



Egyptian Initiative
for Personal Rights



Health in Egyptian Prisons

A field study on the determinants of health behind bars



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Issued by the criminal justice unit

Designed by: Mohamed Gaber

Egyptian Initiative for Personal Rights

6 Dar Al Shifa (formerly Abdel Latif Bolteya) St., Garden City, Cairo,

Telephone & fax: +(202) 27960158 / 27960197

www.eipr.org - info@eipr.org



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This paper was researched and written by Heba Wanis, a researcher at the Egyptian Initiative for Personal Rights (EIPR). Magda Boutros, the director of the Criminal Justice Unit, did the substantive and technical revision. Reda Marei, lawyer and researcher, contributed to the legal component. Abdou El-Bermawy, research advisor, provided guidance on the research design and presentation of findings.

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Introduction

"Any person who is arrested, detained, or otherwise has his freedom restricted in any way, shall be treated in a manner that respects his dignity. He may not be subjected to torture, intimidation, coercion, or physical or moral harm. He may not be confined or imprisoned except in locations that are fit for humans with adequate health conditions and that are subject to judicial supervision.

Any breach of the aforementioned shall be deemed a crime punishable by law."

The Egyptian Constitution¹ (A.R.E 2012)²

Researchers have not accorded due attention to health conditions in detention facilities in Egypt, although these locations are more prone to violations, particularly health breaches, which may occur when it is difficult to access necessary healthcare. Such incidents in prisons and police detention facilities have been observed more frequently recently. The health conditions of prisoners deteriorate without a speedy or sufficient response from the competent authorities, which can ultimately lead to deaths due to the lack of adequate health services.

Why This Research?

The fact that detention facilities, including prisons, are closed locations with their own internal rules facilitates all forms of violations and nonfeasance. Breaches increase in the absence of oversight of prisons by independent agencies, as is the case in Egypt, in addition to the lack of accountability for those employed in these facilities. This is in addition to what could be dubbed a "culture of abuse" in detention facilities, whereby the denial of fundamental rights, including the right to health, is viewed as a well-served form of punishment against the inmate.

One of the key motivations for this research was the increasing health violations in detention facilities, in addition to the scarcity of information and studies on the conditions in these facilities. The primary goal of this research is to highlight the issue of health, in the wider sense of the word, as a key, understudied element in prisons and examine issues related to healthcare services, treatment, and daily living conditions.

1 Unless otherwise indicated, extracts from the Egyptian draft Constitution, laws and regulations referred to in this study, have been translated from Arabic into English by the translator, due to the absence of official translations.

2 The Egyptian Constitution of 2012 was suspended on 3 July 2013 and a constitutional declaration was issued on 8 July 2013. The latter did not contain corresponding provision on the conditions of confinement or imprisonment.

Research Methodology

This study was conducted using a combination of qualitative and quantitative methodologies. Interviews were conducted with stakeholders in detention facilities, especially former inmates, and a detailed questionnaire was developed to collect information from the respondents.

Initially, international laws and norms, as well as literature on prisons and health conditions in places of detention, were reviewed.³ Interviews with stakeholders in Egyptian detention facilities and prisons, especially those with a stake in health, were conducted. This survey covered 37 persons (25 men and 12 women) representing former inmates, physicians, and experts in the field; 22 were former detainees (18 men and 3 women) while the remaining individuals were persons whose work took them into detention facilities such as physicians, members of national and international NGOs, and religious entities offering services to prisoners and their families.

The results of unpublished research conducted by Amnesty International in 2013, simultaneously with the study, were also used. The Amnesty involved covered 23 women who had been held in one or more of the following nine detention facilities: Port Said Women's Prison, Port Said; al-Qanater Women's Prison, Qalyubiya; Damanhur Women's Prison, Behira; Shebin al-Qom Women's Prison, Munufiyah; Tanta Women's Prison, Gharbiyyah; Zagazig police detention facility, Sharqiyyah; Abu Hammad police detention facility, Sharqiyyah; Ismailiyyah 2nd Precinct detention facility, Ismailiyyah; and al-Mustaqbal Police detention facility, Ismailiyyah.

Interviews were conducted in person or via phone when physical meetings proved difficult, or in the form of a detailed questionnaire. Interviews were open-ended and included general question with the objective of gathering as much information as possible. Data were qualitatively analysed for information about health conditions in prisons in which the respondents had been detained.

The study team was unable to visit any of the detention facilities. An official request was filed with the Ministry of Interior for permission to visit clinics and hospitals in several Egyptian prisons and meet with the healthcare team members, but it received no response.⁴

³ As part of this study, a formal request was submitted to the Ministry of Interior seeking access to the Police Academy library, which is not open to the public, but no response was received.

⁴ Moreover, the Prisons Authority refused to allow a humanitarian medical visit to the Port Said Prison, after a request was filed in the aftermath of the Port Said events of February 2013 and the siege of the prison. The request was filed by a team of physicians and others who sought to support inmates and supply them with food and medication that they lacked at the time.

For former detainees, only those who had been released within the past 18 months were interviewed, to secure as recent information as possible.⁵

Researchers received consent to use respondents' testimonies and information, particularly when recording interviews, while ensuring anonymity for those who requested it for personal or professional reasons.

The research covers 16 prisons and police detention centers where former inmates were housed.⁶

Challenges to the Research

The scarcity of published literature on conditions in Egyptian prisons was a key hurdle. This stands in sharp contrast to the enormous body of work on health conditions in prisons and detention facilities elsewhere, especially in developed countries, which are not necessarily similar to the Egyptian context culturally, socially, or economically. However, reading the literature on prisons was quite useful in developing a theoretical foundation for this research. A search through the postgraduate research archives in Cairo University, the Academy of Scientific Research and Technology, and the library of the National Center for Sociological and Criminal Research turned up no work about health conditions inside detention facilities or prisons in Egypt. In fact, studies related to healthcare in correctional facilities were confined to compendiums of relevant legislation (national and international) on health in prisons or periodic reports issued by specialised agencies on prisons in general, with health accounting for one section only.

Participants in the study felt that the questionnaire, one of the tools enriching the information-base of the research, was longer and more detailed than required. Some also believed that it was not really relevant to the actual situation of prisons in Egypt. Thus, the research relied for the most part on interviews, which proved in later stages to be the optimum means for obtaining information, since most of the

⁵ Women participating in the Amnesty International study had been released three months to three years earlier.

⁶ Detention facilities covered by the research were:

- Wadi al-Natrun Prison (al-Natrun Valley)
- Tora Liman (maximum security) Prison, Cairo
- Port Said Women's Prison, Port Said
- Ismailiyyah General Prison (al-Mustaqbal), Ismailiyyah
- Qanater Women's Prison, Qalyubiyah
- Al-Azouli Military Prison, Ismailiyyah
- Abu Za'abal Prison, Qalyubiyah
- Zagazig Police Station, Sharqiyyah
- Tora Farm Prison, Cairo
- Tora Istiqbal Prison, Cairo
- Port Said Men's Prison, Port Said
- Al-Isti'naf Prison, Cairo
- Borg al-Arab Prison (al-Gharabiniyat), Alexandria
- Al-Marg Prison, Cairo
- Al-Wadi al-Gadid (New Valley) Prison, New Valley
- Zagazig General Prison, Sharqiyyah

respondents cannot read or write and would not have been able to fill in the questionnaires themselves in any case.

Some refused to participate in the research fearing the disclosure of confidential information, mainly due to the sensitive nature of the topic at hand, namely the closed world behind bars. Others expressed their concern about participating in this research and its potential negative impact on their work or the support they offer to prisoners and their families. Their desire was respected by our researchers. These individuals included former prison physicians and others working in non-governmental agencies in contact with prisoners and their families.

This research focused on conditions in prisons and police detention centers as the key detention facilities and the most numerous in Egypt. Nonetheless, there are other detention facilities, including juvenile detention centers, military prisons (one of which, al-Azouli prison in Ismailiyyah, was included in the study), psychiatric health hospitals, and many other places used for detention. This diverse array of facilities could not be covered by this research due to the limited time and the difficulty of reaching a sufficient number of former inmates, current inmates, or those in contact with inmates detained in these facilities.

Legal Background: Detention and the Right to Health

This research evaluates health conditions in light of the commitments of the Egyptian state under the Egyptian Constitution, the Prisons Law, and the Prison Regulations, all of which regulate the roles and duties of those working on health, particularly physicians, in Egyptian prisons. This is in addition to international agreements ratified by Egypt and international standards on detention facilities.

Among the key instruments is the International Covenant on Civil and Political Rights (ICCPR)⁷ (Official Gazette, 1982), the International Covenant on Economic, Social and Cultural Rights (ICESCR)⁸ (Official Gazette, 1982), and the Convention against Torture and Other Cruel, Inhuman or Degrading

7 Egypt signed the ICCPR on 4 August 1967 and ratified it on 14 January 1982. Upon accession, the following declaration was made: "Without prejudice to the provisions of Islamic Shari'ah (law) and in manner not contradictory thereto."

8 Egypt signed the ICESCR on 4 August 1967 and ratified it on 14 January 1982. Upon accession, the following declaration was made: "Without prejudice to the provisions of Islamic Shari'ah (law) and in manner not contradictory thereto."

