



# The Deliberate Medical Negligence

## A state policy towards political prisoners

7 April 2021



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### **Belady: an Island for Humanity-- a Human Rights Organization supporting Egyptian Women & Children since 2017**

Belady aims to dismantle institutionalized violence by documenting the Egyptian regime's violations against women and children and educating national and international society and decision makers about them. We also pressure and advocate amendment of legislation that codifies violations while calling upon authorities to implement overlooked laws and treaties that would ensure respect for rights and freedoms. Belady provides legal and psychological support for Egyptian women and children who have been arrested and / or imprisoned in political cases.



## Abstract

For World Health Day, Belady is publishing a research report detailing the deliberate medical neglect practiced in Egyptian prisons and detention centers.

The report includes analysis of epidemiological and clinical data of 508 detainees, from January 2013 to January 2021. It explores how this practice is employed as a tool of retaliation against political prisoners, and how negligence is compounded by prison conditions. It lays bare how overcrowded prisons and inadequate environments worsen living conditions, resulting in increased rates of disease and injury— especially amidst the ongoing COVID19- pandemic. Thus, Belady presents multiple recommendations, some of which are urgent and demand immediate, resolute intervention in order to save as many lives as we can.

## I- Introduction

The right to health is an **economical, social and cultural** right to access the minimum public health standards to which all persons, **including prisoners**, are entitled. This right is granted a constitutional position by the Egyptian legislature in Article 18 which stipulates that «every citizen is entitled to health and to comprehensive health care with quality criteria. The state guarantees to maintain and support public health facilities that provide health services to the people, and work on enhancing their efficiency and their fair geographical distribution».

Furthermore, the Prisons Organization Law and its bylaws guarantee prisoners' rights to health in detention places. It also organizes health care requirements and medical releases. Belady seizes the opportunity on World Health Day to stress this fundamental right of all prisoners regardless of their charges— not only at the legislative level, but also in relation to services and practices in the field, which facilitate detainees' access to health and, subsequently, to life.

## II- Research Methodology

This research is based on analyzing methods of deliberate retaliation. These methods have been used by authorities to torture the opposition and the political and civil activists through deliberate medical negligence in prisons and detention centers.

Belady analyzed the personal, legal, clinical, and epidemiological data of 508 prisoners who were suspended and/or imprisoned from January 2013 to January 2021 (arrest date).

Belady has been collecting these qualitative and quantitative data over four years through many tools, including: semi-structured face-to-face interviews with prisoners' families or their lawyers; and data via Belady's legal unit. In addition, indirect secondary sources were used, such as follow-up of newspapers and news websites, social media websites, and follow-ups of civil society and observational data.

Collected data was assessed by triangulation of resources and<sup>1</sup> by several evaluation check-in points during data entry. The data was codified and analyzed using SPSS. The prisoners-patients' characteristics were analyzed using descriptive statistics. Qualitative and quantitative variables were analyzed, as appropriate, using Student's t-test, ANOVA test, Khi2- test, or Fisher's exact test, with a statistically significant P-value < 0.05.<sup>2</sup>

