials were slow in transferring them to external hospitals for care unavailable in prison.¹⁸⁰ Experiences varied widely across prisons. Some former detainees waited for months, leading to medical complications and unnecessary suffering.

Under the Prison Law and regulations, the medical services administration of the Prisons Sector, which is under the Ministry of Interior, is authorized to transfer prisoners to an outside hospital.¹⁸¹ However, in urgent cases, prison doctors can seek verbal approval from the Prisons Sector by phone.¹⁸² In practice, prison wardens or other security officials must approve such transfers, since moving a prisoner requires their authority in allocating sufficient resources for the transfer and for security presence at the hospital.

A former prisoner in al-Qanater Prison for women, who was released in early 2020, recounted to Amnesty International an incident she witnessed that involved a prisoner convicted in a non-political case:

"There was a prisoner who had kidney pain and every time she went to the prison hospital, she was given a painkiller. She asked several times to be taken to an external hospital, but she was not transferred until after two months, where they realized she had womb cancer and they had to remove the womb, since it was in a late stage."¹⁸³

The failure to transfer a sick detainee, "Mahmoud" to an external hospital for diagnosis and treatment may have contributed to his death in mid-2020.¹⁸⁴ In his late thirties, Mahmoud was held in pre-trial detention in Tora Istiqbal Prison from late 2019 pending investigations into terrorism-related charges. According to his lawyer, he suffered painful stomach problems from early 2020 that resulting in repeated vomiting, loss of appetite, lethargy and his skin turning yellow over several months. His lawyer told Amnesty International:

"He was examined by the prison doctor several times, but he only gave him an intestinal antiseptic and painkillers, but he was never properly examined at the prison hospital or in an external hospital or by a

¹⁷⁷ Interview on 27 October 2020.

¹⁷⁸ Interview on 13 March 2020.

¹⁷⁹ Interview on 13 May 2020.

¹⁸⁰ In cases when they would have been allowed to receive medical care externally.

¹⁸¹ Article 37 of the Internal Prison Regulations.

¹⁸² Article 37 of the Internal Prison Regulations.

¹⁸³ Interview on 6 March 2020.

¹⁸⁴ Pseudonym

gastroenterologist, despite various requests by his family to the public prosecutor to move him for treatment to an external hospital.”¹⁸⁵

Mahmoud died in mid-2020. The prison administration claimed it was due to a sharp drop in blood circulation and cardiac arrest. His family members wanted to bury him promptly and therefore did not want to wait for an autopsy, according to his lawyer.

6.2 POOR FACILITIES AND STAFFING

Although the capacity of health care varies across prisons, with some prison hospitals having some modern equipment, all former detainees interviewed by Amnesty International described prison infirmaries as underequipped, unsanitary and lacking qualified medical professionals. Women detainees raised additional concerns about the lack of women doctors and sexual harassment by doctors and nurses.

The lack of equipment and sanitation in most prison infirmaries remains a major concern, although hospitals in some larger prisons such as the Tora Prison Complex are better equipped.

A former detainee in al-Qanater Prison for women described the unsanitary conditions and lack of equipment at the prison hospital. She believed several detainees contracted hepatitis B or C in prison due to a failure to properly sterilize dental equipment, which she directly observed when she went to the infirmary for dental treatment.

A former woman detainee in Damanhur Prison, released in early 2020, recounted her experience:

“One time I got injured after I rose from sleep in my three-level bunk bed and hit my head on the ceiling fan. The injury left an open wound and needed stitches. When I was taken to the [prison] hospital, the doctor wanted to do the stitches without anaesthesia, but I refused so he brought an unsterilized dental needle that has been used.”¹⁸⁶

Taher Mokhtar told Amnesty International that when he was detained between January and August 2016 in Tora Investigations Prison, the prison infirmary was underequipped, dirty and lacked equipment needed for diagnosis and certain medicines.¹⁸⁷ His testimony was consistent with that of another former detainee released from the Tora Prison Complex in mid-2020.¹⁸⁸

6.2.1 LACK OF QUALIFIED MEDICAL STAFF

According to Egyptian law, all prisons, other than central prisons, must have at least one resident doctor.¹⁸⁹ Central prisons must have either a resident doctor or identify another public sector doctor¹⁹⁰ to perform relevant duties.¹⁹¹ Former detainees held in central prisons told Amnesty International that they did not have access to doctors and had to rely on detained doctors for examinations and advice about treatment.

Even when resident doctors were assigned to prisons, they were not always available. A former prisoner released from the Tora Prison Complex in early 2020 told Amnesty International:

“Even when they [guards] took me to the infirmary, sometimes I would find out that there are no doctors there.”¹⁹²

A former woman detainee in Port Said Prison released in 2020 expressed similar concerns. She told Amnesty International that the prison hospital had only one doctor on duty in the mornings. She said that prisoners and detainees were told by prison officials that the infirmary was only for critical cases. She added that detainees in pain or requiring hospitalization during the night were usually ignored until daytime.¹⁹³

Former detainees also raised concerns over the adequacy of examinations and offered treatments, highlighting the lack of physical checks and diagnostic testing, with medical professionals mainly relying on the detainees' description of their symptoms. Concerns over the adequacy of examinations start with

¹⁸⁵ Interview on 21 May 2020.

¹⁸⁶ Interview on 1 April 2020. She said she suspected that the needle had been used before because the doctor did not remove it from its packaging, as is normal in Egypt.

¹⁸⁷ Interview on 13 May 2020.

¹⁸⁸ Interview on 27 October 2020.

¹⁸⁹ See Chapter 2.1 of this report.

¹⁹⁰ This means a doctor that is not employed by the Ministry of Interior. See Chapter 6.2.2.

¹⁹¹ Article 33 of the Prison Law.

¹⁹² Interview on 12 March 2020.

¹⁹³ Interview on 1 April 2020.

screenings upon arrival for new detainees, which are required under Egypt's Prison Law but usually flouted.¹⁹⁴ In some cases documented by Amnesty International, the prison doctor asked new arrivals to say if they had any medical conditions or infectious diseases. In other prisons, no examinations were conducted or questioned asked. One former prisoner released in 2019 from Giza Central Prison described the screening process to Amnesty International:

“One doctor just came to us [new arrivals]... and shouted if any of us have any disease. When no one answered he just proceeded to write on a piece of paper.”¹⁹⁵

Another former detainee released from Tora Tahqiq Prison in 2020 described the screening similarly:

“A doctor came and asked if I have any disease. I told him I do not know. He then asked if I have diabetes or hypertension. I told him no, so he said okay and left.”¹⁹⁶

According to testimonies, doctors would regularly give painkillers, sleeping pills and dermatological medication for all ailments. A former prisoner in Wadi al-Natron Prison, released in 2020, told Amnesty International:

“The doctor only had one type of pill that he would give for every disease.”¹⁹⁷

Other detainees complained about receiving medicine past its expiry date.

6.2.2 INDEPENDENCE OF AND ABUSES BY PRISON MEDICAL STAFF

Former detainees reported sensing hostility from some prison doctors, who at times downplayed the seriousness of their conditions. They also recounted that some prison doctors and nurses sexually harassed detainees, used offensive language or showed bias against them, including accusing them of “terrorism” and “moral delinquency”.

A former prisoner released from Wadi al-Natron Prison in 2019 told Amnesty International:

“The doctor told me once ‘you are terrorists, why would I treat you?’ ”¹⁹⁸

A former detainee in Port Said Prison for women, who was released in 2020, said:

“One criminal [common law] prisoner had problems in the liver and was vomiting blood. The doctor came at night and ... told her ‘what do I care if you die or get burned?’ He refused to examine her and instead gave her a painkiller and left.”¹⁹⁹

Women raised concerns about the presence and conduct of male doctors in prisons. For example, in al-Qanater Prison for women, two former detainees told Amnesty International that some male doctors and female nurses had sexually harassed them verbally and inappropriately touched them. One former detainee said a doctor cupped her breast and touched her nipple while she was being examined. When she protested and asked him to stop, he refused to continue the examination and made her leave.²⁰⁰

Prison doctors are employed by the Ministry of Interior and are subject to its disciplinary procedures. Generally, only graduates of the Police Academy, who are police, are employed as resident prison doctors.²⁰¹ Further, the Prison Law specifies that all prison staff are subject to the authority of the prison warden.²⁰² The prison warden also has the power to challenge medical recommendations by prison doctors and ask the medical services administration department of the Ministry of Interior to form a committee to examine the doctor's decision.²⁰³ The law governing promotions and discipline for the Ministry gives the Director of the Prisons Sector oversight over all prison staff, including doctors.²⁰⁴

¹⁹⁴ Article 27 of the Prisons regulations.

¹⁹⁵ Interview on 14 May 2020.

¹⁹⁶ Interview on 27 October 2020.

¹⁹⁷ Interview on 15 March 2020.

¹⁹⁸ Interview on 13 March 2020.

¹⁹⁹ Interview on 1 April 2020.

²⁰⁰ Interview on 9 June 2020.

²⁰¹ While not explicitly stipulated by the law, this is the general practice.

²⁰² Article 74 of Law 396/1956.

²⁰³ Article 33 of the prison regulations.

²⁰⁴ Article 104 of Law 109/1971 on governing the police.

Former detainees, lawyers representing those detained and family members who spoke to Amnesty International questioned the medical assessments carried out by prison doctors and the medical services department of the Ministry of Interior, which have been used by prosecutors to dismiss requests for transfers to outside medical facilities.²⁰⁵

6.3 LACK OF MENTAL HEALTH CARE IN PRISONS

Despite inhumane prison conditions negatively impacting the mental health of those incarcerated, mental health care is almost entirely neglected in Egyptian prisons. Former detainees described the lack of mental health care professionals in most prisons, as well as the stigma around seeking support.²⁰⁶ At least three detainees told Amnesty International that in those rare instances when a mental health professional was available in prison, he would dispense the same pills to all patients without any counselling, diagnosis or knowledge of the person's mental health history. In the absence of adequate mental health care in prison, some prisoners said they relied on describing their condition to families who in turn consulted psychiatrists on their behalf. Former detainees recalled experiencing difficulty and delays in receiving external mental health support, including following suicide attempts.

Many former detainees said they had thought about suicide in prison, blaming their sense of unfair detention, torture and other ill-treatment and the generally poor detention conditions. The suspension of visits from March to August 2020 in light of the COVID-19 pandemic, coupled with the limitations on communicating with the outside world, also contributed to the deterioration of prisoners' mental health.

Osama Murad, a 40-year-old man serving a 10-year prison sentence for "membership in a terrorist organization", attempted to commit suicide at Tora Istiqbal Prison on 22 April 2019. According to his family, his mental health gradually deteriorated in prison. They said that following his conviction in September 2016, he started suffering from convulsions, psychosis and fainting. His family said that he had not suffered any mental illness before his arrest in May 2015. The fact that the authorities changed his place of detention six times after his arrest also negatively affected his wellbeing, according to his relatives:

"Every time he got to know his cellmates, he was transferred to another prison."²⁰⁷

Given the absence of adequate mental health care in prison, his family was compelled to seek a psychiatrist's opinion outside prison, who prescribed medication without being able to examine the patient. In April 2020, a former cellmate assumed the responsibility of taking care of him and giving him his medication on time. Two weeks later, the cellmate was transferred to another cell. Osama Murad stopped his medication and experienced several panic attacks, according to his family.²⁰⁸

A former detainee interviewed by Amnesty International said she attempted suicide twice during her incarceration. The first took place shortly after her transfer to a police station, after she had been subjected to six days of enforced disappearance following her arrest. The second attempt happened after a female guard removed her clothes by force when she refused to strip naked during a search. The prison doctor prescribed her medication that she believed worsened her condition. She said:

"I was not allowed to receive my [usual] medication, but instead the prison doctor prescribed me another medication, which made me hallucinate and within three months my situation was deteriorating and I thought quite a lot about suicide."²⁰⁹

After her second suicide attempt, she was taken to the prison hospital and was examined by a psychiatrist from outside prison, who prescribed medication that she believes improved her mental health.