Treatment or Punishment (Official Gazette, 1992)⁹ all of which were ratified by Egypt.

Other instruments include the Standard Minimum Rules for the Treatment of Prisoners (UN, 1955), Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment (UN, 1988), and the Basic Principles for the Treatment of Prisoners (UN, 1990).

This research uses the definition of health adopted by the ICESCR, which comprises the most comprehensive article on the right to health in international human rights law. The convention provides for “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health” (Article 12).¹⁰ This definition goes beyond simply access to healthcare.

The explanation of the right to health as indicated in Comment No. 14 on the ICESCR shows an emphasis on the connection between the right to health and the enforcement of other human rights. The right to health is not confined to the right to healthcare. On the contrary, it embraces the underlying determinants of health, such as food and nutrition, housing, access to safe and potable water and adequate sanitation, safe and healthy working conditions, and a healthy environment (paragraph 4). The right to health also entails the conditions of availability, accessibility, acceptability and quality.

In the case of detained persons, the deprivation of freedom may not be used to justify the denial of an individual’s right to health in the most comprehensive sense of the word, which extends beyond the mere provision of healthcare. For this reason, the research focused on a set of diverse elements that fall under the right to health, including medical and psychiatric care and the provision of food and clothing, nutrition, ventilation, light, and exercise.

The Basic Principles for the Treatment of Prisoners state, “Prisoners shall have access to the health services available in the country” (UN, 1990). In Comment No. 14, the Committee on Economic, Social, and Cultural Rights affirmed that states must respect the right to health of prisoners and detainees and make health equally available to them.

Although it is important to take into consideration the quality of health and health services offered in

9 To date, Egypt has neither acceded to nor signed the Optional Protocol to the Convention Against Torture (OPCAT). The OPCAT is primarily focused on regulating protection against torture and cruel treatment in detention facilities by establishing independent national mechanisms to visit detention facilities to observe conditions.

10 The ICESCR addressed health more comprehensively than the WHO Constitution, which defines health in the preamble as: “the state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO, 1946).

Egypt outside of prisons, still there are common health determinants shared by all—imprisoned and free—comprising the minimum level necessary to secure the health and dignity of societies. These determinants include access to safe drinking water, sufficient supply of safe food, nutrition, and housing, healthy working conditions and environment, and access to awareness raising and information related to health (UN, 2008).¹¹ As such, the prisoner is entitled to join the rest of society in demanding access to a better quality of healthcare based on basic health determinants without discrimination based on his legal status. There can be no discrimination between those imprisoned and those free with respect to health services or demands for a more advanced level thereof if they are insufficient.

11 “States are under the obligation to respect the right to health by, inter alia, refraining from denying or limiting equal access for all persons, including prisoners or detainees, minorities, asylum seekers and illegal immigrants, to preventive, curative and palliative health services; abstaining from enforcing discriminatory practices as a State policy...” (paragraph 34).

”[T]he right to health ...[is an] inclusive right extending not only to timely and appropriate health care but also to the underlying determinants of health, such as access to safe and potable water and adequate sanitation, an adequate supply of safe food, nutrition and housing, healthy occupational and environmental conditions, and access to health related education and information, including on sexual and reproductive health” (paragraph 11).

Source: General Comment No.14: The right to the highest attainable standard of health (art. 12) in compilation of general comments and general recommendations adopted by human rights treaty bodies (UN, May 2008) (<http://www2.ohchr.org/english/bodies/icm-mc/docs/8th/HRI.GEN.1.Rev9.doc>)

Health in Prisons

Elements of Health Covered by the Research

This research focused on the issue of health in prisons by identifying a set of elements to be examined. These included: availability and quality of healthcare, including ease of access and qualifications of the healthcare providers; access to medicines; facilities and infrastructure of healthcare; and discrimination in access to healthcare.

This is in addition to the basic determinants of health such as nutrition and housing (lodging), and access to safe, potable water, sufficient sanitation, and a healthy environment. These determinants were covered under the sub-headings of sanitary facilities and hygiene, nutrition, ventilation, lighting, and exercise. Contact with the outside world was added as well.¹²

Summary of Findings

Based on testimonies from former inmates, the research concluded that living and health conditions in prisons are not in line with the minimum components of the right to health, both on the level of access and quality of health services, and the competence of the healthcare staff. The quality of health services varied across Egyptian prisons with respect to infrastructure and facilities, as did the qualification of physicians in clinics. Speedy services in emergency cases were typically very limited due to slow procedures or because the final decision was in the hands of the prison administration.

The element of mental health was completely lacking from the health system of detention facilities, despite its importance, as indicated by testimonies of former detainees. As for women and children, levels and forms of care offered varied widely, but were nonetheless uniformly inadequate and at times inappropriate.

The determinants of health, including food, sanitary utilities (toilets), hygiene, lighting, ventilation, and exercise—which are also preventive health measures—lacked the requisite support from the prison administration. The lack of hygiene and maintenance on wards, cells, and toilets, as well as overcrowding, had a negative impact on the health of prisoners. In light of insufficient health services, prisoners find

¹² These elements are based on the basic determinants of health as described by the General Comment No. 14 issued by the CESCR, in addition to the element of contact with the outside world, provided for by the Standard Minimum Rules for the Treatment of Prisoners and the OPCAT (APT, 2004).

themselves in a vicious circle of poor health conditions due to the impact of the daily conditions on their health.

Detailed Findings

1- Availability of Healthcare

This includes findings related to the general availability of healthcare, its accessibility by prisoners in detention facilities covered by the research, and the quality of the services offered. This section will discuss: (a) healthcare service and providers; (b) infrastructure for healthcare; (c) availability of medicine; (d) discrimination and difficulty of access to healthcare and treatment; and (e) dealing with critical cases.

a. Healthcare Services and Providers

"In every maximum security or central prison there shall be one or more resident physicians mandated with health-related activities, as provided for by the regulations."

Article 33, Prisons Law

"The prison physician shall be responsible for health measures securing the safety and health of prisoners, particularly the protection of prisoners from epidemics, oversight of the fitness and sufficiency of food, clothing, and bedding used by prisoners, and supervision of the hygiene of workshops, sleeping wards, and all other locations in prison."

Article 24, Prison Regulations

The Prison Regulations (ARE, 1961) detail the duties and responsibilities of the prison physician, who is in charge of the health measures required for the safety and health of inmates, especially protection against epidemics.

The availability of healthcare without discrimination is one of the key elements of the right to health, and should not be affected by the legal status of the detained person, i.e. the fact that s/he is deprived of freedom. However, testimonies indicate that the availability of healthcare in Egyptian prisons is facing a crisis; the number of physicians is not sufficient in larger facilities, and the power of some prisoners allows them priority access to health services or permits them to see a doctor whenever needed.

Asked about health in the facility where they were held, former inmates denied any connection between "health" and "prisons," maintaining that the two were mutually exclusive. They would then relate details they had experienced or seen for themselves.

"The prison physician shall inspect the prison at least once a day. The physician is not required to be present on official holidays, except in cases of urgent emergencies."

Article 26, Prison Regulations

"The physician shall examine every prisoner immediately upon placement in the prison, or on the morning of the next day at the latest, and document his health status and the type of work he can undertake..."

Article 27, Prison Regulations

None of the respondents in this research were examined by a physician upon detention in any facility nationwide. It became clear that it is not standard procedure to examine detainees even when they are abused or tortured prior to or upon their admittance. This is of course contrary to the Prison Regulations, which explicitly require the prisoner to be examined upon admittance to prison.

Former inmates who participated in this study would only resort to the physician when strictly necessary; some never saw the physician at all throughout their period of incarceration. Former

inmates attributed this to the lack of trust in the competence of physicians or the doctor's irregular presence. They, therefore, relied on self-treatment using medicines brought by their families during visits.

M.M. said that for the nine years he spent in the prisons of Zagazig, Abu Za'bal, Wadi al-Natrun, and Tora he did not see a doctor.

In the Port Said Women's Prison, three persons are on staff in the clinic: one physician and two female nurses, according to the account given by female inmates formerly detained in the prison (Amnesty International, 2013).

Due to the scarcity of physicians and their morning-only work hours, which are not sufficient to cover the needs of the prison, the prison administration in large facilities draws up something similar to a "waiting list" for wards. Thus, the prisoner has to wait for his ward's turn to be seen by a doctor, regardless of his condition, which may be urgent.

"Sick prisoners who require specialist treatment shall be transferred to specialised institutions or to civil hospitals. Where hospital facilities are provided in an institution, their equipment, furnishings and pharmaceutical supplies shall be proper for the medical care and treatment of sick prisoners, and there shall be staff of suitable trained officers. (3) The services of a qualified dental officer shall be available to every prisoner."

(UN, 1995)¹³

/// My molar was aching me, and I could have taken an analgesic, but I wanted a treatment for the molar... They wanted to extract the tooth, but it needed treatment. I did not agree, of course, because it required to be filled not extracted."

S.H. a former inmate in Wadi al-Natrun Liman

/// I could not see the doctor... treatment is supplied by my wife from outside..."