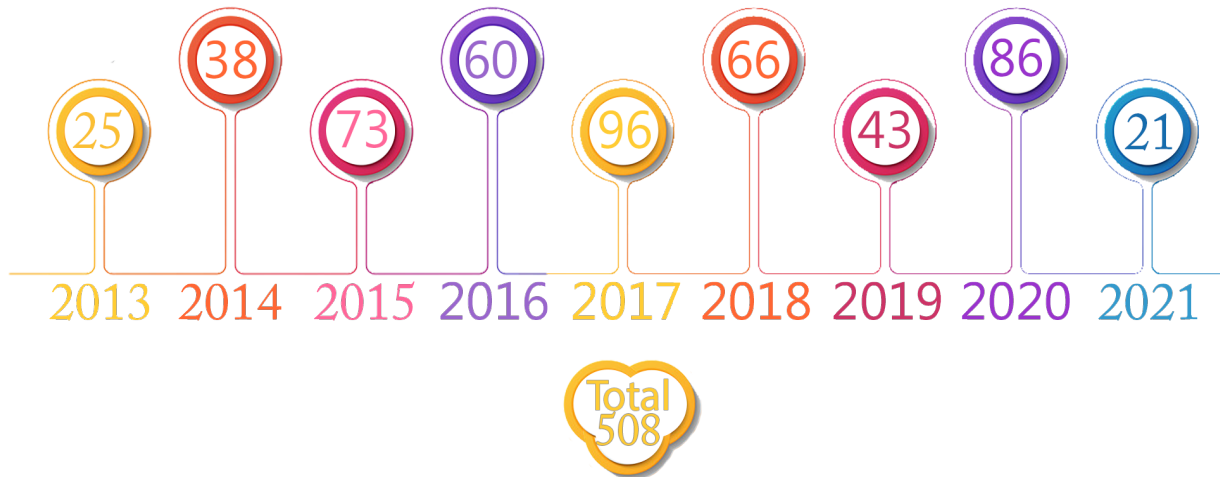
<sup>1</sup> Statistical Package for Social Sciences software (Version 25, SPSS, Inc, USA)

<sup>2</sup> If the P-value is smaller than the significance level (0.05), we conclude that the correlation is statically significant and that there is a linear relationship between two variables.

## III- Results

### III-1- Medical Negligence en Masse

Within this study, Belady observed 508 medical negligence cases between January 2013 and January 2021 as shown in the following graph:



All age groups were subjected to these practices. Age at the time of arrest ranges from 11 to 78 years old, with the average being 43. Elders (older than 50 years old) represent %37.6; middle aged persons (50-36 years old) represent %27.5; youths (35-18 years old) represent %26.5; and minors (younger than 18 years old) represent %8.5. As shown in the following map, Belady observed violations against 508 detainees in detention centers (432 of them are in disclosed locations).