²⁰⁵ See the case of Abdelmoniem Aboufotouh in Chapter 7.

²⁰⁶ Interview on 6 March 2020.

²⁰⁷ Interview on 29 April 2019.

²⁰⁸ Amnesty International, *Egypt: Osama Murad's attempted suicide in Tora Prison highlights the absence of adequate medical care in prisons* (Index: MDE 12/0305/2019), www.amnesty.org/download/Documents/MDE1203052019ENGLISH.pdf

²⁰⁹ Interview on 19 March 2020.



Ibrahim Ezz el-Din © Private

Ibrahim Ezz el-Din, a 27-year-old researcher at the Egyptian Commission for Rights and Freedoms (ECRF), an independent NGO, was forcibly disappeared for 167 days following his arrest in June 2018. During that time, his lawyers stated that he was tortured and that his mental health suffered as a result.²¹⁰ On 20 February 2020, the lawyer submitted a request to the SSSP for Ibrahim Ezz el-Din to receive adequate mental health support from experts outside the prison with costs covered by his family, after he had attempted suicide. The authorities turned down the request and on 26 February 2020, Ibrahim Ezz el-Din again attempted to commit suicide.

His lawyer described his symptoms to a psychiatrist, who believed that he was suffering from acute depression and prescribed medication. According to medical professionals familiar with the case, the torture he endured while forcibly disappeared, in addition to systematic medical neglect by the Tora Prison authorities, might have triggered his depression. One of Ibrahim Ezz el-Din's lawyers told Amnesty International:

“Ibrahim has acute depression... in addition he is banned from receiving visits or receiving food from his family.”²¹¹

In her report to the UN Human Rights Council on human rights in the administration of justice in September 2019, the UN High Commissioner for Human Rights identified several factors as potentially contributing to self-harm in prison.²¹² These included conditions of detention, overcrowding, solitary confinement, inadequate food and the insufficient number of psychologists and psychiatrists – all features of Egyptian prisons documented by Amnesty International.

²¹⁰ Interview on 12 August 2020.

²¹¹ Interview on 12 August 2020.

²¹² Report of the OHCHR, *Human rights in the administration of justice*, 21 August, 2019, A/HRC/42/20.

In 2014, EIPR found that none of the five prisons included in its research had any systematic programme for psychological or social rehabilitation for prisoners or employed social workers to offer support or psychological advice to prisoners.²¹³

The COVID-19 pandemic has added to concerns about the mental health of prisoners. The UN Inter-Agency Standing Committee (ISAC) Reference Group on Mental Health and Psychosocial Support found that “in any epidemic, it is common for individuals to feel stressed and worried.”²¹⁴ The Committee recommended that special attention be given to the mental health of individuals deprived of their liberty. In addition to concerns about anxiety evolving into depression, the anxiety can worsen chronic physical health conditions as well.²¹⁵ The WHO found that decisions to limit or restrict visits need to consider the particular impact on the mental wellbeing of prisoners and the increased levels of anxiety that separation from children and the outside world may cause.²¹⁶

In March 2020, Egypt’s Ministry of Health announced that it had launched a hotline to provide psychological support to Egyptians suffering from anxiety due to the impact of the COVID-19 lockdown measures, a service not made available to prisoners.²¹⁷

²¹³ EIPR, *Health in Prisons: A Field study on the determinants of health behind bars*, 17 June 2014, www.eipr.org/sites/default/files/reports/pdf/health_in_prison_e.pdf

²¹⁴ Inter-Agency Standing Committee, *Addressing mental health and psychological aspects of COVID-19 outbreak*, February 2020, interagencystandingcommittee.org/system/files/2020-03/IASC%20Interim%20Briefing%20Note%20on%20COVID-19%20Outbreak%20Readiness%20and%20Response%20Operations%20-%20MHPSS_0.pdf

²¹⁵ Center for Disease Control, *Managing stress*, www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html

²¹⁶ WHO, *Preparedness, prevention and control of COVID-19 in prisons and other places of detention*, 15 March 2020,

www.euro.who.int/_data/assets/pdf_file/0019/434026/Preparedness-prevention-and-control-of-COVID-19-in-prisons.pdf?ua=1

²¹⁷ Mohamed Kamel, Ibrahim el-Tayeb, “Ministry of Health: Hotlines to provide psychological support to citizens to face the coronavirus,” *Almasry Alyoum*, 31 March 2020, www.almasyalyoum.com/news/details/1671446 (in Arabic).

7. DELIBERATE DENIAL OF MEDICAL CARE

“They are trying to kill me slowly or make me go insane.”

Former presidential candidate, Abdelmoniem Aboufotouh, commenting on his conditions of his detention and denial of medical care

Prison authorities deliberately deny human rights defenders, activists, politicians and other perceived government opponents held solely for the legitimate exercise of their rights and other prisoners with political profiles access to health care. Prison officials also withhold medicine from them even when costs could be covered by detainees and their families. Such wilful denial of medical care has led to a deterioration in prisoners' health and may have contributed to deaths in custody.

In a number of cases documented by Amnesty International, authorities deliberately denied health care for the apparent purpose of punishing political opposition, causing additional pain and suffering and possibly amounting to torture.

7.1 DENIAL OF DIAGNOSIS AND TREATMENT

All 67 individuals, whose detention experiences Amnesty International documented, including older prisoners and those with pre-existing medical conditions that needed regular monitoring, diagnostic tests and treatment, were denied adequate health care and transfer to external hospitals with specialist capacity at least once in the course of their detention. This denial of care appeared discriminatory and punitive as other prisoners held in relation to non-political cases were routinely, albeit not promptly, transferred to external hospitals, according to information received from lawyers, former detainees and human rights activists working on detention issues in Egypt, as well as detainee complaints in official court documents reviewed by Amnesty International.

Egyptian law provides for pre-trial detainees to seek and receive medical care at their own expense, but in practice prison officials regularly deny access to private medical care to individuals detained in political cases. The authorities also never cited resource shortages as a reason failing in their obligation to provide treatment inside prison or transfer to outside hospitals.

Failure to provide adequate treatment or to allow for treatment at external medical institutions amounts to a wilful denial of medical care. It can have fatal consequences particularly for prisoners with chronic conditions, amid concerns about COVID-19.²¹⁸

“Anwar”, aged 55, died in early 2020 after spending six years in Wadi al-Natron, Port Said, Ismailia and Shibin al-Kom prisons.²¹⁹ Even though a civilian, he had been convicted by a military court of charges related to a violent attack on a public building. According to two sources close to Anwar and knowledgeable of his medical history, he had hepatitis C prior to his detention and developed liver cirrhosis and mild splenomegaly (spleen enlargement) in prison.²²⁰

Amnesty International examined multiple complaints dated in 2020 sent by Anwar's family to prison authorities and the military prosecutor requesting his transfer to an external hospital for treatment and later for compassionate medical release. According to several informed sources, Anwar was not provided with adequate treatment at the prison hospital. For instance, prison authorities rejected his requests for diagnostic tests. His family was not consistently allowed to deliver specific medication prescribed by private doctors knowledgeable about his medical history, and some prescribed medicine was never accepted. The authorities refused to share his prison medical report with his relatives, hampering their consultations with external specialists. When he was transferred to Shibin el-Kom Prison in early 2020, he was kept for three days in solitary confinement in a small cell without adequate clothing, bedding or medicine. He died in the prison hospital three days after he was released from solitary confinement.

²¹⁸ The WHO has identified people with certain underlying health conditions as more at risk of severe illness if they contract COVID-19. For more information see, WHO, *Older People are at Highest Risk from COVID-19, but all Must Act to Prevent Community Spread*, 2 April 2020, www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/statements/statement-older-people-are-at-highest-risk-from-covid-19,-but-all-must-act-to-prevent-community-spread

²¹⁹ Pseudonym.

²²⁰ Interviews on 8 March 2020.

High-profile members of the Muslim Brotherhood are among those who are deliberately denied health care.



Essam el-Erian © AFP via Getty Images

For example, Essam el-Erian, a doctor and former vice chairman of the now dissolved Freedom and Justice Party,²²¹ which was the political wing of the Muslim Brotherhood, died in prison on 13 August 2020 following years of unaddressed complaints of poor detention conditions and denial of health care. He was arrested on 30 October 2013 and was detained in al-Aqrab Prison until his death. He was later convicted of espionage charges and sentenced to life in prison. He said during a court hearing in January 2018:

“I contracted hepatitis C, while in prison... but an official in the prison told me that the NSA refuses to allow your transfer [to] the Liver Institute. If you do not want to move me to the institute, get a commission from the institute, I need this to finalize the diagnosis and receive the medication.”²²²

Amnesty International has previously documented his indefinite and prolonged solitary confinement and prison officials' failure to provide him with adequate food, personal hygiene products and medical care.²²³

UN independent experts have condemned the denial of health care targeting prisoners held in relation to their political affiliation or activities. The UN Special Rapporteur on extrajudicial, summary or arbitrary executions and the Working Group on Arbitrary Detention stated in relation to the cases of Essam and Gehad el-Haddad, both leading members of the Muslim Brotherhood detained since 2013:

“These two men are effectively being killed by the conditions under which they are held and the denial of medical treatment. It appears that this is intentional or at the very least allowed to happen through the reckless disregard for their life and fate.”²²⁴

Other opposition political figures of various political affiliations have also been denied health treatment for chronic diseases and other medical conditions.

²²¹ Noueihed Lin, “Egypt court dissolves Muslim Brotherhood's political wing”, Reuters, 10 August 2014, www.reuters.com/article/us-egypt-brotherhood-idUSKBN0G90AM20140810

²²² Najda Organization for Human Rights, Facebook Page, *From inside al-Aqrab Prison: Medical negligence threatens life of Dr. Essam el-Erian after he contracted hepatitis C*, 1 February 2018, www.facebook.com/Najda4humanrights/videos/1981950145386703 (in Arabic).

²²³ Amnesty International, *Crushing humanity: The Abuse of solitary confinement in Egypt's prisons*.

²²⁴ OHCHR, *Egypt: UN experts denounce Morsi 'Brutal' prison conditions, warn thousands of other inmates at severe risk*, 8 November 2019, www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25270&LangID=E



Ziad el-Elaimy © Private

For instance, prisoner of conscience Ziad el-Elaimy, a former parliamentarian, human rights lawyer and one of the founders of the opposition Egyptian Social Democratic Party detained since 25 June 2019, has been denied adequate health care by Liman Tora prison authorities.²²⁵ According to his medical records, he had sarcoidosis,²²⁶ asthma, hypertension and type 2 diabetes before being detained. Ahmed Ragab, a doctor with knowledge of Ziad el-Elaimy's medical history and situation, said that while at liberty Ziad el-Elaimy managed his medical conditions through monthly diagnostic tests and regular adjustment of his medications, but during his incarceration his medical condition has not been regularly monitored as prison authorities persistently refuse requests by his family and lawyers to conduct medical check-ups and prescribe appropriate treatment.