M.S., speaking about Borg el-Arab Prison (al-Gharabiniyat), Alexandria

13 (http://www.unodc.org/pdf/criminal_justice/UN_Standard_Minimum_Rules_for_the_Treatment_of_Prisoners.pdf)

The waiting time is longer should the inmate require a specialist consultant. A former inmate of Wadi al-Natrun stated that the arrival of a certain specialist would be announced, and all prisoners having complaints related to that specialisation would be examined by him.

In other cases, prisoners knew that a specialist was assigned to the clinic one day a week, but they did not expect the physician to actually be present. Generally, prisoners did not expect much from prison medical services. They faced additional difficulty should specialist care be required due to the irregularity of visits by specialists.

“// There would not be a doctor unless there is inspection, and he would just dispense the very same two pills for all.”

M.M., speaking about Abu Za'bal Prison

M.S., a former inmate in Prison 440 in Wadi al-Natrun, stated that he suffered from a toothache due to the inflammation of one of his molars and the swelling of the side of his face, with a very painful overall sensation. He had to wait for four–five days to see the doctor who checks cases by “turn.”

According to him, there were 800 inmates in each ward.¹⁴

S.H., who was housed in the same prison, suffered from an ache in one of his molars. He had to wait for the dentist for 15 days, after having twice registered for an appointment with the doctor. He was not satisfied with his visit because the dentist recommended extraction of the tooth, while he knew he needed filling only. As a result he decided to pay close attention to dental hygiene, and his health in general, in order to avoid another visit to the doctor.

K.S., a former detainee in al-Isti'naf Prison, stated that the prison physician would check up on prisoners at infrequent intervals. Prisoners would go and see him only when they had serious health conditions. The visit would take place during the exercise period.

He added that al-Isti'naf Prison at times lacked any “official” physician at all, and the prison administration would turn to physicians from among political prisoners in urgent cases.

M.S. stated that consulting physicians would visit al-Isti'naf once every three or four weeks only for a few minutes. M.S. spent four years in the prison and required a psychiatrist, but was never given appropriate care.

14 Wadi al-Natrun Prison is comprised of seven wards, including four for political prisoners and detainees, which hold 1,400 prisoners, with the remaining wards dedicated to 1,100 criminal prisoners.

Source: Final Report by the fact finding commission on the events coinciding with the 25 January 2011 revolution, finalised and presented to the Supreme Council for Armed Forces on 19 April 2011.

In the Port Said Women’s Prison, prisoners are referred to an outside specialist or transferred to the hospital only in the most serious cases—only if “you are dying,” according to a former female inmate (Amnesty International, 2013).

The research demonstrated a severe deficiency in the provision of sufficient, trained human resources to offer healthcare in prisons in Egypt.

As closed communities with special health issues, even for common illnesses, prisons and other places of detention have massive healthcare needs. Thus, it is important to secure an adequate number of doctors and health professionals to meet

this need. There is a gap between in the level of healthcare provided for prisoners and that offered outside of prisons, since health services, including specialist care, are available at all in public hospitals and in the hospitals of the health insurance system.

With respect to this point, most physicians and former prisoners who participated in this research agreed that prison doctors are young, inexperienced non-specialists, especially staff doctors, which is not suited to health needs in prisons, according to Muhammad Zari’, one of the experts taking part in this research.¹⁵ They also believed that consulting physicians, i.e. specialists visiting prison clinics, are more experienced than the residents, but they are not around long enough and may only visit once a week.

Zari’ also indicated that there is a crisis in medical specialties that correspond to the basic needs of prisoners. For instance, at times there is no pediatrician in the Women’s Prison.

This was confirmed by the prisoners in the Port Said Women’s Prison. There is no resident gynecologist and obstetrician or a pediatrician in the women’s prison. However, one of the women prisoners indicated that a pediatrician visited them once in the children’s ward to examine one of the children (Amnesty International, 2013).

Physicians in prisons are perceived as general practitioners and prisoners do not expect optimum treatment from them. Prisoners stated that normally, if they were out of prison, they would not seek the services of a GP but a specialist.

■ [He] was a military doctor ... an officer himself... quite young, may be 24 [or] 25 years old. I can’t say he did not take my case seriously. He did his best.”

**A.A. a patient of rheumatic fever
- speaking about the Al-’Azoli
military prison, Ismailiyya.**

¹⁵ Interview with Zari’, chair of the board of directors of the Human Rights Association for the Assistance of Prisoners (HRAAP), 13 May 2013.

In some prisons, consulting physicians check on prisons every few weeks. Prisoners are usually very keen to be examined during such visits because resident physicians are not believed to be as qualified. Visits of specialists, however, are irregular and very infrequent.

Physicians working in prisons benefit from their affiliation to the Ministry of Interior—they are graded employees eligible for promotion—but it is not as prestigious as working in other places. Moreover, they do not take it as a career. Being a prison physician is only a temporary step, which has led to the lack of institutionalisation of medical work in prisons and means there is little opportunity to accumulate experience within one prison and the sector at large.

One of the major issues arising from prison physicians' affiliation with the Ministry of Interior is the lack of independence of medical opinion within the system of detention. Although all physicians are members of the Doctors Syndicate, this does not guarantee an independent medical opinion or even professional and/or ethical accountability to practice in detention facilities, particularly given the interference of prison officials—the warden, for instance—in decisions related to the health of prisoners or healthcare offered, such as the need for surgery in an outside hospital, for example.

b. Healthcare Infrastructure

/// Many people died, for lack of equipment and treatment... The greatest deficiency is in equipment and medicines.”
From an interview with Mr. Zari’

Interviews showed that facilities in prison clinics or hospitals are either very poor, with the exception of very few prisons, or are modern and comprehensive but lack human resources. Researchers could not visit any of the clinics or hospitals in detention facilities as part of this research for first-hand ob-

servations and interviews with medical staff,¹⁶ and former prison physicians were not interviewed for this research. Therefore, information about medical service facilities in prison is very limited.

Throughout the research process, it became clear that former prisoners were less concerned with the infrastructure of clinics and hospitals than with health providers. When asked about clinic facilities, their accounts would usually drift toward the lack of physicians and the difficulty of receiving a satisfactory

¹⁶ EIPR filed an official request with the MoI, which went unanswered.

health service. Thus, poor human resources makes infrastructure a side issue, especially when prisoners are aware that specific equipment they need is present. M.S., a former inmate in Wadi al-Natrun Prison, gave an account about the prison dental clinic, describing it as well-equipped, similar to private hospitals; however, it lacked staffing.

Participants in the research said that the hospital of Torah Liman Prison was one of the largest prison hospitals, but very poorly equipped compared to the relatively developed hospitals of Fayum and Dam-anhur Prisons.¹⁷

The lack of cooperation from persons in charge of managing prison wards and cells and their frequent indifference to the requests of prisoners had a negative impact on access to medical services and the use of modern facilities in some prisons.

c. Availability of Medicine

"... the prison physician may order the approval of medicines provided to the prisoner from outside, should a medical need be identified."

Article 37, Prison Regulations

All former detainees complained that they did not receive appropriate medication in prison due to the lack of such medication. All interviewees from all prisons agreed that analgesics are prescribed for any health problem.

Those who suffered chronic illnesses had to arrange for their medication during visits by their families, who faced difficulties bringing them in. Often, the prison administration would not permit some medicines on seemingly unreasonable grounds. Inmates rely on self-treatment and take

/// They would not let medications in. For instance they would say no to ointments."

M. S. speaking about Borg el-Arab Prison (al-Gharabiniyat), Alexandria

/// Medicine runs out today, and a note to this effect is written to the doctor. Four or five days later, you would get the approval. It is really not clear where this delay is coming from: the detective, the chief of investigations, or the Governor. Response was too slow until we would give up, and then they would tell us write down the name of your medicine and we will buy it for you. Again four or five days later. Ten medicines are listed, and you would get only two or three."

A.A. speaking about Istiqbal Tora Prison

¹⁷ From an interview with Zari', 13 May 2013.

medicines recommended by other inmates who found them useful for the treatment of a similar condition.

In some cases, a nurse was responsible for dispensing medication. None of the respondents mentioned seeing a pharmacist, despite the fact that, according to the law, custody and dispensation of medication should be assigned to a pharmacist. This task is usually assigned to a police detective or a “prison facilitator,” who use it as a means to control prisoners or as a bargaining chip.

d. Difficulty of Access to Healthcare and Discrimination

“If the means of treatment of any prisoner are not available and the prison physician deems it necessary to treat the prisoner in an external hospital, prior to the transfer, the matter shall be put to the assistant director for treatment affiliated to the competent Medical Affairs Directorate for examination in consultation with the prison physician. The conclusion shall be reported to the Medical Department in the Prison Authority to act upon at its discretion...”

Article 37, Prison Regulations

Accessing healthcare is at times more difficult than simply living with the illness the prisoner wishes to treat. The law regulating examination by the prison doctor is rarely implemented, especially considering the overcrowding in prisons and the shortage or absence of physicians and nurses.

At times, the complexity of procedures was the key obstacle impeding the prisoner’s access to adequate healthcare. At other times, delays in or denial of necessary care were used as a punitive measure by prison administrators.