### III.2. Deliberate Medical Negligence: the Regime's Weapon against Political Prisoners

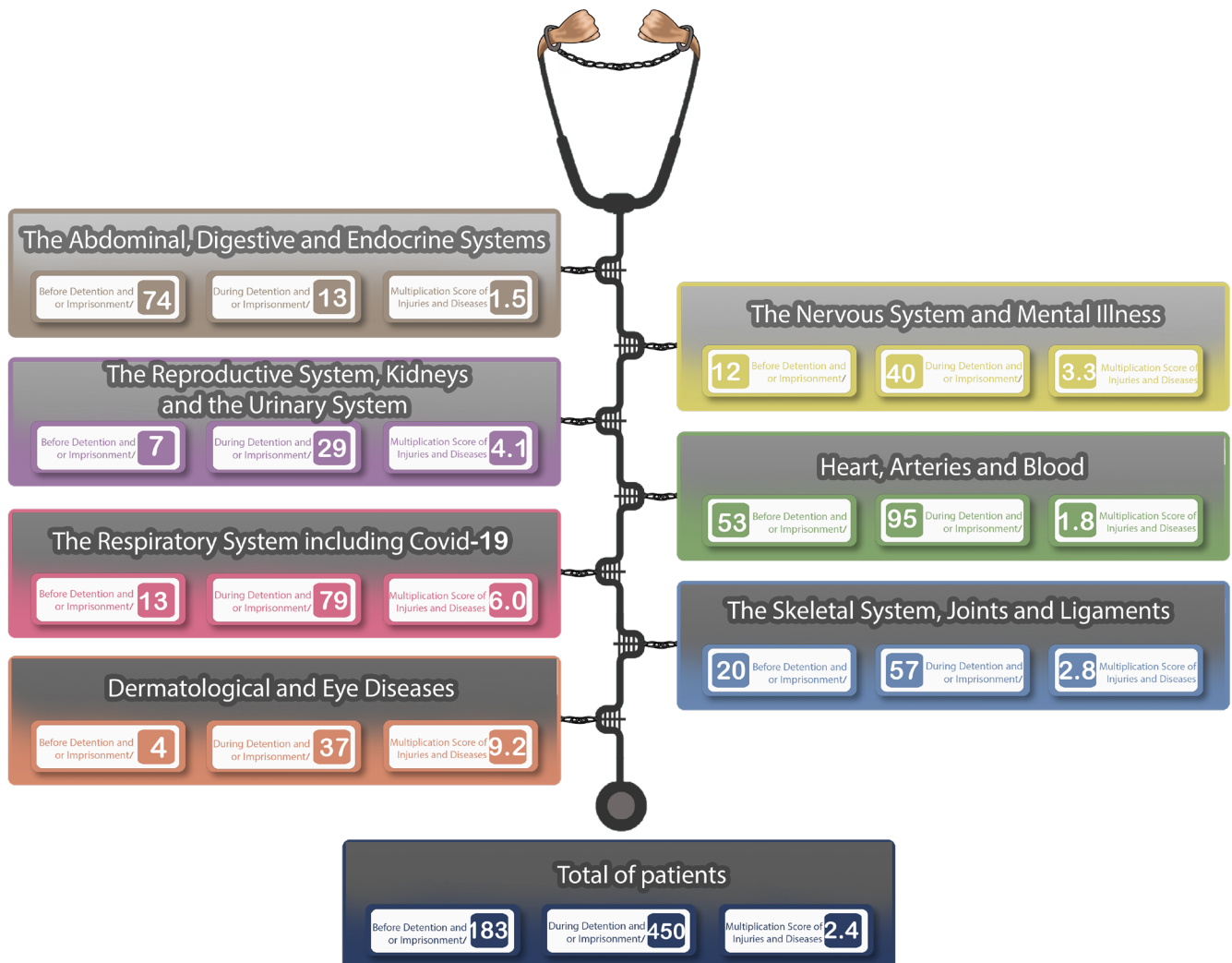
Belady observed that the majority of medical neglect cases were detained and/or imprisoned on political charges. Among the prisoners-patients who suffered from the deliberate medical negligence %94.7 are political prisoners and %3.1 have criminal charges. Hence, violating the prisoner's right to health care is the regime's weapon to retaliate against political detainees and to strike fear into opposition and activists.



### III.3. Disparities in Medical Conditions Before and During Detention

Belady observed that the number of prisoners with chronic diseases or health issues has been increasing 2.4 times (from 183 to 450). The number of patients already sick upon entering detention places represents %36 of total ill prisoners, which has increased to %88.5 during detention. The following graph shows the extent of increase in the number of patients with different diseases or injuries.

Diseases or Injuries in<sup>3</sup>



<sup>3</sup> In case of the same patient with different diseases in different systems were counted in each system once. For example, the nervous and respiratory diseases of the same person were counted one time in each system. However, the multiple injuries of the same patient in the same system were counted as one injury.



## III.4. Detention Places: an Adequate Environment for all Forms of Diseases

The table below shows examples of the different injuries and diseases and how the prison environment exacerbates them. For example, the dermatological diseases, which multiplied 9.2 times, are significantly related to the prison environment. Indeed, prisoners complain of insects, reptiles, mice and serpents in addition to uncomfortable humidity, lack of adequate ventilation, cold in the winter, and heat in the summer.