The prison authorities only moved Ziad el-Elaimy once to an external facility for diagnosis in January 2020, but refused to share results with his family or private doctors and did not conduct all the examinations recommended by his private doctors. Ziad el-Elaimy has also been denied appropriate medication for pericardial effusion, a heart condition that he developed in prison, according to informed sources. Without the proper diagnosis and treatment, Ziad el-Elaimy's health risks to deteriorate further.²²⁷

²²⁵ Amnesty International, *Egypt: Three politicians arbitrarily detained: Ziad El-Elaimy, Hossam Moanis, and Hisham Fouad* (Index: MDE 12/0839/2019), www.amnesty.org/en/documents/mde12/0839/2019/en/

²²⁶ A disease characterized by the growth of tiny collections of inflammatory cells in any part of the body.

²²⁷ Interview on 4 March 2020.



Abdelmoniem Aboufotouh © Private

Former presidential candidate and founder of Misr Al-Qawia party, Abdelmoniem Aboufotouh, aged 69, has been detained since 14 February 2018 over unfounded charges in relation to media interviews.²²⁸ According to credible sources, he has been detained in Mazraet Tora Prison in solitary confinement in a cell measuring 2m x 3m that is hot in summer and cold in winter, and does not have a bed. The prison administration has limited his access to exercise to an alley inside the ward for no more than one hour a day. Sometimes the prison administration allows no exercise time at all.²²⁹

Abdelmoniem Aboufotouh suffers from diabetes, high blood pressure and an enlarged prostate, according to medical records predating his detention. The prison administration has routinely delayed or denied his requests for medical assistance inside or outside the prison, access to a respiratory device he apparently needs during sleep, and access to his private doctors inside the prison at his own cost. The prison administration also refused to transfer him to an external hospital for prostate surgery despite medical advice by his private doctor and his relatives' willingness to cover the costs. On four occasions, guards only responded hours after he called for help when suffering from angina attacks.

According to informed sources, the Prisons Sector's medical services administration prepared reports about Abdelmoniem Aboufotouh's condition without examining him and claimed that he did not suffer from any conditions needing medical intervention or transfer to external hospitals. This assessment contradicted independent medical records, predating his detention. Amnesty International was not able to obtain a copy of the report submitted by the Prisons Sector's medical services administration to the SSSP. However, a government-owned newspaper reported that his health was "good", saying that the report "proved his lies".²³⁰

Abdelmoniem Aboufotouh's complaint to SSSP prosecutors about the inadequacy of health care in prison was dismissed according to an informed source:

"When [Abdelmoniem Aboufotouh] asked him [the prosecutor] how he [the prison doctor] could claim that everything was fine without an examination, he [the prosecutor] replied that these are the NSA orders."²³¹

Amnesty International considers that Abdelmoniem Aboufotouh's prolonged solitary confinement for more than 22 hours a day in abusive conditions since his detention in February 2018, and the deliberate denial of health care, to be in contravention of Egyptian and international law and to amount to torture.

²²⁸ Amnesty International, *Egypt: An open-air prison for critics* (Index: MDE 12/9107/2018), www.amnesty.org/download/Documents/MDE1291072018ENGLISH.pdf

²²⁹ Interviews on 19 May 2020.

²³⁰ *Akhbar el-Yom*, "Aboufotouh's medical report proves his lies," 17 February 2018, cutt.ly/zhKCaWK (in Arabic)

²³¹ Interview on 19 May 2020.

Aisha el-Shater



Aisha el-Shater © EPA

Medical care has also been denied to 39-year-old Aisha el-Shater, daughter of Muslim Brotherhood leader Khairat el-Shater, who has himself been imprisoned since July 2013. Following her arrest in November 2018, she was severely beaten and given electric shocks while being subjected to enforced disappearance for months at undisclosed locations.

After her transfer to al-Qanater Prison for women in late January 2019, she was placed in prolonged solitary confinement in conditions that amount to torture. She is held in a small, poorly ventilated cell for more than 23 hours a day. She is allowed to leave her cell twice a day – for less than 30 minutes each time – to use the bathroom. Otherwise, she is forced to use a bucket in her cell.

Since her detention, the authorities have denied visits and communication with her family and lawyers. In a leaked voice recording from a court hearing in June 2019, she described her situation:

“I want to know which law [justifies] that I am detained in a solitary cell of 1.8 x 1.8 metres. I am banned from using the toilet. I have a bucket to use as a toilet. I want to know what in the Egyptian law [says] that because my crime is that I am the daughter of Khairat el-Shater I am targeted in that manner. For eight months [since her detention] I am not allowed to see my children and every time I complain in the prison, they tell me you go to hearings, talk to the judge.”²³²

According to medical sources, she suffers from aplastic anaemia, a rare and serious condition affecting the blood. Her health deteriorated rapidly in detention and she was admitted with significant bleeding to Al-Qasr al-Ainy hospital, where she was given a platelet transfusion, in October 2019. Her family had been asking for her transfer to an outside hospital since August 2019. Her condition requires ongoing specialist and intensive treatment in a properly equipped medical facility. Concerns for her life and wellbeing have been compounded by the prison authorities’ refusal to allow her any family visits throughout her incarceration.²³³

²³² Mekamlan, YouTube Video, “A tearful audio leak..Aisha el-Shater tells her suffering in al-Sisi’s prisons”, 16 June 2019, www.youtube.com/watch?v=BBEzecsHRYo (in Arabic).

²³³ Interview on 8 November 2019.

Aisha el-Shater's treatment, including her prolonged solitary confinement, inhumane conditions of detention, denial of adequate health care and denial of contact with her family, amounts to torture according to international law. Amnesty International believes that her punitive treatment is largely because she is the daughter of Khairat al-Shater.

7.2 WITHHOLDING OF MEDICATION

In all prisons reviewed, prisoners suffer because of inadequate access to essential medication. Since medication available to prisoners free of charge is limited, medication is primarily delivered by detainees' families, at their own expense. This failure by the authorities to provide essential medication has a particularly detrimental impact on the health of prisoners from economically disadvantaged backgrounds and amounts to denial of adequate medical care.

Amnesty International found that prison authorities in a number of cases withhold medication from certain prisoners detained in relation to political cases, even when their families provide it, while allowing other prisoners in the same prison to receive medication. When such deprivation causes severe pain and suffering, and is intended as punishment or intimidation, or is based on discrimination of any kind, it constitutes torture.



Amr Abu Khalil © Private

According to Haytham Abu Khalil, prison authorities withheld medication from his 58-year-old brother, Amr Abu Khalil, who died in custody in al-Aqrab Prison on 6 September 2020.²³⁴ Haytham Abu Khalil, an anchor for a TV channel broadcast from Turkey, believes that his brother was targeted and punished solely because of Haytham's opposition to the Egyptian government.

After Amr Abu Khalil's arrest on 2 October 2019 at his clinic, he was held in an undisclosed location for four days without contact with the outside world. He was then taken to the SSSP, who ordered his detention pending investigation. Security forces then took him to al-Aqrab Prison, where they initially detained him for 57 days in solitary confinement. During this period, he was banned from showering or receiving food or clothes from his family. After his solitary confinement, he was moved to a cell with three other detainees that was approximately 7m² without natural light. His brother described the cell as freezing in winter and boiling in summer. Throughout his detention he was not allowed to exercise or receive a single family visit. From January 2020, his family members have not been allowed to deposit money for his canteen account.

²³⁴ Interview on 8 September 2020.

Before his incarceration, his brother said Amr Abu Khalil suffered from diabetes, hypertension, inflammation of peripheral nerves, and a hernia. Despite this, authorities banned his family from delivering him any medicine. He died on 6 September 2020 at around 4pm after his health deteriorated. His cellmates banged on the cell door for hours without any response from the guards.²³⁵

In some instances, documented by Amnesty International, prison officials withheld medication from the intended recipients after they accepted it from visiting relatives. In other cases, prison officials simply refused to accept the medication. As with the delivery of food and items for personal hygiene (See Chapters 3.2.1 and 3.4.2 above), there appears to be no policy that applies to all prisoners and all prisons and the matter is left to the discretion of prison guards and NSA officers.

According to relatives of four detainees in al-Aqrab Prison, prison officials ban the entry of certain medications at their whim. Relatives also complain of instances where officials did not deliver “permitted” medication to the intended recipients.²³⁶

During the suspension of family visits between March and August 2020, families attempted to deliver medication to their loved ones via prison officials. They noted the same pattern of arbitrary decisions of whether to accept or reject medication without explanation. Relatives also voiced concern that they could not ascertain whether prisoners actually received the medicine accepted by prison officials given the suspension of family visits, lack of phone calls and disruption of written correspondence during the pandemic.²³⁷

The daughter of a detainee held in al-Aqrab Prison told Amnesty International that prison authorities had prevented her family from delivering medicine and other essentials to her father since April 2020, without explanation.²³⁸ Similarly, a family member of a prisoner in Wadi al-Natron Prison told Amnesty International in March 2020 that since the suspension of visits, she had not been allowed to deliver medication.²³⁹

A relative of a prisoner held in Borg al-Arab Prison told Amnesty International that between 10 and 24 March 2020, prison officials twice accepted her packages of medicine and other essential supplies but refused the third time without explanation.²⁴⁰

The withholding of medications for specific individuals have prompted other detainees in their prison to ask for additional medications to enable them to pass it onto the individuals in need. A man knowledgeable about detention conditions in al-Aqrab Prison told Amnesty International:

"The NSA prevent some detainees from receiving medication or vitamins, so detainees allowed to receive medication ask their family members to provide them with extra so they can share them."²⁴¹

A family member of a prisoner in Liman Tora confirmed:

"He asks us to bring large quantities of vitamins, probably to share them with detainees who are not allowed to receive them."²⁴²

²³⁵ Interview on 13 November 2020.

²³⁶ Interviews on 25 July 2019.

²³⁷ Interview on 9 March 2020.

²³⁸ Interview on 16 May 2020.

²³⁹ Interview on 29 March 2020.

²⁴⁰ Interview on 29 March 2020.

²⁴¹ Interview on 13 November 2020.

²⁴² Interview on 26 November 2020.

8. DEATHS IN CUSTODY

“These conditions that we are in... it is systematic murder. This is not even torture to exact confessions, because there are no confessions... We are hostages of the Ministry of Interior...prisons are run by orders, and the orders are to exact revenge.”

Statement by Essam el-Erian, late senior figure of the Muslim Brotherhood, addressing a Cairo court on 20 May 2017. He died in custody on 13 August 2020.²⁴³

The proliferation of high-profile deaths in custody in Egypt, not least the death of former President Mohamed Morsi in 2019, is a stark illustration of the depth of the human right crisis in Egypt's prisons. Despite global calls to investigate and prevent further deaths in custody, Egyptian authorities violate prisoners' right to life with impunity. Lives are being cut short by the cumulative impact of abysmal detention conditions coupled with the denial of adequate health care, whether deliberately or through negligence. The authorities have shown a reckless disregard for the lives and wellbeing of those in their custody, neglecting both essential determinants of health, including access to adequate sanitation, food and accommodation; as well as access to adequate medical treatment. In cases of some detainees with political profiles, the prison authorities go further in deliberately subjecting them to cruel and inhuman conditions of detention and denying them access to health care including medication with the apparent aim of punishing dissent.