The status of the prisoner, his financial abilities and, hence, the ability to pull strings played a clear role in securing the cooperation of administrators who could bar access to medical services. Rich prisoners fare better behind bars, just as they do outside prison, while poor prisoners are subject to the whims of the prison administration. This was the case of M.S., who was unable to have his heart examined when he was hit by angina until he threatened to file a complaint and to use his connections to powerful people. Moreover, former prisoners talked about discrimination between political and criminal prisoners. Political prisoners enjoy the respect of prison authorities; their requests are typically met and their life in detention facilities made easier. Thus, they can see the doctor and receive necessary medicines, disinfectants, and sanitisers, as recounted by more than one political prisoner previously detained in al-Isti’naf prison.

The following stories are examples of the complexities impeding prisoners' access to healthcare:

The Story of W.H. from Cairo

W.H. was arrested in August 2012 during the Nile Towers events after being shot by a police officer, which caused a fracture in the bones of the right thigh, and was imprisoned on remand in Torah.

One month before his arrest, W.H. sustained an injury in the cornea, and rupture of the anterior chamber of the eye, and also had a cataract. Prior to the arrest, he had a preliminary corneal patch and was supposed to undergo surgery for the removal of a complex cataract using ultrasound as well as a corneal graft. The appointment for his pre-scheduled surgery was 7 August, while he was in pre-trial detention. Three requests were filed to the public solicitor of the Central Cairo District Attorney Office, in addition to a complaint to the Prison Authority and another to the National Council for Human Rights, and a report to the Public Prosecutor on the need to take the requisite medical procedures for the treatment of W.H. or transfer him to an external hospital for the completion of his treatment, so that pre-trial detention for a case in which he had not been convicted would not cause him to lose his sight.

The report did not reach the public solicitor and therefore no action was taken. This remained the case until mid October 2012.

Finally, a lawsuit was filed with the State Council seeking an expedited stay on the execution of the passive decision to refrain from providing healthcare needed by W.H. This case is still pending.

The response of the MoI and the Prison Authority to the complaints was that the prison administration transferred W.H. from the prison hospital to Istiqbal Tora Prison with no access to medical care, despite his poor health.

Moreover, the prison administration placed him in solitary confinement for 14 days as punishment.

Upon visiting him, his brother was told by one of the prison officers that his brother's ordeal was punishment for the complaints he filed.

The Story of Y. N. from Ismailiyya

Y. N. spent three months in al-Mustaqbal Prison in Ismailiyya serving a military sentence (September–January 2013). He complained about a fracture in his arm, sustained while being arrested. He received no treatment for the more than four months of his detention. Y.N. stated that the pain of the fracture

was unbearable given the lack of analgesics in prison.

Y.N. recounted that when he would ask the warden to visit the physician to have his forearm, which required a cast, examined, the warden would scoff at his request as if he were pretending. Moreover, no treatment was allowed entry during family visits. The prison neither allowed medicine from outside nor provided it inside.

As a result, Y.N. spent the whole period of his incarceration, which exceeded his sentence to four months due to the length of the process, without treatment for his broken forearm. Finally, after he was released, Y.N. underwent surgery in Cairo at his own expense to have metal pins implanted.

The Story of M.A. from Sharqiyyah

M.A. suffers from paraparesis after sustaining a gunshot injury in the back that cut his spinal cord.

M.A. was sentenced to six months in Zagazig General Prison and started to serve his sentence in January 2013. He spent one full month of the sentence in the Zagazig police station, where there was no possibility of treatment: there was no clinic, resident physician, or even a proper bed.

However, the police station officers would permit daily visits by his wife to serve him, especially to change the diapers he uses due to incontinence.

M.A. was then transferred to the Zagazig General Prison by order of the prosecutor following complaints about the lack of treatment facilities in the Zagazig police station, but the situation did not improve. In implementation of the prosecutor's order, M.A. was examined by the health inspector, who stated that his general health was good and that he suffered from paraparesis. He ruled that M.A. could be treated in prison and approved his transfer to the prison hospital. However, the prison hospital refused to admit him due to the lack of treatment facilities.

A request for medical release was filed with the public prosecutor. The request was sent from the technical office affiliated with the public prosecutor to the Zagazig Prosecution and finally to the Zagazig General Prison. In response, M.A. was sent for assessment to the al-Ahrar Hospital in Zagazig, but the hospital refused to receive him and he was returned to prison due to the lack of requisite treatment facilities.

In prison, M.A. stayed with scores of other critical cases in a huge ward—"neither a hospital nor a clinic," according to his wife. He would sleep on the floor after being stripped of all his clothing with the exception of the diaper and his underwear. M.A.'s wife was unable to supply him with any medication or diapers.

His wife complained that after being transferred to prison, he suffered more, because the prison conditions were even worse than those in the police station. She added that he received no medical care and that she was only able to visit him every 15 days. The failure to change his diapers regularly made him more prone to bed sores.

The Story of S.M. from Qalyubiyya

S. M., a cardiac patient, was arrested in early September 2013 and detained at the al-Qanater al-Khayriyah police station.

S.M. had undergone an implant of two prosthetic heart valves. Due to his illness, his relatives applied with the police commissioner and al-Qanater al-Khayriyyah prosecutor to have him examined by the forensic physician or sent to a public hospital for healthcare appropriate for his condition. However, their request went unanswered.

S.M.'s condition deteriorated and his family filed a request with the public solicitor of the Banha Prosecution to have him transferred to a public hospital for treatment. The public solicitor approved the request and tasked the health inspector to visit S.M in the detention facility to determine whether his health condition required hospital care or not. The order was given in a letter addressed to the commissioner of the Qanater Police station, dated 21 September 2013.

Nonetheless, the commissioner refused to execute the order of the Banha public solicitor. As a result, S.M.'s condition deteriorated and he died on 23 September 2013.

The corpse was transferred the same day from the police station to the Qanater Public Hospital. To prevent S.M.'s relatives from rallying around the hospital, gunshots were randomly fired at all those gathering near the hospital, during which S.M.'s maternal uncle, A.M., was shot and killed.

e. Dealing with Critical Cases

"...in the event of critical or emergency cases, the prison physician may take any measures deemed necessary to preserve the health of the prisoner, while filing an urgent medical report to the Authority prepared by him and the assistant director for treatment in the competent Medical Affairs Directorate..."

Article 37, Prison Regulations

"...should the physician believe that the patient's condition requires consulting a specialist, he must seek the permission of the Prison Authority. This permission may be given over the telephone in emergency cases..."

Article 37, Prison Regulations

"... the prison physician may order the approval of medicines provided to the prisoner from outside, should a medical need be identified."

Article 37, Prison Regulations

/// I believe there was no physician in prison at all. At times of emergencies, there was no physician around."

K.S. speaking about the Isti'naf Prison (a transit prison)

see a doctor, at times leading to the death of their mates.

One former prisoner suffered renal colic in Abu Za'bal Prison and said that the doctor gave him "two pills he gives to us for anything without any examination."

/// We had a prisoner who was bleeding from behind. We stayed for one whole day waiting for the doctor, because there is a special quota."

K.S. speaking about the Isti'naf Prison (a transit prison)

tion responded the next day only after he threatened to file a complaint. The doctor diagnosed him as suffering from a thrombus.

/// The problem is that whenever anyone falls sick, they just lock us in and nobody checks on us until the morning of the next day."

A.A. speaking about Istiqbal Tora Prison

he had died by then.

Generally, emergencies in prisons are quite serious because they are not promptly or adequately addressed. Former prisoners told many stories about emergencies, including at night, which did not receive adequate attention from the guards, who refused to open the doors or permit the prisoner

Another prisoner suffered severe chest pain due to angina. The prison administration was indifferent and apathetic, refusing to heed the prisoners' knocking on the doors. The inmate was not allowed to see the resident doctor, although the doctor knew of the case. He had to use a very strong analgesic to get through the attack. The prison administration

Y.N., another former inmate in al-Mostaqbal Prison, stated that an elderly prisoner (over 60 according to his account) suffered a heart attack and inmates had to knock on the doors for more than an hour before the prison responded and brought an ambulance to take him to hospital; however,

2. Healthcare for Women and Children

“The pregnant prisoner, once proven by a medical report to be so and until forty days post delivery, shall be accorded special medical care, in terms of nutrition, work, and accommodation. The mother and the child shall receive the requisite healthcare and adequate food, clothing, and rest. Pregnant and mother prisoners may not be denied their food rations for any reason whatsoever.”

Article 19, Prisons Law

“In women’s institutions there shall be special accommodation for all necessary pre-natal and post-natal care and treatment. Arrangements shall be made wherever practicable for children to be born in a hospital outside the institution.

Rule 23 (1) of the Standard Minimum Rules for the Treatment of Prisoners

“... Where nursing infants are allowed to remain in the institution with their mothers, provision shall be made for a nursery staffed by qualified persons, where the infants shall be placed when they are not in the care of their mothers.”

Rule 23 (2) of the Standard Minimum Rules for the Treatment of Prisoners

Legal texts from all sources contain provisions on women prisoners, according special care for pregnant women and mothers, including treatment of the pregnant prisoner and arrangements made for birth, care of nursing infants by mothers, and the provision of adequate nutrition and healthcare for mother and child.