Diseases and injuries in	Examples of diseases and injuries suffered by prisoners	The reasons behind diseases' exacerbation in relation to the prison's environment and administration practices
<b>The Abdominal, Digestive and Endocrine Systems</b>	Different types of cancers (breast, gastric, pancreatic, colorectal ...); different types of gastrointestinal microbial infections related to the digestive system such as ulcers; gastroesophageal reflux disease; types of hepatic microbial infections such as hepatitis A and C; splenomegaly and hepatomegaly; endocrine disorders (thyroid, hypothalamus, pancreas: diabetes); hepatic coma; hernias; hemorrhoids; fistula ...	<ul style="list-style-type: none"> <li>-Refusal to provide or allow the entry of medications.</li> <li>- Refusal of transfer to hospitals (internal or external) to receive necessary aid and therapy, which does not lead to recovery, but instead worsens the condition.</li> <li>- Forced weaning.</li> <li>- Systematic starvation by reducing food portions; Poor quality of prison food which lacks hygiene and necessary nutritional elements, such as vitamins, to combat diseases; in addition to the refusal of food entry in some cases.</li> <li>- Undrinkable dirty water in cells.</li> <li>- Psychological pressure which affects the glands' performance in certain cases.</li> <li>- Refusal to provide or allow toiletries and hygiene products, which triggers microbial infections.</li> </ul>
<b>The Nervous System and Mental Illness</b>	Suicide attempts; neurological infections; PTSD (post-traumatic stress disorders); epilepsy; types of psychosis and/or neurosis; aphasia; amnesia as a result of torture ...	<ul style="list-style-type: none"> <li>- Continuous and systematic physical and psychological torture.</li> <li>- Extreme conditions of prisons and detention places; the horrible psychological pressure caused by the prison's administration or among the prisoners themselves.</li> <li>- Refusal to allow the entry of prisoners' special medicines.</li> <li>- Societal and individual underestimation of psychological pressure and mental health.</li> <li>- Continuous placement in solitary confinement or isolation units.</li> <li>- Constant threat of transferral to maximum security units.</li> <li>- Absence of psychological rehabilitation programs.</li> <li>- Absence of tools and approaches to access the right to culture for example the lack of prison libraries as well as the refusal of books entry and completion of education.</li> </ul>