Since the authorities refuse to disclose figures on deaths in custody, it is difficult to gauge the magnitude of the issue in Egypt. The Committee for Justice (CFJ), a human rights organization focusing on violations in the Middle East and North Africa region, recorded at least 842 deaths in custody between January 2014 and December 2019, based on data collected from media and other open source information.²⁴⁴ According to CFJ's monitoring, 56 prisoners died in 2020.²⁴⁵ The actual number of deaths in custody is likely to be higher given the restrictions on human rights work and independent reporting, including the denial of access to places of detention, and reprisals against any critical voices and families of victims.²⁴⁶

Amnesty International was able to document and obtain consent to publish the details of the deaths of 12 men in 2019 and 2020 in custody or shortly after their release. In addition to these 12 cases, Amnesty International has received information on the death of another 37 men in 18 prisons in 2020 alone from a range of sources including families, lawyers and activists, which they attributed to patterns of violations by prison authorities documented in this report.

No effective, thorough, impartial and independent investigations have been conducted into the causes and circumstances of any of these deaths in custody, contributing to a climate of impunity and showing a total disregard to human life. Egyptian authorities have also intimidated families into not seeking truth and justice (See Chapter 10). Families of six of the 12 men who died in custody or shortly after release, whose cases Amnesty International detailed in this report, all said that they would not seek accountability at the time of writing and that security forces had threatened to withhold the bodies of their loved ones or restrict burial ceremonies if they spoke to media or human rights organizations.

Of these 12 deaths, Amnesty International found that the cumulative impact of the inhumane conditions under which they were detained coupled with the denial of adequate health care may have contributed or led to the deaths of at least seven men in 2019 and 2020, namely: former president Mohamed Morsi;

²⁴³ Aljazeera Mubasher TV, YouTube Video, “Essam el-Erian during his court hearing: we are getting killed in prisons, they are taking revenge,” 20 May 2017, www.youtube.com/watch?v=2D1zSo14Nzc (in Arabic).

²⁴⁴ Committee for Justice (CFJ), *With no accountability*, 10 December 2019, www.cfjustice.org/with-no-accountability/; and *Slow death: Violations in Egyptian places of detention Annual Report 2019*, 6 April 2020, www.cfjustice.org/slow-death/

²⁴⁵ Information provided by CFJ directly to Amnesty International on 13 January 2021.

²⁴⁶ Amnesty International, *Egypt: Unprecedented crackdown on NGOs*, (Press release, 23 March 2016), www.amnesty.org/en/latest/news/2016/03/egypt-unprecedented-crackdown-on-ngos/. Also see Chapter 11 for additional information.

Muslim Brotherhood senior figure Essam el-Erian (See Chapter 7.1); Ahmed Abdelnabi; and Amr Abu Khalil (See Chapter 7.2), brother of an anchor with an opposition TV-Channel as well as “Anwar” (See Chapter 7.1), “Ali” (See Chapter 3.3.2) and “Mahmoud” (See Chapter 6.1) - prisoners with political profiles whose identities have been withheld at their families’ request.

Those held in prolonged and indefinite solitary confinement, in and of itself amounting to torture, cut off from the outside world in conditions facilitating torture and other ill-treatment, and denied adequate health care are at particular risk of suffering from medical complications and dying in custody (See Chapter 3.5).



Mohamed Morsi © EPA

Former president Mohamed Morsi died in custody on 17 June 2019.²⁴⁷ During his detention he was held in solitary confinement for almost six years and denied family visits, placing a considerable strain on his mental and physical health and violating the absolute prohibition against torture and other ill-treatment under international law. During the six years, he was effectively cut off from the outside world. He was allowed only three family visits throughout the entire time and was denied access to his lawyers or a doctor. The Special Rapporteur on extrajudicial, summary or arbitrary executions found that Mohamed Morsi’s death could amount to a state-sanctioned arbitrary killing.²⁴⁸

²⁴⁷ Amnesty International, *Egypt: Authorities must order immediate investigation into death of former President Mohamed Morsi*, (Press release, 17 June 2019), www.amnesty.org/en/latest/news/2019/06/egypt-must-investigate-mohamed-morsi-death/

²⁴⁸ OHCHR, *Egypt: UN experts denounce Morsi ‘brutal’ prison conditions, warn thousands of other inmates at severe risk*, 8 November 2019, www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25270&LangID=E



Ahmed Abdelnabi © Private

On 2 September 2020, Ahmed Abdelnabi died in Tora Maximum Security 2 Prison aged 63 after being held for nearly two years in inhuman and cruel detention conditions and deliberately denied health care.²⁴⁹ According to his daughter Nosayba, security forces forced her father and his wife Raia Hassan to alight from a plane departing from Cairo International Airport to Saudi Arabia on 23 December 2018, and forcibly disappeared the couple for 22 days. Security forces then took them to the SSSP, where a prosecutor ordered their detention pending investigations into charges of "joining an illegal group," without specifying the group.

Raia Hassan was released but Ahmed Abdelnabi was transferred to Tora Shadid al-Hirasa 2 Prison, where he was held until his death. His daughter said he was held in cell measuring about 1m x 1.8m, with no mattress, toilet or access to fresh air or clean water. He was not allowed to regularly receive food from his family, so had to mainly rely on the food distributed by the prison. According to Nosayba, he suffered from diabetes, hypertension and asthma prior to his detention, and developed a skin rash and kidney stones in prison. She added that the prison administration refused the prison doctor's recommendation for his transfer to an external hospital for treatment and banned his family from bringing him medicine at their own expense. In the week preceding his death, he was taken to the prison infirmary twice after suffering bleeding and loss of appetite, but not transferred to an outside hospital.

Amnesty International documented the cases of two other men held in relation to political cases who died while in solitary confinement in 2019 after prolonged banging on the doors seeking help in vain.

"Mohamed," a man in his late twenties serving a 10-year sentence at the Tora Prison Complex in relation to a political case, died in mid-2019, three days after being transferred to solitary confinement in a "disciplinary cell".²⁵⁰ According to his death certificate, he died from a heart attack. This cause of death is disputed by credible sources with knowledge of Mohamed's health and detention conditions, saying they believed poor conditions of detention and medical negligence led to his death. They said he complained of breathing problems prior to being incarcerated and that prison guards ignored his pleas not to be taken to a

²⁴⁹ Interview on 6 September 2020.

²⁵⁰ Pseudonym.

“disciplinary cell” as he feared he would die. On the night of his death, a source said that he complained that the humidity in the cell compounded by a water leak was affecting his breathing, but the guard told him that nothing could be done as his superior officer was not at the prison. Mohamed became unresponsive within two hours of his complaint. According to a former prisoner detained in the same ward, the small “disciplinary cell” only had a small opening in the door (*el-nadara*) for ventilation and light, and was always hot at that time of the year.²⁵¹ The cell contained no bathroom, only a bucket. The Public Prosecution opened an investigation. However, sources said that the prison administration handpicked witnesses for interview.

Thirty-year-old Hossam Hamed died in solitary confinement in a “disciplinary cell” in August 2019 in suspicious circumstances in Tora Shadid al-Hirasa 2 Prison. According to three sources interviewed separately, he was heard screaming in pain and banging on the door of his cell for days, until he stopped abruptly. When the guards opened the door, he was found dead. Sources said that his body had a swollen, injured and bloody face. According to these testimonies, Hossam Hamed appears to have been beaten by guards in the solitary confinement cell.²⁵²

Negligence by prison officials and the lack of adequate health care in prisons coupled with delays in transferring sick detainees for external treatment have had fatal consequences, as seen in the preventable death of 24-year-old filmmaker Shady Habash on 2 May 2020 at Tora Tahqiq Prison. According to a statement by the Public Prosecutor, Shady Habash drank “untreated” alcohol mixed with soda in the afternoon of 1 May and began to vomit. When he told his cellmates that he was unable to see clearly, they gave him antiemetic medicine they had. Shady Habash was then taken to the prison infirmary in the early hours of 2 May with stomach pain. He told the doctor he had mistakenly drunk alcohol and the doctor gave him intestinal antiemetic and antispasmodic medicines.

Later in the morning, he was taken back to the infirmary, after vomiting again and becoming delirious. The prison doctor injected him with antiemetic medicine and sent him back to his cell. Later that day, Shady Habash returned to the infirmary without being offered any alternative treatment until another doctor arrived. This doctor found his pulse and blood pressure to be weak and started procedures for his transfer to an external hospital. Shady Habash died before the transfer.²⁵³ According to doctors consulted by Amnesty International, the prison doctor who initially examined Shady Habash was negligent given that he knew Shady Habash probably had alcohol poisoning. Taher Mokhtar, a practicing doctor, human rights activist and former prisoner, said:

“When someone goes to a real hospital, I am not even saying the prison’s infirmary with its limited resources, but a real hospital with alcohol poisoning, the hospital has to refer him to a specialized toxicology medical facility, not just give him medicine and let him go. This happened twice. It is a clear case of medical negligence.”²⁵⁴

Doctors consulted by Amnesty International also questioned the Public Prosecution’s decision to publish details on the deceased’s alcohol poisoning, possibly with the aim of swaying public opinion against Shady Habash and divert blame away from the prison administration.

Another prisoner with a political profile, Egyptian-American dual national Moustafa Qassem, died in early 2020 while on hunger strike in protest of his detention conditions and imprisonment (See Chapter 9.1).

The twelfth victim, Mohamed Mounir, died from COVID-19 complications after being held in pre-trial detention, amid concerns over the authorities’ mishandling of the pandemic outbreak in prisons (See Chapter 5). Amnesty International is aware of eight other detainees displaying COVID-19 symptoms prior to their deaths in 2020, however, due to lack of government transparency and testing, the exact causes of their deaths remain unclear.

²⁵¹ Interview on 11 May 2020.

²⁵² Amnesty International, *Egypt: Calls for investigation into death in custody of al-Aqrab prisoner*, (Press release, 23 August 2019), www.amnesty.org/en/latest/news/2019/08/egypt-calls-for-investigation-into-death-in-custody-of-al-aqrab-prisoner/

²⁵³ See statement by the Public Prosecution:

www.facebook.com/ppo.gov.eg/photos/pcb.2957200207721195/2957188074389075/?type=3&theater (in Arabic)

²⁵⁴ Interview with Taher Mokhtar on 13 May 2020.

9. IMPUNITY AND LACK OF OVERSIGHT

“[The visit] was really black comedy... They were preparing for it two weeks in advance. Prisoners hang their clothes in the exercise yard for example, but the administration could not let the delegation see that, so they cut it [the rope] down.”

Former detainee in a Tora prison describing preparations for a visit by prosecutors in 2019

Prisons authorities operate with impunity, with little to no independent oversight. While prosecutors and members of the NCHR conduct periodic prison visits, these are limited in scope and have not led to significant improvements in the situation of detainees. Independent human rights organizations are not granted access to visit prisons, while victims and families raising concerns to such bodies and the UN special procedures have been targeted through arbitrary arrests and questioning by security forces, contributing to a culture of fear.²⁵⁵

Despite these reprisals and climate of repression in Egypt,²⁵⁶ scores of detainees, their families, human rights lawyers and activists continue to campaign for better conditions of detention and releases for those considered to be unlawfully detained. Their efforts range from direct action by detainees, such as hunger strikes; protests by family members and supporters; petitions to the authorities; awareness raising through social media; and legal action before the courts.