Women prisoners have special, complex needs,

The story of S.M. from Sharqiyyah

S.M., who was a former detainee in the Zagazig police station, stated that she was nine-months pregnant at the time. She was surprised to realise that there was no space for sleeping in the cell nor was there any care to her condition as a pregnant woman. There was no window nor a fan, which made the cell feel like a tomb, as she described it. One night she felt so sick and had to wait for a very long time for the physician who checked her in the cell, only to tell her that she is due in two months still. Her condition worsened and she felt strong contractions, so her mates had to knock loudly on the door for the guards to call an ambulance for her. They responded after a very long time, and she was transferred to Al-Ahrar Hospital where she had her child. One of the physicians recommended that she stays longer in the hospital because she suffered puerperal fever. However, the hospital director refused and she was taken to the police station before she has fully recovered. Another account has it that one woman prisoner was committed to the prison ward after having “knocked” for hours on the door to no avail (Amnesty International, 2013).

especially with respect to their physical and psychological health, and most of them experience abuses of some kind prior to or during detention (Palmer, 2007). The particularity of women prisoners must therefore be taken into account.

The findings of this research show that women's prisons, like men's prisons, suffer from a lack of adequate health facilities. This is especially true in the cases of pregnancy, birth, and nursing, as the accounts of former prisoners indicate. Women may also come under the power of prison officers or wardens who exploit their vulnerable positions and inflict further abuse.

When asked about the existence of a gynecologist in women's prisons, women inmates stated that such doctors are only available for births. In most cases, pregnant inmates give birth in public maternity hospitals that at times lack some basic requirements. The woman and/or the family must therefore arrange for the woman's needs during delivery. In the Port Said Women's Prison, pregnant women, mothers and their children, and women suffering chronic illnesses are all detained in a separate ward, dubbed "follow up." The conditions are not much better in the ward, especially where ventilation is concerned, as women smoke in the ward. The follow-up ward was only larger than other wards (Amnesty International, 2013).

Children usually receive a ration of milk, but it does not regularly reach their mothers. N.A., a former inmate in the Port Said Women's Prison, said that sick children had to wait until there were several cases in order to be examined by the pediatrician, who visited the prison only once a week.

Significantly, women's prisons are visited by women with independent organisations such as charity groups or religious institutions. Because these services are offered by women, they are able to provide psychological support and assistance and in-kind assistance for those who need it, and inmates are indeed in dire need. The providers also extend services to inmates' families and children (who might living in an orphanage, for example), which alleviates some of the hardship for detainees during their detention. While al-Qanater Prison benefits highly from these services, not all women's prisons enjoy such services.

3- Psychiatric Healthcare

a. Lack of Psychiatric Support for Detainees

"At every institution there shall be available the services of at least one qualified medical officer who should have some knowledge of psychiatry..."

Rule 22 (1) of the Standard Minimum Rules for the Treatment of Prisoners

"Prison social services shall be overseen by the most senior social worker, who shall be responsible for coordinating and supervising social work... This person may undertake some of the tasks of the social worker as required by work in the prison and its nature."

Article 17, Prison Regulations

"Prisoners shall be assigned to social case workers such that each one is responsible for a particular group."

Article 19, Prison Regulations

Psychological health is a significant—if not the most significant—challenge facing correctional facilities. The challenge lies in limiting the punishment to solely the deprivation of liberty without any violation of any of the inmate's other rights or degradation. Unfortunately, this is not the situation in the prisons where this study's participants were held. Ill-treatment, starting with the welcoming "ceremony" of beatings and insults designed to break the prisoner and up to and including body searches, solitary confinement, and even torture, are key features of prisons in Egypt. In addition, prisoners are placed in disciplinary cells (solitary confinement) for open-ended periods and without clear reason, the sole purpose seemingly to break the will of the prisoner and control him/her. Many prisoners cannot take the pain of humiliation and attempt suicide.

Rates of self-inflicted harm and suicide are much higher in prisons than in the society outside (Palmer, 2007). As such, it is important to view prisoners as vulnerable to this kind of risk. Suicide attempts are worryingly frequent in prisons according to the stories told by some respondents about their peers in prisons.

None of the prisons under study had any systematic program for psychological or social rehabilitation, and there was no social worker to offer support or psychological advice to prisoners. Some inmates felt the lack during their incarceration, especially for long sentences. This applied to both women's and men's prisons alike.

/// Certainly there are no counselors or the like... There are no doctors to start with."

S.H., one of the former prisoners who experienced several prisons

/// Three prisons only feature human treatment: Tora Farm Prison, Al-Marg Prison, and Al-Qanater Prison. By "human" treatment, I mean treatment as "human beings" not as "slaves or animals."

M.S., one of the former prisoners who experienced several prisons

/// I swear by God that in this arrest... I wanted to die... I was yearning for death."

M.M., speaking about Wadi al-Natrun Prison

Contact with the outside world is key to prisoners' psychological integrity (Hayton, 2007). Hence the importance of visits, their frequency and their duration in the stories of men and women prisoners, since visits represent a form of contact with their families and their own world outside the prison walls. Television and radio are another form of contact, as are newspapers and books.

“We demand that an official from outside the Prison system to sit with us. We need a counselor to boost our morale, which is something that we completely miss.”

A.A. speaking about Al-Azouli Military Prison, Ismailiyah

“The private is ignorant; he intentionally uses degrading call names to break the person psychologically...”

M.S., one of the former prisoners who experienced several prisons

Prisons had diverse policies regarding electronic devices in prison, but most prisoners said that bringing in a mobile telephone was very difficult and required much influence. Services provided by religious entities may compensate detainees for the lack of psychological care, although they offer different kinds of support, both needed by detainees.

For instance, S.H., a former prisoner in Wadi al-Natrun, referred to the important role played by religious organisations in offering support to prisoners, particularly those conducting regular visits to offer both spiritual services and food and other items.

Religious organisations also play an indispensable role in supporting women prisoners and their families psychologically and financially in the prisons of al-Qanater and Minia. This role cannot be overlooked as it continues after release, and this is particularly true in the absence of counseling in prisons.

Although the law provides for psychological and medical examinations for inmates, in the absence of social counseling this key psychological component is lacking and neglected within the Egyptian penal system. Moreover, the Egyptian legislator did not make a distinction between social and psychological workers, referring instead to both functions in one job—the “psycho-social worker”—which unfortunately mixes the two.¹⁸

¹⁸ Article 20 of the Prison Regulations states: “The psycho-social worker in prison shall be responsible for the following:

- Fully examine the personality of the prisoner;
- Measure the intelligence and other capacities of the prisoner;
- Identify the tendencies and attitudes of the prisoner, and examine the emotional and dispositional aspects; and
- Draft a policy for the plan of treatment and professional counseling suitable for the prisoner.”

b. Maltreatment

Inmates spoke about maltreatment inside detention facilities. Their accounts showed that mistreatment and torture are part of detention culture, whose rules and codes require months of acclimation.

The welcome reception for prisoners is their first contact with their new conditions. They are met with beating, insults, and a body search, which all respondents described as degrading and conducted with the sole purpose of breaking the prisoner upon arrival. Political prisoners or those of high financial or social status may be spared this reception. The body search is conducted by inserting a hand in the prisoner's anus, forcing him to defecate in public, or forcing him to drink a concoction containing detergent to induce vomiting, in order to ensure that no prohibited items are smuggled into prison.

Maltreatment also includes extorting prisoners in exchange for access to benefits guaranteed to them by law, such as opening doors to allow toilet breaks or an emergency visit to the doctor.

c. Dealing with Psychiatric Patients

"If the prison physician believes any sentenced prisoner has a mental defect, his case shall be reviewed by the director of the Prisons Medical Department. Should it be deemed necessary to send him to the mental hospital for verification, the director shall do so promptly. If it is proven that the prisoner has a mental defect, the prisoner shall remain in the hospital and the public prosecutor shall be notified to issue a committal order until the prisoner is cured. Upon cure, the hospital administration shall inform the public prosecutor, who shall order the prisoner's return to prison. The time served in the hospital shall be deducted from his sentence."

Article 35, Prisons Law

/// The next day after the visit, they would not open the cell door. They would tell you we do not have orders from the level supervisor, or the like. This is why you'd have to satisfy him."

**A.A. speaking about Al-Azouli
Military Prison, Ismailiyah**

/// Once we had just arrived from a court session, and we found new prisoners who were forced to strip naked because there was a body search and they inserted their hands into their behinds."

**A.A. speaking about Al-Azouli
Military Prison, Ismailiyah**

Although the Prisons Law clearly outlines the procedures to commit mentally incapacitated prisoners to the mental hospital, these prisoners are held with other inmates and are subjected to continual abuse due to acts possibly beyond their control or awareness, which makes them vulnerable to ongoing harm inflicted by the administration and other inmates.

“// There was a mental case, which they knew about... And he would be brought to be the butt of laughter and to be inhumanly beaten.”

K.S. speaking about the Isti'naf Prison (a transit prison)

Some former inmates talked about mentally ill inmates with whom they happened to be incarcerated. They were used as a pastime and were brutally beaten if they behaved in an unacceptable manner, although they were usually not responsible for their conduct due to their limited mental capacities.

These prisoners were left to their own devices until they deteriorated.

No case was diagnosed officially by the physician, and as such they were not referred to the psychiatric hospital.