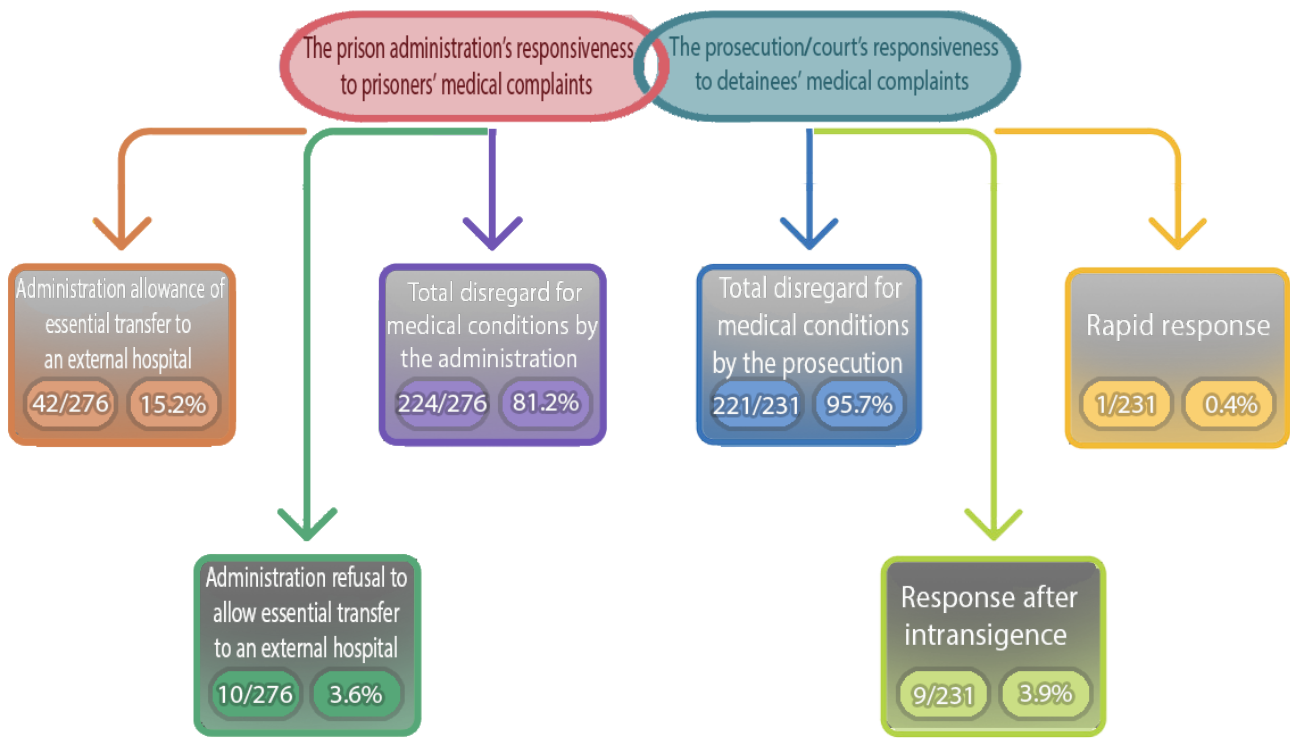
<b>The Reproductive System, Kidneys and the Urinary System</b>	<p>Deterioration in kidney functions; formation of stones in kidneys and urinary tracts; different types of cancer (bladder, cervical cancer, vaginal, testicular, prostate, etc.), microbial infections and inflammations...</p>	<ul style="list-style-type: none"> <li>- Refusal to allow the use of toilets and showers as biologically needed.</li> <li>- Frequent toilet water cut offs.</li> <li>- Refusal to allow entry of toiletries and hygiene products, including sanitary pads, soap, disinfectants, etc.</li> <li>- Economic exploitation in prisons through inflation of toiletry prices.</li> <li>- Prisoners outnumbering the toilets, which negatively affects their cleanliness and absorptive capacity, especially under the conditions of excess humidity and absence of adequate ventilation, sunlight, and maintenance.</li> </ul>
<b>Heart, Arteries and Blood Diseases</b>	<p>Pressure on and decreased functioning of the cardiac muscle; the cardiac plexus; types of clots (foot, hand, arteries, heart, etc.); paresis or hemiplegia; mitral valve regurgitation; hypertension or hypotension; forms of anemia and lack of blood components; rheumatic heart; limb gangrene; varicose veins in different body parts ...</p>	<ul style="list-style-type: none"> <li>- Refusal to allow entry of medicines.</li> <li>- Stress and psychological pressure.</li> <li>- Refusal to provide healthy food to the prisoners-patients, such as reduced consumption of salt for heart and artery patients and rich food in folic acid for anemia patients, etc. .</li> <li>- Absence of adequate ventilation in light of the growing number of smokers (passive and active tabagism).</li> <li>- Sedentary lifestyle (prolonged sitting) and refusal to allow exercise.</li> </ul>
<b>The Respiratory System</b>	<p>Respiratory allergies; dyspnea; asthma; infections (sinus, lungs, etc.); different types of cancer (lungs, nose, etc.); Covid19- ...</p>	<ul style="list-style-type: none"> <li>- High humidity and serious overcrowding of prisoners.</li> <li>- Lack of adequate ventilation.</li> <li>- Lack of sunlight in cells.</li> <li>- Heavy cigarette smoking in cells (passive and active tabagism).</li> <li>- Disallowance of medicine entry.</li> <li>- Intransigence in allowing medical examination.</li> <li>- Refusal to allow the entry of toiletries, hygiene products and sterilizers.</li> <li>- Absence of Covid-precautionary measures such as relieving pressure on prisons through the medical release of prisoners, the reduction in pre-trial detention durations, etc. Hence, prisons have been overcrowded, increasing the risk of disease outbreaks, including Coronavirus.</li> </ul>