9.1 LEGAL AND CAMPAIGNING ACTIONS

To protest against inhumane detention conditions, detainees have in 2019 and 2020 regularly embarked on individual or group hunger strikes in at least six prisons – al-Aqrab, Tora Shadid al-Hirasa 2, al-Qanater, Borg al-Arab, Tora Tahqiq and Liman Tora.

Tragically, in one case documented by Amnesty International, one prisoner suffered medical complications while on hunger strike and died. Egyptian-American Moustafa Qassem, aged 54 and a diabetic, died on 13 January 2020 from a heart attack in Liman Tora Prison. He staged a series of hunger strikes, initially protesting against his prolonged pre-trial detention and then against his unfair trial and conviction as well as his detention conditions. On 8 August 2018, he was among the 700 people convicted in a mass unfair trial for participating in the Rabaa Square sit-in by members and supporters of the Muslim Brotherhood in 2013.²⁵⁷ He was sentenced to 15 years in prison. From 9 January 2020 he refused to consume liquids and died four days later.²⁵⁸

Most recently, several detainees in Tora Tahqiq Prison went on hunger strike on 11 October 2020.²⁵⁹ An informed source said the strike was in response to beatings and confiscation of detainees' belongings by prison officials following a security incident at another prison in the Tora Complex.²⁶⁰

²⁵⁵ Amnesty International, *Egypt: Joint Statement: UN: Act on reprisals by Egypt – Attacks on people who met with UN Experts* (Index: MDE 12/9561/2018), www.amnesty.org/en/documents/MDE12/9561/2018/en/. See also Human Rights Council, 42nd session, *Report to the Secretary General, Cooperation with the United Nations, its representatives and mechanisms in the field of human rights*, September 2019, A/HRC/42/30

²⁵⁶ See Chapter 2.1 and 10.1

²⁵⁷ Amnesty International, *Egypt: Death sentences and heavy prison terms handed down in disgraceful mass trial*, (Press release, 8 September 2018), www.amnesty.org/en/latest/news/2018/09/egyptdeath-sentences-and-heavy-prison-terms-handed-down-in-disgraceful-mass-trial/

²⁵⁸ Interview on 15 January 2020.

²⁵⁹ Interview on 21 October 2020.

²⁶⁰ See BBC Arabic, "Tora Prison: Four prisoners on death row and four policemen killed in an escape attempt," 24 September 2020, www.bbc.com/arabic/middleeast-54282063 (in Arabic). See Chapter 3 for information about punitive measures taken by prison authorities following the security incident.

In another form of protest, detainees in al-Qanater Prison for women refused to buy food from the prison canteen following the death in custody of a prisoner in late 2019, which prisoners claimed was due to inadequate health care.²⁶¹

The authorities have responded to protests with collective punishment of those perceived to have been involved. In response to a hunger strike by tens of detainees in al-Aqrab Prison between June and July 2019, the prison administration blindfolded at least 10 of hunger strikers and transferred them to different cells and stopped them from exercising outside their cells, according to family members of four of the transferred detainees.²⁶²

Lawyers and human rights organizations have sought to guarantee regular family visits and access to adequate health care for detainees by lodging complaints with prosecutors,²⁶³ and judges during detention renewal hearings and appealing to administrative courts against decisions by the Ministry of Interior.²⁶⁴

In a decision issued by an administrative court on 23 February 2019, the administration of al-Aqrab Prison was ordered to allow the prisoner to receive family visits after he had been denied them since his arrest in December 2016.²⁶⁵

The detainee's relatives and lawyers told Amnesty International that al-Aqrab Prison administration had not implemented the court decision at the time of writing this report.

A human rights lawyer involved in the case told Amnesty International:

“When we took a copy of the decision to the prison, they [guards] just tore up the paper.”²⁶⁶

Lawyers told Amnesty International that they are unable to seek corrective actions against the Ministry of Interior's refusal to implement court decisions.²⁶⁷ A human rights lawyer explained the practical impediments:

“In order to file such a case... you include the personal address of the Minister of Interior, not his workplace. But doing so would put me at risk, even if I just inquired about the Minister's home address.”²⁶⁸

Lawyers working for the Egyptian Center for Social and Economic Rights, a human rights NGO, filed two cases on behalf of detainees, including prisoner of conscience Zyad el-Elaimy (see Chapter 7), before administrative courts in an attempt to push for medical testing and treatment in outside hospitals. At the time of writing, proceedings were ongoing.²⁶⁹

Lawyers working for the Association of Freedom of Thought and Expression, a human rights NGO, have also filed several cases with the Cairo Administrative Court against the Ministry of Interior's refusal to allow delivery of medical and cleaning supplies for detainees during the COVID-19 pandemic.²⁷⁰

Lawyers told Amnesty International that many families refrain from taking legal action out of fear of reprisals or their inability to meet financial costs associated with filing such cases.²⁷¹

Following the outbreak of COVID-19, relatives and friends of prisoners supported by human rights activists and lawyers launched several campaigns highlighting the human rights crisis in Egypt's prisons. Some focused on the release of specific individuals, including prisoners of conscience.²⁷² Others called for the

²⁶¹ Amnesty International has been unable to obtain sufficient information to independently verify these claims.

²⁶² Interviews on 30 July 2019.

²⁶³ The complaints, reviewed by Amnesty International, were lodged with individual prosecutors investigating cases, as well as the Maadi prosecution, which has geographic jurisdiction over the Tora Prison Complex.

²⁶⁴ Administrative courts are courts responsible for adjudicating on disputes relating to official decisions.

²⁶⁵ Received from the lawyer on 13 May 2020.

²⁶⁶ Interview on 13 May 2020.

²⁶⁷ Article 123 of the CCP.

²⁶⁸ Interview on 13 May 2020.

²⁶⁹ The Egyptian Center for Social and Economic Rights, *A Suit in front of Administrative Judiciary demanding the transfer of Zyad el-Elaimy to an external hospital for treatment*, 12 February 2020, cutt.ly/lhQJ98x (in Arabic).

²⁷⁰ Association for Freedom of Thought and Expression (AFTE), *AFTE sues the Prisons Administration to allow the delivery of COVID-19 PPE to al-Minya Prison and retracts another suit over the client's request*, 15 April 2020, afteegypt.org/law_unit/2020/04/15/18612-afteegypt.html (in Arabic).

²⁷¹ Several interviews throughout 2019 and 2020.

²⁷² Dozens of pages are created on Facebook calling for the freedom of individuals held in relation to political cases. For example, "Free Mahienour" www.facebook.com/freemahienour/ and "Free Anas al Beltagy" <https://www.facebook.com/freedomforanassalbeltagy>.

release of those arbitrarily detained or at heightened risk from COVID-19 due to pre-existing medical conditions or their age. Such campaigns were met with repression and threats (See 10.2 below).

9.2 PROSECUTION'S COMPLICITY

According to Egyptian law, prosecutors have the authority to conduct unannounced prison visits and investigate prisoners' complaints and the legality of the detention of those in custody.²⁷³ In practice, prosecutors do not exercise this authority regularly, rendering prisoners vulnerable to abuse of power by the prison administration.

Information previously provided by the Office of the Public Prosecutor indicates that prosecutors rarely carry out unannounced inspections. In their response of 3 May 2018 to Amnesty International on concerns about solitary confinement in prisons, the authorities confirmed that prosecutors had conducted a total of 15 unannounced visits to 15 prisons in 2017 across Egypt.²⁷⁴ According to state media, prosecutors last visited the Tora Prison Complex in November 2019.²⁷⁵ Detainees held there at the time told Amnesty International that they were not aware of the visit. There is no publicly available information on other visits by prosecutors in 2019 and 2020.

Egyptian law requires prison administrations to inform the Public Prosecution about the sudden or accidental deaths of prisoners, while the prosecution retains the authority to decide the course of criminal investigations.²⁷⁶ Even when investigations are conducted, families are rarely informed of the results or steps taken in the course of investigations and results are rarely made public. For example, the Public Prosecutor tasked prosecutors, including from the SSSP, to investigate the causes of former president Mohamed Morsi's death in 2019 (See Chapter 8). To date, no information has been made publicly available on the outcome of the investigation.²⁷⁷

Lawyers and former prisoners told Amnesty International that complaints to prosecutors about adverse conditions of detention or denial of health care are often ignored. On rare occasions, complaints to prosecutors have led to detainees' transfer to outside hospitals.

The 2019 constitutional amendments undermined the independence of the judiciary by granting the President wide powers, including the power to appoint the Public Prosecutor and the head of the Supreme Judicial Council, the body responsible for defining the rules for appointments and promotions for the judiciary.²⁷⁸ Amnesty International has previously found SSSP prosecutors to be complicit in serious human rights violations and crimes committed by the NSA, including by not investigating detainees' complaints of torture and other ill-treatment.²⁷⁹ For instance, the SSSP failed to open investigations into complaints made by Alaa Abdelfatah and Mohamed el-Baqer on 9 October 2019 that they had been tortured and ill-treated in the initial days of their detention at Tora Maximum Security 2 Prison.²⁸⁰ The case of Abdelmoniem Aboufotouh (see Chapter 7) further puts in question the independent role of prosecutors in redressing violations of Egyptian law. After visiting him in his cell in 2019 in response to his and his lawyers' repeated complaints about his conditions of detention, SSSP prosecutors only ordered that he be given a mattress. They failed to address his prolonged solitary confinement, which even contravened the six-month limit prescribed by Egyptian law.²⁸¹

This systematic failure of prosecutors to exercise their power to independently and effectively investigate allegations of cruel and inhuman detention conditions, inadequate health care and deliberate denial of health care, including in cases of deaths in custody, and hold officials accountable may amount to complicity in serious human rights violations, including violations to the right to life.

²⁷³ Articles 42 and 43 of the CCP.

²⁷⁴ Amnesty International, *Egypt: Crushing humanity: the abuse of solitary confinement in Egypt's prisons*.

²⁷⁵ Wissam Abdelalim, "SIS releases a video of SSSP members visit to Tora Prison Complex," *Ahram News*, 10 November 2019, gate.ahram.org.eg/News/2323508.aspx (in Arabic).

²⁷⁶ Article 78 of the Prison Law.

²⁷⁷ *Almasry Alyoum*, "New statement by the Public Prosecution on the burial of Mohamed Morsi," 17 June 2019, www.almasryalyoum.com/news/details/1405795 (in Arabic).

²⁷⁸ Article 185 of the Egyptian Constitution.

²⁷⁹ Amnesty International, *Permanent state of exception: Abuses by the Supreme State Security Prosecution*

²⁸⁰ Amnesty International, *Egypt: Torture of activist Alaa Abdel Fattah illustrates use of extreme brutality to crush dissent*, (Press release, 10 October 2019), www.amnesty.org/en/latest/news/2019/10/egypt-torture-of-activist-ala-a-abdel-fattah-illustrates-use-of-extreme-brutality-to-crush-dissent/

²⁸¹ Interview on 19 May 2020.

9.3 LACK OF INDEPENDENT PRISON VISITS

The NCHR has the mandate to visit prisons and listen to prisoners' complaints in order to make recommendations on improving conditions of detention.²⁸² In practice, the NCHR, which carried out at least 19 visits between 2013 and 2020, is unable to conduct thorough, independent and unannounced visits or select detainees to interview in private without prison authorities' approval.