4- Fundamental Determinants of Health

A consideration of health conditions in detention facilities and institutions cannot disregard the fundamental determinants of health, which are indispensable to realising the right to health.

Due to the closed nature of such institutions, the fundamental determinants of health can be considered preventive health measures protecting against the spread of disease. The closed nature of detention facilities makes them more prone to contagious diseases, including dermatological diseases due to overcrowding, lack of personal hygiene, and lack of clean clothing or bedding, or respiratory diseases due to poor ventilation. This is in addition to sexually transmitted diseases due to homosexual practices and illnesses arising from malnutrition when the food is of poor quality. These institutions are also more vulnerable to accidents and fires if the necessary security precautions are absent.

Thus, it was important that the study examine some of the fundamental health determinants to determine whether detention facilities maintained preventive measures protecting prisoners against disease and securing their right to health, or whether they are themselves triggers for disease due to lack of such determinants.

This part covers the following areas: 1) overcrowding of wards; 2) nutrition; 3) sanitary facilities (toilets); 4) hygiene; 5) safety and security; 6) lighting and ventilation; and 7) exercise.

a. Overcrowding of Wards

"Each prisoner, male or female, shall receive the following items: a bed, a mattress, a bed sheet, a pillow, two pillow cases, one woolen blanket during summer or two during winter, a mat, a bowl, two plates, an aluminum spoon, and a comb for women..."

Minister of Interior Decree 81/1959 on the treatment and living conditions of prisoners

"Furnishing for pre-trial detainees permitted to stay in furnished rooms shall be as follows:

one hospital-style bed, a mattress, one pillow, two pillow cases, two bed sheets, one woolen blanket in summer and two in winter, a jute mat, a wooden stool, an enameled tin wash bowl, water jug, and soap holder wherever there is no sink and running water in the room, a small table, a mirror, a plate and a jug for drinking water, a hairbrush, a comb, a fork and a spoon, and a cup, a bowl, and a small tin plate."

Article 83, Prison Regulations

Although legal provisions for prison furnishings clearly specify the dedication of a bed for each prisoner or pre-trial detainee, which would prevent overcrowding, most prisons do not have beds.

According to prisoners' accounts, the overcrowding of prison wards and cells was their first shock upon confinement, especially in prisons without beds, which leads to sleep deprivation until the prisoner acclimates to the new situation.

/// If you go to prison, you'd think that there are no men or youth left outside, due to the large numbers inside."

S.H., speaking about Wadi al-Natrun Prison

In prisons without beds, prisoners sleep on the floor using blankets brought to them from outside. The space of the room or cell is divided between the prisoners, sometimes down to the centimeter. The per person share might be "the span of a hand and two fingers" or "the span of a hand a fist"

in overcrowded prisons. The space allotted is influenced by the prisoner's status and seniority, increasing to as much as 60 cm. Seniority plays a role in determining the quality of the sleeping slot as well. The prisoner starts by sleeping next to the door upon arrival, and then moves to a better spot upon the release of one of the prisoners.

Al-Marg, South Tahrir, Tora Farm Prison, and 'Anbar al-Mazra'a prisons have beds. M.S., who was incarcerated in all of them, thus considered them better than the other prisons.

K.S., talking about al-Isti'naf Prison—which study participants concurred was the worst prison—stated that it has very small cells big enough only for one person, but accommodating more than 13.

In Wadi Al-Natrun the rooms are no bigger than 3 by 15 meters but hold 33–34 persons, according to M.S.

Some prisons prohibit bed sheets or pillows from outside for security reasons, to prevent the smuggling of any prohibited items into prison. Therefore, prisoners make do with what is available in prison, whether it has beds or not.

/// The worst thing... is that even in prison you cannot sleep!"

K.S. speaking about the Isti'naf Prison (a transit prison)

In the al-Qanater Women's Prison, prisoners' conditions and benefits depend on their financial abilities. Thus, poorer women suffer, sleeping on the floor and even at times in the toilet area. Well-off or more senior women, however, sleep

on beds. In Damanhur Women's Prison, the number of beds is also insufficient (Amnesty International, 2013).

b. Nutrition

All participants without exception agreed on the poor quality, insufficiency, and unhygienic nature of prison food. Prisoners rely mainly on the food brought by families during visits. Most prisoners try to avoid the food as much as possible. Some of the respondents in this research said that they never tried it because they believed it unfit for human consumption.

Prisoners also mentioned that they were disgusted by the food because of its uncleanliness. Since the detention environment itself was not clean, there was nothing to guarantee clean food. For instance, many detainees in al-Isti'naf Prison saw mop water drip off the stairs into the big cooking pot shortly before the meal.

Most prisons serve two meals, one in the morning and another in the afternoon or evening. Some prisons offer only one meal in the evening around 6:00 pm (al-Mostaqbal Prison).

Breakfast is usually boiled beans, bread, and a slice of cheese. Prisoners complained that the food was not clean and not well cooked. The beans were full of mites, small, and raw.

The hot meal was usually unpeeled, uncut vegetables boiled in plain water. At times, tomato paste would be added if available from a family visit. These were served with almost raw rice, cooked for a short time in large pots by inexperienced prisoners. A.G., one of the prison cooks, described the rice as "broken bits," inedible due to its poor quality.

Some mentioned boiled eggs twice a week and meat or chicken once a week. However, they are of very poor quality, as indicated by A.G., who worked as a prison cook in prison while serving his sentence.

A former woman inmate in Shebin al-Kom Prison stated that

/// If you take a look at the top of the beans dish, you will find that the mites are more than the beans. Mites crunch.... beans themselves crunch... The doctor in Wadi el-Natrun said we are feeding them nutritious food... mites are a source of protein!"

M. S., speaking about Wadi al-Natrun Prison

/// Food in [the Prison] of al-Gharabaniyat if served to dogs, they would feel disgusted."

M. S., speaking about Borg el-Arab Prison (al-Gharabiniyat)

/// Discrimination was very clear... in Prison bakery in the prison between the bread served to prisoners, compared to that served to officers."

S.H., speaking about Wadi al-Natrun Prison

/// Prison [authorities] invest... they tell you, you have to buy from them."

M. S., speaking about al-Gharabaniyat Prison, Borg el-Arab

/// Lentils or rice in a bale cooked in water adding tomato paste from any inmate who was given some by his family during the visit. At times we would eat baked eggplant in tomato sauce... It is usually an eggplant cooked in water and tomato paste, and that's it. The cabbage would have only water and tomato paste added to it, and would be served with rice and that's it. That is the type of food served there."

A.G., speaking of food at Borg el-Arab Prison

/// I have asked someone once, 'why do you eat this Prison food?', and he responded 'I have no one to take care of me'."

K.S., speaking about the Isti'naf Prison (a transit prison)

Some prisons permit the use of electric burners in wards for cooking food. Prisoners procure ingredients during visits (or from the canteen), usually dry and/or canned ingredients that can be easily stored, such as rice, pasta, oil, ghee, and tomato paste.

Unfortunately, a large segment of prisoners cannot afford to buy food in prison, and their families cannot afford to cover their basic needs throughout their full term for the same financial reasons.

Frequently, certain items would not be permitted into prison during visits, especially oil and ghee, when they were available in the canteen. At other times, orders were issued barring ordinary foods such as potatoes, as was the case in Wadi al-Natrun Prison when there was an attempt to smuggle prohibited items through them. Thus, all prisoners were affected until the prison administration rescinded the order, according to S.H.

pregnant women and breast-feeding mothers received milk and larger portions of food than other prisoners (Amnesty International, 2013).

One inmate mentioned that there was a clear distinction in the quality of the bread baked in Wadi al-Natrun between that served to prisoners and that served to officers. This difference in quality was not limited to bread, but included food cooked in prison, according to the account of one prisoner who would cook "fancy" meals for the officers, which could also be purchased by well-off inmates.

Most of those formerly detained believed that the prison marketed the products of the prison canteen by offering bad food, in order to force prisoners to buy their food in the canteen. Some inmates stated that the poor quality of prison food was attributable to the interests of the persons in charge of purchases and their relations with suppliers.

Some prisons permit the use of electric burners in wards

c. Cleanliness and Hygiene

Accounts of former prisoners and detainees speak of poor cleanliness and hygiene inside prisons, especially in places not equipped to house inmates. Some cells in al-Isti'naf Prison do not have toilets, but rather huge, deep sinks that prisoners are forced to use instead.

Prisoners exert great effort to keep their living quarters clean using cleaning supplies brought by their families on visits, as they are not provided by the prison administration. Under such circumstance, maintaining cleanliness becomes quite difficult. In al-Qanater Women's Prison, cleaning is the responsibility of prisoners, usually undertaken by poorer and marginalised women for a fee (Amnesty International, 2013).

According to former prisoners from all manner of detention facilities, insects are a major problem for hygiene. They all agreed that huge amounts of insects, often strange insects, infest the walls and floors. Many former inmates also report large wild rats in al-Natrun Prison. In addition, pests such as bedbugs and fleas infest fabric and bedding, causing irritation and itching, prisoners say.