<p><b>The Skeletal System, Joints and Ligaments</b></p>	<p>Cartilage degeneration; herniated disc; different types of fractures; osteoarthritis; anaphylaxis ...</p>	<ul style="list-style-type: none"> <li>- Cemented and bare cell floors.</li> <li>- Overcrowded prisons which results in lack of enough space for every prisoner to lie down or move.</li> <li>- Refusal to allow entry of medicines and painkillers.</li> <li>- Physical torture.</li> <li>- Refusal to allow winter clothes' entry or to provide blankets or heating facilities in cells.</li> <li>- High humidity and lack of entry of sunlight.</li> <li>- Unavailability of sufficient beds for all prisoners.</li> </ul>
<p><b>Dermatological and Eye Diseases</b></p>	<p>Infection and sepsis; gingivitis; severe visual impairment; microbial infection (such as scabies); skin allergies ...</p>	<ul style="list-style-type: none"> <li>- Refusal to allow entry of medicines.</li> <li>- Deprivation of medical eyeglasses or refusal to allow visitation to an ophthalmologist.</li> <li>- Refusal to provide or allow medicines' entry, especially for diseases that directly impact the eyes such as diabetes.</li> <li>- Lack of adequate ventilation and entry of sunlight.</li> <li>- Non treatment of injuries and bruises.</li> <li>- Overcrowded prisons, which increases the risk of outbreak in dermatological diseases and microbial infections.</li> <li>- Deprivation of showers, and refusal to allow the entry of toiletries, hygiene products and sterilizers.</li> <li>- Lack of hygiene and maintenance, which leads to the presence of insects, reptiles and mice.</li> </ul>

### III.5. Deliberate Medical Negligence: a Retaliation Policy

Belady observed that the authorities neglect the detainees' pain. For instance, the condition of **105** out of 508 patients critically worsened during detention requiring urgent medical intervention. Hence, **49 Egyptian families** have petitioned to release detainees who are in critical medical conditions, in addition to the recurrent complaints of the prisoners themselves. As shown in the graph below, the prosecution's rapid responsiveness happened only once, meanwhile the prison's administration did not allow the transfer to a hospital outside only in %15.2 of cases.

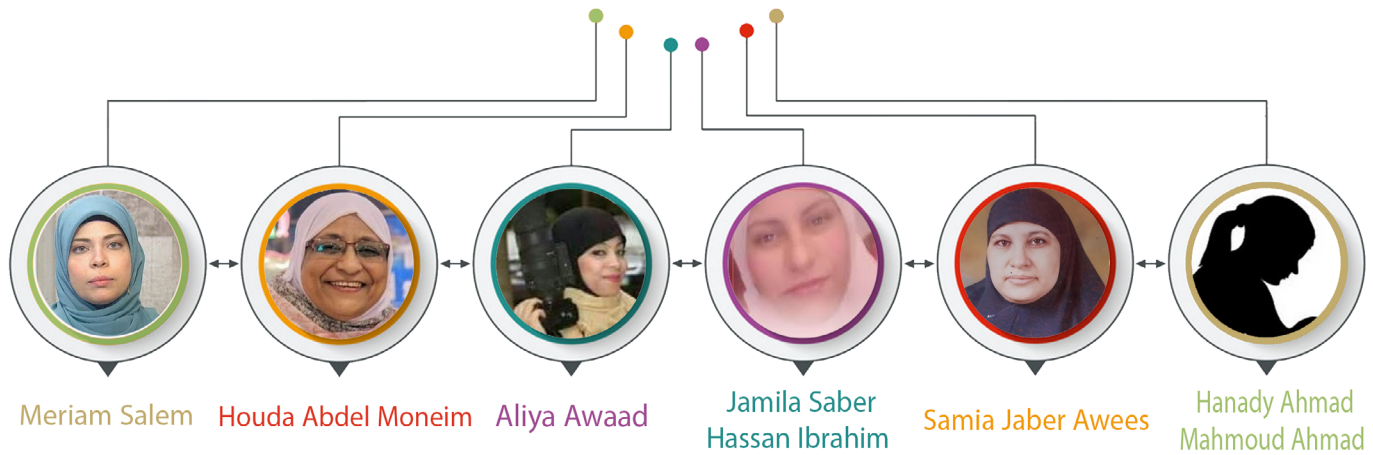


Among the above mentioned 105 detainees, only one prisoner was released after his acquittal (, (%0.9 %18) 19) detainees died and the rest, at the time of this report, are still resisting to save their feeble bodies. The authorities have continued their retaliation policy concerning the pre-trial detention's constant renewal to 35 detainees despite their worsened medical conditions. Six of them (%17.1) died, in addition to two who are in a critical condition. Furthermore, the Presidency of the Republic did not issue presidential pardons to save those who can be saved except for one case from this study. It would appear that this struggle will not end soon as 8.75 years represent the average of sentences (between one and thirty years).