A former detainee at Port Said Prison for women told Amnesty International that NCHR's visit to the prison in 2018 only contributed to one marginal improvement. She explained:

"Family visits used to be for 15 minutes. However, after the NCHR conducted a visit and following negotiations with prison management on family visits, the prison administration allowed visits to be around an hour."²⁸³

The NCHR has issued several reports on conditions of detention, most recently in 2020. In April 2020, the NCHR called for expanding compassionate medical release to include older prisoners and prisoners with chronic diseases.²⁸⁴ In its 2018/2019 annual report published in September 2020, the NCHR noted the prison administrations of al-Qanater and al-Marj prisons did not allow NCHR delegations visiting in October 2019 to enter the wards, citing the need for authorization by the Public Prosecution.²⁸⁵ The same report recommended that the authorities allow visits by civil society organizations and accept a request by the ICRC to visit places of detention. Three members of the NCHR publicly raised concerns that NCHR's visit to al-Qanater Prison for women in December 2020 was organized by the Ministry of Interior with the aim of whitewashing its record and criticized the delegation's inability to meet detainees who had repeatedly lodged complaints.²⁸⁶

While article 214 of the Constitution stipulates the NCHR's independence, its members are appointed by parliament and subject to presidential approval.²⁸⁷ The NCHR is also largely reliant on government funding and parliamentary approval for any foreign funding.²⁸⁸ Several of its members have publicly defended Egypt's human rights record and attacked human rights organizations. For instance, during Egypt's Universal Periodic Review in front of the UN Human Rights Council in 2019,²⁸⁹ late NCHR member Hafez Abu Saada, who passed away in November 2020, asserted that the NCHR's responded to "lies about Egypt" in reference to reports about the dire human rights situation in the country.²⁹⁰

In addition to NCHR visits, the State Information Service²⁹¹ has organized a number of visits for international media and handpicked national organizations that publicly support the government's narrative on human rights and attack independent human rights organizations. For example, a delegation composed of eight organizations carried out an organized visit in February 2020 to al-Marj Prison in northern Cairo. Amnesty International reviewed the websites and social media pages of seven of the organizations and found that they had all voiced support of the government's human rights record and/or attacked independent human rights defenders.²⁹² The eighth had no online presence at all.²⁹³

²⁸² Law 197/2017 amending some articles of the Law on the National Council for Human Rights (NCHR).

²⁸³ Interview on 1 April 2020.

²⁸⁴ Mohamed Nassar, "NCHR calls for further releases of inmates and to consider doctors who died due to the coronavirus as martyrs," *Masrawy*, 9 April 2020, <https://cutt.ly/7hKB6MI> (In Arabic)

²⁸⁵ See The NCHR, *The fourteenth annual report of the National Council for Human Rights 2018-2019*, www.nchregypt.org/media/ftp/report14.pdf (in Arabic).

²⁸⁶ Darb News, "Statement by three NCHR members on the participation of the NCHR in a visit to al-Qanater Prison," 30 December 2020, shorturl.at/suS02 (In Arabic)

²⁸⁷ Article 2 bis-a of Law no. 94/2003 on Establishing the National Council for Human Rights.

²⁸⁸ Article 12 of Law no. 94/2003.

²⁸⁹ See United Nations Human Rights Council, *Egypt's human rights record to be reviewed by Universal Periodic Review*, 8 November 2019, www.ohchr.org/EN/HRBodies/HRC/Pages/NewsDetail.aspx?NewsID=25261&LangID=E

²⁹⁰ *Youm7*, "Hafez Abo Saada disproving the enforced disappearances lies: some of them joined ISIS", 11 June 2020. cutt.ly/3hKNY6I (in Arabic)

²⁹¹ A governmental body that is subordinate to the Presidency and acts as the official state media and public relations body. See State Information Service, cutt.ly/FhQLsJj (in Arabic).

²⁹² See: Egypt's Alliance for Human Rights, Facebook Page, untitled video, 16 September 2019, www.facebook.com/226224754112918/videos/2670332359678517 (In Arabic); Sada el-Bald, "Al-Mahrousa for Development and Participation: The Dignified Life initiative demonstrates care for citizens' lives," 2 January 2019, www.elbalad.news/3638687 (In Arabic); The National Foundation, "Women lead in the 2020 House of Representatives," 25 October 2020, cutt.ly/lhQX7h4; Al-Wafd, "Alaa Shalaby: The extension of payments to irregular labour shows the political leadership's concern for citizens' rights," 28 September 2020, cutt.ly/HhQCqLC (In Arabic); and Egyptian International Organization for Human Rights and Development, *Public relations and communications sector*, 26 October 2020, cutt.ly/chQCQzE (in Arabic).

²⁹³ Al-Youm Al-Sabea, "Foreign correspondents inspect the stadiums, hospitals and factories in Al-Marg prisons", 23 February 2020, cutt.ly/1hQCj5H (in Arabic).

Such organized prison visits for journalists and hand-selected organizations are no substitute for unfettered access by specialist independent and impartial organizations with expertise in detention monitoring, such as the ICRC, relevant UN bodies and human rights organizations. Further, the organized visits were limited – as explained by a journalist working for an international newswire – as delegates were prevented from talking to detainees in private or accessing the cells.²⁹⁴

No independent Egyptian or international human rights or humanitarian organizations are permitted to monitor conditions of detention in Egypt. The Egyptian authorities have yet to extend invitations to UN Special Rapporteurs to visit prisons. The ICRC, which has a presence in the country, is not authorized by the Egyptian authorities to conduct prison visits.

²⁹⁴ Interview on 9 March 2020.

10. GOVERNMENT WHITEWASH AND REPRISALS

Egypt's authorities have repeatedly attempted to whitewash the situation in prisons instead of opening effective investigations into allegations of torture and other ill-treatment, inhumane prison conditions and inadequate health care provision. They consistently deny allegations of wrongdoing, while labelling individuals and organizations raising concerns as "enemies of the state". They have also sought to limit independent media coverage of the situation inside prisons. Families of detainees and human rights activists who challenge the official narrative over prison conditions risk state harassment and arrest for "disseminating false news".²⁹⁵

10.1 PROPAGANDA

A series of statements by officials, the State Information Service, pro-government TV anchors and other media professionals have repeatedly praised detention conditions²⁹⁶ and labelled any criticism as "Muslim Brotherhood propaganda", "foreign-backed false news" or "misinformation".²⁹⁷

The authorities appear to seek to control media reporting on prisons. For instance, a journalist working for a governmental newspaper, who spoke to Amnesty International on the condition of anonymity, stated that his editor-in-chief regularly instructs journalists to praise prison conditions.²⁹⁸

In an apparent effort to deflect national and international criticism, the Ministry of Interior periodically produces videos²⁹⁹ featuring interviews with detainees praising detention conditions and has organized visits to prisons for media workers.³⁰⁰ Publicly broadcast interviews with selected prisoners, generally conducted by pro-government anchors or government officials including prosecutors, raise a number of concerns. The criteria for selecting detainees for interview lack transparency, and it is unclear whether the chosen detainees were able to decide freely to participate in them or speak without fear of reprisals.

Most articles appearing in pro-government media, on the subject, have criticized Egyptian and international institutions and organizations,³⁰¹ including Amnesty International, for calling for the release of prisoners or those arbitrarily detained.³⁰² Some newspapers – both public³⁰³ and private³⁰⁴ – have even named human rights defenders and civil society workers, calling for their arrest.

²⁹⁵ Amnesty International, *Egypt: Prisons are now journalists' newsrooms* (Index: MDE 12/2240/2020), www.amnesty.org/en/documents/mde12/2240/2020/en/

²⁹⁶ *Almasry Alyoum*, "Ahmed Mousa: Egyptian prisons conditions are better than British prisons," 7 March 2018, www.almasyalyoum.com/news/details/1267260 (in Arabic).

²⁹⁷ *Sout el-Oma*, "Public Prosecution's statement on the death of inmate Shady Habash shows the lies of the terrorist organization," 5 May 2020, cutt.ly/ZhQLiCh (in Arabic).

²⁹⁸ Interview on 2 February 2020.

²⁹⁹ See, for example: Ministry of Interior YouTube channel, "The Prison Sector received a number of correspondents of foreign channels and agencies in Egypt," 12 February 2020, www.youtube.com/watch?v=exL5CxQGu60 (in Arabic) and other videos produced by the Ministry of Interior on www.youtube.com/user/moiegy/search?query=%D8%B3%D8%AC%D9%88%D9%86 (in Arabic) and www.youtube.com/user/moiegy/search?query=%D8%B3%D8%AC%D9%86 (in Arabic).

³⁰⁰ *Alyoum al-Sabea*, Video, "Prison conditions in Egypt comply by the highest standards of human rights," 25 January 2019 www.dailymotion.com/video/x7qv11f and Abdelbaser Hussein, "The Egyptian government organizes a visit to Tora Prison after international criticism over the treatment of prisoners," BBC Arabic, 11 November 2019, www.bbc.com/arabic/middleeast-50382648 (in Arabic).

³⁰¹ Mahmoud Abdelradi, "Brotherhood fishing in murky water. Brotherhood trumpets demanding the release of its leaders. The former head of the Prisons Sector responds: Our precautionary measures prevented inmates from getting coronavirus. He asks: Why did they not demand Turkey to release its prisoners?" *Alyoum al-Sabea*, 8 April 2020, bit.ly/36RKW1b (in Arabic).

³⁰² Amnesty International, *Egypt: Release prisoners of conscience and other prisoners at risk amid coronavirus outbreak*, (Press release, 20 March 2020), www.amnesty.org/en/latest/news/2020/03/egypt-release-prisoners-of-conscience-and-other-prisoners-at-risk-amid-coronavirus-outbreak/

³⁰³ *Al-Ahram*, "Social Media to Hamdeen Sabahy: No difference between your calls and Muslim Brotherhood's calls," 5 April 2020, gate.ahram.org.eg/News/2392296.aspx (in Arabic).

³⁰⁴ *Alyoum al-Sabea*, "How the Muslim Brotherhood's incitement campaigns against Egypt in relation to the coronavirus revealed the group's bankruptcy", 31 March 2020, cutt.ly/ghQZpmW (in Arabic).



Esraa Abdelfattah © Private

A post shared on 25 August 2020 by the social media page “Free Esraa”, in reference to arbitrarily detained activist and journalist Esraa Abdelfattah, reported her hospitalization because of her deteriorating health. In response, the Ministry of Interior claimed in a Facebook post on 27 August 2020 that Esraa Abdelfattah was in good health and accused the Muslim Brotherhood and its supporters of spreading false rumours.³⁰⁵ Amnesty International has received information that Esraa Abdelfattah suffers from hypertension and that she was moved to the prison hospital after she suffered a haemorrhage.³⁰⁶

10.2 INTIMIDATION AND ARRESTS OF ACTIVISTS, RELATIVES AND JOURNALISTS

Family members and activists who have called for the release of prisoners, including to protect them from COVID-19, have faced arrest and detention pending investigations on terrorism-related charges.

On 28 March 2020, the Public Prosecutor threatened prosecutions for “disseminating false information” in relation to COVID-19 under articles 80(d), 102*bis* and 188 of the Penal Code, which establish fines of up to 20,000 Egyptian pounds (around US\$1,300) and prison sentences.³⁰⁷ Although the statement did not specify the length of the prison terms, individuals convicted under the three articles could face up to nine years in prison.³⁰⁸ These were not empty threats. Amnesty International documented five cases of individuals arrested in Cairo and Alexandria in March and April 2020 and placed in pre-trial detention pending investigations over social media posts calling for the release of prisoners amid the COVID-19 outbreak.