After the shock of the first sight of prison, prisoners begin to coexist with insects. Prisoners protect themselves by covering their bodies and heads while sleeping, and their families provide insecticides and disinfectants for their personal use. The prison does not provide any cleaning equipment or detergents. Prisoners must secure this from outside or buy them inside the prison. Prisoners clean their own living quarters, which guarantees a certain level of cleanliness, especially in women's prisons, which are very well maintained by the inmates.

“The blanket itself is infested.”

From an interview with Mr. Zari'

“They tell you there are beds... what beds! There are only blankets on a floor like this (the street). Of course, I am the one who brought mine... You think they have blankets?! ... They are so rotten, nobody can tolerate to sleep on them... They are full of ticks and very wierd insects.”

M.M., speaking about Wadi al-Natrun Prison

“There are rats that would creep in through the fanlight like this... the rat is as big as that... it is white... it is coming from the mountain... It can eat a person. Yes, we used to hide ourselves with the blankets from them, so that they would not eat us - I swear by God.”

“My body is full of pimples and scabies very bad things appear on our bodies. There are infected people sitting next to you; there are hospitals next to you... sick people around you, so you get infected.”

M. S., speaking about Wadi al-Natrun Prison

Frequently, cleaning is a source of income in prison. Thus, prisoners clean cells or wash clothes and other items for the wealthier inmates in exchange for a fee. Although this further deepens class divisions in correctional facilities, it cannot be denied that such professional relationships create an income for a significant sector of detainees that sustains them in prison.

d. Sanitary Facilities (Toilets)

According to the findings of the research, sanitary facilities in prisons are not of a standard that guarantees a dignified, healthy use without risk of disease. This is closely related to the difficulty of accessing water.

Research participants held diverse opinions about the cleanliness and privacy of sanitary facilities. Due to overcrowding in most prisons, rooms not designed as cells were nevertheless used for this purpose. Thus, prisoners must wait long periods if the doors are closed to reach sanitary facilities or access water, whether for drinking or cleaning.

// In the cell - and please forgive me - we used to have a barrel like container that we used for a toilet. At times they would only open the door every 24 hours."

**A.A., a patient of rheumatic fever
- speaking about the Al-'Azoli
military prison, Ismailiyya**

Moreover, for detainees, the existence of a toilet in the their room or ward was considered a key indicator of the humaneness of the prison. It is also a factor that attracts powerful inmates to particular prisons, leading them to request transfers to such facilities.

In prisons without toilets in the rooms, prisoners cannot go to the toilet except when the cell doors are opened at

specific times set by the prison administration, which may be changed to punish and degrade prisoners. The research findings showed that al-Isti'naf Prison is the worst in terms of cleanliness and the conditions of sanitary facilities. Most of the respondents spent time in this prison, and some of them served their entire sentence there.

Most of the cells in al-Isti'naf Prison do not have toilets. Prisoners were allowed a toilet break for a half hour in the morning (9:00–9:30 am) and another half hour in the evening (5:00–5:30 pm). At other times, prisoners needed to find alternatives. Some of them would urinate in empty bottles or eat and drink less, to avoid needing the toilet except when the doors were opened.

There are not enough toilets in al-Isti'naf Prison to allow all prisoners to use them at the appointed time,

and they are very unhygienic according to former detainees. The floor is wet and is covered with waste as prisoners crowd in to use the toilet prior to the end of the break and their return to their cells.

The size of the rooms in al-Isti'naf Prison depends on the floor. One floor had relatively large rooms, each with two toilets, one dedicated to elite prisoners and the other to lower-status prisoners, said one former inmate. Almost 120 prisoners are held in these wards, 110 of them lower-status prisoners (M. S.).

Al-Qatta prison does not have toilets in the rooms. However, during the tenure of one Prison Authority director, the prisoners were permitted one hour in the evening (10:00 pm) to use the toilets after the doors were closed at 5:00 pm, for the comfort of the prisoners, according to M.S.

e. Lighting and Ventilation

Lighting in wards and prison rooms is weak to non-existent. The former inmates described windows of various sizes. Some were high and small like a transom, while some prisons had very large windows measuring 2 by 1 meters, according to a former prisoner in the Port Said Women's Prison. Another window was described as very narrow but extending across the room (2 m by 30 cm).

All windows were covered with layers of wire mesh for security purposes, which had been filled in with dust and cobwebs, thus permitting no light and air to pass through.

Most former inmates stated that they did not have enough light to read; only very few could read because they were held in rooms with big windows.

Nonetheless, large windows caused problems in winter, as they were not sealed against the cold.

The lack of ventilation inside prisons, especially during summer and combined with overcrowding, is a major problem according to former inmates. This is further aggravated by the large number of smokers in the wards. The walls are made of concrete, especially in prisons built in the 1990s, and thus trap heat in summer, making the prison unbearable.

Prisoners compensate for the lack of fresh air by using fans, which are very important in summer time. However, they

/// The window is too high... It is covered with multiple layers of nets, with very poor ventilation."

A.G., speaking of Borg el-Arab Prison

/// When you walk around you would inhale hot air not cold air like the one you are breathing."

G.S., speaking about Wadi al-Natrun Prison

/// [Lighting] is not sufficient to read."

A.G., speaking of Borg el-Arab Prison

are not ultimately helpful since the air is not renewed and given the high humidity, the high density of prisoners, and the high percentage of smokers.

In Wadi al-Natrun 440 Prison, high humidity led water to condense and drip from the ceiling of the ward, which had a capacity of 10 persons, but held 40. Elderly prisoners cannot bear such conditions and are liable to suffocate to death, according to G.S.

f. Safety and Security in Detention Facilities

Prisons lack any arrangements for safety and security in case of fire, for instance, and overcrowding increases the risk to prisoners.

Safety in wards or cells is associated with the presence (or absence) of electric appliances, which varies from one prison to the next. The administration of some prisons, such as al-Isti'naf Prison, does not permit the use of electric appliances by the prisoners, whereas others do under certain conditions. As examples of such appliances, participants in this research cited electric heaters, hot plates, fans, and radios. Part of the risk is that prisoners fiddle with the electric wiring in wards to connect their appliances. In one well-known accident in April 2007, a fire broke out in Prison 440 in Wadi al-Natrun, killing seven inmates and injuring 18 more. Participants who experienced the fire first hand or were imprisoned immediately afterwards, including G.S. and S.H., agreed that the fire raged out of control and the prisoners died due to the guards' failure to respond to prisoners' distress calls, the delay of paramedics, and the red tape involved in transferring prisoners to the hospital for treatment (Shalabi, 2007).

g. Exercise

/// We do not get to see the sun at all."

M. S., speaking about Wadi al-Natrun Prison

There were attempts to establish semi-open correctional institutions in al-Marg, Wadi al-Natrun, and Mudiriya al-Tahrir, but they eventually turned into closed institutions just like other prisons (Khalil, 2005). The result was that

the system of closed prisons became the rule, and exercise time became increasingly important for prisoners.

The research revealed that the concept and duration of exercise varied from one prison to another, as did exercise activities. In some facilities, prisoners do not see the sun throughout their sentence, being

confined to wards, cells, and corridors linking them to toilets. This is the case in al-Istiqbal Prison, for instance, where the doors are not opened, according to the account of Y.N., who was detained in the prison.

In general prisons, however, doors are opened in the morning for a few hours, and prisoners are permitted to stay outdoors even if for a short period of time.

Inmates of Wadi al-Natrun 440 Prison stated that doors are opened either 9:00 or 10:00 am until 2:00 pm. When doors are closed, prisoners were allowed to wander in the corridors linking wards, according to G.S. Others, however, stated that they did not see the sun at all in Wadi al-Natrun.

In al-Isti'naf Prison, for example, cigarettes are traded for exercise. Since trips outside must be bought, not all prisoners are able to enjoy this luxury because of its cost. M.S. estimated that only 5 percent of prisoners could afford to buy their time outdoors in al-Isti'naf Prison. A.E. indicated that going to the mosque provided an opportunity to see the sun.

In al-Qatta Prison the gates are open from 9:00 am to 4:00 pm. In Borg al-Arab Prison, prisoners are allowed one hour per day outdoors. In Tora, one of the better prisons, prisoners may spend a relatively long time outside of their rooms, up to seven or eight hours according to M.S.

In al-Qanater Women's Prison, women on death row are not allowed to go outdoors or interact with other inmates. However, in all cases the wealth of the inmate affects freedom of mobility in prison (Amnesty International, 2013).

In short, inside prisons exercise time is exploited to make money or control prisoners by denying or reducing their exercise, or blackmailing them.

Discussion and Findings

1- The difficulty of accessing satisfactory, quality health services

One of the key issues facing Egyptian prisons is related to the accessibility and availability of health services and the competence of health providers. To start, the prisoner is not examined by a physician promptly upon placement in prison, in clear violation of Egyptian law and international norms. Most of the time, the prisoner cannot see a physician even when in need.

There are not enough doctors for the number of prisoners, or the working hours of each prison physician inadequate, typically only in the mornings. Moreover, prison physicians are usually too young and inexperienced to cope with the breadth of the health needs in prisons. Specialists are not readily available, despite the high density of the prison population.

Discrimination permeates the system of healthcare in prisons, which enables those who are well off and powerful to access healthcare or to enjoy relatively better living conditions.