## VI- Stories behind bars

### Stories behind bars



She was arrested in 2013. Her medical condition has worsened: she has had cirrhosis, jaundice, and ascites without medical release, treatment in prison, or transferral to an external hospital. She died due to her critical medical condition in al-Qanatir prison on December 23rd, 2019.

Houda, a lawyer and previous member of the National Council for Human Rights, has a medical history of clots and hypertension. Despite her old age and medical condition, she is still being subjected to pre-trial detention and medical negligence. Consequently, her left kidney stopped functioning, alongside the regression of her right kidney in November 2020. Until this moment, she is still detained.

Aliya Awaad, a photojournalist, has been detained for pre-trial since 2017, after discovering that she has fibroid. Due to medical neglect during her detention, her condition worsened, as she developed a hemorrhage and fistula. Her lawyer has petitioned many times to allow surgical intervention. She underwent one operation to remove a part of her tumor in 2018. Her second appointment was set in September 2020; however, she has not had the operation to this day.

She has been deprived of medical care since her detention in 2019. Treatment for epilepsy was not allowed for over a month and a half, which increased the intensity of seizures. Her condition has not improved even after the prison's administration allowed her to receive treatment.

She has a left retinal detachment, blurred vision, occasional dyspnea, and trigeminal neuralgia, which causes her persistent headaches and osteoporosis. She is still detained to this day.

Hanady was acquitted in 2016 after she was subjected to deliberate medical neglect. Her condition worsened after an appendectomy wound became infected. She had the surgery while she was handcuffed to the bed, and was transferred back to prison before receiving postoperative care. The vibration of the prisoner transport vehicle reopened the wound. Consequently, it was infected as another detainee tried to clean it in the absence of tools, medicines and equipment.

## V. Belady's Recommendations

Deliberate medical negligence is attempted murder. It violates the fundamental human right to life. Not only does it negatively affect the patient, but also his family, relatives, and other prisoners. Belady calls on the Egyptian State to:

**First:** Urgently release patients— especially those in critical condition.

**Second:** Enact Article 36 of the Code of Criminal Procedure, which stipulates that “the judicial officer shall immediately listen to the statement of the apprehended person. If the apprehended person fails to make a statement exonerating himself, the judicial officer shall, within a twenty-four-hour period, refer said person to the competent Public Prosecution. The Public Prosecution shall question the apprehended person within a twenty-four-hour period, then order the arrest or release thereof.” Activation of this article will mitigate the pressure on prisons and prevent communicable diseases, such as COVID19- and different types of microbial infections.

**Third:** Amend the Prisons Organization Law. The prison's administration of medical services should be separated from the Ministry of Interior and attached to the Ministry of Health. The medical association and civil society organizations should be allowed to supervise and report on it.

**Fourth:** Completely abolish torture and degrading practices, and hold accountable those involved in such crimes. The state must accept its historical responsibility towards victims. Medical and psychological assistance and reparation for the victims/survivors should be provided.

**Fifth:** Amend the legal framework (the Cybercrimes Law, Protest Law, and others), which currently allows recriminations. Instead, the framework should respect punishments' principles of individual nature and severity. It must refuse to arbitrarily throw citizens into prison or expose them to a prison environment that is favorable to all forms of diseases.

**Sixth:** Enact laws that give suspended persons and detainees their rights to medical examination before signing records.

**Seventh:** Rapidly respond to prisoners' medical complaints and allow them their rights to access medical services, including the entry of medicines and transferral to external hospitals when necessary.

**Eighth:** Allow families to bring toiletries, hygiene products and healthy, clean food to prevent outbreak of diseases.

**Ninth:** Work on enhancing the prison environment to protect peoples' health (food, drinking water, entry of winter clothes, exercise in adequately ventilated spaces, ventilated cells to reduce humidity, cleanliness and heating, etc.).

**Tenth:** Provide information and education of preventative health procedures and methods in order to raise awareness amongst both prisoners and those working in the prison sector.