³⁰⁵ Official Facebook page of the Ministry of Interior, Facebook post, 27 August 2020, www.facebook.com/MoiEgy/posts/3305267976183509 (in Arabic).

³⁰⁶ Interview on 2 September 2020.

³⁰⁷ *Almasry Alyoum*, “Imprisonment and 20,000 pound fine. The Public Prosecution warns those who spread rumours around the coronavirus,” 28 March 2020, www.almasyalyoum.com/news/details/1630767 (in Arabic).

³⁰⁸ See articles 80d, 102 *bis*, and 188 of Law no. 58/1937 (the Penal Code).

In response to the negative coverage following the untimely death in custody of Shady Habash in May 2020 (see Chapter 7), the Public Prosecution again warned of action against those disseminating “fake news” that harm the “public good” or “public security”. The statement called on people to rely solely on statements issued by the Public Prosecution.

While restrictions on the right to freedom of expression may be permitted for public health considerations, any limitation introduced in the context of the COVID-19 pandemic must be backed by a clear and accessible law and must be necessary and proportionate for the protection of public health or other relevant legitimate purpose under international human rights law. Blanket prohibitions on the dissemination of information based on vague and ambiguous concepts, such as “false news” or “spreading misinformation”, do not meet this test and are therefore incompatible with the right to freedom of expression.

Of particular concern is the use of counter-terrorism legislation and the parallel justice system of the SSSP and terrorism circuits of criminal courts to prosecute and hold families, friends of detainees and human rights defenders in pre-trial detention, simply for their attempts to support those behind bars.

In November 2020, security forces arrested three directors from EIPR, Gasser Abdel Razek, Karim Ennarah and Mohamed Basheer, following a human right briefing with diplomats at the organization’s office, and detained them pending investigations into terrorism-related charges. Both the NSA and the SSSP questioned them on the nature of their work and publications, including on conditions of detention.³⁰⁹ While they were released on 3 December following a domestic and international outcry, investigations against them have not been dropped and all three are subject to asset freezes.

Persecution of a family



Injuries sustained by Leila Soueif and her daughters Mona and Sanaa Seif on 22 June 2020, when attacked by a group of women in front of the Tora Prison Complex
© Private

On 18 March 2020, security forces arrested Laila Soueif, Ahdaf Soueif and Mona Seif – relatives of prisoner of conscience Alaa Abdelfatah – and university professor Rabab el-Mahdi in front of the Cabinet building in Cairo.³¹⁰ They had been standing there peacefully calling for the release of prisoners over fears of COVID-19 outbreaks in the overcrowded prisons. A prosecutor accused them of “inciting a protest”,

³⁰⁹ Amnesty International, *Egypt: Authorities escalate punishment of human rights defenders*, (Press Release, 24 November 2020), www.amnesty.org/en/latest/news/2020/11/egypt-authorities-escalate-punishment-of-human-rights-defenders/

³¹⁰ Amnesty International, *Egypt: human rights activist detained for a third time: Sanaa Seif*, Urgent Action, (Index: MDE 12/3013/2020), www.amnesty.org/en/documents/mde12/3013/2020/en/

“disseminating false information” and “possession of material disseminating false information”. He then ordered the release of all four women pending investigations on bail of 5,000 Egyptian pounds (around US\$320). The next day, the authorities transferred Laila Soueif to the SSSP building in New Cairo, where a prosecutor told her that she was being questioned about a different case. The prosecutor ordered her release on bail of 3,000 Egyptian pounds (around US\$190). All four were released on 19 March.

On 22 June 2020, Sanaa Seif, her mother Laila Soueif and sister Mona Seif were waiting outside the Tora Prison Complex in Cairo to receive a letter from her brother Alaa Abdelfatah. A group of women approached and beat them with sticks, tore their clothes, dragged them to the ground and stole some of their belongings. A policeman reportedly pushed Laila Soueif towards the assailants, while another ordered the assailants to “take them outside [the waiting area]”. The assault left visible marks on the women’s bodies, according to photos seen by Amnesty International.

When the three women went to the office of the Public Prosecutor in New Cairo the next day to file a complaint about the attack, security forces in plainclothes whisked Sanaa Seif away in an unmarked minivan to an undisclosed location. Her family later learned that she had been taken to the SSSP office for questioning. There, a prosecutor questioned her over the charges of “disseminating false news”, “inciting terrorist crimes” and “misuse of social media”, and ordered her detention pending investigations for 15 days.

On 29 August 2020, Sanaa Seif was referred to trial on charges of “spreading false information” by “falsely claiming COVID-19 was spreading inside prisons, the lack of precautionary measures, worsening detainees’ medical conditions and the deliberate negligence by prison authorities to treat them, for the purpose of inciting panic and undermining the state”. She was also charged with “insulting a public official” and “using a social media account to commit the two crimes”. These charges related to Sanaa Seif’s complaint to a police officer after he pushed her mother during the assault and conveying of the incident on her social media. At the time of writing, she remained in detention while her trial was ongoing.



Salah Soltan © Private

The authorities embarked on a campaign against relatives of activist and former detainee Mohamed Soltan after he filed a lawsuit with a US court on 1 June 2020 against Egypt’s former prime minister

Hazem el-Biblawi for his role in his arbitrary detention and torture. Shortly after, the authorities raided the homes of several of Mohamed Soltan's relatives and arrested five of his cousins. They were arbitrarily detained pending investigations into trumped-up terrorism-related charges for over five months. Mohamed Soltan said that on 15 June 2020, the authorities moved his father, Salah Soltan, a leading Muslim Brotherhood figure detained since September 2013 and serving a life sentence, from his cell in Wadi al-Natron Prison to an undisclosed location.³¹¹ At the time of writing, he was still forcibly disappeared.³¹²

The authorities have also targeted independent journalists for their coverage of the situation in prisons. On 17 May 2020, Lina Atallah, co-founder and editor-in-chief of Mada Masr, was arrested for interviewing Laila Soueif in front of the Tora Prison Complex. She was later released pending investigations.³¹³

³¹¹ Interview on 18 June 2020.

³¹² See Amnesty International, *Egypt: Victim of arbitrary detention and torture sues former acting Prime Minister*, (Index: MDE 12/2629/2020), www.amnesty.org/download/Documents/MDE1226292020ENGLISH.pdf

³¹³ Interview on 17 May 2020.

11. LEGAL FRAMEWORK

11.1 INTERNATIONAL LAW AND STANDARDS

As a state party to the International Covenant on Economic, Social and Cultural Rights (ICESCR), Egypt is legally obliged to respect, protect and fulfil “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.” In its General Comment No. 14, the Committee on Economic, Social and Cultural Rights stated:

“In particular, 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.”³¹⁴

In General Comment No. 36 on the right to life, the Human Rights Committee clarified the obligations of state parties, including Egypt, to the International Covenant on Civil and Political Rights (ICCPR):

“States parties assume the responsibility to care for their [individuals deprived of liberty] life and bodily integrity, and they may not rely on lack of financial resources or other logistical problems to reduce this responsibility... The duty to protect the life of all detained individuals includes providing them with the necessary medical care and appropriate regular monitoring of their health, shielding them from inter-prisoner violence, preventing suicides and providing reasonable accommodation for persons with disabilities.”³¹⁵

Rule 24 of the UN Standard Minimum Rules for the Treatment of Prisoners (Nelson Mandela Rules) clarifies that “the provision of health care for prisoners is a State responsibility” and that “prisoners should enjoy the same standards of health care that are available in the community” without discrimination. The Nelson Mandela Rules also provide that prisoners who require specialist treatment must be transferred to specialized institutions or outside hospitals when such treatment is not available in prison (Rule 27). Rule 44 requires the authorities to inform relatives when detainees are seriously ill or seriously injured. The Nelson Mandela Rules further stipulate that there must be psychiatric services to diagnose and treat mental abnormalities (Rules 22 and 82).

Under the UN Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment, health care provided to individuals in custody must be free of charge (Principle 24):

“The provision of health care for prisoners is a State responsibility. Prisoners should enjoy the same standards of health care that are available in the community and should have access to necessary health-care services free of charge without discrimination on the grounds of their legal status.”

The failure to provide adequate medical care to prisoners may violate the absolute prohibition of torture and other ill-treatment, including under article 7 of the ICCPR and under the Convention Against Torture and other Cruel, Inhuman and Degrading Treatment or Punishment, treaties to which Egypt is a state party. Whenever such failure is intentional, including for the purpose of punishing the prisoner for an act s/he or a third person committed or is believed to have committed and causes “severe pain or suffering,” it would constitute torture.³¹⁶

The prohibition is non-derogable, that is, it cannot be repealed or relaxed even in “times of emergency which threatens the life of the nation”.

Under international law and standards, all indefinite and prolonged solitary confinement, that is solitary confinement imposed for periods beyond 15 days, constitutes cruel, inhuman or degrading treatment or punishment. International standards also refer to the prison regime of solitary confinement and prison conditions as two major elements in determining whether solitary confinement amounts to torture or other ill-treatment. The UN Human Rights Committee has stated that “prolonged solitary confinement of the detained or imprisoned person may amount to acts prohibited by Article 7” of the ICCPR (prohibiting torture and other ill-treatment).³¹⁷ The Nelson Mandela Rules state that “In no circumstances may restrictions or

³¹⁴ General Comment No. 14: The Right to the Highest Attainable Standard of Health, E/C.12/2000/4.

³¹⁵ General Comment No. 36 on article 6 of the International Covenant on Civil and Political Rights (ICCPR), on the right to life, CCPR/C/GC/36, para. 25.

³¹⁶ The definition of torture is provided in Article 1(1) of the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, adopted by UN General Assembly Resolution 39/46 of 10 December 1984, entered in to force on 26 June 1987

³¹⁷ Human Rights Committee, General Comment No. 20, UN Doc. A/47/40, annex VI.A, Article 7 (Prohibition of torture, or other cruel, inhuman or degrading treatment or punishment), 10 March 1992.

disciplinary sanctions amount to torture or other cruel, inhuman or degrading treatment or punishment” and stipulate that the practices of indefinite solitary confinement and prolonged solitary confinement are prohibited.³¹⁸

States have the responsibility to investigate cases of death in custody in unnatural circumstances, as noted by the Human Rights Committee in its General Comment No. 36 on the right to life:

*“Loss of life occurring in custody, in unnatural circumstances, creates a presumption of arbitrary deprivation of life by State authorities, which can only be rebutted on the basis of a proper investigation which establishes the State’s compliance with its obligations under article 6.”*³¹⁹

According to international standards, including the UN Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment and the Nelson Mandela Rules, all those deprived of their liberty must at a minimum be guaranteed:

- adequate accommodation meeting the requirements of health;
- a separate bed and clean bedding;
- sufficient lighting and ventilation;
- access to washing and sanitation facilities;
- one hour of daily exercise in open air (weather allowing);
- items necessary to maintain personal hygiene;
- nutritional food of wholesome quality;
- drinking water; and
- regular communication with their families.

Falling short of these minimum standards may negatively impact the rights to health and life.