2- Lack of a clear mechanism for accessing healthcare in detention facilities

Most correctional facilities lack a clear mechanism to access healthcare because access to providers is usually mediated by the guards and dependent on their approval and willingness to open the gate, the turn of the ward, or the existence of a sufficient number of prisoners in need of examination by the same doctor.

This situation makes it difficult to deal with emergencies with the required promptness and seriousness, thus jeopardising the life of prisoners, especially in case of accident.

3- Poor infrastructure and facilities for healthcare services

The research also highlighted the poor infrastructure and facilities for health services offered through prison hospitals and clinics. When facilities are well equipped, the problem is a lack of experienced physicians. Moreover, it is always difficult to access adequate medicine. Analgesics are typically the sole response to any medical issue.

4- Lack of attention to the unique health needs of women and children

Findings show that no interest is shown in the unique nature of the health needs of women prisoners in general, particularly pregnant women and mothers: there is no resident gynecologist and pediatrician, and no care is provided for birth where women suffer also due to lack of well-equipped facilities.

5- Lack of health determinants in living conditions

The research indicated that the living conditions in prisons are themselves a cause for disease and ill health, due to the lack of health determinants in the form of preventive measures.

Thus, overcrowding and prisons operating beyond capacity was a major issue. Some prisons are so over-crowded that space is allocated in centimeters in rooms without beds. Furthermore, poor ventilation combined with smoking—the practice of the majority—and the heat and humidity in summer all create a disease-friendly environment, particularly for dermatological and respiratory diseases.

Overcrowding also leads to poor sanitation aggravated by the lack of regular maintenance of toilets, making them unfit in many prisons. In some prisons, there are no toilets in the rooms, and doors are opened only twice a day to allow for the use of toilets. Cleaning materials are only provided from outside during family visits. Thus, prisoners rely on themselves to make their lodging and toilets as fit as possible given the large numbers.

The research illustrated that nutrition is also completely inadequate. Quality, cleanliness, and portion sizes of the food served are very poor. This compels prisoners to rely almost completely on the food provided by their families during visits, food cooked in wards, or the purchase of food from the prison canteen. Those who cannot afford this or have no visitors have no choice but to eat prison food.

6- Non-independence of medical opinion in the detention system

Another dimension to the problem is that prison physicians are completely subordinate to the prison administration in terms of supervision and punitive measures. Prison physicians are in effect police officers and are therefore affiliated with the MoI, not the Ministry of Health; in turn, medical opinions in prison are not independent. There is also a conflict of interest between the physician's duties to patients

and professional ethics, on one hand, and physicians' affiliation with the Prison Authority, on the other, which is more focused on security than health.

As such, prison physicians lack the independence required to do their job properly, especially since their reports are typically crucial in determining the liability of the prison administration in the event of a violation or a breach of the rights or physical integrity of prisoners.

This issue has an impact on medical releases, one of the major issues addressed by the research. The problem lies in the complexity of procedures required for medical releases. Although such releases rely on a preliminary report from the prison physician, the decision is ultimately made by the Prison Authority.

7- Lack of psychiatric healthcare within the detention system

Research findings illustrate the importance of psychiatric care, which is lacking despite its importance. It is closely linked to the treatment of prisoners and the nature of relationships among inmates, on one hand, and the administration of detention facilities and prisoners' daily living conditions on the other. Prisons lack social workers or psychological specialists, and they do not have programs for psychological or vocational rehabilitation, which are important to support and aid prisoners before they are released into society.

8- Lack of oversight of legal compliance in detention facilities

The research also showed that a correctional facility's compliance with the legal provisions concerning the health of prisoners—and other issues of course—is largely dependent on the whims of prison administrators. Despite clear legal provisions in regulations and decrees regulating prisons, implementation remains a major hurdle. The main reason is that practices in detention facilities are largely determined by internal traditions. Since practices are not institutionalised, they get better or worse with changes in personnel in charge of penal institutions, both at the level of the MoI and in individual prisons, with a change in the warden, for example. Moreover, prisoners are not aware of their rights, how to demand them, or the procedures to follow.

The situation is further aggravated due to the lack of any independent agency responsible for monitoring and evaluating internal prison conditions in a neutral manner.

9- Legal provisions flawed with respect to prisoners' rights

Egyptian legal provisions do not use rights language when talking about prisoners. Although they address in detail the duties and responsibilities of physicians, other healthcare providers, and prison administrators, they do not define the rights of prisoners. Moreover, procedures for filing complaints are daunting. It is enough to note that the official who investigates prisoners' complaints is the warden himself, though often he or one of his subordinates is the subject of the complaint.

Due to the difficulty detainees face in filing complaints or the reluctance of the prison administration to do its legally mandated duty, families or attorneys usually undertake this role from outside.

Moreover, the law does not address other important dimensions of health in prisons, including, for example, the right of the prisoner to seek a second opinion from an external physician.

In addition, the law does not define the standards used to evaluate detention facilities in terms of hygiene, ventilation, and lighting.

Recommendations

1- Ensure the enforcement of laws regulating the duties of prison physicians

Prisoners' access to medical services starts with prison physicians performing their legally prescribed duties, most importantly conducting medical examinations upon admittance, checking prisoners, and regularly inspecting living conditions as prescribed in the Prisons Law and Prison Regulations. These provisions must be enforced, and doctors and other officials held accountable in cases of negligence.

2- Develop a legal mechanism to ensure access by any prisoner to health-care upon need, especially when necessary

It is important for prisoners to be aware of their right to healthcare and their ability to access it on demand. A prompt response to the medical needs of inmates must be guaranteed, especially in emergency cases, by establishing a legal and procedural mechanism in prisons for this purpose and informing prisoners how to use it.

3- Accord more focus to better health equipment in detention facilities that lack such

The officials in charge of the prison sector should accord more attention to the infrastructure of prison clinics and hospitals, to respond to the needs and numbers of prisoners.

4- Provide for the needs of women prisoners and their children

Resident gynecologists must be present in women's detention facilities to respond to their health needs, particularly at times of pregnancy and birth, in addition to pediatricians for children residing with their mothers during the custody period.

5- Improve the internal conditions of prisons from a preventive health perspective to protect inmates against infection and disease

Legal provisions indicate that the prison physician and pharmacist are responsible for inspecting living quarters and food supplied to the prison, but the non-enforcement of these provisions has meant that these issues are utterly neglected.

6- Accord more concern for psychiatric health in detention facilities and provide the necessary psychological support for prisoners

This should be done by focusing on what psychologists can offer within an integrated framework for the rehabilitation of prisoners and their re-integration into their communities after release.

7- Secure the necessary independence of physicians and other healthcare staff in detention facilities

The law must be amended to allow physicians full independence from the prison administration. They must also be supervised and held accountable by the Ministry of Health rather than the MoI.

There is an urgent need to promote the role of institutions mandated with regulating doctors and other healthcare providers in prisons and detention facilities, particularly the Ministry of Health and the medical professions syndicates. They should also exercise oversight of other relevant issues, such as the level of hygiene in prisoner lodgings and toilets, and the quality of prison food.

8- Amend legal provisions to include the rights of prisoners rather than solely the duties of officials in charge of detention facilities

Physicians from outside the prison, for instance, should be permitted to examine critical cases requiring special care, to enable the prisoner to receive a second external opinion, instead of prisoners being fully subject to internal prison procedures without regard for their adequacy, promptness, or appropriateness.

9- Facilitate procedures for medical releases

The law must be amended to expedite procedures for medical release. In all cases, prisoners with a life-threatening or incapacitating illness must be admitted to a hospital that is fully equipped to deal with their condition pending completion of the procedures for medical release. This should not be limited to convicted prisoners but should extend to those in pre-trial detention.

10- Permit independent agencies to monitor detention facilities

Regular, ongoing oversight of prisons by independent commissions comprising physicians and psychological specialists is important for improving prison conditions, especially health conditions.

The law overlooks the importance of independent monitoring of prisons, which has a negative impact on the status of prisoners in general and their health conditions in particular.

11- Integrate detention facilities within the larger health system in Egypt

No real change can be effected without placing prisons on the map of health work in Egypt, as part of the overall health system equal to other sectors. Detention facilities should have priority with respect to availability and quality of healthcare, not only in relation to infectious diseases, but to enable prisoners to access this service in detention facilities or even outside if need be.

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Health conditions in detention facilities in Egypt have not received due attention from researchers, although detention facilities are more prone to violations, including those related to health.

The frequency of health-related incidents in prisons and police detention facilities has increased recently, and health conditions of prisoners deteriorate without a speedy or sufficient response from the authorities.

Detention facilities, including prisons, are closed locations with their own internal rules, which facilitates all forms of violations and is aggravated by the absence any independent prison oversight, as is the case in Egypt, and the lack of accountability for those employed in these facilities. This is in addition to what could be described as a ‘culture of abuse,’ whereby a denial of fundamental rights, including the right to health, is seen as a well-deserved form of punishment.

This research concludes that both living and health conditions in prisons do not meet the minimum requirements for the right to health or its determinants.

There is an urgent need to establish a clear mechanism for prisoners to access healthcare services as one of their rights, particularly in special cases that may require a medical release. Medical opinion and decision-making in prisons needs to be independent while ensuring the standard and quality of healthcare service provided. Places of detention must be integrated into the Egyptian health system.