11.2 NATIONAL LAW

Article 56 of the Egyptian Constitution considers prisons and other custodial settings to be reform and rehabilitation centres. It puts all facilities under judicial oversight and prohibits all acts that harm the dignity or the health of detainees and prisoners.

The Prison Law (Law no. 396/1956) establishes the responsibility of the authorities for the medical situation of detainees. Article 33 requires all prisons except central prisons³²⁰ to have at least one resident medical professional. Article 35 requires medical examinations of prisoners with mental health concerns and their transfer to outside hospitals when prison medical professionals deem it necessary.

The Internal Prison Regulations (Decree no. 79/1961) stipulate for additional protection for prisoners, including mandating the prison doctor to ensure adequate health measures (article 24) and transfer prisoners to receive treatment outside when specialized treatment is unavailable in prison health facilities (article 37). Article 82 stipulates that a doctor must examine prisoners held in solitary confinement. Further, the regulations state that prison doctors must conduct daily visits to prisoners in solitary confinement (article 27) and advise prison wardens to undertake mitigating measures when prisoners’ confinement is found to cause medical harm.

The regulations also state that prisoners have the right to communicate with the outside world by sending four letters monthly and receiving letters, as well as through three-minute phone calls twice a month (article 64). They additionally specify that those in pre-trial detention and individuals sentenced to short prison terms have the right to a weekly visit,³²¹ while those sentenced to longer prison terms have the right to a visit every 15 days (article 60). However, the Prison Law does allow prison authorities to restrict or ban family visits on health or security grounds (article 42).

³¹⁸ United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), Rule 43.

³¹⁹ General Comment No. 36 on article 6 of the ICCPR, on the right to life, CCPR/C/GC/36, 29.

³²⁰ See distinction in Chapter 2 for further information.

³²¹ Up to three years, according to article 18 of the Penal Code.

12. CONCLUSION AND RECOMMENDATIONS

Inhumane conditions of detention and denial of adequate health care either due to neglect or intent by prison authorities and other officials under the Ministry of Interior have harmed the physical and mental health of detainees in Egypt and may have led or contributed to deaths in custody. These violations of prisoners' right to health and life take place with the knowledge and sometimes complicity of prosecutors and judges in the absence of judicial remedies.

Detainees held in relation to political cases, including prisoners of conscience, are subjected to cruel and inhuman detention conditions. Scores are barred from having family visits and other contact with the outside world for prolonged periods and are deprived of access to essentials including adequate food, clothing and cleaning products. They are deliberately denied adequate health care, even when they or their family can cover the costs. When denial of prisoners' rights is carried out intentionally to punish dissent, such acts can amount to torture and, in cases of death in custody, the arbitrary deprivation of the right to life.

The systematic failure of the authorities to provide those in custody with basic necessities free of charge – including adequate food, potable water, clothing and bedding, cleaning products and adequate health care including medication – means that individuals from disadvantaged socioeconomic backgrounds are disproportionately impacted as they cannot meet such expenses and represents a violation to their right to adequate health and possibly right to life.

The spread of COVID-19 in Egyptian prisons raises further concerns about the health and wellbeing of those held. These concerns are exacerbated by the authorities' refusal to share detailed information about outbreaks, infections and fatalities in custodial settings, and their failure to systematically provide prisoners with adequate sanitary products and to test and isolate prisoners suspected of infection.

The government's mishandling of the pandemic in prisons has put the health and lives of detainees crammed into Egypt's jails at further risk, many of whom should not be behind bars in the first place. Its continued inaction to reduce the prison population and address pre-existing concerns over the inadequacy of health care in prisons may have catastrophic consequences. Averting a health crisis should provide the Egyptian authorities with an additional impetus to immediately release the thousands of men and women detained arbitrarily.

Censorship and control of information about detention conditions, blanket restrictions on access to prisons for independent bodies, and intimidation of prisoners' families and activists all make it difficult to assess the true extent of the human rights crisis in Egypt's prisons. There is a clear need for an independent body to conduct prison visits to assess underlying determinants of health in detention and the capacity of available medical services and set forth recommendations to the Egyptian authorities to improve the situation including in implementing infection prevention and control measures to mitigate the impact of the COVID-19 pandemic.

Amnesty International is calling on the Egyptian authorities to abide by international human rights law and standards in their treatment of all detainees and prisoners, without discrimination. To that end, Amnesty International makes the following recommendations to the authorities:

- To address overcrowding and COVID-19 risks, the authorities should reduce the prison population:
 - Immediately and unconditionally release all those arbitrarily detained solely for the peaceful exercise of their human rights including political activists, members of opposition parties, journalists, lawyers and human rights defenders, as well as those convicted or held in pre-trial detention for debt or for engaging in sexual relations between consenting adults, “debauchery” and other acts that do not constitute crimes under international law.
 - Release detainees held in prolonged pre-trial detention, particularly those who have exceeded the absolute two-year limit stipulated by Egyptian law, pending investigations

into unfounded terrorism-related charges amid severe concerns over the lack of due process, including the inability of suspects to challenge the legality of their detention and consider releasing of other pre-trial detainees, particularly those accused of non-violent minor offences.

- Consider releasing prisoners who can be eligible for early, temporary or conditional release, based on age, the nature of the offence committed, the threat they pose to society, the duration of sentence served. Consider releasing all detained children, ensuring that the deprivation of a child's liberty is used only as an exceptional measure of last resort.
- Consider releasing convicted prisoners and detainees at high risk of COVID-19 because of their age or underlying or chronic medical conditions such as respiratory disease, diabetes, cancer, high blood pressure and weakened immune systems.
- Adopt non-custodial measures for individuals convicted of misdemeanours and non-violent crimes.
- Ensure that prisoners are not discriminated against in Egypt's planned COVID-19 vaccine rollout.
- **Ensure timely access to adequate health care:**
 - Ensure that detainees receive adequate physical and mental health care in prisons including access to needed medication, free of charge, without discrimination on any grounds, on a par with health care available in the wider community.
 - When prison health facilities lack adequate or specialist capacity to provide needed screening and treatment, transfer prisoners to specialized institutions or outside hospitals without delay. Ensure that medical decisions pertaining to prisoners' health care or transfer to outside hospitals are made independently by health care professionals and respected by prison officials.
 - Provide family members with copies of medical reports produced by prison doctors or external hospitals, with the prisoners' consent.
 - Comply with Egyptian legislation by allowing pre-trial detainees to receive visits from their own doctor or dentist.
 - Ensure that health care is provided by qualified personnel acting in full clinical independence. Ensure that health care professionals in prisons comply with medical standards and ethics in their treatment and engagement with prisoners.

Ensure that conditions of detention are humane and in line with international law and standards, including the Nelson Mandela Rules:

- Take measures to improve prison conditions by providing prisoners with sufficient and nutritious food; ensuring proper hygiene and sanitation including regular access to safe water, washing facilities and toilets; providing prisoners with climate-appropriate clothing and bedding; and ensuring that prisoner accommodation has adequate space, ventilation and lighting.
- Ensure that prison guards allow all prisoners access to daily exercise and fresh air.
- Ensure that prisons provide hygiene supplies to prisoners, including sanitary pads, free of charge.
- **Conduct prompt, thorough, impartial and independent investigations into all allegations of the deliberate denial of medical care and all allegations of torture and other ill-treatment and bring those suspected of criminal responsibility to justice through fair trials.**
- **Ensure access to the outside world:**

- Respect the right of prisoners to frequent family visits, which must not be less than twice a month, and refrain from depriving prisoners, including those in solitary confinement, from receiving visits from their family members or lawyers.
- In cases where restrictions to family visits may be required on public health grounds, ensure that prisoners have regular access to alternative means of communication, including phone calls and written correspondence without discrimination.
- Investigate and prevent deaths in custody:
 - Conduct thorough, impartial and independent investigations into all cases of deaths in custody, keep relatives and their legal representatives regularly informed of the progress of investigations, make findings public and bring those suspected of criminal responsibility to justice in proceedings that meet international standards for fair trial. Ensure that relatives of those who died in prison are able to obtain autopsy reports without undue delay and are protected from any violence, threats or other intimidation.
 - Release data on the total number of prisoners in all places of detention and on deaths in custody.
 - Work with independent civil society organizations and medical experts to address the underlying concerns including the denial of the right to health care that leads to deaths in custody.
- Ensure independent monitoring and inspection of prisons:
 - Ratify the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment; and establish an independent body comprising of independent medical professionals and members of civil society organizations and other experts to monitor conditions of detention and their impact on the health of detainees, as well as the availability of physical and mental health care across prisons. The body should have unannounced and unfettered access to all places of detention, detainees, solitary confinement and other cells, prison infirmaries and hospitals and be able to talk with detainees of their choice in private and in confidence.
 - Extend invitations to or accept visitation requests by the UN Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, the Working Group on Arbitrary Detention, the Special Rapporteur on extrajudicial, summary or arbitrary executions, and the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and allow independent Egyptian and international human rights organizations and the ICRC access to prisons.
- End the harassment of and reprisal attacks against human rights defenders, activists and family members of prisoners simply for standing up for prisoners' rights and for seeking justice.
- Amend legislation governing prisons to bring it in line with international law and standards:
 - Amend articles 43 and 44 of the Prison Law (Law no. 396/1956) to specify that solitary confinement should only be used as a last resort for maintaining order in prisons and should not exceed 15 days.
 - Amend the Prison Law to provide guarantees for prisoners who face disciplinary measures, including safeguards of their rights to defence, appeal and be informed of the period they will spend in solitary confinement, and stipulate the proportionality between disciplinary offences and the punishments imposed.
 - Amend article 42 of the Prison Law, which allows the prevention of family visits on vague grounds, including "security" and "public health", by introducing safeguards against abuse and guaranteeing the right to defence and appeal and to alternative means of communication.

- Amend article 38 of the Prison Law to require all prisoners to have access to telephones and set a minimum number of phone calls they may have per month.

Amnesty International also makes the following recommendations to UN member states:

- Support efforts to establish a monitoring and reporting mechanism on the human rights situation in Egypt at the UN Human Rights Council.
- Call on the Egyptian authorities to extend invitations or accept visitation requests from the UN Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, the Working Group on Arbitrary Detention, the Special Rapporteur on extrajudicial, summary or arbitrary executions and the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, and to allow independent Egyptian and international human rights organizations and the ICRC access to prisons.

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“WHAT DO I CARE IF YOU DIE?”

NEGLIGENCE AND DENIAL OF HEALTH CARE IN EGYPTIAN PRISONS

The Egyptian authorities' failure to provide prisoners with adequate health care - either through neglect or deliberate denial - has led or contributed to preventable deaths in custody and irreparable harm to prisoners' health. The authorities' mishandling of COVID-19 outbreaks in prisons has further exacerbated the dire situation and took more lives prematurely.

Amnesty International's research into the situation in 16 prisons across the country reveals that prison officials show utter disregard for the lives and wellbeing of prisoners crammed into overcrowded and unhygienic jails and largely ignore their health needs. The authorities go further in intentionally depriving men and women detained solely for exercising their human rights and others held for political reasons health care and subject them to particularly cruel and inhuman conditions of detention to punish their dissent.

To begin addressing the health and human rights crisis in Egyptian prisons, authorities must immediately and unconditionally release those held solely for exercising their human rights. They must provide all prisoners with adequate health care, without discrimination, as well as allow independent experts unfettered access to prisons and work with them on addressing the abysmal conditions of detention and access to health care in prisons.